Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, May 10, 2017 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health,
Jackson Square, 185 King Street, Peterborough

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.

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

   1.3. **Board Introductions**

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 n o p q r 9.2.1 9.2.2 9.2.3 9.3.1*

5. **Delegations and Presentations**

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

   6.1. **April 12, 2017**

- Minutes – April 12/17 (p. 5)

7. Business Arising From the Minutes

7.1. **Drinking Water on First Nations**

8. Staff Reports

8.1. **Staff Report and Presentation: Development of a Local Food Charter**
Carolyn Doris RD, Public Health Nutritionist

- Staff Report (p. 14)
- Presentation (p. 22)

8.2. **Staff Presentation: Safe Sewage System Program**
Atul Jain, Manager, Inspection Services

- Presentation (p. 33)

8.3. **Staff Report and Presentation: Peterborough Public Health Values**
Larry Stinson, Director of Operations

- Staff Report (p. 56)
- Presentation ***(to be provided)***

8.4. **Association of Local Public Health Agencies 2017 Annual General Meeting Resolutions**
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report (p. 60)

a. Resolutions (p. 61)

9. Consent Items

9.1. **Correspondence**

9.1.1. **Correspondence for Direction**

a. Federal Opioid Strategy – Simcoe Muskoka (p. 84)
b. Healthy Choices Menu Act - Leeds Grenville Lanark (p. 87)

9.1.2. **Correspondence for Information**

- Cover Report (p. 90)

a. Minister Hoskins – 2016/17 Additional Funding (p. 92)
b. Porcupine – Low Income Dental Program (p. 93)
c. Minister Hoskins - Low Income Dental Program (p. 94)
d. Sysco Central Ontario - Refrigeration (p. 95)
e. Ministers Philpott/Hoskins – Tobacco Endgame (p. 96)
f. County Council – Tobacco Endgame (p. 98)
g. Mayor Bennet – Tobacco Endgame (p. 100)
h. Minister Philpott – Stop Marketing to Kids (p. 101)
i. alPHa – Annual General Meeting (p.102)
j. alPHa – Summary of 2017 Ontario Budget (p. 103)
k. alPHa / OPHA – Ontario Basic Income Guarantee (p. 107)
l. Inspection and Enforcement Activities – Algoma (p. 109)
m. Inspection and Enforcement Activities – Grey Bruce (p. 111)
n. Low-Income Dental Program - Durham (p. 112)
o. OPHS Modernization – Porcupine (p. 115)
p. Opioids – Durham (p. 116)
q. Opioids – Simcoe Muskoka (p. 119)
r. Vaccine Preventable Disease Funding - Durham (p. 121)

9.2. **Staff Reports**

9.2.1. **Staff Report: NutriSTEP® Implementation Status**
Erica Diamond RD, Public Health Nutritionist

- Staff Report (p. 124)

9.2.2. **Staff Report: 2016 Accountability Agreement Indicator Results**
Patti Fitzgerald, Assistant Director

- Staff Report (p. 140)

9.2.3. **Staff Report: Q1 2017 Peterborough Public Health Activities Report**

- Cover Report (p. 145)

a. Programs (p. 146)
b. Communications and IT (p. 148)
c. Social Media (p. 149)
d. Finance (p. 151)

9.3. **Committee Reports**

9.3.1. **First Nations Committee Report**

- Cover Report (p. 157)

a. Minutes, February 22/17 (p. 158)

b. Letter – Call to Action #89 (p. 163)

10. New Business

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

10.2. **Peterborough Public Health All Staff Day**

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

12. Motions for Open Session

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

Date: June 14, 2017
Time: 5:30 p.m.
Location: North Kawartha Community Centre, 340 McFadden Rd., Apsley

14. Adjournment

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

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Board of Health Minutes – April 12, 2017**

Date: May 10, 2017

Proposed Recommendation:

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

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, April 12, 2017 – 5:30 p.m.
Administrative Building, 123 Paudash Street
Hiawatha First Nation

In Attendance:

Board Members:	**Deputy Mayor John Fallis**
	Councillor Gary Baldwin
	Mr. Gregory Connolley
	Mayor Mary Smith, Chair
	Mr. Andy Sharpe
	Councillor Kathryn Wilson
	Chief Phyllis Williams
Regrets:	**Mayor Rick Woodcock**
	Councillor Lesley Parnell
	Ms. Kerri Davies
	Councillor Henry Clarke
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
	Ms. Dale Bolton, Manager Finance and Property

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1. Call to Order

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

Tom Cowie led the Board of Health in an Opening Prayer.

1.2 Moment of Silence: Art Vowles, Councillor, Hiawatha First Nation

The Board of Health of Peterborough Public Health held a Moment of Silence in remembrance of the late Art Vowles, former Board Member and Councillor at Hiawatha First Nation.

2. Confirmation of the Agenda

2.1 Confirmation of the Agenda for April 12, 2017

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-038)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 9.1.2 and 9.2.1.
Moved: Councillor Baldwin
Seconded: Mr. Connolley
Motion carried. (M-2017-039)

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

- *Letter dated March 7, 2017 from Dr. Gerace, College of Physicians and Surgeons to the Board Chair, in response to her initial letter dated February 2, 2017, regarding opioid addiction and overdose.*
- *Letter dated March 9, 2017 from the County of Peterborough, to Prime Minister Trudeau and Premier Wynne, copying Peterborough Public Health, regarding their support of Jordan's Principle.*
- *Letter dated March 14, 2017 from the County of Prince Edward, to Prime Minister Trudeau and Premier Wynne, copying Peterborough Public Health, regarding the development of a National Pharmacare Program.*
- *Letter dated March 22, 2017 from Sylvia Jones, MPP, Dufferin-Caledon, to the former Board Chair, regarding Hepatitis Treatment.*
- *Letter dated March 29, 2017 from Dr. David Williams, Chief Medical Officer of Health, regarding the CMOH 2015 Annual Report, Mapping Wellness – Ontario's Route to Healthier Communities.*
- *Letter dated March 31, 2017 from Minister Hoskins regarding the modernization of the Smoke-Free Ontario Strategy.*

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

- *alPHa newsletter dated March 6, 2017*
- *alPHa letter dated March 17, 2017 to Roselle Martino, Assistant Deputy Minister, MOHLTC, regarding the Public Health Programs and Services Consultation.*

Letters/Resolutions from other Health Units:

- *Basic Income Guarantee*
  Huron County

- *Children's Marketing Restrictions*
  Perth

Moved: Councillor Baldwin
Seconded: Mr. Connolley
Motion carried. (M-2017-039)

MOTION:
That the Board of Health for Peterborough Public Health approve the submission of the following draft resolution for the Association of Local Public Health Agencies (alPHa) Resolution Session (2017):

- *Accessible Contraception*
- *Truth and Reconciliation Commission of Canada Calls to Action.*

Moved: Councillor Baldwin
Seconded: Mr. Connolley
Motion carried. (M-2017-039)

5. Delegations and Presentations

5.1. Presentation: Hiawatha First Nation – Water Treatment Update

MOTION:
That the presentation by Chief Laurie Carr, Hiawatha First Nation, be received for information; and

That the Board of Health for Peterborough Public Health prepare a letter supporting Hiawatha First Nation's efforts to secure funding for a water treatment plant.

Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-040)

5.2. Presentation: Curve Lake First Nation – Moving Forward

MOTION:
That the presentation by Chief Phyllis Williams, Curve Lake First Nation, be received for information.

Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-041)

6. Confirmation of the Minutes of the Previous Meeting

6.1. March 8, 2017

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on March 8, 2017 be approved as circulated.

Moved:	Councillor Baldwin
Seconded:	Deputy Mayor Fallis
Motion carried.	(M-2017-042)

7. Business Arising From the Minutes

7.1. Peterborough Family Health Team - Update

Dr. Salvaterra, Medical Officer of Health, provided an update on the Peterborough Family Health Team presentation provided at the March 8, 2017 meeting. It was noted that this area is now considered "under serviced" and will be eligible for more primary care physicians.

7.2. March 2017 Meeting Evaluation – Education Request

Ms. Gorizzan, Executive Assistant, advised that an email will be sent requesting clarification of a Board Member's desire for additional education.

8. Staff Reports

8.1 Stewardship Committee Report: 2016 Draft Audited Financial Statements

Mr. Sharpe provided a brief overview of the Stewardship Committee meeting and introduced Mr. Richard Steiginga, Collins Barrow.

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 acceptance of the 2016 Audited Financial Statements for Peterborough Public Health.*

Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-043)

Following discussion, the Board agreed that the Auditor will present the Draft Financial Statements to the full Board each year.

Mr. Steiginga left the meeting at 7:10 p.m.

8.2 Staff Presentation: Emergency Preparedness

Ms. Gillian Pacey, Public Health Inspector and Ms. Edwina Dusome, Manager, Infectious Diseases and Emergency Preparedness provided training to the Board on Emergency Preparedness.

MOTION:
That the Board of Health for Peterborough Public Health receive the presentation "Emergency Preparedness", for information.
Moved: Deputy Mayor Fallis
Seconded: Councillor Wilson
Motion carried. (M-2017-044)

MOTION:
That the Board of Health for Peterborough Public Health send a thank you note to Cisco for providing refrigeration for vaccines when needed.
Moved: Mr. Sharpe
Seconded: Councillor Wilson
Motion carried. (M-2017-045)

8.3 Staff Report: Feedback on the Modernization of the Public Health Standards (2017)

MOTION:
That the Board of Health for Peterborough Public Health:
- *Receive the staff report, Feedback on the Modernization of Public Health Standards (2017);*
- *Approve the draft submission, Modernization of Public Health Standards (2017) – Feedback from Peterborough Public Health; and*
- *Direct staff to submit the feedback to Assistant Deputy Minister Roselle Martino, Population and Public Health Division.*

Moved: Councillor Baldwin
Seconded: Councillor Wilson
Motion carried. (M-2017-046)

9. Consent Items

9.1 Correspondence

9.1.1 Correspondence for Direction

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

- *Receive for information, letters dated March 15, 2017 from Scott Warnock, Chair of the Board of Health for Simcoe Muskoka District Health Unit, to Ministers Philpott and Hoskins, copied to the Ontario Boards of Health, regarding a tobacco endgame approach; and,*
- *Endorse their motion and community this support to Ministers Philpott and Hoskins with copies to local MPs, local MPPs, Dr. Theresa Tarn, Interim Chief Public Health Officer, Dr. David Williams, Chief Medical Officer of Health, Roselle Martino, Assistant Deputy Minister Population and Public Health (MOHLTC), the Association of Local Public Health Agencies, and Ontario Board of Health; and,*
- *Forward the report, A Tobacco Endgame for Canada to local municipalities, with a copy to the Association of Municipalities of Ontario, highlighting strategies that are relevant (e.g. Zoning by-laws to limit supply).*
- *Receive for information , the letter dated March 28, 2017 from Jesse Helmer, Chair Middlesex-London Board of Health to Ontario Board of Health, regarding support for Stop Marketing to Kids Coalition's Ottawa Principles and further action on sugary drinks, and*
- *Endorse their letter and communicate this support to Minster Pilpott, with copies to local MPs, Dr. Theresa Tarn, Interim Chief Public Health Officer, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Mr. Connolley
Seconded: Councillor Baldwin
Motion carried. (M-2017-047)

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

- *Receive for information , the letter dated March 28, 2017 from David W. West, Chief Administrative Officer for Porcupine Health Unit, Minister Hoskins, copied to Ontario Board of Health, regarding the implementation of a low-income dental program for adults and seniors; and,*

- *Endorse their resolution and communicate this support to Minister Hoskins with copies to local MPPs, Dr. David Williams, Chief Medical Officer of Health, Roselle Martino, Assistant Deputy Minister, Population and Public Health (MOHLTC), the Association of Local Public Health Agencies, and Ontario Boards of Health; and*
- *That Porcupine Health Unit be requested to bring this resolution to the alPHa AGM.*

Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-048)

9.3 Committee Reports

9.3.1 **Stewardship Committee – 2017 Budget Approval – Healthy Babies, Healthy Children Budget**

MOTION:
That the Board of Health for Peterborough Public Health:
- *Receive the staff report, 2017 Budget Approval – Healthy Babies, Healthy Children Program for information; and*
- *Approve the 2017 budget for the Healthy Babies, Healthy Children (HBHC) Program in the total amount of $928,413; and*
- *That staff bring a report to the next Stewardship Committee on the true amount of funding needed for this program.*

Moved: Councillor Wilson
Seconded: Mr. Connolley
Motion carried. (M-2017-049)

10. New Business

11. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health go In Camera to discuss one item under Section 239(2)(c) A proposed or pending acquisition or disposition of land by the Board, at 7:33 p.m.
Moved: Chief Williams
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-050)

MOTION:
That the Board of Health for Peterborough Public Health rise from In Camera at 7:41 p.m.
Moved: Mr. Sharpe
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-051)

12. Motions from In Camera for Open Session

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

The next meeting will be held May 10, 2017 in the Dr. J. K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street at 5:30 p.m.

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Fallis
Seconded by: Mr. Connolley
Motion carried. (M-2017-052)

The meeting was adjourned at 7:42 p.m.

Chairperson

Medical Officer of Health

Staff Report

Development of a Local Food Charter

Date:	May 10, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Carolyn Doris, RD Public Health Nutritionist

Proposed Recommendations

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.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

At its September 9, 2015 meeting, the Board of Health reviewed the *Bruce Grey Food Charter* which had been endorsed by Grey-Bruce Health Unit Board of Health and expressed interest in the development of a local food charter.

Background

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".[1] A recent discussion paper on food charters, prepared for prepared for the North Bay Parry Sound District Health Unit notes that food charters:

- raise awareness and education about food issues and form a basis for action
- can provide a platform for connecting existing projects across local municipalities.[2]

According to FoodNet Ontario, food charters "help to point community food policy in a positive direction and bring people from diverse sectors together to share concerns, experiences and knowledge relating to food and agriculture in order to establish a shared vision of food security."[3]

The Toronto Food Charter, was adopted in 2001 by the City Council of Toronto as a way to highlight the City's commitment to food security, and was one of the first such actions in Ontario.[4] Toronto's Food Charter has since been used as a foundation for municipal food policy work within the City of the Toronto through the Toronto Food Policy Council, a subcommittee of the Toronto Board of Health. The Toronto Food Policy Council also works alongside Toronto Public Health's Food Strategy team.[5]

Since 2001, many Ontario communities including neighbouring municipalities of the City of Kawartha Lakes, Northumberland County, and Durham Region, have created food charters as a basis for action. A 2013 report, based on a cross-Canada survey found there were 64 local and regional municipalities working to improve food systems through cross-sectoral collaboration, many utilizing food charters as a basis for action in their communities.[6] The Peterborough Food Action Network, formerly known as the Peterborough Community Food Network, chaired by Dr. Salvaterra, Medical Officer of Health, was acknowledged in this report.[7]

Food charters are typically aspirational in wording and often include:

- advocacy for nutritious and affordable food for all community members,
- a recognition of the fundamental need for food security,
- an 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.[8]

Food charters, most often seen in Canada, 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.[9]

Food charters are intended to offer local decision makers, community organizations, local citizens etc. "an overall guide for sharing food-related policy and projects". Typically food charters are publicly shared documents that are endorsed and can in turn help formalize "a municipality's vision for their food system, acting as a guide for policy makers".[10] Academics working in food insecurity and policy intervention research have reported that often, community food security work focusing on sustainable food systems through the work of food charters and food policy councils in communities are often "motivated more by middle-class desires for organic, local food than by the needs of food-insecure and hungry households".[11] Therefore it is essential to consider processes and opportunities to involve community members living in food insecure households locally in the development of food charters and following actions.

The Bruce Grey Food Charter was shared with the Board of Health through correspondence from Grey-Bruce Public Health in September 2015.[12] 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.

The **Peterborough Food Charter** has since been discussed and revised by members of the Peterborough Food Action Network, including community members with lived experience, the Sustainable Peterborough Future of Food and Farming Working Group, and a smaller working group of community members and staff of organizations interested in food charter development. Existing food charters from different regions were reviewed; common language and themes were noted in many of these documents. Subsequently a public consultation attended by approximately 40 people was held at Peterborough Public Health during Local Food Month in September 2016 to review a draft food charter with identified priority areas and supporting statements. A working group of volunteers from that community consultation have since come together to review feedback, incorporate discussions and research to develop the **Peterborough Food Charter** (Attachment A). The Food Charter will be presented to the Agriculture Advisory Committee of Peterborough Economic Development in May 2017. A community meeting to discuss next steps, actions and endorsements of the Food Charter is planned for May 16, 2017 with the support of Dr. Barbara Seed, PhD, MPH RD, a Canadian expert in sustainable food systems.

It is important to note that this Food Charter is a vision highlighting a commitment to promote discussion, partnerships and actions which will be necessary from a wide variety of stakeholders to ensure that the vision is implemented. The Food Charter Working Group remains committed to developing a tool kit outlining possible actions and next steps after endorsement of the Food Charter and will be included on the Food in Peterborough website.

Rationale

As directed by the Board of Health, staff have worked with the community to localize priority areas within the Food Charter and have discussed revisions with different stakeholders. The proposed Food Charter will act as a grounding document to move community food security efforts forward in the community. The Peterborough Food Action Network defines community food security as follows:

A community enjoys food security when:

- *all people, at all times, have physical and economic access to nutritious, safe, personally and culturally appropriate foods,*
- *food is produced in ways that are environmentally sound, socially just, and promote community self-reliance, and*
- *food is provided in a manner that promotes human dignity.*[13]

Encouraging and seeking supportive endorsements from municipal partners, community organizations and individuals interested or involved in building and promoting the local food system (including production, processing, distribution, access, consumption and waste/nutrient management) can be a starting place for the development of coordinated action leading to specific policy development to support increased access to local and healthy food. There are many groups already working on aspects of the food system and it is hoped that the Food Charter can act as a vision for future collaborative community work and focus.

Strategic Direction

This report applies to the strategic direction of Community-Centred Focus and Determinants of Health and Health Equity. The local Food Charter reflects local research and community interests while ensuring that household food insecurity (defined as inadequate or insecure access to food due to financial constraints), a key determinant of health is considered as part of access to healthy local food in a socially just food system.

Contact:

Carolyn Doris RD
Registered Dietitian, Nutrition Promotion
(705) 743-1000, ext. 251
cdoris@peterboroughpublichealth.ca

Attachments:

Attachment A – Peterborough Food Charter

References:

1. 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
2. Ibid.

3. FoodNet Ontario. foodnetontario.ca » Charters [Internet]. 2016 [cited 2017 Apr 13]. Available from: http://foodnetontario.ca/policy-advocacy/charters/

4. Toronto Food Policy Council. Toronto Food Charter [Internet]. [cited 2017 Apr 18]. Available from: http://tfpc.to/to-food-policy-archive/toronto-food-charter

5. Toronto Food Strategy. Overview - Toronto Food Strategy - Nutrition & Food Access | City of Toronto. [cited 2017 Apr 18]; Available from: http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=75ab044e17e32410VgnVCM10000071d60f89RCRD

6. Macrae R, Donahue K, Committee S, Baker L, Bays J, Mcinnes D. Municipal food policy entrepreneurs: A preliminary analysis of how Canadian cities and regional districts are involved in food system change. 2013 [cited 2017 Apr 19]; Available from: http://tfpc.to/wordpress/wp-content/uploads/2013/05/Report-May30-FINAL.pdf

7. Ibid.

8. 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

9. 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

10. 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

11. Collins PA, Power EM, Little MH. Municipal-level responses to household food insecurity in Canada: A call for critical, evaluative research [Internet]. Vol. 105, Canadian Journal of Public Health. Canadian Public Health Association; 2014 [cited 2017 Apr 13]. 138-141 p. Available from: http://journal.cpha.ca/index.php/cjph/article/view/4224/2911

12. Bruce Grey Poverty Task Force. Bruce Grey Food Charter [Internet]. Owen Sound; 2015 [cited 2017 Apr 13]. Available from: https://www.publichealthgreybruce.on.ca/Portals/0/Topics/Eating Well/GB Food

Charter.pdf

13. Peterborough Food Action Network. What Food Security Means to Us [Internet]. 2009 [cited 2017 Apr 19]. Available from: http://www.foodinpeterborough.ca/what-food-security-means-to-us/

PETERBOROUGH FOOD CHARTER

Our Local Food System:

Healthy, Sustainable and Just Food For All

Our Local Food System

PRODUCTION

PROCESSING

DISTRIBUTION

ACCESS

COMSUMPTION

WASTE & NUTRIENT MANAGEMENT

FARMLAND
WATERWAYS
WILDLIFE HABITATS
RURAL COMMUNITIES
URBAN COMMUNITIES

Kinmount
Apsley
Buckhorn
CURVE LAKE FIRST NATION
Lakefield
Havelock
Norwood
Ennismore
Bridgenorth
City of Peterborough
Keene
Springville
Cavan
Fraserville
Millbrook
HIAWATHA FIRST NATION

Health Centre
Employment Services
Restaurant
EAT LOCAL
School
Child CARE
Seed Library

The geography of our food system includes farmland, waterways, wildlife habitats, rural communities and urban communities.

Peterborough Food Charter

For All Residents of Curve Lake & Hiawatha First Nations and the County & City of Peterborough

Peterborough has a rich agricultural history and food production continues to be important to our community. There are many cross-sectoral collaborations and partnerships supporting social justice, food literacy and the local food system. Sustainable Peterborough identifies the goal of feeding ourselves sustainably with local, healthy foods. Despite these community food security assets, 16.5% of local households report being food insecure. Locally, research shows that 1 in 4 households with children (18 years of age and younger) experience food insecurity. Food insecurity is inadequate or insecure access to food due to financial constraints and is a serious public health problem.

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. Food charters help to raise awareness and education about food issues that can form a basis for action.

This Food Charter is a guiding document to encourage the development of policies and support for programs that promote a healthy and just food system for all residents of Curve Lake & Hiawatha First Nations, and the County & City of Peterborough. The Charter acknowledges the right to food and is a commitment to work together to build a vibrant, sustainable, food secure community with healthy and local food for all.

This Food Charter was developed based on extensive consultation over a number of years by many partners and reflects the diverse voices of our community.

BECAUSE WE VALUE A LOCAL FOOD SYSTEM
WE SUPPORT
- Local farmers and their commitment to sustainable stewardship of food producing lands.
- Policies, programs and infrastructure to ensure that locally grown food is available in the future.
- Land use policies that protect food producing lands.
- Policies to increase procurement of locally grown food where people live, learn, work, and play.
- Increased understanding of the challenges involved in producing food locally.
- Opportunities that connect people to the land and farmers to the people.
- Access to wild foods obtained by fishing, hunting and gathering.

BECAUSE WE VALUE HEALTH
WE SUPPORT
- Strategies that ensure all residents, at all times, have physical and economic access to nutritious, safe, personally and culturally appropriate foods.
- Public policy that recognizes food's contribution to physical, mental, spiritual, and emotional well-being.
- Communities and neighbourhoods that encourage and build adequate transportation links to make healthy food accessible to all, including pedestrians and cyclists.
- Baby Friendly™ policies that protect, promote, and support breastfeeding and the importance of breastmilk as a first food.
- Nutrition education and healthy food choices where our residents live, learn, work and play.

BECAUSE WE VALUE SOCIAL JUSTICE
WE SUPPORT
- Dignified access to healthy and local food for all.
- A living wage for the production of food, and a safe and respectful environment for all farmers and people who work to feed others.
- Increased access to land for people interested in growing and facilities for processing food.
- Income, education, employment, housing, and transportation policies and practices that support access to healthy, sustainable food.

BECAUSE WE VALUE CULTURE & COMMUNITY
WE SUPPORT
- Strengthening links between the farm and table.
- Celebrating and promoting culturally and spiritually significant foods and traditions to connect communities and strengthen collaborations.
- Opportunities for all community members to grow, prepare, and eat together.

BECAUSE WE VALUE EDUCATION
WE SUPPORT
- Public awareness of the food system's role in our lives.
- Promoting the connections between our health, the environment, and our food choices.
- Programs for current and future farmers, home gardeners, food producers, and others involved in the food system.
- Initiatives and programs that develop food literacy for everyone.

BECAUSE WE VALUE ECONOMIC SUSTAINABILITY
WE SUPPORT
- Increased production, storage, processing, distribution, consumption and marketing of local, healthy food.
- Promotion of our region as an agricultural and culinary destination.
- Food and agricultural research that is innovative, sustainable, and includes alternative food systems.
- Economic and physical services and infrastructure that support local food producing lands and the development of local food related programs and businesses.
- The protection of land for sustainable food production.

BECAUSE WE VALUE THE ENVIRONMENT
WE SUPPORT
- Farming practices and food production that promotes environmental stewardship.
- Minimizing negative environmental impacts of the food system.
- Practices that improve soil, water and air quality for sustainable food production.

WHAT FOOD SECURITY MEANS TO US

A community enjoys food security when:
- All people, at all times, have physical & economic access to nutritious, safe, personally and culturally appropriate foods,
- Food is produced in ways that are environmentally sound, socially just, and promote community self-reliance, and
- Food is provided in a manner that promotes human dignity.

Peterborough Food Action Network

For more information or ways to take action, visit ***www.foodinpeterborough.ca/foodcharter***

Update on a Local Food Charter and Provincial Food Security Strategy

Carolyn Doris RD

May 10, 2017

Food Security vs Food Insecurity

Definitions:

Household Food Security: Food security exists in a household when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

Household Food Insecurity: Inadequate or insecure access to food because of financial constraints (aka 'food poverty')

Hunger: An individual-level physiological condition that may result from severe food insecurity with a high level of food deprivation

Individuals who experience food insecurity
may or may not experience hunger

How is food insecurity measured?

Household Food Security Survey Module (HFSSM)

- 18 questions
- Part of Canadian Community Health Survey
- Reports produced by Food Insecurity Policy Research (PROOF)

The prevalence of household food insecurity (marginal, moderate and severe combined) varied across Ontario's 36 public health units in 2012–2014 combined. Public health units with the lowest percentage of food insecure households included Halton Region (6.5 per cent), York Region (6.8 per cent) and Oxford County (7.0 per cent).

Public health units with the highest percentage of food insecure households were Peterborough County-City (16.5 per cent), Porcupine and Toronto (both 14.9 per cent).

CCO, 2016 Prevention System Quality Index:
Monitoring Ontario's Efforts in Cancer Prevention

What is a Food Charter?

- Local food charter development began after Board of Health suggestion in September 2015
- Examples of Food Charters supporting community action

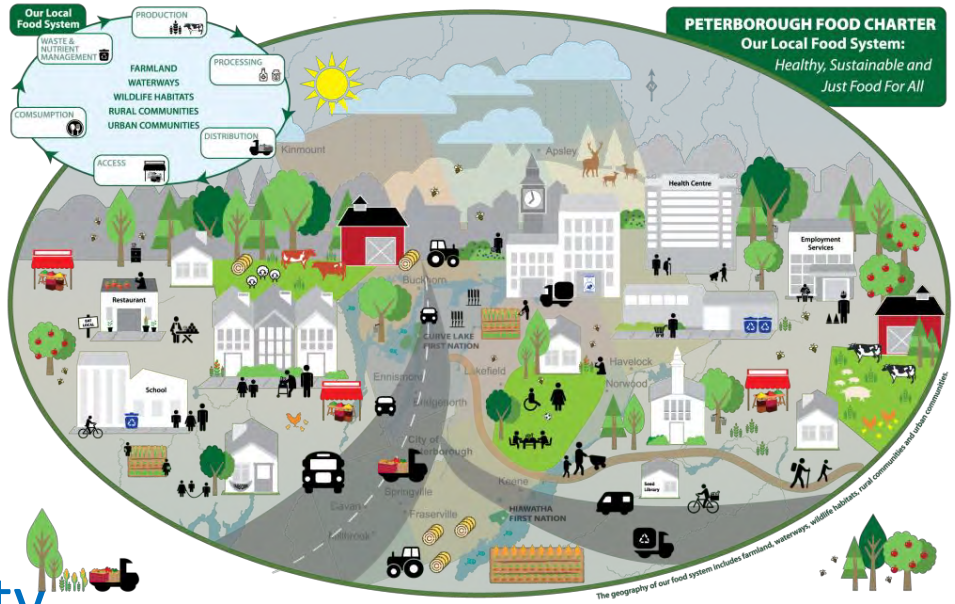
Peterborough Food Charter

- Recognizes assets of our community
  - Working together
  - Years of local research and projects
- Acknowledges food insecurity and need to implement change
- Collaboration key
- Based on local food system

Peterborough Food Charter
For All Residents of Curve Lake, Hiawatha First Nations and the County & City of Peterborough to consider

Visionary Statements:

- Local Food System
- Health
- Social Justice
- Culture & Community
- Education
- Economic Sustainability
- The Environment



What's Next?

- Board of Health endorse the Food Charter
- Share BOH endorsement with local municipalities, FNs and organizations and by individuals interested in or involved in building and promoting our local food system
- www.foodinpeterborough.ca/foodcharter
- Call to Action and development of food strategy

Peterborough Public Health

Ontario Food Security Strategy

- Announced April 2017
- Ontario seeking public input
  - Province supporting access to sufficient, safe, nutritious and culturally appropriate food for everyone in Ontario

"Ontario's vision is a province where every person is food secure, to support them in leading healthy and active lives."

Ontario Food Security Strategy

- Four themes:
  1. Empowered communities with custom-made solutions
  2. Integrated food initiatives that use knowledge to drive collective impact
  3. Food security is about more than food
  4. Driving innovation

Your input is critical!

- Opportunities to provide input to this consultation
  - Local consultation –Dinner & Discussion hosted by PFAN/Nourish – May 17
  - Provincial led consultation, by invitation from PRO – May
  - Provincial on-line surveys
    - For people interested in topic
    - For indigenous people, families, communities and organizations
  - Local letter writing + postcard campaign

Questions?

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Safe Sewage System Program

Date: May 10, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Safe Sewage System Program
Presenter: Atul Jain, Manager, Inspection Services

Attachments:

Attachment A – Staff Presentation - Safe Sewage System Program

Peterborough Public Health's
Safe Sewage System Program

Atul Jain

Manager, Environmental Health/CBO Safe Sewage

May 10, 2017

In the Beginning…

- Until late 90's, Health Unit responsible for Part VIII under EPA
- Province-wide review of many services undertaken
- *Services Improvement Act (SIA)* passed on December 8, 1997 – also affected Building Code Act, EPA, OWRA
- Changes transferred responsibility of regulating smaller on-lot sewage to municipalities under the BCA – effective April 6, 1998

An Act to follow:

- Changes to Building Code because of SIA
- Systems smaller than 10,000 litres/day
- Part 2 of BCA contained new qualification requirements for septic system installers and inspectors
- Technical standards for systems did not really change

Peterborough Public Health

What to Do?

- Prior to deadline of April 6, 1998, municipalities had to make arrangements for assumption of responsibility
- Options:
  - Local municipal assumption
  - County hire staff
  - Contract with private sector provider
  - Transferred by agreement to another agency (CA/HU)

The Choice of Reason

- After extensive consultation with all Townships, County Council passed By-law 23-1998
- County became responsible for smaller sewage disposal systems on behalf of all Townships
- Subsequently, Council passed By-law 26-1998 in order to enter into an agreement with PCCHU
- On April 1, 1998, agreement with PCCHU officially signed with PCCHU for septic-related services

Agreement - 1998

- Fees for service not added to tax levy
- Allowed PCCHU to set fees for various types of services
- Fees charged to property owners implementing a full cost recovery model

Rationale for Health Unit Option

- Consistent fees across County
- Consistent application of regulations
- Full cost recovery
- Good communication with CBO's
- A resource for local CBO's
- Operates at arm's length from Council
- Violations and lawsuits not part of Township administration

Current Agreement

- Original agreement has been amended/extended numerous times
- Current agreement signed and effective as of May 18, 2014
- 5-year arrangement ending on May 17, 2019
- Basically the same services as previous contracts

MANDATORY
Sewage Re-inspection Program

Mandatory Sewage System Re-inspection By-law

- County Council on December 18, 2013
  - Approved
  - 3 years commencing January 1, 2014 to December 31, 2016
  - 124 septic systems identified in County
  - Dec 2016 - Renewed for 2.5 years

NON-MANDATORY
(Municipal Mandatory)

Sewage Re-inspection Program

Non-mandatory Sewage System Re-inspection By-law

- County Approved
- 2.5 years commencing January 1, 2017 to May 2019
- Fee = $325
- Method of collection is determined by the township

Phase I

- Search of database back to 1976
- Send a letter & questionnaire
- If sewage system > 10 years – Exempt
- Review available material
  - Size of finished area
  - # of bedrooms
  - # of fixture units

Why do a Re-inspection Program?

- Well head and drinking water protection
- Decreases Blue Green Algae in Lakes
- Increases economic development/tourism
- Protects the environment
- Increases property values/resale of homes

Peterborough Public Health

Phase I (cont'd)

- Locate the sewage system components
- Identify any obvious or outwards signs of malfunction or failure
- Identify systems that are at risk of malfunction or failure

Phase I (cont'd)

- Generally avoid significant disturbance to the systems and surrounding area
- May include a look at septic tank
- If any indication of sewage system failure then
- Phase II

Phase II

- Exposing the septic tank and/or
- Exposing the tile bed and/or
- Dye tests

Reception of Program

- PPH found that most residents were very supportive of the program
- Majority of residents were very helpful and understanding
- Much appreciated!

Why PPH?

- Public Health Inspectors are educated at Accredited Post Secondary Institutions and Certified through the Canadian Institute of Public Health Inspectors
- PPH has the tools, education and staff to provide this service

Why PPH? (cont'd)

- Inspectors are qualified under the Ontario Building Code
  - New examination requirements as of Jan 1, 2014
- PPH can use the Health Protection & Promotion Act in addition to the Ontario Building Code
  - Other Sewage Systems Inspectors - Can not!

… BUT MOST IMPORTANT!

Sewage is a Health Hazard

Thank you
&
Questions?

Staff Report

Revised Peterborough Public Health Values

Date:	May 10, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Larry Stinson, Director of Operations

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

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

Financial Implications and Impact

There are no financial implications for this decision.

Decision History

In preparation for the development of the Peterborough Public Health Strategic Plan 2018 – 2022, the Board of Health directed staff to review and revise the Vision, Mission and Values as the first step. At the June 8, 2016 meeting, the Board approved a process to achieve this task. At its October 12, 2016 meeting, the Board of Health approved the revised Mission and Vision Statements.

Background

The Ontario Public Health Organizational Standards states that each Board of Health shall have a strategic plan and shall ensure that it:

- Expresses the philosophy/mission, a values statement, and the goals and objectives of the board of health;
- Describes how equity issues will be addressed in the delivery and outcomes of programs and services;
- Describes how the outcomes of the Foundational Standard in the 2008 OPHS (or as current), will be achieved;
- Establishes policy direction regarding a performance management and quality improvement system;
- Considers organizational capacity; Establishes strategic priorities for the organization that address local contexts and integrate local community priorities;
- Covers a 3 to 5 year timeframe;
- Includes the advice and input of staff, and community partners; and Is reviewed at least every other year and revised as appropriate.

The current Peterborough Public Health Strategic Plan is for the period 2013 – 2017.

Rationale

At the June 8, 2016 meeting of the Board of Health, the Board received a Staff Report which indicated:

> *Since the mandate of public health is well defined through the Ontario Public Health Standards, it is not surprising that there is little variance among vision and mission statements across the 36 health units. Core values, however, reflect the unique nature of each organization and of the people who work within it. The review process should, reflect the importance of these components; and*
>
> *At Peterborough Public Health the review process needs to begin with what exists; and*
>
> *It is proposed that the review and revision process be led internally by staff and be primarily an internal (Board and Staff) exercise.*

During February and March of 2017, nine focus groups were conducted to review existing value statements, where already present in organizational materials and where articulated in the recent rebranding exercise. These focus groups were held with program teams, and included one joint session with Board and Management team members on February 11th, 2017.

Notes from all of the nine sessions were reviewed for areas of emerging consensus, as well as areas where there were opposing opinions. For example, the word “protector” as a valued role,

generated strong sentiments from staff who felt that it captured best their work, and from others who found it was paternalistic and potentially problematic. Since the new Mission statement captures both the roles of health promotion and health protection, we are proposing that this gives the two key functions the prominence deserved and neither word needs to be repeated in the subsequent identification of key values.

Similarly, there were divisions among staff between preferences for "Teamwork" or "Collaboration" as a key value. Taken together, it was clear that this theme is an important one that needs to be identified, but opinions differed on which one was best.

There were gaps identified with the existing Values statement of the board. The value placed on ethical practice, on addressing health equity and on becoming Allies in the work of relationship and reconciliation with Indigenous peoples were highlighted as important additions.

The following revisions to the existing values were validated by staff:

- Rather than creating new values, we will retain and refresh the existing values statements
- The broad definition of health be moved to a preamble, as it sets the context for our work, rather than appear as a value;
- Two beliefs be drawn out of the values to become foundational: the belief that our approach should consider: health for all (that recognizes the need to balance individual rights and community health goals); and that we have a commitment to address the social determinants of health and health equity.
- The four values that emerge as being core to our organization and our work are Respect, Teamwork, Advocacy, and Excellence.

<u>PROPOSED VISION, MISSION AND VALUES</u>:

Vision: Healthy Communities

Mission: Peterborough Public Health works with partners to promote and protect the health of communities in Curve Lake and Hiawatha First Nations and the County and City of Peterborough.

Values: Our work is guided by the understanding that "health" includes physical, mental, social, emotional, and spiritual aspects of well-being.

Our values are grounded in two beliefs. We believe in:

- our responsibility to address the upstream causes of **Health and** to strive for **Equity**;
- respect for individual choice within the greater context of **Health** protection and promotion **for All**

Our work is guided by the following values:

- RESPECT: We make all people feel welcome and treat them with dignity.
- TEAMWORK: Our goals are best achieved through collaboration, cooperation and partnerships that are inclusive.
- EXCELLENCE: We are responsive to community needs and are resourceful and innovative in our efforts. We are committed to life-long learning, ethical practice and evidence-informed decision-making, and professionalism.
- ADVOCACY: We are invested in the health of our communities and through allyship seek fundamental and transformative change.

Strategic Direction

The revision of our values statements supports the Board in meeting the requirements under the Organizational Standards and achieving all four strategic directions:

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

Contact:

Larry Stinson
Director of Operatons
(705) 743-1000, ext. 255
lstinson@peterborough publichealth.ca

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Association of Local Public Health Agencies 2017 Annual General Meeting Resolutions**

Date: May 10, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- *receive for information, the memo dated May 5, 2017 from the Association of Local Public Health Agencies regarding the alPHa Resolutions for Consideration at 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 Publicly 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)*

Additional enclosures previously circulated and available upon request (relating to A17-5).

Attachment – alPHa Memo and Resolutions

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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E-mail: info@alphaweb.org

Providing leadership in public health management

MEMO

To: Chairs and Members of Boards of Health
Medical Officers of Health
alPHa Board of Directors
Presidents of Affiliate Organizations

From: Linda Stewart, Executive Director

Subject: ***alPHa Resolutions for Consideration at June 2017 Annual General Meeting***

Date: May 5, 2017

Please find enclosed a package of the resolutions to be considered at the Resolutions Session which takes place at the Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario, on June 12, 2017 from 8:00 to 10:00 AM as part of alPHa's 2017 Annual General Meeting.

These resolutions were received prior to the deadline for advance circulation. They have been reviewed and recommended by the alPHa Executive Committee to go forward for discussion at the AGM. (As of this writing, late resolutions were not received and are not included in this package. Late resolutions are not typically reviewed by the Executive Committee, and would be indicated as such.)

Sponsors of resolutions should be prepared to have a delegate present to speak to their resolution(s) during the session.

IMPORTANT NOTE FOR LATE RESOLUTIONS:

Late resolutions (i.e. those brought by the floor) will be accepted, but please note that any late resolution must come from a Health Unit, the Board of Health Section, the Council of Medical Officers of Health, the Board of Directors or an Affiliate Member Organization of alPHa. They may not come from an individual acting alone.

Also, in order to have a late resolution considered it must be first submitted in writing to an alPHa staff member **by 7:00 AM, Monday, June 12, 2017 (i.e. one hour before the start of the Resolutions Session)** so that it may be prepared for review by the membership. This includes a review by the Resolutions Chair appointed by the Executive Committee. The Chair will quickly review the resolution to determine whether or not it meets the criteria of a proposed resolution as per the "Procedural Guidelines for alPHa Resolutions" found at www.alphaweb.org/resolutions.asp. If the resolution meets these guidelines, it proceeds to the membership to vote on whether or not there is time to consider it. A successful vote will garner 2/3 majority support. If this is attained, it will be displayed on the screen and read aloud by its sponsor followed by a discussion and vote.

Each late resolution will go through this process. We value timely and important resolutions and want to ensure that there is a process to consider them.

Cont'd

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session. A registration form is attached. Health Units must indicate who they are sending as voting delegates and which delegates will require a proxy vote. Only one proxy vote is allowed per person.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their *health unit/board of health.*

Delegates are asked to obtain their voting card and proxy (if applicable) from the registration desk during the conference. They will be asked to sign off verifying that they did indeed receive their card(s). This is done so that we have an accurate record of who was present and voted during the meeting.

To help us keep printing costs down, **please bring your enclosed copy of the resolutions with you** to the Resolutions Session.

Attached is a list describing the number of votes for which each Health Unit qualifies. Please note that we have updated this list based on population statistics taken from the 2011 Statistics Canada Census data "Census Profile".

If you have any questions on the above, please feel free to contact Susan Lee, Manager, Administrative and Association Services, at 416-595-0006 ext. 25 or via e-mail at susan@alphaweb.org

Enclosures:

- Resolutions Voting Registration Form
- Number of Votes Eligible for alPHa Resolutions Session Per Health Unit
- June 2017 Resolutions for Consideration

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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Providing leadership in public health management

2017 alPHa Resolutions Session
June 12, 2017 – 8:00 to 10:00 AM
Chatham-Kent JDB Convention Centre, 565 Richmond St., Chatham, Ontario

REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the June 11 -13 alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Email this form to *susan@alphaweb.org* on or before June 1, 2017

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

Number of Votes Eligible for Resolutions Session Per Health Unit

HEATLH UNITS	*VOTING DELEGATES*
Toronto*	**20**
POPULATION OVER 400,000	**7**
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
POPULATION OVER 300,000	**6**
Windsor-Essex	
POPULATION OVER 200,000	**5**
Eastern Ontario	
Wellington-Dufferin-Guelph	
POPULATION UNDER 200,000	**4**
Algoma	
Brant	
Chatham-Kent	
Elgin-St.Thomas	
Grey Bruce	
Haldimand-Norfolk	
Haliburton, Kawartha, Pine-Ridge	
Hastings-Prince Edward	
Huron	
Kingston, Frontenac, Lennox and Addington	
Lambton	
Leeds, Grenville and Lanark	
North Bay-Parry Sound	
Northwestern	
Oxford	
Perth	
Peterborough	
Porcupine	
Renfrew	
Sudbury	
Thunder Bay	
Timiskaming	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

Health Unit population statistics taken from: Statistics Canada. 2011 Census. *Census Profile.*

alPHa
Association of Local
PUBLIC HEALTH
Agencies

June 2017

RESOLUTIONS FOR CONSIDERATION

alPHa Resolutions Session, 2017 Annual General Meeting
Monday, June 12, 2017
Ballroom A
Chatham-Kent John D. Bradley Convention Centre
565 Richmond Street
Chatham, Ontario

DRAFT RESOLUTIONS FOR CONSIDERATION
at June 2017 alPHa Annual General Meeting

Resolution Number	Title	Sponsor	Page
A17-1	Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors	Chatham-Kent Public Health Unit and Porcupine Health Unit	1
A17-2	Truth and Reconciliation Commission of Canada (TRC) Calls to Action	Peterborough Public Health	6-7
A17-3	Accessible Contraception	Peterborough Public Health	11
A17-4	Investing in Healthy Workplaces within Ontario Public Health Units	Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health	13
A17-5	Committing to a Tobacco Endgame in Canada	Simcoe Muskoka District Health Unit	16-17

alPHa
Association of Local PUBLIC HEALTH Agencies

DRAFT alPHa RESOLUTION A17-1

TITLE: **Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors**

SPONSOR: **Chatham-Kent Public Health Unit & Porcupine Health Unit**

WHEREAS the relationship between poor oral health and poor overall health and social well-being is well established; and

WHEREAS dental care is excluded from the Ontario Health Insurance Program; and

WHEREAS one-third of Ontario workers do not have employee health benefits; and

WHEREAS 13.9% of the Ontario population, live in low income; and

WHEREAS the burden of poor oral health is greater in marginalized populations; and

WHEREAS financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care; and

WHEREAS Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns (Ontario Oral Health Alliance, 2017), as acute health care services are often the only remaining option for treatment of complications from lack of dental care; and

WHEREAS an estimated $38M is spent in the acute care medical system for these complications without addressing their underlying causes; and

WHEREAS the majority of these acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions; and

WHEREAS the Ontario Liberals made provision of oral health services to low-income Ontarians a key plank in its 2007 election platform; and

WHEREAS the 2014 Ontario Budget included the provision of dental benefits to all low-income workers by 2025 as part of its 10-year economic plan; and

WHEREAS alPHa believes that the ongoing exclusion of low-income adults from publicly-funded oral health treatment and prevention services creates health inequities and is contrary to the original intent of the Government's 2007 promise

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long Term Care (MOHLTC) to immediately begin the process to develop standards for preventative and restorative oral health care and implement a provincially funded oral health program for low-income adults and seniors in Ontario well before the proposed 2025 timeline.

Supplementary Information attached (4 pages)

Backgrounder 1

According to the World Health Organization (WHO), oral health is essential to general health and quality of life.[1]

The WHO defines oral health as a state of being free from mouth and facial pain, oral and throat cancer, oral infections and sores, periodontal (gum) disease, tooth decay and tooth loss that limit an individual's capacity in biting, chewing, smiling, speaking and psychosocial wellbeing. The WHO also reports that the prevalence of the oral disease burden is significantly higher among poor and disadvantaged population groups globally. [1]

According to the Canadian Health Measures Survey in 2008, 96 per cent of adults have been affected by tooth decay. Since most low-income adults and seniors do not have access to public dental programs or employer-sponsored dental benefits, they are less likely to access preventive services and regular maintenance care.[2]

The Canadian Academy of Health Sciences (CAHS) report that one in five people in Canada do not visit an oral health provider due to cost.[3] Research indicates that our vulnerable and marginalized population experience the highest incidence of dental disease amongst Canadians (17%) and also have the greatest barriers to access. Furthermore, research shows income-related inequalities in oral health are greater than income-related inequalities in general health indicators. The results of these disparities include but are not limited to, dental decay, gum diseases, missing teeth and dental pain. Periodontal disease has been linked to respiratory infections, cardiovascular disease, diabetes, poor nutrition, low birth weight babies, and osteoporosis and rheumatoid arthritis in seniors.[3] If not addressed, oral disease will affect social, economic and behavioural determinants including employability, work attendance and performance, psychosocial health, esteem and relationships.[3]

The inability to access and use oral health services contributes significantly to inequalities in the oral health status of Canadians and does not meet the policy goals set in place within the Canada Health Act (1984) with regards to reasonable access to health care.[4]

The Wellesley Institute report (2015) indicates that one-third of Ontario workers do not have employee health benefits and of those earning less than $30 000 annually, 45% do not have access to drug and dental coverage. The report further states that of those people who are working but have low incomes are likely to fall through the gaps. With this, health outcomes previously discussed will continue to present and cause not only great impact on individuals and their families, but also an incredible burden upon the health care system as a whole.[5]

Oral health issues are not covered under universal healthcare through the Ontario Health Insurance Program. For low-income adults or seniors, who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. The lack of private coverage and/or the patchwork of publicly-provided health benefits can mean little or no access to essential oral health services in Ontario. As a result, in 2014 emergency departments received 61 000 individuals presenting with tooth and/or gum complaints. Similarly, 218 000 visits were made to health care practitioners. Pain control and antibiotics are the only treatment available and do not address the root issue. It is estimated that these provincially billed fees total 38 million dollars.[6] According to Taxfiler data (2014) 15.9% of Ontario adults (aged 18-64) and 6.8% of seniors were living in low income, this

accounts for 1 449 390 Ontarians. Access to dental care is particularly income sensitive, meaning that the lower a household's income the more difficult it is to access these essential health services.[5]

The Poverty Reduction Strategy, 2014, committed to expand access to dental programs for children from low income families.[7] As a result in 2016, Healthy Smiles Ontario expanded its publicly funded dental services to children 17 and under regardless of any coverage under employer-sponsored dental insurance. However, there continues to be no such access to provincially funded preventative dental services for low income adults including seniors. Dependent on municipalities, and/or LHINs, discretionary funds may be available for emergency dental care, this however is limited and not standardized across Ontario.

The Association of Local Public Health Agencies, the Ontario Oral Health Alliance (OOHA), the Association of Ontario Health Centres (AOHC), The Ontario Association of Public Health Dentistry (OAPHD) and The Registered Nurses Association of Ontario (RNAO), along with many Boards of Health across Ontario including: Chatham-Kent, Lambton, Middlesex-London, Hamilton, Simcoe Muskoka, and Haliburton, Kawartha, Pine Ridge have since called upon the Province to expand publicly-funded care to include low-income adults.

The Provincial Government has promised to extend oral health programs starting in 2025. However, eight more years is too long to wait to address the current demand in low-income adults and seniors oral health matters. "It is time that the importance of oral health to overall health is fully recognized. It is also time that the unequal burden of poor oral health on low-income and otherwise disadvantaged Ontarians is further recognized and addressed." (Arlene King, 2010)[8]

[1]World Health Organization. (2017). Strategies for oral disease prevention and health promotion. Retrieved from: http://www.who.int/oral_health/strategies/en/

[2]Canadian Health Measures Survey (2008). Retrieved from: http://www.hc-sc.gc.ca/hl-vs/pubs/oral-bucco/fact-fiche-oral-bucco-stat-eng.php

[3]Canadian Academy of Health Sciences. (2014). Improving access to oral health care for vulnerable people living in Canada. Retrieved from: http://www.cahs-acss.ca/wp-content/uploads/2014/09/Access_to_Oral_Care_FINAL_REPORT_EN.pdf

[4]Canada Health Act, R.S.C., 1985, c. C-6, (2017 1985).

[5]Wellesley Institute. (2015). Low wages, no benefits: Expanding access to health benefits for low income Ontarians. Retrieved from: http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Low-Wages-No-Benefits-Wellesley-Institute-Feb-2015.pdf

[6]Association of Ontario Health Centres. (2013). Information on hospital emergency room visits for dental problems in Ontario. Retrieved from: https://www.aohc.org/news/Information-Hospital-Emergency-Room-Visits-Dental-Problems-Ontario

[7]Poverty Reduction Strategy (2016). Retreived from: http://www.canadasocialreport.ca/PovertyReductionStrategies/ON.pdf

[8]Arlene King. (2012). Oral health-more than just cavities: A report by Ontario's Chief Medical Officer of Health. Retrieved from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.aspx

Backgrounder 2

In 2014 the Ontario government committed to extend public dental programs to low income adults by 2025. However, local and provincial data indicates a need to address this urgently. The current lack of access results in great costs to individual patients and the acute health care system. OHIP does not cover oral health and current publicly funded dental programs are limited to the Healthy Smiles Ontario for children under age 17, Ontario Works and the Ontario Disability Support Program. This leaves many marginalized adults and seniors left to decide between paying living expenses and dental needs, and thus many individuals without coverage seek treatment in hospital emergency departments (ED).

The Porcupine Health Unit highlighted these issues in a study completed in 2014. This demonstrated that oral health concerns led to greater emergency department and day surgery visits in our area compared to the provincial average.[i] The greatest proportion of visits were in patients aged 19-44 and more than half of emergency department visits were repeat visits.[ii]

This public health concern is not unique to the Porcupine Health Unit, whose high number of ED visits contributed to the Northeast Local Health Integration Network (LHIN) having the second highest in the province with 6,453 visits in 2015.[iii] The number of ED visits in the Southwest LHIN were greater at 7,342.[iv] According to the Ontario Oral Health Alliance (OOHA), in addition to the over 60,000 emergency department visits, Ontarians are visiting physician offices for oral health concerns at astounding rates, with over 220,000 visits in 2015.[v] The outcome of these visits commonly include treating pain and possible infection, often without treatment of the underlying dental issue, costing the government of Ontario an estimated $31 million in 2015.[vi] Many Health Units in Ontario recognize the need for an Adult Low Income Dental Program and have passed resolutions to address this issue. (Porcupine March 2017, Lambton December 2016, Grey Bruce March 2014, Middlesex-London January 2014)

Good oral health is integral to overall health but still not part of primary health care. There is evidence linking poor oral health with conditions such as diabetes, pneumonia, cardiovascular disease, low birth weights and rheumatoid arthritis. Dr. King recognized health inequities caused by income, education , private dental insurance and lack of public funded adult program in her Chief Medical Officer of Health report, *More than Just Cavities*, in 2012.[vii] In addition to this, pain, time spent seeking acute health care services, low self-esteem, and potentially serious complications continue to negatively impact those without coverage.

With Ontario health care transformation focusing on an integrated system to ensure patients access appropriate care in a timely fashion, with reduced inequities as highlighted in Patients First (2015) and the new Standards for Public Health Programs and Services released in February 2017; access to dental services for all is critical. In order for Public Health to continue to address the needs of priority populations in our communities, and reduce barriers to improved health and well-being for all Ontarians the Ministry of Health and Long Term Care needs to consider expanding the dental program to include low-income adults and seniors more quickly than 2025.

[i] National Ambulatory Care Reporting System (NACRS), IntelliHealth, MOHLTC, extracted August, 2014.
[ii] National Ambulatory Care Reporting System (NACRS), IntelliHealth, MOHLTC, extracted August, 2014.
[iii] Ontario Oral Health Alliance, *No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario*, January 2017, prepared by Jacquie Maund, http://www.oaphd.on.ca/index.php/ooha.
[iv] Ontario Oral Health Alliance, *No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario*, January 2017, prepared by Jacquie Maund.
[v] Ontario Oral Health Alliance, *No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario*, January 2017, prepared by Jacquie Maund, http://www.oaphd.on.ca/index.php/ooha.
[vi] Ontario Oral Health Alliance, *No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario*, January 2017, prepared by Jacquie Maund, http://www.oaphd.on.ca/index.php/ooha.
[vii] King, Arlene. *Oral Health More Than Just Cavities*. A report by Ontario's Chief Medical Officer of Health, 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.aspx

alPHa
Association of Local PUBLIC HEALTH Agencies

DRAFT alPHa RESOLUTION A17-2

TITLE: **Truth and Reconciliation Commission of Canada (TRC) Calls to Action**

SPONSOR: **Peterborough Public Health**

WHEREAS the modernized Standards for Public Health Programs and Services recognize the requirement for boards of health to engage with Indigenous communities in ways that are meaningful for them; and

WHEREAS the Truth and Reconciliation Commission of Canada (TRC) Calls to Action are extremely well aligned with public health practice as they address the roots of Indigenous health and social inequities; and

WHEREAS understanding and addressing attitudinal and systemic racism is a critical area for public health action;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) publicly acknowledge the harm that colonization and the residential school system caused and continue to cause to Indigenous people living in Ontario;

AND FURTHER that the board and staff of alPHa commit to work towards Indigenous cultural competency that is reflected in alPHa's planning, implementation, and evaluation of all program(s), activities, and policies, and engage with Indigenous partners in a way that is meaningful for them;

AND FURTHER that alPHa assist member boards of health in:

- committing to reading and understanding the Calls to Action and the role that boards of health can play as part of reconciliation;
- ensuring that all staff and board members are competent to act as better allies and provide culturally safe care to the Indigenous people within the areas of their geographic responsibility;
- assessing the unique health needs and health inequities experienced by Indigenous peoples;
- modifying and reorienting public health interventions to be culturally safe for Indigenous peoples;
- engaging with Indigenous communities in a way that is meaningful for them; and,
- supporting policy development and health equity analysis to decrease health inequities experienced by Indigenous peoples;

AND FURTHER that alPHa request that Public Health Ontario and the Association of Public Health Epidemiologists of Ontario engage with Indigenous population health expertise, including staff at the National Collaborating Centre for Aboriginal Health (NCCAH), to advise and assist the field on how Ontario's public health sector can best participate in TRC Call to Action #19 which calls on the federal government, in consultation with Aboriginal[i] peoples, to establish measurable goals to redress health inequities and to report annually on the progress being made here in Ontario.

AND FURTHER that alPHa advocate to the Ministry of Health and Long-Term Care, and other relevant government bodies, to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices.

Supplementary Information attached (3 pages)

[i] Where “Aboriginal” is used in this resolution, it is as a direct reference to the language of the TRC Calls to Action.

Background:

On December 15, 2015, the Truth and Reconciliation Commission of Canada (TRC) released its final report on Canada's Indian Residential Schools (IRS).[1] The TRC was constituted and created by the Indian Residential Schools Settlement Agreement. The TRC spent six years travelling to all parts of Canada and heard from more than 6,000 witnesses, most of whom survived the experience of living in the schools as students. Indigenous peoples were taken from their families as children, forcibly if necessary, and placed for much of their childhoods in residential schools. The federal government has estimated that at least 150,000 First Nations, Métis and Inuit students passed through the system over a period of 100 years.[2]

The Final Report discusses what the Commission did and how it went about its work, as well as what it heard, read, and concluded about the schools and afterwards, based on all the evidence available. The TRC's mandate included truth telling of experiences of survivors, as well as a focus on reconciliation.[2]

Reconciliation was an overall objective of the TRC.[3] As Canadians and as Treaty Peoples, we all have on-going individual and collective responsibilities to come to terms with events of the past, and begin establishing respectful and healthy relationships with Indigenous communities.

To quote the TRC:
"*Reconciliation is going to take hard work. People of all walks of life and at all levels of society will need to be willingly engaged. Reconciliation calls for personal action. People need to get to know each other. They need to learn how to speak to, and about, each other respectfully. They need to learn how to speak knowledgeably about the history of this country. And they need to ensure that their children learn how to do so as well…*
Reconciliation calls for federal, provincial, and territorial government action.
Reconciliation calls for national action.
The way we govern ourselves must change. Laws must change.
Policies and programs must change.
The way we educate our children and ourselves must change.
The way we do business must change.
Thinking must change.
The way we talk to, and about, each other must change.
All Canadians must make a firm and lasting commitment to reconciliation to ensure that Canada is a country where our children and grandchildren can thrive."

Ninety-four Calls to Action for Canadians were released to begin redressing the legacy of Indian Residential Schools and advancing the process of reconciliation. Table 1 is a summary of the health-related Calls, although there are others that might be relevant to public health as they address social determinants of health. The TRC also released a set of guiding principles to move forward on truth and reconciliation.

Table 1: Health related Calls to Action

Call to Action #	Summary of the direction
18	Make the links between current Indigenous health disparities and Canadian governmental policies
19	Establish measureable goals and close the gap in health outcomes
20	Recognize and address distinct health needs of Inuit, Métis and off-reserve Aboriginal people
21	Fund Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools
22	Recognize and use Aboriginal healing practices
23	Increase and retain Aboriginal health professionals; ensure all health professionals are culturally competent
24	Coursework and training in all medical and nursing schools

The alPHa-OPHA Health Equity Workgroup spent a portion of its monthly meetings from February 2016 to February 2017 reading the 94 Calls to Action and discussing each Call and the role of public health. At the same time, the Ontario Ministry of Health and Long-Term Care has released a draft of the Modernized Standards for Public Health Programs and Services: Consultation Document which states:

"*The Indigenous population in Ontario is comprised of First Nations, Métis, and Inuit people. There are many different First Nations and urban Indigenous communities across the province, each with their own histories, cultures, governance and organizational approaches.*

Relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity. It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for their communities.

One important first step for boards of health in beginning to build and/or further develop their relationships with Indigenous communities is to ensure it is done in a culturally safe way."[4]

This Resolution is one step for alPHa and its members to begin their process towards reconciliation. It will not be the last.

References:

1. Truth and Reconciliation Commission of Canada. *Truth and Reconciliation Commission of Canada Website Homepage.* Retrieved March 33, 2017: http://www.trc.ca/websites/trcinstitution/index.php?p=3

2. Truth and Reconciliation Commission of Canada. *Honouring the Truth, Reconciling the Future: Summary Report of the Truth and Reconciliation Commission of Canada.* McGill-Queen's University Press. Retrieved March 13, 2017: http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf

3. Truth and Reconciliation Commission of Canada. *Canada's Residential Schools: Reconciliation, The Final Report of the Truth and Reconciliation Commission of Canada Volume 6.* McGill-Queen's University Press. Retrieved March 13, 2017: http://www.myrobust.com/websites/trcinstitution/File/Reports/Volume_6_Reconciliation_English_Web.pdf

4. Ministry of Health and Long-Term Care. *Standards for Public Health Programs and Services: Consultation Document*. Planning and Performance Branch, Population and Public Health Division. February 17, 2017. Retrieved March 13, 2017: https://c.ymcdn.com/sites/alphaweb.site-ym.com/resource/collection/86D31666-E7EA-42F1-BDA1-A03ECA0B4E3D/OPHS_Consultation_170217.pdf

DRAFT alPHa RESOLUTION A17-3

TITLE: **Accessible Contraception**

SPONSOR: **Peterborough Public Health**

WHEREAS individuals have a right to sexual and reproductive health services and the freedom to make informed decisions in regards to their sexual health;

WHEREAS the cost of birth control is the most significant barrier, among others, that prevents women from obtaining, initiating and continuing their contraceptive method of choice[i] and recognizing that this barrier may be addressed for those under 25 years of age with the recent announcement of "OHIP+:Children and Youth Pharmacare";

WHEREAS 40% of Ontarians have financial difficulty paying for their prescription medicines (i.e., have to borrow money or go without other things) and the cost of the method of contraception is almost exclusively borne by the user or their private insurer[ii,iii];

WHEREAS in Canada, there are more than 180,700 unintended pregnancies annually with an associated direct cost over $320 million[iv] and in 2014 in Ontario there were 23,746 induced abortions[v];

WHEREAS there is increasing evidence that a universal contraception subsidy in developed nations is cost-effective for the health system due to savings incurred through avoidance of indirect and direct costs related to the management of unintended pregnancy; and

WHEREAS priority populations such as youth, immigrants, and those living with a low income experience inequitable access to contraceptives;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) request that the Ministry of Health and Long-Term Care:

- regularly collect data on pregnancy intention and the use of modern contraceptive methods among people throughout the reproductive age range;
- monitor utilization of the new OHIP+: Children and Youth Pharmacare plan for contraception; and,
- ensure that birth control is available at little or no cost for Ontario women over 24 years of age and their partners.

Supplementary Information attached (1 page)

[i] Black, A., and Guilbert, E. Canadian Contraception Consensus. SOGC No. 329, October 2015. https://sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510.pdf

[ii] Morgan, S.G., D. Martin, MA Gagnon, B Mintzes, J.R. Daw, and J. Lexchin. (2015) Pharmacare 2020: The future of drug coverage in Canada. Vancouver, Pharmaceutical Policy Research Collaboration, University of British Columbia.

[iii] Angus Reid Institute. Prescription drug access and affordability an issue for nearly a quarter of all Canadian households. http://angusreid.org/wp-content/uploads/2015/07/2015.07.09-Pharma.pdf

[iv] Black, A.Y., Guilbert, E., Hassan, F., Chatziheofilou, I., Lowin, J., Jeddi, M., Filonenko, A., Trussell, J. The Cost of Unintended Pregnancies in Canada: Estimating Direct Cost, Role of Imperfect Adherence, and the Potential Impact of Increased Use of Long-Acting Reversible Contraceptives. J Obstet Gynaecol Can 2015; 37(12):1086–1097. http://www.jogc.com/article/S1701-2163(16)30074-3/pdf

[v] Canadian Institute for Health Information. Induced Abortions Report in Canada in 2014. https://www.cihi.ca/sites/default/files/document/induced_abortion_can_2014_en_web.xlsx

DRAFT alPHa RESOLUTION A17-4

Title: **Investing in Healthy Workplaces within Ontario Public Health Units**

Sponsor: **Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health**

WHEREAS Mental Health Promotion is included as a priority in the Standards for Public Health Programs and Services: Consultation Document.

WHEREAS Mental health problems and illness have become pressing issues for workplaces across Canada. On any given week, more than 500,000 Canadians will not go to work because of mental illness. More than 30% of disability claims and 70% of disability costs are attributed to mental illness. Approximately $51 billion each year are lost to the Canadian economy because of mental illness.

WHEREAS Evidence has shown that comprehensive workplace health strategies improve employee health and increase productivity, service quality and can reduce costs related to illness, injury and absence. Improved management of psychological health and safety in the workplace including prevention, early action to combat work stress and identify problems could decrease losses to productivity significantly.

WHEREAS Through a commitment to implementation of psychological health and safety strategies, public health units could impact the mental health of a significant population of employees, while at the same time improving organizational outcomes and productivity. By prioritizing, the mental and psychological health of the public health workforce, public health units can become leaders for employers throughout the Province and support the implementation of the Ontario Public Health Standards by addressing mental health through comprehensive health promotion approaches.

WHEREAS Free tools and resources are available to guide and support employers. The National Standard of Canada for Psychological Health and Safety in the Workplace was launched in January 2013. Titled, CAN/CSA-Z1003- Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation, this evidenced-based tool, developed collaboratively in Canada by leaders across many sectors, is available for free until 2018. The Standard can guide employers through the process of developing strategies to protect psychological health and safety, promote good mental health and resolve mental health issues in the workplace.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies strongly recommend that all Ontario public health units commit to implementing comprehensive workplace health strategies to address psychological health and safety, such as *CAN/CSA-Z1003- Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation*, to protect and promote the mental health of public health workers throughout the province of Ontario.

Supplementary Information attached (2 pages)

Haliburton, Kawartha, Pine Ridge Health Unit

Backgrounder – Resolution for Investing in Healthy Workplaces within Ontario Public Health Units

Mental health is defined by Health Canada as the state of an individual's psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health[i]. Good mental health provides protection from the stresses and hardships that are part of life, and can help reduce the risk of developing mental health problems and illnesses.

One in five people in Canada is living with a mental illness in any given year[ii]. To place that 1 in 5 number in context, that's 6.7 million people living with mental illness, compared to an estimated 1.4 million or 1 in 25 people in Canada living with heart disease, and 2.2 million or 1 in 15 with type 2 diabetes[iii]. People in their early and prime working years are among the hardest hit by mental health problems and illnesses. About 21.4% of the working population in Canada currently experience mental health problems and illnesses, which can affect their productivity[iv]. Mental health problems and illnesses account for approximately 30% of short – and long-term disability claims and are rated one of the top three drivers of such claims by more than 80% of Canadian employers[v].

Over 15 million Canadians spend more than half their waking hours at work. Evidence suggests that the employment conditions in which those 15 million people spend those hours are a critical social determinant of health[vi]. Work environments directly impact health and today's more stressful work environments have far reaching health and social consequences.

The economic costs of mental illness are also staggering. A study commissioned by the Mental Health Commission of Canada reports that the economic cost of mental illness to Canada is at least $50 billion per year. This represents 2.8% of Canada's 2011 gross domestic product[vii].

The good news is that there is strong evidence to suggest that investing in effective comprehensive workplace programs can make a difference to the economy and to the health of the population. Employers and workplaces are in a unique position to support employees to not only be productive, but also to be mentally and physically healthy.[viii].

In recognition of the importance of the workplace as a key partner in the struggle to improve mental health outcomes, the Mental Health Commission of Canada championed the National Standard for Psychological Health and Safety in the Workplace (The Standard). The Standard is a voluntary (and free until 2018) set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

Given the ample evidence indicating that a healthy workplace is critical to both organizational and employee well-being, and in order to remain competitive, it is time for all Ontario workplaces (including public health units in Ontario) to take the necessary steps to provide a psychologically healthy and safe environment for their employees.

[i] Government of Canada (2015, October) About Mental Health. Retrieved from URL: https://www.canada.ca/en/public-health/services/about-mental-health.html

[ii] Mental Health Commission of Canada, (2013, March) Making the Case for Investing in Mental Health in Canada. Retrieved from URL: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

[iii] Mental Health Commission of Canada, (2013, March) Making the Case for Investing in Mental Health in Canada. Retrieved from URL: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

[iv] Mental Health Commission of Canada, (2013, March) Making the Case for Investing in Mental Health in Canada. Retrieved from URL: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

[v] Mental Health Commission of Canada, (2013, March) Making the Case for Investing in Mental Health in Canada. Retrieved from URL: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

[vi] Raphael, Dennis. Mikkonen, Juha. Social Determinants of Health: The Canadian Facts. Toronto: York University, School of Health Policy and Management. 2010. Retrieved from URL: http://www.thecanadianfacts.org/the_canadian_facts.pdf

[vii] Mental Health Commission of Canada, (2013, March) Making the Case for Investing in Mental Health in Canada. Retrieved from URL: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

[viii] Ontario Workplace Health Coalition, (2013, October) Proposal for an Ontario Comprehensive Workplace Health Strategy. Retrieved from URL: http://www.owhc.ca/pdf/Proposal_for_Ontario_Comprehensive_Strategy_31Oct2013_-_Revised_TOC.pdf

alPHa
Association of Local PUBLIC HEALTH Agencies

DRAFT alPHa RESOLUTION A17-5

TITLE: **Committing to a Tobacco Endgame in Canada**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS tobacco use remains the leading cause of preventable death and disease in Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated as $18.7 billion in 2013; and

WHEREAS 18.1% of adolescents and adults, or 5.4 million Canadians, were still smokers in 2014; and

WHEREAS under the status quo, and even with the implementation of all MPOWER measures under the World Health Organization Framework Convention on Tobacco Control, Ontario research has estimated that smoking-related deaths will continue to increase beyond 2030, while smoking rates will decline by less than half in the same period; and

WHEREAS a tobacco endgame shifts the focus from tobacco "control" to envision a future that is free from commercial tobacco, and is a strategic process to implement measures that gradually decrease smoking prevalence, demand and supply to extremely low levels; and

WHEREAS there is growing support in Canada and globally for a tobacco endgame, with the adoption of Endgame targets by Ireland, Scotland, Finland, and New Zealand; and

WHEREAS a Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035; and

WHEREAS a summit on A Tobacco Endgame for Canada in 2016 brought together experts from broad sectors and published a Background Paper with evidence-based and innovative recommendations for tobacco endgame measures in Canada; and

WHEREAS the Federal Tobacco Control Strategy is scheduled for renewal after March 31, 2017;

WHEREAS the federal government's consultation paper Seizing the Opportunity: the Future of Tobacco Control in Canada proposed a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035;

WHEREAS the provincial Smoke Free Ontario Strategy is also presently under review; and

WHEREAS it is the position of alPHa that Governments of Canada, Ontario and Canadian municipalities must act immediately to minimize the use of tobacco products and their related health impacts;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;

AND FURTHER that the Association of Local Public Health Agencies recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;

AND FURTHER that the Association of Local Public Health Agencies write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada;

AND FURTHER that copies be sent to the Chief Public Health Officer of Canada, and the Chief Medical Officer of Health of Ontario.

Supplementary Information attached (64 pages)

To: **All Members**
Board of Health

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

Subject: **Correspondence for Direction – Federal Opioid Strategy, Simcoe Muskoka District Health Unit**

Date: **May 10, 2017**

Proposed Recommendation:

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, with copies local local MPPs, Dr. Theresa Tam, Interim Chief Public Health Officer, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Background:

Correspondence has been sent previously on the Provincial Opioid Strategy.

Minister Philpott has been instrumental in ensuring that safe injection sites are back on the menu for effective harm reduction. She has already taken steps to reduce the flow of illicit synthetic fentanyls and is coordinating the provinces and territories to work collectively in addressing the opioid crisis.

Attachments:

- Simcoe Muskoka Letter

simcoe muskoka
DISTRICT HEALTH UNIT

April 19, 2017

The Honourable Jane Philpot
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Philpot:

Re: Moving forward on the Federal Opioid Strategy

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I would like to take this opportunity to commend you, and the Ministry of Health, in releasing Health Canada's Action on Opioid Misuse [1] in response to the issue of opioid use and its devastating effects throughout Canada.

Ontario has one of the highest provincial opioid prescription rates and has experienced thirteen years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death, and more than double the number of people killed in motor vehicle collisions. More than 5000 Ontarians have died of an opioid overdose since 2000, the vast majority unintentionally.[2]

The opioid issue is of particular concern to us locally, as the opioid poisoning emergency visit rates in Simcoe Muskoka have been increasing since 2003, and have been significantly higher than the provincial rates since 2004.[3] SMDHU staff have been involved in a number of activities to date to help address opioid related harms in Simcoe Muskoka including promotion of fentanyl patch for patch programs, coordination of local drug strategy coalitions and provision of naloxone kits and training to people who use opioids and their friends and family. In addition, SMDHU is co-hosting an inaugural meeting of key stakeholders for the purpose of creating a Simcoe Muskoka Opioid Strategy on May 25, 2017, along with the North Simcoe Muskoka Local Health Integration Network and the Simcoe Muskoka Alcohol and Other Drug Strategy Working Group.

In response to the significant harms associated with both prescription and illicit opioid use in Simcoe Muskoka, the SMDHU Board of Health strongly urges the Federal Ministry of Health to further develop the recommendations within the federal document entitled Action on Opioid Misuse, with targets, timelines and deliverables, and to communicate developments with key stakeholders in a timely way. This will support efforts occurring locally and provincially to address the issue, and will have the greatest opportunity to realize decreases in opioid related harm. Given the pressing nature of this continually evolving issue, we strongly urge the federal government to move quickly in mitigating further harms.

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

Leadership and action at all levels of government and across sectors are urgently needed. We appreciate your actions to date and look forward to your continued leadership in addressing the morbidity and mortality associated with opioid use, misuse, and addictions.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Vice Chair, Board of Health
Simcoe Muskoka District Health Unit

BW:CG:mk

c. Association of Local Public Health Agencies
Boards of Health in Ontario
North Simcoe Muskoka LHIN
Central LHIN
Simcoe Muskoka Alcohol and Other Drug Strategy
Dr. Kellie Leitch, MP
Tony Clement, MP
Alex Nuttall, MP
John Brassard, MP
Bruce Stanton, MP
Peter Van Loan, MP

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1. http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/misuse-plan-abus-index-eng.php
2. http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription_for_life_june_1_2015.pdf
3. Ambulatory Visits & Population Estimates (2003-2015). Ontario Ministry of Health and Long-term Car, IntelliHEALTH, Ontario, Date Extracted: (Jan13, 2017. ICD-10codes(Any Dx):T400-T404;T406: Age standardized using the 20011 Canadian Standard Population.

To: **All Members**
Board of Health

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

Subject: **Correspondence for Direction – Healthy Menu Choices Act, Leeds Grenville Lanark**

Date: **May 10, 2017**

Proposed Recommendation:

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

Background:

Correspondence has been sent previously by Peterborough Public Health on the Expert Panel, as such, this recommendation focuses solely on the Healthy Menu Choices Act.

Staff supports the request for transparency regarding the indicators of success for the Act, and promotional activities and campaigns led by the Ministry of Health and Long-Term Care (MOHLTC), and recommend continued advocacy for next steps related to this legislation (i.e., sodium, added sugars, trans-fats).

Attachments:

- Leeds, Grenville and Lanark Letter

March 22, 2017

VIA EMAIL

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

Dear Minister Hoskins:

The Leeds, Grenville and Lanark Board of Health is very concerned about two recent initiatives of the Ministry of Health and Long-Term Care – the Expert Panel on Public Health and the Healthy Menu Choices Act.

With respect to the Expert Panel on Public Health, you stated in your letter of January 18, 2017:

> "The work of the Panel will include a review of various operational models for the integration of public health into the broader health system and the development of options and recommendations that will best align with the principles of health system transformation, enhance relationships between public health, LHINs and other public sector entities and improve public health capacity and delivery."

We have learned that the work of the Expert Panel will be done in confidence and will not include consultation with local public health units. This is in contrast to the Liberal government's commitment to transparency in its work. The Expert Panel will be making recommendations that could have a profound impact on how we do business, and yet we won't have any opportunity to provide input into the discussion or the options being considered. To rectify this concern, the Board requests that all recommendations from the Expert Panel be made public, and that a formal consultation process be undertaken with all Ontario public health units before any decisions are made about the integration of public health into the broader health system.

The implementation of the Healthy Menu Choices Act requires a significant investment of resources at the local level and among the food premise industry. Concerns have been raised by other organizations about the effectiveness of this measure. Has the Ministry of Health and Long-Term Care identified indicators of success that will assess if this investment is justified; and are these indicators being tracked? The Liberal government has publicly stated a commitment to accountability. The Board of Health requests that the Minister respect this commitment and notify all parties how the impact of the Healthy Menu Choices Act will be assessed.

Sincerely,

Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Information**

Date: May 10, 2017

Proposed Recommendation:

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

a. 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.

b. 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.*

c. Letter dated April 25, 2017 from the Board Chair to Minister Hoskins regarding a low-income dental program for adults and seniors.

d. 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.

e. Letter dated May 2, 2017 from the Board Chair to Ministers Philpott and Hoskins regarding a Tobacco Endgame for Canada.*

f. Letter dated May 2, 2017 from the Board Chair to County Council regarding a Tobacco Endgame for Canada. *Please note similar letters were sent to City and Township Councils.*

g. Letter dated May 5, 2017 from Mayor Bennett in response to the Board Chair regarding a Tobacco Endgame for Canada.

h. Letter dated May 5, 2017 from the Board Chair to Minister Philpott regarding the Stop Marketing to Kids Coalition's Ottawa Principles.*

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

i. Email dated April 21, 2017 regarding the 2017 Annual Conference and Annual General Meeting.

j. Email dated April 27, 2017 regarding a summary of the 2017 Ontario Budget.

k. 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**

l. Algoma*
m. Grey Bruce*

Low-Income Dental Program for Adults and Seniors**

n. Durham

Ontario Public Health Standards Modernization**

o. Porcupine

Opioids**

p. Durham
q. Simcoe Muskoka

Vaccine Preventable Disease Funding**

r. Durham

**Enclosures previously circulated and available upon request.*
***PPH Board has previously taken a position/sent correspondence on this item*

Ministry of Health
and Long-Term Care

Office of the Minister

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

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

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

Ontario

iApprove-2016-01777

MAR 3 1 2017

Mr. Scott McDonald
Chair, Board of Health
Peterborough County-City Health Unit
c/o Peterborough County-City Health Unit, Jackson Square
185 King Street
Peterborough ON K9J 2R8

Dear Mr. McDonald:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Peterborough County-City Health Unit up to $11,200 in additional one-time funding for the 2016-17 funding year to support the provision of mandatory and related public health programs and services in your community.

The Assistant Deputy Minister of the Population and Public Health Division will write to the Peterborough County-City Health Unit shortly concerning the terms and conditions governing this funding.

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

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Hon. Jeff Leal, MPP, Peterborough
Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit

Peterborough Public Health

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

April 19, 2017

Mr. Donald W. West,
Chief Administrative Officer and
Board of Health Secretary
Porcupine Health Unit
c/o Maria Cook
169 Pine St. S.
Timmins, ON P4N 8B7
maria.cook@porcupinehu.on.ca

Dear Mr. West:

Re: Low-Income Dental Program for Adults and Seniors

On behalf of the board of health for Peterborough Public Health (PPH), I would like to express our thanks to your board for its recent resolution advocating to the Ministry of Health and Long-Term Care for more urgent implementation of expanded public dental programs for those living on low-incomes.

The PPH board of health endorsed the resolution at its meeting on April 12th, and will send correspondence to Minister Hoskins et al. echoing this support. It also requested a separate letter to Porcupine Health Unit (PHU) to encourage your board to submit a similar resolution for the Association of Local Public Health Agencies (alPHa) Resolutions Session in June. I have been in touch with your Medical Officer of Health, Dr. Catton, regarding this request given the deadline for submissions is this Friday (April 21st). I understand that you will be meeting on this date, and hope that PHU supports this further action.

I have also taken the opportunity to highlight this issue in a recent column for a local media outlet to bring further attention to this important public health issue.

In gratitude,

Original signed by

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

/ag

Peterborough Public Health

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

April 25, 2017

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

Dear Minister Hoskins:

Re: Low-Income Dental Program for Adults and Seniors

At its meeting held on April 12, 2017, the Board of Health for Peterborough Public Health considered correspondence from Porcupine Health Unit regarding the above noted matter.

Oral health is essential to overall health and quality of life at every stage of life and has been recognized as a basic human right. The Board echoes the recommendations outlined in their resolution (attached), and urges the Ministry for more urgent implementation of expanded public dental programs to include adults and seniors living on low incomes.

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

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

Peterborough Public Health

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April 25, 2017

Guillaume Dubois
Vice President, Operations
Sysco Central Ontario, Inc.
65 Elmdale Road
Cavan, Ontario, K9J 0G5
Dubois.guillaume@ont.sysco.com

Dear Mr. Dubois,

Earlier this month, Manager of Infectious Disease Programs, Edwina Dusome, had the opportunity to review Peterborough Public Health emergency response procedures with our board of health, including those related to protecting our vaccine supply.

She shared with the board how Sysco has generously made a refrigerated truck available to us, should our generator fail during a black-out. Fortunately, the likelihood of this happening now in our new location, with our newly purchased generator, is extremely small. However, we have had to call on Sysco's assistance in the past, most recently during our move in November 2015 when you kindly provided us with a refrigerated truck.

Our board asked that I relay to you its appreciation for your generous assistance. We are all grateful to you and your organization's support to ensure that our very precious vaccine supply is protected at all times. Truly this is a wonderful example of your service to this community. The members of the board of health wish to convey their thanks!

Sincerely,

Original signed by

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

/ag

Peterborough Public Health

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

May 2, 2017

The Honourable Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Hon.Jane.Philpott@Canada.ca

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

Dear Ministers:

At its meeting held on April 12, 2017, the Board of Health for Peterborough Public Health endorsed the motion passed by Simcoe Muskoka District Health Unit to:

- support the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;
- recommend that government approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada; and,
- recommend that the Smoke-Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada.

This endorsement is in recognition that tobacco use is still the most important cause of death in Canada, and that different approaches as identified in A Tobacco Endgame for Canada are needed to make a substantial change in tobacco use rates.

The Board strongly encourages the inclusion of the tobacco endgame strategies proposed in the aforementioned document including increased tobacco taxation, restrictions on marketing, implementing an 18A rating for movies that depict smoking, strategies to reduce the production, supply and distribution of tobacco and holding the tobacco industry accountable for its impact on health. These progressive and evidence informed strategies will help achieve health for residents.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Chief Public Health Officer of Canada
Chief Medical Officer of Health of Ontario
Assistant Deputy Minister, Population and Public Health, MOHLTC
Local Members of Parliament
Local Members of Provincial Parliament
Association of Local Public Health Agencies
Ontario Boards of Health

Peterborough Public Health

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May 2, 2017

Warden Joe Taylor and Council
County of Peterborough
c/o Sally Saunders, Clerk
470 Water Street
Peterborough, ON K9H 3M3
ssaunders@county.peterborough.on.ca

Dear Warden Taylor and Council Members:

RE: A Tobacco Endgame for Canada

Please find hyperlinked a copy of the report A Tobacco Endgame for Canada, as per the April 12, 2017 Board of Health for Peterborough Public Health motion:

> *THAT the Board of Health forward the report to local municipalities, with a copy to the Association of Municipalities of Ontario, highlighting relevant strategies.*

This recommendation is in recognition that tobacco use is still the most important cause of death in Canada and the health and financial burdens of tobacco-related disease in Canada remain unacceptably high, unless new evidence-informed approaches like those identified in A Tobacco Endgame for Canada are implemented.

The tobacco endgame report is the result of a 2016 summit of experts from broad sectors who share a common goal and recognized that without substantial and fundamental change to tobacco control strategies the health and financial burden of tobacco will continue to grow.

The idea of a "tobacco endgame" has gained public health support globally and within Canada and it envisions a future free of commercial tobacco. The endgame proposes a number of measures that if implemented would gradually decrease smoking prevalence, demand and supply to extremely low levels. Importantly, there are several strategies that are relevant for municipalities including banning smoking and tobacco use in more places, such as in multi-unit housing and outdoor spaces, and limiting retail availability through licensing and zoning strategies.

The Board of Health recommends that all municipalities carefully review and consider adopting the principles and relevant actions outlined in the endgame report. Staff from Peterborough Public Health would be pleased to enter into dialogue or provide additional information to support action towards reducing tobacco use in your municipality, please feel free to contact Keith Beecroft, Health Promoter at 705-743-1000, x238 or via e-mail at kbeecroft@peterboroughpublichealth.ca. Thank you for your consideration.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

cc: Association of Municipalities of Ontario

City of Peterborough
500 George Street North, Peterborough, Ontario, K9H 3R9

Office of the Mayor

May 5, 2017

Mary Smith, Chair
Board of Health
Peterborough Public Health
185 King St.
Peterborough, Ont.
K9J 2R8

Dear Chair Smith and Board of Health members:

Re: A Tobacco Endgame for Canada

Thank you for your correspondence dated May 2, 2017 on the report A Tobacco Endgame for Canada. The City of Peterborough has worked closely with Peterborough Public Health to implement various initiatives to limit or eliminate smoking in public spaces, including parks, playgrounds and sport fields. The health and financial burdens associated with tobacco-related diseases are devastating for families and communities.

I have forwarded your correspondence to the appropriate City Staff for consideration of the additional strategies relevant to municipalities that are included in the A Tobacco Endgame for Canada report.

Regards,

Daryl Bennett
Mayor
City of Peterborough

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
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Friday, May 5, 2017

The Honourable Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

RE: Support for Stop Marketing to Kids Coalition's Ottawa Principles and Further Action on Sugary Drinks

At its meeting on April 12, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Middlesex-London Health Unit regarding the Marketing to Kids Coalition's Ottawa Principles, and Further Action on Sugary Drinks (see attached). The board endorsed this letter, and supports the Stop Marketing to Kids Coalition's Ottawa Principles.

Our board believes that restrictions are needed to stop marketing to children. Sugary drinks and foods high in sugar, salt, and fat, are heavily marketed to children and youth through social media, television, websites, video games, apps, and other evolving marketing techniques. Beverages are the source of almost half of the sugar children and youth consume daily. Action is needed at this time. For this reason, we are supporting the Ottawa Principles and hope that your government will take them into account when formulating policy.

Peterborough Public Health is committed to promoting health and well-being of residents. A comprehensive strategy, including restrictions on marketing to children, is needed to make the healthy choice easier for children, youth, and families.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl

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

From: Susan Lee [mailto:susan@alphaweb.org]
Sent: April-21-17 1:21 PM
To: All Health Units (allhealthunits@lists.alphaweb.org)
Subject: Registration Now Open for 2017 alPHa Annual Conference & AGM, June 11-13, Chatham, Ontario

ATTENTION:
All Board of Health Members
All Senior Public Health Directors & Managers
****

alPHa is pleased to announce that registration is now open for its 2017 Annual Conference and AGM, **Driving the Future of Ontario**. The conference will be held from **June 11 to 13** at the Chatham-Kent John D. Bradley Convention Centre in Chatham, Ontario, and will explore change management in a transformed health system. Click on the link below for program, registration, conference venue and hotel details.

2017 alPHa Annual Conference Information

An Early Bird registration rate is being offered this year, and will end **May 21, 11:59 PM.** Click here to register.

A limited block of guestrooms has been reserved for attendees at the Holiday Inn Express & Suites Chatham, conveniently located next door to the Convention Centre. Book TODAY by calling the hotel directly at **(519) 351-1100** or emailing reservations@hiexchatham.com and quoting the group block code "**LPH**".

See you in June!

Susan

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

alPHa Summary
Budget 2017:
A Stronger, Healthier Ontario

This year's Ontario budget is the first to be balanced since the 2008 economic downturn, and the stronger than expected growth combined with what are billed as successful management measures during the austerity years have presented the Province with opportunities to make significant new investments in the areas such as child and seniors care, education, income supports and health.

Some of the significant measures in this budget have already been announced or at least reported in the media, such as lowering hydro rates, the announcement of a Basic Income Pilot program to be launched this spring in three communities, the creation of 24K new child care spaces and the provision of additional subsidies to make them more affordable.

There is a strong focus on health, with the announcement of an additional three-year investment of $7 Billion in various elements of the health care system, including a surprising yet welcome announcement of a universal pharmacare program for all Ontarians under the age of 25.

There is no specific mention of Ontario's public health system, but there are nonetheless a good number of items of interest that have some bearing on its mandate.

The following summarizes the items that are likely of most interest to alPHa's members, whether they directly affect their business, are related to resolutions and positions that alPHa and its members have taken, or are items in which our members have demonstrated a keen interest.

alPHa will continue its strategy of using the language and commitments found in these documents to advance our own advocacy efforts by underscoring that the work of public health is well-aligned with Government priorities.

- Headings and page numbers refer to the 2017 Budget Papers document, which you can download by clicking the link.
- The Minister's speech is here.
- Online Highlights of the Budget are available here.

CHAPTER 1: RESTORING BALANCE – ONTARIO'S ECONOMIC AND FISCAL STRENGTH

This is an introductory chapter that summarizes the path to this year's balanced budget and outlines the opportunities for investment that a balanced budget and growing economy present.

CHAPTER 2: HELPING YOU AND YOUR FAMILY

This is the chapter that contains most of the "pocketbook" measures that are designed to have a direct effect on household finances. These include recently-announced strategies to cool the housing market

in hot areas, restructure OSAP to make tuition more affordable, and lower hydro rates. There are also some items here that will be of particular interest to alPHa's members:

HELPING PARENTS

OHIP+: Children and Youth Pharmacare Starting January 1 2018, the Province will provide universal drug coverage for all Ontarians 24 years of age and under. There will be no deductible and no co-payment (p. 25). alPHa will be sending a letter of congratulations to the Minister for this measure, as it partially fulfils the operative clause of alPHa Resolution A15-2, National Universal Pharmacare Program.

HELPING SENIORS

Promoting Healthy and Active Aging: The government is providing $8M over the next three years to allow the establishment of an additional 40 new Elderly Persons Centres, which are community centres that provide social and recreational programs that promote seniors' wellness (P. 33).

CHAPTER 3: CREATING OPPORTUNITIES AND SECURITY

This chapter deals primarily with strategies to support economic prosperity through job creation, skills development, business sector investment and supports for a low-carbon economy. This chapter also covers measures intended to improve retirement security as Ontario's population ages.

CHAPTER 4: PUBLIC SERVICES YOU CAN COUNT ON

STRENGTHENING HEALTH CARE

The government is investing an additional $7 Billion in health care over the next three years. This is intended to reduce wait times, improve access to care and enhance the patient experience. Growth in health care spending is now expected to average 3.3% over the medium term (P. 105). Much of this is focused primary care and clinical services. There is no specific mention of investments in local public health, but alPHa will be carefully monitoring the Ministry-approved budgets of its members to ensure that they are also receiving the increases they need to deliver on their mandated programs and services.

Acting on Ontario's Opioid Strategy: This section outlines some of the previously-announced measures to address the opioid use / overdose crisis in Ontario, including the recently-announced expansion of naloxone availability (alPHa has written a letter on this). The Province also plans to fund 4 Safe Injection Sites (one in Ottawa and three in Toronto) pending granting of federal exemptions. It will also set up a review panel that will consider additional ones on a case-by –case basis (pp. 116-117).

Preventing Fetal Alcohol Spectrum Disorder: This is an investment of $26M over four years to support children, youth and families affected by FASD. It will include information and training resources, 56 FASD support workers, support for parent networks, support for FASD initiatives developed by indigenous partners, the establishment of a consultation group and a research fund (p. 117).

Improving Care for Mothers, Babies and Children: Ontario will be investing in new and existing programs to improve child and maternal health. These include a new infant hearing screening program, improvements to the existing prenatal screening program, improved supports for premature babies,

support for families who have experienced pregnancy or infant loss and increased investments in midwifery services (pp. 126-127). There is no mention of the Healthy Babies Healthy Children program. alPHa will be sure to highlight this omission in its response to the budget.

Protecting Health Care for Tomorrow: This section includes a reference to modernizing the Smoke-Free Ontario Strategy for 2017, and an increase of the tobacco sales tax by $10 per carton over the next three years, beginning with a $2 per carton tax effective immediately (p. 129). Further details are presented on p. 285).

Health Innovation: A box on this page refers to a pilot project on Accessing Digitized Health Data, which will see the development of a "proof-of-concept" digital registration and authentication service that will allow for the secure access by parents to their kids' immunization records electronically, using banking credentials. This may be expanded to access other types of health records. The idea will receive a one-time investment of $1M in 2017-18 (p. 131)

INVESTING IN EDUCATION

Promoting Student Well-Being: The government will be investing $49M over three years to develop and strengthen programs to improve students' cognitive, emotional social and physical development through Equity and Inclusive education, Safe and Accepting Schools, Healthy Schools, and Positive Mental Health (p. 140).

BUILDING INCLUSIVE COMMUNITIES AND IMPROVING THE JUSTICE SYSTEM

Introducing a Basic Income Pilot: This is a previously-announced three-year pilot program based on the idea that providing people with a basic income could be a reasonable way to reduce poverty. Please proceed to alPHa's Determinants of Health Resolutions Page for links to details of the program and related alPHa correspondence.

Improving Social Assistance Benefits: The government will be increasing social assistance rates by 2% this year (p. 166). This is a larger increase than was provided in the last few budgets, which was only 1%.

CHAPTER 5: WORKING WITH OUR PARTNERS

This chapter outlines Ontario's relationship with municipalities and the federal government, but alPHa's members may wish to examine the section entitled Partnerships with Indigenous Communities (beginning on p. 190). This is a brief reference to "The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples. alPHa based a recent conference around Truth and Reconciliation and will be continuing to explore ways to support its members in their own engagement with indigenous organizations and communities.

CHAPTER 6: RESPONSIBLE FISCAL MANAGEMENT

This chapter includes a section on Addressing Unregulated Tobacco, which "undermines the Province's health objectives and results in less revenue for important public services". It outlines the measures that have been taken since the 2016 Budget to address this issue (pp. 210-211).

CHAPTER 7: A FAIR AND SUSTAINABLE TAX SYSTEM

This chapter includes a section on Supporting a Smoke-Free Ontario, which provides further details on the tax increase on cigarettes (p. 285).

We hope that you find this information useful.

May 4, 2017

Hon. Kathleen Wynne
Premier of Ontario
Queen's Park, Legislative Building, Room 281
Toronto, Ontario M7A 1A1

Dear Premier Wynne:

On behalf of the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), we are writing to express our support for the recent announcement on the launch of Ontario's Basic Income Pilot (OBIP) in three Ontario communities in the spring and fall of 2017. Both of our organizations passed resolutions in support of basic income in 2015, and contributed to a joint submission to the Government of Ontario's recent public consultation on the pilot. We are pleased to see that your government is now moving forward without delay to test the contribution of a strong basic income in support of individual and community well-being.

In particular, we are very happy to see that many of the elements we highlighted in our submission to the consultation have been incorporated into the model. In particular, we commend:

- your commitment that no one will be worse off as a result of their participation in the pilot, in particular by maintaining most previous benefits;
- sites that reflect Ontario's demographic and geographic diversity, including Indigenous communities;
- inclusion of individuals who are currently employed and unemployed;
- a three year pilot to allow time to detect outcomes;
- setting the benefit level at or above 75% of the Low Income Measure;
- ensuring that the benefit amount is responsive to changes in a participant's circumstances;
- the choice of indicators in the areas of food security, stress and anxiety, mental health, and health and healthcare usage, in addition to the other selected outcomes;
- evaluation by a third-party research consortium, including academics; and
- your stated intention to pursue a robust public awareness/engagement initiative.

We understand that you plan to work in collaboration with community groups, and look forward to hearing details of that process. As one element, in provincial and/or local advisory committees you are forming, we suggest the participation of those with lived experience of poverty and precarious employment, as well as diverse sectors, including public health.

As also stated in our submission, we believe that a basic income is only one element of a comprehensive approach to poverty reduction. As a result, we are very encouraged by your stated commitment at the launch of the basic income pilot to continue to move forward on other elements of poverty reduction policies and programs in the months ahead.

Thank you for your ongoing and internationally-recognized leadership on this pivotal health and social initiative. We would welcome the opportunity to further support the design, implementation and evaluation of the basic income pilot as it moves into the next phase and contribute in areas where our networks and expertise would be valuable.

Yours sincerely,

Jaeger

Ellen Wodchis

Dr. Valerie Jaeger
alPHa President

Ellen Wodchis
OPHA President

cc. Hon. Helena Jaczek, Minister of Community and Social Services
Hon. Chris Ballard, Minister of Housing, Minister Responsible for the Poverty Reduction Strategy
Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Michael Coteau, Minister of Children and Youth Services
Hon. Indira Naidoo-Harris, Associate Minister of Education (Early Years and Child Care)
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, ADM Population and Public Health Division
Andrea Horwath, Leader, New Democratic Party
Patrick Brown, Leader, Progressive Conservative Party

Algoma
PUBLIC HEALTH
Santé publique Algoma

www.algomapublichealth.com

March 29, 2017

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

Dear Premier Wynne,

Re: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings.

At its meeting on March 22, 2017, the Board of Health for the District of Algoma Health Unit considered the correspondence forwarded by Wellington-Dufferin-Guelph Public Health in regards to support for enactment of legislation under the HPPA to allow for the inspection and enforcement activities of personal service settings.

The Board of Health for the District of Algoma Health Unit passed the following resolution in support of Wellington-Dufferin-Guelph Public Health's request for support:

Resolution 2017-

WHEREAS the Hepatitis C rate in Algoma between 2012-2016 has increased by 7.2% compared with a decrease in the province of 4%; and

WHEREAS some services provided by Personal Service Settings (PSS) potentially expose individuals to bloodborne infections; and

WHEREAS due to the lack of legislation for PSS, APH instituted an optional program where operators are provided with a "Registered for Inspection" certificate that they post at their premise to showcase to the patrons that they have voluntarily been inspected; and

WHEREAS education and training are the first steps to ensure Infection Prevention and Control Practices (IPAC) best practices are adhered to, there are occasions when enforcement maybe needed; and

WHEREAS due to the lack of legislation, associated regulations, and set fee schedules to allow for issuing of certificates of offence (tickets) for enforcement purposes, APH has had to utilize more cumbersome and inefficient Section 13 orders to ensure compliance; and

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Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

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

WHEREAS some PSS providers are conducting the procedures in uninspected environments such as private homes in the Algoma district, and

WHEREAS creation of provincial legislation governing PSSs would support a consistent, progressive enforcement model amongst Ontario's public health units.

THEREFORE BE IT RESOLVED THAT the Algoma Public Health Board support the Wellington-Dufferin-Guelph Public Health in recommending that the Government of Ontario enact legislation under the HPPA to support inspection and enforcement activities within PSSs; and

FURTHER THAT this resolution is shared with the Minister of Health and Long Term Care, Members of Provincial Parliament, Chief Medical Officer of Health, Association of Local Public Health Agencies and all Ontario Boards of Health.

Sincerely,

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

Encl. Wellington-Dufferin-Guelph Public Health correspondence

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Michael Mantha, MPP Algoma-Manitoulin
Association of Local Public Health Agencies
Ontario Public Health Units

May 2, 2017

Honourable Kathleen Wynne
Premier of Ontario
Room 281, Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Wynne:

Re: Enactment of legislation to enforce infection prevention and control practices within personal service settings under the *HPPA*

On March 24, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Wellington Dufferin Guelph Public Health regarding enactment of legislation to enforce infection prevention and control practices (IPAC) within personal service settings (PSS) under the *Health Protection and Promotion Act (HPPA)*. The following motion was passed:

Moved by: Arlene Wright Seconded by: Al Barfoot

Whereas no provincial legislation currently exists that requires Personal Service Settings (PSS) operators to comply with infection prevention and control (IPAC) best practices, and;

Whereas, legislation specific to PSS premises would increase the enforcement abilities of public health staff and provide an incentive for operators to comply with IPAC best practices;

Therefore, the Board of Health for the Grey Bruce Health Unit formally request the Honourable Kathleen Wynne, Premier of Ontario, to enact legislation specific to PSS in support of the creation of wording under the Provincial Offences Act (POA) that would allow public health staff additional enforcement options when dealing with infractions in these premises.

Carried

Sincerely,

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health and CEO
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

DURHAM REGION

April 13, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

COPY

The Regional Municipality of Durham

Corporate Services
Department
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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Adult and Older Adult Oral Health
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Warden of Lambton County Council urging the Ontario government to accelerate its commitment to expand Ontario's provincially funded dental benefits programs to cover low-income adults and older adults, be endorsed; and

B) That the Premier of Ontario, Ministers of Community and Social Services, Finance, and Health and Long-Term Care, Durham's MPPs and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Helena Jaczek, Minister of Community and Social Services
The Honourable Charles Sousa, Minister of Finance

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

"Service Excellence for our Communities"

The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

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An Accredited Public Health Agency

MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Adult and Older Adult Oral Health

On December 8, 2016, the Warden of Lambton County Council (Lambton's board of health) sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the Ontario government to accelerate its commitment to expand Ontario's provincially funded dental benefits programs to cover low-income adults and older adults. Such action would complement the dental benefits currently in place under Ontario Works and the Ontario Disability Support Program. Poor oral health adversely affects the health and well-being of affected adults and older adults.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Warden of Lambton County Council as regards oral health programming for low-income adults and older adults is endorsed; and

b) The Premier of Ontario, Ministers of Community and Social Services, Finance, and Health and Long-Term Care, Durham's MPPs and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Date: 17 / 04 / 21
y m d

Porcupine
Health Unit • Bureau de santé

R-2017 - 20

MOVED BY: Michael Shea

SECONDED BY: Rick Lafleur

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

WHEREAS, the Board of Health for the Porcupine Health Unit appreciates the work of the Ministry of Health and Long-Term Care in the development of the Modernized Ontario Public Health Standards (OPHS); and

WHEREAS, the Board of Health for the Porcupine Health Unit appreciates the opportunity for Porcupine Health Unit staff to provide feedback at the regional consultation in Sudbury on March 27, 2017; and

WHEREAS, the Board of Health for the Porcupine Health Unit recognizes the strengths in the increased flexibility to address local priorities, address health equity and further engage with indigenous partners; and

WHEREAS, the Board of Health for the Porcupine Health Unit is concerned about the potential for increased equity gaps and significant strain on staff resources to ensure local needs are met in communities where there may be a lack of partners to collaborate with; and

WHEREAS, the Board of Health for the Porcupine Health Unit is concerned about capacity with limited funds under the current funding formula;

NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Porcupine Health Unit endorses the letter provided by the Association of Local Public Health Agencies (alPHa) dated March 17, 2017 regarding Public Health Programs and Services Consultation; and

FURTHERMORE BE IT RESOLVED THAT, a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Boards of Health, and Gilles Bisson, MPP, Timmins - James Bay.

(circle as appropriate)

CARRIED **DEFEATED**

Gilles Bisson
Chair - Board of Health

April 13, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Opioid Addiction and Overdose
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Chair of the Grey Bruce Board of Health urging the College of Physicians and Surgeons of Ontario to consider issuing guidance to Ontario physicians about counselling their patients about the risk of opioid addiction and overdose and the importance of having naloxone at home if it is needed, be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Registrar, College of Physicians and Surgeons of Ontario, Chief Medical Officer of Health and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Registrar, College of Physicians and Surgeons on Ontario
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

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MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Opioid Addiction and Overdose

On January 27, 2017, the Chair of the Grey Bruce Board of Health sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the College of Physicians and Surgeons of Ontario to consider issuing guidance to Ontario physicians about counselling their patients about the risk of opioid addiction and overdose to them and their families and the importance of having naloxone at home if it is needed.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Chair of the Grey Bruce Board of Health as regards guidance to physicians on opioid addiction and overdose is endorsed; and

b) The Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Registrar, College of Physicians and Surgeons of Ontario, Chief Medical Officer of Health and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

simcoe muskoka
DISTRICT HEALTH UNIT

April 19, 2017

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

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

Dear Minister Hoskins and Dr. Williams:

Re: Moving forward on the Provincial Opioid Strategy

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I would like to take this opportunity to commend you, and the Ontario Ministry of Health and Long-Term Care, in releasing the Strategy to Prevent Opioid Addiction and Overdose in Ontario [1] in response to the issue of opioid use and its devastating effects throughout the province.

Ontario has one of the highest provincial opioid prescription rates and has experienced thirteen years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death, and more than double the number of people killed in motor vehicle collisions. More than 5000 Ontarians have died of an opioid overdose since 2000, the vast majority unintentionally.[2]

The opioid issue is of particular concern to us locally, as the opioid poisoning emergency visit rates in Simcoe Muskoka have been increasing since 2003, and have been significantly higher than the provincial rates since 2004.[3] SMDHU staff have been involved in a number of activities to date to help address opioid related harms in Simcoe Muskoka, including promotion of fentanyl patch for patch programs, coordination of local drug strategy coalitions and provision of naloxone kits and training to people who use opioids and their friends and family. In addition, SMDHU is co-hosting an inaugural meeting of key stakeholders for the purpose of creating a Simcoe Muskoka Opioid Strategy on May 25, 2017, along with the North Simcoe Muskoka Local Health Integration Network and the Simcoe Muskoka Alcohol and Other Drug Strategy Working Group.

In response to the substantial harms associated with both prescription and illicit opioid use in Simcoe Muskoka, the SMDHU Board of Health strongly urges the Ontario Ministry of Health and Long-Term Care to further develop the recommendations within Ontario's Strategy to Prevent Opioid Addiction and Overdose with targets, timelines and deliverables and to communicate developments with key stakeholders in a timely way. This will support efforts occurring locally and federally to address the issue, and will have the greatest opportunity to realize decreases in opioid related harm. Given the pressing nature of this continually evolving issue, we strongly urge the provincial government to move quickly in mitigating further harms.

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

Leadership and action at all levels of government and across sectors are urgently needed. We appreciate your actions to date and look forward to your continued leadership in addressing the morbidity and mortality associated with opioid use, misuse, and addictions.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Vice Chair, Board of Health
Simcoe Muskoka District Health Unit

BW:CG:mk

c. Association of Local Public Health Agencies
Boards of Health in Ontario
North Simcoe Muskoka LHIN
Central LHIN
Simcoe Muskoka Alcohol and Other Drug Strategy
Norm Miller, MPP (Parry Sound-Muskoka)
Julia Munro, MPP (York-Simcoe)
Jim Wilson, MPP (Simcoe-Grey)
Patrick Brown, MPP (Simcoe-North)
Ann Hoggarth, MPP (Barrie)

References:

1. https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html
2. http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription_for_life_june_1_2015.pdf
3. Ambulatory Visits & Population Estimates (2003-2015). Ontario Ministry of Health and Long-term Car, IntelliHEALTH, Ontario, Date Extracted: (Jan13, 2017. ICD-10codes(Any Dx):T400-T404;T406: Age standardized using the 20011 Canadian Standard Population.

DURHAM REGION

April 13, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
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The Regional Municipality of Durham

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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health re: Vaccine Preventable Diseases Program Funding
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on April 12, 2017, Council adopted the following recommendations of the Committee:

A) That the correspondence from the Chair of the Simcoe Muskoka Board of Health urging the Ontario government to increase its annual funding of the Vaccine Preventable Diseases program to support program enhancements such as the expanded HPV Immunization program, be endorsed; and

B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised.

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health dated April 5, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c. The Honourable Charles Sousa, Minister of Finance
The Honourable Eric Hoskins, Minister of Health and Long-Term Care

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

"Service Excellence for our Communities"

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Lorne Coe, MPP (Whitby/Oshawa)
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Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

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An Accredited Public Health Agency

MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: April 5, 2017

Re: Vaccine Preventable Diseases Program Funding

On January 18, 2017, the Chair of the Simcoe Muskoka Board of Health sent the attached correspondence to all Ontario boards of health for support.

In essence, the correspondence urges the Ontario government to increase its annual funding of the Vaccine Preventable Diseases program to support program enhancements such as the expanded HPV Immunization program. In Durham, expansion of the Vaccine Preventable Diseases program is a major driver of the Public Health Budget, including the recently approved 2017 budget.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from the Chair of the Simcoe Muskoka Board of Health as regards Vaccine Preventable Diseases program funding is endorsed; and

b) The Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Staff Report

NutriSTEP® Implementation Status

Date:	NutriSTEP® Implementation Status
To:	Board of Health
From:	Erica Diamond RD, Public Health Nutritionist, Nutrition Program

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Erica Diamond, RD Public Health Nutritionist

Proposed Recommendations

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

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health received the staff report, *Implementation of NutriSTEP®,* in April of 2015 for information. No decisions arose from this past report.

Background

The "implementation status of NutriSTEP®" (Nutrition Screening Tool for Every Preschooler) (Attachment A) was a health promotion Accountability Agreement Indicator for 2014-2016, monitoring the status of NutriSTEP® implementation in public health units across Ontario.[1]

The toddler and preschooler NutriSTEP®, parent-administered screening tools were developed, refined and validated with multicultural and geographically diverse groups of parents and

children across Ontario and Canada.[2] The screening tools cover the five components that influence the nutritional status of toddlers (aged 18 months to 3 years) and preschoolers (aged 3 to 5 years):

- **Food and nutrient intakes** including the quality and quantity of food and beverages consumed, food preferences and acceptance;
- **Physical growth** including weight, height, and growth patterns;
- **Developmental and physical capabilities that influence food intake** including oral motor skills (chewing, swallowing); social, intellectual and emotional maturity and skills; and food restrictions due to food allergies/intolerances;
- **Physical activity and sedentary behaviour**; and
- **Other factors affecting food intake and eating behaviours** such as family mealtimes and eating preferences, culture and ethnicity, parental concerns, nutrition knowledge, beliefs and practices; food security; and feeding environment including adult role models and a supportive, nurturing atmosphere.[3]

Peterborough Public Health (PPH) successfully achieved the **Advanced** category of the NutriSTEP® 2014-2016 accountability indicator, by working strategically with local community agencies and programs.[4] NutriSTEP® and its online version, Nutri-eSTEP (www.nutritionscreen.ca) were promoted broadly to parents and caregivers of young children between 18 months and 5 years of age. Highlights include the following:

NutriSTEP® Screenings:
A total of **1276** printed Toddler NutriSTEP® screening tools, and **460** printed Preschooler NutriSTEP® screening tools (Attachment A) with complementary nutrition educational resources (Attachment B), were distributed between 2015-2016.

The 'assisted referral model' was used by program staff in Peterborough Public Health's (PPH) Healthy Babies, Healthy Children (HBHC) and Child Health programs, and the Pediatric Outpatient Clinic, with the Peterborough Regional Health Centre (PRHC) to administer NutriSTEP®. In the 'assisted referral model' a health care professional supports a parent/caregiver to complete the screening tool and identify nutritional risks among children. The health care professional reviews the child's score, provides educational feedback, and a referral for follow-up if indicated.[5] Follow-up support is recommended with a "high" nutrition risk score. This support is to be provided by a Registered Dietitian through local Family Health Teams or the Pediatric Outpatient Program at PRHC. Eat Right Ontario (ERO) is also available for families who have questions about their child's NutriSTEP® score or are seeking nutrition advice for their child. ERO is a free provincial service that connects residents of Ontario to Registered Dietitians by telephone or by emailing from www.eatrightontario.ca.

Nutri-eSTEP Online Screenings:
There have been **8588** Nutri-eSTEP promotional flyers (Attachment C) distributed to parents and caregivers from September 2015 - December 2016 to further increase the

reach of nutrition screening with local children between 18 months and 5 years of age. Promotional flyers for Nutri-eSTEP were distributed via the following programs and agencies:

- PPH oral health screening program within elementary schools;
- the broader dental sector;
- local licensed childcare/early years programs;
- kindergarten programs at schools in the Kawartha Pine Ridge District School Board and Peterborough Victoria Northumberland and Clarington Catholic District School Board;
- and as part of the Enhanced 18-Month Well-Baby Visits with the Peterborough Family Health Teams.

Rationale

Recommendations from the Healthy Kids Panel *No Time to Wait: The Healthy Kids Strategy* identified the early years as a critical life stage in preventing childhood obesity, citing NutriSTEP® as an important tool to assess eating habits and to identify toddlers and preschoolers who are nutritionally at risk.[6]

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

- **raising awareness and increasing knowledge** about healthy eating, healthy weights and physical activity
- **promoting early intervention** and decreasing the risk of chronic disease
- **targeting children at risk** for further assessment and treatment
- **streamlining the referral process and prioritizing services** to those most in need
- **identifying needs** in a population group to integrate services and target nutrition programs.[7]

After answering the NutriSTEP® questions, parents are provided with nutrition information, resources and referrals based on the needs of their child.

It is well researched that children's food choices directly affect their growth, development, and health behaviours.[8] Children are not meeting dietary recommendations outlined in Canada's Food Guide.[9] The recommendation of eating 5 servings of vegetables/fruit per day was not met by 7 out of 10 children, aged 4-8.[10] Eating habits and patterns are established at an early age and can impact their lifelong health.[11]

Local NutriSTEP® toddler and preschooler data is being collected by PPH, from children screened within the PPH HBHC and CH program and the Pediatric Outpatient Program at PRHC. This data is being stored in a secure internal database and is non-identifiable. It will be used to help identify trends in dietary and physical activity habits of young children locally. Although

the internal local data sample of children screened by PPH and the Pediatric Outpatient program is small (n=58), the following nutrition topics have been observed and may benefit from further investigation: inconsistent mealtime structure, inadequate food group servings, too much screen time, high food costs, and high frequency of fast food consumption.[12,13]

Some of the successes shared by staff screening children include that NutriSTEP® is beneficial in the following ways:

- provides opportunities to engage in meaningful discussions with parents;
- helps direct parents to feeding and activity behaviours that need attention;
- helps identify areas where parents can improve their child's nutrition, and provides information for health teaching and problem solving with parents;
- shows parents/caregivers areas to work on;
- helps provide ideas and strategies for goal setting; and
- reassures parents/caregivers when things are going well.

Some of the barriers identified by staff administering NutriSTEP® include:

- limited time to screen, due to several screens needing to be completed by clients;
- inadequate access to appropriate settings that offer privacy, or opportunities to screen clients;
- lengthy nature of NutriSTEP®;
- other client priorities making it difficult to screen clients with NutriSTEP®; and
- the acknowledgement that parents/caregivers are sometimes resistant to change when offered feedback from NutriSTEP®.

Moving forward, we will acknowledge above barriers identified by staff screening with NutriSTEP® and will strategize strategies to help reduce them.

Data from Nutri-eSTEP (Attachment C) (www.nutritionscreen.ca), the online version of Nutri-STEP, is also being collected by Dietitians of Canada annually and will be shared with health units yearly to help identify local and provincial trends. Data from 2016 has not yet been received by Peterborough Public Health. Data from 2015 was not reliable due to small sample size and could not be used to draw conclusions or identify trends.[14]

Moving forward, PPH will continue to collect local data utilizing the "assisted referral model" when screening children with NutriSTEP® through PPH's HBHC and Child Health programs, and the Pediatric Outpatient Program at PRHC. The promotion of the online version of these screening tools to parents/caregivers will continue for other community settings. These include the dental sector, childcare/early years programs, kindergarten programs within local school boards, and as part of the Enhanced 18-Month Well-Baby Visits. Emphasis on the promotion of Nutri-eSTEP, the online version, maximizes reach and helps to minimize costs. Trends and highlights from future Nutri-eSTEP data, and local NutriSTEP® data will be used to help develop

local nutrition programs and initiatives that target parents and caregivers with children 18 months to 5 years of age.

Strategic Direction

By continuing to implement NutriSTEP® and promote Nutri-eSTEP, PPH will meet its strategic direction to strengthen its ability to demonstrate meaningful, measurable results that are grounded in forward-thinking program and organizational indicators and supported by appropriately aligned resources.

Contact:

Erica Diamond, RD
Public Health Nutritionist
Nutrition Program
(705) 743-1000, ext. 361
ediamond@peterboroughpublichealth.ca

Attachments:

Attachment A - Nutrition Screening Tool for Every Preschooler
Attachment B - How to Build a Healthy Preschooler (3-5 years)
Attachment C - Nutri-eSTEP Promotional flyer

References:

1. Potential New Accountability Agreement Indicators for. CIPHI Conf Public Heal Div Heal Promot Div [Internet]. 2014 [cited 2017 Apr 13]; Available from: http://www.ciphi.on.ca/images/stories/pdf/resources/2013_Annual_Conference_Presentations/4_public_health_accountability_indicators.pdf

2. NutriSTEP® - NutriSTEP® Implementation Toolkit and Resources [Internet]. [cited 2017 Apr 13]. Available from: http://www.nutristep.ca/en/toolkit_resources.aspx#about

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4. Potential New Accountability Agreement Indicators for. CIPHI Conf Public Heal Div Heal Promot Div [Internet]. 2014 [cited 2017 Apr 13]; Available from: http://www.ciphi.on.ca/images/stories/pdf/resources/2013_Annual_Conference_Presentations/4_public_health_accountability_indicators.pdf

5. NutriSTEP® - NutriSTEP® Implementation Toolkit and Resources [Internet]. [cited 2017 Apr 13]. Available from: http://www.nutristep.ca/en/toolkit_resources.aspx#about

6. Healthy Kids Panel. No time to wait: the healthy kids strategy [Internet]. Isbn: 978-1-4606-1014-5. 2013. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf

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12. Diamond RD E, Racz Hewitt J. 2015_2017 Toddler NutriSTEP Report. 2017.

13. Diamond RD E, Racz Hewitt J. 2015_2017 Preschooler NutriSTEP Report. 2017.

14. Dietitians of Canada. Peterborough Public Health Toddler 2015 Nutri-eSTEP report. 2015.

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

NutriSTEP®

Nutrition Screening Tool for Every Preschooler

Evaluation de l'allmentatlon des enfants d'age prescolalre

Nutrition Screening Tool for Every Preschooler

Instructions

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

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

---

1. My child usually eats grain products:
   Examples are bread, bagel, bun, cereal, pasta, rice, roti and tortillas.
   - a ☐ More than 5 times a day
   - 1 ☐ 4 to 5 times a day
   - 2 ☐ 2 to 3 times a day
   - 4 ☐ Less than 2 times a day

2. My child usually has milk products:
   Examples are white or chocolate milk, cheese, yogurt, milk puddings or milk substitutes, such as fortified soy beverages.
   - a ☐ More than 3 times a day
   - 1 ☐ 3 times a day
   - 2 ○ 2 times a day
   - 4 ☐ Once a day or less

3. My child usually eats fruit:
   - a ☐ More than 3 times a day
   - 1 ☐ 3 times a day
   - 2 ☐ 2 times a day
   - s ☐ Once a day
   - 4 ☐ Not at all

D Total Score for Page 1

4. My child usually eats vegetables:
   - 0 O More than 2 times a day
   - , O 2 times a day
   - 3 O Once a day
   - 4 O Not at all

5. My child usually eats meat, fish, poultry or alternatives:
   Alternatives can be eggs, peanut butter, tofu, nuts, or dried beans, peas and lentils.
   - 0 O More than 2 times a day
   - , O 2 times a day
   - 2 O Once a day
   - 3 O A few times a week
   - 4 O Not at all

6. My child usually eats "fast food":
   - 4 O 4 or more times a week
   - 3 O 2 to 3 times a week
   - 2 O Once a week
   - , O A few times a month
   - 0 O Once a month or less

7. I have difficulty buying food to feed my child because food is expensive:
   - 4 O Most of the time
   - 2 O Sometimes
   - , O Rarely
   - 0 O Never

8. My child has problems chewing, swallowing, gagging or choking when eating:
   - 4 O Most of the time
   - 2 O Sometimes
   - , O Rarely
   - 0 O Never

9. My child is ***not*** hungry at mealtimes ***because*** he/she drinks all day:
   - 4 O Most of the time
   - 2 O Sometimes
   - , O Rarely
   - 0 O Never

D Total Score for Page 2

10. My child usually eats:

- 4 O Less than 2 times a day
- 3 O 2 times a day
- , O 3 to 4 times a day
- 0 O 5 times a day
- 2 O More than 5 times a day

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

- 0 O Always
- , O Most of the time
- 2 O Sometimes
- 3 O Rarely
- 4 O Never

12. My child eats meals while watching TV:

- 4 O Always
- 3 O Most of the time
- 2 O Sometimes
- , O Rarely
- 0 O Never

13. My child usually takes supplements:
Examples are multivitamins, iron drops, cod liver oil.

- 4 O Always
- 3 O Most of the time
- 2 O Sometimes
- , O Rarely
- 0 O Never

14. My child:

- 4 O Needs more physical activity
- 0 O Gets enough physical activity

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

- 4 O 5 or more hours a day
- 3 O 4 hours a day
- 2 O 3 hours a day
- , O 2 hours a day
- 0 O 1 hour or less a day

D **Total Score for Page 3**

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

aD Yes

4D No

17. My child:

4D Should weigh more

aD Is about the right weight

2D Should weigh less

D Total Score for Page 4

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

_____ Score for Page 1

\+ Score for Page 2

\+ Score for Page 3

\+ Score for Page 4

= Total Score

What does your NutriSTEP® score mean?

If the total score is 20 or less:
Your child's eating and activity habits are good. There may be things that you want to work on; check out the educational material provided for tips and more information.

If the total score is 21 to 25:
Your child's eating and activity habits can be improved by making some small changes. Check out the educational material provided or contact your local public health department for tips and more information.

If the total score is 26 and greater:
Your child's eating and activity habits can be improved by making some changes. For suggestions, talk to a health professional such as a registered dietitian, your family doctor or paediatriciim or contact your local public health department for more information.

For more information on nutrition and healthy eating, visit EatRight Ontario at: www.ontario.ca/eatright. Ontario residents can speak to a Registered Dietitian by calling the EatRight Ontario toll-free telephone information service at 1-877-510-510-2, Monday to Friday.

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

How to Build a Healthy Preschooler (3-5 years)

A healthy preschooler starts with healthy eating, physical activity and positive self-esteem.

Balanced meals include a variety of foods from at least three of the four food groups.

Canada's Food Guide includes foods from the four food groups: Vegetables and Fruit; Grain Products; Milk and Alternatives; Meat and Alternatives.

Don't pressure or bribe your child to eat. The more a parent pushes foods, the less likely a child is to eat them.

Eat with your preschooler as often as possible. Set a good example by eating a variety of foods.

Food jags are periods when children will only eat certain foods. Be patient and try not to worry, especially if your child is active, growing and healthy.

Growth is affected by many things. Each child is different and can grow at different rates. It is important to watch your child's own growth pattern.

Healthy bodies come in different shapes and sizes. Celebrate your child's unique qualities. Teach them to love and value themselves.

Iron is important for growth. Offer a variety of iron-rich foods at each meal such as meats, fish, eggs, tofu, legumes and iron-fortified cereals.

Juice should be avoided or limited to no more than 125-175 mL (½ - ¾ cup) a day. Offer water to quench thirst.

Keep a variety of healthy, ready-to-eat snacks available such as fresh fruit, cut-up vegetables, yogurt, cereal and milk.

Limit screen time to less than one hour a day for children 3 to 4 years and less than two hours a day for children 5 years. Less is better!

Milk is nutritious. Offer preschoolers 500 mL (2 cups) each day. More than 750 mL (3 cups) each day can be filling and leave little room for other foods.

New foods offered many times without pressure will encourage children to try them. It may take 10 - 15 times before they actually eat them!

Offer at least one food your child likes as well as other familiar and new foods at meals.

Playing actively indoors and outdoors should be a fun and regular part of every day. Try walking skipping, running or climbing.

Quality time with children includes playing active games and eating meals together as family, without TV or other distractions.

Respect your child's appetite. Let your child decide how much food to eat from the healthy choices you offer. Let him feed himself.

Schedule meals and snacks 2½ - 3 hours apart so that children come to the table hungry and interested in eating. They are more likely to try new foods when they are hungry.

Tooth brushing is important. Help brush your child's teeth two times a day for two minutes with a soft bristle tooth brush.

Use meal and snack times as a chance to teach your children about different foods, preparing foods and good table manners.

Vitamin supplements are usually not needed, even for picky eaters. Eating well comes from food, not pills.

Weight and height measurements should be taken regularly and plotted on a growth chart by your health care provider.

Expect your preschooler's appetite to vary from day to day.

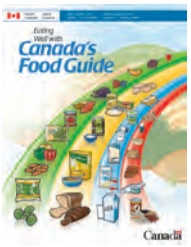
Young children are small eaters. They need to eat nutritious, higher fat foods like peanut butter, cheese and avocado to meet their energy needs.

Zest for life is a preschooler! They will explore and play, but they also need rest. Preschoolers need 10 - 15 hours of sleep each day.

What Should My Preschooler Have Each Day?

Canada's Food Guide gives recommendations on the number of servings for each food group each day for preschoolers. Food Guide Servings can be divided into smaller meals and snacks that are offered every 2 ½ to 3 hours. Offer your child small portions (about ½ to one Food Guide serving) at meals and snacks and let your preschooler decide how much to eat.

Use the chart below to help plan meals and snacks.



Food Group	Age 3	Ages 4&5	What Is One Food Guide Serving?
Vegetables and Fruit Offer one dark green and one orange vegetable each day. 	4 Food Guide servings	5 Food Guide servings	• 1 piece of fruit • 125 mL (½ cup) of fresh, frozen or canned vegetables, tomato sauce • 250 mL (1 cup) of leafy raw vegetables or salad
Grain Products Offer whole grain products each day. 	3 Food Guide servings	4 Food Guide servings	• 1 slice of whole grain bread • ½ bagel or small whole grain muffin • ½ pita or large tortilla • 125 mL (½ cup) of cooked rice, bulgur, quinoa, pasta or couscous • 175 mL (¾ cup) of hot cereal • 30 g of cold cereal
Milk and Alternatives Offer skim, 1% or 2% milk each day. 	2 Food Guide servings	2 Food Guide servings	• 250 mL (1 cup) of cow's milk or fortified soy beverage • 175 g (¾ cup) of yogurt • 50 g (1 ½ oz) of hard cheese *Plant-based beverages other than fortified soy beverage (e.g. rice, almond, coconut) are low in nutrients required for a child's growth and are not part the Milk and Alternatives food group.*
Meat and Alternatives Offer alternatives such as beans, lentils and tofu often. 	1 Food Guide serving	1 Food Guide servings	• 2 eggs • 30 mL (2 Tbsp) of peanut butter or other nut butters • 60 mL (¼ cup) of shelled nuts or seeds • 125 mL (½ cup) of cooked fish, shellfish, poultry, lean meat or game meat • 175 mL (¾ cup) of hummus, tofu or cooked legumes such as kidney beans, chickpeas and lentils

GOOD TO KNOW!

Fish is an excellent source of protein and healthy fats. Serve fish at least twice a week. Some types of fish are high in mercury, which is harmful to a child's developing brain. Serve fish that are lower in mercury and have omega-3 fats such as char, herring, mackerel, rainbow trout and salmon. To find out more about choosing fish, visit EatRight Ontario: www.eatrightontario.ca/en/Articles/Food-safety/Get-the-cool-scoop-on-fish-and-mercury.aspx

Tips for Feeding Preschoolers

A healthy snack should include at least two of the four food groups. This helps your preschooler to meet her nutrient needs.

Examples include:

- Whole grain crackers and cheese
- Hummus with cucumbers and peppers
- Apple slices and cheese
- Yogurt and banana slices
- Whole grain toast with thinly spread peanut butter or avocado
- Whole grain cereal with milk

Choking

Cut your child's food into bite size pieces to avoid choking. Avoid hard, small and round foods, and smooth and sticky foods.

- Cut grapes and cherry tomatoes into quarters
- Cut hard raw vegetables into narrow strips.
- Thinly spread peanut or nut butters on toast.
- Avoid hotdogs, candies, popcorn and nuts.

Always supervise young children when they are eating.

GOOD TO KNOW!

Offer water to drink at and between meals and snacks, especially when preschoolers are active, and when the weather is hot. Offer water and other drinks in an open cup.

Breastfeeding is encouraged. Continue to breastfeed for as long as both you and your child want.

A Sample Meal Plan

This menu is only a guide. Offer your child healthy foods from your family meal. Eat together as a family as often as you can. Let your child decide how much they want to eat from the foods offered.

Breakfast

- Whole grain toast
- Cooked egg
- Banana
- Milk

Morning Snack

- Whole grain crackers
- Orange slices
- Water

Lunch

- Tuna salad on whole grain bread
- Cucumber slices and carrot strips
- Milk
- Fruit salad

Afternoon Snack

- Yogurt
- Pear slices
- Water

Supper

- Baked chicken
- Brown rice
- Cooked peas
- Milk
- Apple slices

After Supper Snack

- Cereal
- Milk

GOOD TO KNOW!

What about physical activity? Eating well is important, but so is being active.

Children age 3 and 4 years should get at least 180 minutes of physical activity every day. Try playing outside, walking, running or dancing.

Children age 5 years should get at least 60 minutes of moderate to vigorous intensity physical activity every day. Try going to the playground, biking, skating or swimming.

Want More Information?

EatRight Ontario

For more information on nutrition and healthy eating or to speak with a Registered Dietitian, visit EatRight Ontario at www.eatrightontario.ca or call 1-877-510-510-2.

To find a Registered Dietitian in your community visit: www.dietitians.ca/Find-A-Dietitian

Books

- *Child of Mine: Feeding with Love and Good Sense.* Ellyn Satter, 2000.
- *Secrets of Feeding a Healthy Family: How to Eat, How to Raise Good Eaters, How to Cook.* Ellyn Satter, 2008
- *Your Child's Weight ... Helping Without Harming.* Ellyn Satter, 2005.
- *Better Food for Kids: Your Essential Guide to Nutrition for all Children from Age 2 to 10.* Second Edition. J. Saab and D. Kalnins, 2010.

Websites

- Canada's Food Guide: www.canadasfoodguide.net
- EatRight Ontario: www.eatrightontario.ca
- Dietitians of Canada: www.dietitians.ca
- Healthy Canadians: www.healthycanadians.gc.ca
- Ellyn Satter Institute: www.ellynsatterinstitute.org
- Anaphylaxis Canada: www.anaphylaxis.ca
- Canadian Physical Activity and Sedentary Behaviour Guidelines: 0-4 and 5-11 years. www.csep.ca/guidelines
- Caring for Kids - Canadian Pediatric Society: www.caringforkids.cps.ca
- Best Start Resource Centre: www.beststart.org
- Videos - Raising Our Healthy Kids: https://vimeo.com/raisingourhealthykids/channels

Contacts

Contact your local public health unit or community health centre for:

- More information about feeding your preschooler and;
- Parent education workshops and other nutrition related supports in your community

NutriSTEP®
Nutrition Screening for Toddlers and Preschoolers

For additional copies, please contact
Peterborough County-City Health Unit
Nutrition Department at 705-743-1000, ext. 316

NUTRITION RESOURCE CENTRE
CENTRE DE RESSOURCES EN NUTRITION

This educational resource is part of the NutriSTEP® Program.
For more information visit www.nutristep.ca and www.nutritionscreen.ca

Nutri-eSTEP

Nutrition Screening Tool for Toddlers and Preschoolers

www.nutritionscreen.ca

Are you a parent or caregiver with a young child?

Do you want to know how your child is doing with daily habits?

Nutri-eSTEP is a fast and simple way to find out if your toddler (18 to 35 months) or preschooler (3 to 5 years) is a healthy eater and to get feedback.

How does Nutri-eSTEP work?

1. Visit **www.nutritionscreen.ca** and select the toddler or preschooler questionnaire.
2. Answer 17 short **NutriSTEP**® questions about your child's eating and activity habits – it takes less than 10 minutes.
3. Get immediate personalized feedback!

Why is it important?

Healthy habits at a young age build lifelong patterns for healthy growth and development.

Nutri-eSTEP helps you

Find out what is going well for you and your child.
Get tips on how to improve eating and activity habits.
Link to trusted nutrition resources, tools and recipes.

Brought to you by

Dietitians of Canada
Les diététistes du Canada

Nutri-eSTEP®

Nutrition Screening Tool for Toddlers and Preschoolers

www.nutritionscreen.ca

After completing the NutriSTEP® questionnaire

- ✓ Print off your survey results
- ✓ See how you and your child are doing
- ✓ Visit the links to credible nutrition articles, tools and community services
- ✓ Try some new recipes
- ✓ Re-visit **Nutri-eSTEP** to track your progress

Have questions?

Looking for a Dietitian?

For yourself, your child, a family member, or your organization?

Talk with a registered dietitian at a provincial call centre:

- **In Ontario** 1-877-510-510-2
- **In British Columbia** 8-1-1
- **In Manitoba** 1-877-830-2892 or 204-788-8248 in Winnipeg

Health centres and physician offices may be able to provide dietitian services.

Find dietitians in private practice:
www.dietitians.ca/Find-a-Dietitian.aspx

This online tool has been developed by nutrition researchers and registered dietitians with input from parents. The tool is meant to help families eat well and build healthy habits.

Brought to you by

Dietitians of Canada
Les diététistes du Canada

Staff Report

2016 Accountability Agreement Indicator Results

Date:	May 10, 2017
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Patti Fitzgerald, Assistant Director

Proposed Recommendations

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

Financial Impact

There are no financial impacts related to the Accountability Agreement.

Background

In 2010, as part of a commitment by the provincial government to simplify board of health reporting requirements, the Ministry of Health and Long-Term Care (MOHLTC) developed a public health accountability agreement for the first time in Ontario. The process involved extensive consultation between the MOHLTC and all thirty-six (36) local public health agencies It was designed to support public health programming and its continuous quality improvement in the areas of; local program management and service delivery; communicable disease surveillance, policy development and risk assessment, and public reporting. Since that time Peterborough Public Health (PPH) has reported annually to the board of health on its progress.

Rationale

Receipt and consideration of this staff report allows the board of health to carry out its

legislative duties and responsibilities under the *Health Protection and Promotion Act*. It summarizes PPH's performance under the Accountability Agreements with the MOHLTC. Accountability agreements are an important tool in the provincial health system. The data collected and performance outcomes for each indicator will better inform decision making at the local and provincial level.

Analysis

In 2013, the MOHLTC set up another consultation process to develop the next three year Accountability Agreement (2014-2016). The 27 indicators include 17 Health Protection and 10 Health Promotion indicators. The performance indicators, targets and 2016 performance are detailed in Appendix 1.

For 2016, PPH did not meet performance targets for the following indicators.

- % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification

  TARGET: 95% PERFORMANCE: 94.8%

PPH relies on partner agencies (e.g., Humane Society, local Veterinarians, and PRHC) to report animal bites in a timely manner so that required follow up can occur within one day (24 hours) of receipt. It is worth noting that performance has improved each year since implementation of this indicator in 2014. However, ongoing education and outreach with these agencies will continue.

- % of influenza vaccine wasted that is stored/administered by the public health unit.

  TARGET: 0.8% PERFORMANCE: 35.6%

Influenza outbreaks occurred later in the season. Based on this, PPH staff projected there would be increased need to provide the influenza vaccine in our clinics, and therefore chose to hold back (rather than return) extra doses. The need was not as great as anticipated and many of the vaccines expired.

Strategic Direction

The report applies to the strategic direction of Quality and Performance.

Contact:

Patti Fitzgerald, Assistant Director
(705) 743-1000, ext. 295
pfitzgerald@peterboroughpublichealth.ca

2016 Accountability Agreement Indicators, Target and Performance

Health Protection Indicators-**Defined** Performance Targets

Indicator	2016 Target	2015 Performance
%of high risk Small Drinking Water Systems inspections completed for those that are due for re-inspection	100%	100%
% of suspected rabies exposures reported with investigation initiated within 1 day of public health unit notification	95%	94.8%
% of salmonellosis cases where one or more risk factor(s) other than "unknown" was entered to iPHIS	93.9%	96.9%
% of influenza vaccine wasted that is stored/administered by the public health unit	0.8%	35.6%
% of refrigerators storing publically funded vaccines that have received a completed routine annual cold chain inspection	100%	100%

Health Protection Indicators- Baseline
(Baseline- new indicator for 2016, gathering baseline data only)

Indicator	2016 Target	2016 Performance
% of MMR vaccine wastage	Baseline	9.0%
% of 7 or 8 year old students in compliance with the ISPA	Baseline	95.4%
% of 16 or 17 year old students in compliance with ISPA	Baseline	93%

Health Protection Indicators- Monitoring Performance
(Monitoring - no targets set, performance is reviewed internally by the MOHLTC)

Indicator	2016 Target	2016 Performance
%of high-risk food premises inspected once every 4 months while in operation	Monitoring	99.4%
% of moderate-risk food premise inspected once every 6 months while in operation	Monitoring	98.8%
% of class A pools inspected while in operation	Monitoring	100%
% of public spas inspected while in operation	Monitoring	100%
% of personal service settings inspected annually	Monitoring	100%
% of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	Monitoring	100%
%of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	Monitoring	100%
% of confirmed gonorrhea cases treated according to the recommended Ontario treatment guidelines	Monitoring	58.3%
% of HPV vaccine wasted that is stored/administered by the public health unit	Monitoring	0.0%
% of school-aged children who have completed immunizations for hepatitis B	Monitoring	65.5%
% of school-aged children who have completed immunizations for hpv	Monitoring	59.7%
% of school-aged children who have completed immunizations for meningococcus	Monitoring	79.8%

Health Promotion Indicators- **Defined** Performance Targets

Indicator		2016 Target	2016 Performance
% of tobacco vendors in compliance with youth access legislation at the time of last inspection		≥ 90.0%	93.1%
% of secondary schools inspected once per year for compliance with section 10 of the Smoke –Free Ontario Act		100%	100%
% of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act	Non-Seasonal	100%	100%
	Seasonal	100%	100%
%of tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act		100%	100%
Oral Health Assessment and Surveillance: % of schools screened		100%	100%
Oral Health Assessment and Surveillance: % of all JK, SK and Gr. 2 students screened in all publicly funded schools		100%	100%
Implementation status of NutriSTEP® Preschool Screen		Intermediate	Advanced
Baby-Friendly Initiative (BFI) Status		Designated	Designated

Health Promotion Indicators- Monitoring Performance
(Monitoring- no targets set, performance is reviewed internally by the MOHLTC)

Indicator	2016 Target	2016 Performance
% of population (19+) that exceeds the Low-Risk Drinking Guidelines	Monitoring	n/a
Fall-related emergency visit in older adults aged 65+ (rate per 100,000 per year)	Monitoring	n/a
% of youth (ages 12-18) who have never smoked a whole cigarette	Monitoring	n/a

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Q1 2017 Peterborough Public Health Activities Report**

Date: May 10, 2017

Proposed Recommendation:

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

Attachments:

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

Quarter 1 2017 Status Report
(January 1 – March 31, 2017)

Overall Compliance Status

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

ME: Meeting Expectations PME: Partially Meeting Expectations

Program Compliance Details

Chronic Disease Prevention

Hallie Atter, Manager, Community Health;

Program Compliance:

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

Foundational Standards

Hallie Atter, Manager, Community Health

Program Compliance:

Due to a staff vacancy only minimal surveillance was completed. Activities scheduled for the first quarter were not initiated as planned. There are agreements in place with other public health units to provide support on specific projects.

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

Program Compliance:
All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations including an extended leave of absence, we are partially compliant in all five requirements.

Rabies Prevention and Control
Atul Jain, Manager, Environmental Health

Program Compliance:
One animal bite report was not received by Peterborough Public Health within 24 hours. This report did receive follow-up the next business day.

Communications - 2017 Q1

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q1 comparison	
	2017	2016
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, op eds, BOH meeting summaries, etc.)	45	33
Number of media interviews	13	24
Number of media stories captured directly covering PPH activities	51	95

Activity	Yearly Totals				
	2017 (ytd)	2016	2015	2014	2013
Press releases/media products issued	45	158	165	111	141
Media interviews	13	92	82	109	118
Number of media stories directly covering PPH activities	51	340	540	475	427

Communications Highlights:

- Started using a new media monitoring system to capture media coverage and gain access to more comprehensive media lists.
- Developed a partnership with www.evidencenetwork.ca to extend the influence of Dr. Salvaterra's columns to other national publications. Evidence Network will pitch select columns to other major newspapers, websites and broadcasters as part of their mandate to promote health policy based on scientific evidence.
- The total number of communications requests responded to in Q1 was 151.

Information Technology - 2017 Q1

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

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0 mins/ 0%	0 mins	100%
Phone server	0 mins/ 0%	100 mins	99.92%
File server	0 mins/ 0%	0 mins	100%
Backup server	0 mins/ 0%	0 mins	100%

Total Number of Helpdesk Tickets Served:

348 requests for support from January 1 – March 31, 2017

IT Highlights:

- Configured new firewall
- Configured new WiFi networks
- Configured a new server for accounting
- Transferred I Drive to a newer and more stable file server

Peterborough Public Health

Follow us @Ptbohealth

SOCIAL MEDIA Q1 REPORT

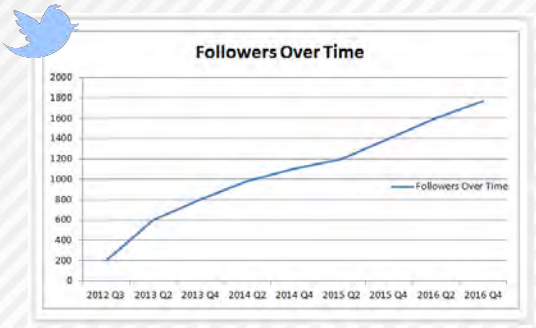
Jan 1 – Mar 31

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

Twitter: In Q1 our followers grew

3.4%

to **1830**



107 tweets *Q1*

+29

599 fans

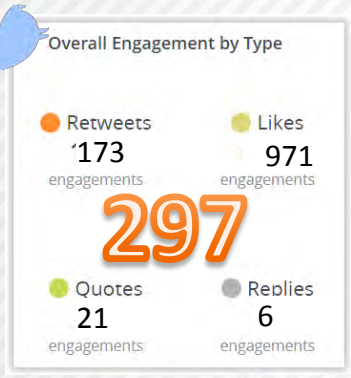
19 new fans

47,433

webpage views

+3963

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



most popular tweet

4.5%

engagement rate

41 engagements

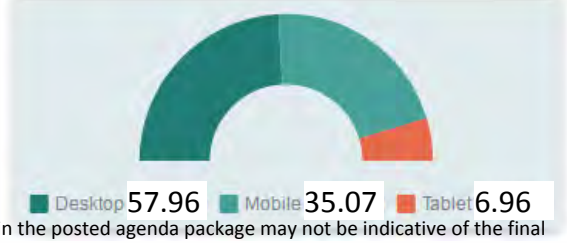
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

Employment : 4071
Sexual Health Clinic: 2228
Contact Us: 2160
Food Handler Course: 1808
Clinics and Classes: 1053
Alerts: 958
Food Handler Course Dates: 934
For Professionals: 803
About Us: 798
Social Determinants of Health: 735

website visitors by device



Click throughs from tweet/post to our website

54

214

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

Steady growth and 0 unfollows

twitter

46.56% more engagement of fans FROM facebook

www.peterboroughpublichealth.ca

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

@MENTIONS

103

Campaigns… How did our coordinated social projects perform?

Ad Campaigns - #rethinkyourdrinking

As a continuation of the #rethinkyourdrinking campaign that ran in Q4, two social media ad campaigns were run in Q1 (Valentines and Superbowl)

This campaign was done in support of a provincial campaign.

Glossary… What do these social media terms mean?

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

Engagement rate: Number of engagements divided by impressions

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

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

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

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

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

Financial Update Q1 2017 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2017								
	Type	**2017**	**Approved by Board**	**Submission Date**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Mandatory Public Health Programs	Cost Shared (CS)	7,202,667	09-Nov-16	submitted 1-Mar	1,730,142	24.0%	MOHLTC	Operating within budget. Board approved $7,975,438 which included Small Drinking Water, Vector Borne Disease and Occupancy Cost - See lines below.
Mandatory Public Health Programs - Occupancy costs	CS	518,267	09-Nov-16	submitted 1-Mar	130,641	25.2%	MOHLTC	Operating slightly above budget. Anticipate being within budget by end of year.
Small Drinking Water Systems	CS	90,800	09-Nov-16	submitted 1-Mar	20,849	23.0%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	CS	76,133	09-Nov-16	submitted 1-Mar	1,355	1.8%	MOHLTC	West Nile Virus program measures and students begin in May.
Infectious Disease Control	100%	228,345	11-Feb-17	submitted 1-Mar	56,119	24.6%	MOHLTC	Operating at budget based on budget request. Year to date expenditures are operating within
Infection Prev. & Control Nurses	100%	94,300	11-Feb-17	submitted 1-Mar	22,113	23.4%	MOHLTC	Operating within budget based on budget request. Year to date expenditures are
Healthy Smiles Ontario (HSO)	100%	763,100	11-Feb-17	submitted 1-Mar	115,138	15.1%	MOHLTC	**Operating within budget approval received in 2016. Overall results from 2016 showed program was significantly underspent as staffing positions planned for program were not hired due to timing of budget approval. Underspent in first quarter as negotiations with Ministry re: delivery model have not been finalized at this time.**

	Type	2017	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
Enhanced Food Safety	100%	25,000	11-Feb-17	submitted 1-Mar	6,230	24.9%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	11-Feb-17	submitted 1-Mar	1,930	12.5%	MOHLTC	Operating within budget. Student position will commence in next quarter.
Needle Exchange Initiative	100%	60,000	11-Feb-17	submitted 1-Mar	11,560	19.3%	MOHLTC	Operating within budget based on Ministry request. Budget request increased 33.3% over prior year approval of $45,000. Year to date actual is currently slightly above budget based on 2016 approval.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	190,675	11-Feb-17	submitted 1-Mar	42,674	22.4%	MOHLTC	Operating within budget based on budget request. Year to date expenditures are operating within 2016 budget approval of $180,500.
Chief Nursing Officer Initiative	100%	126,250	11-Feb-17	submitted 1-Mar	30,204	23.9%	MOHLTC	Operating within budget based on budget request. Year to date expenditures are
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Feb-17	submitted 1-Mar	25,215	25.2%	MOHLTC	Operating at budget.
SFO - Enforcement	100%	202,100	11-Feb-17	submitted 1-Mar	51,137	25.3%	MOHLTC	Operating at budget.

	Type	2017	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
SFO - Youth Prevention	100%	80,000	11-Feb-17	submitted 1-Mar	12,809	16.0%	MOHLTC	Operated within budget. Savings due to some gapping in first quarter of year. Anticipate being
SFO - Prosecution	100%	6,700	11-Feb-17	submitted 1-Mar	2,208	33.0%	MOHLTC	Operating above budget. Anticipate being within budget by end of year.
Electronic Cigarettes Act - Protection & Enforcement	100%	30,500	11-Feb-17	submitted 1-Mar	7,581	24.9%	MOHLTC	Operating within budget based on budget request. Year to date expenditures are operating slightly above 2016 budget approval of $29,300.
Medical Officer of Health Compensation	100%	51,054	NA	submitted 1-Mar	12,760	25.0%	MOHLTC	Operating within budget.
Healthy Babies, Healthy Children	100%	928,413	12-Apr-17	submitted 18-Apr	225,852	24.3%	MCYS	Operating within budget.

One-Time Programs Funded January 1 to December 31, 2017

	Type	2017	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
Inclusive Prenatal Curriculm	100%	10,000	11-Feb-17	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Evidence Based Decision Making	100%	10,000	11-Feb-17	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Arts Based Health Promotion	100%	20,000	11-Feb-17	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
File Server Update	100%	53,000	11-Feb-17	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
AODA Website	100%	26,500	11-Feb-17	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Healthy Menu	100%	50,300	11-Feb-17	submitted 1-	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.

PHI Practicum	100%	30,000	11-Feb-17	submitted 1-	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Radon Kits	100%	10,000	11-Feb-17	submitted 1-	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Enhanced Tobacco	100%	30,000	11-Feb-17	submitted 1-	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.

One-Time Programs Funded April 1, 2016 to March 31, 2017								
	Type	**2017**	**Approved by Board**	**Approved**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Enhanced Tobacco Cessation	100%	30,000	11-Feb-17	23-Sep-16	27,058	90.2%	MOHLTC	Operating within budget. Excess funds will be recovered by the Ministry.
Panorama	100%	72,900	NA	23-Sep-16	72,900	100.0%	MOHLTC	Operated within budget.
Public Health Inspector Practicum Project	100%	20,000	10-Feb-16	23-Sep-16	20,000	100.0%	MOHLTC	Operated within budget.
WiFi Implementation	100%	38,300	10-Feb-16	23-Sep-16	38,300	100.0%	MOHLTC	Operating within budget.

Programs funded April 1, 2016 to March 31, 2017								
	Type	**2016 - 2017**	**Approved by Board**	**Approved**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Infant Toddler and Development Program	100%	245,220	March 9/16	Aug 16/16	244,078	99.5%	MCSS	Operated within budget.
Speech	100%	12,670	Annual Approval	NA	12,670	100.0%	FCCC	Operated within budget.
Healthy Communities Challenge Fund		117,500	NA	NA	117,500	100.0%		Operated within budget.

Funded Entirely by User Fees January 1 to December 31, 2017								
	Type	**2017**	**Approved By Board**	**Approved By Province**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Safe Sewage Program		382,389	12-Nov-14	NA	97,609	25.5%	FEES	Program funded entirely by user fees. Expenditures are slightly above budget. Revenue from User Fees are below budget resulting in a deficit of $50,904. Building activity slower in first quarter of the year, however
Mandatory and Non-Mandatory Re-inspection Program		99,500	12-Nov-14	NA	1,572	1.6%	FEES	Re-inspection program activity will begin in next quarter.

Programs funded through donations and other revenue sources January 1 to December 31, 2017								
	Type	**2017**	**Approved By Board**	**Approved By Province**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Food For Kids, Breakfast Program & Collective		46,542	NA	NA	22,136	47.6%	Donations	Budget based 2016 actuals. Operating above budget. Excess expenditures offset by revenue.

To: All Members
Board of Health

From: Lori Flynn, Chair, First Nations Committee (or designate)

Subject: **Committee Report: First Nations**

Date: May 10, 2017

Proposed Recommendation:

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.*

Background:

The First Nations Committee met last on April 25, 2017. At that meeting, the Committee requested that the above-noted items come forward to the Board of Health.

As part of the Committee's 2017 work plan, the Committee has identified several items from the Truth and Reconciliation Commission of Canada Calls to Action which relate to public health and which they feel require advocacy and/or further action at the local level.

Call to Action #89 states: *We call upon the federal government to amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies to promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build capacity in the Canadian sport system, are inclusive of Aboriginal peoples.*

A draft letter to Ministers Philpott and Qualtrough has been attached for your consideration. The letter is seeking an update on whether their 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.

Attachment A – First Nations Committee Minutes, February 22, 2017
Attachment B – Draft Letter to Ministers Philpott / Qualtrough re: Call to Action #89

Board of Health for the
Peterborough County-City Health Unit
MINUTES
First Nations Committee Meeting
Wednesday, February 22, 2017 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Chief Phyllis Williams** **Deputy Mayor John Fallis** **Ms. Kerri Davies** **Ms. Liz Stone (5:31 p.m.)** **Ms. Lori Flynn**
Guest:	**Mayor Mary Smith**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer** **Ms. Natalie Garnett, Recorder**

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1. Call to Order

Dr. Salvaterra called the First Nations Committee meeting to order at 5:02 p.m. Dr. Salvaterra introduced two visiting medical students to the Committee.

2. Elections

2.1 Chairperson

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

MOTION:
That Lori Flynn be appointed Chair of the First Nations Committee for 2017.
Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-001-FN)

Ms. Flynn assumed the Chair.

2.2 **Vice Chairperson**

Ms. Flynn called for nominations for the position of Vice Chairperson for the First Nations Committee for the Peterborough County-City Health Unit for the year 2017.

MOTION:
That Kerri Davies be appointed Vice Chair of the First Nations Committee for 2017.
Moved: Chief Williams
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-002-FN)

3. Confirmation of the Agenda

MOTION:
That the agenda be approved as amended.
Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-003-FN)

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

6.1 **December 13, 2016**

MOTION:
That the minutes of the First Nations Committee Meeting held December 13, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-004-FN)

7. Business Arising from the Minutes

7.1 **Indigenous Health Strategy Discussion with Toronto Public Health**

Dr. Salvaterra, Medical Officer of Health, provided an update on the discussions held with Toronto Public Health and the Central East Local Health Integration Network (LHIN). She will follow-up with the LHIN to advise them that

Peterborough wishes to proceed on its own health strategy. Mary Smith enquired about the status of the Lovesick Lake Women's Association. They are still active.

7.2 **Peterborough Public Health Meeting with Hiawatha L.I.F.E. Services Update**

Ms. Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer advised that this meeting had to be cancelled due to inclement weather and has been rescheduled for March 2017.

7.3 **2017 Committee Work Plan**

The Committee members reviewed the Work Plan for 2017 starting at (Truth and Reconciliation Committee), TRC#33.

- #33 Fetal Alcohol Spectrum Disorder (FASD) – Research will be undertaken to determine whether there are effective prevention strategies that could be employed locally to reduce the incidence of FASD. In addition, it was noted that there are insufficient resources to support people living with FASD. Chief Williams suggested that Chiefs of Ontario's regional health survey may have some relevant information on this issue for us. The possibility of having a nursing student conduct an environmental scan for the Peterborough area was raised. Ms. Fitzgerald will be the lead on this item.

- #55 Annual reporting by all levels of government on progress towards reconciliation - A letter to both the federal and provincial governments will be prepared for Board signature requesting an update on progress. Dr. Salvaterra will continue to pursue the invitation of Minister Carolyn Bennett to speak in Peterborough on this issue. Discussion was held about doing organizing local media event(s) on what Peterborough Public Health is doing, potentially to coincide with June 21st Aboriginal Day activities. Ms. Davies and Ms. Stone both volunteered to participate.

- #56 Prime Minister formal response to the National Council for Reconciliation by issuing an annual "State of Aboriginal Peoples" report – It was decided that the committee would wait six months and then reassess this call to action for any local response.

- #57 Educate all public servants on the history of Aboriginal peoples – Work is underway to organize the blanket exercise for municipal councils and staff, and Ms. Stone has agreed to be the facilitator. She will provide Patti with her available dates so that a venue can be booked. The committee would like this

to take place this spring.

- #89 Promotion of physical activity and inclusion of Aboriginal peoples – A letter will be prepared for the federal Minister responsible for the *Physical Activity and Sport Act*. The letter will come to the next Committee meeting for review.

- #93 Revise citizenship information kit – Although the oath has been changed, it is not clear whether the educational component has been addressed yet. Letter could go out on Canada Day to ask the Minister of Citizenship about this if we have not heard by then.

7.4 **Urban Indigenous Action Plan**

Lori Flynn reported that Nogojiwanong is working on a Peterborough specific plan for the provincial government. They are planning to hold the next consultation with non-Indigenous partners on March 21st.

8. Staff Reports

9. Consent Items

10. New Business

10.1 **Draft Board Policy – 2-401 Jordan's Principle**

MOTION:
That the Draft Board Policy 2-401 Jordan's Principle be presented to the Board of Health for approval as amended at its next meeting.
Moved: Ms. Stone
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-005-FN)

10.2 **The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples**

Chief Williams provided an overview of this item and discussed the role of women in modern treaties.

10.3 **Water Quality on First Nations**

Staff were requested to determine whether the letter that has been sent by PPH

on the lack of safe drinking water for Curve Lake FN has had a response yet.

MOTION:
That a letter regarding the need for access to clean water on both First Nations be prepared for the Peterborough Public Health Board;

That the issue of clean drinking water be added to the Committee work plan;

That the Committee support First Nations communities in their efforts to obtain clean drinking water.
Moved: Ms. Davies
Seconded: Ms. Stone
Motion carried. (M-2017-006-FN)

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

13. Date, Time and Place of Next Meeting

Tuesday, April 25, 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 meeting be adjourned.
Moved: Ms. Stone
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-007-FN)

The meeting was adjourned at 6:38 p.m.

Chairperson

Medical Officer of Health

DRAFT

Date

Honourable Jane Philpott,
Honourable Carla Qualtrough

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**
(a) *undertake or assist in research or studies in respect of physical activity and sport;*	✓
(b) *arrange for national and regional conferences in respect of physical activity and sport;*	✓
(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;*	✓
(d) *prepare and distribute information relating to physical activity and sport;*	✓
(e) *assist, cooperate with and enlist the aid of any group interested in furthering the objects of this Act;*	✓
(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;*	✓
(g) *undertake or support any projects or programs related to physical activity or sport;*	✓
(h) *provide assistance for the promotion and development of Canadian participation in national and international sport;*	✓
(i) *provide for the training of coaches and any other resource persons to further the objects of this Act in relation to sport;*	✓
(j) *provide bursaries or fellowships to assist individuals in pursuing excellence in sport;*	✓

Object	Relevance
(k) *encourage the promotion of sport as a tool of individual and social development in Canada and, in cooperation with other countries, abroad;*	✓
(l) *encourage the private sector to contribute financially to the development of sport;*	
(m) *facilitate the participation of under-represented groups in the Canadian sport system;*	✓
(n) *encourage provincial and territorial governments to promote and develop sport;*	✓
(o) *coordinate the Government of Canada's initiatives and efforts with respect to the staging and hosting of the Canada Games; and*	✓
(p) *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,

Mayor Mary Smith
Chair, Board of Health

cc: Maryam Monsef, MP
Kim Rudd, MP
Jamie Schmale, MP