Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Saturday, February 11, 2017 – 9:00 a.m.
Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health,
Jackson Square, 185 King Street, Peterborough

1. Call to Order

1.1. Opening Statement

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

2. Confirmation of the Agenda

2.1. Confirm Agenda for February 11, 2017

2.2. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately for section 8, and advise the Chair when requested. For your convenience, circle the item(s) using the following list:* 8.1a 8.1b 8.2a 8.2b 8.2c 8.2d 8.2e

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. January 11, 2017

- Attachment: Draft Minutes, January 11/17 (p. 5)

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6. Business Arising From the Minutes

7. Staff Reports

7.1. **Staff Report: Budget Approval – Ministry of Health and Long-Term Care 100% Funded Programs (2017)**
Dale Bolton, Manager, Finance

- Attachment: Staff Report (p. 14)

7.2. **Staff Report: Budget Approval – One-Time Funding Requests (2017)**
Dale Bolton, Manager, Finance

- Attachment: Staff Report (p. 17)

8. Consent Items

8.1. **Correspondence**

a. **Correspondence for Direction**

Attachments:

- Cover Report (p. 20)
- County Council - Pharmacare (p. 21)

b. **Correspondence for Information**

Attachments:

- Cover Report (p. 30)

1. Peterborough Councils – Anti-Contraband Tobacco Campaigns (p. 32)
2. Minister Hoskins – Hepatitis C (p. 34)
3. Roselle Martino – HPV Immunization Program Funding (p. 36)
4. alPHa Newsletter, Jan 10/17 (p. 38)
5. Minister Hoskins – Public Health Expert Panel (p. 41)
6. alPHa – Basic Income Guarantee Pilot Consultation (p. 54)
7. Minister Hoskins – Hepatitis C Response (p. 55)
8. alPHa Newsletter, Feb 2/17 (p. 57)
9. Dr. Williams – Provincial Opioid Action Plan (p. 60)
10. CPSO – Opioid Addiction and Overdose (p. 62)
11. Peterborough Councils – Health Hazards from Gambling (p. 64)
12. Minister Hoskins – Health Hazards from Gambling (p. 66)
13. Middlesex London – Jordan's Principle (p. 67)

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14. Standing Committee on Social Policy – Bill 6 (p. 69)
15. Councillor Pickles – alPHa Board of Directors Update (p. 71)
16a. Anti-Contraband Tobacco Campaign – Algoma (p. 76)
16b. Anti-Contraband Tobacco Campaign – Sudbury District (p. 78)
16c. Bill S-228 – Middlesex London (p. 80)
16d. Bill S-228 – Sudbury District (p. 81)
16e. Cannabis Control – Sudbury District (p. 83)
16f. HPV Program Funding – Huron (p. 85)
16g. HPV Program Funding – Simcoe Muskoka (p. 86)
16h. Ontario Public Health Standards Modernization – Windsor Essex (p. 88)
16i. Opioid Addiction and Overdose – Grey Bruce (p. 89)
16j. Oral Health Programs for Low-Income Adults / Seniors – Lambton (p. 90)
16k. Sugar Sweetened Beverages – Sudbury District (p. 92)

8.2. **Staff Reports**

a. **Staff Report: Strategies to Promote Healthy Hydration**
Katherine English, BASc, MPH (c), PPH Dietetic Practicum Student
Lauren Kennedy, MScFN, RD, Public Health Nutritionist (Reviewer)

Attachments:

- Staff Report (p. 94)
- Att. A - alPHa Resolution A16-6 ***(web hyperlink)***
- Att. B – Water Does Wonders! (p. 103)

b. **Staff Report: Q4 2016 Public Health Programs Report**
Patti Fitzgerald, Assistant Director, Chief Nursing & Privacy Officer

- Attachment: Staff Report (p. 104)

c. **Staff Report: Q4 2016 Corporate Services Report**
Larry Stinson, Director of Operations

Attachments:

- Staff Report (p. 106)
- Att. A – Social Media Update, Q4 2016 (p. 108)
- Att. B – Financial Update, Q4 2016 (p. 110)

d. **Staff Report: 2016 Donations**
Larry Stinson, Director of Operations

- Attachment: Staff Report (p. 115)

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e. **Staff Report: Summary of Research Activities (2016)**
Dr. Rosana Salvaterra, Medical Officer of Health

Attachments:
- Staff Report (p. 119)
- Att. A, Summary Table of Research (2016) (p. 122)

8.3. **Committee Reports**

9. New Business

10. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001:
- *Section 239(2)(b) personal matters about an identifiable individual, including Board employees;*
- *Section 239(2)(c) a proposed or pending acquisition of land by the Board; and,*
- *Section 239(2)(d) labour relations or employee negotiations.*

11. Motions for Open Session

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

Date: March 8, 2017
Time: 5:30 p.m.
Location: Dr. J. K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough.

13. Adjournment

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

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Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 11, 2017 – 5:30 p.m.
Dr. J.K. Edwards Board Room
Jackson Square, 185 King Street

In Attendance:

Board Members: Deputy Mayor John Fallis
Ms. Kerri Davies
Councillor Henry Clarke
Councillor Gary Baldwin
Councillor Lesley Parnell
Mr. Gregory Connolley
Chief Phyllis Williams
Mayor Mary Smith, Chair
Mr. Andy Sharpe
Mayor Rick Woodcock

Staff: Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder
Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Alida Gorizzan, Executive Assistant
Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer
Ms. Brittany Cadence, Supervisor, Communication Services
Ms. Jennifer Anderson, HR Advisor

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1. Call to Order

Dr. Salvaterra, Medical Officer of Health called the meeting to order at 5:40 p.m.

Mr. Larry Stinson, Director of Operations introduced Ms. Jennifer Anderson the new Human Resources Advisor.

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2. Elections

2.1 Chairperson

Dr. Salvaterra, Medical Officer of Health thanked Mr. Scott McDonald and Mayor Smith for serving as Chair and Vice Chair in 2016. Dr. Salvaterra, Medical Officer of Health called for nominations for the position of Chairperson.

MOTION:
That Mayor Smith be appointed as Chairperson of the Peterborough County-City Health Unit for 2017.

Moved: Councillor Parnell
Seconded: Councillor Clarke
Motion carried. (M-2017-001)

Mayor Smith assumed the Chair.

2.2 Vice-Chairperson

Mayor Smith, Chair, called for nominations for the position of Vice-Chairperson.

MOTION:
That Councillor Clarke, be appointed as Vice-Chairperson of the Peterborough County-City Health Unit for 2017.

Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-002)

3. Appointments to Committees

MOTION:

- *That Councillor Baldwin, Mr. Connolley, Deputy Mayor Fallis, and Mayor Woodcock be appointed as members of the Governance Committee for 2017.*
- *That Ms. Davies, Deputy Mayor Fallis, Chief Williams, Ms. Liz Stone and Ms. Lori Flynn be appointed as members of the First Nations Committee for 2017. [note: one further member will be appointed by Hiawatha First Nations]*
- *That Councillor Clarke, Mr. Sharpe and Mayor Woodcock be appointed as members of the Stewardship Committee for 2017.*

Moved: Mr. Connolley
Seconded: Councillor Baldwin
Motion carried. (M-2017-003)

4. Establishment of Date and Time of Regular Meetings

MOTION:
That the regular meetings for the Board of Health in 2017 be held on the second Wednesday of each month (excluding July and August) starting at 5:30 p.m., or at the call of the Chairperson.
Moved: Deputy Mayor Fallis
Seconded: Mr. Sharpe
Motion carried. (M-2017-004)

5. Establishment of Honourarium for 2017

MOTION:
That the Board of Health for Peterborough Public Health approve an increase of $0.77 to the current honourarium representing a final amount of $147.86 for 2017.
Moved: Councillor Clarke
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-005)

6. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-006)

7. Declaration of Pecuniary Interest

Councillor Clarke declared an interest in item 12.1b., the letter to Minister Philpott regarding "Marketing to Children", as he employed by a company which produces children's cereals.

8. Delegations and Presentations

8.1. **Peterborough Regional Health Centre Update**

Dr. Peter McLaughlin, President and CEO and Ms. Mary Ferguson-Paré, Chair of the

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Board of Directors at the Peterborough Regional Health Centre provided an update on activities at the hospital.

MOTION:
That the presentation on the Peterborough Regional Health Centre Update be received for information.
Moved: Deputy Mayor Fallis
Seconded: Mr. Sharpe
Motion carried. (M-2017-007)

9. Confirmation of the Minutes of the Previous Meeting

9.1. **November 9, 2016**
MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on November 9, 2016 be approved as circulated.
Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2017-008)

10. Business Arising From the Minutes

11. Staff Reports

12. Consent Items

MOTION:
That the following items be passed as part of the Consent Agenda: 12.2a, 12.2b, 12.2c, and 12.3a.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009)

MOTION:
That the Board of Health for Peterborough Public Health:
- *Receive the staff report, Advocacy for Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission, for information; and,*

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- *Express support for Bill 6 by sending a letter to the Standing Committee on Social Policy, with copies to the Government House Head, local MPPs, the Association of Local Public Health Agencies, and the Ontario Boards of Health.*

Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009)

MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, 2016 Complaints, for information.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009)

MOTION:
That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of January 27- February 3, 2017.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009)

MOTION:
That Board of Health for Peterborough Public Health receive for information, meeting minutes of the First Nations Committee for September 13, 2016; and,

That the Board of Health for Peterborough Public Health approve the following:
- *Direct the First Nations Committee to Develop a Board policy related to Jordan's Principle to ensure that First Nations children do not experience denials, delays, or disruptions of public services that would ordinarily be available other children due to jurisdictional disputes;*
- *Send a letter to the most appropriate recipients at County and City governments and to the Central East Local Health Integration Network, advocating for the adoption of Jordan's Principle in the payment and provision of any programs and services for children; and,*
- *Send a letter to the Middlesex London Board of Health to commend them for taking action, with a copy to Ontario Boards of Health to encourage others to consider establishing similar policies in their respective jurisdictions.*

Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009)

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MOTION:
That the Board of Health for Peterborough Public Health:

- *Receive the correspondence dated December 5, 2016 from Dr. James Chirico, Medical Officer of Health, North Bay Parry Sound District Health Unit to all Ontario Boards of Health regarding the health hazards of gambling;*
    - *endorse the resolution and communicate this support to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, with copies to local MPPs, local municipalities, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health; and,*
    - *specify in correspondence to local municipalities that the Board of Health recommends that municipalities:*
        - *collaborate with Peterborough Public Health to develop and employ strategies as outlined that prevent or mitigate gambling-related harm and protect vulnerable populations at risk of gambling addiction, those least able to recover from the consequences of problem gambling, and*
        - *to set aside an adequate portion of gambling revenues to:*
            - *undertake a baseline study to determine the prevalence of problem gambling within our community;*
            - *undertake a future study to determine the impact of a local casino on problem gambling; and,*
            - *establish a responsible and problem gambling program to help prevent and reduce the harmful impacts of excessive or uncontrolled gambling and which provides education, free support and treatment services; and,*

- *Receive the letter dated December 8, 2016 from Dr. Christopher Mackie, Medical Officer of Health, Middlesex London Health Unit to all Ontario Boards of Health regarding opioid addiction and overdose;*
  - endorse the letter and communicate this support to the College of Physicians and Surgeons of Ontario, with copies to the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health; and,
  - send an additional letter to Dr. David Williams, Ontario Chief Medical Officer of Health requesting a copy of the Provincial Opioid Action Plan, with copies to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.

Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2017-010)

Due to his previously declared interest, Councillor Clarke did not discuss or vote on the following motion.

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

- *Letter dated November 4, 2016 from Dr. Salvaterra to Minister Philpott regarding Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children).*
- *Letter dated November 14, 2016 from Dr. Gregory Taylor, Canada Chief Public Health Officer, in response to the Board Chair's original letter dated April 27, 2016, regarding violations of the International Code of Breastmilk Substitutes.*
- *Email dated November 15, 2016 from Paulina Salamo, Ministry of Health and Long-Term Care, in response to the Board Chair's initial letter dated November 4, 2016, regarding the Ontario Public Health Standards Modernization review and advocacy for food literacy.*
- *Email dated December 13, 2016 from Hasan Hutchinson, Health Canada, in response to the Board Chair's initial letter dated September 30, 2016, regarding school nutrition programs.*
- *Letter dated December 22, 2016 to the Board Chair from Sally Saunders, County of Peterborough, regarding septic inspections.*
- *Letters/Resolutions from other local public health agencies:*

  Alcohol Policy
  Northwestern

  Human Papillomavirus
  Durham
  Grey Bruce

  Lyme Disease
  Durham

  Marijuana Controls / Bill 178
  Simcoe Muskoka

  Marketing to Children / Bill S-228
  Durham
  Huron

  Nutritious Food Basket
  Durham
  Sudbury

  Ontario Public Health Standards Modernization
  Grey Bruce

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Public Health Approach to Cannabis Legalization
Algoma

School Nutrition Programs
Durham

Moved: Councillor Baldwin
Seconded: Mr. Sharpe
Motion carried. (M-2017-011)

13. New Business

13.1. **Oral Update: November 2016 alPHa Conference**

MOTION:
That the oral update on the November 2016 alPHa Conference, be received for information.
Moved: Mr. Connolley
Seconded: Chief Williams
Motion carried. (M-2017-012)

13.2. **Volunteers for Planning February 11th Board/Management Session**

Following discussion, Mr. Connolley, Mr. Sharpe, Chief Williams and Mayor Woodcock agreed to be involved with the planning for the February 11, 2017 session.

14. In Camera to Discuss Confidential Matters

15. Motions from In Camera for Open Session

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

The next meeting will be held February 8, 2017 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

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17. Adjournment

MOTION:
That the meeting be adjourned.

Moved by:	Councillor Parnell
Seconded by:	Mr. Sharpe
Motion carried.	(M-2017-013)

The meeting was adjourned at 6:37 p.m.

______________________________ Chairperson

______________________________ Medical Officer of Health

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Staff Report

Budget Approval – Ministry of Health and Long-Term Care 100% Funded Programs (2017)

Date:	February 11, 2017	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Salvaterra, M.D.		Dale Bolton, Manager, Finance

Proposed Recommendation

That the Board of Health for Peterborough Public Health approve the 2017 budgets for Ministry of Health and Long-Term Care 100% funded programs as follows:

- Chief Nursing Officer - $126,250
- Infection Prevention and Control Nurses - $94,300
- Infectious Diseases Control - $228,345
- Social Determinant of Health Nurses - $190,675
- Enhanced Safe Water - $15,500
- Enhanced Food Safety (Haines) - $25,000
- Needle Exchange Initiative - $60,000
- Electronic Cigarettes Act - $30,500
- Smoke-Free Ontario - $388,800
- Healthy Smiles Ontario - $763,100

Financial Implications and Impact

When the Province does not provide adequate funding to cover actual costs for 100% programs, the excess costs are covered through the mandatory cost shared programs funded 25% by local partners. The ability to cover the excess costs for the 100% programs will be more challenging, as the cost shared budget for 2017 reported a deficit that will be balanced through reserves due to the absence of an anticipated funding increase from the Ministry. While many

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of the 100% funded programs help PPH to meet the objectives of public health programs and services, the effect of the enhancement needs to offset the budget shortfall if the program is not fully funded by the province. The budget request for 2017 reflects the funding required for programs to maintain existing levels.

In 2016, no funding increases were provided by the Province for 100% funded programs with the exception of the Needle Exchange Initiative and Healthy Smiles Ontario. Please refer to Table 1 for an overview of these programs, budget comparisons and comments.

Table 1: 100% Funded Programs – 2017/2016 Comparison

Programs Funded January 1 to December 31, 2017	2017 Budget Request	2016 Approved Budget	Comments
Chief Nursing Officer	$126,250	$121,500	3.9% increase, no increase since 2014
Infection Prevention and Control Nurses	$94,300	$90,100	4.7% increase, did not receive 1.96% request in 2016
Infectious Diseases Control	$228,345	$222,300	2.7% increase, no increase since 2011
Social Determinants of Health Nurses	$190,675	$180,500	5.6% increase, did not get 2.8 % request in 2016
Enhanced Safe Water	$15,500	$15,500	No Increase required
Enhanced Food Safety – Haines	$25,000	$25,000	No Increase required
Needle Exchange Initiative	$60,000	$45,000	33.3% increase (see below)
Electronic Cigarettes Act	$30,500	$29,300	4.1% increase, to maintain existing staff levels
Smoke-Free Ontario	$388,800	$388,800	No Increase required
Healthy Smiles Ontario	$763,100	$763,100	No Increase required

The Needle Exchange program is administered on behalf of the Board of Health by Peterborough AIDs Resource Network (PARN). In 2016, the program spent $50,996. Costs in this harm reduction program have increased significantly over the last two years in excess of 30% per year. One significant factor contributing to the additional cost was the switch to safer needles which are more expensive than traditional needles. The increased cost in 2016 is the result of dispensing 80,800 more needles than in the previous year.

The Healthy Babies, Healthy Children (HBHC) program is also 100% funded program and operates on a calendar year from January 1 to December 31, 2017. Budget direction and

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information has not yet come forward from the Province. This budget will be brought forward to the Board when information becomes available. No funding increases have been received from the Ministry since 2008 for program operations. To maintain existing levels of service in the HBHC program will require an increase in provincial funding.

Decision History

In 2016, the Board approved a total increase of $51,120 in budget requests for five Ministry of Health and Long-Term Care 100% funded programs. Upon receipt of the budget approval in September, the Ministry approved only $10,900 for one program: the Needle Exchange Initiative.

Background and Rationale

The Board of Health is required to approve annual budgets for 100% funded programs.

Strategic Direction

The Healthy Smiles Ontario Program will contribute to the strategic goal of Determinants of Health and Health Equity by addressing the oral health needs of identified priority populations, including the needs of children.

The Smoke-Free Ontario Programs and Electronic Cigarettes Act will help to contribute to the strategic goal of Determinants of Health and Health Equity by providing access to programs and services and addressing the needs of community residents.

The 100% funded programs help to enhance the organization's strategic goals of Capacity and Infrastructure as well as Quality and Performance to achieve public health goals for the community through our programs and services.

Contact:

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

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Staff Report

Budget Approval: One-Time Funding Requests (2017)

Date:	February 11, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health
Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Larry Stinson, Director of Operations

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Budget Approval: One-Time Funding Requests (2017),* for information; and
- approve the following one-time funding requests for inclusion in the 2017 Ministry of Health and Long-Term Care Budget Submission:
  - *Inclusive Prenatal Curriculum - $10,000*
  - *Public Health Inspector Student Practicum - $30,000*
  - *Radon Testing Promotion - $10,000*
  - *Arts Based Secondary School Health Promotion - $20,000*
  - *Evidence-Based Decision Making Guide - $10,000*
  - *Website Accessibility - $25,000*
  - *Server Update - $47,000*
  - *Indigenous Health Strategy Development - $20,000*
  - *Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations - $30,000*
  - *Extraordinary Costs for Enforcement of Healthy Menu Choices Act - $49,300*

Financial Implications and Impact

In most years, the Ministry of Health and Long-Term Care (MOHLTC) has provided Boards of Health the opportunity to submit a request for one-time funding, referred to by the Ministry as B1 funding. This year, as in recent years, these requests must be submitted with the cost-

shared budget submission due on March 1, 2017. Approvals of B1 funding requests are received at the time of cost-shared budget approvals and depending on the category of the request must be spent by December 31, 2017 or March 31, 2018.

The budget submission documents for 2017 indicated that all B1 funding requests, if approved, will be funded 100% by the MOHLTC, so there would be no requirement for a municipal contribution. In some instances, the projects proposed may have impact on administrative costs, which are not eligible within the funding criteria.

Decision History

The Board of Health has previously supported B1 funding requests that augment the delivery of public health programs and allow completion of public health work not funded through base, cost-shared program budgets.

Background

Management staff consulted with staff to explore opportunities to further meet OPHS Standards and local needs through one-time funding. The resulting proposals were reviewed by Executive Committee and ten proposals were supported to submit for MOHLTC consideration. The proposed activities and related funding requests are outlined in the document below:

One-Time/B1 Requests for 2017 Budget Year

Title and Description	**Amount**
1. *Inclusive Prenatal Curriculum*: Review and revise online prenatal education curriculum for needs of LGBTQ and Indigenous populations.	$10,000
2. *PHI Student Practicum*: Hire three PHI students to fulfill their practicum requirement and support implementation of related OPHS Standards.	$30,000
3. *Radon Testing Promotion*: Purchase of Radon Kits and promote broader distribution for home-based testing.	$10,000
4. *Arts Based Secondary School Health Promotion*: A pilot project to combine mindfulness strategies and arts-based health promotion to address a range of public health goals. Delivered in partnership with the Art School of Peterborough.	$20,000
5. *Evidence-Based Decision Making Guide*: Develop online system to support staff in using National Collaborating Centre model and supporting tools, procedures and references.	$10,000
6. *Website Accessibility*: Engage a website developer to ensure compliance with AODA requirements and enhanced access with mobile devices.	$25,000
7. *Server Update*: To replace an aging file server that holds operational Peterborough Public Health files.	$47,000

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Title and Description	Amount
8. *Indigenous Health Strategy Development*: Staffing to support local Indigenous leaders and representatives in the development of an Indigenous Health Strategy for the Peterborough area.	$20,000
9. *Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations*: Enhance the Choose To Be …Smoke-Free tobacco cessation services for persons living with a low income, residents who don't have access to nicotine replacement therapy through a primary health care provider, and women of reproductive age and their partners.	$30,000
10. *Extraordinary Costs for Enforcement of Healthy Menu Choices Act*: Staffing to complete initial inspections on a minimum of 80 sites, follow up on complaints and completion of staff training.	$49,300

Rationale

It is recognized that base funding provided through cost-shared and 100% funded program budgets is not adequate to achieve the public health goals identified through OPHS and locally identified needs. The one-time funding provides an opportunity to enhance program work and create support systems necessary for sustained excellence.

Strategic Direction

If projects outlined are funded they will support the implementation of all four strategic directions:

- Community-Centred Focus
- Determinants of Health and Health Equity
- Capacity and Infrastructure
- Quality and Performance

Contact:

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

To: **All Members**
Board of Health

From: **Dr. Rosana Salvaterra, Medical Officer of Health**

Subject: **Correspondence for Direction**

Date: **February 11, 2017**

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1. **Letter dated January 20, 2017 from Lynn Fawn, Deputy Clerk, County of Peterborough copied to Peterborough Public Health, regarding a County Council resolution requesting the development of a National Pharmacare Program.**

   Proposed Recommendation:

   That the Board of Health for Peterborough Public Health:
   - *receive the correspondence dated January 20, 2017 from Lynn Fawn, Deputy Clerk, County of Peterborough copied to Peterborough Public Health, regarding a County Council resolution requesting the development of a National Pharmacare Program; and,*
   - *endorse the resolution and communicate this support to the Rt. Hon. Justin Trudeau, with copies to Minister Philpott, Minister Hoskins, Peterborough County Council, local MPs, local MPPs, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

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RECEIVED

JAN 24 2017

PETERBOROUGH COUNTY
CITY HEALTH UNIT

January 20, 2017

The Right Honourable Justin Trudeau, Prime Minister
Office of the Prime Minister
80 Wellington Street
Ottawa, Ontario
K1A 0A2

The Honourable Kathleen Wynne, Premier
111 Wellesley Street West, Room 281
Toronto, Ontario
M7A 1A1

Dear Prime Minister Trudeau and Premier Wynne:

Re: Pharmacare

At its meeting held the 18th day of January, 2017, Peterborough County Council passed the following resolution:

> "Whereas Evidence has been provided to the Federal Government's Standing Committee on Health regarding the potential benefits of the development of a National Pharmacare Program;
>
> And Whereas the Citizens' Reference Panel on Pharmacare in Canada has recently recommended "immediate action to address flaws in the current patchwork of public and private drug coverage";
>
> And Whereas the article from the Canadian Medical Association Journal, http://www.cmaj.ca/content/187/7/491 Estimated cost of universal public coverage of prescription drugs in Canada, indicates there would be a net benefit to developing a National Pharmacare Program;
>
> And Whereas a National Pharmacare Program would provide savings to municipalities while at the same time providing medication to residents who currently have no medical benefits program;

Now, Therefore Be It Resolved that Peterborough County calls on the Federal government to move forward with the development of a National Pharmacare Program;

Be It Also Resolved that Peterborough County calls on the Provincial government to work with the Federal government to accomplish the development of a National Pharmacare Program; and

Be It Also Resolved that the Warden and CAO of Peterborough County ask the EOWC to make it a priority to encourage the senior levels of government to move forward with the development of a National Pharmacare Program;

Further, Be It Resolved that this motion be circulated to Peterborough Public Health and through AMO to other municipalities for support and to our MPs and MPPs for their information and support."

Thank you for your consideration on this matter.

Yours truly,

Lynn Fawn
Deputy Clerk/Office Supervisor
Telephone Ext. 397
Fax: 705-876-1730
Email: lfawn@county.peterborough.on.ca

Encl. Canadian Medical Association Journal

c: The Honourable J. Philpott, Minister of Health
The Honourable E. Hoskins, Minister of Health and Long-Term Care
M. Monsef, MP, Peterborough-Kawartha
K. Rudd, MP, Northumberland-Peterborough South
J. Schmale, MP, Haliburton-Kawartha Lakes-Brock
J. Leal, MPP, Peterborough
L. Scott, MPP, Haliburton-Kawartha Lakes-Brock
G. King, CAO County of Peterborough
R. Quaiff, Chair, Eastern Ontario Wardens' Caucus
Association of Municipalities Ontario
Dr. Salvaterra, Medical Officer of Health, Peterborough Public Health

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Estimated cost of universal public coverage of prescription drugs in Canada

Steven G. Morgan PhD, Michael Law PhD, Jamie R. Daw BHSc MSc, Liza Abraham BSc, Danielle Martin MD MPubPol

CMAJ Podcasts: author interview at soundcloud.com/cmajpodcasts/drug-coverage

Abstract

Background: With the exception of Canada, all countries with universal health insurance systems provide universal coverage of prescription drugs. Progress toward universal public drug coverage in Canada has been slow, in part because of concerns about the potential costs. We sought to estimate the cost of implementing universal public coverage of prescription drugs in Canada.

Methods: We used published data on prescribing patterns and costs by drug type, as well as source of funding (i.e., private drug plans, public drug plans and out-of-pocket expenses), in each province to estimate the cost of universal public coverage of prescription drugs from the perspectives of government, private payers and society as a whole. We estimated the cost of universal public drug coverage based on its anticipated effects on the volume of prescriptions filled, products selected and prices paid. We selected these parameters based on current policies and practices seen either in a Canadian province or in an international comparator.

Results: Universal public drug coverage would reduce total spending on prescription drugs in Canada by $7.3 billion (worst-case scenario $4.2 billion, best-case scenario $9.4 billion). The private sector would save $8.2 billion (worst-case scenario $6.6 billion, best-case scenario $9.6 billion), whereas costs to government would increase by about $1.0 billion (worst-case scenario $5.4 billion net increase, best-case scenario $2.9 billion net savings). Most of the projected increase in government costs would arise from a small number of drug classes.

Interpretation: The long-term barrier to the implementation of universal pharmacare owing to its perceived costs appears to be unjustified. Universal public drug coverage would likely yield substantial savings to the private sector with comparatively little increase in costs to government.

Competing interests: Michael Law reports receiving personal fees from Health Canada outside of the submitted work. Danielle Martin is a volunteer member of the board of Canadian Doctors for Medicare. No other competing interests were declared.

This article has been peer reviewed.

Correspondence to: Steven Morgan, steve.morgan@ubc.ca

CMAJ 2015. DOI:10.1503/cmaj.141564

Universal health care coverage encourages access to necessary care and protects patients from financial hardship, and the World Health Organization has declared that governments are obligated to promote universal coverage of necessary health care services, including prescription drugs.[1] All developed countries with universal health insurance systems provide universal coverage of prescription drugs — with the exception of Canada.

Federal cost-sharing of provincially run programs established Canada's national system of universal, comprehensive public insurance for hospital care in the 1950s and medical care in the 1960s.[2] Canada has a single-payer public insurance system for these services in each province and territory. Such coverage for prescription drugs was recommended by the 1964 Royal Commission on Health Services, the 1997 National Forum on Health, and the 2002 Royal Commission on the Future of Health Care in Canada.[3–5] Despite these recommendations, prescription drugs in Canada are currently funded by a fragmented patchwork of public and private drug plans that varies by province and leaves many Canadians with little or no drug coverage at all.[6]

Federal drug plans cover First Nations and other targeted populations that account for 2% of prescription costs in Canada; provincial drug plans cover various populations, accounting for a total of 36% of prescription costs in Canada (ranging from 28% in New Brunswick to 41% in Alberta).[7] A total of 36% of drug costs Canada-wide are funded through private insurance plans,

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4% of costs are funded through compulsory social insurance policies (i.e., workers' compensation funds and compulsory drug coverage required for residents of Quebec), and 22% of costs are funded out-of-pocket by patients.[7]

Awareness that the lack of universal drug coverage is a serious shortcoming of the Canadian health care system is growing.[8-10] Owing to variations in drug coverage by province and patient group, about 1 in 10 Canadians report that they cannot afford to take their medications as prescribed.[11,12] In contrast, such cost-related barriers to prescription drugs are reported by only about 1 in 50 residents of the United Kingdom, where universal coverage of prescription drugs is provided at little or no cost to patients.[13] Canadians who fill prescriptions incur out-of-pocket costs that vary considerably depending on their age, employment status and province of residence.[13-15] Overall, 5.7% of Canadians incurred more than $1000 in out-of-pocket costs for prescription drugs in 2007, whereas just 1.2% of British citizens reported incurring such levels of out-of-pocket costs.[13]

Progress toward universal public drug coverage in Canada has been slow, in part because of concerns about the potential cost of such a program.[16,17] Previous studies concerning the impact of a universal public drug plan in Canada have been limited by a lack of data on prescribing patterns, costs by drug type and source of funding (i.e., private drug plans, public drug plans and out-of-pocket).[18-20] Researchers therefore have been unable to model details concerning expected changes in the volume, type and price of prescription drugs purchased by patients with different levels of coverage within and across provinces. We address this information gap using recently published data describing prescription drug spending by province, drug type and source of funding.

We model the cost-impact of a universal system of prescription drug coverage that would be akin to Canadian medicare: public coverage of medically necessary prescription drugs on universal terms and conditions across Canada, including limited patient copayments and a national formulary. We provide estimates of the cost of such a program from the perspective of government, private payers and society as a whole.

Methods

This is a secondary analysis of data published in the *Canadian Rx Atlas, 3rd Edition*, which quantified drug use and spending patterns within each of 33 therapeutic categories of treatment during the 2012/13 fiscal year.[21] We used the *Canadian Rx Atlas* estimates of the annual volume and cost of prescriptions filled for brand-name drugs for which there are no generic competitors, brand-name drugs with generic competitors and generic drugs, stratified by province, therapeutic category and source of funding (private drug plans, public drug plans and out-of-pocket).

Using an economic framework developed for quantifying determinants of prescription drug spending, we modelled the total cost of prescriptions — stratified by province, therapeutic category and source of funding — as a function of the volume of purchases made, products selected and prices paid for selected products.[22-24] Patients who would become newly insured under a universal public drug plan would be expected to increase their use of prescriptions because they would no longer face cost-related barriers to access. However, a universal public drug benefit program would be expected to promote cost-effective product selection through a population-wide, evidence-based formulary with tiered copayments.[25] In addition, such a plan could lower drug prices by consolidating purchasing power into a single-payer system and enabling population-level supply contracts under the program.[26,27]

We used Canadian experiences with changes in prescription drug coverage to estimate the increase in the use of prescription drugs by patients who would no longer face cost-related barriers to access.[28] We used product selection decisions seen under existing provincial drug plans to estimate choices between brand-name and generic drugs under a universal public drug plan. Finally, we used drug prices found in Canada's official comparator countries to gauge the extent that brand-name and generic drug prices might decrease under a universal public drug plan.[29,30]

To appropriately capture the effects of potential changes in drug prices and product selection decisions, we conducted our analyses separately for each of 31 therapeutic classes of treatment, which account for about 83% of all retail prescription drug sales in Canada. The remaining drugs that did not fall into these therapeutic classes were treated as a single — albeit heterogeneous — class of medicines. We excluded drugs for erectile dysfunction and fertility treatments (2% of all retail sales of prescription drugs in Canada) because, in contrast to other therapeutic categories included in this study, most provinces currently do not provide public coverage for such medications.[21]

Given the narrow range of therapeutic options in specialty drug classes for serious conditions, we assumed no change in product selection in 6 specialty drug classes that accounted for 14% of

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all retail sales: biologic agents for inflammatory conditions, antineoplastic agents, antiretroviral drugs for HIV, drugs for multiple sclerosis, drugs for glaucoma and drugs for ocular vascular conditions (e.g., macular degeneration). Changes in the costs of these medications in our analyses stemmed only from changes in use and changes in the price of brand-name and generic drugs.

We assumed that a universal public drug plan would apply small but tiered copayments to encourage cost-effective product selections, with exemptions for low-income families (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.141564/-/DC1). However, we assumed that a universal public drug plan would not change dispensing fees paid to pharmacies. Thus, our results include about $4.7 billion in dispensing fees paid for the prescriptions filled — equivalent to $195 000 in dispensing fees per community-based pharmacist working in Canada today.[31] In addition, our results include retail markups on drug costs for prescriptions filled, which range from about $600 million to $1.2 billion across the scenarios we modelled.

Finally, to analyze the incremental public cost of a universal public drug plan, we accounted for the direct cost of existing public drug benefit programs and the current indirect cost to governments of private insurance for public sector employees.

We used our modelling parameters to create base scenarios, as well as best- and worst-case scenarios, from the perspective of assessing the cost to government of a universal public drug plan (Appendix 1).

Results

Overall, Canadians spent just over $22 billion on the medications included in our analysis during the fiscal year 2012/13 (Table 1). Under our base scenario estimates, total spending on these prescription drugs under a system of universal public coverage would be about $15.1 billion, representing a decline of $7.3 billion or 32%. Estimated total savings are the result of almost equal contributions of changes in generic prices (base case −11%; range −14% to −9%), brand-name prices (base case −11%; range −14 to −5%) and product selection (base case −12%; range −16% to −10%), net of a small cost increase driven by increased use by previously uninsured patients (base case 3%; range 2% to 8%) (see sensitivity analysis, Appendix 2, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.141564/-/DC1).

When we set all model parameters to worst-case scenario values, a universal pharmacare program in Canada would reduce total spending on the prescription drugs covered in this analysis by about $4.2 billion, or 19%. When we set all model parameters to the best-case scenario values, total spending would decrease by about $9.4 billion, or 42%. The variation in these extremes is driven by the multiplicative effects of having all parameters set at best-case or worst-case values. Sensitivity analyses involving changes in individual para-

Table 1: Comparison of actual total retail spending in fiscal year 2012/13 with estimated spending on prescription drugs with universal public coverage, private and public spending combined, by province

Province	Actual total retail spending 2012/13, $ millions	Estimated spending with universal public coverage, $ millions (% change)		
		Base scenario	All model parameters set to worst-case scenario values*	All model parameters set to best-case scenario values*
All	22 344	15 087 (−32)	18 163 (−19)	12 926 (−42)
British Columbia	2 280	1 564 (−31)	1 875 (−18)	1 324 (−42)
Alberta	2 157	1 474 (−32)	1 776 (−18)	1 257 (−42)
Saskatchewan	577	397 (−31)	478 (−17)	337 (−42)
Manitoba	662	480 (−27)	574 (−13)	406 (−39)
Ontario	8 371	5 470 (−35)	6 631 (−21)	4 665 (−44)
Quebec	6 506	4 463 (−31)	5 341 (−18)	3 878 (−40)
New Brunswick	597	414 (−31)	499 (−16)	354 (−41)
Nova Scotia	700	481 (−31)	578 (−17)	410 (−41)
Prince Edward Island	94	65 (−30)	78 (−17)	56 (−40)
Newfoundland and Labrador	400	279 (−30)	333 (−17)	239 (−40)

*From the perspective of assessing the cost impact to government.

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meters and pairs of parameters generated savings estimates that ranged between $5.3 billion (24%) and $8.9 billion (40%) (Appendix 2).

Total private spending on prescription drugs would decrease in each of our scenarios (Table 2). Under the base scenario, private spending on prescription drugs would decrease by $8.2 billion. Our estimates of savings to the private sector ranged from $6.6 billion to $9.6 billion.

Under the base scenario, the total cost to government of implementing a universal public drug benefit program would be $958 million. Our estimated cost to government of a universal, public drug plan ranged from a $5.4-billion increase in spending when all model parameters are set to worst-case scenario values to a net savings of $2.9 billion when all model parameters are set to best-case scenario values.

Cost estimates by therapeutic class (Table 3) showed that most of the increase in government spending required to implement a universal, public drug plan would stem from a few drug classes. The largest increase in public costs ($330 million) would be for the coverage of biologic drugs for inflammatory conditions (e.g., rheumatoid arthritis, psoriasis and Crohn disease). Other large increases in public spending would be required for the universal coverage of antibiotics ($173 million) and hormonal contraceptives ($157 million) — drugs that are commonly used by younger populations that have not historically been primary recipients of public drug benefits in Canada.[6,21]

Interpretation

Provided that Canada could achieve the pricing found in several comparable countries and the rates of generic drug use currently seen under several provincial drug plans, a universal public drug plan would reduce total spending on prescription drugs in Canada by $7.3 billion per year, or 32%. This estimate is in line with other estimates of the potential savings from a universal public drug plan that draw on aggregate comparisons of prescription spending in Canada and comparable countries.[13,18] Savings of this order of magnitude would put spending per capita in Canada on par with the levels seen in comparable countries such as Switzerland, Austria, Spain and Italy. However, spending would still be significantly higher than that in the UK, Sweden, Finland, the Netherlands, Norway, New Zealand and Denmark.[32]

Based on our estimates, the private sector in Canada — primarily employers and unions that sponsor work-related drug benefit plans — could save $8.2 billion under a universal public drug plan. Reducing the need for work-related private drug insurance plans would also reduce administration costs and eliminate the need for the tax subsidies currently given to encourage employers to offer such plans — neither of which has been factored into our analysis, but each of which could produce substantial additional savings to the private and public sectors.[13,18] Similarly, we

Table 2: Estimated total change in public and private retail spending on prescription drugs with universal public coverage, all provinces combined

Spending	Actual retail spending 2012/13, $ millions	Change in spending, $ millions (% change)					
		Base scenario		All model parameters set to worst-case scenario values*		All model parameters set to best-case scenario values*	
Public							
Direct public spending on public drug plans	9 725	3 383	(35)	7 813	(80)	–438	(–5)
Indirect public spending on private drug plans	2 425	–2 425	(–100)	–2 425	(–100)	–2 425	(–100)
Subtotal	12 151	958	(8)	5 388	(44)	–2 863	(–24)
Private							
Private-sector spending on private drug plans	5 659	–5 659	(–100)	–5 659	(–100)	–5 659	(–100)
Patient out-of-pocket spending	4 534	–2 556	(–56)	–3 911	(–86)	–896	(–20)
Subtotal	10 193	–8 215	(–81)	–9 569	(–94)	–6 555	(–64)
Total	22 344	–7 257	(–32)	–4 181	(–19)	–9 418	(–42)

*From the perspective of assessing the cost-impact to government.

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have not accounted for the health benefits and reduced demand on other health services that have been shown to result from providing patients with drug coverage.[33]

Perhaps most surprisingly, our analysis suggests that a universal public drug benefit program could achieve these savings for the private sector with a comparatively small increase in public sector spending. In our base scenario, total public spending on prescriptions in several drug classes would be lower under a such a program than under the status quo. Moreover, if Canada were to achieve better-than-average outcomes from a universal public drug plan as compared with countries with

Table 3: Total (direct and indirect) public spending on prescription drugs with universal public coverage, all provinces combined, by drug class

Drug class or condition treated	Actual public spending 2012/13, $ millions	Change in spending, $ millions (% change)					
		Base scenario		All parameters set to worst-case scenario values		All parameters set to best-case scenario values	
Cholesterol-lowering drugs	957	−244	(−26)	19	(2)	−527	(−55)
Antipsychotic agents	497	−128	(−26)	18	(4)	−263	(−53)
Diabetes drugs: non-insulin	414	−121	(−29)	0	(0)	−243	(−59)
Anticoagulant agents	199	−68	(−34)	−22	(−11)	−141	(−70)
Pregabalin and gabapentin	218	−40	(−18)	14	(6)	−97	(−44)
Osteoporosis	193	−28	(−14)	25	(13)	−101	(−52)
Dementia	190	−25	(−13)	30	(16)	−63	(−33)
Benign prostatic hypertrophy	151	−18	(−12)	37	(25)	−78	(−52)
Hypothyroidism	102	−16	(−15)	75	(74)	−90	(−88)
Ocular vascular conditions	148	−8	(−5)	24	(16)	−18	(−12)
Antiplatelet therapy	116	−6	(−5)	25	(22)	−52	(−45)
Glaucoma	148	1	(0)	50	(33)	−34	(−23)
Antihypertensive agents	1 392	4	(0)	457	(33)	−433	(−31)
Urinary frequency and incontinence	80	10	(12)	40	(50)	−8	(−10)
Androgens	28	18	(64)	32	(116)	8	(28)
Antidepressants	668	24	(4)	246	(37)	−209	(−31)
Migraines	59	32	(54)	59	(99)	−5	(−9)
Hormone replacement therapy	82	34	(42)	86	(105)	−9	(−11)
Antiretroviral agents for HIV	286	40	(14)	114	(40)	15	(5)
Acid-reducing drugs	673	51	(8)	266	(40)	−185	(−27)
Opioids	387	55	(14)	232	(60)	−72	(−19)
Diabetes drugs: insulins	315	59	(19)	174	(55)	13	(4)
Nonsteroidal anti-inflammatory drugs	221	60	(27)	175	(79)	−69	(−31)
ADHD	146	70	(48)	173	(119)	−14	(−9)
Antineoplastic agents	259	84	(32)	165	(64)	48	(18)
Multiple sclerosis	196	91	(47)	157	(80)	70	(36)
Benzodiazepines	145	96	(66)	166	(114)	12	(9)
Respiratory conditions	815	103	(13)	414	(51)	-51	(−6)
Hormonal contraceptives	126	157	(125)	291	(231)	62	(49)
All other drugs not classified in study	1 785	168	(9)	922	(52)	−594	(−33)
Antibiotic agents	281	173	(61)	317	(113)	26	(9)
Biologics for inflammatory conditions	871	330	(38)	605	(69)	238	(27)
Total	12 151	958	(8)	5 388	(44)	−2 863	(−24)

Note: ADHD = attention-deficit/hyperactivity disorder.

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similar health care systems, our analysis shows the overall net cost to governments would be negative.

Finally, it is worth noting that the goals of universal, affordable public coverage of prescription drugs are not inconsistent with science policy. Location decisions regarding pharmaceutical research and development are driven by the value of the scientific investment, which has more to do with direct scientific investments in a country than the level of pharmaceutical spending.[34] Indeed, Canada currently spends much more on medications than comparable countries with universal health insurance, yet attracts a fraction of the per capita research investment.[13,35] To attract investment, Canada would be advised to increase public investment in health sciences, possibly by using a portion of the savings generated through a single-payer system for universal public coverage of prescription drugs.

Strengths and limitations

As a simulation study, our analysis is necessarily based on assumptions concerning changes in drug use, product selection and prices. We have based our assumptions on available evidence, where appropriate, and on prevailing practices in Canada or abroad. Furthermore, we compared results using a range of assumptions representing best- and worst-case scenarios from the perspective of assessing the cost-impact to government.

Our analysis includes an estimate of the increased use that would result from increased coverage. Provided medications are prescribed appropriately, reducing financial barriers to drugs can be expected to improve patient health outcomes and generate further government savings by way of reduced demands on other forms of publicly funded health care.[33,36,37] In addition, our study analysis models only Canada's provinces. We did not include models of Canada's 3 territories.

Although the inappropriate use of medications is of concern, we did not consider it in this analysis. As many as 1 in 4 older adults in Canada fill 1 or more prescriptions for potentially inappropriate medications each year at an annual cost that could be as high as $1 billion nationwide.[38–40] Clinical leadership is essential; however, an evidence-based national formulary can help to stem overuse and inappropriate use of prescription medications.[41,42] Furthermore, improved integration of medications into Canada's universal public health care system should increase — not decrease — incentives and opportunities to promote their appropriate use.

We were unable to account for confidential rebates paid by drug manufacturers to public drug plans in comparator countries or to existing provincial drug plans.[27] However, private insurers and patients without insurance in Canada generally do not negotiate discounts with manufacturers.[43] Thus, our assumption that a universal public drug plan would expand the negotiating power of the public drug plans in Canada and the scope of sales on which negotiated rebates would apply is reasonable, and our estimates of the decline in prices of brand-name drug are probably conservative.

Conclusion

Universal health coverage is first and foremost about providing appropriate care to patients on the basis of need, not ability to pay. Canada's system is unique insofar as such access is assured for medical and hospital care but not for prescription drugs. A long-time barrier to the implementation of universal prescription drug coverage in Canada has been the perception that it would necessitate substantial tax increases. Our analysis shows that this need not be the case. Universal public coverage of prescription drugs can achieve access and equity goals while also achieving considerable economies of scale that stem from better pricing and more cost-conscious product selection under a single-payer system.

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Affiliations: School of Population and Public Health (Morgan); Centre for Health Services and Policy Research (Law), University of British Columbia, Vancouver, BC; Harvard PhD Program in Health Policy (Daw), Harvard University, Cambridge, Mass.; Faculty of Medicine (Abraham), University of Toronto; Women's College Hospital, and Department of Family and Community Medicine (Martin), University of Toronto, Toronto, Ont.

Contributors: Steve Morgan conceived of the study, conducted the analysis, and drafted the paper. All of the authors contributed to the study design and interpretation of results, and revised the manuscript for important intellectual content and agreed to act as guarantors of the work.

Funding: This study was supported in part by a Canadian Institutes of Health Research (CIHR)/Health Canada Emerging Team Grant (CIHR ETG92245). Michael Law received salary support through a New Investigator Award from the Canadian Institutes of Health Research and a Scholar Award from the Michael Smith Foundation for Health Research.

Data sharing: The data used in this study are available for download at https://circle.ubc.ca/handle/2429/50349

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To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Information**

Date: February 11, 2017

Proposed Recommendation:

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

1. Letter dated November 25, 2016 from the Board Chair to Mayor Bennett and City Council regarding Anti-Contraband Tobacco Campaigns. (p. 32)
   NOTE: Similar correspondence was sent to County and Township Councils; the Ontario Campaign for Action on Tobacco (OCAT) and the Association of Local Public Health Agencies (alPHa) were also advised of this correspondence.

2. Letter dated November 28, 2016 from the Board Chair to Minister Hoskins regarding Hepatitis C. (p. 34)

3. Email dated January 9, 2017 from Roselle Martino, Ministry of Health and Long-Term Care (MOHLTC), in response to the Board Chair's initial letter dated October 6, 2016, regarding human papillomavirus (HPV) immunization program funding. (p. 36)

4. E-newsletter dated January 10, 2017 from alPHa. (p. 38)

5. Letter dated January 18, 2017 from Minister Hoskins regarding the Public Health Expert Panel. (p. 41)

6. Letter dated January 19, 2017 from alPHa regarding Basic Income Guarantee Pilot Consultation. (p. 54)

7. Letter dated January 23, 2017 from Minister Hoskins in response to the Board Chair's initial letter dated November 28, 2016, regarding Hepatitis C. (p. 55)

8. E-newsletter dated February 2, 2017 from alPHa. (p. 57)

9. Letter dated February 2, 2017 from the Board Chair to Dr. Williams, Ontario Chief Medical Officer of Health, regarding the Provincial Opioid Action Plan. (p. 60)

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10. Letter dated February 2, 2017 from the Board Chair to Dr. Gerace, Registrar, College of Physicians and Surgeons of Ontario, regarding opioid addiction and overdose. (p. 62)

11. Letter dated February 2, 2017 from the Board Chair to Peterborough Municipal Councils regarding addressing the hazards of gambling (p. 64)

12. Letter dated February 2, 2017 from the Board Chair to Minister Hoskins, regarding the health hazards from gambling. (p. 66)

13. Letter dated February 2, 2017 from the Board Chair to the Middlesex London Board of Health regarding Jordan's Principle. (p. 67)

14. Letter dated February 2, 2017 from the Board Chair to the Chair of the Standing Committee on Social Policy regarding Bill 6, Ministry of Community Social Services Amendment Act (Social Assistance Research Commission), 2016. (p. 69)

15. Letter dated February 6, 2017 from alPHa Board of Health Section representative, Durham Regional Councillor and Pickering Councillor David Pickles to Central East Board of Health Chairs, regarding an update on the alPHa Board of Directors. (p. 71)

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

    a. Anti-Contraband Tobacco Campaign – Algoma (p. 76)

    b. Anti-Contraband Tobacco Campaign – Sudbury District (p. 78)

    c. Bill S-228, An Act to amend the Food and Drugs Act – Middlesex London (p. 80)

    d. Bill S-228, An Act to amend the Food and Drugs Act – Sudbury District (p. 81)

    e. Cannabis Control – Sudbury District (p. 83)

    f. Human papillomavirus program funding – Huron (p. 85)

    g. Human papillomavirus program funding – Simcoe Muskoka (p. 86)

    h. Ontario Public Health Standards Modernization – Windsor Essex (p. 88)

    i. Opioid Addiction and Overdose – Grey Bruce (p. 89)

    j. Oral Health Programs for Low-Income Adults and Seniors – Lambton (p. 90)

    k. Sugar Sweetened Beverages – Sudbury District (p. 92)

Enclosures available upon request.

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

November 25, 2016

Mayor Daryl Bennett and Council
City of Peterborough
c/o John Kennedy, Clerk
500 George Street N.
Peterborough, ON K9H 3R9
jkennedy@peterborough.ca

Dear Mayor Bennett and Council Members:

In 2012, Imperial Tobacco Canada Ltd. (ICTL) provided a confidential presentation (attached) to its parent company British American Tobacco on it objectives and tactics behind a decade-long ongoing campaign to "keep the contraband issue alive". The presentation shows how Imperial Tobacco uses retailer and other business associations including the Ontario Convenience Stores Association (OCSA) and the National Coalition Against Contraband Tobacco (NCACT) as front groups for their lobbying efforts aimed at preventing effective regulations and tax increases.

The slide deck from ITCL demonstrates that the NCACT and the OCSA have worked on behalf of ITCL to convince Ontario municipalities of the importance of the contraband tobacco problem. The slide deck also makes clear that the anti-contraband campaign pursued by the NCACT and the OCSA in Ontario is designed in part to block tobacco excise tax increases and regulation of tobacco products generally. These campaign objectives were not communicated to municipalities by either the NCACT or the OCSA during meetings with municipal staff or councillors.

These front groups continue to lobby Queen's Park against higher tobacco taxes and other regulations. Rothmans Benson and Hedges, has also started to ask municipal councillors for meetings to discuss contraband, most likely with the same kinds of messages that the NCACT and the OCSA have been using. Ontario has the second lowest tobacco taxes among all of the provinces in Canada. Lower tobacco prices result in increased use whereas, tax increases on tobacco products deter smoking uptake, reduce tobacco consumption, increase smoking cessation, and address inequalities in smoking rates among social groups. Contrary to tobacco industry messaging, impartial research by the Ontario Tobacco Research Unit at the University of Toronto has shown that tobacco excise tax increases do not lead to large increases in contraband.

The City of Peterborough has supported various tobacco control measures including smoke-free legislation, the protection of the public from second-hand tobacco smoke and the protection of our youth from tobacco industry products. In light of the conflict of interest between your municipality's support of public health objectives and those of the tobacco industry and its front groups, the Board of Health for Peterborough Public

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Health respectfully requests that if approached by the tobacco industry and/or its front groups, that the City of Peterborough reject motions to lobby against higher tobacco taxes increases and other tobacco control measures.

Yours in health,

Original signed by

Mayor Mary Smith
Acting Chair, Board of Health

/ag
Encl.

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P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

November 28, 2016

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

Dear Minister Hoskins,

RE: Bill 5 – *the Greater Access to Hepatitis C Treatment Act, 2016*

As you are no doubt aware, approximately 110,000 Ontarians are living with hepatitis C. Individuals can live with hepatitis C for many years without experiencing any symptoms, even though the disease slowly damages their liver. If left untreated, hepatitis C can lead to cirrhosis, liver cancer, and ultimately premature death.

Fortunately there is a cure for hepatitis C, with new treatments having demonstrated a 95 percent effectiveness rate in restoring individuals to health. While new treatments have shown great promise in curing individuals with hepatitis C, many individuals cannot access these highly effective treatments until they meet restrictive clinical criteria that require that an individual's liver be substantially damaged.

The Board of Health for Peterborough Public Health was pleased to hear about and supports MPP Sylvia Jones' private Member's bill, Bill 5 – *the Greater Access to Hepatitis C Treatment Act, 2016.* If adopted, MPP Jones' private Member's bill would ensure every individual in Ontario with hepatitis C will receive treatment upon the recommendation from their physician, no matter what stage their disease is in. If Bill 5 is adopted, an individual will no longer have to wait and let their liver further deteriorate before receiving lifesaving treatment.

The board of health hopes that your government will support the principle of treating at risk individuals before evidence of harm exists. A universal program, where physicians are able to access curative treatment for their patients based on their own assessments of readiness and suitability, would be far better than the current limited access that exists. Thank you for considering this policy change.

Yours in health,

Original signed by

Mayor Mary Smith
Acting Chair, Board of Health

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/ag

cc: MPP Sylvia Jones, Dufferin-Caledon
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

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From: Martino, Roselle (MOHLTC) [mailto:Roselle.Martino@ontario.ca]
Sent: Monday, January 09, 2017 10:54 AM
To: Angela Sturdy; Karen Reece (karen@alphaweb.org); Alida Gorizzan; Ann Gray; Carol Koob; Cathy Davies; Christina Luukkonen; Christine Miller; Cindy Crandall; Diane Charlton (diane.charlton@halton.ca); Dianne Wiegand; Elizabeth Dickson; Erin Meneray; Heather Bruce; Helen Hazlewood; Helen Tanevski; Helen Tolvaisa; Jane Bonaldo; Karen Macleod; Karen Vance; Kathy Proksch; Kim Eitel; Lee Anne Damphouse (ldamphouse@wechu.org); Lisa Powers; Lorraine Johnson; Lynn Guy; Maria Cook; Melissa Rintoul (mrintoul@pdhu.on.ca); Nicole Desautels; Noreen Woodtke; Paula Ferreira; Rachel Quesnel; Rachelle Leveille; Sarah Stevens; Sheri Beaulieu; susan.jackson (susan.jackson@county-lambton.on.ca); Sylvia Muir
Subject: RE: HPV/Immunizations Program Funding

Good Morning
Thank you for your email. I draw your attention to the email below that was sent from my office in November of last year regarding funding for implementation of new vaccine programs.

~Roselle

Roselle Martino | Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
T: 416-327-9555 **| C:** 416-553-3496
E: rosellem.martino@ontario.ca

From: Hope, Amy (MOHLTC) **On Behalf Of** Martino, Roselle (MOHLTC)
Sent: November 17, 2016 3:47 PM
To: *Ontario Public Health Agencies (emails removed)*
Cc: Feeney, Brent (MOHLTC); Walker, Elizabeth S. (MOHLTC); Sims, Kevin (MOHLTC); Arron, Nina (MOHLTC); Riedstra, Erynne (MOHLTC)
Subject: Funding for Implementation -- New Vaccine Programs
Importance: High

Dear Colleagues,

Several of you have sent to the Minister/Ministry your Board of Health resolutions with respect to funding for implementation (including updating records in accordance with the *Immunization of School Pupils Act*) of the new vaccine programs (shingles and HPV). I just want to be sure you are all aware of the following:

- When the new Immunization Programs were announced including HPV expansion and Shingles, all Public Health Units were notified per usual ministry practice that they would receive extraordinary funding to support implementation of these new programs.

- Public Health units received funding for extraordinary costs associated with the implementation of the *Immunization of School Pupils Act* regulatory amendments and integration of pharmacists into the immunization program as part of the 2016 program based grants.

- In November 2016, the ministry provided all public health units with the templates/documentation to submit in-year one-time requests for extraordinary costs incurred associated with the delivery of public health programs and services, including HPV Program Expansion, Shingles, and other extraordinary costs. These requests are currently under review.

- Once Health Units have confirmed/validated their associated implementation costs for these new programs, the Ministry staff have been advising all health units to incorporate these in their annual budget submissions to the Ministry for consideration.

From: Angela Sturdy [mailto:asturdy@huroncounty.ca]
Sent: January 9, 2017 10:36 AM
To: Karen Reece (karen@alphaweb.org); Alida Tanna; Ann Gray; Carol Koob; Cathy Davies; Christina Luukkonen; Christine Miller; Cindy Crandall; Diane Charlton (diane.charlton@halton.ca); Dianne Wiegand; Elizabeth Dickson; Erin Meneray; Heather Bruce; Helen Hazlewood; Helen Tanevski; Helen Tolvaisa; Jane Bonaldo; Karen Macleod; Karen Vance; Kathy Proksch; Kim Eitel; Lee Anne Damphouse (ldamphouse@wechu.org); Lisa Powers; Lorraine Johnson; Lynn Guy; Maria Cook; Melissa Rintoul (mrintoul@pdhu.on.ca); Nicole Desautels; Noreen Woodtke; Paula Ferreira; Rachel Quesnel; Rachelle Leveille; Sarah Stevens; Sheri Beaulieu; susan.jackson (susan.jackson@county-lambton.on.ca); Sylvia Muir
Cc: Martino, Roselle (MOHLTC)
Subject: HPV/Immunizations Program Funding

ATTN: ONTARIO BOARDS OF HEATLH

At its meeting held on December 8th, 2016, the Board of Health for Huron County Health Unit requested that the attached correspondence be sent to your attention.

With thanks,

Angela Sturdy
Executive Assistant
Huron County Health Unit
77722B London Rd, RR #5
Clinton, ON N0M 1L0
T: 519.482.3416 ext 2010
Toll-free 1.877.837.6143
www.huronhealthunit.ca
asturdy@huroncounty.ca

We value breastfeeding and are committed to helping parents make informed decisions about infant nutrition.

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From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Tuesday, January 10, 2017 12:44 PM
To: Alida Gorizzan
Subject: alPHa Information Break - January 10, 2017

Information Break

January 10, 2017

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.

Save the Date: Feb. 23 & 24 alPHa Winter Symposium

Even though it seems alPHa's fall membership event just wrapped up yesterday, planning is underway for the **2017 Winter Symposium**, which will take place on February 23 at the DoubleTree by Hilton in downtown Toronto. On the following day, February 24, alPHa will be holding concurrent Section meetings for board of health members and medical officers of health at the same venue. Details on registration and program coming soon.

TOPHC 2017: Global challenges. Local solutions.

The 7th annual The Ontario Public Health Convention (TOPHC) will be held March 29-31, 2017 at the Allstream Centre in Toronto. A collaboration of Public Health Ontario, alPHa and the Ontario Public Health Association, TOPHC is an opportunity for public health professionals to learn from each other, provoke thought, and get motivated to make a difference in the practice of public health. This year's theme, ***Global challenges. Local solutions.*** will highlight solutions to the global challenges facing public health every day. Emerging infectious diseases, the effects of the social determinants of health, the impacts of climate change, and rising chronic diseases will all be a focus. Come and learn about solutions to these pressing challenges and how to apply them to your work. Registration is now open; early bird deadline is **February 12**.
Register here for TOPHC 2017
Learn more about TOPHC 2017

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Updated alPHa Records Retention Guidelines

alPHa has updated its ***Guidelines on Minimum Retentions for Health Unit Records***. While retention periods have not changed, citations of legislation have been updated, where applicable, in the appendix, and links to legislation have also been added. Many thanks to the working group members from the following health units who assisted with the review: Haliburton, Kawartha Pine Ridge District; Leeds, Grenville & Lanark District; Niagara Region; and Wellington-Dufferin-Guelph. For a copy of the Guidelines, please send an email to alPHa.

Public Health Reports of Interest

Health Status of Canadians 2016: Report of the Chief Public Health Officer (released Dec. 15, 2016)

A Framework for the Legalization and Regulation of Cannabis in Canada -- The Final Report of the Task Force on Cannabis Legalization and Regulation (released Dec. 13, 2016)

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alPHaWeb Feature: Current Consultations

Health units and members of the public are often invited by government to provide their input on legislation and initiatives of interest. alPHa has compiled a list of consultation opportunities for members on its website. Click below to view.
Go to alPHa's list of Current Consultations

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alPHa Group Insurance Offer

alPHa members and all health unit staff are eligible to receive an exclusive group discount of 12.5% on home and auto insurance from Aviva Insurance. Request a quote today by visiting www.alphagroupinsurance.ca or by calling 1-877-787-7021. Other benefits include: additional savings available through other discounts, free access to personal legal, home and health information service (included with home insurance policies), and professional claims handling backed by Claims Service Satisfaction Guarantee.

Upcoming Events - Mark your calendars!

February 23 & 24, 2017 - alPHa Winter Symposium, DoubleTree Hilton Hotel, Toronto, Ontario. Registration and program details coming soon!

March 29-31, 2017 - TOPHC 2017: Global challenges. Local solutions. Allstream Centre, Toronto.

June 11, 12 & 13, 2017 - 2017 alPHa Annual General Meeting and Conference: ***Driving the Future of***

Public Health, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

This email was sent to atanna@peterboroughpublichealth.ca from the Association of Local Public Health Agencies (info@alphaweb.org).
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Ministry of Health and Long-Term Care

Office of the Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10e étage
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Téléc. 416 326-1571
www.ontario.ca/sante

January 18, 2017

Dear Colleague,

I am pleased to announce the establishment of a Public Health Expert Panel to advise on structural and organizational factors that will improve the integration of population and public health into the health system, deepen the partnerships between local boards of health and LHINs, and improve public health capacity and delivery within a transformed and integrated health system.

The *Patients First: Action Plan for Health Care*, December 2015, and the *Patients First: Reporting Back on the Proposal to Strengthen Patient-Centred Health Care in Ontario*, June 2016, made commitments to engage with our indigenous partners and to four key proposals intended to reduce gaps and strengthen patient-centred care in Ontario. These proposals included strengthening connections between population and public health and the rest of our health system, and establishing the expert panel on public health.

On December 7, 2016 Ontario passed Bill 41: the *Patients First Act, 2016* and we are now moving forward with our commitment to transform and truly integrate our health system, using a population heath and health equity approach to health system planning and delivery across the continuum of care.

The panel that has been established includes experts that have been appointed from several sectors (see attached list) and will be chaired by Dr. David Williams, Ontario's Chief Medical Officer of Health. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, will serve as the ministry's Executive Sponsor.

The Expert Panel has been given a mandate to provide their strategic and confidential advice to me by Spring, 2017. The work of the Panel will include a review of various operational models for the integration of public health into the broader health system and the development of options and recommendations that will best align with the principles of health system transformation, enhance relationships between public health, LHINs and other public sector entities and improve public health capacity and delivery.

I look forward to the continued participation of the public health sector in our system transformation and working with you to ensure that population and public health expertise is used to build a better health system that serves the needs of all Ontarians.

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Yours sincerely,

Dr. Eric Hoskins
Minister

c: Dr. Robert Bell, Deputy Minister
Dr. David C. Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division

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Public Health Expert Panel

Chair:
Dr. David Williams, Chief Medical Officer of Health

Executive Sponsor:
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, MOHLTC

Members:
Dr. Laura Rosella, University of Toronto
Solomon Mamakwa, Sioux Lookout First Nations Health Authority, Health Advisor for NAN
Susan Fitzpatrick, Toronto Central Local Health Integration Network (LHIN)
Carol Timmings, Registered Nurses Association of Ontario, Toronto Public Health
Dr. Valerie Jaeger, Niagara Region Public Health Unit, alPHa
Dr. Nicola Mercer, Wellington-Dufferin-Guelph Public Health Unit
Gary McNamara, Mayor of the Town of Tecumseh, Association of Municipalities of Ontario
Dr. Jeffrey Turnbull, The Ottawa Hospital, Health Quality Ontario

Minister’s Expert Panel on Public Health

Mandate

The main objective of the Expert Panel is to recommend changes to the local public health sector that would support the realization of the Minister’s vision for an integrated health sector as outlined in *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*.

The mandate of the Expert Panel will be to provide advice to the Minister on structural, organizational and governance changes for public health. The work of the Expert Panel will include a review of various operational models for the integration of public health into the broader health system, the development of options and considerations for implementation.

As part of its deliberations, the Expert Panel will consider:

- How the organization and structure of public health can best align with the principles of health system transformation, with a focus on health equity, access, meeting the needs of patients, population-focused and integration at the local level.
- A clearly defined role for public health units in the broader health system. It will ensure the population health planning and equity expertise and functions of public health are informing needs assessment, planning and resource allocation decisions. The modernization of the Ontario Public Health Standards and the Ontario Public Health Organizational Standards (Standards Modernization) will provide key inputs.
- Potential opportunities for and impacts of structural, organizational and governance changes to public health units.
- That funding for public health programs and services is to be protected.

The following is an outline of in-scope and out-of-scope considerations for the work of the Expert Panel:

In Scope:	Out of Scope:
Recommendations on the structure and organization of Ontario’s public health system.	Recommendations on overall structure and organization of health care system.
Recommendations on governance models within recommended system structure.	Recommendations on funding and funding models.
Relationships between public health and other public sector entities.	Definition of the scope of public health programming and services (being addressed through the Standards Modernization process).
System-wide public health capacity considerations.	Capacity considerations at a regional/local or organizational level.
	Implementation of recommendations.

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Expert Panel on Public Health: Panel Member Biographies

Date: January 18, 2017

Confidential

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Expert Panel on Public Health

Panel Members

Panel Chair:
David Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health Ministry of Health and Long-Term Care

Dr. David Williams was appointed as the province's Chief Medical Officer of Health, effective February 16, 2016.

Since July 1, 2015, Dr. Williams served as the Interim Chief Medical Officer of Health for the province of Ontario, having been the Medical Officer of Health for the Thunder Bay District Board of Health from October 2011 to June 30, 2015.

Dr. Williams held the position of Associate Chief Medical Officer of Health, Infectious Disease and Environmental Health Branch Director at the Ministry of Health and Long-Term Care from 2005 to 2011. During this time he was also the Acting Chief Medical Officer of Health for Ontario from November 2007 to June of 2009. Prior to working at the province, Dr. Williams was the Medical Officer of Health and CEO for the Thunder Bay District Health Unit from 1991 to 2005.

Dr. Williams is a four time graduate of the University of Toronto receiving his BSc., MD, Masters in Community Health and Epidemiology (MHSc) and Fellowships in Community Medicine/Public Health and Preventive Medicine (FRCPS).

Prior to entering public health, Dr. Williams practiced hospital-based clinical practice as a GP and GP Anesthetist at the Sioux Lookout Zone Hospital and also in International Health at the United Mission to Nepal Mission Hospital, Tansen, Nepal.

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Susan Fitzpatrick
Chief Executive Officer
Toronto Central Local Health Integration Network (LHIN)

Susan Fitzpatrick is the Chief Executive Officer of the Toronto Central Local Health Integration Network (LHIN) in 2015, following a career in the Ontario Public Service that spanned more than three decades.

In this role, Susan leads an organization with a mandate to plan and integrate local health services, engage with the central Toronto community, and allocate 4.7 billion dollars to over 170 local health service providers. Susan is also accountable for strengthening the local health care system through leading the implementation of the Toronto Central LHIN's Strategic Plan for 2015 to 2018, which focuses on three goals: A Healthier Toronto, Positive Patient Experiences, and System Sustainability.

Prior to joining the LHIN, Susan was Associate Deputy Minister, Health System Delivery and Implementation, Ministry of Health and Long-Term Care. As Associate Deputy Minister, Susan was responsible for bringing together health programs in LHINs, CCACs, Long-term Care and Physician Services, and creating alignment opportunities in order to deliver quality health services to patients.

Susan is a results-oriented leader, strategic planner and a skilled negotiator with a capacity to engage stakeholders and build consensus across the broader health sector and within government.

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Valerie Jaeger, MD, PhD, MPH
Medical Officer of Health
Niagara Region Public Health

Dr. Valerie Jaeger has been Medical Officer of Health for Niagara Region for the past five years. In this capacity she is responsible for protecting the health of Niagara's 450,000 residents and 15 million visitors through Public Health programs, Land Ambulance and Dispatch Services and Emergency Planning. Dr. Jaeger also currently holds part-time appointments in Community Health Sciences at Brock University and in the Department of Health Research Methods, Evidence, and Impact, McMaster University

Dr. Jaeger's eclectic view of the world was shaped by life in fourteen cities and three continents. Many universities have been like home to her; including Cambridge and Edinburgh in the UK and, in Canada, the University of New Brunswick (Bachelor of Science), McGill University (PhD and MD) and University of Waterloo (Master of Public Health). Twenty-five years in private family practice and university student health contributed to her being named Family Physician of the Year for Southern Ontario in 2006.

Dr. Jaeger is President of alPHa (Association of Local Public Health Agencies), a former Chair of the Council of Ontario Medical Officers of Health and the founder of the Niagara Health Trust. She served for eleven years on the Brock University Board of Trustees and has also been Chair of successful local United Way Campaigns.

Being convinced that progress best occurs when new perspectives are sought, Dr. Jaeger aims to bring the knowledge of other disciplines such as physics, economics and psychology to Public Health. She has the privilege of enabling her over 600 staff to do great work that they are passionate about.

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Gary McNamara
Mayor of the Town of Tecumseh

Gary McNamara was born and raised in Cornwall, Ontario and moved to Tecumseh 35 years ago. He was employed at Hiram Walkers and Sons Ltd. as a Power Engineer until his retirement in 2011. He has been married to Heather for 41 years, and is the father of two grown sons and proud grandfather of three grandchildren.

Gary was first elected to Tecumseh Town Council in November of 1991. In 1998, Gary was elected as Deputy Mayor and in November 2003, he was elected Mayor for the Town of Tecumseh. Gary was re-elected as Mayor in 2006, acclaimed in 2010, and re-elected in 2014. His County Council colleagues entrusted Gary with the responsibilities of Deputy Warden for 2000-2003 and again for 2010-2014. He has been a strong community leader for over 30 years.

As part of the restructuring of the electricity sector in Ontario in June 2000, four municipalities joined to form Essex Power Corporation. Gary has been elected as Chair since its incorporation, and has been instrumental in its strategic planning.

Gary has served as Tecumseh's representative on the Windsor-Essex County Health Unit since 1999. He was elected as Chair for 2006-2009 and again since January 2011.

Gary was first elected in 2004 as a Director for the Association of Municipalities of Ontario (AMO), Small Urban Caucus. In 2006 he was elected Chairman of Ontario Small Urban Municipalities (OSUM). In 2011 and again in 2014, Gary was acclaimed as President of the Association of Municipalities of Ontario, a position he has held until August 2016, now currently serving as AMO's Past President until August 2018. Gary also serves as Chair of AMO's Local Authority Services.

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Solomon Mamakwa
Health Advisor
Nishnawbe Aski Nation

Solomon Mamakwa is Oji-Cree and band member of Kingfisher Lake First Nation located in northwestern Ontario. Currently, he is the Health Advisor for Nishnawbe Aski Nation (NAN). Previously, he was the Health Director for Shibogama First Nations Council in Sioux Lookout for 9 years.

He is active on several boards, including Board Member for Sioux Lookout First Nation Health Authority, Sioux Lookout Regional Physicians Services Inc., Northern Ontario School of Medicine and is also the Co-chairman and Board Member for Sioux Lookout Meno Ya Win Health Centre.

Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health and CEO
Wellington-Dufferin-Guelph Public Health

Dr. Nicola Mercer was appointed as the Medical Officer of Health and CEO for Wellington-Dufferin-Guelph Public Health in 2007.

A prior anesthesiologist with 15 years of direct patient care in teaching and community hospitals, Dr. Mercer also served as the chief of anesthesiology at Guelph General Hospital. Her experience as a physician, MOH and CEO has given her working relationships with senior hospital leadership, community agencies and municipal and provincial leaders.

Dr. Mercer serves as a member of the Cardiac Care Council of the Waterloo Wellington LHIN and she is a member of the Provincial Infectious Diseases Advisory Committee Tuberculosis Working Group. She has served as the Secretary of the Ontario Medical Association Section of Anesthesiology and as a Royal College of Physicians and Surgeons of Canada Examiner for 5 years.

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In her community, Dr. Mercer is past president of the Wellington County Medical Association and currently sits as a member of the University of Guelph, Board of Trustees. She also holds the position of Special Graduate Faculty in support of the Department of Pathobiology, University of Guelph.

Having received medical training including her residency as an anesthesiologist at the University of Toronto, Dr. Mercer also received a Master of Business Administration from Wilfrid Laurier University and a Masters of Public Health from the University of Waterloo. She has had several publications in the Canadian Veterinary Journal and the Canadian Journal of Public Health.

Dr. Mercer has lived in Guelph for more than 20 years and met her husband, a Guelph family physician, in the operating room of the old St. Joseph's Hospital. Nicola and her husband have two children.

Laura Rosella, PhD, MHSc
Canada Research Chair in Population Health Analytics
Assistant Professor, Dalla Lana School of Public Health, University of Toronto,
Scientist, Public Health Ontario

Dr. Rosella has formal training in public health, epidemiology, biostatistics and public health policy. Her primary role is a full-time tenure-track faculty position in the Dalla Lana School of Public Health at the University of Toronto.

Dr. Rosella currently holds a Tier 2 Canada Research Chair in Population Health Analytics (2015-2020) and appointments at the Institute for Clinical Evaluative Sciences and Public Health Ontario. She has authored 80 peer-reviewed publications in the area of public health, public health policy, and health services research. Her expertise in population health, health system research and strong methodological background uniquely positions her research to enable meaningful synergies between health care, public health and social systems to improve population health and ensure a sustainable and equitable healthcare system.

She specializes in population data sources, ranging from primary collected data to administrative data, health and non-health data, as well as in designing new methods to use these data in innovative ways. Dr. Rosella has led the development of population

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risk tools to support health decision-making, which are being adapted in several countries. In addition, Dr. Rosella has developed a formal partnership with several health leaders across Canada, including local, provincial, and national health decision-makers focused on diabetes prevention.

Her recent focus on linking prevention efforts to health system sustainability an issue that affects every healthcare system in the world as they grapple with declining funding yet increased demand for healthcare.

Carol Timmings, R.N. B.N.Sc., M.Ed. (Admin)
Director, Child Health and Development
Chief Nursing Officer
Toronto Public Health

Carol Timmings is currently the Director of Child Health and Development and Chief Nursing Officer with Toronto Public Health. She holds a Bachelor of Nursing Science Degree and a Master of Education Degree in Policy & Administration, both from Queen's University.

Carol is a highly developed nursing leader with demonstrated abilities in senior management, healthy public policy, program development and strategic system and service planning. She is a results-oriented executive with extensive experience spanning the areas of chronic disease and injury prevention, child and family health, environmental health, health planning and policy. Her commitment to the social determinants of health and reducing health inequities is consistently evidenced in her approach to public health leadership. As Chief Nursing Officer with Toronto Public Health, Carol is also responsible for nursing human resource planning, quality nursing practice and enhancing nursing contributions to organizational effectiveness related to improved health outcomes at individual, group and population levels.

Over her career, Carol has had extensive executive involvement with professional Associations and Advisory Boards provincially and nationally. She is currently the President of Registered Nurses Association of Ontario (RNAO) and member of the Advisory Board for National Collaborating Centre for Determinants of Health. Previous professional association involvement includes Past-President of Ontario Public Health Association (OPHA) and Past-President of ANDSOOHA - Public Nursing Management in Ontario.

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In 2010, Carol received the Association of Local Public Health Agencies Distinguished Service Award in recognition of her outstanding leadership and contributions to public health in Ontario. OPHA also honoured Carol in 2015 with a Lifetime Membership Award, in recognition of her outstanding leadership and contributions to the Association.

Jeffrey Turnbull, MD, FRCPC
Chief of Staff, The Ottawa Hospital
Chief, Clinical Quality, Health Quality Ontario

In addition to a BSc (University of Toronto) and a Master's Degree in Education (University of Western Ontario), Dr. Turnbull received his Doctorate in Medicine at Queen's University and later achieved specialty certification in Internal Medicine through the Royal College of Physicians and Surgeons of Canada in 1982.

Dr. Turnbull has been the Vice Dean of Medical Education at the University of Ottawa (1996-2001), the President of the Medical Council of Canada (1998- 2001), the President of the College of Physicians and Surgeons of Ontario (2006-2007) and finally the President of the Canadian Medical Association (2010-2011).

Dr. Turnbull has pursued an interest in poverty and its effect on health nationally and internationally. He is one of the founders and is currently the Medical Director of Ottawa Inner City Health for the homeless which works to improve the health and access to health care for people who are chronically homeless. As well, he has been involved in education and health services initiatives to enhance community and institutional capacity and sustainable development in Bangladesh, Africa and the Balkans. He is the recipient of several national and international grants and awards, including the Order of Canada, the Order of Ontario, the Queen Elizabeth II Diamond Jubilee Medal and an Honorary Degree of Law from Carleton University.

In addition to being a specialist in Internal Medicine, Dr. Turnbull was the Department Chair of Medicine at The Ottawa Hospital and University of Ottawa from (2001-June 2008), a position he left to take on the role of Chief of Staff. He also served as Senior Medical Officer for Correction Services Canada (2011-2014). He recently took on the role of Chief, Clinical Quality for Health Quality Ontario. He remains committed as a medical educator with special interests in "Poverty and Health Inequity" and associated health policy.

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From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Linda Stewart
Sent: Thursday, January 19, 2017 3:49 PM
To: 'All Health Units'
Subject: [allhealthunits] alPHa-OPHA-PHO Basic Income Pilot Consultation Submission

Dear Board of Health Chair.

Attached are responses to the Basic Income Pilot consultation prepared by alPHa, OPHA and PHO.

- a covering letter from the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA)
- a technical response to the consultation questions from alPHa, OPHA, and Public Health Ontario (PHO)
- a previous submission, included here as an attachment to the technical response.

(NOTE: Documents can be viewed here: http://c.ymcdn.com/sites/www.alphaweb.org/resource/resmgr/BIG_Response.pdf)

Much thanks and appreciation are owed to the alPHa-OPHA Health Equity Working Group and to Lisa Simon for leading this effort. Thanks also go to Dana Wilson, Emma Tucker, and PHO's Brendan Smith for their work on the technical document and to Tracy Woloshyn for her work on the letter.

You are welcome to borrow liberally from this work in any of your own responses.

Hugh Segal's report as well as the consultation guide can be found on alPHa's website here.

Linda

____

Linda Stewart
Executive Director

Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Tel: (416) 595-0006 ext. 22
Fax: (416) 595-0030
linda@alphaweb.org

For scheduling, please contact Karen Reece, Administrative Assistant, at karen@alphaweb.org or call 416-595-0006 ext 24.

For more information visit our web site: http://www.alphaweb.org

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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

Édifice Hepburn, 10e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante

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CITY HEALTH UNIT

Ontario

JAN 2 3 2017

HTLC2966MC-2016-11281

Ms. Mayor Mary Smith
Acting Chair, Board of Health
Peterborough Public Health
185 King Street
Peterborough ON K9J 2R8

Dear Ms. Smith:

Thank you for your letter regarding coverage of drugs used to treat the hepatitis C virus

As you know, the treatment of chronic hepatitis C infections has evolved over the past few years. Most recently, more effective and better tolerated therapies have become available that improve the chances of a cure for patients with certain genotypes of the hepatitis C virus. With the emergence of these new therapies, there have also been concerns raised regarding the affordability of these therapies to patients and their families, and the sustainability of public payer funding in managing this condition, given the costs of these newer treatments.

To provide a brief general background, new drugs and new indications that are approved by Health Canada are first reviewed under a national Common Drug Review (CDR) process, with overall assessment of the evidence by the Canadian Drug Expert Committee (CDEC). CDEC then issues a funding recommendation to provincial and territorial drug plans, recommending whether or not the drug should be funded by public drug plans. The funding recommendations issued by the CDR are reviewed by provinces and territories. If appropriate, a joint negotiation through the pan-Canadian Pharmaceutical Alliance (pCPA) is conducted with drug manufacturers to achieve the best possible value and ensure equitable access across the provinces.

The criteria for funding newer hepatitis C products was based on CDEC expert recommendations and negotiations through the pCPA. As a result, the funding for these newer treatments is applied similarly across Canada for those provinces that fund these products through their public drug plans. Please note that not all provinces and territories fund each drug, and there may also be differences in the date that funding becomes available.

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Ontario has provided funding for thousands of patients in the past year. Ontario recognizes the importance of these treatments and continues to evaluate the evidence of the success of these products in patients. We continue to work with other provinces and territories to address important issues of effectiveness, safety, efficacy for a broader range of genotypes and clinical circumstances, affordability, and fiscal sustainability for public payers.

I appreciate your feedback and I assure you that my ministry continues to work toward enabling more Ontarians to be covered.

Again, thank you for writing about this issue.

Yours sincerely,

Dr. Eric Hoskins
Minister

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From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Thursday, February 02, 2017 5:03 PM
To: Alida Gorizzan
Subject: alPHa Information Break - Feb. 2, 2017

Information Break

February 2, 2017

This 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.

Program for alPHa Winter 2017 Symposium - Feb. 23

A draft program for the Winter 2017 Symposium in Toronto is now available for viewing (click link below). As alPHa members anticipate the release of the updated Ontario Public Health Standards, the Association's February 23rd session will feature guest presentations on the updates as well as a facilitated discussion led by public health consultant Brent Moloughney. On February 24, COMOH and the Boards of Health Section will hold meetings to discuss current issues and activities. Pre-registration for all meetings on the 23rd and 24th are required if attending.
View program, registration and hotel details here
Register for the Symposium / Section Meetings here

Patients First Update

On January 27, the Province issued an update on the work supported by the *Patients First Act, 2016* and health system integration.
Read the Jan. 27 provincial update on Health System Integration

The Minister of Health and Long-Term Care announced the establishment of the Public Health Expert Panel on January 18. The panel's role will be to "advise on structural and organizational factors that will improve the integration of population and public health into the health system, deepen the partnerships between local boards of health and LHINs, and improve public health capacity and delivery within a transformed and integrated health system." Chaired by Ontario chief medical officer of health David Williams, the Panel's membership includes, among others, alPHa president Valerie Jaeger and Wellington-Dufferin-Guelph MOH Nicola Mercer. Carol Timmings from Toronto Public Health

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is also a Panel member.

Advocacy Activities

Board of Health Budgets - alPHa has written the Minister of Health and Long-Term Care regarding concerns over 2016 board of health budgets.

Basic Income Guarantee - alPHa has joined with the Ontario Public Health Association (OPHA) and Public Health Ontario (PHO) in responding to Senator Hugh Segal's work on *Finding a Better Way: A Basic Income Pilot Project for Ontario*.
Download alPHa's response on Basic Income Pilot Consultation

Items of Public Health Interest

Heart & Stroke's 2017 Report on the Health of Canadians (released Feb. 1, 2017)

Eileen de Villa Appointed Toronto's New Medical Officer of Health (Jan. 31)

Projects with Indigenous Partners to Reduce Poverty (Jan. 19)

New Provincial Supports to Help Ontarians Quit Smoking (Jan. 18)

Ontario Proposes Fee for Bottling Water Companies (Jan. 18)

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alPHaWeb Feature: Correspondences

alPHa has written letters on a number of issues to various government officials on a range of public health issues, including community water fluoridation, Ministerial Mandate Letters, and more (click below and scroll down the opened page).
View alPHa's list of recent correspondences

Upcoming Events - Mark your calendars!

February 23 & 24, 2017 - alPHa Winter Symposium, DoubleTree by Hilton Hotel Toronto Downtownl, Toronto, Ontario. Program, registration and hotel details **here**.

March 29-31, 2017 - **TOPHC 2017**: Global challenges. Local Solutions. Allstream Centre, Toronto. Early bird registration deadline: February 12.

June 11, 12 & 13, 2017 - 2017 alPHa Annual General Meeting and Conference: *Driving the Future of Public Health*, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario. **Click here** for the

Notice of Annual General Meeting and calls for resolutions, Distinguished Service Award Nominations, and Board of Health Nominations to alPHa Board.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

This email was sent to atanna@pcchu.ca from the Association of Local Public Health Agencies (info@alphaweb.org).
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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHa.

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

February 2, 2017

Dr. David Williams
Chief Medical Officer of Health
Ministry of Health and Long-Term Care
393 University Avenue, 21st Floor
Toronto, ON M5G 2M2

Dear Dr. Williams:

Re: Provincial Opioid Action Plan

At its January 11, 2017 meeting, the Board of Health for Peterborough Public Health endorsed the enclosed motion from the Middlesex London Health Unit regarding "Opioid Addiction and Overdose" which identified opioid misuse as the third leading cause of accidental death in Ontario. We have written to the Registrar of the College of Physicians and Surgeons of Ontario regarding the safer prescribing of opioids by physicians. Coroner's data and our own local police indicate that in addition to prescription opioid harms, we are also witnessing an increase in deaths from the illicit use of fentanyl. We understand that recreational drug users can often take fentanyl unknowingly as it can contaminate other street drugs in Canada.

We are writing to you, as the Province's first Provincial Overdose Coordinator, to congratulate you for your leadership on this important issue. We are encouraged to see that Ontario is taking a comprehensive approach to deal with this serious public health threat. We were heartened by the release of a provincial strategy in October that would address prescribing of opioids, the treatment of pain and addictions, and the enhancement of harm reduction efforts. Here in Peterborough, we now have 7 pharmacies participating in the Naloxone program, as well as our own Take Home Naloxone program, that we provide through partnerships with our needle exchange and community addiction treatment agencies. Through efforts of our Municipal Drug Strategy, our hospital will be offering Naloxone to anyone presenting in the Emergency Department with an opioid-related overdose, starting very soon.

The risk of overdose is high and climbing, and there is much work to be done at every level, whether it is local, provincial, national or international. We were pleased to see the specific commitments made by Ontario in the Joint Statement of Action to Address the Opioid Crisis. We would appreciate having access to an updated provincial action plan, with targets, deliverables and timelines, that is supported by regular communication to stakeholders and partners like our board of health. One cannot underestimate the role and power of communications if we hope to turn this opioid crisis around and prevent the suffering and harm being experienced in jurisdictions like British Columbia and elsewhere.

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We thank you for your attention to opioids as a public health risk that can and must be prevented, wherever possible. We hope that our request for more transparent and routine communications is something which can be accommodated and addressed. We look forward to all and any updates from our provincial colleagues, partners and leaders.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

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P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 2, 2017

Dr. Rocco Gerace, Registrar
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON M5G 2E2
rgerace@cpso.on.ca

Dear Dr. Gerace:

Re: Opioid Addiction and Overdose

At its January 11, 2017 meeting, the Board of Health for Peterborough Public Health endorsed the enclosed motion from the Middlesex London Health Unit regarding "Opioid Addiction and Overdose" which included contacting the College of Physicians and Surgeons (CPSO) to ask for guidance to enhance counselling around opioid risks and prescription of naloxone to each patient using opioids.

Based on most recent estimates, Peterborough has the sixth highest rate of opioid prescribing in the province. Prescribing rates for 15 to 64-year-olds in 2014 was 80% higher than the provincial average. Among our senior population, rates are 34% higher. It is not surprising then to find that our local rates of opioid-related emergency department visits and hospital admissions are also above provincial averages.

The risk of overdose is high and climbing, and is not limited to those who use opioids recreationally. People who are legally prescribed these medications and their families are at risk as well. Actions to address overdose should include focusing on better informing Canadians about the risks of opioids, supporting better prescription practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. It is imperative to ensure that Ontario health care providers have the tools, resources and information necessary to provide the highest-quality care to patients.

Thankfully, the Province is making Naloxone available through pharmacies to anyone who is at risk of an opioid overdose. In addition, family members and friends can access this rescue medication. Our board supports the Middlesex London request that you consider issuing guidance that Ontario physicians have a conversation with each patient that receives opioids about the risk of both addiction and overdose for themselves and their families, and also prescribing naloxone to have in the home of each such patient.

Although opioids may play a role in good patient care, as you stated in your message to physicians in the October 2016 issue of MD Dialogue, we remained concerned about the dangers of these drugs and would appreciate any steps that prescribers can take to reduce the risk of harm to both the patient and our community.

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Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

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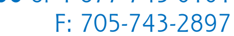
Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8


P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

February 2, 2017

Peterborough Municipal Councils
(County of Peterborough; City of Peterborough; Townships of Asphodel-Norwood, Cavan Monaghan, Douro-Dummer, Havelock-Belmont-Methuen, North Kawartha, Otonabee-South Monaghan, Selwyn; Municipality of Trent Lakes)

Re: Addressing the Hazards of Gambling

At its January 11, 2017 meeting, the Board of Health for Peterborough Public Health endorsed the attached resolution from the North Bay, Parry Sound District Health Unit Board, calling for a public health strategy to prevent and enhance local harm reduction supports to address the anticipated harms that will result from expansion of gaming in our local communities. This would complement efforts being taken at the provincial level on this issue.

In order to prevent and mitigate these harms, we are requesting that all Peterborough area municipal partners who will be in receipt of gaming revenues set aside a portion to fund local strategies aimed at vulnerable populations. The three components of these strategies include:

- undertaking a baseline study to determine the prevalence of problem gambling within our local communities;
- establishing ongoing and future data collection and research to determine the health and social impacts of a local casino on problem gambling; and
- establishing a responsible and problem gambling program with community agencies and partners to help prevent and reduce the harmful impacts of excessive or uncontrolled gambling, with the inclusion of public education, free support and treatment services.

All three components of a local strategy are relevant for the Peterborough area, regardless of the final location for the planned casino.

Peterborough Public Health values the important partnership with our local governments, and we look forward to working together to mitigate any potential harms from this development. We recommend that the appropriate staff be directed to meet with our Medical Officer of Health, Dr. Rosana Salvaterra, to discuss this further so that plans can be underway to ensure that our work in this area, as a community, is timely, relevant and effective.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

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/ag
Encl.

cc: Chief Administrative Officers (County, City and Townships)
Curve Lake First Nation
Hiawatha First Nation

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peterboroughpublichealth.ca

February 2, 2017

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

Dear Minister Hoskins:

Re: Health Hazards of Gambling

At its meeting held on January 11, 2017, the Board of Health for Peterborough Public Health considered correspondence from the North Bay Parry Sound District Health Unit regarding the above noted matter.

The Board echoes the recommendations outlined in their resolution (attached), including advocating to local municipalities for a public health strategy to address the anticipated harms that will result from expansion of gaming in our communities, which has been communicated to local Councils.

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Association of Local Public Health Agencies
Ontario Boards of Health

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February 2, 2017

Councillor Jesse Helmer
Chair, Board of Health
c/o Elizabeth Milne
Middlesex London Health Unit
50 King Street
London, ON N6A 5L7
Elizabeth.Milne@mlhu.on.ca

Dear Councillor Helmer:

Re: Jordan's Principle

On behalf of our board of health, and our Indigenous partners, we would like to express our thanks to your board for taking the initiative in December 2016 in adopting Jordan's Principle as a board of health policy. Several of the Calls to Action from the Truth and Reconciliation Commission deal with the welfare of children, and specifically, the third one calls on all levels of government to fully implement Jordan's principle to ensure that jurisdictional disputes regarding the payment of services for children do not interfere with the timely provision of services to all First Nations children.

Thanks to your leadership, our board is now in the process of developing a policy, and we will be calling on all of our municipal providers to follow suit.

Jordan's Principle was established in response to the death of Jordan River Anderson, from Norway House First Nation, who suffered from a rare muscular disorder and who was not able to return home because of a dispute between the provincial and federal governments over the payment of necessary home care. He spent two years in hospital and died before this dispute could be resolved. In Canada, a lack of clarity sometimes exists around which level of government should pay for services to First Nations children that are readily available to others. Jordan's Principle reflects the non-discrimination provisions of the United Nations Convention on the Rights of the Child and Canadian domestic law that does not allow differential treatment on the basis of race or ethnic origin.

We call upon all boards of health in Ontario to follow the lead of Middlesex London as well, and to advocate in their respective jurisdictions, with municipal councils and Local Health Integration Networks, to ensure that Jordan's Principle is applied to all locally available services.

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Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

In gratitude,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

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February 2, 2017

Peter Tabuns, MPP, Toronto-Danforth
Chair, Standing Committee on Social Policy
Room 1405, Whitney Block
Queen's Park
Toronto ON M7A1A2
c/o Katch Koch, Committee Clerk
kkoch@ola.org

Dear MPP Tabuns and Members of the Standing Committee on Social Policy:

Re: Bill 6, Ministry of Community Social Services Amendment Act (Social Assistance Research Commission), 2016

I am writing to advise that on January 11, 2017, the Board of Health of Peterborough Public Health received a Staff Report regarding Bill 6: A Ministry of Community and Social Services Amendment Act (Social Assistance Research Commission), 2016. The Staff Report included information about the 2016 Nutritious Food Basket costing and the fact that residents of the City and County of Peterborough and Ontarians living on social assistance do not have adequate income for basic living, including nutritious food.

Bill 6, and its predecessor Bill 185, has received unanimous support in the legislature. This Bill will ensure that the research is conducted on the true costs of basic needs in different Ontario communities and that the results are made public. It is important for the Commission to also consider additional expenses within local communities. For instance, for rural low-income residents in Peterborough County, it has been noted that the cost of alternate forms of heat such as propane and oil have additional costs including inspection and maintenance of tanks and are often subject to minimum delivery requirements by providers. It would be prudent to consider both basic needs for both rural and urban citizens receiving social assistance.

We are particularly supportive of the Commission using yearly Nutritious Food Basket (NFB) costing, completed by Ontario Public Health Agencies through a set protocol within the Ontario Public Health Standards (OPHS). The Nutritious Food Basket Protocol was developed in consultation with local public health agencies and since 2008, has ensured consistent methodology and implementation across Ontario, led by Registered Dietitians.

Passing this important legislation will help us to work towards ensuring that all Ontarians have a decent minimum standard of living; and, eradicating poverty in the province. Support for Bill 6 locally will ultimately help our most vulnerable community members by ensuring that local living costs are considered when the province determines social assistance rates. We express our support as a Board of Health for Bill 6 and urge the Standing Committee on Social Policy to bring this Bill forward in a timely manner.

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On behalf of the Board of Health, I respectfully urge the Standing Committee on Social Policy to promptly move ahead with hearings on Bill 6.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

cc: Hon. Yasir Naqvi, MPP, Government House Leader
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

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E-mail: info@alphaweb.org

Providing leadership in public health management

February 6, 2017

Dear Board of Health Chair,

Re: Communications with Board of Health Representatives on alPHa Board of Directors

As you may know, the Association of Local Public Health Agencies (alPHa) represents the interests of Ontario's boards of health and public health units. At alPHa's June annual conference, you and/or board of health colleagues across the province elected seven representatives to sit on the alPHa Board of Directors. These seven representatives also make up the Board of Health Section Executive Committee ("BOH Executive"), which is a committee of the alPHa Board.

From June 2016 until June 2018, I am your Central East regional representative on the BOH Executive/alPHa Board of Directors. My contact information is:

David Pickles
Board of Health, Durham Region
E-mail: dpickles@pickering.ca, Tel: 905-668-7711 ext 3111

We have heard from board of health members on the challenges they face in staying connected with their peers at other boards of health. This regular, ongoing process will help local chairs of boards of health and their colleagues share issues and concerns with alPHa. You and your board are invited to voluntarily submit to myself any items for discussion at the BOH Executive's meeting. I would kindly ask that you email these to me at least two (2) weeks prior to the meeting. Please note that upcoming BOH Executive meetings will take place on the following dates:

March 21, 2017
May 16, 2017

I hope you will take advantage of this communications process, and share the attached update with your board members.

If you have any questions on the above, please contact me or alPHa's Susan Lee at (416) 595-0006 ext. 25. or susan@alphaweb.org

Yours truly,

David Pickles
Central East Representative, alPHa Board of Health Section Executive Committee

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Providing leadership in public health management

UPDATE FOR BOH CHAIRS – January 2017

Patients First Activities

On December 7, 2016 The Ontario Legislature yesterday passed Bill 41 - *The Patients First Act*. In the Ministry's news release (click here) announcing the passage, the Act will, among other things, "formally connect Local Health Integration Networks (LHINs) and local boards of health to leverage their community expertise and to ensure local public health units are involved in community health planning." alPHa president Valerie Jaeger provided a quote for the ministry's news release.

On December 1, 2016 the bill was ordered to Third Reading in the Ontario Legislature with a number of amendments. alPHa updated its summary of the bill when it was first introduced, including changes that had been made since Second Reading. Prior to Third Reading, consultations on Bill 41 were held in November with the Standing Committee on the Legislative Assembly. On November 16, alPHa president Valerie Jaeger presented to the Committee on behalf of the Association, which also provided a written submission.

As one of 16 work streams that have been created to work on different aspects of Patients First, a Public Health Work Stream, co-chaired by Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, and Michael Barrett, CEO, South West LHIN, has been established. The Public Health Work Stream will focus on formal linkages between LHINs and boards of health to support alignment and improved population health. alPHa's Executive Director, Linda Stewart, and the Boards of Health Section Chair, Mary Johnson are members of the Work Stream along with representatives from COMOH, AMO, the LHINs and the Ministry of Health and Long-Term Care.

The Public Health Expert Panel, first recommended in the Patients First discussion paper released in December 2015, has now been established and will have its first meeting in early January 2017.

alPHa and its board will be monitoring developments closely as Patients First activities continue to roll out and plan next steps.

Ontario Public Health Standards Review

alPHa continues to coordinate opportunities for the 19 alPHa members who are participants on the committees involved in the review of the Ontario Public Health Standards (OPHS) and Organizational Standards to discuss activities by teleconference. Recommendations regarding the OPHS are expected to be released for consultation in the coming weeks.

Skills Based Boards

A small group of alPHa's BOH Section Executive met at the end of November to provide initial feedback on a draft set of tools to support skills-based boards of health that have been developed by the Institute of Governance for the Ministry of Health and Long-Term Care. The feedback will be collated to form an official alPHa response.

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alPHa Strategic Plan

An update of activities related to alPHa's 2014-2016 Strategic Plan, *Building on Our Strengths*, is available on alPHa's website by clicking here. This plan was distributed at the Boards of Health Section Meeting held on November 18 in Toronto. For the past several years alPHa has been focusing on the following five key strategic areas: promoting members, representing members, supporting members, connecting members and enriching members.

Wrap Up: 2016 Fall Symposium

alPHa successfully concluded its Fall Symposium, *Cultural Competencies to Support Indigenous Truth and Reconciliation*, on November 17 in Toronto. Thanks go to the guest speakers and attendees who participated in this informative and timely event. For the full proceedings and presentations, please visit alPHa's website by clicking here.

Recap: November 2016 Boards of Health Section Meeting

On November 18, 2016 the BOH Section held a meeting at which board of health members received an update on alPHa's activities related to member support, promotion and enrichment. Monika Turner from the Association of Municipalities of Ontario (AMO) presented an update on AMO's activities regarding public health, including the renewal of its Health Task Force. A main focus of the presentation was the impact of the provincial government's transformation agenda on the municipal sector and health.

AMO's update was followed by guest presenters who spoke to the Basic Income Guarantee issue and Ontario's pilot project in this area. Associate Medical Officer of Health, Dr. Lisa Simon from Simcoe Muskoka District Health Unit and Sheila Regehr, who co-founded the Basic Income Network, also provided updates on public health advocacy and the political landscape surrounding this issue. Several suggestions were made on how best to increase support for this issue across municipalities, including the provision of tools and talking points to assist municipalities to further understand and promote Basic Income.

Upcoming Meetings for All Board of Health Members

February 23, 2017 – alPHa Winter Symposium, DoubleTree by Hilton Toronto Downtown Hotel, Toronto. Further program and registration details to come.

February 24, 2017 – alPHa Boards of Health Section Meeting at the DoubleTree by Hilton Toronto Downtown Hotel.

Next alPHa Board of Directors Meeting

The alPHa Board of Directors will meet next on February 3, 2017. If your board of health has any issues it would like raised at the alPHa Board meeting, please contact your regional representative on the alPHa Boards of Health Section Executive Committee.

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

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Providing leadership in public health management

UPDATE FOR BOH CHAIRS – October 2016

Upcoming 2016 Fall Symposium

alPHa's upcoming Fall Symposium, *Cultural Competencies to Support Indigenous Truth and Reconciliation*, will take place on Thursday, November 17 and Friday, November 18, 2016 at the Radisson Admiral Toronto Harbourfront hotel in downtown Toronto.

Day One (Nov. 17) will feature a full-day plenary workshop on Indigenous cultural competency training led by facilitators from the National Association of Friendship Centres. This will be a good opportunity for all board of health members and health unit staff to strengthen their skills and understanding when working directly or indirectly with Indigenous people.

On day Two (Nov. 18), board of health members will meet to hear updates on Patients First and the Ontario Public Health Standards review at the half-day BOH Section meeting. At the same time, COMOH members will meet separately to discuss mutual issues of interest and concern.

To register for the 2016 Fall Symposium and/or BOH Section meeting, please visit alPHa's website at: http://www.alphaweb.org/events/EventDetails.aspx?id=844326

Patients First Activities

After proroguing the Ontario legislature in early September, the Liberal government re-introduced the *Patients First Act* on October 6, 2016 as Bill 41. alPHa has analyzed the new bill and compared it to the Bill 210 version from a public health perspective. The only substantial change does not concern the public health sector. The sections relevant to the LHINs-MOH engagement remain unchanged. In the meantime, the alPHa Board is considering its next steps as it continues to monitor provincial developments on Patients First.
View alPHa's summary of Patients First Act sections relevant to public health

Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation, MOHLTC, recently presented to the alPHa Board and COMOH Section on separate occasions to introduce the provincial Capacity Planning Framework. The framework aims to bring consistency to health system planning and support health transformation goals of improved health outcomes and fiscal sustainability. A population health measurement tool is being developed with a particular focus on the population aged 50 and over to assist with system planning at the ministry level.

To facilitate the implementation of the Patients First Act, fifteen work streams have been created to focus on areas such as Clinical Leadership, Indigenous Health, Public Health, etc. Each work stream is co-chaired by a LHIN and Ministry lead person. Co-chaired by Michael Barrett, CEO for South West LHIN, and Roselle Martino, Associate Deputy Minister, Population and Public Health Division, the Public Health Work Stream consists of representatives from senior ministry staff and the following alPHa participants: Linda Stewart, alPHa Executive Director; Dr. Liana Nolan, MOH, Region of Waterloo Public Health; and Dr. Penny Sutcliffe, MOH, Sudbury & District Health Unit.

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UPDATE continued

Ontario Public Health Standards Review

The three committees involved in the review of the Ontario Public Health Standards and the Ontario Public Health Organizational Standards continued to meet over the summer. Work is moving ahead with all three committees. As a support activity, alPHa continues to coordinate opportunities for the 19 alPHa members who are participants on the committees to discuss activities by teleconference. The meetings are conducted in a way to protect the duty to confidentiality to which these individuals are held. The meetings are expected to continue into the fall and winter and will provide a mechanism for strategic discussion across committees.

Skills Based Boards

The Ministry of Health and Long-Term Care is reviewing a draft set of tools to support skills-based boards of health that have been developed by the Institute of Governance. The Ministry is seeking feedback on these confidential draft tools from stakeholders, including alPHa. In the coming weeks, the BOH Section Executive and the alPHa Executive Committees will be provided an opportunity to provide their comments on the draft set of tools. Their feedback will be collated to form an official alPHa response.

Risk Management Resources for Boards

alPHa has been assisting Corinne Berinstein of Treasury Board Secretariat in helping health units and boards of health learn more about managing risk at the organizational level. A number of information webinars for health unit staff were rolled out this summer. This fall, Corinne and alPHa are holding regional in-person meetings with boards and senior management to help and guide them on risk management activities.

Online resources for health unit risk management are now available on alPHa's website. Created by the alPHa Risk Management Working Group, the resource area allows viewers to access information about the risk management implementation approach, among other items. Health unit staff also have the opportunity to share their own resources by posting these to the alPHa website.

As a governance best practice, the alPHa Board itself is presently looking at risk management from an association viewpoint. The Board of Directors has undergone a risk management exercise and developed a risk matrix for further discussion and review.

Next alPHa Board of Directors Meeting

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

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

www.algomapublichealth.com

January 25, 2017

The Honourable Charles Sousa
Minister of Finance
Ministry of Finance
7th Floor, Frost Building South
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Dear Minister Sousa,

At the November 23, 2016 meeting of the Board of Health of Algoma Public Health, a briefing note prepared by leadership regarding the *Anti-Contraband Tobacco Campaign* was received.

The Algoma Public Health Board of Health passed a resolution at that time requesting the Ontario Ministry of Finance to consider (a) raise tobacco excise taxes and (b) enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities.

Resolution 2016-109 was moved by H. O'Brien and seconded by L. Castellani:

> *WHEREAS information referenced from a 2012 slide deck by Imperial Tobacco Canada Ltd. (ITCL) demonstrates that the National Coalition Against Contraband Tobacco (NCACT) and the Ontario Convenience Store Association (OCSA) have worked on behalf of ITCL to convince Ontario municipalities of the importance of the contraband tobacco problem; and*
>
> *WHEREAS this referenced information makes clear that the anti-contraband campaign pursued by the NCACT and the OCSA in Ontario is designed in part to block tobacco excise tax increases and regulation of tobacco products generally; and*
>
> *WHEREAS contrary to tobacco industry messaging, impartial research by the Ontario Tobacco Research Unit at the University of Toronto has shown that tobacco excise tax increases do not lead to large increases in contraband; and*
>
> *WHEREAS municipalities within the District of Algoma have previously passed smoke-free bylaws and support protection of the public from second-hand tobacco smoke.*

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THEREFORE BE IT RESOLVED THAT Algoma Public Health requests all municipalities within the District of Algoma to explicitly reject motions from tobacco industry and/or its front groups and to call on the Ontario Ministry of Finance to; (a) raise tobacco excise taxes and (b) enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities.

FURTHERMORE THAT this resolution be shared with the Ministry of Finance, Federal Members of Parliament, the Association of Local Public Health Units, Ontario Public Health Units, the Federal Minister of Health and the Ontario Campaign for Action on Tobacco.

Thank you for your consideration on this matter.

Sincerely,

Dr. Marlene Spruyt BSc, MD, CCFP, FCFP, MSc-PH
Medical Officer of Health/CEO
On behalf of Algoma Public Health Board of Health

cc: Linda Stewart, Executive Director, Association of Local Public Health Agencies
Members of Parliament
Ontario Public Health Units
Federal Minister of Health
Algoma Municipalities
Ontario Campaign for Action on Tobacco

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January 25, 2017

VIA EMAIL

Mayors/Reeves
Constituent Municipalities within the
Sudbury & District Health Unit Catchment Area

Dear Mayor/Reeve:

Re: Anti-Contraband Tobacco Campaign

In late 2016, public health units received information about the tobacco industry's 2012 anti-contraband campaign in Ontario and Quebec. The information made clear that, in addition to contraband reduction, the campaign objectives included prevention of further tobacco excise tax increases and blocking of additional tobacco regulation.

About 40-50 Ontario municipalities supported the campaign without being fully aware of the background and context. Front groups continue to lobby the Provincial Government against tobacco taxes and other regulations.

At its meeting on Thursday January 19, 2017, the Sudbury & District Board of Health carried the following resolution #03-17:

> *WHEREAS the Sudbury & District Board of Health has reviewed information indicating that recent anti-tobacco contraband campaigns from the National Coalition Against Contraband Tobacco and the Ontario Convenience Store Association were supported by the tobacco industry with the intention of blocking tobacco excise tax increases and regulation of tobacco products generally; and*
>
> *WHEREAS Ontario municipalities including the City of Greater Sudbury have endorsed such campaigns without being informed of tobacco industry support; and*
>
> *WHEREAS municipalities within the SDHU service area are longstanding advocates for measures to protect the public from exposure to environmental tobacco smoke;*

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health advise area municipalities of this information and urge municipalities to not endorse tobacco industry supported campaigns; and

THAT the Sudbury & District Board of Health request municipalities to call on the Ontario Ministry of Finance to raise tobacco excise taxes and enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities; and

FURTHERMORE THAT this resolution be shared with municipal councils, local MPPs, the Ontario Ministry of Finance, the Association of Local Public Health Agencies, Ontario public health units, and the Ontario Campaign for Action on Tobacco.

Local municipalities have supported various tobacco control measures in the past, including smoke free legislation, the protection of the public from second-hand smoke and the protection of our youth from tobacco industry products. Thanks to efforts like these, we have seen smoking rates decline and exposure to second-hand smoke in both indoor and many outdoor places greatly reduced. There remains much work to be done. Smoking is the number one cause of preventable deaths in Ontario and Canada and ongoing vigilance and action are required to reduce this still staggering statistic.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: The Honourable Charles Sousa, Minister of Finance
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Mr. Glenn Thibeault, MPP, Sudbury
Dr. David Williams, Chief Medical Officer of Health
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Mr. Michael Perley, Director, Ontario Campaign for Action on Tobacco

December 13, 2016

The Honourable Dr. Jane Philpott
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, ON N1A 0K9

Dear Minister Philpott,

Re: Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*

At its December 8, 2016 meeting, under Correspondence item b), the Middlesex-London Board of Health voted to endorse the following:

b) Date: 2016 November 04 (Received 2016 November 07)
Topic: Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*
From: Rosana Salvaterra, Medical Officer of Health, Peterborough Public Health
To: Dr. Jane Philpott, Health Canada

Background:
Creating supportive environments for healthy food choices makes the healthier choice the easier choice. Many public health advocacy groups have recommended limitations on marketing that is targeted at children. Peterborough Public Health echoes the recommendations identified by the Healthy Kids Panel and wrote the Federal Minister of Health to support their plan to consider marketing restrictions.

The Board of Health received a report in March 2016 regarding the Impact of Sugar Sweetened Beverage and Creating Supportive Environments. At this meeting the Board of Health endorsed the Heart and Stroke Foundation's position statement that includes a wide range of recommendations one of which is a reduction in marketing to children.

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden *that the Board of Health endorse correspondence item b)* Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*

Carried

The Middlesex-London Board of Health is pleased to support plans to consider marketing restrictions as part of a comprehensive Healthy Eating Strategy.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

cc: Bev Shipley, MP, Lambton-Kent-Middlesex
Irene Mathyssen, MP, London-Fanshawe
Karen Vecchio, MP, Elgin-Middlesex-London
Kate Young, MP, London West
Peter Fragiskatos, MP, London North Centre
Association of Local Public Health Agencies, Ontario Boards of Health

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January 25, 2017

VIA EMAIL

The Honourable Jane Philpott
Minister of Health
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9

Dear Minister Philpott:

Re: Restricting the Marketing of Unhealthy Foods and Beverages to Children

The link between the marketing of unhealthy foods and beverages to children and obesity is a significant public health concern.

At its meeting on November 24, 2016, the Sudbury & District Board of Health carried the following resolution #60-16:

> *WHEREAS children are particularly susceptible to commercial marketing and need to be protected from marketing influences on their food and beverages choices; and*
>
> *WHEREAS Health Canada, through the newly introduced multi-year Healthy Eating Strategy, is committed, following a review of the evidence and consultation with experts in the field, to introducing restrictions on the commercial marketing of unhealthy food and beverages to children; and*
>
> *WHEREAS the Stop Marketing to Kids Coalition's Ottawa Principles outline the components required for effective policies and regulations on any form of commercial advertisement or otherwise promotion of food and beverages to children age 16 years and younger; and*
>
> *WHEREAS the Association of Local Public Health Agencies endorsed The Ottawa Principles, and has written a letter of support for Senator Nancy Green-Raine's Bill S-228, Child Health Protection Act, which if passed would ban food and beverage marketing to children under 13 years of age; and*

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health encourage Members of Parliament to endorse Bill S-228, and commend the Honourable Jane Philpott, Minister of Health, for introducing the multi-year Healthy Eating Strategy; and

FURTHER THAT this motion be forwarded to local, provincial and federal health and non-health sector partners as appropriate.

Dietary patterns are established early in life and consistent exposure to unhealthy food and beverage advertisements have a significant negative impact on child food preferences, purchase requests and consumption patterns[1].

Regulation of food and beverage marketing to children is an effective and cost saving population based intervention to improve health and prevent disease[2]. The Sudbury & District Board of Health commends Senator Nancy Green-Raine for this bill and strongly urges the federal government to implement a legislative framework to protect child health by ensuring protection from aggressive marketing of unhealthy food and beverages.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: The Honourable Kathleen Wynne, Premier of Ontario
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Ms. Nancy Green-Raine, Senator
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Ms. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Mayors/Reeves, Sudbury & District Health Unit Constituent Municipalities
Stop Marketing to Kids Coalition

[1] McGinnis JM, Gootman JA, Kraak VI (Eds.) *Food Marketing to Children and Youth: Threat or Opportunity?* Committee on Food Marketing and the Diets of Children and Youth. Washington, DC: IOM; 2006.
[2] Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of Unhealthy Diets, physical inactivity, and obesity: Health effects and cost-effectiveness. *Lancet* 2010; 376 (9754): 1775-84.

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January 25, 2017

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Cannabis Regulation and Control

At its meeting on January 19, 2017, meeting the Sudbury & District Board of Health carried the following resolution #04-17:

CANNABIS REGULATION AND CONTROL

WHEREAS the Final Report of the Task Force on Cannabis Legalization and Regulation, A Framework for the Legalization and Regulation of Cannabis, recommended to the federal government that current restrictions on public smoking of tobacco products be extended to the smoking of cannabis products and to cannabis vaping products; and

WHEREAS the recently amended Smoke Free Ontario Act permits certain products and substances to be prohibited under the regulatory framework of the Act; and

WHEREAS Sudbury & District Board of Health motion #54-15 called for a public health approach to the forthcoming cannabis legalization framework, including strict health-focused regulations to reduce the health and societal harms associated with cannabis use; and

WHEREAS a public health approach focuses on high-risk users and includes strategies such as controlled availability, age limits, low risk use guidelines, pricing, advertising restrictions, and general and targeted prevention initiatives and allows for more control over the risk factors associated with cannabis-related health and societal harms; and

WHEREAS by prohibiting the smoking of all cannabis in all places where the smoking of tobacco is prohibited, children, youth and adults in our communities will result in reduced public and second-hand exposure to cannabis;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health call for the inclusion of marijuana (medicinal and recreational) as a prescribed product or substance under the Smoke Free Ontario Act; and

FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners, including constituent municipalities.

Members of the Sudbury & District Board of Health respectfully request that the province employs a public health approach to the regulation and legalization of cannabis in Ontario. We look to your continued strong leadership to protect and promote the health of Ontarians.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: The Right Honorable Justin Trudeau, Prime Minister
The Honorable Jody Wilson-Raybould, Minister of Justice and Attorney General
The Honorable Jane Philpott, Minister of Health
Ms. Carol Hughes, MP, Algoma, Manitoulin, Kapuskasing
Mr. Paul Lefebvre, MP, Sudbury
Mr. Marc Serré, MP, Nickel Belt
The Honorable Kathleen Wynne, Premier of Ontario
The Honorable Madeleine Meilleur, Attorney General of Ontario
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Dr. David Williams, Chief Medical Officer of Health
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Catherine Zahn, President and Chief Executive Officer, Centre for Addiction and Mental Health
Ontario Boards of Health
Mayors/Reeves, Sudbury & District Health Unit Constituent Municipalities

January 5, 2017

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

Dear Minister Hoskins:

Re: HPV/Immunizations Program Funding

On December 8, 2016 at a regular meeting of the Board of Health for the Huron County Health Unit, the board considered the attached correspondence from the Boards of Health for Grey Bruce, Peterborough and Algoma Health Units regarding the annual funding for the Vaccine Preventable Disease Program and the following motion was passed:

MOTION:
Moved by: Member Rognvaldson and Seconded by: Member Gowing
THAT:
The Huron County Board of Health endorses correspondence from the Peterborough Public Health Board of Health and Algoma Public Health Board of Health regarding the HPV/Immunization Program Funding.

CARRIED

Sincerely,

Tyler Hessel
Chair, Huron County Board of Health

cc:
Hon. Dr. Bob Bell, Deputy Minister, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Ben Lobb, MP, Huron-Bruce
Lisa Thompson, MPP, Huron-Bruce
Association of Local Public Health Agencies
Ontario Boards of Health

Encl.

Huron County Health Unit
77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA
Tel: 519.482.3416 Confidential Fax: 519.482.9014 www.huronhealthunit.ca

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January 18, 2017

The Honourable Dr. Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, Ontario
M7A 2C4

Dear Minister Hoskins:

At the January 18, 2017 meeting of the Board of Health for the Simcoe Muskoka District Health Unit, a motion was passed to endorse the resolution shared by Algoma Public Health regarding "Changes to the HPV Immunization Programs". As this resolution clearly articulates, while expansion of public health delivery of expanded immunizations is a positive move for public health, the funding models for these expanded programs is inadequate. We therefore join the Board of Algoma Public Health in urging the Ministry of Health and Long-Term Care (MOHLTC) to increase the annual funding for the Vaccine Preventable Disease Program to levels necessary to meet their growing mandate.

In recent years public health vaccination programming in Ontario has experienced continual, positive changes in an effort to not only expand the vaccines that are provided to the public, but also to improve systems of record keeping, communication, and immunization compliance. In the past two years alone we have seen the implementation of broader legislation, a new innovative database for vaccine inventory management, the arrival of two new publicly funded vaccines, and the enhancement of the HPV vaccine for boys in Grade 7 and high risk men between the ages of 9-26, the subject of the Algoma resolution.

These changes are commendable. However, unfortunately, the funding we receive at $8.50 per dose for HPV vaccination does not reflect the real costs of program delivery. In 2010 the cost per vaccination has been estimated to be between $21.54 and $28.68, depending on the location and number of students attending the school clinic.Therefore the Board of Health requests an enhancement in the funding provided for public health vaccination programming to adequately support this very important and effective disease prevention strategy.

. . . 2

❑ 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

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The Board of Health commends you for your commitment to effective immunization programs and your recognition for the role of local public health in delivering these programs across the province.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock
Chair, Board of Health

SW:CG:mk

c. Dr. David Williams, Chief Medical Officer of Health
Linda Stewart, Association of Local Public Health Agencies
Ontario Boards of Health
Ann Hoggarth, MPP
Norm Miller, MPP
Patrick Brown, MPP
Jim Wilson, MPP
Julia Munro, MPP
NSM LHIN
Central LHIN

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519-258-2146 | www.wechu.org

windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
leamington 215 Talbot Street East, Leamington, ON N8H 3X5

January 18, 2017

The Ontario Public Health Standards Modernization Committee
Executive Steering Committee
c/o Jackie Wood, Director, Planning and Performance Branch
College Park, 777 Bay Street, Suite 1903
Toronto, ON M7A S5

Dear Ms. Wood:

2016 Ontario Public Health Standards Modernization/Review

At the December 15, 2016 meeting of the Windsor Essex County Board of Health, Board members agreed to provide support to the Grey Bruce Board of Health recommending that the Ministry of Health and Long-Term Care, Population Health and Public Health Division, adopt a "Health in all Policy" approach when reviewing the current Ontario Public Health Standards.

A better co-ordination of efforts through a cross-sectoral approach to program delivery, along with engaging a broader array of strategic partnerships, will contribute to the successful development and implementation of policies, services and evidence-based standards.

WECHU is pleased to see that the Committee is working to collaborate across sectors to reach a common goal towards strategies that result in the modernization of the Ontario Public Health standards to effectively utilize public health resources in our communities.

Sincerely,

Gary McNamara
Chair, Windsor-Essex County Board of Health

Gary M. Kirk, MPH, MD
CEO & Medical Officer of Health

c: Paulina Salamo, MOHLTC
Ontario Boards of Health
Association of Local Public Health Agencies

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January 27, 2017

College of Physicians and Surgeons of Ontario
Attention: Registrar
80 College Street
Toronto, Ontario M5G 2E2

Dear Registrar,

Re: Opioid Addiction and Overdose

At their regular meeting of December 21, 2016, the Board of Health for the Grey Bruce Health Unit supported the position set forward in the attached letter and Report No. 062-16 re: "Opioid Addiction and Overdose" from Dr. Christopher Mackie, Medical Officer of Health and CEO of Middlesex London Health Unit, that the College of Physicians and Surgeons of Ontario consider issuing guidance that Ontario physicians have a conversation with each patient that receives opioids about the risk of both addiction and overdose for themselves and their families, and also prescribing naloxone to have in the home of each such patient.

We agree with Dr. Mackie that the current climate of significant opiate use provides an opportune time for physicians to be speaking about the risks of opioids with their patients, and also ensuring that each patient who uses opioids has access to naloxone.

In Grey and Bruce Counties, we have experienced an increase in the already high risk of opioid overdose for both recreational and prescription users of opiates and we are concerned by the increasing negative impacts on individuals, families and the community. Among the strategies to address this threat is a concerted effort to better inform Canadians about the risk associated with the use of opioids and to ensure effective means, such as naloxone, to mitigate these risks. We look to the College of Physicians and Surgeons of Ontario to help ensure health care providers are equipped with the necessary tools, resources and information to provide the highest-quality of care to patients.

Sincerely,

David Inglis
Chair, Board of Health, Grey Bruce Health Unit

Attachment: MLHU Letter / No. 062-16 re: "Opioid Addiction and Overdose"

Cc: Dr. David Williams, MOHLTC
Dr. Christopher Mackie, Middlesex London Health Unit
Association of Local Public Health Agencies
All Health Units

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca
519-376-9420 1-800-263-3456 Fax 519-376-0605

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Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0

Telephone: 519-845-0801
Toll-free: 1-866-324-6912
Fax: 519-845-3160

December 8, 2016

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

Dear Minister Hoskins:

Re: Access to Publicly Funded
<u>Oral Health Programs for Low-Income Adults and Seniors</u>

During its meeting on November 2, 2016, Lambton County Council (which serves as the County of Lambton Board of Health) accepted a report from Lambton Public Health regarding Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors.

In January 2016, the Healthy Smiles Ontario public oral health program for children was expanded to help all low-income children, regardless of any coverage under employer-sponsored dental insurance. However, the expansion did not address the barriers to accessing dental care experienced by working poor adults and seniors. These cohorts are often ineligible for Ontario Works or the Ontario Disability Support Program and are without employer-sponsored dental benefits. These marginalized adults and seniors find they cannot afford to access dental care at the best of times. Often they must choose between paying for living expenses such as rent, utilities, or groceries, and paying for their oral health.

Lambton County Council recognizes the effects of poor oral health on general health as well as the impacts that extend beyond medical concerns. Unchecked, oral disease may lead to pain and infection which can spread throughout the body. Poor oral health can affect employability, work attendance and performance, self-esteem, and social relationships.

Oral health issues are not covered under universal healthcare through the Ontario Health Insurance Program. For low-income adults or seniors who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. Typically when an adult or senior cannot afford to visit a dentist for pain and infection in their mouth they often end up visiting the emergency

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room, or their family doctor instead. At these visits they will receive a course of antibiotics and pain medications which do not address the true cause of the problem. This only provides a temporary solution often resulting in repeat emergency room visits to defer the pain. In 2016, the Association of Ontario Health Centres reported over 60,000 visits to emergency rooms resulting in an estimated $31 million for costs directly related to oral health issues. In 2014, the Erie St. Clair Local Health Integration Network region had 3,160 emergency room visits due to oral health issues.

The Provincial Government has promised to extend oral health programs starting in 2025. However, nine years is too long to wait to address the current demand in low-income adults and seniors. In response to this delayed action, Lambton County Council calls on the Province to accelerate its promise to expand oral health programming for low-income adults and seniors starting within the next two years.

Sincerely,

Warden Bill Weber
County of Lambton (Board of Health)

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division

January 25, 2017

VIA EMAIL

The Honourable Jane Philpott
Minister of Health
Health Canada
70 Colombine Driveway, Tunney's Pasture
Ottawa, ON K1A 0K9

Dear Minister Philpott:

Re: Support for the Position of Dietitians of Canada on Taxation and Sugar-Sweetened Beverages as part of a Comprehensive Healthy Eating Approach

The link between high intake of sugar-sweetened beverages and obesity is a significant public health concern.

At its meeting on January 19, 2017, the Sudbury & District Board of Health carried the following resolution #05-17:

WHEREAS obesity results from a complex interaction of many factors including genetic, social and environmental; and

WHEREAS 32% of Canadian children and youth have excess weight or obesity; and

WHEREAS intake of sugar-sweetened beverages is one of the dietary factors leading to increased rates of overweight and obesity; and

WHEREAS children with high intakes of sugar sweetened beverages are 55% more likely to have obesity or excess weight in comparison to those with low intakes; and

WHEREAS available evidence suggests that policy efforts which decrease the consumption of sugar sweetened beverages have the potential to positively impact the health of Canadians; and

WHEREAS the Dietitians of Canada position statement on Taxation and Sugar-Sweetened Beverages identifies sugar-sweetened beverage taxation as a public health intervention with potential positive health impact, especially when combined with further policy efforts; and

WHEREAS Dietitians of Canada recommends that an excise tax of at least 10-20% be applied to sugar sweetened beverages sold in Canada; and

WHEREAS a number of influential Canadian national organizations support a tax on sugar sweetened beverages including the Association of Local Public Health Agencies, the Childhood Obesity Foundation, Heart and Stroke Foundation of Canada, Chronic Disease Prevention Alliance of Canada, and the Canadian Diabetes Association;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the Position of Dietitians of Canada on Taxation and Sugar-Sweetened Beverages, and urge the federal government to implement an excise tax on sugar-sweetened beverages; and

FURTHER THAT copies of this motion be shared with key provincial and national stakeholders.

Taxation of sugar-sweetened beverages is a promising measure to decrease consumption, save health care dollars, and generate revenue that could be used to fund other obesity prevention interventions.

Evidence demonstrates that high income countries that have implemented taxation on sugar-sweetened beverages have seen decreases in consumption and improvements in body mass index.

Thank you for your consideration of this public health policy intervention as a means to improve the food environment and work toward making the healthy choice, the easy choice, for all Canadians.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: The Honourable Kathleen Wynne, Premier of Ontario
The Honourable Eric Hoskins, Minister of Health and Long Term Care
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Mr. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Ms. Marsha Sharp, Chief Executive Officer, Dietitians of Canada

Staff Report

Strategies to Promote Healthy Hydration

Date:	February 11, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Katherine English, BASc, MPH (c), PPH Dietetic Practicum Student (University of Toronto) Reviewed by: Lauren Kennedy, MScFN, RD, Public Health Nutritionist

<u>Proposed Recommendations</u>

That the Board of Health for Peterborough Public Health:

- receive the staff report, Strategies to Promote Healthy Hydration, for information;
- continue to monitor the current policy environment in Ontario and Canada through staff and board involvement in professional organizations and networks including alPHa and Ontario Society of Nutrition Professionals in Public Health;
- build on the success and momentum of the Healthy Kids Community Challenge Theme 2: Water Does Wonders, by advocating with municipal partners and other health care agencies for sustainability of comprehensive healthy hydration strategies throughout our community;
- gather baseline information on support on potential next steps and policy options including the taxation of sugar sweetened beverages with proceeds being used to fund health promotion activities; and,
- investigate opportunities to model healthy hydration at the board and organizational level through implementation of an internal policy around beverages served at Peterborough Public Health sponsored events.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

- At its January 11, 2017 meeting, the Board of Health requested that Peterborough Public Health provide guidance for the proposed taxation of sugar sweetened beverages in response to the City of Kingston's resolution on this issue.
- The Board of Health has not previously made a decision with regards to this matter.
- In 2016 at the alPHa Annual General Meeting, the Board of Health voted in support of Resolution A16-6: Advocate for a Comprehensive Province-wide Healthy Eating Approach Integrating the Recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar-sweetened Beverages. (Attachment A)

Background

Consumption Patterns:
Current literature suggests a link between consumption of sugar-sweetened beverages (SSBs) and health. More specifically, excess sugar consumption can contribute to dental caries, excess weight, obesity and other chronic diseases (heart disease, stroke, diabetes).[1,2,3] SSBs include "soft drinks (soda or pop), fruit drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added".[4] Canadians presently consume 13% of their calories from added sugars. Added sugars are a type of free sugar. Free sugars are "sugars that are removed from their original source and added to foods as a sweetener or as a preservative"[5] and contribute to 15% of the average Canadian's caloric intake. Children have been shown to consume higher amounts of soft drinks as they get older. Boys and girls ages 4-8, consume on average 68g and 47g respectively. This amount increases to 376g and 179g respectively between the ages of 14-18 years.[3]

How do SSBs impact health?
Consumption of SSBs often leads to excess consumption of calories and can also displace other key nutrients.[2,3] It has been shown that consuming calories in liquid form does not result in the same feeling of satiety when compared to solid food.[2] In addition, rising rates of obesity and chronic disease are closely tied to rising health care costs. The Canadian Senate report on Obesity in Canada states that obesity costs $4.6-7.1 billion each year, in the form of productivity loss and health care.[6] Overweight and obesity are a public health concern in Peterborough, with 37.5% of adults classified as overweight and 13% as obese.[7]

Chronic consumption of an unhealthy diet is a preventable risk factor for many chronic diseases. It is often more cost effective to purchase energy-dense, nutrient poor foods.[8,9] Soft drinks are often less expensive than nutrient-dense beverages such as milk.[2] SSBs increase risk

of developing dental caries[1], which disproportionately affect vulnerable populations who have decreased access to preventative dental care.[10,11] Priority populations are reported to be most responsive to price changes.[12] This increases the likelihood of these populations benefiting from decreased sugar consumption, in responses to increases in price points of SSBs.

Support for taxation:
Provincial, national and international organizations have released position statements addressing sugar consumption. The World Health Organization (WHO) has strongly recommended that all individuals reduce consumption of free sugars to no more than 10% of total caloric intake.[1] For children under 13, this would be approximately 6-10 teaspoons per day. For an average adult, this would be approximately 12-13 teaspoons per day.[2] One can of sugar-sweetened soda has up to 10 teaspoons of sugar.[3] Other bodies recommending the taxation of SSBs include: Dietitians of Canada, Heart and Stroke Foundation, Canadian Diabetes Association, Association of Local Public Health Agencies and the Senate's Report on Obesity.[2,3,5,6,13] The WHO report on Fiscal Policies for Diet and Prevention of Non-communicable Diseases resolved that there is reasonable evidence that increasing the price of SSBs, in particular by at least 20%, would reduce consumption.[12]

Initiatives in other countries:
It is noteworthy that other countries have implemented taxation as a public health initiative. France, Hungary, Mexico and Berkley, California have implemented a tax on SSBs; South Africa and the United Kingdom will implement taxation in 2017 and 2018. Early data from Mexico indicates a 6-12% decrease in consumption of SSBs, and an increase in water intake resulting from taxation.[2,12] Hungary's tax on products high in salt, sugar or caffeine increased the cost of products by 29% and lead to a 27% reduction in sales.[6] This also resulted in 40% of manufacturers creating reformulated products.[6] There is increasing evidence that taxation would be an effective intervention to reduce consumption of unhealthy foods.[14]

Considerations for and against SSB taxation
The aforementioned organizations support a tax on SSBs. It has been proposed that revenue generated from taxation of SSBs be re-allocated into obesity prevention health promotion and subsidies for healthy food.[2,3,15] The Dietitians of Canada along with other researchers and organizations have identified and addressed four key criticisms of SSB taxation[2]:

1. **It is intrusive:**
   A SSB tax could be seen as intruding on the individual choices of the population. However, the argument can be made for government involvement in the case of a 'market failure' where the consumer may not be fully aware of the long term consequences of purchasing SSBs.[16] In addition, surveys indicate that the public would be willing to pay higher prices if the tax revenue was redirected towards childhood obesity programs.[2]

2. **It would be detrimental to the economy:**

There are many community members in Peterborough that rely on companies that produce SSB for employment. There is considerable concern that a SSB tax could result in job losses in Peterborough. When looking at the economic impact of a SSB tax, projections must also account for consumer spending on non-SSBs, economic activity due to tax revenue, and jobs created from the reallocation of consumer spending.[17] Chronic diseases that are related to obesity impact the workplace, drive up costs of employee benefits and may decrease productivity.[6,18,19] These outcomes would need to be factored into any economic analysis.

3. **It would disproportionately affect low-income populations:**
   This would be a desired outcome as price changes impact purchasing behaviour of priority populations.[12] For example, pricing is used as a way to decrease consumption of alcohol and tobacco. When used effectively, price-sensitive populations may experience a larger reduction of SSB intake and thus also experience the associated health benefits. Revenue generated from SSB taxation could be set aside to fund obesity prevention and health promotion programs, subsidize the cost of healthy foods or programs that support priority populations.[2,3,15] Five cents per 100mL has potential to generate $1.8 billion yearly.[3] Furthermore, a reduction in consumption alongside increased funding for prevention interventions would lead to health care cost savings.[20] Recent Ontario health care user research shows that residents who report being severely food insecure have double the health care costs.[21] This further supports the need for addressing food insecurity, prevention of chronic diseases in this population and increasing access to healthy food.

4. **It is ineffective:**
   Similar interventions have been implemented in other countries around the world. These interventions along with economic modelling indicate taxation as a promising intervention to decrease intake.[12] However, it is noted that taxation interventions are more likely to be effective in combination with public education and creating supportive environments in schools, daycares, recreation centres and workplaces.[2,5,12,13] Public Health Ontario is currently doing an international scan of similar initiatives and their impact.

Local efforts to reduce SSB consumption and influence availability of healthy food

Peterborough Public Health is involved in several initiatives to increase availability of healthy food options, and decrease the harms from unhealthy foods. Such initiatives are recommended to complement any proposed taxation of SSBs.[2] The second theme of the Healthy Kids Community Challenge, titled “Water Does Wonders”, promotes water as a healthy beverage choice in many settings across our community including recreation, schools, and the early-years settings (Attachment B). This theme includes educational campaigns and funding for sustainable initiatives to increase water consumption and decrease SSB consumption:

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- The Municipal Access to Recreation Group (MATRG) is working to support healthy beverage choices in recreation centres through installation of water filling stations, and signage;
- PPH is providing resources and support for schools and teachers to incorporate education about healthy beverages; and
- Investing in Quality (IIQ) Peterborough's Early Learning and Child Care Quality Assurance Initiative, and Peterborough Public Health are working collaboratively to improve healthy food and beverage offerings in licensed childcare and early-years settings.

Another ongoing initiative is Food for Kids Peterborough and County, with support from the Ministry of Child and Youth Services, and community partners, for Student Nutrition Programs which currently encourages limiting SSBs, including chocolate milk or flavoured soy beverages on its menus. Implementation of new Provincial Nutrition Guidelines is anticipated in local programs by September 2017.

Organizational modelling
Demonstrating commitment to healthy beverage promotion through organizational policy is a step that can be taken by organizations that are working towards decreasing SSB consumption. For example, the Canadian Diabetes Association has discontinued serving SSBs at their events. Organizational policy is a way to model commitment to promoting healthy beverages.

Rationale

Research, economic models, recent taxation efforts and support from key organizations suggest that the implementation of a tax on SSBs could help reduce intake when used as a tool along with a range of interventions that increase the availability of healthier food options. Bill S-228 was introduced by Senator Nancy Greene Raine in September and was referred to the Senate Standing Committee on Social Affairs, Science and Technology in December (see Bill S-228). This Bill aims to prohibit food and beverage marketing to children. In addition, the 2016 Healthy Eating Strategy states that Health Canada will "restrict the commercial marketing of unhealthy foods and beverages to kids".[22]

The advocacy for taxation on SSBs shared by the City of Kingston could complement above mentioned local initiatives, and could contribute to a comprehensive community-wide approach to help reduce sugar sweetened beverage consumption in the County and City of Peterborough. Further study is required to measure its impact as well as the possible unintentional consequences on important social determinants of health such as employment.

In the meantime, a policy regarding beverages served at PPH events would demonstrate a commitment to decreasing SSB consumption at an organizational level and role model healthy choices for other partners. At this time, the recommended actions presented to the board of health include: monitoring the emerging evidence related to the taxation of SSBs, continued participation in provincial activities related to healthy eating; promotion of healthy hydration

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using multi-pronged approaches, and a demonstration of organizational commitment to healthy beverages.

Strategic Direction

Recommendations in this report apply to the strategic direction of *Community-Centered Focus* as well as *Determinants of Health and Health Equity* by supporting current community programming in promoting healthy diets and hydration.

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Attachments:

Attachment A – alPHa RESOLUTION A16-6 ***(web hyperlink)***
Attachment B – Water Does Wonders! Water is the way to GO!, Healthy Kids Community Challenge, Peterborough

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Water Does Wonders!

Water is the way to GO!

Avoid or Choose Rarely:

- Sports Drinks
- Slushies
- Energy Drinks
- Vitamin Enhanced Water
- Fruit Drinks
- Pop & Diet Pop
- Iced Tea & Coffee Drinks

Too much sugar and they bump out healthy choices!

Choose Sometimes:

- 100% Fruit Juice or Vegetable Juice
- Chocolate Milk
- Sweetened Milk Alternatives

If offered, limit to no more than 1/2 cup (125ml) a day.

Choose Everyday:

- **Water**
- Plain Milk
- Unsweetened Fortified Soy Beverage

Healthiest choices for growing children!

Families - Take the Pledge! @ Waterdoeswonders.ca

Visit ***sustainablepeterborough.ca*** and search **Projects** | **Healthy Kids Community Challenge** | **Water Does Wonders**

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Quarter 4 2016 Status Report
(October 1 – December 31, 2016)

Overall Compliance Status

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

ME: Meeting Expectations PME: Partially Meeting Expectations

Program Compliance Details

Chronic Disease Prevention

Hallie Atter, Manager, Community Health

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

Food Safety

Atul Jain, Manager, Environmental Health

Program Compliance:
A 98% completion rate for moderate-risk food premises was achieved in Q4.
Those moderate-risk premises that did not receive an inspection in Q4 will be completed in Q1 2017.

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Foundational Standards
Hallie Atter, Manager, Community Health

Program Compliance:
Minimal epidemiology support was available in Q4 due to an extended leave of absence. However all required surveillance was completed.

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

Program Compliance:
Requirement 1,2,3,4 &5: All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations, including an extended leave of absence there is partial compliance in all five Requirements.

Rabies Prevention and Control
Atul Jain, Manager, Environmental Health

Program Compliance:
Three reports of animal bites were not received by Peterborough Public Health within 24 hours. Education and outreach to those agencies (Peterborough Regional Health Centre, Ontario Provincial Police, Peterborough Humane Society, and local Veterinarians) occurred and will continue in 2017. All three reports mentioned above received follow-up the next business day.

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Quarter 4 2016 Status Report (October 1 – December 31, 2016)

Communications

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q4 comparison	
	2016	2015
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, op eds, BOH meeting summaries, etc.)	43	33
Number of media interviews	17	28
Number of media stories captured directly covering PPH activities	52	81

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

Highlights:

A new ticketing system began operation on August 1, 2016 to track all communication work, including graphic design, social media posts, media relations support requests, consults, healthcare provider alerts, etc. **The total number of communications tickets completed in Q4 was 149.**

Attachments:

Attachment A – Q4 2016 Social Media Overview

Information Technology

Brittany Cadence, Manager, Communications & IT Services

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

System Status This Quarter:

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

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Total Number of Helpdesk Tickets Served:
295 tickets from October 1 – December 31, 2016.

Highlights:

- Replaced four photocopy machines.
- Upgraded all inspectors to new Surface Tablets running Windows 10.
- Continued configuring and testing new firewall and WiFi controller system (to be implemented Q1 2017).

Finance

Dale Bolton, Manager, Finance

Highlights:

- Most programs operated within approved budgets for 2016. The report (attachment A) is not audited and is presented given the most up-to-date information and estimates of accruals available. There were two areas of significant variance from approved allocation: the Needle Exchange Program; and the Healthy Smiles Ontario Program.
- The Needle Exchange Program received increased provincial funding in 2016 of 31.9% over 2015. Despite the additional funding, the program expenditures exceeded the budget by approximately $6,000 due to increased demand throughout the year. In September, the Board report highlighted the increased costs for the program and that one-time funding would be necessary to balance if costs continued at the same level. In November, a one-time request for $5,000 was submitted to the Ministry for approval. To date, no approval has been received. If the excess expenditures are not provided, the costs will be covered through other revenue sources for the current year. For 2017, an increase in funding will be requested from the Ministry to support the increased program activity.
- The Healthy Smiles Ontario Program received additional funding under the newly integrated dental program that came into effect January 1, 2016. The Ministry did not request an HSO budget submission for 2016. The 2016 funding approval of $763,100, received September 27, 2016, was based on projections from previous year operations and anticipated costs for implementation of the new protocols under the new HSO. Given the timing of the Ministry approval, the additional staff positions funded within the budget approval were not filled. As a result the operating costs were under budget by approximately $269,000. In 2017, plans for full implementation of the HSO protocol are in progress with anticipated expenditures in line with the current Ministry approval.

Attachments:
Attachment B – Q4 2016 Financial Update

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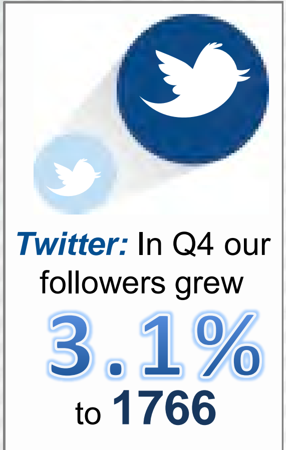
Follow us @Ptbohealth

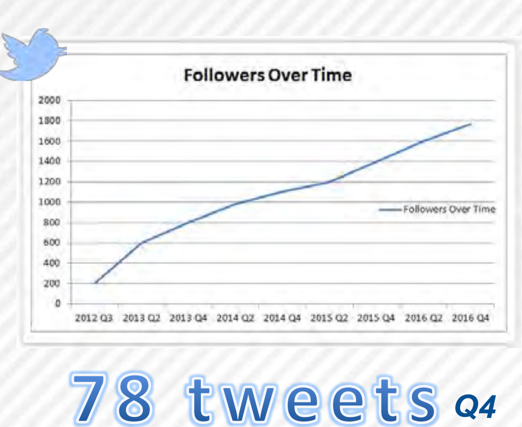
SOCIAL MEDIA Q4 REPORT

Oct 1 – Dec 31

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



Twitter: In Q4 our followers grew **3.1%** to **1766**



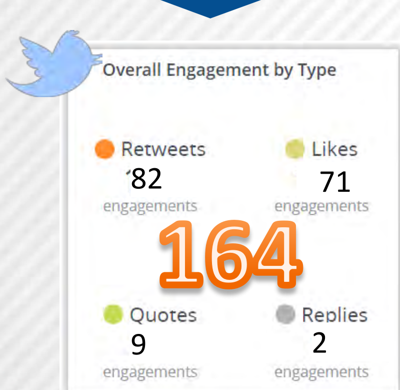
78 tweets Q4

580 fans

21 new fans

43,471 *webpage views*

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



most popular tweet

4.6% engagement rate

47 engagements

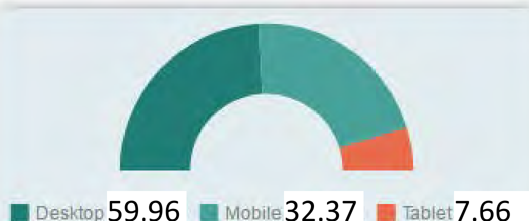
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

- Employment : 3132
- Contact Us: 1980
- Sexual Health Clinic: 1913
- Flu Clinics: 1362
- Food Handler Course: 1237
- Clinics and Classes: 940
- About Us: 714
- For professionals: 658
- News and Alerts: 645

website visitors by device



Click throughs from tweet/post to our website

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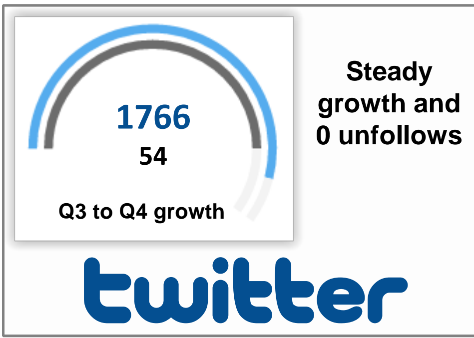
Loyalty… How are we doing at keeping our visitors engaged?



34.7% more engagement of fans

FROM

facebook

www.peterboroughpublichealth.ca

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

Campaigns… How did our coordinated social projects perform?

Ad Campaigns - #bookoneverybed and #rethinkyourdrinking

Two social media ad campaigns were run entering into the holiday season. Firstly was a joint campaign with Haliburton Kawartha Pine Ridge Health Unit (Book On Every Bed) for Speech and Language which promoted a tradition of reading of holiday stories each day throughout December.

Secondly a campaign around New Years was run for alcohol awareness. (Rethink Your Drinking). This campaign was done in support of a provincial campaign.

Glossary… What do these social media terms mean?

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

Engagement rate: Number of engagements divided by impressions

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

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

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

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

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

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Financial Update Q4 2016 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2016									
	Type	2016	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared (CS)	7,488,050	09-Dec-15	7,202,667	23-Sep-16	7,202,667	100.0%	MOHLTC	Operating within approved Ministry budget.
Mandatory Public Health Programs - Occupancy costs	CS	520,000	09-Dec-15	518,267	23-Sep-16	518,267	100.0%	MOHLTC	Operated within budget.
Small Drinking Water Systems	CS	90,800	09-Dec-15	90,800	23-Sep-16	90,800	100.0%	MOHLTC	Operated within budget.
Vector- Borne Disease (West Nile Virus)	CS	76,133	09-Dec-15	76,133	23-Sep-16	53,718	70.6%	MOHLTC	West Nile Virus program finished end of September. Anticipated being underspent for 2016.
Infectious Disease Control	100%	247,300	10-Feb-16	222,300	23-Sep-16	222,300	100.0%	MOHLTC	Operated within budget.
Infection Prev. & Control Nurses	100%	91,867	10-Feb-16	90,100	23-Sep-16	90,100	100.0%	MOHLTC	Operated within budget.
Healthy Smiles Ontario (HSO)	100%	0	NA	763,100	23-Sep-16	493,885	64.7%	MOHLTC	Operated within budget. Increased budget approval provided to support responsibilites for the program under Newly Integrated HSO program. Significant underspending for 2016 resulted as staffing positions planned for program were not hired. There was no certainty of the total funding to be approved by the Ministry or our requirements under the new program.

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	Type	2016	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Enhanced Food Safety	100%	25,000	10-Feb-16	25,000	23-Sep-16	25,000	100.0%	MOHLTC	Operated within budget.
Enhanced Safe Water	100%	15,500	10-Feb-16	15,500	23-Sep-16	15,500	100.0%	MOHLTC	Operated within budget.
Needle Exchange Initiative	**100%**	**45,000**	**10-Feb-16**	45,000	23-Sep-16	**50,996**	113.3%	**MOHLTC**	**Operated above budget based on Ministry approval. Budget approval increased 31.9% over prior year approval of $34,100. One time request submitted to Ministry, however waiting for approval. If excess not funded will need to cover through general programs.**
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	185,530	10-Feb-16	180,500	23-Sep-16	180,500	100.0%	MOHLTC	Operated within budget.
Chief Nursing Officer Initiative	100%	128,923	10-Feb-16	121,500	23-Sep-16	121,500	100.0%	MOHLTC	Operated within budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	10-Feb-16	100,000	23-Sep-16	100,000	100.0%	MOHLTC	Operated withing budget.
SFO - Enforcement	100%	202,100	10-Feb-16	202,100	23-Sep-16	200,794	99.4%	MOHLTC	Operating within budget.

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	Type	2016	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
SFO - Youth Prevention	100%	80,000	10-Feb-16	80,000	23-Sep-16	76,553	95.7%	MOHLTC	Operated within budget. Savings due to some gapping in final quarter of year.
SFO - Prosecution	100%	6,700	10-Feb-16	6,700	23-Sep-16	1,374	20.5%	MOHLTC	Operated within budget.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	10-Feb-16	29,300	23-Sep-16	29,300	100.0%	MOHLTC	Operated within budget.
Medical Officer of Health Compensation	100%	51,054	NA	51,054	7-Nov-16	51,054	100.0%	MOHLTC	Operated within budget.
Healthy Babies, Healthy Children	100%	928,413	09-Mar-16	928,413	31-May-16	928,413	100.0%	MCYS	Operated within budget.

One-Time Programs Funded January 1 to December 31, 2016

	Type	2016	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Pharmacist Integration into UIIP	100%	17,081	10-Feb-16	17,100	23-Sep-16	3,543	20.7%	MOHLTC	Program completed August 31, 2016. Underspending of funds due to timing of approval.
Enforcement of the Immunization of School Pupils Act	100%	78,728	10-Feb-16	63,000	23-Sep-16	19,660	31.2%	MOHLTC	Operated within budget. Anticipate being underbudget due to timing of Ministry approval.

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One-Time Programs Funded April 1, 2016 to March 31, 2017									
	Type	2016	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Enhanced Tobacco Cessation	100%	30,000	10-Feb-16	30,000	23-Sep-16	10,359	34.5%	MOHLTC	Operating within budget. Efforts will be made to spend budget before March 31, 2017 within Ministry guidelines.
Panorama	100%	0	NA	72,900	23-Sep-16	0	0.0%	MOHLTC	Funding will be spent before March 31, 2017 within Ministry guidelines.
Public Health Inspector Practicum Project	100%	20,000	10-Feb-16	20,000	23-Sep-16	0	0.0%	MOHLTC	Funding will support the hiring of 2 practicum students for 12 weeks during Jan. - Mar. 2017.
WiFi Implementation	100%	44,000	10-Feb-16	38,300	23-Sep-16	37,736	85.8%	MOHLTC	Operating within budget. Unspent funding will be spent in first quarter of 2017.

Programs funded April 1, 2016 to March 31, 2017									
	Type	2016 - 2017	Approved by Board	Approved $ By Province	Approved	Expenditures to Dec. 31	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,220	March 9/16	245,220	Aug 16/16	179,345	73.1%	MCSS	Operating within budget.
Speech	100%	12,670	Annual Approval	NA	NA	9,503	75.0%	FCCC	Operating within budget.
Healthy Communities Challenge Fund		117,500	NA	NA	NA	86,421	73.5%		Operating within budget.

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Funded Entirely by User Fees January 1 to December 31, 2016									
	Type	2016	Approved By Board	Approved $ By Province	Approved By Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Safe Sewage Program		382,389	12-Nov-14	NA	NA	375,026	98.1%	FEES	Program funded entirely by user fees. Expenditures are within budget. Revenue from User Fees exceeded expenditures resulting in a small surplus for the year.
Mandatory and Non-Mandatory Re-inspection Program		81,000	12-Nov-14	NA	NA	74,820	92.4%	FEES	Revenue from User Fees and operating expenditures are within budget.

Programs funded through donations and other revenue sources January 1 to December 31, 2016									
	Type	2016	Approved By Board	Approved $ By Province	Approved By Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Food For Kids, Breakfast Program		49,200	NA	NA	NA	50,496	102.6%	Donations	Budget based 2015 actuals. Operated above budget. Excess expenditures are offset by
Other Programs and Workshops		6,765	NA	NA	NA	1,865	27.6%		Operating within budgets, including Breaking Down Barriers and Love My Life.

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Staff Report

2016 Donations

Date:	February 11, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

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

Proposed Recommendation

That the Board of Health for Peterborough Public Health receive the staff report, *2016 Donations*, for information.

Financial Implications and Impact

For the year ending December 31, 2016, Peterborough Public Health (PPH) received a total of $104,378 in charitable donations PPH programs.

Decision History

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

Background

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

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

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

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2016, sixty-two employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of $10,433 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

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

In 2016, Peterborough Public Health received $2,482 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

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

Year	2015	2016
Total Cheques / Cash Received	$54,468 (44 donors)	$97,932 *(59 donors)*
Total On-Line Canada Helps	$2,225 (49 donors)	$2,482 *(50 donors)*
Total Payroll Deductions	$5,124 (47 donors)	$3,964 *(45 donors)*
Total Donations	**$61,817**	**$104,378**

Table 2: External and Payroll Donations by Designation

Program	2015	2016
Collective Kitchens	$3,919	$5,703
Community Kitchen	$41,761	$70,342
Contraceptive Assistance Fund	$529	$951
Dental Treatment Assistance Fund (DTAF)	$3,962	$3,128
Food for Kids (FFK)	$10,725	$22,974
Food Security	$380	$168
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$379	$680
Nobody’s Perfect	$30	$0
Prenatal Classes for Young Parents	$32	$236
Undesignated	$100	$196

Table 3: Donations by Donor Type

Donor Type	2015	2016
Business	$23,283	$80,183
Church	$6,015	$7,695
Individual	$20,745	$4,749
Payroll Deduction	$5,124	$3,964
Service Clubs/Foundations	$6,650	$7,787

Comments

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK received some larger donations from a local service club and food supply businesses, resulting in an increase of $12,249 in donations from the prior year. Although donations for DTAF reduced in 2016, there is sufficient funding to support clients through existing generous donations and the continued support from the City of Peterborough. Overall, donations for most public health programs increased in 2016 allowing programs to continue and to support members of the community in 2017.

In November 2015, the Board's Fundraising Committee initiated a fundraising campaign to raise money for the new Community Kitchen, named Myrtle's Kitchen, located in new building. The kitchen will support a wide range of community programs to create food security for residents in the community. The fundraising campaign finished in 2016 with the opening of Myrtle's Kitchen in June. In 2016, PPH received significant support from local businesses, community partners, community members and staff raising $70,342. The fundraising campaign was very successful raising $112,103 to fund the establishment of the Community Kitchen. These donations were augmented by successful grant applications to allow the completion of the Myrtle's Kitchen project.

Conclusions

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

Peterborough Public Health will continue to:

- inform the public we are a charitable organization and welcome donations;
- use www.canadahelps.org as a convenient way to make donations;
- develop a legacy fundraising campaign in 2017; and
- profile these specific programs/funds on PPH's website, and in applicable publications and resources.

Strategic Direction

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

Contact:

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

Staff Report

Summary of Research Activities (2016)

Date:	February 11, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health
Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Andrew R. Kurc, Epidemiologist

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Research Activities (2016)* for information

Financial Implications and Impact

There is no direct financial impact.

Decision History

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

Background

Local public health agencies (LPHAs) in Ontario are guided by the Ontario Public Health Standards (OPHS) and the Organizational Standards established in 2008 by the Ministry of Health and Long-Term Care (MOHLTC). The OPHS establishes requirements for fundamental public health programs and services which include assessment and surveillance, research and knowledge exchange, health promotion and policy development and health protection. The Organizational Standards communicate the government's expectations for governance and administrative practices that are based on generally accepted principles of good governance

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and management excellence. Specific to research, public health units are guided by two Foundational Standards and three Organizational Standards:

Foundation Standard 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

Foundational Standard 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

Organizational Standard 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...

Organizational Standard 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;*

Organizational Standard 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.

For the purposes of meeting the Foundation and Organizational Standards, a Research and Education Committee was formed at Peterborough Public Health (PPH) in 2008. In 2014, after reviewing the Committee's objectives, Terms of Reference, and operational plan, it was decided that the committee focus on research activities at PPH and to advocate for, plan and implement on-going staff development and skill building related to research.

In 2015/2016, the Research Committee revised the policies and procedures related to research and evaluation in order to ensure that evidence generating activities conducted at PPH are subject to appropriate risk screening and ethical considerations. The revised evidence generating activity policies and procedures include: research, evaluation, and surveillance. Staff have being trained on these policies and procedures as well as the affiliated risk-screening documentation.

In addition to developing policies and procedures around research activities, the Research Committee also works to build relationships with local agencies such as Fleming College, Trent Centre for Aging and Society, the Trent Centre for Community Based Education, as well as maintains an active list of researchers who are interested in partnering with PPH.

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Research engaged in by PPH may affect priority populations and/or First Nations, depending on the nature of the project. The summary of PPH research activities is captured in Attachment A.

Strategic Direction

Reference the strategic direction(s) the report applies to (and how if applicable):

- *Capacity and Infrastructure*
- *Quality and Performance*

Contact:

Andrew R. Kurc, Epidemiologist
Foundational Standards
(705) 743-1000, ext. 358
akurc@peterborough publichealth.ca

Attachments:

Attachment A – Summary Table of Research, 2016

References:

Ministry of Health and Long-Term Care. 2008. Ontario Public Health Standards. Available: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

Ministry of Health and Long-Term Care. Ministry of Health Promotion and Sport. 2008. Ontario Public Health Organizational Standards. Available: http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf

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Attachment A – Summary Table of Research, 2016

Principle Investigator Organization (s)	**Project Title**	**Summary**	**Status**
Peterborough Public Health; McMaster University; City of Peterborough Social Services; Peterborough and District Labour Council	PEPSO Employment Research Study	This study is based on research done by McMaster University as part of the Poverty and Employment Precarity in Southern Ontario (PEPSO) work. Peterborough Public Health is replicating the process used in Toronto and London. The goal is to have locally relevant information about people's employment and working conditions and the impact on their health. The research will be used by Peterborough Public Health as well as several community partners in identifying future areas of focus for service delivery and policy development.	Data collected by Leger Research Group (completed December 18, 2016) Data in Excel format along with code book and survey have been forwarded to Dr. Lewchuk for analysis. (January 10, 2017)
McMaster University	PPEET Implementation Study	In 2015, the Public and Patient Engagement Evaluation Tool (PPEET) was launched in the Ontario health system. PPEET is a set of evaluation tools designed by a pan-Canadian partnership of Public and Patient Engagement practitioners and researchers. This current research is focused on usability testing of the PPEET in the Ontario health system in a range of sites with different service mandates and serving a range of populations.	Expected completion April 2017
Halliburton Kawartha and Pine Ridge District Health Unit; Middlesex London Health Unit	Food Literacy	Research Question: Within the context of public health practice, how can we measure food literacy and its attributes? Objective: Identify and summarize the attributes of food literacy including food skills in the literature. Determine which attributes of food literacy including food skills, are priorities for measurement and tool development	Expected completion date 2017. The scoping review to determine attributes is nearly complete (October 2016)

Principle Investigator Organization (s)	Project Title	Summary	Status
Peterborough Public Health; Trent University; Fleming College	Sexual Health Survey	The purpose of this study is to examine the sexual health and behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	Currently with REB at Fleming. Approved with minor revisions by Trent.
Hamilton Public Health Services; Middlesex-London Health Unit; Thunder Bay District Health Unit	Supporting Ontario public health units to promote mental health of children and youth	This Locally Driven Collaborative Project (LDCP) aims to gain a better understanding of the focus areas in public health for mental illness prevention and positive mental health promotion. The findings from this research will be used to identify the areas of focus for mental health promotion and clarify the role of public health in promoting positive mental health in children and youth.	A report was completed in August, 2015
Peterborough Public Health	Develop and Test Indicators of Ontario local public health industry work to address the Social Determinates of Health to reduce health inequities	What are the best indicators that Ontario public health agencies can use to monitor and guide their work in addressing the Social Determinates of Health	Completed July, 2016

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