

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, June 14, 2017 – 5:30 p.m.  
North Kawartha Community Centre  
Banquet Hall, 340 McFadden Road, Apsley**

**1. Call to Order**

Mayor Mary Smith, Chair

**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**

**3. Declaration of Pecuniary Interest**

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

**Board Members:** *Please identify which items you wish to consider separately for section 9, and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1.1 a b 9.1.2 a b c d e f g h i j k l m 9.2.1 9.3.1 a b c d e f 9.3.2 a b*

**5. Delegations and Presentations**

**5.1. Township of North Kawartha Update**

Rick Woodcock, Mayor

- [Cover Report](#) (p. 5)

5.2. **Community Care Peterborough**

Danielle Belair, Executive Director, Community Care Peterborough  
Alan Cavell, Board President, Community Care Peterborough  
Geoff Quirt, Board Member, Community Care Peterborough

- [Presentation](#) (p. 6)

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

6.1. **May 10, 2017**

- [Cover Report](#) (p. 29)
- [Minutes - May 10, 2017](#) (p. 30)

7. **Business Arising From the Minutes**

8. **Staff Reports**

8.1. **Staff Presentation: Opportunity for Collaboration - County Active Transportation Master Plan**

Janet Dawson, Health Promoter, Peterborough Public Health  
Doug Saccoccia, P.Eng, Assistant Manager, Engineering & Design  
County of Peterborough

- [Presentation](#) (p. 38)

8.2. **Staff Presentation: Peterborough Drug Strategy**

Deanna VandenBroek, Health Promoter, Peterborough Public Health  
Jessica Penner, Coordinator, Peterborough Drug Strategy

- [Presentation](#) (p. 57)

8.3. **Staff Presentation: Cannabis – Where are we at?**

Hallie Atter, Manager, Community Health & Foundational Standards  
Deanna VandenBroek, Health Promoter, Peterborough Public Health

- [Presentation](#) (p. 71)

9. **Consent Items**

9.1. **Correspondence**

9.1.1. **Correspondence for Direction**

- a. [alPHa Membership](#) (p. 90)
- b. [Energy Drinks](#) (p. 94)

9.1.2. **Correspondence for Information**

- [Cover Report](#) (p. 119)
- a. [Dr. Njoo – Lyme Disease](#) (p. 121)
- b. [Ministers Philpott and Qualtrough - TRC Call to Action #89](#) (p. 122)
- c. [PRSO - Ontario's Food Security Strategy](#) (p. 124)
- d. [Roselle Martino - Accountability Framework and Org. Req.](#) (p. 128)
- e. [Local Councils - Peterborough Food Charter](#) (p. 129)
- f. [Minister Hoskins - Healthy Menu Choices Act](#) (p. 131)
- g. [Minister Philpott - Federal Opioid Strategy](#) (p. 133)
- h. [alPHa - E-newsletter, May 18/17](#) (p. 135)
- i. [alPHa – Retirement, Linda Stewart](#) (p. 138)
- j. [Cannabis and the SFOA - Elgin St. Thomas](#) (p. 139)
- k. [HBHC - Wellington Dufferin Guelph](#) (p. 141)
- l. [Opioids - Algoma](#) (p. 142)
- m. [Opioids - Middlesex London](#) (p. 143)

9.2. **Staff Reports**

9.2.1. **Staff Report: MOH Coverage Request**

- [Cover Report](#) (p. 144)

9.3. **Committee Reports**

9.3.1. **Governance Committee Report**

- [Cover Report](#) (p. 145)
- a. [Minutes, February 15, 2017](#) (p. 147)
- b. [2-151, Remuneration of Board of Health Volunteers](#) (p. 151)
- c. [2-153, Board Remuneration Review](#) (p. 153)
- d. [By-Law Number 8, Building Code Act – Sewage Systems](#) (p. 154)
- e. [2-200 Effective Governance By Effective Board Members](#) (p. 160)
- f. [Strategic Plan](#) (see cover report)

9.3.2. **Stewardship Committee Report**

- [Cover Report](#) (p. 164)
- a. [Stewardship Committee Minutes, April 6, 2017](#) (p. 165)
- b. [HBHC Report](#) (p. 170)

**10. New Business**

**11. 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 or disposition of land by the Board;*
- *Section 239(2)(d), Labour relations or employee negotiations;*

**12. Motions for Open Session**

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

***TIME CHANGE:***

Date: September 13, 2017

Time: **7:15 p.m.**

Location: Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor, Peterborough Public Health,  
Jackson Square, 185 King Street

**14. Adjournment**

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

**To:** All Members  
Board of Health

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

**Subject:** Township of North Kawartha Update

**Date:** June 14, 2017

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**Proposed Recommendation:**

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

*Presentation: Township of North Kawartha Update*

*Presenter: Mayor Rick Woodcock*

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**To:** All Members  
Board of Health

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

**Subject:** Community Care Peterborough

**Date:** June 14, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the following for information:  
Presentation: Community Care Peterborough*

*Presenters:*

*Danielle Belair, Executive Director, Community Care Peterborough*

*Alan Cavell, Board President, Community Care Peterborough*

*Geoff Quirt, Board Member, Community Care Peterborough*

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# Are You?



Peterborough Public Health  
Serving the residents of Curve Lake  
and Hiawatha First Nations, and the  
County and City of Peterborough  
*June 14, 2017*

[www.commcareptbo.org](http://www.commcareptbo.org)

 [facebook.com/CommCarePtbo](https://facebook.com/CommCarePtbo)

 [twitter.com/CommCarePtbo](https://twitter.com/CommCarePtbo)

Presenter: Danielle Belair

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I am.

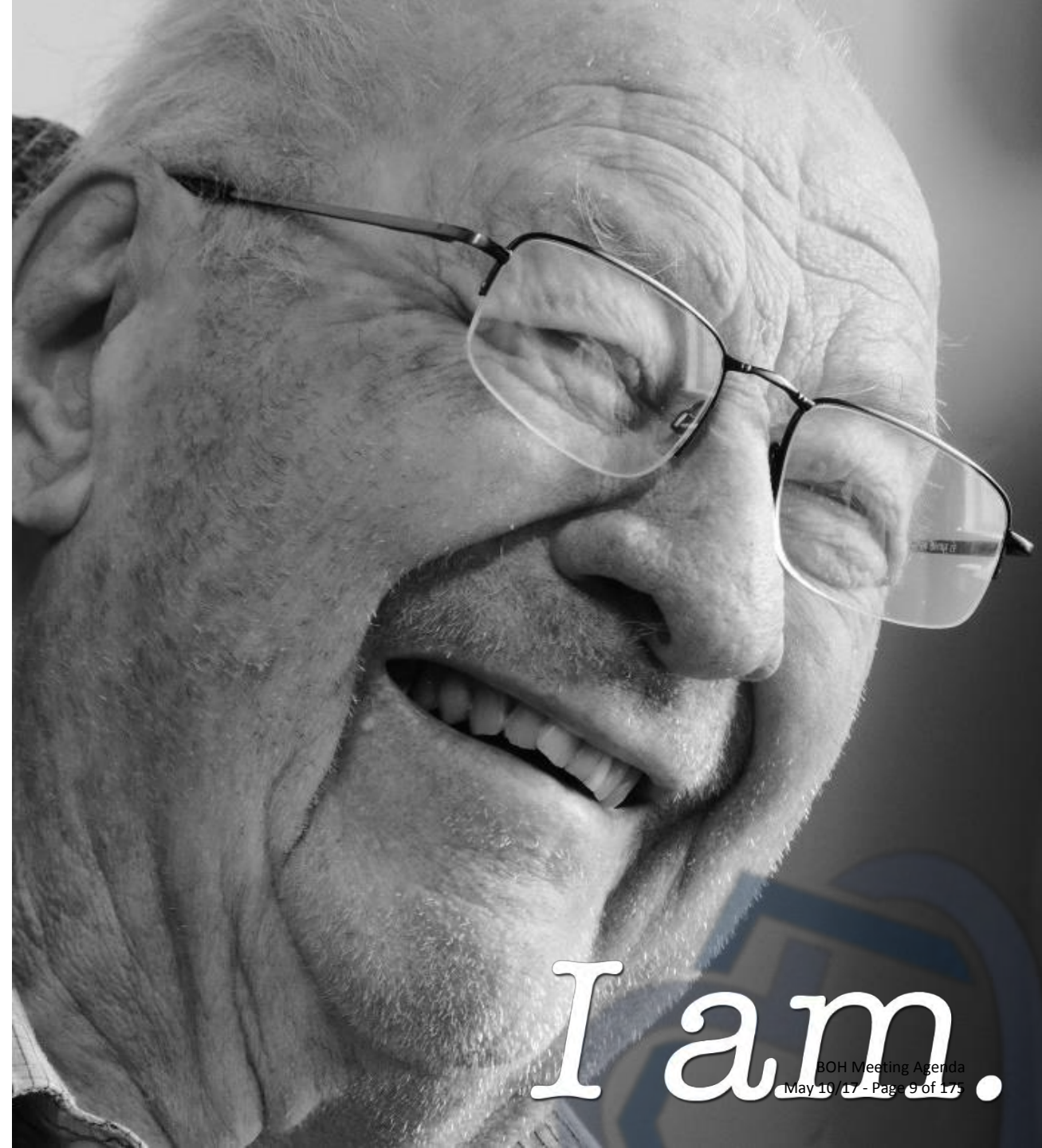
# STRATEGIC DIRECTIONS 2015/2020

1. Build Organizational Strength and Capacity
2. Develop Strategic Partnerships
3. Review and Measure Performance
4. Foster a Culture of Advocacy





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*I am.*



Empowering you to live at home  
in the City and County of Peterborough

We provide non-medical supports including

- Meals & Transportation
- In-home services
- Transition home after hospital stays
- Personal distress alarms
- Social and wellness activities
- **Registered charity (partial Gov't funding)**
- 95% volunteer : staff ratio



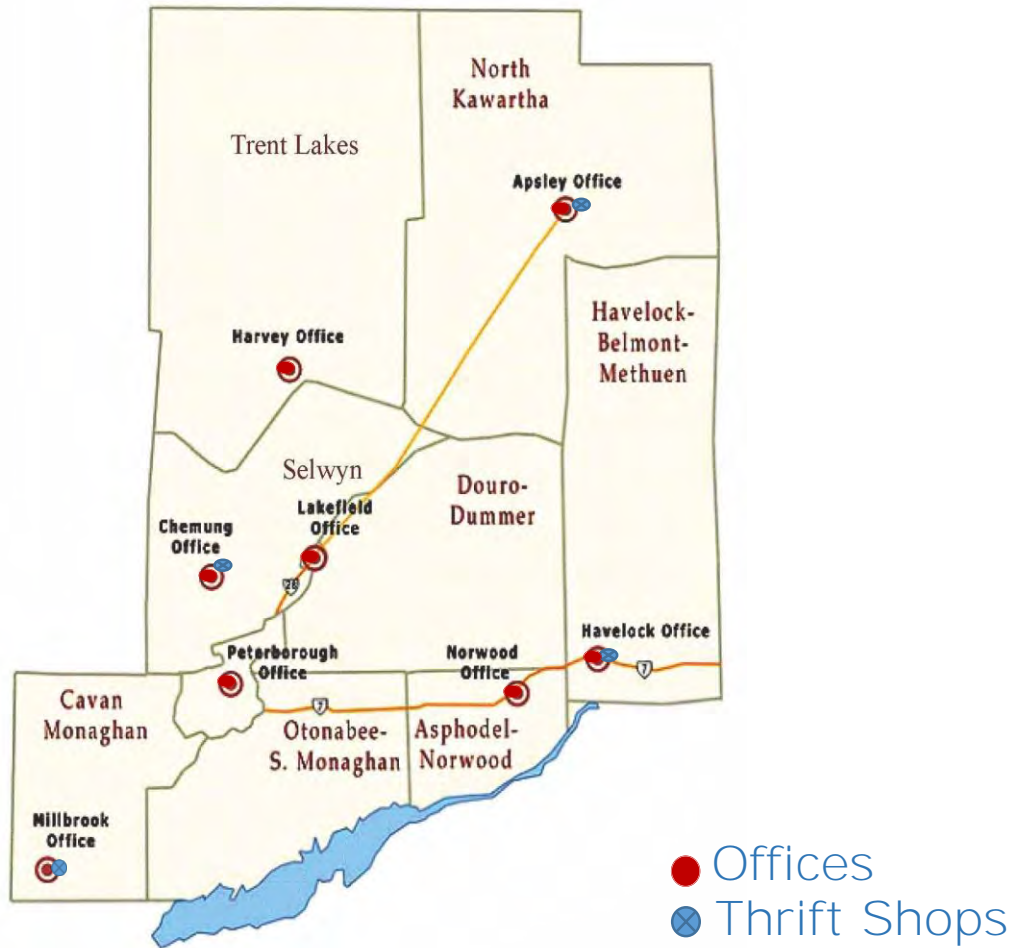
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Sometimes confused with



- Determines eligibility for medical and health care services at home, in schools or in the community
- Administers wait lists and admissions for day programs, assisted living and long-term care
- 100% government funded
- 100% paid staff

# About Us



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# About Us

- Annual budget of \$2.7 million
- Over 900 volunteers deliver more than 96,000 hours of service which is equivalent to 53 full time positions
- Serving over 7,000 clients in the City and County of Peterborough



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“The greatest concern of people as they age is that of maintaining independence”

National Advisory Council of Aging (1998)

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# Funding Statistics

## April 1<sup>st</sup>, 2016- March 31<sup>st</sup>, 2017

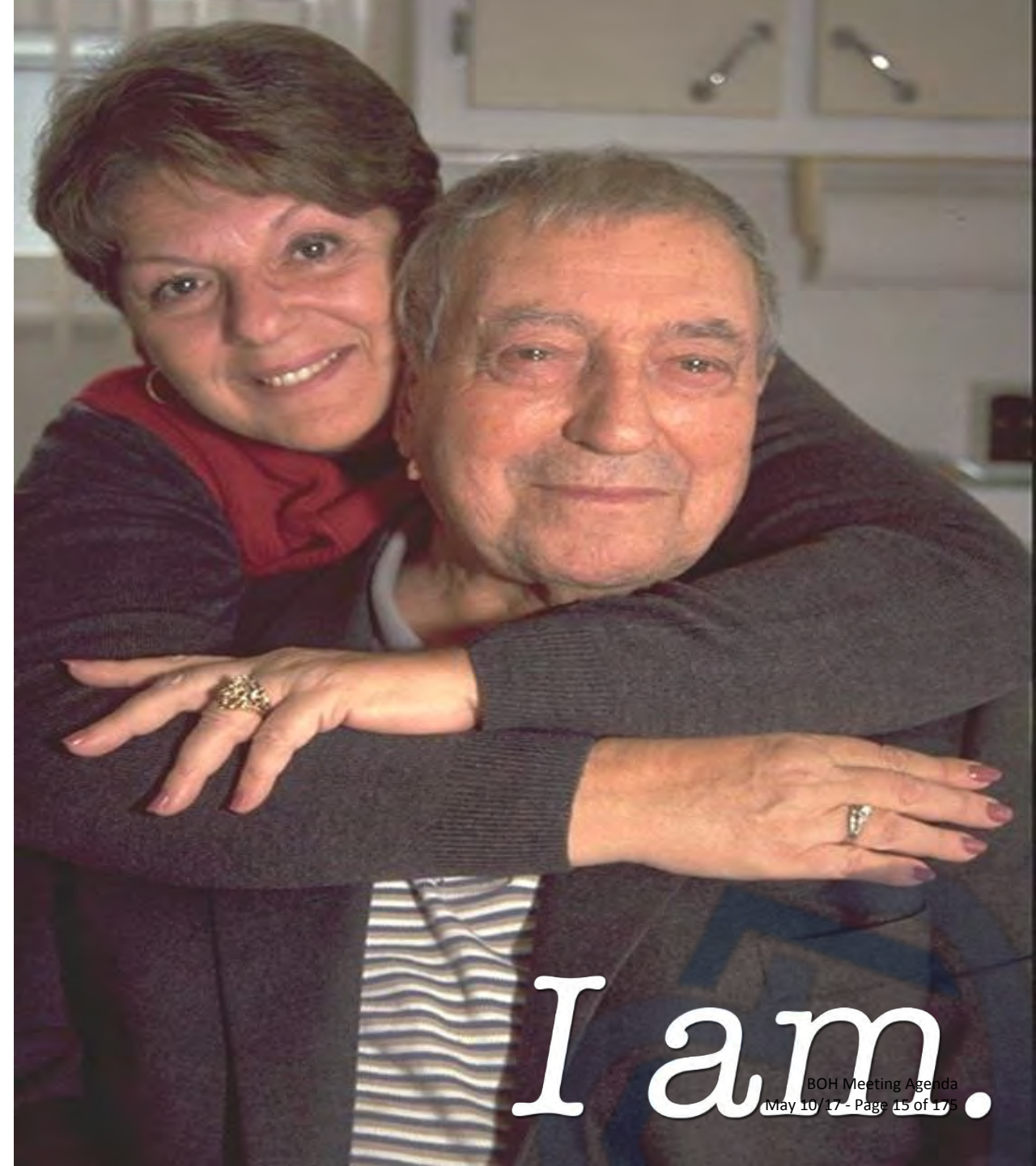
### Revenue:

- Government 60%
- Donations/Fundraising 15%
- Fees & Other 17%
- United Way 2%
- City/County/Twps 6%

# Meet our Clients

- Seniors
- Adults with Physical Challenges
- Contact us directly, or
- Referral by physician, health professional, community agency, family member or friend

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# Get Connected

If you are looking for information and support, Community Care is a great place to start.

Last year, we responded to a total of 12,036 requests for Information & Referral

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# We Can Come to You

Meals on Wheels

- Delivering nutritious meals to your door
- Hot and Frozen options

Friendly in-home visits

Supporting your transition home after a hospital stay

Offering referrals for home help and home maintenance

*Peterborough Mayor Daryl Bennett responded to our invitation to deliver Meals on Wheels*

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# You Can Come to Us

- Diners Club
- Coffee Club
- Social Events

## New Initiatives

- Caregiver Relief
- Access to Primary Care

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# Wellness Programs

- Exercise, Yoga and Falls Prevention classes
- Foot Care available by appointment at the Peterborough office
- Blood Pressure Clinics

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# We Can Help You Get Around

- Volunteer drivers provide escorted transportation options to medical appointments, treatments, community services and activities.
- CCP Van – accessible vehicle
- Caremobiles – accessible vehicles travel throughout the County of Peterborough

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# Be Safe and Confident in Your Home

- Medical Equipment Program
- Regular check-ins by telephone
- Personal distress alarms

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# Growing Demand

In the last five years, Client base has increased by 51%.

It grew from 6,150 last year to 6,918 this year.

*By 2041, the number of seniors to increase 150% and represent up to 40% of the total population in the City and County of Peterborough.*

Source: Ontario Ministry of Finance

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# Growth at Community Care Peterborough

2009/2010 – Introduction of Home at Last Program

2010/2011 – Introduction of Supported Referral Coordination

2010/2011 – Introduction of Home First Initiative

2012/2013 – Introduction of Falls Prevention & Exercise Classes – 10 retirement facilities

2014/2015 – Expand Falls Prevention & Exercise Classes throughout all County offices

2016/2017 – Sharing Dance Program (CNB)

2016/2017 – Caregiver Relief Program (OTF)

2016/2017 – Access to Primary Care Pilot Project

# Emerging Issues & Opportunities

## Ongoing Pressures and Challenges

- Sustaining the growth at Community Care Peterborough
- Peterborough is aging rapidly
- Lack of base funding
- Increase in fundraising pressures
- Volunteers (recruitment, younger, specific training)
- Complexity of clients (mental health, more than one chronic condition, accessing multiples services)
- Increased accountability, quality, safety, client satisfaction



# Emerging Issues & Opportunities

## Opportunities

- Accreditation at Community Care Peterborough
- Peterborough Leadership Council & Governors
- Patients First
- Many initiatives with Family Health Teams, Health Links, Paramedics
- Peterborough Public Health –health promotion, prevention, strategize for potential collaboration

# Community Care & Peterborough Public Health

## Healthy People First

Opportunities for potential collaboration:

- Key themes between two agencies – health promotion for seniors and addressing social determinants of health
- Strengthen link between CCP and PPH for prevention, health promotion and care
  - Chronic Disease Prevention – education & training
  - Food Safety – health nutrition, food programs
- Identify health promotion priorities

# Questions?



[www.commcareptbo.org](http://www.commcareptbo.org)

 [facebook.com/commcareptbo](https://facebook.com/commcareptbo)

 [twitter.com/CommCarePtbo](https://twitter.com/CommCarePtbo)

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*I am.*

Thanks for being you.



*Empowering you to live at home  
in the City and County of Peterborough*

[www.commcareptbo.org](http://www.commcareptbo.org)

[facebook.com/CommCarePtbo](https://facebook.com/CommCarePtbo)

[twitter.com/CommCarePtbo](https://twitter.com/CommCarePtbo)

**To:** All Members  
Board of Health

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

**Subject:** **Board of Health Minutes – May 10, 2017**

**Date:** June 14, 2017

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**Proposed Recommendation:**

*That the minutes of the meeting held on May 10, 2017, of the Board of Health for Peterborough Public Health, be approved as circulated.*

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**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, May 10, 2017 – 5:30 p.m.  
Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor  
Peterborough Public Health, 185 King Street, Peterborough**

**In Attendance:**

**Board Members:**

**Councillor Gary Baldwin  
Councillor Henry Clarke  
Mr. Gregory Connolley  
Ms. Kerri Davies  
Deputy Mayor John Fallis  
Councillor Lesley Parnell  
Ms. Catherine Praamsma  
Mr. Andy Sharpe  
Mayor Mary Smith, Chair  
Mr. Michael Williams  
Mayor Rick Woodcock**

**Regrets:**

**Councillor Kathryn Wilson  
Chief Phyllis Williams**

**Staff:**

**Mr. Larry Stinson, Director of Operations  
Ms. Natalie Garnett, Recorder  
Dr. Rosana Salvaterra, Medical Officer of Health  
Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy  
Officer  
Ms. Brittany Cadence, Manager, Communication Services  
Ms. Alida Gorizzan, Executive Assistant**

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**1. Call to Order**

Mayor Smith, Chair called the meeting to order at 5:30 p.m.

**1.2 Welcome: Provincial Appointees – Catherine Praamsma and Michael Williams**

The Chair welcomed and introduced Catherine Praamsma and Michael Williams to the Board of Peterborough Public Health.

**2. Confirmation of the Agenda**

**2.1 Confirmation of the Agenda for May 10, 2017**

MOTION:

*That the agenda be approved as circulated.*

Moved: Deputy Mayor Fallis

Seconded: Councillor Clarke

Motion carried. (M-2017-053)

**3. Declaration of Pecuniary Interest**

Councillor Clarke declared an interest in Item 9.1.2.h, as his employer is involved in producing beverages for children.

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

MOTION:

*That the following items be passed as part of the Consent Agenda: 9.1.1, 9.1.2 a-g and i-r, 9.2.1, 9.2.2, and 9.2.3.*

Moved: Councillor Baldwin

Seconded: Mr. Connolley

Motion carried. (M-2017-054)

MOTION:

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

- *Receive for information the letter dated April 19, 2017 from Barry Ward, Vice Chair, Board of Health for Simcoe Muskoka District Health Unit to Minister Philpott, copied to Ontario Boards of Health, regarding moving forward on the Federal Opioid Strategy; and*
- *Endorse their letter and communicate this support to Minister Philpott, with copies to local MPs, local MPPs, Dr. Theresa Tam, Interim Chief Public Health Officer, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Councillor Baldwin

Seconded: Mr. Connolley

Motion carried. (M-2017-054)

MOTION:

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

- *Receive for information the letter dated March 22, 2017 from Anne Warren, Chair, Board of Health for Leeds, Grenville and Lanark District Health Unit to Minister Hoskins, copied to Ontario Boards of Health, regarding the Expert Panel on Public Health and the Healthy Menu Choices Act; and,*

- *Support their position related to the implementation and evaluation of the Healthy Menu, Healthy Choices Act and communicate this support to Minister Hoskins, with copies to local MPs, local MPPs, Dr. David Williams, Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Councillor Baldwin  
 Seconded: Mr. Connolley  
 Motion carried. (M-2017-054)

**MOTION:**

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

- *Letter dated March 31, 2017 (received via e-mail on April 21, 2017) from Minister Hoskins to the former Board Chair regarding additional funding for the 2016-17 funding year.*
- *Letter dated April 19, 2017 from Dr. Salvaterra to the Board Chair for the Porcupine Health Unit regarding a low-income dental program for adults and seniors.*
- *Letter dated April 25, 2017 from the Board Chair to Minister Hoskins regarding a low-income dental program for adults and seniors.*
- *Letter dated April 25, 2017 from Dr. Salvaterra to Sysco Central Ontario regarding their provision of refrigerated trucks in the event of an emergency to store and/or transport vaccine.*
- *Letter dated May 2, 2017 from the Board Chair to Ministers Philpott and Hoskins regarding a Tobacco Endgame for Canada.*
- *Letter dated May 2, 2017 from the Board Chair to County Council regarding a Tobacco Endgame for Canada.*
- *Letter dated May 5, 2017 from Mayor Bennett in response to the Board Chair regarding a Tobacco Endgame for Canada.*

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

- *Email dated April 21, 2017 regarding the 2017 Annual Conference and Annual General Meeting.*
- *Email dated April 27, 2017 regarding a summary of the 2017 Ontario Budget.*
- *Letter dated May 4, 2017 regarding the Ontario Basic Income Guarantee pilot (co-written by the Ontario Public Health Association).*

*Letters/Resolutions from other Health Units:*

- *Inspection and Enforcement Activities of Personal Service Settings*  
*Algoma*  
*Grey Bruce*
- *Low-Income Dental Program for Adults and Seniors*  
*Durham*
- *Ontario Public Health Standards Modernization*  
*Porcupine*
- *Opioids*  
*Durham*  
*Simcoe Muskoka*



- Vaccine Preventable Disease Funding  
Durham

Moved: Councillor Baldwin  
Seconded: Mr. Connolley  
Motion carried. (M-2017-054)

MOTION:

*That the Board of Health for Peterborough Public Health receive the staff report, NutriSTEP® Implementation Status, for information.*

Moved: Councillor Baldwin  
Seconded: Mr. Connolley  
Motion carried. (M-2017-054)

MOTION:

*That the Board of Health for Peterborough Public Health receive the staff report, 2016 Accountability Agreement Indicator Results, for information.*

Moved: Councillor Baldwin  
Seconded: Mr. Connolley  
Motion carried. (M-2017-054)

MOTION:

*That the Board of Health for Peterborough Public Health receive the Q1 2017 Peterborough Public Health Activities Report for information.*

Moved: Councillor Baldwin  
Seconded: Mr. Connolley  
Motion carried. (M-2017-054)

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

6.1. April 12, 2017

MOTION:

*That the minutes of the Board of Health for the Peterborough Public Health meeting held on April 12, 2017 be approved as circulated.*

Moved: Mr. Sharpe  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2017-055)

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## 7. Business Arising From the Minutes

### 7.1. Drinking Water on First Nations

It was noted that Peterborough Public Health is waiting for statistics from Hiawatha First Nation prior to sending the letter on drinking water issues.

Otonabee Region Conservation Authority has indicated that they would like to work with Curve Lake First Nation on their water issues at the beach.

## 8. Staff Reports

### 8.1 Staff Report and Presentation: Development of a Local Food Charter

Ms. Carolyn Doris, Public Health Nutritionist provided a presentation on the Development of a Local Food Charter.

MOTION:

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

- *Receive the staff report, Development of a Local Food Charter, for information;*
- *Receive the staff presentation, Update on a Local Food Charter and Provincial Food Security Strategy, for information;*
- *Endorse the Peterborough Food Charter as a vision for a local food system; and,*
- *Share the Board of Health's endorsement of the Food Charter among local municipalities, organizations and by individuals interested in or involved in building and promoting our local food system.*

Moved: Mr. Sharpe

Seconded: Ms. Davies

Motion carried. (M-2017-056)

### 8.2 Staff Presentation: Safe Sewage System Program

Atul Jain, Manger, Inspection Services, provided a presentation on the Safe Sewage System Program.

MOTION:

*That the Board of Health for Peterborough Public Health receive the presentation "Safe Sewage System Program", for information.*

Moved: Mr. Connolley

Seconded: Mayor Woodcock

Motion carried. (M-2017-057)

### 8.3 **Staff Report and Presentation: Peterborough Public Health Values**

Larry Stinson, Director of Operations, provided a presentation on Peterborough Public Health Values.

**MOTION:**

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

- *Receive the staff report, Revised Peterborough Public Health Values, for information;*
- *Approve the proposed value statements and visual representations as presented; and,*
- *Direct staff to develop strategies to ensure the values are applied, including integrating it into the next Peterborough Public Health Strategic Plan.*

Moved: Councillor Clarke

Seconded: Mr. Connolley

Motion carried. (M-2017-058)

### 8.4 **Association of Local Public Health Agencies 2017 Annual General Meeting Resolutions**

Dr. Rosana Salvaterra, Medical Officer of Health, provided an overview of the resolutions going forward to the alpha AGM.

**MOTION:**

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

- *Receive for information, the memo dated May 5 , 2017 from the alpha regarding the resolutions for consideration at the June 2017 Annual General Meeting; and,*
- *Support the following proposed resolutions scheduled to come forward to the 2017 Annual General Meeting:*
  - *A17-1 – Access to Publically Funded Oral Health Programs for Low-Income Adults and Seniors (Chatham-Kent Public Health Unit and Porcupine Health Unit)*
  - *A17-4 – Investing in Healthy Workplaces within Ontario Public Health Units (Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health)*
  - *A17-5 – Committing to a Tobacco Endgame in Canada (Simcoe Muskoka District Health Unit).*

Moved: Councillor Baldwin

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-059)

## **9. Consent Items**

### **9.1.2.h Correspondence for Information**

Due to his previously declared interest, Councillor Clarke did not discuss or vote on this item.

MOTION:

*That the Board of Health for Peterborough Public Health receive for information the letter dated May 5, 2017 from the Board Chair to Minister Philpott regarding the Stop Marketing to Kids Coalition's Ottawa Principles.*

Moved: Councillor Parnell  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2017-060)

## **9.3 Committee Reports**

### **9.3.1 First Nations Committee Report**

MOTION:

That the Board of Health for Peterborough Public Health:

- Receive for information, meeting minutes of the First Nations Committee for February 22, 2017; and,
- Send a letter to Ministers Philpott and Qualtrough, with copies to local MPs, regarding Call to Action #89.

Moved: Deputy Mayor Fallis  
Seconded: Mr. Connolley  
Motion carried. (M-2017-061)

## **10. New Business**

### **10.1 Association of Municipalities of Ontario Delegations Discussion**

MOTION:

*That the Board of Health for Peterborough Public Health Board Members raise the issues of funding and budget approval timing, as delegations at the AMO conference.*

Moved: Councillor Parnell  
Seconded: Councillor Clarke  
Motion carried. (M-2017-062)

**10.2 Peterborough Public Health All Staff Day**

It was noted that the All Staff Day will be held on June 8, 2017 and Board Members are to advise Ms. Gorizzan if they plan to attend.

**11. In Camera to Discuss Confidential Matters**

**12. Motions from In Camera for Open Session**

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

The next meeting will be held June 14, 2017 in the North Kawartha Community Centre, 340 McFadden Road, Apsley, at 5:30 p.m.

**14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Mr. Williams

Seconded by: Councillor Parnell

Motion carried. (M-2017-063)

The meeting was adjourned at 7:12 p.m.

---

Chairperson

---

Medical Officer of Health

**To:** All Members  
Board of Health

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

**Subject:** County Active Transportation Master Plan

**Date:** June 14, 2017

---

**Proposed Recommendation:**

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

*Presentation: Opportunity for Collaboration - County Active Transportation Master Plan*

*Presenters:*

*Janet Dawson, Health Promoter, Peterborough Public Health*

*Doug Saccoccia, P.Eng, Assistant Manager, Engineering & Design, County of Peterborough*

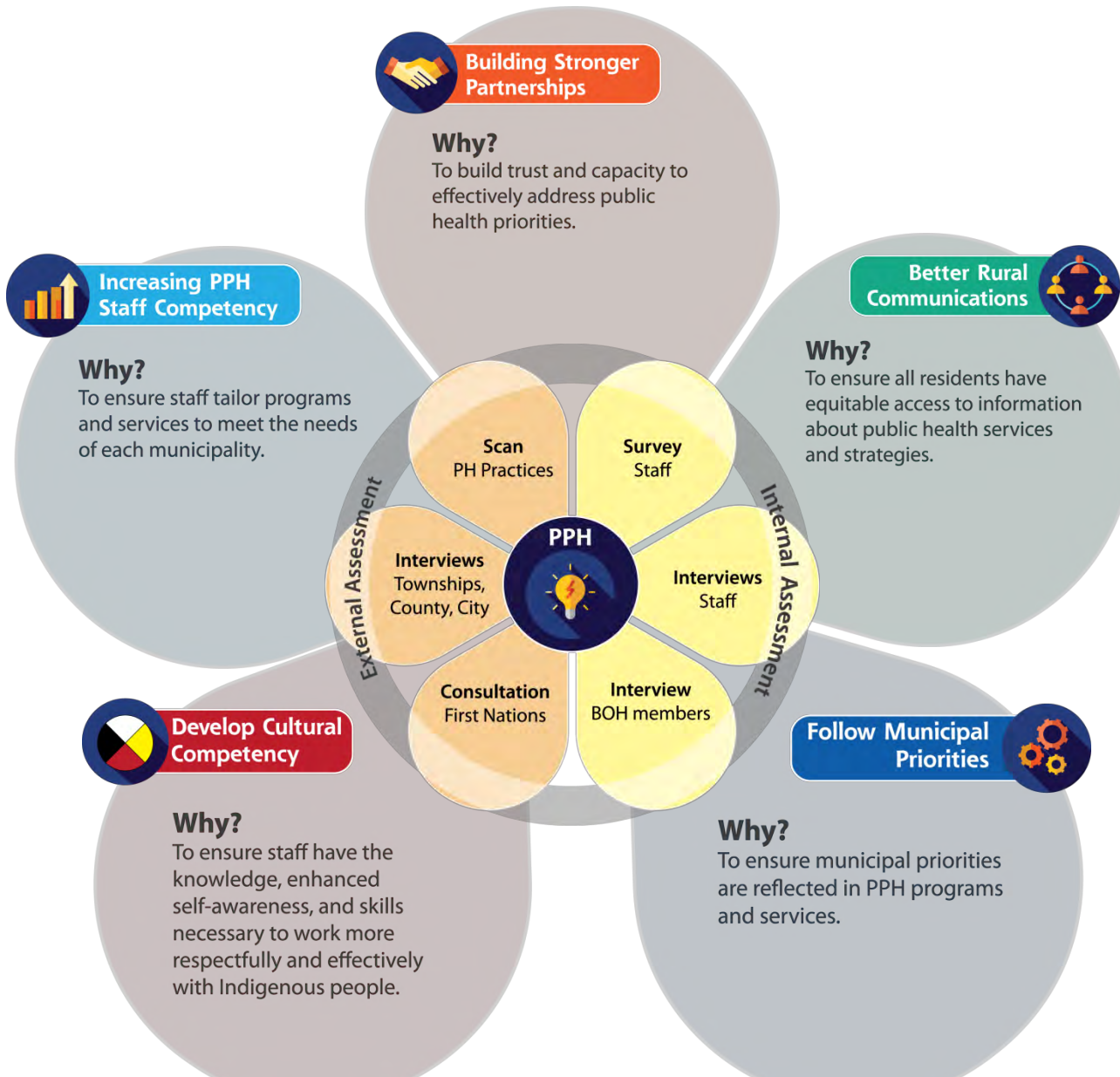
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# Opportunity for Collaboration: County Active Transportation Master Plan

Janet Dawson, Health Promoter, Peterborough Public Health  
Doug Saccoccia, Assistant Manager, County of Peterborough

June 14<sup>th</sup>, 2017





# An integrated approach...

- Previous involvement with Plan development:
  - Attending PICs
  - Written submissions
- New involvement with Plan development:
  - A member of the advisory team



# PPH involvement with the ATMP

- 6 TAC meetings attended
- 5 follow up meetings with consultants/project manager
- 5 written submissions
- 2 PICs attended
- 1 ATMP survey completed

# End result...

- Any Plan/policy that prioritizes active transportation is good for public health.
- Specific to this Plan:
  - Health and safety are integrated into the vision statement of the Plan.
  - The draft report highlight's the Plans links to health and safety.
  - Health and safety were used among other scoring criteria to list candidate projects for the Plan.

# Background Information

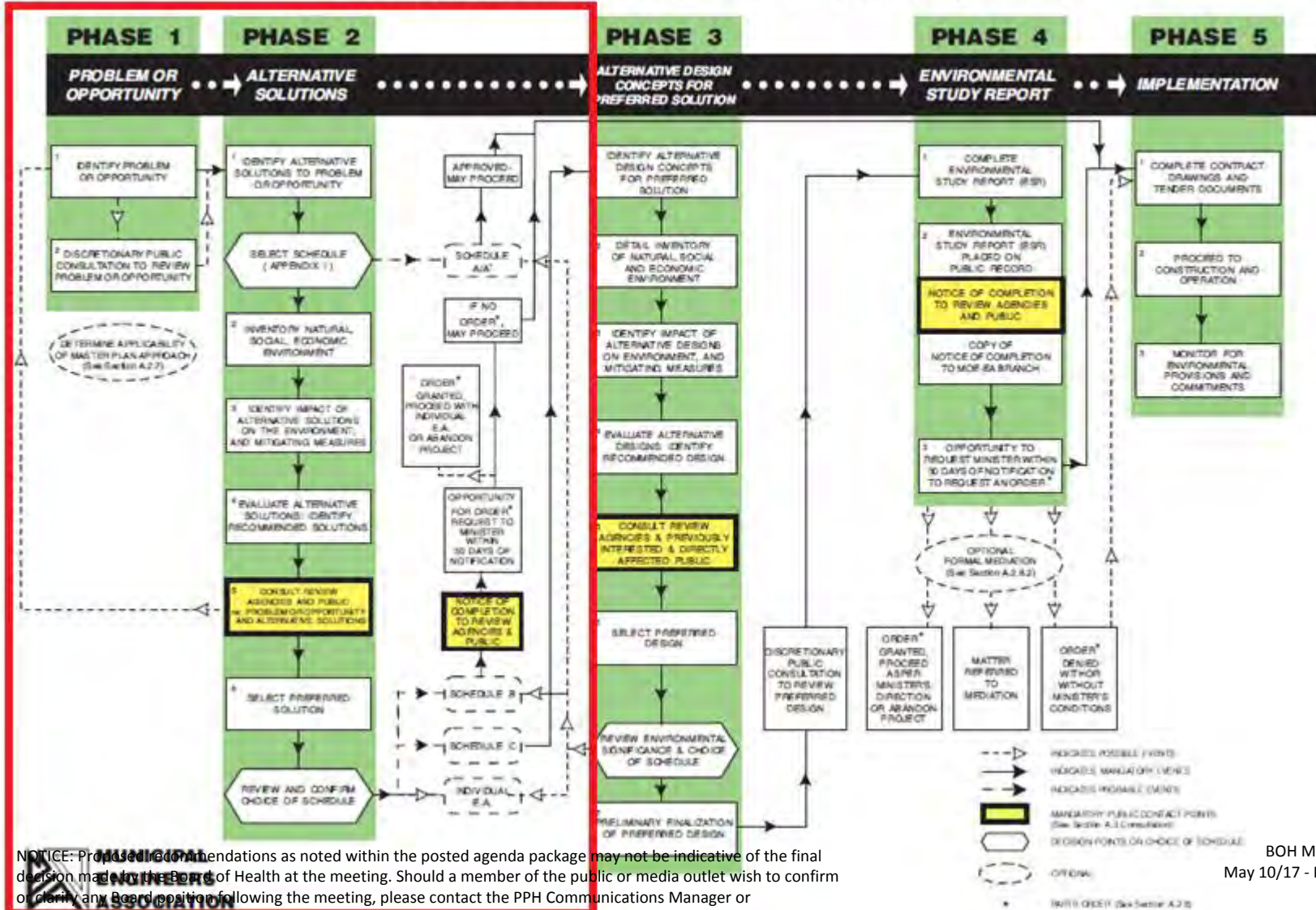
- In 2014, the County completed an update to our Transportation Master Plan (TMP) which identified the promotion of Active Transportation (AT) as an important measure that increases the sustainability of our community
- In January of 2016, the Active Transportation Master Plan (ATMP) commenced following the Municipal Class Environmental Assessment process

# Study Process

## EXHIBIT A.2

## MUNICIPAL CLASS EA PLANNING AND DESIGN PROCESS

NOTE: This flow chart is to be read in conjunction with Part A of the Municipal Class EA



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

# Consultation

**Value Planning Workshop** - March 8<sup>th</sup>, 2016

County Council Chambers

**Community Café** - March 29<sup>th</sup>, 2016

Lakefield-Smith Community Centre

**PIC No. 1** - July 16<sup>th</sup>, 2016

Peterborough Pulse

**ATMP Evaluation Workshop** – Sept. 7<sup>th</sup>, 2016

Bridgenorth Community Hall

**PIC No. 2** - March 25<sup>th</sup>, 2017

Lakefield-Smith Community Centre

**On-Line Survey**

Website based

**Social Media Platforms**

Twitter, Facebook, County and Township websites

**Attendance at local meetings**

Peterborough and the Kawarthas Association of Realtors (PKAR), Peterborough Bicycle Advisory Committee, Sustainable Peterborough,

International Trails Day, etc.



NOTE: Proposed, reviewed and/or discussed at the meeting with the public planning package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

# Vision Statement

“To promote leadership and community partnerships that make the region of the County of Peterborough a healthy, prosperous and sustainable community, with AT as a key component of a safe, accessible, integrated transportation system linking where we live, work and play”

# Health

- Many Canadians are physically inactive.
- AT offers an opportunity to be physically active.
- Each hour of moderate or vigorous physical activity per week is associated with a 4-9% reduction in the risk of death from all causes.





# Safety

- In 2012, the Ontario Office of the Chief Coroner's Pedestrian Death Review and Cyclist Death Review included specific safety recommendations for municipalities.
- All AT related injuries and deaths are preventable
- Research shows that to improve safety there needs to be:
  - An increase in the number of people using active modes of travel
  - Safer policies and infrastructure that supports the vulnerable road users

# Environment



- AT is virtually non-polluting.
- Increases in AT modes of travel reduces greenhouse gas emissions thereby helping to meet climate change targets.
- The ATMP aligns with the strategy of the Greater Peterborough County Climate Action Plan – “Reduce vehicle trips and foster greater walking and cycling mode share through a coordination of efforts”



# Tourism

Tourism is a vital part of our economy. The physical geography and cultural and historical landscape attractions throughout the County create opportunities:

- Capitalize on the rapid growth in cycling tourism that Ontario has been experiencing
- Promote and expand existing cycling and paddling routes
- Build upon Provincial initiative #CycleON and first cycling tourism plan “Tour by Bike”
- Support local businesses and communities that thrive on the tourist industry
- Expand partnerships and collaborate with organizations that include businesses, non-profit groups/clubs, etc.

**Peterborough & THE KAWARTHAS**

**TOURISM TRAVEL FACTS**

**PRIMARY ACTIVITIES**

<b>#1</b> Icons: canoe, bicycle, kayak, fishing, hiking, snowshoeing <b>OUTDOORS</b>	<b>#2</b> Icons: tent, picnic table, gear, campfire <b>PARKS</b>	<b>#3</b> Icons: historical buildings, clock tower, train, bridge <b>HISTORIC</b>
--	--	---

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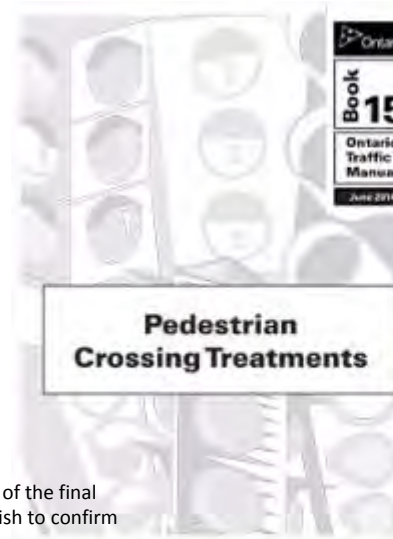
Toronto-AlgonquinGreenway.ca



# Implementation Strategy

## Policies

- Develop a paved shoulder policy (including pavement marking and signage)
- “Complete Streets” approach to create more active transportation friendly environments
- Consider the importance of Active Transportation as part of the Age Friendly Action Plan, Sustainable Peterborough Plan and Peterborough Climate Change Action Plan
- Adoption of Ontario Traffic Manuals as guideline documents for pedestrian crossings and cycling facilities



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# Implementation Strategy

## Programs

- Develop a Wayfinding Signage program
- Expand the existing collision review program to include reducing collisions involving Active Transportation
- Lower Tier Municipalities consider establishing annual Warranted Sidewalk Programs to prioritize their needs
- Support existing Active Transportation programs (e.g. Active and Safe Routes to School)
- Continue collaboration with local stakeholders (e.g. GreenUP, Peterborough Public Health, Peterborough Economic Development, etc.)



# Implementation Strategy



## Projects

- A long list of candidate projects was developed. Each project was evaluated and prioritized
- Two project networks were developed to establish priorities for the County and lower tier municipalities:
  - Ultimate Active Transportation Network (long term)
  - Initial Active Transportation Projects (next 10 years)

# Active Transportation Master Plan Proposed Ultimate Network Selwyn



Selwyn Projects

Description	Type of Project	Road Type	Initial Projects
Pedestrian lookout on the north side of the causeway	Other Project	"Other"	✓
Lakefield, CR 23-CR18-CR29	Paved Shoulder	County	✓
Pave Rotary Greenway Trail	Paved MUP	"Other"	✓
TransCanada Trail Parking Lot on Ackison Road	Other Project	"Other"	✓
Gifford Causeway EA Approved X-section	Paved Shoulder	County	✓
CR 17 West from Gifford Causeway	Paved Shoulder	County	✓
Pave Bridgenorth Trail	Paved MUP	"Other"	✓
Rotary Greenway Pedestrian Crossing in Lakefield	Other Project	"Other"	
Highway 28	Paved Shoulder	Provincial	✓
CR 25	Paved Shoulder	County	✓
CR 24	Paved Shoulder	County	✓
CR 23 Buckhorn Road Connection to Lakefield	Paved Shoulder	County	✓
Ennismore - Bridgenorth connection	Paved Shoulder, Ultimate MUP	County	
Pave TransCanada Trail - Peterborough City Limits to	Paved MUP	"Other"	✓
CR 20 - CR 18 Bridgenorth - Young's Point	Paved Shoulder	County	✓
CR 23 CR 29 (Lakefield Road), Peterborough City Limits	Paved Shoulder	County	
CR 18 Chemong Road - Fifth Line to Bridgenorth.	Paved Shoulder	County	
Hilliard Street - Peterborough City Limit to Bridgenorth	Shared Use	Municipal	✓
County Road Northern Cycle Route, Ennismore - Buckhorn	Paved Shoulder, Ultimate MUP	County	
CR 17 Listowel Line, Ennis Road to Emerald Isle	Paved Shoulder	County	
Bridgenorth Causeway Link MUP and Bridgenorth Trail	Paved MUP	"Other"	✓
Bridgenorth (E Communication Road) / 7 Line	Shared Use	Municipal	✓
Ennis Road, Chemong Lake to Ennismore.	Shared Use	Municipal	
Highway 7 (TransCanada) - Kawartha Lakes - Highway 28	Paved Shoulder, Ultimate MUP	Provincial	
Ramps on Highway 7 to access the TransCanada path	Other Project	"Other"	
Tara Road - Ennismore to CR14	Shared Use	Municipal	✓
12th line Smith - Birch Island Road - 11 Line - Centre	Shared Use	Municipal	✓
Fifth Line/Pine Hill Road, Hilliard Street to Bridgenorth	Shared Use	Municipal	✓
CR24 Centre Line, Peterborough City Limits north to	Shared Use	Municipal	✓
Brick Road/Skyline Road, part of "Robinson Road Loop"	Shared Use	Municipal	
Fifth Line, Hilliard Street to Lakefield Road	Shared Use	Municipal	
Preston Road (Selwyn), 12 <sup>th</sup> Line Smith to CR25	Shared Use	Municipal	
Miller Road, Preston Road (Selwyn) to CR25.	Shared Use	Municipal	
Northey's Road/Lakefield 14 Line/Lakefield 15 Line/	Shared Use	Municipal	✓

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# Next Steps

- Present Draft ATMP to each Lower Tier Municipality
- Present Final ATMP to County Council
- Present ATMP to other groups/committees as needed
- Work to integrate Plan within other County policies/projects (i.e., Official Plan, etc.)
- Continue collaboration with PPH and other AT supportive agencies/groups



**To:** All Members  
Board of Health

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

**Subject:** Peterborough Drug Strategy

**Date:** June 14, 2017

---

**Proposed Recommendation:**

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

*Presentation: Peterborough Drug Strategy*

*Presenters:*

*Deanna VandenBroek, Health Promoter, Peterborough Public Health*

*Jessica Penner, Coordinator, Peterborough Drug Strategy*

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# Peterborough Drug Strategy

Presented by:

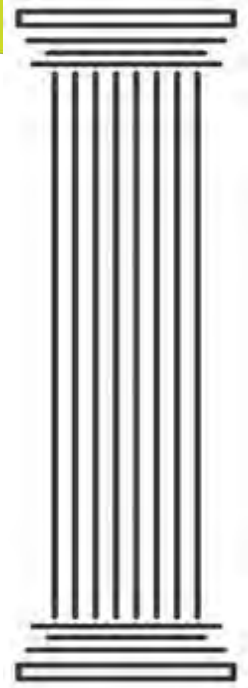
Jessica Penner, PDS Coordinator

Deanna VandenBroek, PPH Health Promoter

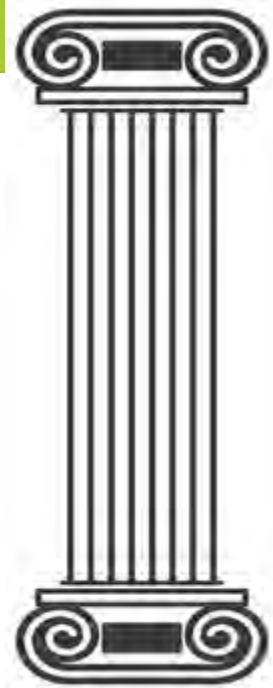
# Why a Drug Strategy?

- Substance use identified as a key area of concern from stakeholders & residents
- A comprehensive, coordinated plan...
  - Reduces fragmentation
  - Limits duplication
  - Fosters evidence-informed work that reflects the 4 pillar model, best practice research, existing expertise and local experience
  - Is tailored to Peterborough area

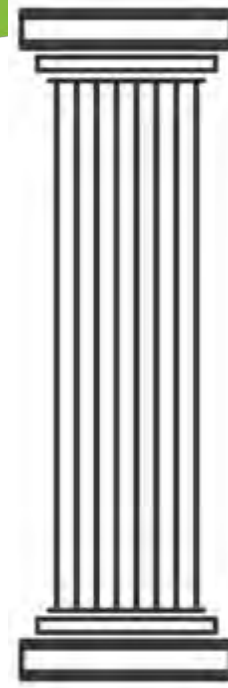
# The 4 Pillars



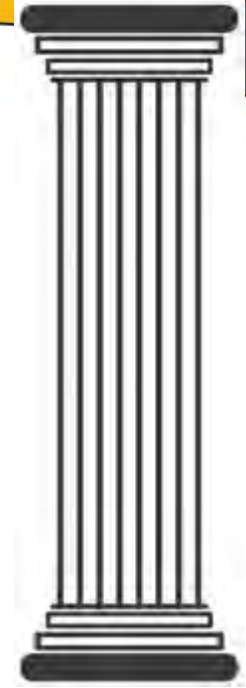
Treatment



Prevention



Enforcement



Harm Reduction

# Peterborough Drug Strategy

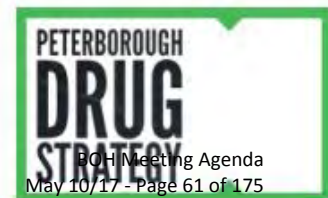


Original strategy had  
93 recommendations

Operate under  
collaborative  
agreement – renewed  
every couple years

Building the Foundation for Wellness  
a strategic plan

June 2012



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# *A shared effort to reduce the harms related to substance use in our community*



Canadian Mental Health Association

Haliburton, Kawartha, Pine Ridge  
*Mental health for all*



Peterborough  
Public Health



COMMUNITY-BASED HIV/STBBI PROGRAMS  
SUPPORT. PREVENTION. EDUCATION.



City and County of  
Peterborough  
Social Services



# Values

## 1. Collaboration

- key for progress

## 2. Person-centred framework

- Individuals with diverse experiences will be involved in meaningful ways

## 3. Respect

- equality, dignity, human rights, strengths, and choices of people, families, neighbourhoods, and communities.
- Drug use is value neutral.
- A person's worth is neither diminished nor increased by virtue of his/her drug use.

## 4. Evidence-based

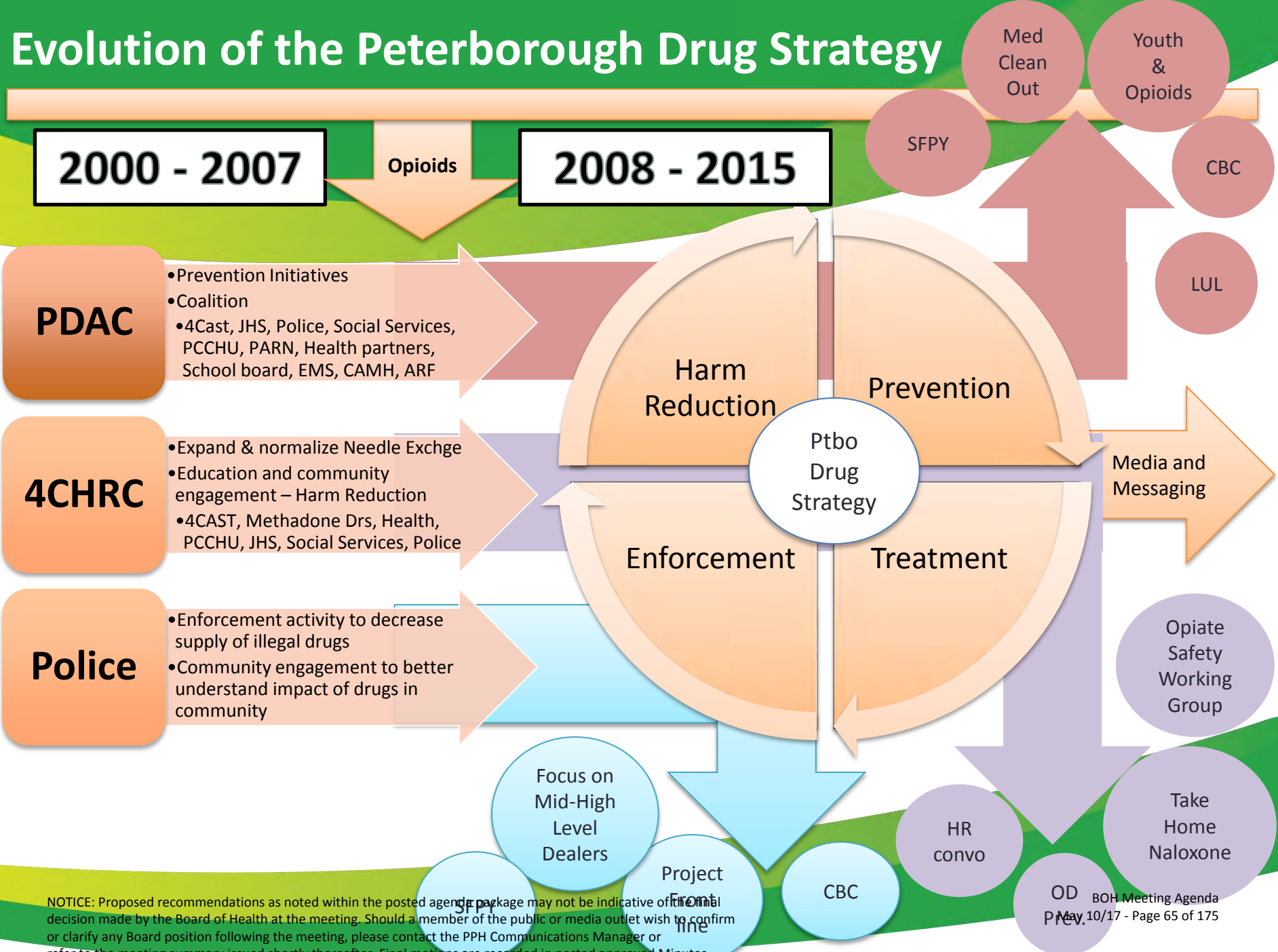
## 5. Accountability

# PDS: A Unique Role in the Sector





# Evolution of the Peterborough Drug Strategy



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## Strategic Directions and Objectives

Engage in ongoing assessment, analysis and initiation of actions that prioritize collaboration between enforcement, harm reduction, treatment and prevention efforts.

- Continue to bring together representatives from the four pillars of addiction
- Support the inclusion of new organizational stakeholders

Collaborate with a broad cross section of the community including individuals across the lifespan; individuals who use substances; representatives from service agencies, community groups, business and education.

- Increase efforts to engage diverse new agencies and individuals
- Include broad representation in planning
- Ensure the benefits of PDS's work is tailored to needs diverse stakeholders

Determine and pursue appropriate funding sources to support implementation of the Peterborough Drug Strategy.

- Work towards securing increased core funding for base activities
- Apply for project-based funding to support timely projects
- Respond to urgent and emerging trends

Develop &/or support multi-sectoral, evidence-informed initiatives aimed at successfully resolving identified gaps in service and barriers to achieving optimal health.

- Respond to urgent needs in the community
- Prioritize initiatives that are supported by evidence and meet a high need
- Expected priorities include projects focused on: opioids, alcohol and cannabis

Advocate to key stakeholders and decision makers at multiple levels on relevant issues in support of the Drug Strategy philosophies, approaches and initiatives.

- Work to maintain and develop local support for PDS and it's activities
- Continued involvement and advocacy via the provincial drug strategy network (MDSCNO)

Evaluate and monitor the implementation process of PDS projects.

- Ensure that projects meet the intended outcomes
- Document and share results with the broader community engaged in work related to substance use to spread lessons learned

***Strategic Plan 2015-2018***



# 2015-2018

- Emergency Department Naloxone Access
- Consumer Advisory Panel
- Opioid Preparedness
- Website & Hub
- MDSCNO Evaluation Framework
- Question of Care
- Partnership fostering and engagement

# Emergency Department Naloxone Access

- Funding: Proceeds of Crime
- Goal: To distribute naloxone to ED patients at risk of opioid overdose
- 107 nurses trained
- 18 physicians attended a presentation
- 200 naloxone kits purchased



# Reach & Impact

- Community Service funding supports PDS to mobilize micro, community and system-level changes
- Over the past 4 years using City of Peterborough funding, PDS has leveraged an additional \$530,436 in grant funding from external sources
- In-kind contributions from partner agencies provide important additional resources and include staff time, office & meeting space, technical resources, & access to sector specific evidence and information

thank you!

Contact:

[jpenner@peterboroughdrugstrategy.com](mailto:jpenner@peterboroughdrugstrategy.com)

**To:** All Members  
Board of Health

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

**Subject:** Cannabis

**Date:** June 14, 2017

---

**Proposed Recommendation:**

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

*Presentation: Cannabis: Where are we at?*

*Presenters:*

*Hallie Atter, Manager, Community Health & Foundational Standards*

*Deanna VandenBroek, Health Promoter*

---

# Cannabis: Where are we at?

June 14<sup>th</sup>, 2017

Hallie Atter, Manager

Deanna VandenBroek, Health Promoter



Peterborough

Public Health



# Today's Discussion

## 1. Context

- Key terms
- Prevalence of use
- Effects & other considerations
- Public health approach

## 2. The proposed federal legislation

- What we know
- What we don't know

## 3. Current efforts underway

## 4. Our next steps



Peterborough

Public Health

# Key Terms



## Cannabis:

- The umbrella term for any of the preparations or chemicals that are derived from the cannabis plant including the dried flowering, fruiting tops and leaves
- There are 2 common species of the plant
  - Cannabis sativa: produces stimulating effects
  - Cannabis indica: produces relaxing effects
- Contains hundreds of chemicals, including over 100 cannabinoids (e.g. THC or CBD)



# Prevalence of Cannabis Use

## Adults – Past Year Use

Peterborough 19+: **23.2%**

Ontario 19+: **26.2%**

(SOURCE: Canadian Community Health Survey, 2011/2012 data)

## Youth – Past Year Use

Peterborough – Grades 9-12: **29.5%**

Ontario – Grades 9-12: **28.1%**

(Source: Canadian Student Tobacco and Drug Survey, 2014/15 and Ontario Student Drug Use and Health Survey, 2015)

## Additional Points of Interest

Among youth in Peterborough...

- a third of past year users (**31.3%**) used at least once per week or more
- **46%** said they were ever in a vehicle with an impaired\* driver

In Canada...

- 94.3% of cigarette smokers in Grades 10-12 reported ever trying cannabis
- Young adults 20-24 and youth 15-19 are the 2 largest groups who use

# Cannabis Use - Health Effects

- Problems with cognitive & psychomotor functioning
- Respiratory diseases
- Dependence
- Mental health problems
- Co-use with tobacco
- Motor-vehicle collisions
- Child growth & development



# Cannabis Use - Therapeutic Effects

- Chronic pain
- Chemotherapy- nausea and vomiting
- MS spasticity symptoms (patient-reported)
- Short-term improved sleep outcomes in those with sleep disturbances

# Cannabis Use – Youth Perceptions

## Cannabis Misconceptions among Youth



- Perceived harm decreases with grade level
- Fairly easy or very easy to obtain cannabis
- Young people want the facts

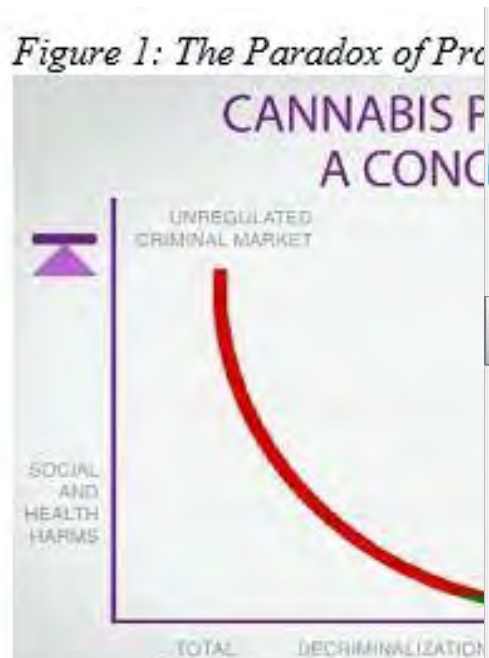


Peterborough

Public Health

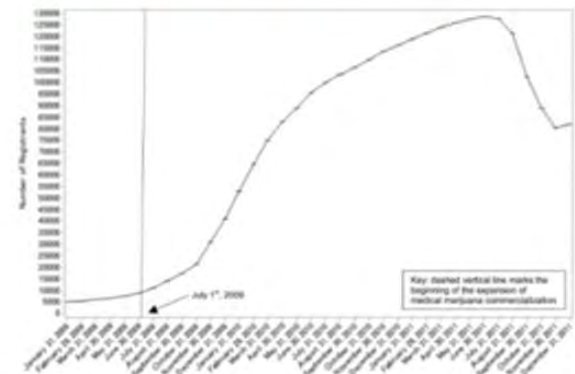
# Public Health Approach

- Prohibition doesn't work
- Public Health Approach is based on:
  - principles of social justice
  - attention to human rights
  - evidence informed policy/practice
  - addressing the social determinants of health



Commercialization, and not legalization, the central issue

2009: Commercialization of cannabis in Colorado  
(Salomonsen-Sautel et al., 2014)



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# Context is Important

Impact of trauma  
(physical,  
emotional, sexual,  
mental, etc)

Social  
Determinants of  
Health



Drug/Set/Setting

Spectrum of  
Substance Use

Stigma

*“The research shows that it’s the **relationships**, it’s the **connections**, it’s the **people** in children’s lives that make the biggest difference.”*

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*Ellen Galinsky, “Ask the Children”*

BOH Meeting Agenda  
May 10/17 - Page 80 of 175



## Cannabis Legalization in Canada

# WHAT WE KNOW....



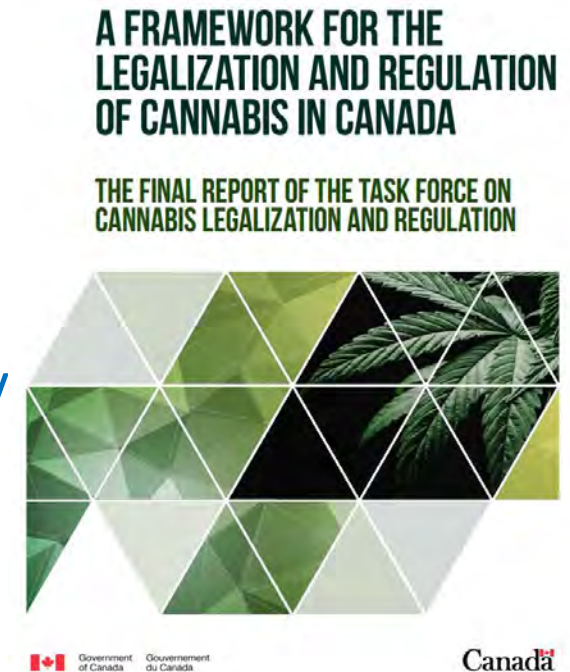
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# Federal Cannabis Legislation

- A Federal Task Force was struck, did consultation, and released report June 2016
  - 80 recommendations
  - Guided by principles of precautionary approach, public health and public safety
- Federal objectives include:
  - protecting young people,
  - protecting public health & safety,
  - ensuring Ontarians are well-informed and
  - conducting ongoing surveillance



AMCTO panel from May 2017 forum:

<http://www.amcto.com/AMCTO/media/AmctoLibrary/Workshops/Panel-on-Marijuana-Legalization.pdf>

# Bill C-45

## Cannabis Legislation introduced April 2017

Adults who are 18 years old or older would be legally able to:

- Possess up to 30 grams of dried legal cannabis or equivalent of non-dried form in public
- Share up to 30 grams of above with other adults
- Purchase dried or fresh cannabis and cannabis oil from a provincially regulated retailer
- Grow up to 4 cannabis plants
- Make legal cannabis containing products at home



Peterborough

Public Health

# Jurisdictions

- All levels of government will all have roles

## Federal

- License and set requirements for producers to grow and manufacture
- Set industry wide rules and standards (e.g. type of products, ingredients and promo allowed)

## Provinces and Territories

- License, and oversee the distribution and sale, subject to minimum federal conditions.
- Tailor - with municipalities - rules in their jurisdictions, and enforcement (e.g. retail sale, zoning rules, restricting areas of consumption, traffic laws)

Cannabis Legalization in Canada

# WHAT WE DON'T KNOW....



Peterborough

Public Health

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# Still to come

- Tax and pricing systems
- Regulations to cannabis compounds, THC potency
- Regulations for oversight to home cultivation
- Edibles and other products
- Enforcement
- Workplaces



# Current Provincial/Federal Efforts

## Federal

- Federal Awareness Campaign
- Federal Surveillance
- Canadian Cannabis Survey

## Provincial

- Ministry of Finance Consultation
- Ontario Public Health Unit Collaboration on Cannabis



Peterborough

Public Health

# NEXT STEPS

- Provide input to provincial legislative developments
- Develop key messages for specific populations
- Engage in discussions about municipal implications resulting from the planned legislation
- Monitor stakeholder positions on cannabis legalization
- Participate in the Ontario Public Health Unit Collaboration on Cannabis
- Deliver programs that address the upstream issues that impact the motivation to use Cannabis
- Provide regular updates to the Board of Health



# Questions?



Peterborough

Public Health

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**To:** All Members  
Board of Health

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

**Subject:** Correspondence for Direction – alPHa 2017-18 Membership

**Date:** June 14, 2017

---

**Proposed Recommendation:**

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

- *receive the letter dated May 5, 2017 from the Association of Local Public Health Agencies (alPHa) regarding 2017-18 membership fees for approval; and,*
- *approve the 2017-18 fee in the amount of \$10,231.55.*

For your reference, alPHa membership fees for the last five years are included below. Fees are based on annual budgets, please note the increase in 2014-15 was due to the fact that Peterborough Public Health’s budget surpassed the \$7m threshold that year, which placed PPH into the next fee category.

		<u>Increase</u>
2012 – 2013 Membership Fee approved by the Board	\$6,665.40	\$130.70 (+ 2.0%)
2013 – 2014 Membership Fee approved by the Board	\$6,855.36	\$189.96 (+ 2.8%)
2014 – 2015 Membership Fee approved by the Board	\$9,741.47	\$2,886.11 (+ 42%)
2015 – 2016 Membership Fee approved by the Board	\$9,868.11	\$126.64 (+ 1.3%)
2016 – 2017 Membership Fee approved by the Board	\$10,065.46	\$197.35 (+ 2.0%)
<b>2017 – 2018 Membership Fee requested by alPHa</b>	<b>\$10,231.55</b>	<b>\$166.09 (+ 1.7%)</b>

RECEIVED

MAY 11 2017

Peterborough Public Health

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

**alPHa**  
Association of Local  
**PUBLIC HEALTH**  
Agencies

May 5, 2017


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

Dr. Rosana Salvaterra  
Medical Officer of Health  
Peterborough County-City Health Unit  
Jackson Square 185 King Street  
Peterborough, ON K9J 2R8

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

Dear Dr. Salvaterra: 

RE: alPHa 2017-18 Membership

**Affiliate**

**Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Society of  
Nutrition Professionals  
in Public Health

First, I want to say, THANK YOU, for your ongoing support of the Association of Local Public Health Agencies (alPHa). As the executive director of alPHa I am responsible and accountable for ensuring that the association delivers good value to its members through the use of its resources. alPHa does not receive funding from the government of Ontario. We are funded through our members, sponsors and events. The financial support we receive from our members accounts for 70 percent of our annual budget, so it is top priority to show good value for membership fees. We maintain a strong focus on the collective needs of Ontario's 36 local public health units, all of which are active members of alPHa.

The following is not intended to be exhaustive, but it will give you an overall look at how we spend your membership fees to support local public health units.

**1 – Promoting Members**

alPHa supports its members to be better understood and valued by municipal and provincial governments. We create communications tools that are designed to inform municipal politicians about local public health and encourage their interest in participating on boards of health. We meet with provincial policy advisors and senior government staff to ensure they understand the role and value of local public health.

**2 – Representing Members**

alPHa focuses on representing its members in responding to member resolutions and public health sector issues where a collective voice best serves the membership as a whole, e.g., issues that impact the structure and funding of local public health. alPHa is regularly invited to identify members for committees addressing issues of primary importance to our members. In the past year, examples include committees reviewing the Ontario Public Health Standards, the Public Health Expert Panel, the Public Health Work Stream and the AMO Public Health Task Force.

alPHa maintains strong relationships with key partners and decision makers who impact our members. As a result of these strong relationships, alPHa was positioned to successfully advocate against the Minister of Health and Long-Term Care's proposal in the *Patients First Discussion Paper* to move funding for local public health under the Local Health Integration Networks (LHINs).

Page 1 of 2

**30** YEARS  
1986-2016

[www.alphaweb.org](http://www.alphaweb.org)

Providing Leadership in Public Health Management

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

BOH Meeting Agenda  
May 10/17 - Page 91 of 175

### 3 – Supporting Members

alPHA ensures that members are aware of proposed legislation and matters that are of interest to local public health. Further, alPHA facilitates the sharing of member positions, resolutions and discussion documents to encourage broader support for member issues among alPHA's membership.

alPHA has established the "Current Consultations" page on its web site where information is posted about government consultations. Members are informed and provided links through email and alPHA's "Information Break" e-newsletter. alPHA has also established a web page for posting existing and proposed health promoting local by-laws, categorized by social determinants of health.

### 4 – Connecting Members

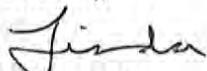
alPHA works with members to coordinate networking opportunities for public health professionals working in local public health. alPHA has established web-based approaches for the sharing of information wherever possible, for example providing work space for working groups to post information. alPHA also helps members in their day-to-day jobs, by keeping members informed on latest news and events as well as emerging issues through current technologies, including our website, e-newsletters and listserves.

### 5 – Enriching Members

alPHA provides professional development to support excellence in local public health leadership, management and governance. Professional development is delivered through the annual conference, webinars and face-to-face meetings. alPHA holds timely, relevant and informative sessions and programs to enrich members' knowledge on issues, developments and challenges affecting the delivery of public health programs and services. Education programs include the Annual Conference, Fall Symposium, and Winter Symposium. In the past year, alPHA responded to a pressing member need by focusing on risk management. As a result, boards of health in Ontario are receiving support to develop robust local risk management programs.

Through participation in alPHA, members are better positioned to do their jobs locally and have the opportunity to participate at the provincial level to help shape the future of the local public health system in Ontario. As transformation of local public health is being considered by the Province, there has never been a more important time to be a member of alPHA.

Sincerely,



Linda Stewart,  
Executive Director

Cc: Larry Stinson - Director of Operations

# Association of Local Public Health Agencies

1306-2 Carlton Street  
Toronto M5B 1J3

# INVOICE

Invoice No.: 73647  
Date: 05/05/2017  
Ship Date:  
Page: 1  
Re: Order No.

**Sold to:**

**Peterborough Public Health**  
Dr. Rosana Salvaterra  
Jackson Square  
185 King St.  
Peterborough, Ontario K9J 2R8

**Ship to:**

Peterborough Public Health  
Dr. Rosana Salvaterra  
Jackson Square  
185 King St.  
Peterborough, Ontario K9J 2R8

Business No.: 127380822RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
2017_18	Each	1	alPHa Membership - April 1, 2017 - March 31, 2018	H1	9,054.47	9,054.47
			H1 - HST 13% HST			1,177.08
Association of Local Public Health Agencies HST: #127380822 RT0001						
Shipped By:                      Tracking Number:						
Comment: Payable to Association of Local Public Health Agencies (alPHa)					<b>Total Amount</b>	10,231.55
Sold By:						

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

**To:** All Members  
Board of Health

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

**Subject:** Correspondence for Direction – Energy Drinks, Sudbury District Health Unit

**Date:** June 14, 2017

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**Proposed Recommendation:**

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

- *receive for information, letters dated May 2, 2017 from Dr. Sutcliffe, Medical Officer of Health for the Sudbury District Health Unit, sent to Ministers Philpott and Hoskins, copied to Ontario Boards of Health, regarding energy drinks;*
- *receive for information, the e-mail dated May 30, 2017, from Mr. Jim Shepherd, regarding energy drinks; and,*
- *send a letter to Ministers Philpott and Hoskins, with copies to local MPs and MPPs, Dr. Theresa Tam, Interim Chief Public Health Officer, Dr. David Williams, Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health, advocating that advertising and sale of energy drinks to children and youth be restricted, and urge consideration of this during the development of federal marketing to children regulations.*

**Background:**

The Board has supported similar advocacy in the past ([click here](#) to view previous positions). Energy drinks are not recommended for consumption by children (Health Canada, 2014). High levels of caffeine (180 mg per serving) exceed maximum recommendations of 45-85 mg for children, and often contain added sugar. Energy drinks bump out healthy beverage choices, and are marketed heavily to children and youth. Cases of serious medical reactions linked to energy drinks have also been reported. In the Healthy Kids Community Challenge Water Promotion campaign, “Water Does Wonders”, energy drinks were identified as not being recommended for children. The PPH Nutrition Program also embeds messages around inappropriateness of energy drinks into other healthy eating programming and will continue to raise awareness with parents and municipal partners.

Currently there are no federal and few provincial regulations prohibiting the sale of energy drinks to children. The Ministry of Education’s School Food and Beverage Policy, Policy/ Program Memorandum 150 (2010), has classified energy drinks as a “not permitted for sale” beverage. Although not available at school, elementary and secondary school students still have ample opportunity to purchase energy drinks at local convenience stores, gas stations, grocery stores, and municipal facilities. Some municipalities have passed by-laws to prohibit

the sale of energy drinks on municipal properties, including 80 municipalities in Quebec. The City of London also recently removed energy drinks from vending machines to support reducing the availability of sugar sweetened beverages.

**Attachments:**

- [Letters from Sudbury District Health Unit](#)
- [Email from Jim Shepherd](#)



Sudbury & District

## Health Unit

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Healthy  
Day!*

*Vivez Santé  
dès  
aujourd'hui!*

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1.866.522.9200

[www.sdhu.com](http://www.sdhu.com)

May 2, 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: Regulations to restrict the sale of caffeinated energy drinks to children and youth**

At its meeting on April 20, 2017, the Sudbury & District Board of Health carried the following resolution #20-17:

*WHEREAS the Sudbury & District Board of Health's concerns about caffeinated energy drinks (Motion #13-11), endorsement of Ontario's Healthy Kids Strategy (Motion #19-13), and concerns about marketing to children (Motion #60-16) are part of the public record; and*

*WHEREAS the Board has carefully reviewed health and consumption information about caffeinated energy drinks (CEDs) relevant to its local context;*

*THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health urge the provincial and federal Ministers of Health to advance regulations prohibiting the sale of CEDs to children and youth under the age of majority, in venues where they frequent; and*

*FURTHER THAT this motion be forwarded to the federal Minister of Health, the provincial Minister of Health, Ontario boards of health, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alpha), local Boards of Education, and the Federation of Northern Ontario Municipalities (FONOM).*

High levels of caffeine, added sugars and herbal stimulants combined with youth-oriented marketing make the sale of caffeinated energy drinks to children and youth a significant public health concern.

Caffeinated energy drinks are typically marketed to youth and young adults<sup>ii</sup> and contain more caffeine per serving than caffeinated colas and soft-drinks and generally less than brewed coffee<sup>iii</sup>.

Between 2004 and 2015, the sales of soft drinks in Canada (per capita) has declined by 27% while the sales of energy drinks (per capita) has increased by 638%<sup>iv</sup>.



The Honourable Jane Philpott

Re: Regulations to restrict the sale of caffeinated energy drinks to children and youth

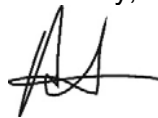
May 2, 2017

Page 2

Policy interventions that prohibit the sale of caffeinated energy drinks to children and youth is a promising measure to decrease consumption and could have a significant impact. Therefore the Sudbury & District Health Unit strongly encourages the federal government to enact regulations that prohibit the sale of caffeinated energy drinks to children under the age of majority.

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 Eric Hoskins, Minister of Health and Long-Term Care, Ontario Government  
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Ms. Pageen Walsh, Executive Director, Ontario Public Health Association  
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities  
Madame Lyse-Anne Papineau, Directrice de l'éducation, Conseil scolaire catholique du  
Nouvel-Ontario  
Monsieur Marc Gauthier, Directeur de l'éducation, Conseil scolaire public du Grand  
Nord de l'Ontario  
Mr. Norm Blaseg, Director of Education, Rainbow District School Board  
Ms. Joanne Bénard, Director of Education, Sudbury Catholic Schools  
Ontario Boards of Health

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<sup>i</sup> Emond JA, Sargent JD, Gilbert-Diamond D. 2014. Patterns of energy drink advertising over US television networks. *J Nutr Educ Behav* 47(2):120–126.e1. Available from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356017/>

<sup>ii</sup> Kumar G, Onufrak S, Zytnick D, Kingsley B. 2015. Self-reported advertising exposure to sugar-sweetened beverages among US youth. *Public Health Nutr.* 18(7): 1173-1179.

Available from: <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/DD8F808E14006935B52DD487B11B737D/S1368980014001785a.pdf/self-reported-advertising-exposure-to-sugar-sweetened-beverages-among-us-youth.pdf>

<sup>iii</sup> Health Canada. *Caffeine in Food*. Available from: <http://www.hc-sc.gc.ca/fn-an/securit/addit/caf/food-caf-aliments-eng.php>

<sup>iv</sup> Canadian Cancer Society, Canadian Diabetes Association, Childhood Obesity Foundation, Chronic Disease Prevention Alliance of Canada, Heart & Stroke. *Health and Economic Impacts of Sugary Drinks in Canada: Research Summary*. Accessed 15/02/2017. URL: <http://www.heartandstroke.ca/-/media/pdf-files/canada/2017-heart-month/health-and-economic-impacts-of-sugary-drinks-research.ashx?la=en>



Sudbury & District

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May 2, 2017

VIA EMAIL

The Honourable Eric Hoskins  
Minister of Health and Long-Term Care  
80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Minister Hoskins:

### Re: Regulations to restrict the sale of caffeinated energy drinks to children and youth

At its meeting on April 20, 2017, the Sudbury & District Board of Health carried the following resolution #20-17

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The Honourable Eric Hoskins

Re: Regulations to restrict the sale of caffeinated energy drinks to children and youth

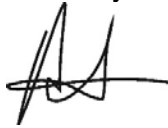
May 2, 2017

Page 2

Policy interventions that prohibit the sale of caffeinated energy drinks to children and youth is a promising measure to decrease consumption and could have a significant impact. Therefore the Sudbury & District Health Unit strongly encourages the provincial government to enact regulations that prohibit the sale of caffeinated energy drinks in venues where children and youth frequent, similar to the Ontario Ministry of Education's School Food and Beverage Policy.

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 Ontarians.

Sincerely,



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

cc: The Honourable Jane Philpott, Minister of Health, Health Canada  
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Ms. Pageen Walsh, Executive Director, Ontario Public Health Association  
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities  
Madame Lyse-Anne Papineau, Directrice de l'éducation, Conseil scolaire catholique du Nouvel-Ontario  
Monsieur Marc Gauthier, Directeur de l'éducation, Conseil scolaire public du Grand Nord de l'Ontario  
Mr. Norm Blaseg, Director of Education, Rainbow District School Board  
Ms. Joanne Bénard, Director of Education, Sudbury Catholic Schools  
Ontario Boards of Health

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<sup>i</sup> Emond JA, Sargent JD, Gilbert-Diamond D. 2014. Patterns of energy drink advertising over US television networks. *J Nutr Educ Behav* 47(2):120–126.e1. Available from:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356017/>

<sup>ii</sup> Kumar G, Onufrak S, Zytnick D, Kingsley B. 2015. Self-reported advertising exposure to sugar-sweetened beverages among US youth. *Public Health Nutr.* 18(7): 1173-1179.

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<sup>iii</sup> Health Canada. *Caffeine in Food*. Available from: <http://www.hc-sc.gc.ca/fn-an/securit/addit/caf/food-caf-aliments-eng.php>

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**From:** Jim Shepherd [<mailto:jjshepherd101@yahoo.ca>]  
**Sent:** Tuesday, May 30, 2017 1:37 PM  
**To:** Alida Gorizzan  
**Subject:** Energy drinks and my 15-year-old son's death

Please circulate to the Chair, Board of Health Members, and the Medical Officer of Health.

On January 6, 2008, my 15-year-old son Brian was competing in a day-long paintball tournament. Around noon, Red Bull representatives came into the venue and handed out free samples of energy drinks. According to police, Brian was witnessed drinking one of these samples. At about 7:20 p.m. Brian collapsed, and later died in hospital to an unexplained arrhythmic event. Complete details of his death can be found in my attachment.

Industry marketed directly to my son.

Since then, I have continued to advocate with all levels of government in Canada to mitigate the risk energy drinks and their abusive marketing pose to children and youth. On March 20, 2017, the Toronto BOH reviewed the evidence on item HL18.2 - Caffeinated Energy Drinks: The Feasibility of Restricting Sales and Marketing of Energy Drinks to Youth in Toronto. I encourage you to review the Toronto Public Health report and the strong support for a ban of sale to minors under the "communications" tab at the Toronto BOH [link](#). I have attached the written submission I provided to the Toronto BOH, including a letter of support for a ban of sale to minors, from the Canadian Medical Association. Others offering support for a ban of sale on the BOH website include the Australian Medical Association, the Quebec Coalition against Weight Related Issues, a number of researchers including Dr. Jane Shearer, University of Calgary (a member of the 2010 Health Canada appointed Expert Panel on Energy Drinks). Several speakers at the meeting offered compelling evidence to support a ban of sale to minors. Please consider viewing my five minute deputation which begins at 57 minutes in the [video archive](#) of the meeting.

One of a number of results of the Toronto meeting, was to draft a letter from the BOH, to the federal Minister of Health, as well as to the Ontario Minister of Health, requesting an age restriction be put in place for the purchase of energy drinks. During the April 20, 2017 Sudbury BOH meeting a [motion](#) was passed to write the provincial and federal Minister's of Health asking to restrict the sale of energy drinks to children and youth. This is a [link](#) to a copy of that letter dated May 2, 2017, in which all Ontario Boards of Health units were copied.

Since the March BOH meeting, there has been the [hospitalization of an Ottawa man](#) after he fell into a three day coma following seizures, as well as the death of a [16-year-old in South Carolina](#). In both cases, the doctors involved cited energy drink consumption as being contributory.

In a newly released report from the [Heart and Stroke foundation, The Kids are Not Alright](#), page nine of the report shows a list of the most frequently advertised unhealthy products, found advertised on both the most popular teen and children's websites. In both the children and teenage rankings, Red Bull energy drink ads were in the top five most frequently advertised products.

*Energy drinks are the worst case example of the marketing of and unhealthy, and potentially dangerous product, to children and youth.*

I am writing to implore you to consider the compelling evidence that was presented/submitted to the Toronto BOH, and write the federal and Ontario Minister's of Health requesting energy drinks not be sold to those under the age of majority. Further, I ask that you consider any other action, including a ban of sale of energy drinks on municipal properties and agencies, to mitigate the risk these drinks pose to children and youth.

Thank you for your consideration in this important issue. Should you have any further questions, please feel free to contact me.

Best regards,

Jim Shepherd

# **ENERGY DRINKS AND THEIR AVAILABILITY TO CHILDREN AND YOUTH**

## **SUBMISSION TO THE TORONTO BOARD OF HEALTH**

***James Shepherd***

***March 13, 2107***

***Contact: [aboutenergydrinks@yahoo.ca](mailto:aboutenergydrinks@yahoo.ca)***

## INTRODUCTION

Red Bull was the original energy drink which was introduced in Austria, in 1987. Red Bull was introduced to the United States in 1997 and to Canada in 2004. Since then, hundreds of brands of energy drinks and concentrated energy shots have flooded the marketplace worldwide. They are one of the fastest growing segments of the beverage market. Energy drink ingredients include caffeine, taurine, vitamins and in most cases sugar. The caffeine concentration permitted in energy drinks in Canada is 200-400 mg/litre which on the store shelf amounts to 80mg per container, up to a maximum of 180mg in larger container sizes.

Energy drinks are often confused with other beverages, including sports drinks. While sports drinks such as Gatorade are formulated to hydrate the body, and do not contain caffeine, energy drinks can lead to dehydration. There are a number of cross-over products that include caffeine on store shelves, which add to the confusion between the products.

## MY SON'S TRAGIC STORY

On January 6, 2008, my 15-year-old son Brian was competing in a day-long paintball tournament. Around noon, Red Bull representatives came into the venue, where many individuals under the age of 18 engaged in the sport. They handed out free samples of energy drinks and according to police; Brian was witnessed drinking one of these samples. At about 7:20 p.m. Brian collapsed, and later died in hospital.

In the autopsy, the coroner ascribes Brian's death clinically as Sudden Arrhythmic Death Syndrome (SADS). This means that he died of an acute arrhythmic event, but the coroner's findings offered no plausible explanation for the cause of the arrhythmia. In Brian's short fifteen years, he never exhibited any symptoms that would suggest any type of heart disorder. The medical history of this healthy and athletic teenager, offers no explanation either. Brian always excelled as an athlete, playing competitive sports from a young age. Further, there is no family history that would suggest a pre-disposition to an arrhythmic event.

I strongly suspect that the energy drink was contributory in his death, if not the whole cause. The combination of being fatigued, playing a competitive adrenaline rushing sport, not being a regular consumer of caffeine, combined with not consuming lunch that day, may have created the conditions of a perfect storm that affected an otherwise healthy individual.

Since learning of the abusive marketing, and the lack of appropriate regulatory oversight, regarding these products, I continue to advocate for change. My desire was that no other family in the future would have to live with the questions that my family does, but sadly there have been many reports of deaths where energy drinks are suspect, since Brian's.

## **ADVERSE REACTIONS TO ENERGY DRINKS CONTINUE TO RISE, INCLUDING THOSE INVOLVING CHILDREN AND TEENS.**

- The Ontario Poison Centre conducted a manual search of energy drink related calls for the year 2014. There were 42 such calls. 25 calls, or 60%, involved those 18 years or younger. Please note, Canada does not have a system in place to track emergency room visits or poison control calls.
- In the U.S.A., there were 20,783 reported emergency room visits in 2011, in which an energy drink was cited as the primary cause of - or a contributing factor to - a health problem, compared with 10,068 in 2007.<sup>1</sup>
- In a 2016 study, Australian researchers surveyed patients aged 13-40 attending an emergency department with heart palpitations and found 36% had consumed at least one energy drink in the 24 hours prior to presenting at the hospital and 70% had consumed some sort of energy drink in their lifetime.<sup>2</sup>
- As of August 2013, Health Canada's adverse reaction database includes 3 teenage deaths where energy drinks were suspect, 5 listed as life threatening and 19 required hospitalization. 32% of the adverse reactions reported were youth and children, (a total of 21% of all adverse reports did not have their age listed) Health Canada estimates that for every adverse report, up to 10 go unreported. My research suggests the unreported number may be much higher.
- The Medical Journal of Australia found the number of calls to the NSW poisons information line increased from 12 calls related to the drinks in 2004 to 65 in 2010. Consumers had a median age of 17 and often drank more than one in a session.<sup>3</sup>

## **ENERGY DRINKS ARE MARKETED TO CHILDREN AND YOUTH**

Contrary to industry claims, adolescents and children are frequent targets of product promotion; including child-friendly product designs, viral marketing via social media and in television commercials. Several further examples of marketing to children and youth include a 2016 Red Bull Stratos exhibit featured at the Ontario Science Centre,<sup>4</sup> and a Red Bull decorated car on a ride in the kiddie section of Canada's Wonderland.<sup>5</sup>

In a 2014 study, the Rudd Center for Food Policy and Obesity released statistics demonstrating an increase in children and youth's exposure to energy drink TV advertising, as well as to event and social media marketing.<sup>6 7</sup>

I have encountered a number of examples of direct marketing to youth and children. In February 2010, I witnessed a teen receive a sample of Red Bull, in the parking lot of a municipal arena. On October 10, 2009, the soccer ball juggling competition "Red Bull Street Style" took place at the entrance to the BMO Field in Toronto's CNE grounds. The event took place in the afternoon before a soccer game, just yards away from children engaged in a soccer kicking competition. Pictures of these and other recent examples can be found on pages 8-12 of this submission.



## THE CANADIAN BEVERAGE ASSOCIATION MARKETING CODE, DE-CODED

When I appeared before the Standing Committee on Health in Ottawa, on June 8, 2010, Dr. Andreas Kadi, then Chief Science officer of Red Bull, responded to a question regarding their marketing practices by stating, "*When you look at universities, for example, starting with 18 years, yes, this is where we are. When you look at high schools, which are younger, then this is where we are not.*" Red Bull was a member of Refreshments Canada at that time. (Before the name change to the Canadian Beverage Association -CBA) I found that claim difficult to believe, as according to police, my son received a sample in a facility where it is common to find those under 18 years engaged in sport.

If you take a look at the Canadian Beverage Association Energy Drinks Marketing Code of practice,<sup>8</sup> it does make a number of claims regarding their members not sampling near elementary, middle or secondary schools, or during extracurricular activities where adults are not present. But in the end, they only claim not to sample to "children." Although no link is offered in the document to define children, a reference is made to the Advertising Standards Canada code.

I wrote Advertising Standards Canada requesting a clarification of the age of children. In their response letter, I learned that the CBA members, only "claim" not to market to those under 12 years.

It is important to note that the CBA represents –but a few – of the many – grass roots energy drink marketers in Canada.<sup>9</sup> It is also interesting to note, that the British Soft Drink association code states that they will not market to those under 16-years of age.<sup>10</sup>

### CHILDREN AND YOUTH ARE CONSUMING ENERGY DRINKS

A 2016 Canadian study, *Consumption of Caffeinated Energy Drinks Among Youth and Young Adults in Canada*,<sup>11</sup> highlighted the following figures: 73.6% of Canadian youth and young adults (age 12–24) surveyed had consumed CEDs. Half of ever-consumers (and most youth) had consumed ≤ 5 CEDs in their lifetime. Past-week CED prevalence was 15.6%, highest among males, Aboriginals, BC residents. 16.0% of ever-consumers reported exceeding two CEDs in a day (above the guidance for maximum).

A European study revealed that energy drinks were mostly consumed by teenagers, who were responsible for almost 70% of the sales in Europe.<sup>12</sup>

Data from the August 2016 Monitoring the Future Study in the U.S.A., reported approximately 30% of high school students surveyed consumed energy drinks.<sup>13</sup>

Recent Canadian student surveys tell a similar story. Since the question was asked in Ontario student surveys, energy drinks rank in second place only to alcohol, as the most common used substance by students overall. Here is a sampling of the results:

2015 Ontario Drug Use Survey: Energy drinks rank in first place as the most common drug used by grades 7&8 and in second place at 40% overall, for grades 9-12, or 35% overall for grades 7-12. (Males 41%, females 29%, significant increases with grade from 19% in grade 7 to 46% in grade12)<sup>14</sup>

2010-2011 Quebec Health Survey of secondary school students: 43% of young people have consumed energy drinks.<sup>15</sup>

2012 Nova Scotia Student Drug Use Survey: more than six in ten students (64.3%) used an energy drink at least once in the 12 months prior to the survey. (Average of grades 7, 9, 10 & 12)<sup>16</sup>

2012 Newfoundland and Labrador Student Drug Use Survey: 61.6% overall reported using energy drinks in the past year.<sup>17</sup>

### **RESEARCHERS AND HEALTH PROFESSIONALS ARE CALLING FOR REGULATION**

My concerns are not in isolation. Many health professionals have spoken out about the need for regulation of energy drinks. I have attached a letter from the Canadian Medical Association highlighting their policy position and yearly adopted resolutions on energy drinks. Here are several other recent examples:

- World Health Organization researchers call for a restriction of labelling and sales of energy drinks to children and adolescents. (2014)<sup>18</sup>
- 18 doctors, researchers and health experts jointly urged the FDA to take action on energy drinks to protect children and adolescents. (2013)<sup>19</sup>
- The Rudd Center for Food Policy & Obesity stated that energy drinks are emerging as a public health threat and are increasingly consumed by youth internationally. (2013)<sup>20</sup>
- New Brunswick's chief medical officer of health is concerned about a survey that shows many teens are consuming energy drinks. (2013)<sup>21</sup>
- The Canadian Medical Association is calling on provincial and federal governments to ban the sale of energy drinks to people under 19. (2013)<sup>22</sup>
- The American Medical Association said it would support a ban on the marketing of energy drinks to children under 18. (2013)<sup>23</sup>
- The American Academy of Family Physicians will push the federal government to ban the sale of energy drinks to those less than 18 years old. (2013)<sup>24</sup>
- Doctors Nova Scotia asked the province to bring in a law banning the sale of caffeinated energy drinks to those under 19. (2012)<sup>25</sup>
- The Eastern Ontario Health Unit has asked that the drinks not be available to people less than 18 years old, further, impose rules on the marketing of the drinks, and make it mandatory to advertise possible side effects. (2012)<sup>26</sup>
- The American Academy of Paediatrics states that "Caffeine and other stimulant substances contained in energy drinks have no place in the diet of children and adolescents." (2011)<sup>27</sup>

## **WHAT ARE OTHER JURISDICTIONS DOING?**

Over the past few years, a number of jurisdictions have imposed age restrictions on the sale of energy drinks, including: Lithuania<sup>28</sup>, Mexico<sup>29</sup>, United Arab Emirates<sup>30</sup> and Latvia.<sup>31</sup> Stiff regulations are in effect in Saudi Arabia, where drinks have to display specific warning signage and be separate from other beverages. Further, no marketing or advertising is permitted, including sampling<sup>32</sup>. In Long Island, New York, recent legislation protects minors by banning the sale/distribution of energy drinks at county parks, prohibiting direct mail advertising and samples to minors and establishing a public education campaign.<sup>33</sup>

## **WHAT HAS BEEN DONE IN CANADA?**

Recognizing the growing concerns expressed by critics over the questionable nature of energy drinks, and the reports of abusive marketing to youth, Health Canada convened an energy drink expert panel, in the fall of 2010. The expert panel came back with some very strong recommendations.<sup>34</sup>

### ***The Panel's recommendations included:***

1. Changing the name to "stimulant drug containing drinks"
2. Maintaining them as NHP's or moving them to the drug category
3. Ensure that the products are not marketed to those less than 18 years
4. Limit caffeine concentration to 80 mg/serving
5. Create stiff penalties to ensure compliance
6. Licence these drinks for use by those over the age of 18 years only

In the fall of 2011, Health Canada ignored most of the panel's recommendations when they announced the new management of energy drinks.<sup>35</sup>

### ***Highlights of Health Canada's new management (fully transitioned December 31, 2013):***

1. Added "Caution High Caffeine Content" warning requirement. Found in small print on cans inspected. Labeling is required to meet the food standards and display specific warnings.
2. They left energy shot regulation unaffected in the Natural Health Product's category, and moved energy drinks to the food category.
3. Industry was directed to create a code of practice regarding marketing and advertising to children. To date, there has been no change in the marketing code. Industry continues to "claim" not to sample to children under 12-years of age.
4. Limit caffeine to 180mg/serving.
5. No penalties. Energy drinks are under a Temporary Marketing Authorization (T.M.A.), which could result in future regulatory changes.
6. No stipulation in effect.

The expert panel noted that there is little information regarding the potential long-term health effects of energy drinks and the lack of documented consumption patterns by children and youth. Critics of the changes have concern that a caffeine limit of 180 mg is far above the daily limit for children, as well as many developing teenagers. Further, there are a number of reports that industry has marketed to minors/children in the past. There is fear that leaving it as an industry developed code of practice without stiff consequences, will leave children vulnerable to continued marketing exposure.

### **WHAT CAN THE CITY OF TORONTO DO?**

I feel that I have shown convincingly, that energy drinks are the worst case example of the marketing of an unhealthy and potentially dangerous product, to children and youth.

The Toronto Public Health report recommendations are not enough to deal with this potentially dangerous situation. Our children deserve a precautionary approach.

To properly mitigate the risk to children and youth we need to implement the following:

- 1) Ban the sale of energy drink to those under 19 years of age.
- 2) Regulate, with stiff penalties, marketing and advertising to minors.
- 3) Foster awareness, through point of sale warning signage, separate shelf placement and education programs.

Although there are a jurisdictional limits to the initiatives that can become law at the municipal level, Toronto can take action to achieve these vital goals. Here are several examples:

- 1) Ban the sale of energy drinks on City properties and agencies.
- 2) Ban sampling and marketing in the same way, including at city events.
- 3) Mandate an education plan in Toronto schools.
- 4) Implore higher levels of government to step up to the plate and do their part.

Toronto can follow the lead of other North American jurisdictions.

- Eighty Quebec municipalities have adopted regulations to ban the sale of energy drinks in public buildings.<sup>36</sup>
- Suffolk County Long Island New York has implemented strong local legislation to protect children, achieving the first three key points.<sup>37</sup>

There are no long-term studies to prove the safety of energy drinks. On the contrary, what is emerging strongly suggests a public health threat. Please consider this issue very seriously and support regulatory action to mitigate the risk energy drinks pose the children and youth of Toronto.

## MARKETING EXAMPLES



June 2010, marketing material reportedly handed out at Winnipeg high school graduations along with energy drink samples. (Courtesy of Winnipeg Free Press)<sup>38</sup>

**"Congratulations on finishing school! Now you are ready to spread your wings with Red Bull"**, reads a thick, diploma-like certificate given to at least 1,000 Winnipeg teens, some whom were under 18.

The certificate was rolled into a silver canister that contained two cans of Red Bull, a beverage that's laced with vitamins and caffeine. According to the product label, children should not consume Red Bull.

The Red Bull marketing material handed out to Winnipeg grads however uses language that clearly appeals to youths.

**"School's out forever!"** says the large faux certificate, decorated with an image of a flying bull " ... **After all of the stress of these past weeks, the first thing you should do is take a flight up to party heaven. "And Red Bull will give you the wings you need to get there."**



Red Bull Street Style -Soccer juggling competition, Canadian National Exhibition grounds, fall 2010. The event took place adjacent to a children's soccer kicking competition in the afternoon before a professional soccer game at BMO Field.



Local Toronto store, children's toy, finger board ramp (skateboard), by tech-dek advertising Red Bull energy drink and their website link. This was a 2010 Christmas gift, to my 6-year-old nephew.



Toronto International Auto Show, March 2017. In the background the lineup of young children can be seen waiting their turn on the ride.



Red Bull Stratos Exhibit at the Ontario Science Centre October 9, 2015 – January 11, 2016. (Lower picture of exhibit is from Science World Vancouver, the next stop for the exhibit after the Ontario Science Centre) This exhibit exposed thousands of children to the Red Bull name and logo, associating Red Bull with extreme human achievement.



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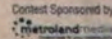


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Local Durham newspaper, February 2016.

- <sup>1</sup> <http://www.samhsa.gov/data/2k13/DAWN126/sr126-energy-drinks-use.pdf>
- <sup>2</sup> <http://www.dailymail.co.uk/health/article-3432147/Two-energy-drinks-day-increases-risk-heart-palpitations-fast-heart-rate-chest-pain-healthy-people.html>
- Abstract: [http://www.internationaljournalofcardiology.com/article/S0167-5273\(15\)30918-9/abstract](http://www.internationaljournalofcardiology.com/article/S0167-5273(15)30918-9/abstract)
- <sup>3</sup> <http://www.adelaidenow.com.au/news/national/poisoning-link-to-caffeinated-energy-drinks/story-e6frea8c-1226244921270>
- <sup>4</sup> Science Centre website: <http://www.ontariosciencecentre.ca/>
- <sup>5</sup> Car #82 in pictures: <https://www.canadaswonderland.com/rides/Worlds-Best-Kids-Area/Peanuts-500>
- <sup>6</sup> <http://www.healthcanal.com/public-health-safety/57578-beverage-companies-still-target-kids-with-marketing-for-unhealthy-sugary-drinks.html>
- <sup>7</sup> Red Bull Doggie Flap cartoon commercial –viewed on The Amazing Race, Canada, finale: <http://energydrink-us.redbull.com/commercial#video/2700222383001>
- <sup>8</sup> <http://www.canadianbeverage.ca/wp-content/uploads/2016/01/CBA-Energy-drinks-Code-FINAL-English.pdf>
- <sup>9</sup> <http://www.hc-sc.gc.ca/fn-an/legislation/acts-lois/list-tmal-rpsn-eng.php>
- <sup>10</sup> [http://www.britishtsoftdrinks.com/write/MediaUploads/Soft%20Drinks/Revised\\_Energy\\_Drinks\\_Code\\_of\\_Practice\\_270415.pdf](http://www.britishtsoftdrinks.com/write/MediaUploads/Soft%20Drinks/Revised_Energy_Drinks_Code_of_Practice_270415.pdf)
- <sup>11</sup> <http://www.sciencedirect.com/science/article/pii/S2211335516301450>
- <sup>12</sup> <http://www.efsa.europa.eu/en/search/doc/394e.pdf>
- <sup>13</sup> <https://www.ncbi.nlm.nih.gov/pubmed/27341690>
- <sup>14</sup> [http://www.camh.ca/en/research/news\\_and\\_publications/ontario-student-drug-use-and-health-survey/Documents/2015%20OSDUHS%20Documents/2015OSDUHS\\_Highlights\\_DrugUseReport.pdf](http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2015%20OSDUHS%20Documents/2015OSDUHS_Highlights_DrugUseReport.pdf)
- <sup>15</sup> [http://www.stat.gouv.qc.ca/enquetes/sante/eqsjs\\_an.html](http://www.stat.gouv.qc.ca/enquetes/sante/eqsjs_an.html)
- <sup>16</sup> <http://novascotia.ca/dhw/publications/Student-Drug-Use-Survey-Report.pdf>
- <sup>17</sup> [http://www.health.gov.nl.ca/health/publications/Drug\\_Survey.pdf](http://www.health.gov.nl.ca/health/publications/Drug_Survey.pdf)
- <sup>18</sup> <http://journal.frontiersin.org/Journal/10.3389/fpubh.2014.00134/full>
- <sup>19</sup> [http://graphics8.nytimes.com/packages/pdf/business/BestofScienceletter\\_v22.pdf](http://graphics8.nytimes.com/packages/pdf/business/BestofScienceletter_v22.pdf)
- <sup>20</sup> <http://www.ncbi.nlm.nih.gov/pubmed/23486464>
- <sup>21</sup> <http://www.cbc.ca/player/News/Canada/NB/ID/2387428335/>
- <sup>22</sup> [https://www.ema.ca/Fn/Pages/2013-resolutions.aspx\\_Resolved%2066,%2067](https://www.ema.ca/Fn/Pages/2013-resolutions.aspx_Resolved%2066,%2067)
- <sup>23</sup> <http://www.reuters.com/article/2013/06/18/ama-energydrinks-idUSL2N0EU22120130618>
- <sup>24</sup> <http://www.familypracticenews.com/news/practice-trends/single-article/3afp-votes-to-ban-energy-drink-sales-to-kids/174d1ba4e1f43a9435fd5988bc94a37c.html>
- <sup>25</sup> <http://thechronicleherald.ca/novascotia/155533-doctors-nova-scotia-seeks-ban-on-energy-drinks-for-kids>
- <sup>26</sup> <http://www.cbc.ca/news/canada/ottawa/renewed-calls-for-energy-drink-laws-amid-u-s-health-probe-1.1147233>
- <sup>27</sup> <http://pediatrics.aappublications.org/content/early/2011/05/25/peds.2011-0965.full.pdf+html>
- <sup>28</sup> <http://rt.com/news/201727-energy-drinks-ban-minors-lithuania/>
- <sup>29</sup> <http://www.foodnavigator-usa.com/Regulation/Mexican-energy-drinks-regulations-could-stunt-innovation-Euromonitor>
- <sup>30</sup> <http://gulfnews.com/news/gulf/uae/general/energy-drink-age-limit-under-review-1.1384054>
- <sup>31</sup> [http://www.sorainen.com/legal/newsflash/2016/lt-faf-feb-2016/en.html#en\\_6](http://www.sorainen.com/legal/newsflash/2016/lt-faf-feb-2016/en.html#en_6)
- <sup>32</sup> <http://gulfnews.com/news/gulf/saudi-arabia/energy-drink-sale-restrictions-applied-1.1345205>
- <sup>33</sup> <http://www.northshoreoflongisland.com/Articles-News-i-2013-03-21-95600.112114-sub-Suffolk-County-bans-marketing-of-energy-drinks-to-minors.html>
- <sup>34</sup> [http://hc-sc.gc.ca/dhp-mps/prodnatur/activit/groupe-expert-panel/report\\_rapport-eng.php](http://hc-sc.gc.ca/dhp-mps/prodnatur/activit/groupe-expert-panel/report_rapport-eng.php)
- <sup>35</sup> [http://www.hc-sc.gc.ca/fn-an/alt\\_formats/pdf/securit/addit/cal/eed-response-hcc-eng.pdf](http://www.hc-sc.gc.ca/fn-an/alt_formats/pdf/securit/addit/cal/eed-response-hcc-eng.pdf)
- <sup>36</sup> <http://www.cqpp.qc.ca/fr/nos-priorites/villes-en-sante/initiatives/>
- <sup>37</sup> <http://www.northshoreoflongisland.com/Articles-News-i-2013-03-21-95600.112114-sub-Suffolk-County-bans-marketing-of-energy-drinks-to-minors.html>
- <sup>38</sup> <http://www.winnipegfreepress.com/arts-and-life/life/red-bulls-free-samples-creating-negative-buzz-100418139.html>



February 6, 2017

Mr. James Shepherd

Scarborough, ON

Dear Mr. Shepherd:

First, please accept my sympathy on the loss of your son Brian. I am writing to outline the policy position of the Canadian Medical Association (CMA) with respect to energy drinks and their sale to minors. Since 2007 delegates to the annual meetings of CMA General Council have brought forward several resolutions on energy drinks that have been adopted and these are printed below:

GC 07-107 The Canadian Medical Association calls for governments to develop regulations regarding the composition and concentration of ingredients in energy drinks.

GC 10-78 The Canadian Medical Association, in collaboration with provincial/territorial medical associations, urges governments to ensure that liquor boards and other relevant bodies comply with existing Health Canada regulations for the sale of pre-mixed alcoholic energy drinks.

GC 10-80 The Canadian Medical Association supports the inclusion of energy drinks under the Food and Drug Regulations of Canada's Food and Drugs Act to allow for the regulation, limitation and listing of caffeine content in energy drinks.

GC 13-93 The Canadian Medical Association supports a ban on the sale of energy drinks to Canadians younger than the legal drinking age in their jurisdiction.

GC 13-94 The Canadian Medical Association will conduct an analysis with recommendations on the effect of industry advertising promoting the consumption of alcohol and energy drinks on the youth of Canada

GC 14-30 The Canadian Medical Association will recommend that the Canadian Pharmacists Association, National Association of Pharmacy Regulatory Authorities, and Canadian Association of Chain Drug Stores introduce a voluntary ban on the sale of energy drinks to minors.

As you will know there has been some movement in these directions. In December, 2013 Health Canada issued guidance for the Temporary Marketing Authorization of Certified Energy Drinks [http://www.hc-sc.gc.ca/fn-an/alt\\_formats/pdf/legislation/guide-ld/guidance-caf-drink-boiss-tma-amt-eng.pdf](http://www.hc-sc.gc.ca/fn-an/alt_formats/pdf/legislation/guide-ld/guidance-caf-drink-boiss-tma-amt-eng.pdf) that sets out an upper limit on the concentration of caffeine and prohibits alcohol content.



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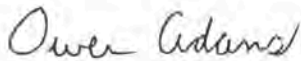
Page 2 – Mr. James Shepherd

With regard to a ban on the sale of energy drinks to minors two resolutions have been adopted. The motivation for the second one (2014) was the leadership that pharmacies showed when they voluntarily stopped selling tobacco products over the course of several years.

A ban on the sale of energy drinks to minors below the legal drinking age continues to be the position of the CMA.

In closing, please accept my best wishes for success for your continued advocacy in this area.

Sincerely,

A handwritten signature in cursive script that reads "Owen Adams".

Owen Adams, PhD  
Chief Policy Advisor

## OPEN LETTER

March 14, 2017

His Worship Jim Watson  
110 Laurier avenue west  
Ottawa, ON K1P 2J1

### **Re: Red Bull Crashed Ice - Marketing Energy Drinks to Children and Youth.**

Dear Mayor Watson,

On January 6, 2008, my 15-year-old son Brian died after suffering an unexplained arrhythmic event. Earlier that day, he consumed an energy drink sample which he reportedly received from Red Bull representatives during a sports tournament. I suspect that the energy drink was contributory to his death, if not the whole cause. I have attached the details of his death for your perusal. Since the fall of 2008, I have advocated with all levels of government requesting the implementation of appropriate regulations to curtail abusive advertising and marketing, and further, to ban the sale of energy drinks to minors.

In November 2013, I applauded the City of Ottawa's actions in removing energy drinks from all vending machines in City-owned recreation centres. In a news report, Councillor Stephen Blais commented that this was done in support of the calls for ban-of-sales to minors, by major medical groups such as the Canadian Medical Association. Numerous credible medical groups and researchers consider energy drinks an emerging public health threat, in particular to children and youth.

In sharp contrast, I was disheartened by the reports that the City of Ottawa partnered with Red Bull, for the Crashed Ice event. Red Bull events of this nature associate extreme sport, with the Red Bull name and logo, in front of the many young families that are generally in attendance. Events like this do attract children and youth to Red Bull's marketing, as was indicated by Guy Laflamme, Ottawa 2017 executive director, when he reportedly stated *"This will show a modern, edgy and appealing image for youth [toward] this heritage site."*<sup>1</sup>

***The City of Ottawa put the health of young Canadian's in the back seat to the City's estimated economic gain of more than \$10 million, and to the profits of Red Bull.***

Even more concerning was your quote in the Ottawa Citizen,<sup>2</sup> *"So I have no concerns about that at all. And I'm a former Minister of Health Promotion. I would tell you if I did."* In my dialogue since 2008, with the Ontario Ministry of Health, as well as the current Health Promotion Division, they continue to express great interest in the emerging body of evidence. Health

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<sup>1</sup> CBC News Ottawa, January 21, 2016 <http://www.cbc.ca/news/canada/ottawa/red-bull-crashed-ice-ice-cross-championship-coming-to-ottawa-in-2017-1.3413866>

<sup>2</sup> Ottawa Citizen, City Hall Blog: Mayor has no concerns about partnering with Red Bull  
<http://ottawacitizen.com/news/local-news/city-hall-blog-mayor-has-no-concerns-about-partnering-with-red-bull>

Canada has examined this issue at length. They convened an Expert Panel in the fall of 2010, which made very strong recommendations. Unfortunately, most of their recommendations were ignored by the Harper government. Energy drinks are now in a special category and Health Canada requires all energy drink distributors to apply for a Temporary Marketing Authorization (TMA), in order to sell their products in Canada.

Energy drink marketers utilize a host of subtle and deceptive methods to market and advertise their products to children and youth.<sup>3</sup> In addition to a previous Crashed Ice event in Niagara Falls, in 2012,<sup>4</sup> I have witnessed a teen receive a Red Bull energy drink sample in a municipal recreation centre parking lot; seen energy drink logos on children's toys and stickers; observed a Red Bull soccer juggling competition on C.N.E grounds; and I learned of a Red Bull decorated race car in the kiddie section of Canada's Wonderland.<sup>5</sup> In 2015, the Ontario Science Centre exposed thousands of children and youth to the Red Bull name and logo, with the Red Bull Stratos exhibit,<sup>6</sup> associating Red Bull with extreme human achievement.

While the City of Ottawa is assisting in the marketing of energy drinks to children and youth, the Toronto Board of Health (BOH) will be exploring a report from Toronto Public Health,<sup>7</sup> on the subject of keeping minors safe from these drinks, in the City. On March 20, 2017, the BOH meeting is set to explore this topic, which is a result of a 2014 Council Member Motion 55.48.<sup>8</sup>

Ottawa is providing Red Bull a podium, to market an unhealthy and potentially dangerous product. This is simply wrong. Even more disturbing is the report that you hope to host the event again in 2020.<sup>9</sup> I implore the Ottawa City Council to work with Ottawa Public Health, to ensure that a partnership of this nature never takes place in Ottawa again. Every level of government in Canada has to step up to the plate, and do their part, to mitigate the risk that energy drinks, and their abusive marketing, pose to children and youth. Please feel free to contact me if I can be of any assistance in this important issue.

Yours truly,



James Shepherd  
Scarborough, Ontario  
[aboutenergydrinks@yahoo.ca](mailto:aboutenergydrinks@yahoo.ca)

cc: Toronto Board of Health, Ottawa Councillor Stephen Blais, Toronto Councillor Glenn De Baeremaeker, various media outlets

<sup>3</sup> Red Bull faux - high school diploma: <http://www.winnipegfreepress.com/local/red-bulls-free-samples-creating-negative-buzz-100418139.html>

Red Bull commercial: <https://www.youtube.com/watch?v=ZdxLr4GaGpU>

Energy drink marketers solicit Toronto students: <http://globalnews.ca/news/651307/energy-drink-company-soliciting-students-to-sell-products-tdsb/>

[http://www.redbullcrashedice.com/en\\_IN/T/gallery/red-bull-crashed-ice-rocks-niagara-falls](http://www.redbullcrashedice.com/en_IN/T/gallery/red-bull-crashed-ice-rocks-niagara-falls)

<sup>4</sup> Car #82 in pictures: <https://www.canadaswonderland.com/rides/Worlds-Best-Kids-Area/Peanuts-500>

<sup>5</sup> Toronto For Kids website: <http://www.toronto4kids.com/October-2015/Red-Bull-Stratos-lands-at-the-Ontario-Science-Centre/>

<sup>6</sup> Toronto BOH website <http://app.toronto.ca/tmmis/decisionBodyProfile.do?function=doPrepare&decisionBodyId=1031#Meeting-2017.HL.17>

<sup>7</sup> Copy of motion: <http://www.toronto.ca/legdocs/mmis/2014/mm/bgrd/backgroundfile-72977.pdf>

<sup>8</sup> CBC News, March 5, 2017 <http://www.cbc.ca/news/canada/ottawa/crashed-ice-world-championship-ottawa-1.4010759>

**To:** All Members  
Board of Health

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

**Subject:** Correspondence for Information

**Date:** June 14, 2017

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**Proposed Recommendation:**

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

- a. Email dated May 3, 2017 from Dr. Howard Njoo, Deputy Chief Public Health Officer Canada and Acting Assistant Deputy Minister, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada, in response to the former Board Chair's letter dated September 20, 2016, regarding Lyme disease.
- b. Letter dated May 30, 2017 from the Board Chair to Ministers Philpott and Qualtrough regarding the Truth and Reconciliation Commission's Calls to Action #89.
- c. Letter dated May 31, 2017 from Dr. Salvaterra to the Poverty Reduction Strategy Office regarding Ontario's Food Security Strategy.
- d. Letter dated June 1, 2017 from the Board Chair to Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care (MOHLTC) regarding the draft Public Health Accountability Framework and Organizational Requirements.
- e. Letter dated June 6, 2017 from the Board Chair to local municipal and First Nation Councils regarding the Peterborough Food Charter.\*
- f. Letter dated June 7, 2017 from the Board Chair to Minister Hoskins regarding the Healthy Menu Choices Act.\*
- g. Letter dated June 7, 2017 from the Board Chair to Minister Philpott regarding the Federal Opioid Strategy.\*

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

- h. Email newsletter dated May 18, 2017.

- i. Email dated May 29, 2017 regarding a retirement announcement for Linda Stewart, Executive Director.

Letters/Resolutions from other Health Units:

Cannabis and the Smoke-Free Ontario Act

- j. Elgin St. Thomas

Healthy Babies Healthy Children Program Targets and Funding

- k. Wellington Dufferin Guelph

Opioids

- l. Algoma
- m. Middlesex London

*\*Enclosures previously circulated and available upon request.*



**From:** PHACPresident-Correspondence-PrésidenteACSP-Correspondance [<mailto:cpho-acsp@phac-aspc.gc.ca>]

**Sent:** Wednesday, May 03, 2017 12:56 PM

**To:** Alida Gorizzan

**Subject:** Response from Public Health Agency of Canada

Dear Mr. McDonald:

Thank you for your correspondence of [September 20, 2016](#), addressed to the Honourable Jane Philpott, Minister of Health, concerning the Lyme disease. The Minister has asked me to reply on her behalf, and I sincerely regret the delay in responding.

First and foremost, please be assured that the Government of Canada recognizes that Lyme disease is emerging in many parts of the country and is committed to minimizing the public health risk associated with Lyme disease.

As part of our federal role, the Public Health Agency of Canada (PHAC) is working with provincial health authorities and other partners to address the risks of this disease through a number of activities, including enhanced national surveillance; and the development of information for public health practitioners on surveillance, prevention, and control.

PHAC, on behalf of the Government of Canada, is currently drafting a Federal Framework on Lyme disease and has hosted a conference with stakeholders to inform its development. All input received during our consultation is currently being reviewed and will be considered in the development of the final Framework, which will be published in May 2017. Areas of focus for action are identified in the Framework, and progress on actions will be reported on an ongoing basis.

I hope that my comments are helpful in clarifying the direction taken by the Public Health Agency of Canada to deal with Lyme disease as we continue in our efforts to protect Canadians. If you would like to discuss this further, please contact my Executive Assistant, Tammy MacDonald, by email at [tammy.macdonald2@canada.ca](mailto:tammy.macdonald2@canada.ca) to schedule a date and time.

Sincerely,

Howard Njoo MD, MHSc, FRCPC  
Deputy Chief Public Health Officer Canada and  
Acting Assistant Deputy Minister  
Infectious Disease Prevention and Control Branch  
Public Health Agency of Canada

c.c. Ms. Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock  
Dr. David Williams, Chief Medical Officer of Health, Ontario

May 30, 2017

Honourable Jane Philpott  
 Minister of Health  
 Health Canada  
 Address Locator 0900C2  
 Ottawa, ON K1A 0K9  
[jane.philpott@canada.ca](mailto:jane.philpott@canada.ca)

Honourable Carla Qualtrough  
 Minister of Sport and Persons with Disabilities  
 House of Commons  
 Ottawa, ON K1A 0A6  
[Carla.Qualtrough@parl.gc.ca](mailto:Carla.Qualtrough@parl.gc.ca)

Dear Ministers,

We are writing to you in your capacities as one of the two Ministers responsible for the Physical Activity and Sport Act. This act was identified by the Truth and Reconciliation Commission in its Calls to Action as one place where the federal government could promote physical activity for Indigenous peoples, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build the capacity within Canadian sports and recreation to be more inclusive (Call to Action #89).

The current objects of the legislation are numerous. Under the umbrella of encouraging, promoting and developing physical activity and sport in Canada, most of the stated objects appear relevant for purposes of Indigenous people inclusion. They are:

Object	Relevance
<i>(a) undertake or assist in research or studies in respect of physical activity and sport;</i>	✓
<i>(b) arrange for national and regional conferences in respect of physical activity and sport;</i>	✓
<i>(c) provide for the recognition of achievement in respect of physical activity and sport by the grant or issue of certificates, citations or awards of merit;</i>	✓
<i>(d) prepare and distribute information relating to physical activity and sport;</i>	✓
<i>(e) assist, cooperate with and enlist the aid of any group interested in furthering the objects of this Act;</i>	✓
<i>(f) coordinate federal initiatives related to the encouragement, promotion and development of physical activity and sport, particularly those initiatives related to the implementation of the Government of Canada's policy regarding sport, the hosting of major sporting events and the implementation of anti-doping measures, in cooperation with other departments or agencies of the Government of Canada;</i>	✓

<b>Object</b>	<b>Relevance</b>
<b>(g)</b> undertake or support any projects or programs related to physical activity or sport;	✓
<b>(h)</b> provide assistance for the promotion and development of Canadian participation in national and international sport;	✓
<b>(i)</b> provide for the training of coaches and any other resource persons to further the objects of this Act in relation to sport;	✓
<b>(j)</b> provide bursaries or fellowships to assist individuals in pursuing excellence in sport;	✓
<b>(k)</b> encourage the promotion of sport as a tool of individual and social development in Canada and, in cooperation with other countries, abroad;	✓
<b>(l)</b> encourage the private sector to contribute financially to the development of sport;	
<b>(m)</b> facilitate the participation of under-represented groups in the Canadian sport system;	✓
<b>(n)</b> encourage provincial and territorial governments to promote and develop sport;	✓
<b>(o)</b> coordinate the Government of Canada's initiatives and efforts with respect to the staging and hosting of the Canada Games; and	✓
<b>(p)</b> encourage and support alternative dispute resolution for sport.	

As the board of health for Peterborough, an area that includes two First Nations and a total Indigenous population of approximately 4,800, we feel that this call to action is worthy of attention and action.

We are interested in knowing whether your Ministries have initiated a process to review the current legislation in collaboration with representatives of Indigenous peoples in the light of Call to Action #89. If so, we would appreciate an update on your plan and progress.

Thanking you in advance for taking the time to respond to this enquiry,

Yours in health,

**Original signed by**

Mayor Mary Smith  
Chair, Board of Health

cc: Maryam Monsef, MP, Peterborough-Kawartha  
Kim Rudd, MP, Northumberland-Peterborough South  
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock

May 31, 2017

Poverty Reduction Strategy Office  
Ferguson Block, 6th Floor  
77 Wellesley St W  
Toronto, ON M7A 2T5  
Via e-mail: [PRSO@Ontario.ca](mailto:PRSO@Ontario.ca)

## Re: Ontario's Food Security Strategy

Peterborough Public Health (PPH) congratulates the Poverty Reduction Strategy Office for launching important initiatives that have potential to significantly impact the lives of Ontarians living in poverty. We are writing to offer comments on [Building Ontario's First Food Security Strategy – Discussion paper](#).

While supporting healthy eating and enhancing food systems are appropriate objectives for a Food Security Strategy, evidence indicates that actions in **these areas alone** will not reduce the prevalence of household food insecurity (HFI) in Ontario, identified as the immediate focus for the Strategy.

### Food Security is About Income Security

Evidence gathered by [PROOF: Food Insecurity Policy Research Program](#) shows that household food insecurity (HFI) is not a food-based problem and cannot be impacted by food system enhancements or food access interventions at the community level.<sup>1</sup> HFI is strongly correlated with low income; therefore making provincial and federal interventions to improve financial security the only responses that have proven efficacy to significantly reduce its prevalence. Income-based responses to HFI will not differ across regional or cultural communities and a collective impact approach to the problem of HFI is impractical. We would propose that if there is a strong and coordinated government led effort to address income and housing security as a foundation, a community-led intervention to address food literacy, food access and inclusion can be successfully added as a complementary approach to build synergy and success.

The PPH Board of Health has supported resolutions related to the need for basic income guarantees. They also endorsed the Ontario Society of Nutrition Professionals in Public Health's Position Statement on Responses to Food Insecurity that recommends investigation of a basic income guarantee to effectively address household food insecurity.<sup>2</sup> This recommendation was based on research demonstrating a 50% decline in HFI among low-income seniors when they reach the age of 65 and become eligible for the Old Age Security pension and Guaranteed Income Supplement – a type of basic income.<sup>3</sup> PPH applauds the recent announcement of the Ontario Basic Income Pilot, representing a pivotal step forward, but we also recognize that interim measures must be taken over the next three years while the pilot is being implemented and evaluated.

**Social assistance reform is needed immediately** to address the high prevalence of food insecurity among Ontario Works and Ontario Disability Support Program recipients. PPH has requested updates on Social Assistance Reform and have also expressed our support for [Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#) that if passed, would provide a

means to reflect actual costs of basic living across Ontario. The effectiveness of social assistance reforms on reducing food insecurity prevalence by almost 50% was demonstrated in Newfoundland and Labrador between 2007 and 2011.<sup>4</sup>

### Community-led Programs and Responses to Food Security

PPH has worked closely with local organizations, citizens, municipal and provincial government on community food security and poverty reduction over the last 30 years. As Medical Officer of Health, I chair the Peterborough Food Action Network (PFAN), a working group of the Peterborough Poverty Reduction Network. We focus our work on a food security continuum that addresses short-term relief, capacity building and the important work of broader system change. Through both PFAN and as individual agencies, our community has developed food program responses, advocated for policy change and supported the need for new approaches to income solutions including social assistance reform and basic income. As outlined in the Discussion Paper: Building Ontario's First Food Security Strategy, Peterborough is an empowered community working together collectively with innovative initiatives, yet calculations based on the Canadian Community Health Survey for the PPH area shows that 16.5% of households are food insecure.<sup>5</sup>

As a practical example, a PPH-led Community Food Security Partnership Project which began in 2006 with provincial government funding, resulted in key programs, determined by existing evidence at that time, agency input and community member engagement with an emphasis on the social determinants of health. One program that evolved through this initiative led by PPH, *Come Cook With Us*, still continues with Board of Health resources. Although it began as a food security initiative, it is now framed as a food literacy program for vulnerable/priority populations. The one difference is that the program offers grocery store vouchers for participants to enable them to purchase ingredients for home preparation, hence addressing income insecurity at the same time.

We know through the annual assessment of the Ontario Public Health Standards Nutritious Food Basket Protocol that food costs locally have increased by 22% over the last 6 years.<sup>6</sup> By providing a voucher with our food literacy programs, we address one of the critical contributors to household food insecurity: poverty. Other barriers like the cost of transportation or the access to childcare that prevent the most food insecure clients from engaging in programs and services that can assist with food literacy, are also deliberately addressed in our programs. These all come at a cost and so sustainable funding to support programming for vulnerable populations is critical in order to not only offer opportunities, but to also address barriers to participation. The strategic use of food vouchers and farmer's market vouchers could be part of a provincial food security strategy that provides income relief to both the suppliers and purchasers of nutritious food.

As an organization, our local public health agency has shifted internal resources to support other proven community-based initiatives that support improved access to food. As an example, one of our Registered Dietitians has taken on the ordering function of the local JustFood Program (good food box program) on top of our commitment to supporting education and bi-monthly packing and distribution of food boxes to the community. Another works with Food For Kids Peterborough and County community partnership that has supported Student Nutrition Programs in local elementary and secondary schools for over 20 years. Dedicated volunteers provide healthy breakfasts and help to ensure that all students are able to attend classes well-nourished and ready to learn to their full potential. **Universal school nutrition programs** are an important intervention to address child food insecurity in a non-stigmatizing way that has other benefits, such as improved learning and behaviour in the classroom. **We would encourage the province to find ways to support universality.** We appreciate the ongoing financial support of the Ministry of Children and Youth

Services but sustainability of programs relies on community donors and volunteers. **We ask that as part of the Ontario Food Security Strategy, the province seeks partnerships with the federal government to make Student Nutrition Programs a fully funded program.**

PPH has supported connections between local farms and schools. With a small grant from the Greenbelt Foundation, we were able to deliver local food boxes to Student Nutrition Programs and pilot Farm to School presentations. There are plans through our local Healthy Kids Community Challenge to further connections to local farmers through a school-based “Thank a Local Farmer” campaign as part of our Local Food Month and Theme 3 “Choose to Boost Veggies and Fruits”. Building on these school programs, including Student Nutrition Programs is an important way to engage local growers and create dependable and significant markets for farmers. **We would recommend this as a component of a provincial food security strategy.**

We are also committed as a member of the collaborative project, “Nourish” that aims to grow a communal sense of belonging by eating, cooking, growing and advocating for healthy food in the context of more inclusive communities.<sup>7</sup> As Minister Ballard heard when he met with us prior to the community roundtable, food is a powerful community development tool, if it is prepared and shared in an inclusive way that promotes dignity.

From our first-hand experience in leading, partnering and supporting food programs, we are clearly aware that addressing income is critical to impact household food insecurity. While programs can support improved diet quality of the participant and increase food literacy (i.e., food skills, nutrition knowledge, food safety, social inclusion) they are not enough to reduce health inequities. If supporting food initiatives in empowered communities across Ontario becomes a key focus of the Ontario Food Security Strategy, it is critical to ensure that these initiatives are linked to improving income and housing security and that they are funded so that they can be sustained. Local public health agencies across the province are well-positioned to support this type of community work that is focused on improving food security for all.

### **The Need for Surveillance and Measurement**

We were disappointed to recently learn that Ontario was one of three provinces/territories that did not measure HFI in the 2015/2016 cycle of the Canadian Community Health Survey (CCHS). This was the first time since the Household Food Security Survey Module (HFSSM) was added to the CCHS in 2005 that Ontario has not measured HFI. This interruption in measurement will cause an information gap for evaluating policy interventions, such as the Basic Income Pilot and the Food Security Strategy, as well as monitoring the problem of HFI in Ontario and nationally given the substantial number of food insecure households in Ontario. As public health professionals, PPH appreciates the necessity to measure and monitor as both a way to understand a problem, but also as a way to evaluate one’s success. **We would hope that Ontario will reconsider its decision regarding the CCHS.** A recommendation to Health Canada and Statistics Canada that the HFSSM become core content for the CCHS will be put forth by the Ontario Society of Nutrition Professionals in Public Health since this is the only mechanism currently available to us for monitoring HFI.

Public health in Ontario is currently undergoing a modernization of its mandate. For close to ten years, every board of health has been assessing the local cost of food on an annual basis using the Nutritious Food Basket Protocol and Guidance Document to ensure consistent data collection methodology and implementation. The cost of a “Nutritious Food Basket” has been used in Peterborough to identify the inadequacies of social assistance and the provincial minimum wage to provide individuals and families with sufficient income with which to purchase healthy food. It is an important advocacy tool that the Board of Health receives yearly and

is utilized as local evidence by many community partners. We are concerned that a draft of our proposed programs scheduled to begin in 2018 does not specifically reference this important protocol and we would urge your government to maintain this within our mandate. The contribution that consistent and reliable food costing data make to equity focused public health practice is too important to lose.

As part of surveillance and measurement, set indicators, relevant to both food security as well as nutrition strategies, that can be used locally and then rolled up to produce provincial results that would be beneficial in measuring impact and success of a provincial Food Security Strategy.

The highest priority for Ontario's Food Security Strategy should be to make a strong impact on reducing the unacceptable level of HFI among Ontarians. This can be achieved through targeted policy interventions to reduce poverty. Your continued focus on achieving the goals of the provincial poverty reduction plan will be the best guarantee that food security in Ontario is strengthened.

Sincerely,

***Original signed by***

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

/ag

**References:**

<sup>1</sup> PROOF. PROOF – Research to identify policy options to reduce food insecurity [Internet]. 2017 [cited 2017 May 19]. Available from: <http://proof.utoronto.ca/>

<sup>2</sup> Ontario Society of Nutrition Professionals in Public Health. Position Statement on Responses to Food Insecurity Background. 2015 [cited 2017 May 19]; Available from: [www.osnp-ph.on.ca](http://www.osnp-ph.on.ca)

<sup>3</sup> Emery JCH, Fleisch VC, McIntyre L. How a Guaranteed Annual Income Could Put Food Banks out of Business. [cited 2017 May 19]; Available from: [www.policyschool.ca](http://www.policyschool.ca)

<sup>4</sup> Loopstra R, Dachner N, Tarasuk V. An Exploration of the Unprecedented Decline in the Prevalence of Household Food Insecurity in Newfoundland and Labrador, 2007–2012. Can Public Policy [Internet]. 2015 Sep [cited 2017 May 19];41(3):191–206. Available from: <http://utpjournals.press/doi/10.3138/cpp.2014-080>

<sup>5</sup> Silverman C, Chu M, Rothwell A, Kirby P, Haque M, Bassier-Paltoo M, et al. Prevention System 2016 Prevention System Quality Index Monitoring Ontario's Efforts in Cancer Prevention. Cancer Care ontario [Internet]. 2016 [cited 2017 May 18]; Available from: [www.cancercare.on.ca](http://www.cancercare.on.ca)

<sup>6</sup> Peterborough Public Health. Limited Incomes:A Recipe for Food Insecurity [Internet]. Peterborough; 2016. Available from: <http://www.peterboroughpublichealth.ca/wp-content/uploads/2011/09/2016-NFB-Limited-Incomes.pdf>

<sup>7</sup> Nourish. Nourish Project [Internet]. 2017 [cited 2017 May 19]. Available from: <http://nourishproject.ca/>

June 1, 2017

Roselle Martino  
Assistant Deputy Minister  
Population and Public Health Division  
Ministry of Health and Long-Term Care  
[roselle.martino@ontario.ca](mailto:roselle.martino@ontario.ca)

Dear Ms. Martino,

Thank you for the opportunity to provide comments on the draft Public Health Accountability Framework and Organizational Requirements. The stated need of demonstrating value for public expenditures and making a case for public health is fully supported by the Board of Health and we appreciate your efforts in this regard. Accountability for any public agency is fundamental and finding the right balance between planning, monitoring and reporting, and the delivery of programs is an important consideration.

Achieving appropriate levels of integration, using resources effectively, and providing transparency with respect to activities and outcomes are desirable objectives for all. The Ministry, with advice from the field, has developed a comprehensive and well-articulated framework and set of requirements. We were pleased to see that you have identified the need for an integrated surveillance strategy across the province and a repository of information at the provincial, regional and local level to support implementation. We were also pleased to see the recognition of plans to: identify where exceptions may be warranted, and mitigation strategies to address capacity challenges where appropriate; and identify specific training needs of both board members and local public health agency (LPHA) staff as appropriate.

The Board acknowledges the need for all of the requirements identified and believes that Peterborough Public Health is already doing quite well in meeting these standards. We also want to stress, however, that as a smaller LPHA, the expectations set for degree or timelines of implementation for new areas of work or reporting requirements will challenge us. The merit of these activities is not questioned; we are simply identifying that we may need “to address capacity challenges” as noted above. We want to encourage support from the provincial level wherever that is appropriate.

We appreciate the challenges in creating standards that meet all needs and commend you for the work you have done and we look forward to continuing to work collaboratively on a demonstrating accountability within public health.

Yours truly,

***Original signed by***

Mayor Mary Smith  
Chair, Board of Health



June 6, 2017

**ATTENTION: Councils For:**

Curve Lake First Nation  
Hiawatha First Nation  
Township of Asphodel-Norwood  
Township of Cavan Monaghan  
Township of Douro-Dummer  
Township of Havelock-Belmont-Methuen  
Township of North Kawartha  
Township of Otonabee-South Monaghan  
Township of Selwyn  
Municipality of Trent Lakes  
City of Peterborough  
County of Peterborough

**Re: Peterborough Food Charter**

In September 2015, the Bruce Grey Food Charter was shared with the Board of Health through correspondence from Grey-Bruce Public Health. At the direction of the Board of Health, Registered Dietitians in the Nutrition Promotion Program of Peterborough Public Health have worked locally with key partners and interested community members to adapt this food charter to best reflect the interests and needs of community members. We are pleased to share this now with you.

A food charter is “a value, vision, or principle statement and/or a series of goals developed by a city, town or region that has a broad base of support and describes what a community wants their food system to look like”.<sup>1</sup> A recent discussion paper on food charters, prepared for the North Bay Parry Sound District Health Unit notes that food charters can raise awareness and education about food issues and form a basis for action, and provide a platform for connecting existing projects across local municipalities.<sup>2</sup>

Food charters are typically aspirational in wording and often include:

- advocacy for nutritious and affordable food for all community members,
- recognition of the fundamental need for food security,
- acknowledgement that food and food production is a vital component of a community’s economic development framework, and,
- encouragement for a unified and cohesive celebration of food, cultures and community.<sup>3</sup>

Food charters have also been highlighted as a best practice in the area of strategy and governance for municipal work related to local food systems. Food charters are important to identify key values and priorities for developing a sustainable food system that combines vision statements, principles and goals for coordinated municipal food strategy.<sup>4</sup>

At the May 10, 2017 meeting of the Board of Health of Peterborough Public Health, a staff report entitled *Development of a Local Food Charter* was received for information and the Board of Health endorsed the Peterborough Food Charter (see enclosure) as a vision for a local food system.<sup>5</sup> The food charter will also be shared with the Sustainable Peterborough Coordinating Committee in June 2017.

We are pleased to share this information with you as a locally-elected decision maker. If you would like more information about the local food charter and next steps, please contact Carolyn Doris, Registered Dietitian at [cdoris@peterboroughpublichealth.ca](mailto:cdoris@peterboroughpublichealth.ca) or 705-743-1000 ext. 251.

Yours in health,

***Original signed by***

Mary Smith  
Chair, Board of Health

/ag  
Encl.

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<sup>1</sup> Dillon Consulting Limited. Food Charter Discussion Paper (North Bay Parry Sound District Health Unit) [Internet]. 2013 [cited 2017 Apr 13]. Available from: [http://myhealthunit.ca/en/resources/Food\\_Charter\\_Discussion\\_Paper\\_FINAL\\_Revised\\_March\\_13\\_2014.pdf](http://myhealthunit.ca/en/resources/Food_Charter_Discussion_Paper_FINAL_Revised_March_13_2014.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Deloitte LLP. Best practices in local food A guide for municipalities [Internet]. 2013 [cited 2017 Apr 13]. Available from: <https://www.amo.on.ca/AMO-PDFs/Reports/2013/2013BestPracticesinLocalFoodAGuideforMunicipalitie.aspx>

<sup>5</sup> Peterborough Food Charter Our Local Food System: Healthy, Sustainable and Just Food For All [Internet]. Peterborough; 2017 [cited 2017 May 29]. Available from: <http://www.foodinpeterborough.ca/wp-content/uploads/2017/05/170508-PTBO-Food-Charter.pdf>

June 7, 2017

The Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
[ehoskins.mpp@liberal.ola.org](mailto:ehoskins.mpp@liberal.ola.org)

Dear Minister Hoskins:

**Re: Assessment of the Healthy Menu Choices Act**

On behalf of our Board of Health, I am writing to you in support of the Leeds, Grenville and Lanark District Health Unit's call for transparency regarding the indicators of success of the newly implemented Healthy Menu Choices Act. Our Board believes that it is important to equip consumers to make informed food choices. Given the significant investment of resources it takes to implement the Healthy Menu Choices Act at a local level, we request that the provincial government communicate to all stakeholders how the impact of the Act will be assessed.

In addition to indicators of success of the newly implemented act, our board requests transparency regarding the evaluation of related promotional activities and campaigns led by the Ministry of Health and Long-Term Care. Possible considerations to evaluate include:

- the effectiveness of emphasizing calories (rather than a whole foods approach, emphasizing the importance of a variety of nutrients, from minimally processed foods);
- the effects of the marketing campaign comparing equally unhealthy choices, and use of messages with sexual overtones (e.g., food items stripping);
- short and long term effectiveness of act on choices made by Ontarians;
- possible adverse effects of labelling of calories alone in relation to disordered eating patterns and promoting healthy relationships with food; and
- accuracy of calories displayed on menus compared to what consumers are purchasing.

Our board of health is committed to protecting and promoting the health and well-being of our residents. We are supportive of evidence based interventions that accomplish health goals and would welcome information regarding the evaluation of both the Healthy Menu Choices Act, and the approach taken to promote Ministry-led awareness activities that support our local efforts.

Yours in health,



Mayor Mary Smith  
Chair, Board of Health

/ag  
Encl.

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

June 7, 2017

The Honourable Dr. Jane Philpott  
Minister of Health  
Government of Canada  
House of Commons  
Ottawa, ON K1A 0A6  
[Hon.Jane.Philpott@Canada.ca](mailto:Hon.Jane.Philpott@Canada.ca)

Dear Minister Philpott:

**Re: Moving forward on the Federal Opioid Strategy**

On behalf of our Board of Health, I am writing to express our support of moving the Federal Opioid Strategy forward and to further develop the recommendations within the federal document entitled "[Action on Opioid Misuse](#)".

Our Board believes that a fulsome federal opioid strategy, with targets, timelines and deliverables will support the work happening both locally and provincially to decrease opioid-related harm and commend the commitments you have made as part of the federal action on opioids. Building on the recommendation made by the Simcoe Muskoka District Health Unit Board of Health, our Board also strongly urges the federal government to encourage the Ontario Ministry of Health & Long-Term Care to follow suit with setting targets, timelines and deliverables on their commitment as part of the Joint Statement of Action to address the Opioid Crisis. This includes allocating appropriate resources to Ontario's Strategy to Prevent Opioid Addiction and Overdose to ensure there is reasonable capacity to respond and implement these recommendations, especially for front-line harm reduction workers.

Additionally, we were encouraged to learn of the Alberta Minister of Health's creation of an Opioid Emergency Response Commission, from a [media announcement](#) released on May 31, 2017. With a mandate of urgent and coordinated action to respond to the opioid crisis, the inclusion of a diverse group of representatives with strong expertise in evidence and experience, and dedicated funding, this Opioid Emergency Response Commission is a positive step forward to saving lives now, and a step we urge the federal government to encourage other provinces, including Ontario, to do the same.

Given the significant harms associated with opioid use, we appreciate the leadership and action you have taken to date at a federal level, and look forward to your continued leadership in supporting the provinces to move this work forward in alignment with federal efforts.

Yours in health,

***Original signed by***

Mayor Mary Smith  
Chair, Board of Health

/ag  
Encl

cc: Local MPs  
Local MPPs  
Dr. Theresa Tam, Interim Chief Public Health Officer  
Association of Local Public Health Agencies  
Ontario Boards of Health

**From:** info@alphaweb.org [mailto:info@alphaweb.org]  
**Sent:** Thursday, May 18, 2017 12:17 PM  
**To:** Alida Gorizzan  
**Subject:** alPHa Information Break - May 18, 2017



## Information Break

May 18, 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.*

### **2017 Annual Conference - June 11 to 13**

alPHa has planned an exciting conference, **Driving the Future of Public Health**, that will take place from June 11 to 13 at the [Chatham-Kent John D. Bradley Convention Centre](#), 565 Richmond St., Chatham, Ontario. Through an informative, timely [program](#), you will learn about change management in the context of health system transformation and participate in engaging breakout sessions on organizational change, balancing budgets, and age-friendly communities. Vote in the [Resolutions Session](#) and attend business meetings just for COMOH and [board of health members](#), among other activities. Register now, **before the Early Bird deadline of this Sunday, May 21, 11:59 PM!**

[Register and learn more about 2017 alPHa Annual Conference here](#)

[Coming early or staying after the conference? Check out Chatham-Kent's local attractions here.](#)

### **2017 Distinguished Service Awards (DSA)**

Congratulations to the following alPHa Distinguished Service Award recipients who have made significant contributions to public health:

**Maureen Cava**, Toronto Public Health  
**Bjorn Christensen** (retired), Niagara Region Public Health  
**Dick Ito** (retired), Simcoe Muskoka District Health Unit  
**Valerie Jaeger**, Niagara Region Public Health  
**Mary Johnson**, Board of Health, Eastern Ontario Health Unit  
**Cynthia St. John**, Elgin St. Thomas Public Health

The awards will be presented to the individuals above on June 12th during the annual conference's Awards Dinner, which will be held at the [Buxton Museum](#), a national historic site commemorating the Underground Railroad freedom movement of the 1800's.

[Learn more about the DSA and see a list of past recipients](#)

## **2017 Conference Sponsors & Exhibits**

This year's annual conference is generously supported by its sponsors and contributors. We gratefully acknowledge the following organizations and their support of alPHA and this event:

### Platinum Sponsors

[Ontario Neurotrauma Foundation](#)

[Public Health Ontario](#)

### Bronze Sponsors

**Mosey & Mosey Benefits**

**Sanofi Pasteur**

In addition to sponsors, we will have a number of exhibits on hand to enhance your conference experience. Learn about a host of public health-related services, products and initiatives by speaking to representatives from the following exhibiting organizations:

BORN Ontario  
Dieticians of Canada  
GSK  
Health Canada - Environmental Health Programs  
Heart & Stroke  
Home Care Supplies  
Mosey & Mosey Benefits  
Ontario Neurotrauma Foundation  
ParticipACTION  
Sanofi Pasteur

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## **Patients First Update**

Health system integration bulletins from the Province are available online to keep the public abreast of work supported by the *Patients First Act, 2016*.

[Read the latest \(May 12\) Health System Integration bulletin](#)

[Go to Health System Integration updates](#)

*Updated Public Health Standards* -- On March 17, alPHA wrote its initial response to the Ministry of Health and Long-Term's Standards for Public Health Programs and Standards Consultation Document. In addition to alPHA, individual boards of health have also submitted their feedback to the province on the updated Standards. These responses are now available on the alPHA website (see links below). alPHA continues to monitor developments on the Standards and related Patients First activities.

[Read alPHA's response to the OPHS Consultation Document](#)

[Visit alPHA's Public Health Standards Review page here](#) (login and password required)



## 2017 Fitness Challenge Winners

Each year aPHa holds its Annual Fitness Challenge in which Ontario's health units and their employees engage in some friendly competition to see which organization can involve the most number of staff in physical activity for 30 minutes. This year's Challenge was held on May 11th. Congratulations to the following 2017 aPHa Fitness Challenge winners for achieving 100% staff participation:

**Huron County Health Unit  
Northwestern Health Unit  
Sudbury & District Health Unit**

Honourable mention goes to Porcupine Health Unit. Winners will receive a plaque at the annual conference in June. A big thanks to all those who took up the Challenge!

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## aPHa Website Feature: Current Consultations

From time to time government calls on public health professionals and other members of the public to provide feedback on legislation, regulations, initiatives and projects. The province is currently interested in hearing from the public on its discussion paper focused on [increasing food security](#); the deadline to respond is May 31st.

[Visit aPHa's Current Consultations page here](#)

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## Upcoming Events - Mark your calendars!

**June 11, 12 & 13, 2017** - 2017 aPHa Annual General Meeting and Conference: *Driving the Future of Public Health*, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario. Early bird registration deadline ends May 21, 11:59 PM.

[Click here to register and for further information](#)

**November 1, 2017** - Fall aPHa Meeting, DoubleTree by Hilton Downtown Toronto Hotel. Details TBA.

aPHa 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](mailto:atanna@peterboroughpublichealth.ca) from the Association of Local Public Health Agencies ([info@alphaweb.org](mailto:info@alphaweb.org)).

To stop receiving email from us, please UNSUBSCRIBE by visiting:

<http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240401&e=atanna@peterboroughpublichealth.ca&h=f468323edfc1a40f14b722129b3a131df927182a>

Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from aPHa.

**From:** allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On**  
**Behalf Of** Linda Stewart  
**Sent:** Monday, May 29, 2017 9:33 AM  
**To:** All Health Units  
**Subject:** [allhealthunits] alPHa Announcement

**Please forward to Board of Health Members.**

Dear Colleagues.

Please see the letter below from alPHa's current and incoming presidents.

It is with mixed emotions that the Board of Directors announces Linda Stewart's retirement as Executive Director of the Association of Local Public Health Agencies, effective November 4, 2017. Since 2005, Linda has played a critical role in the development and success of the organization. Her strategic leadership has positioned the Association well for the future. Linda's more than 12 years with alPHa marks the end of a 30 year career in the Ontario health sector and we ask you to join us in wishing her well as she completes her role with alPHa and prepares for an exciting future. We cannot thank Linda enough for the dedication, passion, enthusiasm and motivation she has given alPHa over the past 12 years. She will be greatly missed by the staff, Board, members and partners alike.

Looking ahead, alPHa's Board has established a search committee that will be conducting a process over the next few months to find alPHa's next Executive Director. The job posting will be released in the coming weeks and our priority is to identify Linda's successor before she leaves. The search committee members are Dr. Valerie Jaeger, President; Carmen McGregor, Vice-President; Pat Hewitt, Association of Ontario Public Health Business Administrators' Representative; and Linda Stewart, Executive Director.

Our thanks once again to Linda for changing the face of alPHa and our best wishes for whatever lies around the next bend. If you have any questions or concerns during this transition process, please do not hesitate to reach out to us.

Sincerely,

Valerie Jaeger  
President

Carmen McGregor  
Vice-President

[valerie.jaeger@niagararegion.ca](mailto:valerie.jaeger@niagararegion.ca)

[carmen.mcgregor@chatham-kent.ca](mailto:carmen.mcgregor@chatham-kent.ca)



May 15, 2017

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

Dear Minister Hoskins:

Re: Marijuana controls under Bill 178, Smoke-Free Ontario Act, 2016

On May 10<sup>th</sup>, 2017, at a regular meeting of the Board of Health at Elgin St. Thomas Public Health, letters were brought forward that were supported by the Simcoe Muskoka District Health Unit and Windsor-Essex County Health Unit regarding the inclusion of marijuana as a prescribed product or substance under Bill 178, Smoke-Free Ontario Act amendment, 2016. The Elgin St. Thomas Board of Health supports the position of the Simcoe Muskoka District Health Unit and Windsor-Essex County Health Unit recommending the amendment to include marijuana as a prescribed substance.

If not regulated appropriately, the legalization of marijuana and its use in Canada will be accompanied by significant population health risks particularly as it relates to early and frequent use with a focus on high risk groups such as youth, drivers, those at risk for addiction and mental health disorders, and pregnant and lactating women. There are many lessons that have been learned from successful tobacco control in Ontario which can be transferred to the emerging issue of marijuana. This includes the coordination of prevention, cessation, protection, and enforcement policies which are designated to support each other, leading to minimized risk and improved population health outcomes.

Bill 178, Smoke-Free Ontario Amendment Act, 2016 will allow for the Ontario legislature to prohibit the use of certain products and substances under the Smoke-Free Ontario Act regulatory framework. Specifically, it will allow the legislature to prohibit the smoking of prescribed products or substances in all places where smoking tobacco is prohibited, in addition to other protections and requirements.

This legislation presents a chance to manage the emerging issue of marijuana use in our community. The legislature has the opportunity to list marijuana as a prescribed product or substance under this Act and in doing so, Ontario will be better positioned to reduce the harm caused by smoking and vaping, as well as the exposure to second-hand marijuana smoke of vapor. Research has confirmed the presence of known carcinogens and other chemicals

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elginhealth.on.ca

implicated in respiratory and cardiovascular diseases in the second-hand smoke of marijuana cigarettes. By prohibiting the smoking of all marijuana in all places where the smoking of tobacco is prohibited, children, youth and adults in our communities will have much lower public and second-hand exposure to the use of marijuana.

Elgin St. Thomas Public Health commends the provincial government on amending the Smoke-Free Ontario Act to allow for wider protections. Should enforcement of the amendment fall in part to health units, it is critical that long-term funding accompany the initiative to support comprehensive harm reduction, cessation, protection, prevention and enforcement measures to give health units the opportunity to succeed.

Lastly, it is recommended that the above mentioned protections are expanded into the Electronic Cigarettes Act, where the prohibitions related to use in public spaces have yet to be enacted. The vaping of marijuana will be effectively prohibited in all place where smoking tobacco is prohibited once all provisions of the Electronic Cigarettes Act come into force.

Thank you,



Dr. Joyce Lock, MD, CCFP (EM), FRCP(C)  
Medical Officer of Health  
Elgin St. Thomas Public Health



Cynthia St. John, MBA  
Executive Director  
Elgin St. Thomas Public Health

- c. Chief Medical Officer of Health of Ontario  
Association of Local Public Health Agencies  
Ontario Public Health Association  
Jeff Yurek, MPP Elgin-Middlesex-London  
Municipal Councils in Elgin St. Thomas

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May 3, 2017

**DELIVERED VIA EMAIL & REGULAR MAIL**

The Honourable Michael Coteau  
Minister of Children and Youth Services  
14<sup>th</sup> Floor, 56 Wellesley Street West  
Toronto ON M5S 2S3

Dear Minister Coteau:

**Re: Healthy Babies Healthy Children Program Targets and Funding**

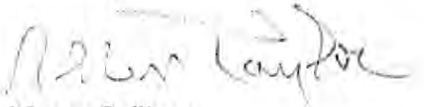
On May 3, 2015 at a regular meeting of the Board of Health for Wellington-Dufferin-Guelph Public Health, the Board reviewed the ongoing and increasing challenge to meet Ministry expectations for HBHC service provision within the 100% funding envelope. MCYS program enhancements have increased the range and evidence base for interventions that can be offered by HBHC, however, chronic underfunding continues to challenge program integrity and fidelity as limited resources preclude full compliance and achievement of MCYS implementation targets.

The following motion was passed:

“That the Board of Health for Wellington-Dufferin-Guelph Public Health advocates for the Ministry of Children and Youth Services to commit to aligning program service delivery expectations with the annual budget; and the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs, and the annual increases in cost to deliver services.”

Thank you for giving this request your every consideration.

Sincerely,



Nancy Sullivan  
Chair, WDGPH Board of Health

cc via email: MPP Liz Sandals, Guelph  
MPP Sylvia Jones, Dufferin-Caledon  
MPP Ted Arnott, Wellington-Halton Hills  
Dianne Alexander, Director, Healthy Living Policy and Programs Branch, MOHLTC  
Ontario Boards of Health



May 2, 2017

The Honourable DR. Eric Hoskins  
Minister of Health and Long- Term Care  
Ministry of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor St.  
Toronto, ON M7A 1R3

Dear Minister Hoskins,

There is certainly growing concern as the rate of deaths from opiates across the province has been rising to alarming rates. At their meeting on Feb 16, 2017, the Sudbury & District Board of Health carried resolution #12-17. Through this letter they addressed the current opioid-related harms in both Northern Ontario and across Canada. The resolution highlighted the need to ensure a prompt implementation of the provincial plan with close communication with its key stakeholders and boards of health. It also addressed the importance of a coordinated national and provincial approach to the worsening opioid problem.

As in Sudbury and District, work is underway in the Algoma district to address the opioid-use and opioid related-harms. However, we agree there needs to be a coordinated effort from a governmental level to ensure the health of all. We would like to echo the congratulations to the Minister of Health for working towards federal and provincial opioid action plans and encourage timely implementation of their developed strategies.

Therefore be it resolved that at the Algoma Public Health Board of Health meeting on April 26, 2017 we passed resolution #2017-37 to endorse the Sudbury & District Board of Health resolution #12-17 regarding the provincial and federal opioid strategies.

Sincerely,

Mr. Lee Mason  
Board Chair

Dr. Marlene Spruyt  
Medical Officer of Health

cc: Jane Philpott, Minister of Health  
Terry Sheehan, MP for Sault Ste. Marie  
Michael Mantha, MPP for Algoma-Manitoulin  
Carol Hughes, MP for Algoma-Manitoulin-Kapuskasing  
Kathleen Wynne, Premier of Ontario  
Dr. David Williams, Ontario Chief Medical Officer of Health  
The Association of Local Public Health Agencies  
Ontario Boards of Health  
Ontario Public Health Association  
Centre for Addiction and Mental Health

**Blind River**

P.O. Box 194  
9B Lawton Street  
Blind River, ON P0R 1B0  
Tel: 705-356-2551

**Elliot Lake**

ELNOS Building  
302-31 Nova Scotia Walk  
Elliot Lake, ON P5A 1Y9  
Tel: 705-848-2314

**Sault Ste. Marie**

294 Willow Avenue  
Sault Ste. Marie, ON P6B 0A9  
Tel: 705-942-4646  
TF: 1 (866) 892-0172

**Wawa**

18 Ganley Street  
Wawa, ON P0S 1K0  
Tel: 705-856-7208  
TF: 1 (888) 211-8074  
Fax: 705-856-1752

April 28, 2017

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

Dear Minister Hoskins,

**Re: Opioid Use**

At its April 20, 2017 meeting, under Correspondence item b), the Middlesex-London Board of Health voted to endorse the following:

Date: 2017 February 28  
Topic: Opioid Use in Sudbury District  
From: Sudbury & District Health Unit  
To: The Honourable Dr. Eric Hoskins

***Background:***

The Sudbury District Health Unit passed a resolution which congratulates the Ontario Minister of Health and Long-Term Care and Chief Medical Officer on signing a joint statement of action committing to address the burden of opioid-related harms and the provincial opioid strategy. They further requested that plans be developed with targets, deliverables and timelines that are supported by stakeholders such as Board of Health and that the Federal Minister of Health communicate and promptly implement the federal opioid strategy.

***Recommendation:***

Endorse.

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Board of Health endorse item b).*

Carried

The Middlesex-London Board of Health supports and congratulates the federal and provincial governments for signing a Joint Statement of Action committed to addressing the burden of Opioid-related harms and looks forward to further opioid action plans to respond to the ongoing issue of opioid use and opioid-related harms.

Sincerely,



Jesse Helmer, Chair  
Middlesex-London Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health & Chief Executive Officer, Sudbury & District Health Unit  
All Ontario Health Units

**To:** All Members  
Board of Health

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

**Subject:** Medical Officer of Health - Coverage Request

**Date:** June 14, 2017

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**Proposed Recommendation:**

*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 July 24 – August 12, 2017.*

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Dr. Pfaff has provided coverage on a number of occasions for Dr. Salvaterra in the past, Board approval was not required as it was covered by [Board policy 2-345, Medical Officer of Health Absence.](#)

Dr. Pfaff has since retired from Simcoe Muskoka however is still a physician in good standing and fully capable of providing coverage for this absence.



**To:** All Members  
Board of Health

**From:** Greg Connolley, Chair, Governance Committee

**Subject:** Committee Report: Governance

**Date:** June 14, 2017

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**Proposed Recommendations:**

- a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from February 15, 2017, for information*
- b. *That the Board of Health for Peterborough Public Health approve policy 2-151, Remuneration of Board of Health Volunteers (revised)*
- c. *That the Board of Health for Peterborough Public Health approve policy 2-153, Board Remuneration Review (revised).*
- d. *That the Board of Health for Peterborough Public Health approve By-Law Number 8, Building Code Act – Sewage Systems (revised);*
- e. *That the Board of Health for Peterborough Public Health approve policy 2-200 Effective Governance By Effective Board Members, revised (formerly entitled Duties and Responsibilities of Board Members); and, retire 2-270, Conduct of Board Members (combined with 2-200).*
- f. *That the Board of Health for Peterborough Public Health approve:*
  - *an extension to its current Strategic Plan to December 2019; and,*
  - *a proposed start date of September 2018 to commence planning for the next Strategic Plan.*

---

The Governance Committee met last on May 23, 2017. At that meeting, the Committee requested that these items come forward to the Board of Health.

With respect to the Strategic Plan, the Committee based its recommendation on the following factors:

- **Change** – Given the transition to the new Standards for Public Health Programs and Services in 2018, board strategic planning must align with these as well as with the broader

provincial transformation agenda (i.e., Patient's First and the yet-to-be-defined LHIN-Public Health relationship), and factor in any subsequent changes to our organization and mandate. For this reason, it would be wise to delay the active phase of the next strategic planning until the context and requirements can be better understood and we are much further along in the change process. In the meantime, the current strategic plan remains relevant and operative.

- **Capacity** - Capacity is an issue for the organization. Given the urgent and immediate priority of recruiting both a new Manager of Foundational Standards and a new Epidemiologist, it was felt that these tasks are critical prerequisites for the collection and analysis of data needed to inform the planning process, and hence, should be completed first.
- **Elections** – With municipal and provincial elections expected in 2018, this could not only change the composition of the Board itself, but potentially the mandate of the provincial government.

Attachments:

- [Governance Committee Minutes, February 15, 2017](#)
- [2-151, Remuneration of Board of Health Volunteers](#)
- [2-153, Board Remuneration Review](#)
- [2-170, By-Law Number 8, Building Code Act – Sewage Systems](#)
- [2-200 Effective Governance By Effective Board Members](#)

**Board of Health for  
Peterborough Public Health  
MINUTES  
Governance Committee Meeting  
Wednesday, February 15, 2017 – 5:00 p.m.  
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

**Present:** Deputy Mayor John Fallis  
Mr. Greg Connolley, Chair  
Councillor Gary Baldwin

**Regrets:** Mayor Rick Woodcock

**Guest:** Mayor Mary Smith

**Staff:** Dr. Rosana Salvaterra, Medical Officer of Health  
Mr. Larry Stinson, Director of Operations  
Ms. Natalie Garnett, Recorder

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**1. Call to Order**

Dr. Salvaterra called the Governance Committee meeting to order at 5:01 p.m.

**2. Elections**

**2.1 Chairperson**

Dr. Salvaterra called for nominations for the position of Chairperson for the Governance Committee for the Peterborough County-City Health Unit for the year 2017.

**MOTION:**

*That Greg Connolley be appointed Chair of the Governance Committee for 2017.*

Moved: Councillor Baldwin  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2017-001-GV)

Mr. Connolley assumed the Chair.

## 2.2 Vice Chairperson

Mr. Connolley called for nominations for the position of Vice Chairperson for the Governance Committee for the Peterborough County-City Health Unit for the year 2017.

MOTION:

*That Councillor Baldwin be appointed Vice Chair of the Governance Committee for 2017.*

Moved: Deputy Mayor Fallis

Seconded: Mr. Connolley

Motion carried. (M-2017-002-GV)

## 3. Confirmation of the Agenda

MOTION:

*That the Agenda be accepted as circulated.*

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-003-GV)

## 4. Declaration of Pecuniary Interest

## 5. Delegations and Presentations

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

MOTION:

*That the minutes of the Governance Meeting held November 1, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.*

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-004-GV)

## 7. Business Arising from the Minutes

## 8. Staff Reports

### 8.1 By-laws, Policies and Procedures for Review

MOTION:

*That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:*

- 2-90, *Human Rights and Discrimination Policy, as revised.*

Moved: Councillor Baldwin  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2017-005-GV)

**MOTION:**

*That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:*

- 2-92, *Workplace Violence and Harassment Prevention Policy, as revised.*

Moved: Deputy Mayor Fallis  
Seconded: Councillor Baldwin  
Motion carried. (M-2017-006-GV)

**MOTION:**

*That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:*

- 2-185, *By-law Number 10, Conduct of Open and In-Camera Meetings, as revised.*

Moved: Deputy Mayor Fallis  
Seconded: Councillor Baldwin  
Motion carried. (M-2017-007-GV)

**MOTION:**

*That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:*

- 2-402, *Immunization Policy, new.*

Moved: Councillor Baldwin  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2017-008-GV)

## **9. Consent Items**

### **10. New Business**

#### **10.1 Governance Committee Workplan (2017)**

**MOTION:**

*That the Governance Committee approve the Governance Committee 2017 Workplan, as amended.*

Moved: Deputy Mayor Fallis  
Seconded: Councillor Baldwin  
Motion carried. (M-2017-009-GV)

**11. In Camera to Discuss Confidential Matters**

**12. Motions from In Camera for Open Session**

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

The next Governance Committee meeting will be held on Monday, May 24, 2017 at 5:00 p.m. in the Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough.

**14. Adjournment**

MOTION:

*That the Governance Committee meeting be adjourned.*

Moved by: Councillor Baldwin

Seconded by: Deputy Mayor Fallis

Motion carried. (M-2017-010-GV)

The meeting was adjourned at 6:26 p.m.

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Chairperson

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Medical Officer of Health

Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-151	<b>Title:</b> Remuneration of Board of Health Volunteers
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health</b>
<b>Signature:</b>		<b>On (YYYY-MM-DD):</b> 2015-01-14
<b>Date (YYYY-MM-DD):</b> 2015-01-14		<b>Author:</b> Director <del>Corporate Services</del> of <u>Operations</u>
<b>Reference:</b>		

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

**OBJECTIVE**

The Board appreciates community members volunteering their time, wisdom and experience to help the organization achieve its mission and does not believe it appropriate for a volunteer to have to pay to generously give of their time when providing assistance to the Board.

**POLICY**

Volunteers on board of health Committees will be reimbursed for all “out-of-pocket” costs. Out-of-pocket costs include mileage, parking and any other expense the volunteer may incur while volunteering for the board of health. Mileage will be reimbursed at the current ~~PCCHU~~ Peterborough Public Health staff rate.

**PROCEDURE**

Volunteers should advise the ~~Administrative-Executive~~ Assistant (EA) to the Medical Officer of Health of any expenses incurred, including the number of kilometers driven. Receipts should be submitted where available.

The ~~Administrative Assistant~~ EA will prepare the required ~~cheque requisition~~ paperwork for approval and payment.

**Review/Revisions**

|

**On** (YYYY-MM-DD):

**On** (YYYY-MM-DD):

**On** (YYYY-MM-DD):

**On** (YYYY-MM-DD):

REVISED



Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-153	<b>Title:</b> Board Remuneration Review
<b>Approved by:</b> Medical Officer of Health		<b>Original Approved by Board of Health</b>
<b>Signature:</b>		<b>On (YYYY-MM-DD):</b> 2013-09-11
<b>Date (YYYY-MM-DD):</b> 2015-03-11		<b>Author:</b> Director <u>Corporate Services of Operations</u>
<b>Reference:</b>		

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

**PROCEDURE**

1. The Director of Corporate Services Operations will prepare a report for the last meeting of the Governance Committee held each calendar year showing the per cent increase given to staff for the year ending that December, and the increase in the Consumer Price Index (CPI) for the previous year.
2. The Governance Committee will review this data and examine the current Board remuneration rate.
3. The Governance Committee will provide a recommendation on remuneration to the Board at its first meeting of the following calendar year. The adjustment recommended will be based on the increase in the CPI or the increase given to staff, which ever is lower. The increase will include an allowance in lieu of benefits.

**Review/Revisions**

**On (YYYY-MM-DD):** 2013-05-30

**On (YYYY-MM-DD):**

**On (YYYY-MM-DD):**

**On (YYYY-MM-DD):**



Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-170	<b>Title:</b> By-Law Number 8, Building Code Act – Sewage Systems
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1998-03-11
<b>Signature:</b> _____		<b>Author:</b>
<b>Date (YYYY-MM-DD):</b> 2016-11-09		
<b>Reference:</b>		

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

**By-law Number 8  
 Building Code Act – Sewage Systems**

Being a By-law to assume responsibility for administration and enforcement of the Building Code Act, as amended, and Regulations pursuant to the Building Code Act as it relates to sewage systems and matters of compliance.

WHEREAS Section 7 of the Building Code Act, 1992, as amended, empowers a Board of Health to pass certain by-laws respecting sewage system and change of use permits and inspections;

NOW THEREFORE the ~~Peterborough County City Health Unit~~ Peterborough Public Health enacts as follows:

**Definitions**

In this By-law:

- 1.1 "Act" means the Building Code Act, 1992, including amendments thereto;
- 1.2 "authorized agent" means the agent of the owner who is authorized in writing by the owner to act on his or her behalf;
- 1.3 "building" means a building as defined in Section 1 (1) of the Act;
- 1.4 "Building Code" means the regulations made under Section 34 of the Act;
- 1.5 "Chief Building Official" includes an inspector who has the same powers and duties as the chief building official, (a) in relation to sewage systems by virtue of subsections 3.1(3) or 6.2(4);
- 1.6 "Designated Inspector" means an inspector who has been appointed under Section 3.1, 4 or 6.2 of the Act;
- 1.7 "owner" means the registered owner of land on which a sewage system is located or

proposed to be located;

1.8 "permit" means written permission or authorization from an inspector to perform work authorized by this By-law and the Act;

1.9 "sewage system" means a sewage system as defined in Section 1.1.3.2 of the Building Code.

## Permits

2.1 Classes of permits with respect to sewage systems and change of use of sewage systems and permit fees shall be as set out in Schedule "A" to this By-law.

## Application for Permits

3.1 To obtain a sewage system permit, a revised sewage system permit or a change of use permit, the owner or an authorized agent shall submit a completed application in a form approved by the Designated Inspector. The approved form shall be available at the offices of ~~the Peterborough County City Health Unit.~~Peterborough Public Health.

3.2 An application for a sewage system permit, a change of use permit or a revised sewage system permit shall be submitted to the Designated Inspector and shall:

3.2.1 identify and describe in detail the use and occupancy, or the proposed use and occupancy, of the lands and buildings to be serviced by a sewage system;

3.2.2 provide such sketch, scaled map of the site, site plan or survey as may be required by a Designated Inspector, and which will show the following:

a) the legal description, lot size and dimensions, existing rights of way, easements, municipal or utility corridors, driveways, parking areas, and the location of any unsuitable, disturbed or compacted areas;

b) the location of existing sewage systems, if any, and proposed sewage system;

c) size and design of proposed sewage system components;

d) the location of items listed in Column 1 of Tables 8.2.1.5.A, 8.2.1.5.B and 8.2.1.5.C of the Building Code; and

e) proposed access routes for system maintenance;

3.2.3 state the names, addresses and telephone numbers of the owner, and the authorized agent, if any;

3.2.4 the name, address and telephone number of the person installing or altering the sewage system;

3.2.5 where the person named in 3.2.4 above requires a license under the Act or the Building Code:

a) the number and date of issuance of the license; and

b) the name of the qualified person supervising the work to be done under the sewage system permit;

3.2.6 where the person who is to install or alter the sewage system is not known at the time of application the owner or authorized agent shall undertake to provide the information required in 3.2.4 and 3.2.5 above to the Designated Inspector as soon as it is available and, in any event, before any work is done under the permit;

3.2.7 provide test pits, as required by the Designated Inspector, for the evaluation of on-site conditions;

3.2.8 provide satisfactory evidence of compliance with municipal by-laws and Conservation Authority by-laws and regulations, when requested by the Designated Inspector;

3.2.9 such additional information as the Designated Inspector considers necessary to determine whether or not the proposed sewage system or change of use will conform to the requirements of the Act, the Building Code and any other applicable law;

3.2.10 in the application for a change of use permit, provide details of current and planned use and occupancy together with a sketch, site plan or survey and providing the information set out in 3.2.2;

3.2.11 provide detailed directions to the lands serviced or to be serviced from the nearest town, village or hamlet;

3.2.12 have an undertaking by the owner, or on behalf of the owner if the application is made by an authorized agent, to notify the Designated Inspector immediately of any changes of ownership if such change of ownership occurs before the permit is given final approval;

3.2.13 be signed by the owner or authorized agent who shall certify the truth of the contents of the application and any documents filed with the application;

3.2.14 be accompanied by the required fee.

3.3 Where an application for a sewage system permit or a revised sewage system permit contains an equivalent material, system or design for which authorization under section 9 of the Act is requested the owner or authorized agent shall provide the following information to the Designated Inspector:

3.3.1 a description of the proposed material, system or design for which authorization under Section 9 of the Act is requested;

3.3.2 any applicable provisions of the Building Code;

3.3.3 evidence that the proposed material, system or design will provide the level of performance required by the Building Code.

### **Fees for Permits**

- 4.1 Fees for permits are set out in Schedule "A" to this By-law and are due and payable upon submission of an application for a permit.
- 4.2 In the case of withdrawal of an application, abandonment of all or a portion of the work or the non-commencement of a work the Designated Inspector shall determine the amount of paid permit fees that may be refunded to the applicant, if any, in accordance with Schedule "B" attached to this By-law.

### **Notice Requirements**

- 5.1 In the case of a sewage system permit or a revised sewage system permit the owner or the authorized agent shall notify the Designated Inspector:
  - a) when work will commence;
  - b) prior to back-filling over sewage system; and
  - c) on completion of work.
- 5.2 The owner or the authorized agent shall not back-fill over the sewage system until Designated Inspector has inspected and approved the installation or alteration.
- 5.3 A permit remains outstanding until:
  - a) it has been revoked by the Chief Building Official; or
  - b) in the case of sewage system permit or a revised sewage system permit, all work has been completed and the Designated Inspector or the Assistant Designated Inspector has noted completion; or
  - c) in case of a change of use permit the Designated Inspector has noted that he/she has no objection.

### **Change of Use**

- 6.1 In the case of a change of use permit the owner shall not occupy or use or allow occupancy and use of lands where there is a material change in use without first obtaining a change of use permit.

### **Forms and Orders**

- 7.1 The Designated Inspector may prepare and use such forms for permit applications, inspection reports, and approvals as he or she deems appropriate.
- 7.2 The Designated Inspector may prepare and use such forms for Orders which he or she is authorized to make under the Building Code Act as he or she deems appropriate.

Read a first time this 11th day of March, 1998.

Read a second time this 11th day of March, 1998.

Read a third time and passed at a meeting of the Board of Health for the Peterborough County-City Health Unit this 11th day of March, 1998.

## Schedule A

### Sewage System Fees *(effective May 18, 2014)*

Service	Type	Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	\$700.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than 10,000 litres per day	\$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	\$400.00
	Permit for Class 5 Sewage System (Holding Tank)	\$700.00
	Permit for Class 3 Sewage System (Cesspool)	\$500.00
	Permit for Class 2 Sewage System (Greywater System)	\$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$500.00
Change of Use Permit (Existing)	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	\$500.00
	Existing System Inspection (Sewage Systems Permit for change of use or building addition, comments on minor variance, or rezoning)	\$350.00
Rezoning or Minor Variance	Rezoning or minor variance comments requiring a site visit	\$250.00
Severance or Subdivision Comments	First lot	\$250.00
	Each additional lot	\$150.00
Severance or Subdivision Re-inspection	First lot	\$250.00
	Each additional lot	\$150.00
Copies	Copies of Archived permits	\$35.00
File Search	File search (e.g., Lawyer, real estate), copies and letter	\$125.00
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Mandatory)	\$325.00

## Schedule B

This is Schedule B to By-law Number 8 respecting refunds.

Status of Sewage Permit Application	Percentage of Fees Eligible for Refund
Application filed but there has been no processing or review of Application.	90%
Application filed, initial inspection of site and permit refused.	50%

### Review/Revisions:

**On** (YYYY-MM-DD): 2016-11-09 (Board, fee schedule only)

**On** (YYYY-MM-DD): 2015-05-19 (Governance)

**On** (YYYY-MM-DD): 2014-03-19 (Board, fee schedule only)

**On** (YYYY-MM-DD): 2013-03-13 (Governance)

**On** (YYYY-MM-DD): 2011-04-13 (Board, fee schedule only)

**On** (YYYY-MM-DD): 2006-05-17 (Board)

**On** (YYYY-MM-DD): 2006-03-09 (MOH)

**On** (YYYY-MM-DD): 2003-07-11 (MOH)

**On** (YYYY-MM-DD): 2001-09-07 (MOH)

Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-200	<b>Title:</b> <del>Members</del> <u>Duties and Responsibilities of Board Members Effective Governance by Effective Board Members</u>
<b>Approved by:</b> Medical Officer of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1986-12-10
<b>Signature:</b> _____		<b>Author:</b>
<b>Date (YYYY-MM-DD):</b> 2014-09-10		
<b>Reference:</b>		

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

**DEFINITIONS**

“Associate” includes but is not limited to the parent, child, sibling, spouse or common law partner of the Board member, as well the spouse or common law partner of a parent, child, sibling of those persons, as well as any organization, agency, company or individual with a formal relationship to a member.

“Conflict of Interest” is a real or perceived set of circumstances that can act as an obstruction for a member in carrying out their fiduciary duties as a member of the Board of Health. The conflict of interest may result from a relationship, association, membership with or obligation to another organization or an associate.

**POLICY**

The Board of Health is the governing body, the policy maker of ~~the Health Unit~~ Peterborough Public Health. It monitors all operations within the ~~Health Unit~~ organization and is accountable to the ~~citizens~~ communities of Peterborough County and City, Curve Lake and Hiawatha First Nations, and to the Government of Ontario.

To achieve and maintain this expectation, board members must appreciate and accept that member competency, independence and ethical conduct are the foundational pillars that will allow the Board to meet its governance obligations.

Members of the Board are either elected officials who are appointed to the Board by their council, or are Provincial Appointees appointed by a Lieutenant Governor’s Order in Council.



The duties of the Board of Health are carried out under the authority the [Health Protection and Promotion Act](#) and its Regulations. Board of Health members have the responsibility for [oversight of the](#) delivery of local public health programs and services by:

- [Providing orientation training to every newly appointed member of the Board and ongoing training to all members to ensure that the Board is constantly aware of its function, authority and obligations in the provision of public health.](#)
- Ensuring that the structure of the Board facilitates effective governance and respects partnerships with municipalities and First Nations.
- Operating in a manner that promotes an effective board, effective communication and transparency.
- Developing a shared vision for the organization, establishing the organization's strategic directions, and governing the organization to achieve their desired vision.
- Understanding their fiduciary roles and responsibilities, ensuring that their operations are based on the principles of transparency and accountability, and that Board of Health decisions reflect the best interests of the public's health.
- Ensuring that the Board is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of ~~the health unit~~[Peterborough Public Health](#) in planning, operating, evaluating and adapting its programs and services.
- Ensuring that the administration of ~~the Board of Health~~[Peterborough Public Health](#) uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.
- ~~Deferring to the Chair or designate as the official spokesperson for the Board. The Board shall speak with one voice on all relevant matters. No member shall criticize Board of Health decisions publically.~~

#### CONDUCT (note: this section pulled from policy 2-270)

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

[To be an effective governance body, the Board must be staffed by members determined to function at the highest level of governance competency.](#)

[The Board expects its members to be fully prepared at meetings with current issue knowledge provided through agenda packages, enhanced by personal experience, research and discussion with other board members. This level of knowledge enhances effective decision making.](#)

The individual member must retain independence in Board decision making and not commit to voting based on self-interest, advantage or being obligated to any entity or other member.

Board members must be aware of their role as one individual member of the collective board that functions as the oversight body for Peterborough Public Health. The Medical Officer of Health (MOH) and senior staff are responsible for the management of this public agency. Direction to the MOH will come the Board and not from individual directors or a group of directors.

1. Board members must ~~endeavour to~~ represent the interests of the Board of Health in carrying out its mission.
- ~~2. Board members' interaction with the Medical Officer of Health (MOH) or with staff must recognize the lack of authority in any individual Board member or group of Board members.~~
- ~~3.2. Board members must defer to T~~the Chairperson of the Board or designate ~~as is~~ the official spokesperson for the Board. Once a decision has been made by the Board, the Board speaks as one. No individual member or group of members shall publically criticize any decision made by the Board of Health.
- ~~4. Full, honest and open debate is encouraged and required. However after a decision is made members must speak with one voice.~~
- ~~5.3. Board members will make no judgements on the performance of the Medical Officer of Health or staff except as that performance is assessed against explicit board policies by the official process.~~
- ~~6.4. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough Public Health which is considered private and privileged.~~
- ~~7.5. Board members are obligated to prepare for meetings and to participate productively in discussion, always within the boundaries of discipline established by the Board.~~
- ~~8.6. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.~~
- ~~9.7. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.~~
- ~~10.8. For any operational public health matters, Board members are required to communicate directly with the MOH office, who will delegate as required. Board members may wish to communicate directly with the Chair~~person of the Board~~-for matters pertaining to Board of Health business.~~

## **Review/Revisions**

**On (YYYY-MM-DD): 2017-XX-XX (policy 2-200 renamed, policy 2-270 retired)**

**On (YYYY-MM-DD): 2016-09-14 (review, no changes)**

**On (YYYY-MM-DD): 2014-09-10**

**On (YYYY-MM-DD): 2012-05-09**

**On (YYYY-MM-DD): 1986-12-10**

REVISED

**To:** All Members  
Board of Health

**From:** Councillor Henry Clarke, Chair, Stewardship Committee

**Subject:** **Committee Report: Stewardship**

**Date:** June 14, 2017

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**Proposed Recommendations:**

- a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from April 6, 2017, for information.*
  - b. *That the Board of Health for Peterborough Public Health receive the staff report, Staffing Requirements for the Healthy Babies, Healthy Children Program, for information.*
- 

The Stewardship Committee met last on May 23, 2017. At that meeting, the Committee requested that these items come forward to the Board of Health.

With respect to the Healthy Babies, Healthy Children staff report, the Committee wishes to relay its concern to the Board regarding the status of the program, and the need for significant attention to be paid to the report contents.

**Attachments:**

- a. [Stewardship Committee Minutes, April 6, 2017](#)
- b. [Staff Report - Staffing Requirements for the Healthy Babies, Healthy Children Program](#)

**Board of Health for the  
Peterborough Public Health  
MINUTES  
Stewardship Committee Meeting  
Thursday, April 6, 2017 – 5:00 p.m.  
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

**Present:** Mayor Mary Smith  
Councillor Henry Clarke  
Ms. Andy Sharpe

**Regrets:** Mayor Rick Woodcock

**Guest:** Richard Steiging, Partner, Collins Barrow Chartered Accountants

**Staff:** Dr. Rosana Salvaterra, Medical Officer of Health  
Alida Gorizzan, Executive Assistant  
Dale Bolton, Manager, Finance and Property  
Larry Stinson, Director of Operations  
Ms. Natalie Garnett, Recorder

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**1. Call to Order**

Dr. Salvaterra called the Stewardship Committee meeting to order at 5:00 p.m.

**2. Elections**

**2.1 Chairperson**

Dr. Salvaterra called for nominations for the position of Chairperson for the Stewardship Committee for Peterborough Public Health for the year 2017.

**MOTION:**

*That Councillor Henry Clarke be appointed Chair of the Stewardship Committee for 2017.*

Moved: Mayor Smith

Seconded: Andy Sharpe

Motion carried. (M-2017-001-SC)

Councillor Clarke assumed the Chair.

## 2.2 Vice Chairperson

Councillor Clarke called for nominations for the position of Vice Chairperson for the Stewardship Committee for Peterborough Public Health for the year 2017.

MOTION:

*That Andy Sharpe be appointed Vice Chair of the Stewardship Committee for 2017.*

Moved: Mayor Smith

Seconded:

Motion carried. (M-2017-002-SC)

## 3. Confirmation of the Agenda

MOTION:

*That the agenda be approved as circulated.*

Moved: Andy Sharpe

Seconded: Mayor Smith

Motion carried. (M-2017-003-SC)

## 4. Declaration of Pecuniary Interest

## 5. Delegations and Presentations

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

## 7. Business Arising from the Minutes

## 8. Staff Reports

### 8.2 Staff Report: 2017 Budget Approval – Healthy Babies, Healthy Children Program

Dale Bolton, Manager, Finance and Property, provided an overview of the report “2017 Budget Approval – Healthy Babies, Healthy Children Program”.

MOTION:

*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*

- *Receive the staff report, “2017 Budget Approval – Healthy Babies, Healthy Children Program” for information; and,*
- *Recommend to the Board of Health approval of the 2017 budget for the Healthy Babies, Healthy Children Program (HBHC) program in the total amount of \$928,413.*

Moved: Andy Sharpe  
Seconded: Mayor Smith  
Motion carried. (M-2017-004-SC)

**8.1 Staff Report: 2016 Draft Audited Financial Statements**

Richard Steiginga, Partner, Collins Barrow Chartered Accountants, provided an overview of the 2016 Draft Audited Financial Statements and the Auditor Engagement Letter.

MOTION:

*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*

- *Receive the staff report, “2016 Draft Audited Financial Statements”, for information;*
- *Accept the engagement letter from the Auditors and recommend the Chair of the Board of Health and Chair of the Stewardship Committee sign it; and,*
- *Recommend to the Board of Health the acceptance of the 2016 Audited Financial Statements for Peterborough Public Health.*

Moved: Mayor Smith  
Seconded: Andy Sharpe  
Motion carried. (M-2017-005-SC)

MOTION:

*That the Stewardship Committee prepare a letter to the Province of Ontario stating that the late approval of Peterborough Public Health’s budget continues to negatively impact the provision of public health services; and,*

*That this letter be signed by the Chair of the Stewardship Committee and the Board Chair.*

Moved: Mayor Smith  
Seconded: Andy Sharpe  
Motion carried. (M-2017-006-SC)

**8.3 Staff Report: Financial Control Checklist**

Dale Bolton, Manager, Finance and Property, provided an overview of the report “Financial Control Checklist”.

MOTION:

*That the Stewardship Committee for the Board of Health for Peterborough Public Health receive the staff report, "Financial Control Checklist", for information.*

Moved: Andy Sharpe

Seconded: Mayor Smith

Motion carried. (M-2017-007-SC)

8.4 **Staff Report: 2017 Stewardship Committee Work Plan**

Larry Stinson, Director of Operations, provided an overview of the report "2017 Stewardship Committee Work Plan". Discussion included issues related to privacy, technological security, physical security of individuals, and the need for a high-level risk management plan.

MOTION:

*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*

- *Receive the staff report, "2017 Stewardship Committee Work Plan", for information;*
- and,*
- *Prepare a Stewardship Committee Work Plan.*

Moved: Andy Sharpe

Seconded: Mayor Smith

Motion carried. (M-2017-007-SC)

Dr. Salvaterra left the meeting at 5:45 p.m.

9. **Consent Items**

10. **New Business**

11. **In Camera to Discuss Confidential Matters**

12. **Motions for Open Session**

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

The date, time and place of the next meeting of the Stewardship Committee is to be determined.



#### **14. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved: Mr. Sharpe

Seconded: Mayor Smith

Motion carried. (M-2017-009-SC)

The meeting was adjourned at 5:59 p.m.

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Chairperson

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Medical Officer of Health

## Staffing Requirements for the Healthy Babies, Healthy Children Program

<b>Date:</b>	June 1, 2017	
<b>To:</b>	Stewardship Committee	
<b>From:</b>	Dr. Rosana Salvaterra, Medical Officer of Health	
<b>Original approved by</b>	<b>Original approved by</b>	
Rosana Salvaterra, M.D.	Karen Chomniak, Manager, Family Health	

### Proposed Recommendations

That the Stewardship Committee for the Board of Health for Peterborough Public Health receive the staff report, *Staffing Requirements for the Healthy Babies, Healthy Children Program*, for information.

### Financial Implications and Impact

The Healthy Babies, Healthy Children (HBHC) budget is 100% funded by the Ontario Ministry of Children and Youth Services (MCYS).

The 2017 budget was completed based on the provincial funding allocation of \$928,413. The provincial allocation has not been increased since 2013 when additional funding was received for a 1.0 FTE Public Health Nurse (PHN) position. However, the funding received in 2013 was associated with a new client screening tool and did not help with the costs of existing program requirements. Funding for the base operations of the program has not increased since 2007.

The lack of sufficient funding to cover increasing wage and benefit costs has resulted in a steady decline in staffing levels over the past number of years. In 2017, the overall program staff complement decreased by .10 FTE PHN from the previous year. With no additional funding anticipated, the program will manage with 4.8 PHN FTEs, 1.8 FTEs Family Home Visitors (FHV) and 1.1 FTEs Administrative Assistants (AAs). As well, the program budget supports 0.4 FTE of

the Director of Operations' salary and 0.9 FTE of the Manager of Family Health's salary. The program continues to struggle to maintain program services and targets without additional funding.

### **Decision History**

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as the Association of Local Public Health Agencies (aLPHa)) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100 percent provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on Public Health agencies themselves as employers.

On April 12, 2017, as part of the approval for the 2017 HBHC budget, the Board of Health requested "that staff bring a report to the next Stewardship Committee on the true amount of funding needed for this program."

### **Background**

The most recent HBHC Protocol (August 2012) and HBHC Guidance Document (2012) were developed to provide direction and outline expectations for boards of health in the delivery of the HBHC program, including Operational Roles and Responsibilities:

- General Policy/Practice Requirements: including informed consent for service; confidentiality and disclosure of information; inclusiveness; duty to report (suspected child abuse and neglect); personal safety (of staff); education, information and training (of staff); and data collection using the Integrated Services for Children Information System (ISCIS) to capture information shared and services provided to families.
- Screening: use and promote the use of HBHC Screen (consisting of prenatal, postpartum and early childhood screening components) to health care and social service providers.
- Assessment: contact all families identified with risk by the HBHC Screen; conduct in-depth assessments which shall be completed by the public health nurse.
- Support Services: refer pregnant women and families confirmed with risk by the in-depth assessment to the HBHC home visiting services.
- Blended Home Visiting Services: provide home visiting services to pregnant women and families who have had confirmed risks; provide home visiting by public health nurses and family home visitors; develop a plan in collaboration with the family; support staff with evidence-informed home visiting guidelines as required by MCYS.
- Service Coordination: offer service coordination and identify a service coordinator for pregnant women and families who are eligible for home visiting services; develop procedures to support service coordination in conjunction with community partners.
- Referrals / Recommendations to Community Services: refer pregnant women and families with children to programs or services in the community.

- Service and System Integration: participate in community networks; promote the HBHC Program to community partners.
- Research and Evaluation: participate in provincial HBHC Program research and evaluation activities as required by the ministry.

The HBHC Screen is intended to identify risks in families for compromised prenatal health, healthy infant and childhood development, and parenting. Families scoring “with risk” (i.e., scoring positive on two or more factors) are referred for an In-depth Assessment.

The In-depth Assessment (IDA) has 23 categories covering a range of issues, including, for example: prenatal health; baby/child’s health; baby/child’s response to caregiver; caregiver’s capacity to care for infant/child; caregiver’s ability to cope with stress; living conditions and housing; education and employment; food security; alcohol and drug use; family violence including child abuse and neglect; and cooperation with community services and supports. Once the IDA is completed by the PHN and the family consents to home visiting, the PHN will complete the Family Service Plan with the family to determine goals and actions.

MCYS has indicated that best practice for home visiting services aims to provide weekly or bi-weekly visits for a minimum of 6 to 12 months, to a maximum of 18 months.

Our PHNs each carry a caseload of 20 to 22 clients, and in the past six to eight months the program has carried a wait list ranging from 8 to 15 clients at any one time. The waitlist creates an unintended pressure to provide service to those in need, sometimes at the expense of possibly discharging a family too early.

MCYS has established benchmarks to act as a guide for public health units for the individual components of the HBHC program service activities:

- Screening: Prenatal: 0.5 hours; Postpartum: 0.5 hours; Early Childhood: 0.5 hours
- In-depth Assessment (IDA) Contact: 0.5 hours
- In-depth Assessment: 3.5 hours
- Blended Home Visiting: PHNs: 3.5 hours per visit; FHVs: 2.5 hours per visit
- Service Coordination Visit and Joint Home Visit: 3.5 hours per visit

HBHC Service Targets (as established by MCYS) help to determine if services are being provided in an efficient, effective, and streamlined manner:

- Screening:  
Prenatal: 25% of provincial births screened  
Postpartum: 100% of provincial births screened  
Early Childhood: 20 – 30% of the population of children 6 weeks to 6 years old screened.
- In-depth Assessment (IDA) Contact:  
100% of screens identified with risk should have IDA Contact
- In-depth Assessment:

100% of those families with an IDA Contact who accept Home Visiting should have a completed In-depth Assessment

- Blended Home Visiting:  
100% of families confirmed with risk using the In-depth Assessment and accepting Home Visiting should receive Blended Home Visiting Services
- Family Service Plan:  
100% of families who receive Blended Home Visiting should have a Family Service Plan

Calculation of Direct Service Hours per Public Health Nurse and Family Home Visitor:

<b>Public Health Nurse (PHN)</b>	
<b>Full time hours available = 52 weeks x 35 hours = 1,820 hours</b>	
<b>Less:</b>	<b>Hours</b>
Vacation	140
Statutory Holidays + Disc. Days	98
Estimated illness*	43
Mentoring time (incl. students)	154
Team meetings	60
Supervisory meetings	96
Liaison (incl. Prenatal Ed'n)	40
Training	49
Other (breaks, etc.)	114
<i>Subtotal</i>	<i>794</i>
<b>Direct Service Hours</b>	<b>1026</b>
<b>4.8 FTE Direct Service Hours</b>	<b>4924.8</b>

\*Calculated using the average actual hours of sick time for 2015 (250.25 hours/4.8 FTE = 52.1 hours) and 2016 (161.25 hours/4.8 FTE = 33.6 hours)

<b>Family Home Visitor (FHV)</b>	
<b>Full time hours available = 52 weeks x 35 hours = 1,820 hours</b>	
<b>Less:</b>	<b>Hours</b>
Vacation	175
Statutory Holidays + Disc. Days	98
Estimated illness*	235
Mentoring time	154
Team meetings	35
Supervisory meetings	35
Training	14
Other (breaks, etc.)	114
<i>Subtotal</i>	<i>860</i>
<b>Direct Service Hours</b>	<b>960</b>
<b>1.8 FTE Direct Service Hours</b>	<b>1728</b>

\*Calculated using the average actual hours of sick time for 2015 (613.5 hours/1.8 FTE = 341 hours) and 2016 (233.5 hours / 1.8 FTE = 130 hours)

<b>REQUIRED HOURS FOR COMPLETE IMPLEMENTATION</b>			
<b>Based on 2016 # of live births = 1246</b>	<b>Hours</b>	<b>Client Contacts</b>	<b>Total Hours/Year</b>
Prenatal: 25% of births screened (projected)	0.5	311	155.5
Postpartum: 80 - 100% of births screened (projected)	0.5	1246	623
Early Childhood: 20 – 30% of children 6 weeks to 6 years screened (projected)	0.5	1509	754.5
100% of screens identified with risk should have IDA contact (or attempt to contact):	0.5	832	416
Prenatal: 113 (based on actual)			
Postpartum: 657 (based on actual)			
Early Childhood: 62 (based on actual)			
70% of IDA Contact and accept home visits have a completed IDA (based on actual # of completed IDAs)	3.5	178	623
Blended Home Visiting: (based on bi-weekly visits with a duration of 6 to 12 months as specified by MCYS)			
PHN (including service coordination): 122 families x 12 visits; 38 prenatal families x 23.5 visits (projected)	3.5	1464	5124
FHV: 84 families x 23.5 visits (projected)	2.5	1974	4935
<b>PHN: TOTAL Direct Service Hours Required</b>			<b><u>10821.5</u></b>
<b>PHN: TOTAL FTEs Required: <u>5.95</u></b>			
<b>FHV: TOTAL Direct Service Hours Required</b>			<b><u>4935</u></b>
<b>FHV: TOTAL FTEs Required: <u>2.7</u></b>			

### Discussion

To fully implement the program per MCYS requirements would require an increase in the PHN complement of 1.15 FTEs from 4.8 to 5.95 FTEs, costing \$81,178 plus benefits of \$23,460 for a total of \$104,638. The FHV complement would require an increase of 0.9 FTE from 1.8 to 2.7 FTEs, costing \$43,773 plus benefits of \$12,650 for a total of \$56,423. The overall cost of the staffing increase would be \$161,061.

### Strategic Direction

The HBHC program is identified as a requirement under both the Reproductive Health and Child Health Standards in the Ontario Public Health Standards 2008, and is included in the Healthy Growth and Development Standard of the draft Ontario Standards for Public Health Programs and Standards 2017. HBHC supports the strategic directions of:

- Community-Centred Focus
- Determinants of Health and Health Equity

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