Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, January 13, 2016 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. **Call to Order**

    1.1. Welcoming Statement
    Dr. Rosana Salvaterra, Medical Officer of Health

2. **Elections**

    2.1. Chairperson
    2.2. Vice-Chairperson

3. **Appointments to Committees (p. 4)**

    3.1. Fundraising
    3.2. Governance
    3.3. Property

4. **Establishment of Date and Time of Regular Meetings (p. 8)**

5. **Establishment of Honourarium for 2016 (p. 9)**

6. **Confirmation of the Agenda**

7. **Declaration of Pecuniary Interest**

8. **Delegations and Presentations**

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

    9.1. **December 9, 2015 (p. 12)**

10. **Business Arising From the Minutes**

11. **Staff Reports**

11.1. **Staff Report and Presentation: Operational Name Change Recommendations (p. 19)**
Brittany Cadence, Manager, Communications Services
Presentation link

12. Consent Items

All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board's consideration can be approved by one motion.

Board Members: *For your convenience, circle the items you wish to consider separately:*
12.1a 12.1b 12.2a 12.2b 12.3a

12.1. **Correspondence**

a. Correspondence for Direction (p. 37)

b. Correspondence for Information (p. 40)

12.2. **Staff Reports**

a. Staff Report: Conference of the Parties, Twenty-First Session: Adoption of the Paris Agreement (p. 71)
Donna Churipuy, Manager, Environmental Health Program

b. Staff Report: Mental Health Promotion in Ontario Public Health Units (p. 74)
Donna Churipuy, Manager, Environmental Health Program

12.3. **Committee Reports**

a. **Committee Report: Fundraising (p. 85)**
Kerri Davies, Chair, Fundraising Committee

13. New Business

14. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001:
(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;

15. Motions for Open Session

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

Date: February 10, 2016
Dr. J. K. Edwards Board Room, 3rd Floor,
Jackson Square, 185 King Street, Peterborough

17. Adjournment

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

To: All Members
Board of Health

From: Scott McDonald, Chair, Governance Committee

Subject: **Appointments to Board of Health Committees**

Date: January 13, 2016

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit appoint Members to its Committees as follows:

Name	Position(s)
Gary Baldwin	Fundraising Committee
Henry Clarke	Property Committee
Greg Connolley*	Governance Committee
Kerri Davies*	Fundraising Committee
John Fallis*	Governance Committee
Scott McDonald	
Lesley Parnell	Property Committee
Andy Sharpe	Fundraising Committee Property Committee
Mary Smith*	Governance Committee
Art Vowles*	
Phyllis Williams*	
Rick Woodcock	Governance Committee

Note: The Board Chair for 2016 will be an ex-officio member of all Committees.

The Governance Committee met last on December 1, 2015. Prior to that meeting, the Committee polled Board Members to identify interest in serving on various Board of Health Committees as per the new procedure established in 2015.

The First Nations Working Group is not a formal Board Committee, however, it is anticipated that this group will request to establish a Committee in early 2016. Membership for this group for 2016 includes select PCCHU staff as well as Board Members identified with an asterisk.

Supporting documentation has been included (and linked) where available.

- Board Leadership and Committee Membership Selection Procedure *(web hyperlink)*
- 2016 Board of Health Members
- 2015 Committee Appointments
- Committee Terms of Reference
    - Fundraising *(web hyperlink)*
    - Governance *(web hyperlink)*
    - Property *(web hyperlink)*

2016 Board of Health
for the
Peterborough County-City Health Unit

Councillor Gary Baldwin, City of Peterborough

Councillor Henry Clarke, City of Peterborough

Mr. Gregory Connolley, Provincial Appointee

Ms. Kerri Davies, Provincial Appointee

Deputy Mayor John Fallis, County of Peterborough

Mr. Scott McDonald, Provincial Representative

Councillor Lesley Parnell, City of Peterborough

Mayor Mary Smith, County of Peterborough

Councillor Art Vowles, Hiawatha First Nation Representative

Chief Phyllis Williams, Curve Lake First Nation Representative

Mayor Rick Woodcock, County of Peterborough

Board of Health
for the
Peterborough County-City Health Unit
2015 Appointments to Committees

The Chairperson is an ex-officio member of all committees.

Fundraising:	Ms. Kerri Davies (Chair) Councillor Gary Baldwin Councillor Trisha Shearer
Governance:	Mr. Scott McDonald (Chair) Deputy Mayor John Fallis Mr. Gregory Connolley Mayor Mary Smith
Property:	Mr. Andy Sharpe (Chair) Councillor Henry Clarke Ms. Kerri Davies Mr. Scott McDonald Mayor Rick Woodcock Mr. David Watton (Community Volunteer)

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Establishment of Date and Time of Regular Meetings**

Date: January 13, 2016

Proposed Recommendation:

That the regular meetings for the Board of Health be held on the second Wednesday of each month (excluding July and August) starting at 5:30 p.m., or at the call of the Chairperson.

A listing of the Board of Health meeting dates with locations for 2016 is as follows:

Location: Dr. J. K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough
Dates:
January 13
February 10
April 13
May 4*
September 14
November 9
December 14

Location: Council Chambers, Township of Selwyn
Date: March 9

Location: Council Chambers, Administration Building, 22 Wiinookeedaa Rd., Curve Lake First Nation
Date: June 8

Location: Lower Hall, Administration Building, 123 Paudash St., Hiawatha First Nation
Date: October 12

**1st Wednesday of the month due to anticipated staff holidays.*

To: All Members
Board of Health

From: Scott McDonald, Chair, Governance Committee

Subject: **Establishment of Honourarium for 2016**

Date: January 13, 2016

Proposed Recommendation:

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

- receive the staff report, *Board Remuneration Review*, for information;
- approve an increase of $.73 to the current honourarium for 2016 representing a final amount of $147.09.

The Governance Committee met last on December 1, 2015. At that meeting, the Committee requested that the following items come forward to the Board of Health for consideration. Supporting documentation has been included (and linked) where available.

Staff Report – Board Remuneration Review
Remuneration of Members, Policy *(web hyperlink)*
Board Remuneration Review, Procedure *(web hyperlink)*

Staff Report

Board Remuneration Review

Date:	December 1, 2015	
To:	BOH Governance Committee	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Salvaterra, M.D.		Larry Stinson, Director Corporate Services

Recommendations

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

- receive the staff report, *Board Remuneration Review*, for information;
- forward the staff report to the Board for its consideration at the January 13, 2016 meeting; and
- recommend an increase of $.73 the current honourarium for 2015.

Financial Implications and Impact

City councillors are not entitled to receive the honourarium, however County councillors, First Nation Council Appointees and Provincial Appointees receive an hounourarium while on Health Unit business. The current honourarium is $146.34 so every 1% increase would amount to $1.46 increase.

Decision History

With respect to honourarium increases, on March 13, 2013, the Board approved the following motion (M-13-43):

That the Board of Health for the Peterborough County-City Health Unit, starting this year, establish board member compensation in the future that is equal to staff increases or to the Consumer Price Index, whichever is lower.

On June 12, 2013, the Board approved a revision to the By-Law on remuneration requesting that:

The Board shall be provided with a recommendation from the Governance Committee on proposed adjustments or increases to support their decision.

Background

Policy requires the Board to confirm, at its first meeting of the year, which members shall be remunerated for attending meetings and determine the amount of the remuneration. Policy also requires Governance to review the Board honourarium rate at the end of each calendar year and that the Committee considers the increase granted to staff during the current year and to consider the Consumer Price Index (CPI) increase in making a recommendation.

For 2015 all three bargaining units were given a .5% increase. Non-Union staff were not given a cost of living increase, but instead had pay adjustments made to align compensation levels with the 50th percentile ranking for peer health units for each classification. The rate of increase varied from .5 to 17%. The most recent annual Canadian CPI rate, released at the end of October, was 1.03%.

Rationale

The Board approved motion reads "*board member compensation in the future that is equal to staff increases or to the Consumer Price Index, whichever is lower."* Wages have been increased by .5% for all three bargaining units. Although there were more significant increases for non-union positions, these adjustments were to adjust historical inequities and not based on cost of living increases.

Strategic Direction

This will allow the Board to pursue its strategic direction of Quality and Performance.

Contact:

Larry Stinson
Director, Corporate Services
(705) 743-1000, ext. 255
lstinson@pcchu.ca

Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, December 9, 2015 – 5:30 p.m.
Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit
185 King Street, Peterborough

In Attendance:

Board Members:	**Councillor Lesley Parnell, Chair**
	Mr. Scott McDonald, Vice Chair
	Deputy Mayor John Fallis
	Mr. Gregory Connolley
	Ms. Kerri Davies
	Councillor Henry Clarke
	Councillor Gary Baldwin
	Mayor Mary Smith
	Councillor Art Vowles
	Mayor Rick Woodcock (5:41 p.m.)
	Mr. Andy Sharpe
Staff:	**Mr. Larry Stinson, Interim Director, Corporate Services**
	Ms. Natalie Garnett, Recorder
	Brittany Cadence, Supervisor, Communication Services
	Patti Fitzgerald, Acting Director, Public Health Programs; Chief Nursing Officer; Manager, Sexual Health
	Andrew Kurc, Epidemiologist
	Gail Chislett, Health Promoter
	Bob Dubay, Manager, Accounting
	Luisa Magalhaes, Registered Dietitian
Regrets:	**Chief Phyllis Williams**

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1. Call to Order

Councillor Parnell called the meeting to order at 5:35 p.m.

1.1. Welcome to New Board Member – Art Vowles, Hiawatha First Nation

Councillor Vowles was welcomed to the Peterborough County-City Health Unit.

1.2. **Commemoration of Dr. J.K. Edwards Board Room**

MOTION:
That the Board Room at the Peterborough County-City Health Unit, located at 185 King Street, be named the "Dr. J. K. Edwards Board Room."
Moved: Mr. McDonald
Seconded: Mr. Sharpe
Motion carried. (M-2015-150)

A pre-recorded video greeting from Dr. Salvaterra, welcoming everyone to the first Board meeting at the new building, was broadcast.

2. Confirmation of the Agenda

MOTION:
That the Agenda be approved as circulated.
Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2015-151)

3. Declaration of Pecuniary Interest

Councillor Clarke declared an Interest in agenda item 7.1, as his employer is involved in the food industry.

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. **November 11, 2015**

MOTION:
That the minutes of the Board of Health meeting held on November 11, 2015, be approved as circulated.
Moved: Mr. McDonald
Seconded: Mayor Smith
Motion carried. (M-2015-152)

6. Business Arising From the Minutes

6.1. **Request for Correspondence to City and County Councils regarding the Public Health Funding Review and 2015 PCCHU Cost-Shared Budget**

MOTION:
That there be a delegation request to meet with the Minister of Finance and/or Health at the upcoming Ontario Good Roads Association meeting to advocate for adequate funding for the Peterborough County-City Health Unit, and

That this delegation also advocate for multi-year funding.
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2015-153)

7. Staff Reports

7.1. Staff Presentation: Proposed Food Label Changes

Luisa Magalhaes, Registered Dietitian provided a presentation on proposed changes to food labeling. Due to his previously declared conflict, Councillor Clarke did not discuss or vote on this item.

MOTION:
*That the staff presentation "*Proposed Food Label Changes*" be received for information.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2015-154)

7.2. Staff Presentation: Child Health Status Report

Andrew Kurc, Epidemiologist and Gail Chislett, Health Promoter provided a presentation on the "Child Health Status Report".

MOTION:
*That the staff presentation "*Child Health Status Report*" be received for information.*
Moved: Councillor Baldwin
Seconded: Ms. Davies
Motion carried. (M-2015-155)

MOTION:
That a thank you letter be forwarded to the new federal government regarding the decision to return to the long form census.
Moved: Ms. Davies
Seconded: Mr. McDonald
Motion carried. (M-2015-156)

7.3. **Staff Presentation: 2016 Cost-Shared Budget Approval**

Bob Dubay, Manager, Accounting provided a presentation on the 2016 cost-shared budget.

MOTION:
That the Board of Health for the Peterborough County-City Health Unit approve the 2016 cost-shared budget for public health programs and services in the amount of $8,174,982.
Moved: Councillor Clarke
Seconded: Mayor Smith
Motion carried. (M-2015-157)

8. Consent Items

MOTION:
That items 8.1b, 8.2 and 8.3 be approved as part of the Consent Agenda.
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2015-158)

MOTION:
That the following document be received for information:
1. *Email dated November 19, 2015 from the Association of Local Public Health Agencies to all Ontario Boards of Health Regarding the Board Risk Management Workshop.*
2. *Letter dated November 20, 2015 from the Hon. Deb Matthews to the Board Chair, in response to her initial letter dated September 30, 2015, regarding the basic income guarantee.*
3. *Letter dated December 2, 2015 from the Board Chair to Ministers Sohi, Pilpott, Duclos, Monsef, Hajdu, Hoskins, Leal and Premier Wynne regarding food security and the transformation of social assistance in Ontario.*
4. *Resolutions/Letters from other local public health agencies:*

a. *Healthy Babies, Healthy Children Funding*
Thunder Bay
Wellington-Dufferin-Guelph

b. *Northern Ontario Evacuations of First Nations Communities*
Algoma

c. *Nutritious Food Basket*
Wellington-Dufferin-Guelph

d. *Public Health Funding Review*
Elgin St. Thomas
Haliburton, Kawartha Pine Ridge

Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2015-158)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the staff report, "Dental Integration", for information.
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2015-158)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for August 18, 2015; and

That the Board of Health for the Peterborough County-City Health Unit approve changes to:
- 2-120 By-law 3, Calling of and Proceedings at Meetings;
- 2-340 Medical Officer of health Performance Review; and
- No changes are recommended for: 2-140 By-law 5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health; and 2-251 Orientation for Board of Health Members
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2015-158)

The meeting recessed at 6:56 p.m. and resumed at 7:03 p.m.

9. New Business

10. In Camera to Discuss Confidential Personal and Property Matters

MOTION:
That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees; one item under Section 239(2)(a) The security of the property of the municipality or local board; and one item under Section 239(2)(d) Labour relations or employee negotiations, at 7:04 p.m.
Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2015-159)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 8:00 p.m.
Moved: Councillor Clarke
Seconded: Mr. McDonald
Motion carried. (M-2015-160)

11. Motions from In Camera for Open Session

MOTION:
That the Board of Health for the Peterborough County-City Health Unit authorize the Chair, Medical Officer of Health and Director of Corporate Services to enter into a loan agreement with Infrastructure Ontario for the mortgage on 185 King Street.
Moved: Councillor Clarke
Seconded: Mr. McDonald
Motion carried. (M-2015-161)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit approve of the closing of the Health Unit at noon on Christmas Eve (December 24, 2015) and New Year's Eve (December 31, 2015) unless there is an emergency declared by the Medical Officer of Health.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-162)

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

MOTION:
That the invitation from the BrickHouse Grill for a fundraiser event on December 15, 2015 for the PCCHU Community Kitchen, be received for information.
Moved: Ms. Davies
Seconded: Mr. Sharpe
Motion carried. (M-2015-163)

The next meeting will be held January 13, 2016 in the J. K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, 5:30 p.m.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Councillor Clarke
Seconded by: Mr. Connolley
Motion carried. (M-2015-164)

The meeting was adjourned at 8:02 p.m.

Chairperson

Medical Officer of Health

Staff Report

Operational Name Change Recommendations

Date:	January 13, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Brittany Cadence, Communications Manager

Proposed Recommendations

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

- receive the staff report, *Operational Name Change Recommendations,* for information for a decision to be made at its February 10, 2016 meeting; and,
- consider approving the recommendation at their next meeting to change the organization's operational name to Peterborough Public Health effective June 1, 2016; and,
- direct staff to ensure there is an appropriate communication plan in place with stakeholders and partners to support a smooth transition to the new name.

Financial Implications and Impact

There are no legal costs associated with changing the organization's operational name, as its legal name will remain "Peterborough County-City Health Unit" (PCCHU). All expenses related to the stakeholder engagement and graphic design components of the rebranding project are covered within the existing corporate communications budget. While there will be both hard costs and staffing costs associated with implementing the new brand, such as new signage and print materials, these were expenses that PCCHU was expecting to make anyway as part of its recent move to Jackson Square. More importantly, these investments will improve public awareness of PCCHU's programs and services, and clarify its role and value in the community.

Decision History

The Board of Health has received two staff updates on the branding process in March and October 2015. Following the October 2015 presentation of the stakeholder engagement plan to explore a new name, Board of Health members indicated they were satisfied with the approach in order to make a decision at their January 2016 meeting.

Background

Beginning in 2013 with the Board of Health's work to find a new home for the PCCHU, staff and Board of Health members recognized the opportunity to explore the idea of updating the PCCHU's identity as part of this effort. This was motivated by a number of factors, notably confusion by residents over the PCCHU's name and role, the cost-effectiveness of aligning any change with the move since a new location would require PCCHU materials and signs to be updated anyway, and the opportunity to develop a more robust brand and visual identity that enhances and facilitates public health work in the community.

The PCCHU is frequently confused with the hospital and other healthcare organizations by local residents, and many find the name length cumbersome. In addition, local and external media often make errors over the "County-City" component. There is a lack of clear understanding of how public health is distinct from primary care, so the Executive Committee asked its Communications Team to initiate a process to test these assumptions and ultimately rebrand the PCCHU. The objective of the rebranding process was twofold – explore the case for changing the organization's operational name and to create a new visual identity that would enable residents to better connect with the role of public health, its value to the community, and the people who deliver public health programs and services. The present identity also does not align with other leading provincial and national public health organizations (e.g., Public Health Ontario, Public Health Agency of Canada, Association of Local Public Health Agencies, etc.), nor does it reflect the PCCHU's two other local funding partners, Curve Lake and Hiawatha First Nations. Furthermore, according to the *Health Promotion and Protection Act*, the term "health unit" does not refer to an agency that provides public health services, but simply defines the geographic area of a board of health.

In August 2015, the Communications Team activated a Branding Project Task Force comprised of PCCHU staff and a Board of Health representative, and hired Laridae Communications to facilitate the 8-month long project. The Communications Manager and Medical Officer of Health led three Discovery Sessions with staff in August and September 2015 and conducted an internal staff survey about branding which engaged 69% (55 members) of staff. The goal of this internal exercise was to gather ideas and stories that could be used to produce a value proposition and to guide the development of a new visual identity. This information was also used to create an external stakeholder engagement plan that began in November 2015. Peterborough County and City residents were consulted on the name change through an anonymous online survey. Hard copy versions of the survey were distributed throughout the communities served by PCCHU, including Curve Lake and Hiawatha First Nations. First Nation

communities were also engaged via key informant interviews. In addition, a focus group was held with key stakeholders and partners.

The objective of these activities was to gather local opinions regarding the level of community interest in renaming the PCCHU, and to test potential new names. The final stakeholder engagement report is available from the Communications Manager upon request.

Rationale

Survey results were very strong with 606 responses and a completion rate of 82%. The geographic breakdown of respondents was 66% city residents, 25% county residents, 3% Curve Lake First Nation residents, 1% Hiawatha First Nation residents, and 5% not living within the PCCHU's jurisdiction. Of all responses received, 80% came from residents with no affiliation with the PCCHU, and 20% came from respondents who either work, or used to work, at the PCCHU/Board of Health.

In total, 53% of all respondents agreed or strongly agreed with the idea of a name change, 22% disagreed or strongly disagreed, and 25% said it did not matter to them. While 32% of county residents were not supportive of the idea, 44% were in favour of the name change, and 24% had no opinion. For city residents, 57% supported a name change, while 18% did not, and 25% had no opinion.

Respondents were asked to select their two preferred names from a list of six suggestions generated by the Branding Project Task Force. Overall, Peterborough Public Health was chosen by 43% as the preferred name, followed by Peterborough Health Unit at 31%, and Greater Peterborough Public Health by 18%. The top name preference for both city and county residents was Peterborough Public Health, and First Nations respondents selected Shining Waters Public Health.

Respondents also provided a total of 131 written responses which offered numerous insights regarding the level of residents' appetite for a new name and identifying their main concerns. Of all written responses, 36% offered general advice, 17% cited cost concerns, 11% indicated they did not want the name to change, 11% provided positive feedback about the PCCHU, and 10% noted their concerns about the potential loss of a county identity in the name change.

The focus group of community partners generated valuable qualitative data through an interactive, facilitated group activity. Each of the shortlisted potential names were reviewed, and a list of pros/cons was developed. In summary, a shorter name such as Peterborough Public Health was preferred because it will be easier to remember, and a shorter, nicer acronym is also preferred (some people do not like the initials PCCHU). The phrase "public health" was seen as more descriptive of our role as a service delivery agency and considered more appropriate in terms of reflecting the organization's outreach role. A less technical-sounding name (i.e., "unit") is seen as a positive in light of the increased government funding to support less-friendly enforcement activities (e-cigarettes, tanning salons, etc.).

Analysis:
Results from the stakeholder engagement work indicate that a majority of local residents support the idea of a name change, and that the preferred operational name is "Peterborough Public Health". These preferences were consistent for residents living both in the County and the City of Peterborough. A minority of residents did express some concern regarding the perceived expense of a name change and potentially losing the county identity in a new name, however these issues can be effectively addressed. Future communications should emphasize that this is the most financially prudent time to change the operational name as many materials and signs are being updated anyway following the organization's recent move. While there are some residents who maintained that removing both the County and City references in the name creates a new brand that is not inclusive, what's most important is that our users know where to go for service and recognize us for the kinds of programs and services available to them.

There are a number of benefits that will result from the organization adopting a new operational name. Incorporating the term "public health" in the name distinguishes the important contributions public health makes to the lives of Peterborough county and city residents. It also aligns the organization with other larger public health agencies. A shorter name will be easier to remember, and a shorter acronym is also preferred, especially in support of online and social media communications. These key messages would need to be included in the communications plan regarding the change of name:

Overview of Proposed Communications Plan for Operational Name Change *(if approved):*

Activity	Timing
News release announcing BOH approval of new name to take effect June 1, 2016. Conduct interviews with local media as requested. Promote via social media.	February 11, 2016
Update website with a page explaining new name, Q&A	February 11, 2016
Board of Health Meeting Summary refers to name change decision	February 15, 2016
Letter from MOH sent to all municipalities, First Nations and local community partners advising them of pending name change	Week of February 18, 2016
Hold Community Open House event to announce new location, new name and new branding	May 2016
Update staff email signatures, purchase orders, etc. with message advising that name change takes effect June 1, 2016	May 2016
Install signs/banner with new name at Jackson Square, update Community Dental Clinics with new branding	June 2016
Develop a rural communications strategy	Implement Q3 2016

Strategic Direction

From a strategic communications standpoint, it is critical that the name of the organization properly describe the agency and its work. Changing its name to "Peterborough Public Health" will better align the organization with its public health mandate, and raise the profile of this work in the community. Refining the organization's brand also aligns with Ontario Public Health Organizational Standard 6.11 that requires all boards of health to develop an overall communication strategy that is complementary to program-specific communications strategies. Specifically, the new brand is a foundational step supporting requirement 6.11.b "to ensure consistency in messaging at all levels, to all audiences." The process undertaken to arrive at this recommendation is consistent with the agency's "Community-Centred Focus" as it involved extensive stakeholder engagement. Changing the name also supports the organization's "Quality and Performance" direction as it will form the centre of a new brand that will enable residents to relate more meaningfully to the organization, which builds community trust and greater receptiveness to public health messaging and activities.

Contact:

Brittany Cadence, Communications Manager
(705) 743-1000, ext. 391
bcadence@pcchu.ca

Available upon request:

Peterborough County-City Health Unit Renaming and Branding Project: Stakeholder Engagement Report

Renaming PCCHU: Stakeholder Engagement Results

Serving the communities of:

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

Presentation to Board of Health
January 13, 2016

Legal Name vs Operational Name

Legal name is not changing.

The term ‘health unit’ is legally defined in the *Health Promotion and Protection Act* as “an area that, by or under any Act, is the area of jurisdiction of a board of health; (“circonscription sanitaire”)” – i.e. the <u>geographic area</u> served by a Board of Health

Why Explore a Name Change?

- Public confusion, no recognition of First Nations partners
- Financially prudent
- Branding – public health vs. primary care
- Align with provincial and national agencies

alPHa Association of Local PUBLIC HEALTH Agencies

Public Health Ontario PARTNERS FOR HEALTH | Santé publique Ontario PARTENAIRES POUR LA SANTÉ

Public Health Agency of Canada

Experience of Other Public Health Agencies

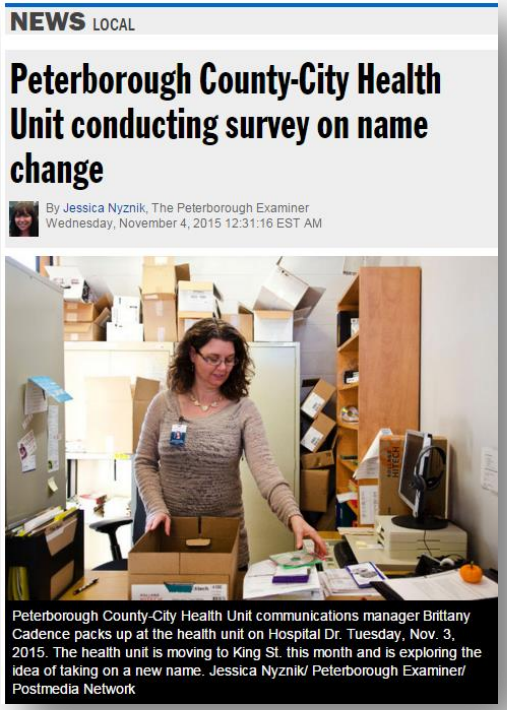
Legal Name		Operational Name
Health Unit Hastings & Prince Edward Counties	→	HASTINGS PRINCE EDWARD Public Health
KFL&A HealthUnit	→	KFL&A PublicHealth
Ontario Agency for Health Protection and Promotion	→	Public Health Ontario / Santé publique Ontario

Public Health Ontario — PARTNERS FOR HEALTH

Santé publique Ontario — PARTENAIRES POUR LA SANTÉ

Stakeholder Engagement

- Survey = 606 total responses, 498 completed it (82%)
- Nov. 17 Focus Group of community partners:
  - County of Peterborough
  - PRHC
  - PVNCCDSB (Catholic school board)
  - Family Health Teams
- Key informant interviews:
  - Curve Lake First Nation
  - Hiawatha First Nation



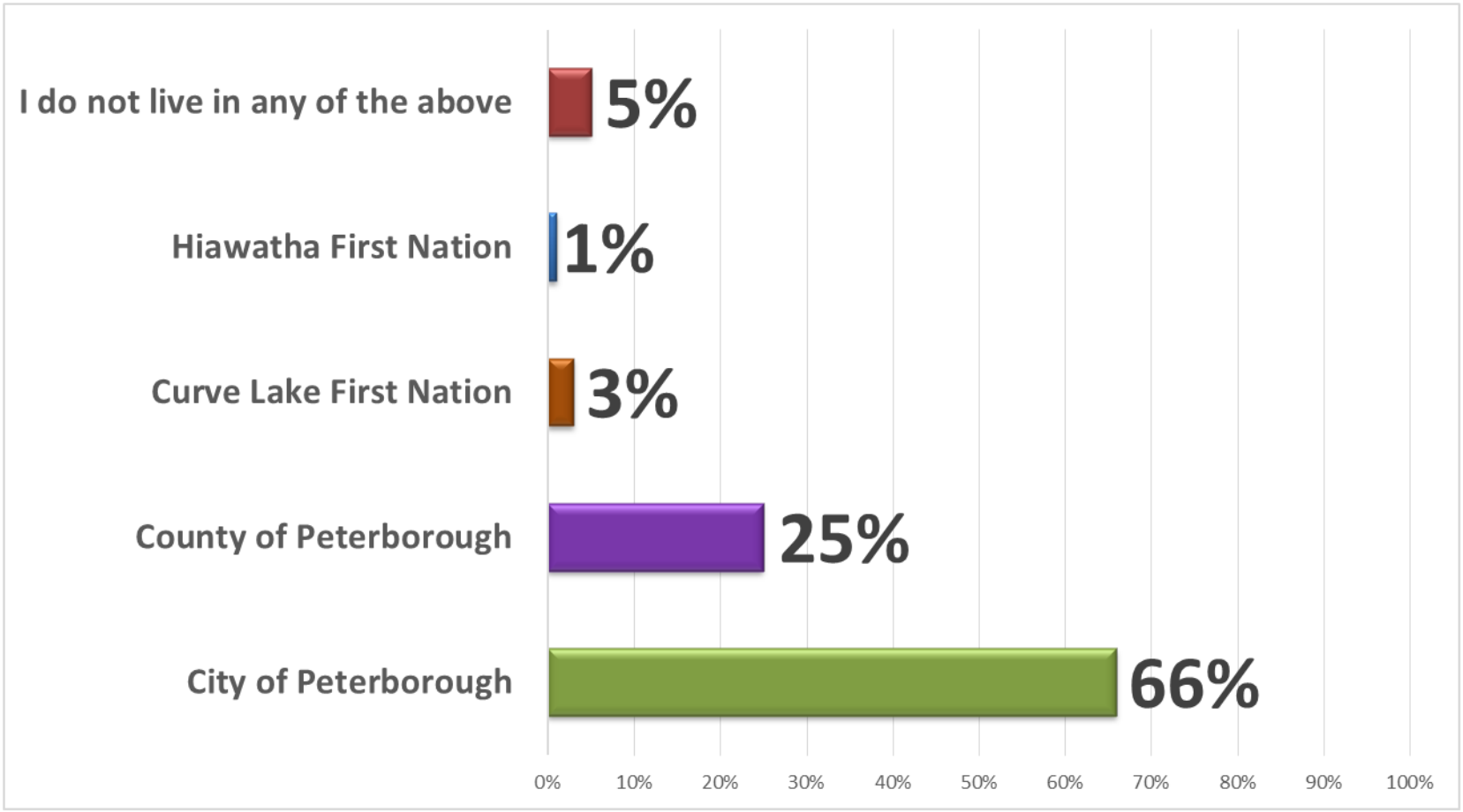
NEWS LOCAL

Peterborough County-City Health Unit conducting survey on name change

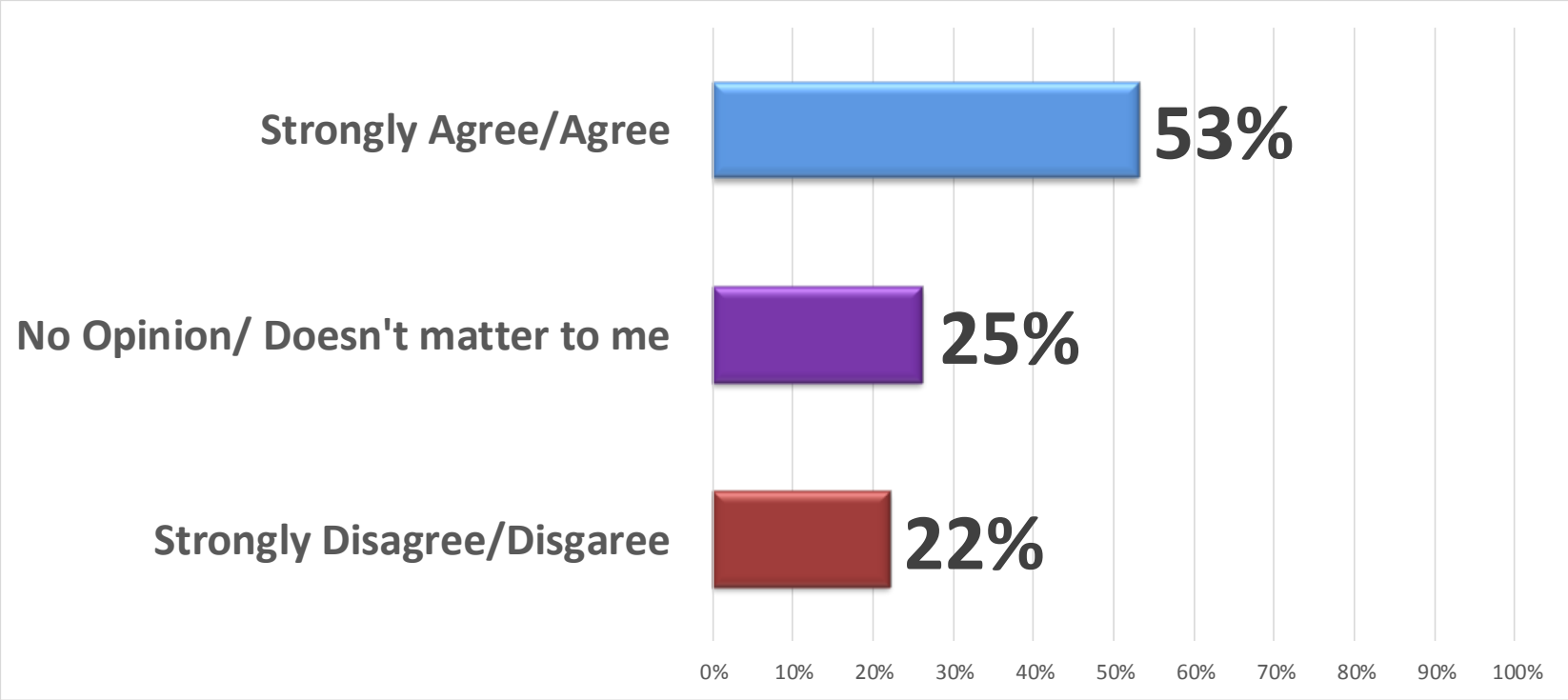
By Jessica Nyznik, The Peterborough Examiner
Wednesday, November 4, 2015 12:31:16 EST AM

Peterborough County-City Health Unit communications manager Brittany Cadence packs up at the health unit on Hospital Dr. Tuesday, Nov. 3, 2015. The health unit is moving to King St. this month and is exploring the idea of taking on a new name. Jessica Nyznik/ Peterborough Examiner/ Postmedia Network

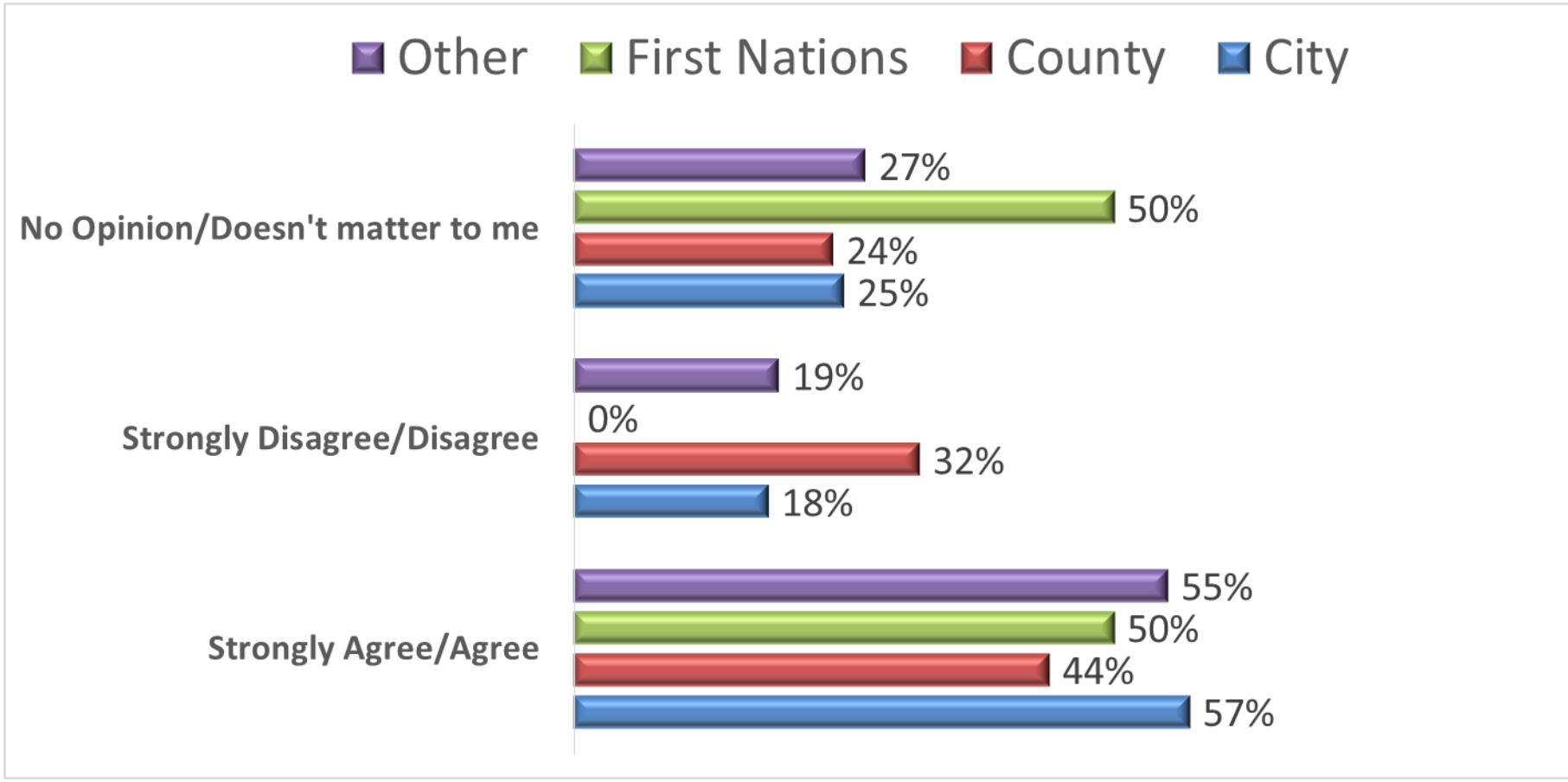
Where do you currently live?



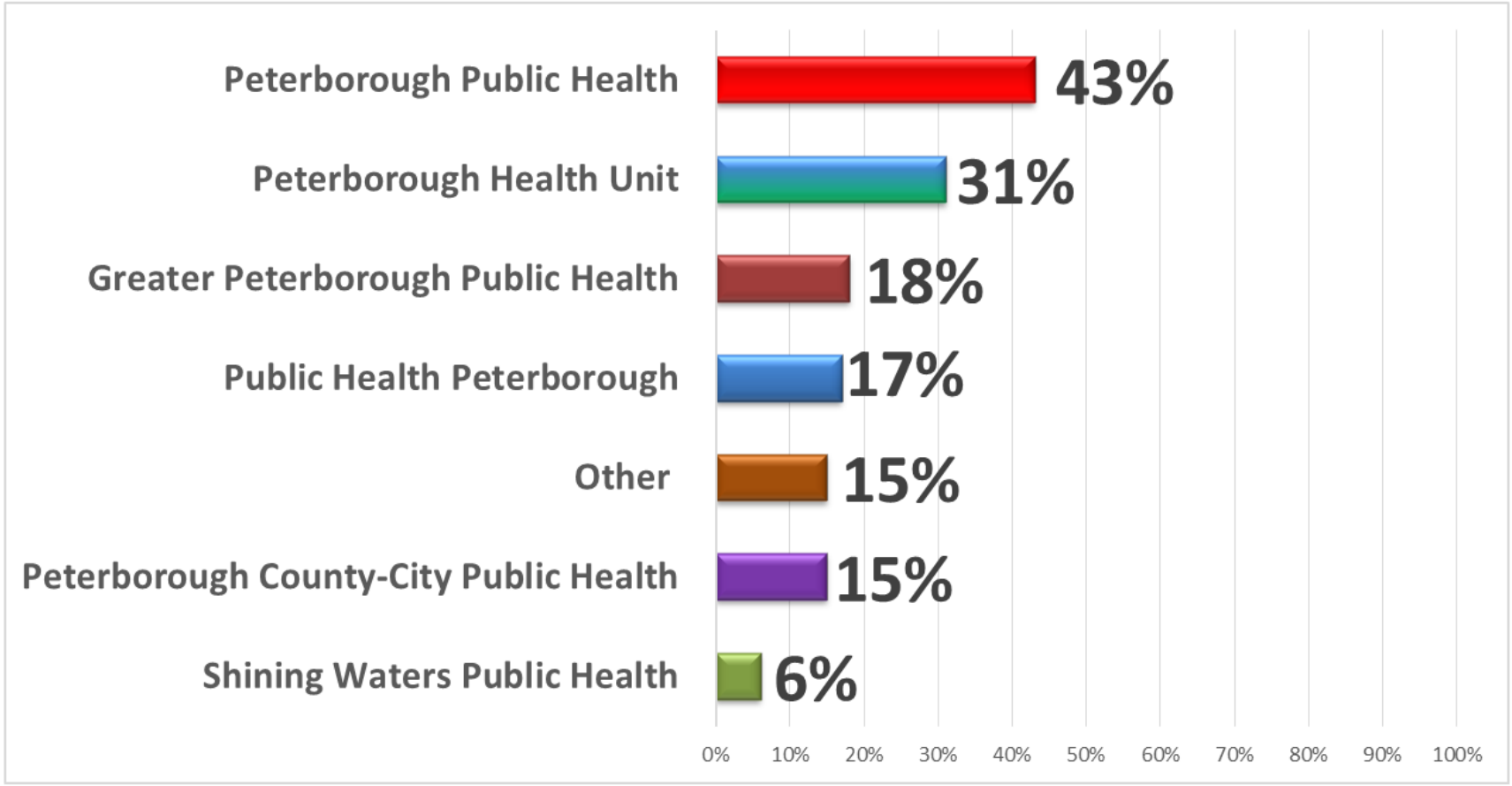
Should the PCCHU change its name?



Name change preference by geography



In your opinion, which of the following list of potential new names are the best? (Choose up to two)



Summary of Name Preference by Geography

City	1. Peterborough Public Health 2. Peterborough Health Unit 3. Greater Peterborough Public Health
County	1. Peterborough Public Health 2. Peterborough Health Unit 3. Peterborough County-City Public Health
First Nations	1. Shining Waters Public Health 2. Peterborough Health Unit 3. Greater Peterborough Public Health
Other	1. Peterborough Public Health 2. Peterborough Health Unit 3. Public Health Peterborough 4. Peterborough County-City Public Health

Summary of Support/Concerns Raised

- Of 131 written responses:
  - 36% = offered general advice
  - 17% = cited cost concerns
  - 11% = said do not change name
  - 11% = were positive/supportive of name change
  - 10% = noted concerns re: county vs city

Costs = **0.06%** of total budget

Next Steps

- County Council to discuss the name on February 3, 2016
- Board of Health to decide on the name recommendation on February 10, 2016
- Visual identity development (February – April)
- Launch our new brand in late spring/early summer of 2016
- Initiate communications plan
  - Rural communications strategy

Thoughts, questions?

Thank you!

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Direction**

Date: January 13, 2016

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1. Letter dated December 1, 2015 from the Sudbury and District Health Unit regarding cannabis regulation and control.

Proposed Recommendation:

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

- receive correspondence from the Sudbury and District Health Unit regarding cannabis regulation and control for information;
- utilize a public health framework on psychoactive substances and their regulation as defined by the Centre for Addiction and Mental Health as an "approach that treats substance use as a health issue - not a criminal one. Such an approach is based on evidence-informed policy and practice, addressing the underlying determinants of health and putting health promotion and the prevention of death, disease, injury and disability as its central mission. It seeks to maximize benefit for the largest number of people through a mix of population-level polices and targeted interventions. This philosophy guides Canadian approaches to alcohol and tobacco, and it should guide our approach to cannabis as well."; and,
- that the Board apply this framework to future resolutions.

The Association of Local Public Health Agencies have taken a position on behalf of all local public health agencies. While staff feel there is no need to send additional correspondence, they are supportive of the Board adopting the public health framework as defined above.

Reference:
CAMH Cannabis Policy Framework (definition found on page 8).
http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf

Sudbury & District
Health Unit
Service de santé publique

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Chapleau ON P0M 1K0
☎ : 705.860.9200
🖷 : 705.864.0820

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🖷 : 705.377.5580

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🖷 : 705.867.0474

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www.sdhu.com

December 1, 2015

VIA ELECTRONIC MAIL

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Trudeau:

Re: *CANNABIS REGULATION AND CONTROL: Public Health Approach to Cannabis Legalization*

At its meeting on November 19, 2015, the Sudbury & District Board of Health carried the following resolution #54-15:

WHEREAS the election platform of Canada's recently elected federal government includes the intention to legalize, regulate, and restrict access to marijuana; and

WHEREAS within the current criminalization context, cannabis is widely used in the SDHU catchment area: 23.5% of youth used in the previous 12 months, 52.3% of people aged ≥19 have tried cannabis and 13% currently use cannabis; and

WHEREAS the health risks of cannabis use are significantly lower than tobacco or alcohol but are increased in those who use it frequently, begin at an early age and/or who have higher risk of cannabis-related problems (i.e. certain psychiatric conditions, cardiovascular disease, pregnancy); and

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

WHEREAS the Ontario Public Health Standards require boards of health to reduce the frequency, severity, and impact of preventable injury and of substance misuse;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support a public health approach to the forthcoming cannabis legalization framework, including strict health-focused regulations to reduce the health and societal harms associated with cannabis use; and

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

Members of the Sudbury & District Board of Health respectfully request that the Right Honorable Prime Minister use a public health approach to the regulation and legalization of cannabis in Canada.

Sincerely,

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

cc: Hon. Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Hon. Jane Philpott, Minister of Health
Carol Hughes, MP Algoma, Manitoulin, Kapuskasing
Paul Lefebvre, MP Sudbury
Marc Serré, MP Nickel Belt
Hon. Kathleen Wynne, Premier of Ontario
Hon. Madeleine Meilleur, Attorney General of Ontario
Glenn Thibeault, MPP Sudbury
France Gélinas, MPP Nickle Belt
Michael Mantha, MPP, Algoma-Manitoulin
Dr. David Williams, Chief Medical Officer of Health (Interim)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Catherine Zahn, President and Chief Executive Officer, Centre for Addiction and Mental Health
Ontario Boards of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Information**

Date: January 13, 2016

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1. Letter dated December 2, 2015 from the Hon. Tracey MacCharles, in response to the Board Chair's original letter dated November 6, 2015, regarding the 2015 Nutritious Food Basket results. (p. 42)

2. E-newsletter dated December 8, 2015 from the Association of Local Public Health Agencies. (p. 44)

3. Letter dated December 17, 2015 from the Hon. Dr. Eric Hoskins to the Board Chair regarding *Patients First*, a discussion paper outlining proposed changes for the Ontario health system. (p. 47)

4. Letter dated December 21, 2015 from the Hon. Helena Jaczek, in response to the Board Chair's original letter dated November 6, 2015, regarding food security and the transformation of social assistance in Ontario. (p. 49)

5. E-newsletter dated December 22, 2015 from the Association of Local Public Health Agencies. (p. 51)

6. Letter dated January 5, 2016 from Roselle Martino, Assistant Deputy Minister, to Ontario Board of Health Chairs regarding anticipated amendments to the Ontario Public Health Standards (OPHS) and related Protocols. (p. 54)

7. Feedback submitted January 8, 2016 from the PCCHU to alPHa in response to their request for feedback on the Patients First discussion paper. (p. 57)

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

    a. Basic Income Guarantee
    Leeds, Grenville and Lanark (p. 62)

    b. Public Health Funding Model
    Algoma (p. 65)
    Elgin St. Thomas (p. 67)
    Sudbury (p. 68)

c. Smoke-Free Multi-Unit Housing
Sudbury (p. 69)

Ministry of Children and Youth Services

Minister's Office

56 Wellesley Street West
14th Floor
Toronto ON M5S 2S3
Tel.: 416 212-7432
Fax: 416 212-7431

Ministère des Services à l'enfance et à la jeunesse

Bureau de la ministre

56, rue Wellesley Ouest
14e étage
Toronto ON M5S 2S3
Tél. : 416 212-7432
Téléc. : 416 212-7431

Ontario

CSS5111C-2015-2273

Ms. Lesley Parnell
Councillor
Chair, Board of Health
Peterborough County–City Public Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Ms. Parnell:

Thank you for your letter regarding the results of the 2015 Nutritious Food Basket for Peterborough County–City Health Unit. I appreciate the opportunity to respond.

The Ministry of Children and Youth Services provides funding to a number of programs that support families and help provide children and youth with the opportunity to reach their full potential. Helping families raise healthy children and youth focuses on Ontario's greatest strength, its people.

The Ontario Child Benefit (OCB) is part of the province's plan to reduce poverty and break down barriers for low- to moderate-income Ontarians. Starting in July 2015, as part of the government's Poverty Reduction Strategy, we indexed the OCB maximum benefit to annual increases in the Ontario Consumer Price Index. This change helps families by safeguarding their purchasing power from being eroded due to inflation.

Additionally, Ontario's Student Nutrition Program provides funding to community organizations that support breakfast, lunch and snack programs in elementary and secondary schools, in community locations across Ontario. At sites where this program is offered, it is universally accessible so all children have access to nutritious food that supports their learning and healthy development.

.../cont'd

I have taken the liberty of sharing your letter with the Honourable Deb Matthews, Minister Responsible for the Poverty Reduction Strategy. The Ministry of Children and Youth Services is working with Minister Matthews and all our partners to help families to raise healthy children and youth.

Again, thank you for writing.

Sincerely,

Tracy MacCharles
Minister

c: The Honourable Deb Matthews, Deputy Premier, President of the Treasury Board and Minister Responsible for the Poverty Reduction Strategy
Mr. Jeff Leal, MPP, Peterborough
Ms. Laurie Scott, MPP, Haliburton–Kawartha Lakes–Brock

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Tuesday, December 08, 2015 12:52 PM
To: Alida Tanna
Subject: alPHa Information Break - Dec. 8, 2015

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

December 8, 2015

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

Integrated Public Health & Health Promotion Divisions

On November 30, Sharon Lee Smith, the Associate Deputy Minister of Health and Long-Term Care announced the merger of the ministry's Public Health and Health Promotion Divisions into a single entity. The new Population and Public Health Division (PPHD) is headed by Roselle Martino, who was appointed Assistant Deputy Minister, effective immediately. She was previously the Executive Director of the Public Health Division. The integration is a move by the province to align the ministry with its strategic and health transformation agenda.

Health Transformation Update

A recent Globe and Mail article reported that the Minister of Health is expected to release

a policy paper in the coming weeks that will give more detail on the province's plan to transform the health system. The November 23 article quotes Minister Hoskins that staff is "putting together a document which we hope will serve as a starting point for discussions and consultations about how we can better integrate various parts of the system and improve patient experience." Given this statement by the Minister and other sources, the alPHa Board of Directors will be closely monitoring developments on the issue in the weeks ahead.
Read the Globe and Mail article here

Government Items of Interest

On December 7 a provincial advisory panel released its report, Planning for Health, Prosperity and Growth in the Greater Golden Horseshoe: 2015-2041. The report makes recommendations on the various land use plans for the Greater Golden Horseshoe (GGH), Niagara Escarpment, Oak Ridges Moraine, and Greenbelt. Although focused on the GGH area of the province, the report may be useful and help inform local planning in other jurisdictions.
Read the Planning for Health, Prosperity and Growth report here
Learn more about the review process here

As part of its commitment to fighting climate change, Ontario recently passed legislation to permanently ban coal-fired electricity generation. *The Ending Coal for Cleaner Air Act* prevents new and existing facilities from burning coal for the sole purpose of generating electricity. It also sets maximum fines for violations of the law.
Read the news release here
Read the Ontario Climate Change Strategy here

The Province of Ontario is now accepting 2016-2017 applications to its Sport and Recreation Communities Fund, a program that promotes community sport, recreation and physical activity. The deadline for agencies and organizations to apply is

January 21, 2016, 5:00 PM EST.
Read the news release here for more information

Recent alPHa Correspondence

alPHa recently wrote to federal minister of health Jane Philpott regarding her mandate letter from the Prime Minister. Also of particular note, alPHa received a reply from Deb Matthews, Deputy Premier and President of the Treasury Board, concerning an alPHa Board resolution advocating for a basic income guarantee.
Read alPHa's correspondences and replies on the above here

Upcoming Events

February 25, 2016 - alPHa Winter Session & COMOH Meeting, Toronto; details to come.

April 4-6, 2016 - TOPHC 2016, Collaborate.Innovate.Transform, Allstream Centre, Toronto, Ontario.

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference - 30th Anniversary, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario.

Ministry of Health and Long-Term Care

Office of the Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Toronto ON M7A 2C4
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Ontario

DEC 17 2015

HLTC2980IT-2015-1706

Ms. Lesley Parnell
Chair
Board of Health for the Peterborough County-City Health Unit
522 Monaghan Rd.
Peterborough K9J 7J7

Dear Ms. Parnell:

Over the past several years, Ontario's care providers and health system partners have worked hard to create meaningful change across the system. There has been significant progress in access to primary care, a greater focus on health promotion, and more supports at home and in the community.

Although there have been many meaningful accomplishments, the Ontario health care system remains characterized by excellent services that are separate in their delivery and funding. This affects access, quality, and consistency of care. We believe that our system needs structural change to improve delivery and sustainability of the services that Ontarians rely on.

The ministry has released *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, a discussion paper that outlines proposed changes for the health system. The proposed structural changes would see Local Health Integration Networks assume responsibility for home and community care and system integration, and have greater involvement with primary care, and improved linkages with population health planning. The discussion paper can be found here: http://www.health.gov.on.ca/en/news/bulletin/.

The ministry looks forward to continuing the dialogue about this proposal in a variety of forums. We are committed to a meaningful engagement process that includes all health system partners, as well as patients. We hope this input will result in a plan that can successfully build a high-performing health system that is more responsive to local needs, is better connected and integrated, drives quality and performance, and enhances transparency for providers and patients, clients and their families.

.../2

Ms. Lesley Parnell

Yours sincerely,

Dr. Eric Hoskins
Minister

Ministry of Community and Social Services

Minister's Office

Hepburn Block
Queen's Park
Toronto ON M7A 1E9
Tel.: (416) 325-5225

Ministère des Services sociaux et communautaires

Bureau du Ministre

Édifice Hepburn
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Toronto (Ontario) M7A 1E9
Tél.: (416) 325-5225

Ontario

DEC 2 1 2015

RECEIVED
DEC 2 4 2015 RS.
PETERBOROUGH COUNTY
CITY HEALTH UNIT

Councillor Lesley Parnell
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Councillor Parnell:

Thank you for your letter regarding social assistance in Ontario and for sharing the results of the 2015 Nutritious Food Basket Costing. I recognize the concerns you have raised regarding income support for people living on social assistance.

Our government knows that reducing poverty for the most vulnerable is part of building a fairer society. We are committed to making Ontario's social assistance programs work better for the clients who depend on them. We have increased our investment in social assistance by continuing to lift the lowest rates and increasing support for individuals with disabilities.

As you know, the Premier has given me a clear mandate to drive long-term transformation of the social assistance system by improving incomes, encouraging work and enhancing access to core supports outside the social assistance system.

We have taken important first steps by making changes to improve incomes, promote better employment outcomes and increase fairness.

Given the existing complexities of our social assistance programs, reforming the system requires a careful and measured approach that considers the impacts of changes on both clients and service delivery partners. Our government has embraced this challenge in signaling its intention to reform social assistance as part of its broader efforts to reduce poverty and build a fairer society.

Our government will continue to reform social assistance guided by the Commission's recommendations.

.../cont'd

We are committed to continuing our discussions with clients, staff, stakeholders and municipal and First Nations delivery partners to set priorities and work through the choices required to make further progress on social assistance reform.

As we continue with this important work, I will remain mindful of the issues that you have raised.

Once again, thank you for writing.

Sincerely,

Dr. Helena Jaczek
Minister

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Tuesday, December 22, 2015 1:37 PM
To: Alida Tanna
Subject: alPHa Information Break - Dec. 22, 2015

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

December 22, 2015

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

All the best for a happy, healthy and safe Holiday Season from alPHa!

Minister Hoskins Releases "Patients First" Discussion Paper

On December 17, Hon. Eric Hoskins, Minister of Health and Long-Term Care, released his much anticipated discussion paper entitled *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. The paper includes proposals to integrate local population and public health planning with other health services and and formalize linkages between Local Health Integration Networks (LHINs) and local public health units.
Read the Patients First discussion paper here
Read alPHa's news release here

alPHa's Board of Directors is developing a

response process to the Patients First discussion paper. As a first step, we have designed an online survey to collect members' initial reactions to the paper. So let us know your thoughts, concerns and suggestions for moving forward by completing the survey before Friday, January 8.
Click here to go to alPHa's survey

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alPHa Board Motion on Cannabis Legislation

At the alPHa Board's meeting of December 4, the following motion was passed: "*THAT the alPHa Board of Directors support a public health approach to the forthcoming cannabis legalization framework, including strict health-focused regulations to reduce the health and societal harms associated with cannabis use*."
Preceding the motion was a presentation to the Board by the Centre for Addiction and Mental Health on its cannabis policy position as well as the evidence on which its position rests.

Support Public Health Nutritionists' Position on Food Insecurity Responses

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) has issued its *Position Statement on Responses to Food Insecurity*, which identifies a basic income guarantee as an effective way to address the urgent issue of household food insecurity. OSNPPH is asking Boards of Health in Ontario to endorse this position by passing a motion at their next meeting (if they haven't already). On December 4, the alPHa Board of Directors endorsed the statement.
Read the OSNPPH position statement on food insecurity here

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alPHa Website Feature: Current Job Openings

alPHa keeps a list of current job postings among public health units on its website in its Current Openings page under the Careers tab. The list, which is updated regularly, contains postings submitted voluntarily by health units and their HR departments. If you are interested in submitting a job posting, please contact Karen Reece at karen@alphaweb.org
Visit the latest health unit job postings here

Upcoming Events

February 25, 2016 - alPHa Winter Session & COMOH Meeting, Toronto; details to come.

April 4-6, 2016 - TOPHC 2016, Collaborate.Innovate.Transform, Allstream Centre, Toronto, Ontario.

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference - 30th Anniversary, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario.

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Assistant Deputy Minister's Office

Bureau du sous-ministre adjoint

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Téléphone: (416) 212-8119
Télécopieur: (416) 325-8412

January 5, 2016

MEMORANDUM

TO: Board of Health Chairs and Medical Officers of Health

RE: Anticipated amendments to the Ontario Public Health Standards (OPHS) and related Protocols

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As previously communicated, changes are required to the Ontario Public Health Standards (OPHS) and related protocols regarding three initiatives:

- The integrated Healthy Smiles Ontario Program;
- Amendments to the *Smoke Free Ontario Act* (SFOA); and
- The implementation of the *Electronic Cigarettes Act, 2015* (ECA).

Ministry staff have worked very closely with public health program staff over the past year to communicate programmatic changes for both the newly integrated Healthy Smiles Ontario Program as well as changes to the SFOA and the implementation of the ECA. We will continue to provide additional materials and information to support implementation in the weeks to come.

In December 2013, the Ontario government announced its intent to integrate six dental benefits and/or programs for children and youth from low income families into one new program with simplified eligibility requirements and enrolment processes, and improved access for eligible children and youth. The newly integrated Healthy Smiles Ontario Program was launched on January 1, 2016.

Some revisions to the OPHS and Protocols are required to facilitate the January 2016 implementation date.

Changes related to the newly integrated Healthy Smiles Ontario Program include:

- A new requirement for boards of health to deliver the integrated Healthy Smiles Ontario Program in accordance with a new Healthy Smiles Ontario Program Protocol. The new Healthy Smiles Ontario Program Protocol incorporates key features and detailed Board of Health activities taken from the current *Preventive Oral Health Services Protocol, 2008* and *Children in Need of Treatment (CINOT) Program Protocol, 2008*.

…./2

- Addition of “Children in need of emergency and essential oral health care have access to such care” and “Children from low income families have access to oral health care” to the Board of Health Outcomes.
- Removal of Requirement 12 and 13 (provision of CINOT and Preventive Oral Health Services).
- Removal of “Children urgently in need of oral health care have access to such care” from the Board of Health Outcomes.
- Removal of the *Preventive Oral Health Services Protocol, 2008* and the *Children in Need of Treatment (CINOT) Program Protocol,* 2008.
- Minor changes to the *Oral Health and Surveillance Protocol, 2008* that are required to replace references to the *CINOT Program Protocol, 2008* and *Preventive Oral Health Services Protocol, 2008* and to include references to the *Healthy Smiles Ontario Program Protocol,* 2016.
- Other oral health requirements including Assessment and Surveillance (screening) and oral health promotion, continue to be included as requirements in the Child Health Standard.

Changes related to the SFOA include:

- Revisions to the *Tobacco Compliance Protocol* to reflect recent amendments to the SFOA:
  - Describe expanded entry powers of inspectors.
  - Describe new “smoke-free” areas where signage must be posted (i.e. outdoor grounds of hospitals and certain office buildings owned by the Province).
  - Specify new titles of signs for tobacco retailers.
  - Clarify that automatic prohibitions can only be issued based on tobacco sales offence convictions registered against business owners.

Changes related to the implementation of the ECA include:

- Revisions to the Chronic Disease Prevention Program to incorporate a new requirement to implement and enforce the ECA in accordance with the *Electronic Cigarettes Compliance Protocol, 2016*.
- The protocol provides direction to support the implementation and enforcement of provisions in the ECA that will come into effect January 1, 2016, including:
  - Prohibiting the sale and supply of e-cigarettes to persons under age 19,
  - Prohibiting the sale of e-cigarettes in retail settings if prescribed signs are not posted; and
  - Prohibiting the sale of e-cigarettes in vending machines.
- The protocol includes direction to employ a balance of inspection, education and progressive enforcement to achieve compliance with the ECA.
- The protocol includes direction to collect and maintain inspection and enforcement data using the Tobacco Inspection System.

…./3

The changes to the OPHS and related protocols, as described above, are pending Minister's approval. In the meantime, I would ask that boards of health proceed with program implementation for all initiatives as of January 1, 2016.

Further communication will be forthcoming once approvals are finalized. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Original signed by

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

c: Dr. David C. Williams, Acting Chief Medical Officer of Health
Elizabeth Walker, Director, Public Health Planning and Liaison Branch
Laura Pisko, Director, Health Promotion Implementation Branch
Paulina Salamo, Director (A), Public Health Standards Practice and Accountability Branch

Statement 1: To better integrate population health within our health system, we propose that LHINs and public health units build on the collaborations already underway, and work more closely together to align their work and ensure that population and public health priorities inform health planning, funding and delivery.
Your questions, concerns, comments and ideas?

The main issues are lack of capacity and aligned boundaries. There needs to be better alignment of the boundaries for which we are planning; LHIN boundaries do not correspond with geo-political boundaries of boards of health (BOH). Board boundaries are defined populations whereas LHIN boundaries are based on referral patterns. Probably the best example of how absurd LHIN boundaries are is Toronto, where the city has been carved up into 5 LHINs.

Capacity needs must be addressed as boards of health do not currently receive funding for work with the health care system. Any expanded expectation to partner with the LHINs on this needs to be funded.

It would be beneficial to learn from areas of the province where public health has played a role in providing data that could be used for primary health care planning purposes to identify what might be possible as well as the resource needs. In Kingston, a Community Health Centre was able to secure funding to work with their local Associate MOH to provide a population health assessment.

There are two examples that come to mind where collaborations occurred however ultimately failed due to lack of funding:
- Injury Prevention: A collaborative strategy was created but funding allocation restrictions prevented the ability for resources to go to agencies best positioned for delivery.
- Smoking Cessation Strategy: CE-LHIN worked with local public health agencies, primary care, and hospitals to adopt the Ottawa model across the entire LHIN. Due to lack of funding, this project died.

Statement 2. The ministry would create a formal relationship between the Medical Officers of Health and each LHIN, empowering the Medical Officers of Health to work with LHIN leadership to plan population health services.
Your questions, concerns, comments and ideas?

The MOHLTC should clarify more precisely what is meant or expected by “formal relationship”. Will this be a contractual relationship? Will there be formal sign-off required? Will there be a template designed for use by all BOHs?

We are not sure what is meant by “empowerment”. The board of health in Peterborough has an established link between our Medical Officer of Health (MOH) and the Central-East LHIN CEO. All of the MOHs meet on a regular basis with the CEO of the Central-East LHIN to share relevant data/information/reports.

As above, the level of engagement may be restricted by capacity.

Statement 3. The ministry would transfer the dedicated provincial funding for public health units to the LHINs for allocation to public health units. The LHINs would ensure that all transferred funds would be used for public health purposes.
Your questions, concerns, comments and ideas?

It is not clear to us that there is value of adding another layer of bureaucracy to the funding of public health services unless it will lead to the better funding for joint prevention initiatives. This was always promised when the LHINs were created, but has rarely happened.

BOHs have lobbied for more timely budget approvals, and will this transfer to LHINs finally resolve this ongoing problem or will it only delay the process further? The capacity review, done in 2006, recommended multi-year budget approvals - will this change allow this to happen? Are there any advantages to boards of health to have funding flow through the LHIN, which does not know us very well, versus the Public Health Division staff, which does?
Other issues include the timing of accounting periods which do not coincide: municipalities operate using a calendar year whereas the Province operates on a fiscal year.
How will the funding formula work? Will individual LHINs adhere to the same formula that was used to grant 2015 budgets and which was highly experimental and untested?
Ultimately, if the LHINs are given this authority, they will need the autonomy and flexibility to use and reallocate funding as needed for public health for population health initiatives.

Statement 4: The LHINs would assume responsibility for the accountability agreements with public health units.
Your questions, concerns, comments and ideas?

If this allows for more coherent and accessible public reporting, there is a value in combining this (e.g., the public can access the information in one place for hospitals/primary care/local public health agencies). But we have questions about the setting of targets, which is currently done now by Public Health and Health Promotion Division staff, who have both the benefit of relationships with each local agency, as well as the overall provincial overview.
Will target discussions happen at each LHIN? How will provincial targets be set? Does this mean targets are set provincially but managed locally? This has inherent flaws. There is a potential for loss of lessons learned, information may be diluted/fragmented by not centralizing this very critical function.

Statement 5. Local boards of health would continue to set budgets.
Your questions, concerns, comments and ideas?

We believe that it is important to keep the municipalities engaged in the funding and delivery of public health services, which originated as municipal health departments. It is unclear to us

how municipalities will perceive any transfer to LHINs and we are concerned that AMO must be engaged in exploring whether there is any merit, or potential harm, in statements 3 and 4. If local BOHs request budget increases, beyond what has been promised as part of the new funding model, will the LHINs have the authority to approve increased budgets?

Statement 6. The respective boards of health, as well as land ambulance services, would continue to be managed at the municipal level. As part of a separate initiative to support more consistent public health services across the province, the ministry is modernizing the Ontario Public Health Standards and Organizational Standards to identify gaps and duplication in service delivery; determine capacity and resource needs; and develop options for greater effectiveness.
Your questions, concerns, comments and ideas?

We are concerned that the Standards are being reviewed in light of the new public health funding formula, and as such, there will be an inherent and powerful bias to reduce scope and mandate given this fiscal context. Previous reviews of the Standards were done with the intent of creating an acceptable baseline or minimum level of service - this review should be no different, and should not be influenced by funding.

We anticipate there will be even more gaps if scope and mandate are reduced. We point to the example of mental health and violence prevention which were omitted from the OPHS and which have now come back to haunt us as areas where there is a lack of leadership and coordination. Similarly, now that all boards of health have been given 2 FTE for Social Determinants of Health nursing, we would hope that the next iteration of the OPHS will strengthen, and not dilute, the mandate of boards to address health inequities and the social determinants of health.

Statement 7. The ministry would also appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and public health units, and how to further improve public health capacity and delivery.
Your questions, concerns, comments and ideas?

We believe that there are challenges in public health capacity but are not aware of what the problems in delivery are perceived to be. What exactly are we trying to fix and why would a closer partnership with the LHINs be seen as the solution? Perhaps a more robust and open discussion about the former may better lay the ground work for any expert panel.

Discussion Question 1. What should the role of the Medical Officers of Health be in informing or influencing decisions across the health care sector?

It is important for public health to be involved with strategic discussions, however the structure and role of the health care system is not our primary role and can ultimately consume so much of an MOH's time that there is nothing left for the work with non-health care partners, such as school boards, municipalities and community partners. If public health is drawn into the health

care system, how will our work outside the health sector, which is extremely influential and often times effective, be protected and preserved? Most of the health care system deals with treatment and management of chronic disease, and NOT prevention. Most of the more powerful determinants of health are outside of the health care system.

Public health could play a larger role if capacity is increased (i.e., addition of an AMOH or more epidemiology and data analyst support). We are effective at identifying gaps because of the links with our communities (e.g., where there is a mismatch between allocated resources and poor health outcomes) and our access and use of broad data sources.

Perhaps we might be most effective if we were funded to support primary care by using their data to understand their populations and better plan the allocation of their resources? This would have the dual benefit of giving us access to aggregated data that we could use to create a population health assessment. It would also serve to strengthen relations at the public health and primary care interface. This could also indirectly assist the LHIN in making funding allocation decisions that would impact on the health of populations.

Discussion Question 2. What connections does public health in your community already have?

- Quarterly meetings with the networked family health teams to share information and do joint planning when possible.
- Quarterly meetings with the CE-LHIN CEO and other MOHs in the LHIN catchment area.
- Four Counties 4 Kids brings stakeholders together for planning around children's services
- Maternal/Newborn/Child roundtable
- Healthy Aging Group
- Strong connections with the VON NP-led clinic.
- Preschool speech and language partnership with 5 Counties, HKPR and PCCHU
- Emergency Preparedness

Discussion Question 3. What additional connections would be valuable?

- More collaboration on First Nations related issues. There needs to be better integration between the LHIN/public health/First Nations. We are engaged with our First Nations partners on public health initiatives, but there areas where we experience a disconnect as initiatives are being funded by the LHIN that by-pass us. (e.g., diabetes prevention).
- Increased financial support of LHIN disease and injury prevention efforts that include public health.

Discussion Question 4. How can public health be better integrated with the rest of the health system?

- Before this question can be answered, it would important to clarify the purpose and any objectives for integration (e.g., chronic disease prevention - efforts can be siloed, there could be better integration).
- Better alignment of boundaries is a priority for integration, as is a better way to collaborate with primary care partners, e.g., Primary-Public health councils.
- LHIN funding to support prevention initiatives that are collaborations between different sectors in the health care system, such as a smoking cessation network.
- Public health communications needs to be seen as important as health services and program delivery. Ensure communications professionals are engaged at the outset as we know our local audiences best. A coordinated provincial communications campaign explaining how public health supports better health overall would contribute to a better understanding of how prevention lessens the burden on the primary care system.

December 21, 2015

The Honourable Jean-Yves Duclos
Minister of Families, Children and
Social Development
House of Commons
Ottawa, Ontario K1A 0A6

The Honourable MaryAnn Mihychuk
Minister of Employment, Workforce and Labour
Ministry of Labour
House of Commons
Ottawa, ON K1A 0A6

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

The Honourable Kevin Daniel Flynn
Minister of Labour
Ministry of Labour
14th Floor
400 University Avenue
Toronto, ON M7A 1T7

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

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
14th Floor
56 Wellesley Street West
Toronto, ON M5S 2S3

The Honourable Deborah Matthews
Minister Responsible for the
Poverty Reduction Strategy
Room 4320, 4th Floor, Whitney Block
99 Wellesley Street West
Toronto, ON M7A 1W3

Dear Minister Duclos, Minister Mihychuk, Minister Philpott, Minister Flynn, Minister Hoskins, Minister MacCharles, and Minister Matthews:

Re: Basic Income Guarantee

I am writing today to express our support for a joint federal-provincial (Ontario) investigation into a basic income guarantee for Ontarians and all Canadians.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.[1,2] The relationship between income and health has also been well established; countless analyses have consistently and clearly shown that as income rises, health outcomes improve. In doing so, they also demonstrate that lower income people are at far greater risk from a range of preventable medical conditions, including cancer, diabetes, heart disease and mental illness.[3] From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, the extent of income inequality in a society, and a range of adverse health and social outcomes. It is, therefore, reasonable to conclude that improving incomes would be an effective public health intervention.

Given that 16.5% of people in Leeds, Grenville and Lanark live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

In response to these key social and public health challenges, a growing number of individuals and organizations in the health, economics, social, and political sectors have proposed the introduction of a basic income guarantee for all Canadians, also known as guaranteed annual income. A basic income guarantee ensures everyone has sufficient income to meet basic needs and live with dignity, regardless of work status. It can be achieved through a range of policy approaches.

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.[4,5] Mincome, in particular, a pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, demonstrated several improved health and educational outcomes.[4] Basic income concepts which are already present in our current system of progressive taxation, credits and benefits for families with children and income guarantee for seniors have contributed to health and social improvements in those age groups. [6,7] While these measures are undoubtedly important and valuable to those who benefit from them, we are convinced that there would be great merit in a serious exploration of the arguments that favour a basic income guarantee as a simpler solution that would benefit more people.

There has been recent support for a basic income guarantee from several health and social sector groups, including the Canadian Medical Association, the Canadian Public Health Association, the Ontario Public Health Association, and the Canadian Association of Social Workers, among others. Beyond the health and social sectors, a non-governmental organization, Basic Income Canada Network, is now dedicated to achieving a basic income guarantee in Canada, and several citizen groups are forming across Ontario and Canada in support of this issue.

Advocating for improved income security policies is supportive of the Leeds, Grenville and Lanark District Health Unit's strategic direction on Health Equity, which states that the health unit 'strives to address the challenges that prevent all residents from having the opportunity to reach their optimal health.'

We hope that you will respond favourably to our request for joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity.

Sincerely,

Anne Warren, Chair
Leeds, Grenville and Lanark District Health Unit

c. The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Kathleen Wynne, Premier of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Linda Stewart, Association of Local Public Health Agencies
Pegeen Walsh, Ontario Public Health Association
Ontario Boards of Health
Leeds, Grenville and Lanark Members of Parliament
Leeds, Grenville and Lanark Members of Provincial Parliament
Champlain and South East Local Health Integration Network
Gary McNamara, President, Association of Municipalities Ontario
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities
Leeds, Grenville and Lanark Municipalities

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www.algomapublichealth.com

December 4, 2015

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

Dear Minister Hoskins:

Re: Public Health Funding

At its meeting on November 25, 2015 the Board of Health for the District of Algoma Health Unit considered the correspondence forwarded by the alPHa Board of Directors and other health units in regard to the new public health funding model.

This Board supports their recommendations and passed the attached resolution for your consideration.

Sincerely,

Lee Mason
Chair, Board of Health

Attachment

Cc: Hon. Kathleen Wynne, Premier
Hon. David Orazietti, MPP for Sault Ste. Marie
Michael Mantha, MPP for Algoma – Manitoulin
Algoma District Municipal Association
Association of Local Public Health Agencies
Ontario Boards of Health
Algoma Municipalities
Federation of Northern Ontario Municipalities

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Algoma
PUBLIC HEALTH
Santé publique Algoma

RESOLUTION NO. 2015-161

DATE: November 25, 2015

MOVED: Sue

SECONDED: Candace

SUBJECT: Public Health Funding

THAT the Algoma Public Health Board of Health endorse the correspondence and Resolution concerning the public health funding formula, passed October 30, 2015 from the alPHa Board of Directors and other health units.

AND FURTHRE THAT the Algoma Public Health Board of Health call on the Ministry of Health and Long Term Car to increase investments in public health, ensuring Ontarians benefit from a world-class public health system within Ontario's transformed Health system;

AND FURTHER THAT, this resolution be forwarded to the Premier of Ontario, the Minister of Health and Long-Term Care, the Association of Municipalities of Ontario, the Federation of Northern Ontario Municipalities, alPHa, Local MPs and MPPs, All Municipalities in Algoma and All Ontario Boards of Health. & AOMA

CARRIED: Chair's Signature Lee Mason

Lee Mason - Chair
Ian Frazier – Vice Chair
Sue Jensen
Candace Martin
Dennis Thompson

ELGIN ST. THOMAS
PUBLIC HEALTH

January 5, 2016

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

Dear Minister Hoskins,

RE: Public Health Funding

At its meeting on December 9, 2015 the Elgin St. Thomas Board of Health endorsed the attached correspondence and resolution concerning the public health funding formula passed October 30, 2015 by the Association of Local Public Health Agencies' Board of Directors.

Sincerely,

Heather Jackson

Heather Jackson, Chair
Elgin St. Thomas Board of Health

c Association of Local Public Health Agencies
Ontario Boards of Health

Elgin St. Thomas Public Health
1230 Talbot Street, St. Thomas, ON N5P 1G9
Phone: 519-631-9900 Toll Free 1-800-922-0096 Fax: 519-633-0468
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November 30, 2015

VIA ELECTRONIC MAIL

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

Dear Minister Hoskins:

Re: Provincial Public Health Funding

At its meeting on November 19, 2015, the Sudbury & District Board of Health carried the following resolution #49-15:

THAT the Sudbury & District Board of Health endorse the correspondence and resolution concerning the public health funding formula, passed October 30, 2015 from the alPHa Board of Directors;

AND FURTHER THAT the Sudbury & District Board of Health call on the Ministry of Health and Long Term Care to increase investments in public health, ensuring Ontarians benefit from a world-class public health system within Ontario's transformed health system;

AND FURTHER THAT this motion be forwarded to constituent municipalities, the Association of Municipalities of Ontario, the Federation of Northern Ontario Municipalities, Ontario Boards of Health, the Association of Local Public Health Agencies, and other local partners.

The Sudbury & District Board of Health is committed to an effective and accountable public health system as a key component of a transformed health system. We look forward to further engagement with the Ministry and provincial government partners to ensure all Ontarians benefit from such a system.

Sincerely,

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

cc: Constituent Municipalities
Association of Municipalities of Ontario
Federation of Northern Ontario Municipalities
Ontario Boards of Health
Association of Local Public Health Agencies

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December 2, 2015

VIA ELECTRONIC MAIL

Ms. Lorraine Fry and
Ms. Donna Kosmack
Co-chairs
Smoke-Free Housing Ontario

Dear Ms Fry and Ms. Kosmack:

Re: ***Endorsement of Action for Smoke-Free Multi-Unit Housing***

At its meeting on November 19, 2015, the Sudbury & District Board of Health carried the following resolution #55-15:

WHEREAS smoking in multi-unit housing results in significant exposure to the health harming effects of tobacco smoke; and

WHEREAS area municipalities and service boards that are landlords of multi-unit housing can adopt no-smoking policies that set an example and protect health, such as that adopted by the Manitoulin Sudbury District Services Board to support smoke-free social housing effective January 1, 2015;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support the Northwestern Health Unit motion (88-2015) on smoke-free multi-unit housing, the efforts of the Smoke-Free Housing Ontario Coalition and others, in the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;
(2) Advocate that all future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;
(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;
(4) Advocate that all future public/social housing developments in Ontario should be smoke-free from the onset;
(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

FURTHER BE IT RESOLVED THAT a copy of this motion be submitted to the Smoke-Free Housing Ontario Coalition, the Ontario Minister of

Municipal Affairs and Housing, local members of Provincial Parliament (MPP), the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), all Ontario Boards of Health, the Association of Municipalities of Ontario, the Federation of Northern Ontario Municipalities and SDHU municipalities for their information and support.

Members of the Sudbury & District Board of Health hope that this motion will impact the tobacco control decisions you make, in an effort to protect all Ontario residents living in multi-unit housing from the impact of second-hand smoke exposure. I am confident that together, we can ensure a healthier Ontario for all.

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

Sincerely,

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

cc: The Honourable Ted McMeekin, Ontario Minister of Municipal Affairs and Housing
Glenn Thibeault, MPP, Sudbury
France Gélinas, MPP, Nickel Belt
Michael Mantha, MPP, Algoma-Manitoulin
Dr. David Williams, Interim Chief Medical Officer of Health
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Gary McNamara, President, Association of Municipalities of Ontario
Alan Spacek, President, Federation of Northern Ontario Municipalities
Sudbury & District Health Unit Constituent Municipalities

Staff Report

Conference of the Parties, Twenty-First Session: Adoption of the Paris Agreement

Date:	January 13, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Donna Churipuy, R.N. MN

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Conference of the Parties, Twenty-First Session: Adoption of the Paris Agreement,* for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health received for information a presentation on Climate Change and Public Health on November 11, 2015.

Background

Climate change is a complex problem, which has consequences for all domains of existence on our planet. It either impacts on or is impacted by poverty, economic development, population growth, sustainable development and resource management so solutions must come from all disciplines and fields of research and development.

The key to the response to climate change, however, lies with the need to reduce emissions. Governments around the world have agreed that emissions need to be reduced so that global temperature increases are limited to below 2 degrees Celsius.

In 1992, nations joined an international treaty, the United Nations Framework Convention on Climate Change, to consider what they could do together to limit average global temperature increases and the resulting climate change, and to cope with whatever impacts had become, by then, inevitable.

By 1995, countries realized that emission reductions provisions in the Convention were inadequate. They launched negotiations to strengthen the global response to climate change, and, two years later, adopted the Kyoto Protocol which legally binds developed countries to emission reduction targets. The ultimate objective is to stabilize greenhouse gas concentrations in the atmosphere at a level that will prevent dangerous human interference with the climate system.[1]

Currently, with 196 Parties, the United Nations Framework Convention on Climate Change (UNFCCC) almost has global membership.

From 30 November to 11 December 2015, in Paris, France, the twenty-first session of the Conference of the Parties (COP) and the eleventh session of the Parties to the Kyoto Protocol took place. At the Conference of the Parties, all nations were requested to take action to address climate change, respect, promote and consider their respective obligations on human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity.

At the end of this meeting, an historic agreement to combat climate change and release actions and investment towards a low carbon, resilient and sustainable future was agreed upon by 195 nations. The agreement's main objective is to keep a global temperature rise this century well below 2 degrees Celsius and to push efforts to limit the temperature increase to 1.5 degrees Celsius above pre-industrial levels.

The Paris Agreement and the outcomes of the UN climate conference (COP21) cover all the crucial areas essential for a ground-breaking conclusion:

- mitigation – reducing emissions fast enough to achieve the temperature goal;
- a transparency system and global stock-take – accounting for climate action;
- adaptation – strengthening ability of countries to deal with climate impacts;
- loss and damage – strengthening ability to recover from climate impacts; and
- support – including finance, for nations to build clean, resilient futures.[2]

Countries have committed to peak their emissions as soon as possible and continue to submit national climate action plans that detail their future objectives to address climate change. They

will submit updated climate plans every five years.

Before 2020, nations will continue to engage in a process on mitigation opportunities and will put added focus on adaptation opportunities. Additionally, by 2020, developed nations and other interested parties will develop a plan to increase climate finance to USD 100 billion for developing countries to utilize in both mitigation and adaptation efforts.

Rationale

From 1880 to 2012, the average global temperature increased by 0.85°C. Oceans have warmed, the amounts of snow and ice have diminished and sea levels have risen. From 1901 to 2010, the global average sea level rose by 19 cm as oceans expanded due to warming and ice melted. The Arctic's sea ice extent has shrunk in every consecutive decade since 1979, with 1.07 million km² of ice loss every decade. Considering current concentrations and continuing emissions of greenhouse gases, it is likely that by the end of the 21st Century, the increase in global temperature will be greater than 1.5°C which will result in continued warming of the oceans and ice melt. Even if emissions are stopped, most aspects of climate change will continue for centuries.

Climate change is a common concern of all of humankind. Cooperation and participation by all countries is required to reduce global emissions and mitigate the threat to human societies and the planet. Deep reductions in global emissions are required in order to achieve the ultimate goal of the Framework Convention on Climate Change.

Strategic Direction

This report applies to the strategic directions of Determinants of Health and Health Equity.

Contact:

Donna Churipuy, Manager
Environmental Health Programs
705 743 1000 ext. 218
dchuripuy@pcchu.ca

References:

1. UN Climate Change Newsroom. http://newsroom.unfccc.int/unfccc-newsroom/finale-cop21/
2. Ibid.

United Nations Framework Convention on Climate Change. 12 December 2015. http://unfccc.int/resource/docs/2015/cop21/eng/l09r01.pdf

Staff Report

Mental Health Promotion in Ontario Local Public Health Units

Date:	January 13, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Hallie Atter, Program Manager, Community Health

Proposed Recommendations

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

- receive the staff report, *Mental Health Promotion in Ontario Local Public Health Units,* for information; and
- send a letter to the Minister of Health and Long-Term Care requesting that the imminent review of the Ontario Public Health Standards clarify and articulate a clear and consistent mandate for mental health promotion for local boards of health.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

A presentation to the Board of Health was made by Melinda Wall, Public Health Nurse, on March 13, 2013 to highlight current activities related to mental health at PCCHU. She briefly discussed potential areas for action and next steps for the community and for public health at that time. There were no decisions or action as a result of this activity.

Background

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".[1] The Public Health Agency of Canada describes mental health promotion as "the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health".[2] Mental health promotion uses strategies that foster supportive environments and individual resilience.[3]

In Canada, mental health and mental health promotion have received more attention in recent years. For example, the Mental Health Commission of Canada released *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Despite its breadth, the national strategy does not explicitly outline a role for public health in mental health promotion.[4] The Ontario government released Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy in 2011. As in the national strategy, a specific role for public health in the promotion of mental health is not explicitly outlined.[5]

The Ontario Public Health Standards (OPHS) outline the requirements for local boards of health to deliver "public health programs and services that contribute to the physical, mental, and emotional health and wellbeing of all Ontarians".[6] While many current public health unit activities do align with the goals outlined both the OPHS and in a variety of frameworks including Ontario's Mental Health and Addictions Strategy, without a coordinated and comprehensive public health approach including clear outcomes and indicators, local public health agencies lack a clear direction for priorities in the work with partners to address and promote mental health.[7]

Research demonstrates there is a substantial amount of work underway by public health units to promote mental health, with wide variation in specific activities. In 2013, the Centre for Addiction and Mental Health, Public Health Ontario and Toronto Public Health released a collaborative report that described both how Ontario's local public health agencies are addressing child and youth mental health, as well as outlining barriers and facilitators for this work. In 2015, a "Locally Driven Collaborative Project" team, funded by Public Health Ontario, released the results of its research and made recommendations pertaining to the role of local boards of health in mental health promotion for children and youth.[8] To further understand how the provincial public health system presently delivers mental health promotion in terms of scope, resourcing and prioritization, the Centre for Addiction and Mental Health (CAMH) released Pathways to Promoting Mental Health in the fall of 2015 (appended). This report builds on past research and provides further insight into mental health promotion activities that are occurring in public health units for all ages and stages as well as specific activities that promote adult mental health.[9]

The Pathways report stated that there was a wide variety of mental health promotion activities and that the majority are characterized by a population health based approach and by

addressing the risk and protective factors related to mental health promotion.[10] There were fewer activities that involved preventing the relapse or the chronicity of illness among individuals identified with mental illness. This is likely because these activities fall under the scope of treatment which does not align with the OPHS.[11]

The report found that there are a range of adult mental health promotion activities and a significant variation in the quantity of activities reported by public health units. The activities also varied by region and population as well as rural and urban characteristics.[12]

Finally, the report offered the following insight into the commitment of local public health agencies to deliver mental health promotion:

- All 36 boards of health were engaged in mental health promotion for Ontarians of all ages and stages.
- 39% of boards of health demonstrated commitment to the inclusion of mental health promotion in their organization strategic planning and other accountability documents.
- 31% of boards had staff exclusively dedicated to mental health promotion.
- 58% of boards reporting having staff that had mental health promotion as a primary function of their work.
- 69% of all mental health promotion activities provided by local public health agencies involved partnerships.[13]

The report provided recommendations to" help identify mechanisms and opportunities to better integrate mental health promotion and achieve a parity of esteem with physical health as part of PHU practice". The recommendations are as follows:

1. Establish a common understanding of mental health promotion to inform cohesive, consistent and measurable strategies for promoting mental health across Ontario's public health units, the public health sector and other sectors.
2. Establish evidence-informed guiding principles for integrating mental health promotion programming in public health and support the public health workforce to implement mental health promotion at the public health unit level, across the public health sector and other sectors.
3. Align current and new mental health promotion activities with the existing Ontario Public Health Standards, 2008 or as current to promote health equity and mental health.
4. Continue to leverage partnerships to strengthen mental health promotion in the public health system and the mental health and addiction system.
5. Continue to improve and promote the sustainability of effective mental health promotion programming with performance measurement and evaluation strategies.[14]

Rationale

Recent research finds that there is a great variation in the scope and breadth of mental health promotion activities within Ontario public health units. As the Ministry of Health and Long-Term Care has embarked on a review of the Ontario Public Health Standards, now is an opportune moment to advocate for the inclusion of a more specific mental health promotion mandate to

provide clarity and consistency to board of health efforts allowing for a coordinated and comprehensive public health approach with clear outcomes and indicators.

Strategic Direction

This report supports the following strategic directions:

- Community-Centred Focus; and,
- Determinants of Health and Health Equity.

Contact:

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Community Health
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hatter@pcchu.ca

Attachments:

Attachment A – Summary - Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units

References:

1. World Health Organization. *Mental Health: A State of Well-being*. Geneva: WHO. 2014. Retrieved from http://www.who.int./features/mental_health/en/
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7. Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. *Connecting the Dots: how Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. 2013.
8. Murphy, Pavkovic, Sawula,and Vandervoort. *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health*. Thunder Bay, ON: 2015.

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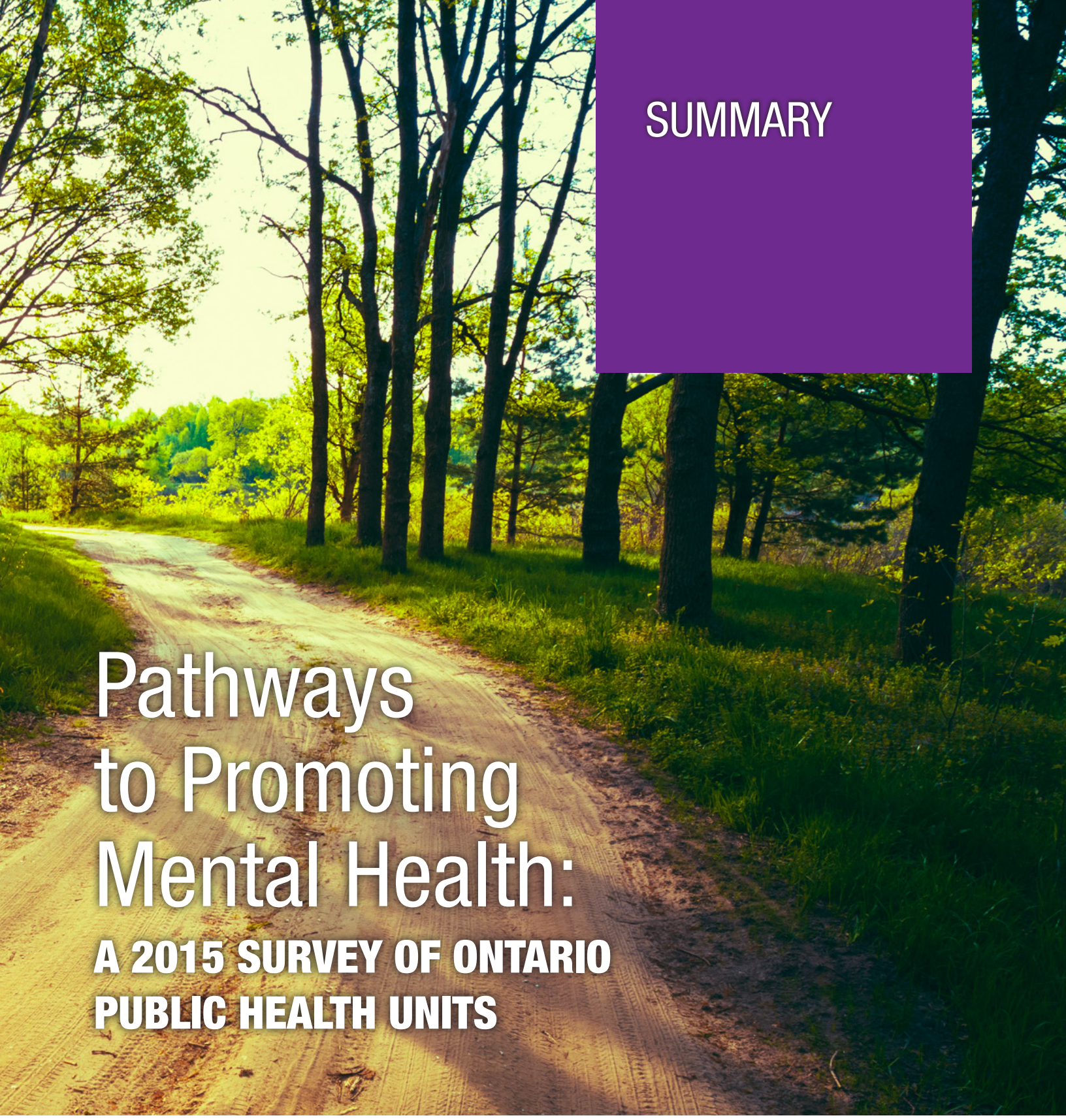


SUMMARY

Pathways to Promoting Mental Health:

A 2015 SURVEY OF ONTARIO PUBLIC HEALTH UNITS

camh
Centre for Addiction and Mental Health

About Pathways to Promoting Mental Health:

A 2015 Survey of Ontario Public Health Units

There is growing momentum within Ontario's health system to promote the mental health of Ontarians.

For instance, Phase 2 of Ontario's Comprehensive Mental Health and Addictions Strategy recognizes the importance of promoting mental health and well-being. There is also an increasing focus on the role of Ontario public health units (PHUs) in promoting mental health given that the core purpose of PHUs is to prevent illness and promote health.

In Ontario, the Ontario Public Health Standards (OPHS) (MOHLTC, 2008) outline the requirements for public health units to deliver "public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians" (p. 3). Recent research focusing on child and youth mental health promotion (MHP) shows that:

- Ontario's (PHUs) are active in promoting mental health for children and youth (CAMH HPRC, Public Health Ontario, Toronto Public Health, 2013).
- There is a desire for public health to have an enhanced role in MHP (CAMH HPRC, Public Health Ontario, Toronto Public Health, 2013; Murphy-Oikonen et al., 2015).

You are invited to view the full report on the CAMH Health Promotion Resource Centre website: https://www.porticonetwork.ca/web/camh-hprc/pathways-to-mhp

However, research also reveals that in order to improve upon current MHP efforts within Ontario's health system, there is a need to better understand how the provincial public health system presently delivers MHP in terms of scope, resourcing and prioritization. Consequently, Ontario's 36 public health units participated in an online survey to provide insight into MHP activities. This report provides new and timely insight on MHP work currently being performed by PHUs for Ontarians of all ages and stages.

METHODS

This report is the result of the survey of Ontario PHUs, which was conducted as a partnership between the Health Promotion Division of the Ministry of Health and Long-Term Care (MOHLTC) and the Centre for Addiction and Mental Health (CAMH) Health Promotion Resource Centre (HPRC). Participants were employees from Ontario PHUs working in or overseeing mental health–related activities.

The survey had two sections:

- The first aimed to document specific characteristics of the MHP work (e.g., scope and resourcing) performed by PHUs for Ontarians of all ages and stages
- The second identified specific activities (e.g., maternal mental health promotion programs and workplace wellness initiatives) conducted by PHUs to promote mental health among adults (i.e., 18 years of age and older).

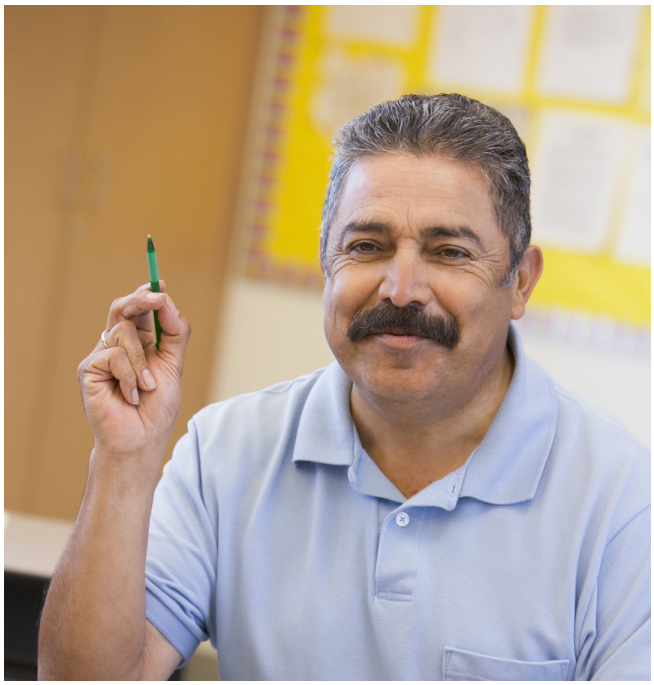
Please note: While the survey encouraged participants to consult with colleagues across their PHU, its intent was to provide a snapshot, rather than produce a census of all activities.

FINDINGS

There is a substantial amount of work underway by PHUs to promote mental health, with wide variation in specific activities. Several characteristics of these activities are worth highlighting. This will establish a clear, system-level perspective of the state of public health–led efforts to address adult mental health in Ontario.

Mental Health Promotion for Ontarians of All Ages and Stages

- All 36 PHUs were engaged in MHP for Ontarians of all ages and stages.
- PHUs prioritized risk and protective factors that have an individual and family focus.
- 39% of the PHUs (i.e., 14 of 36) mentioned MHP explicitly in their organizational strategic planning and other accountability documents.
- 31% of the PHUs (i.e., 11 of 36) had staff exclusively dedicated to MHP, and 58% (i.e., 21 of 36) reported having staff with MHP as a primary function of their work. Note: Staff were represented as full-time employees (FTEs).
- Staff who promoted mental health for all ages and stages were most often public health nurses. Among staff exclusively dedicated to MHP, 50% of the FTEs (i.e., 56 out of 112) were public health nurses. Similarly, among staff with MHP as a primary function of their work, 79% of the FTEs (i.e., 123 out of 155) were public health nurses.



Mental Health Promotion for Adults

Range of Mental Health Promotion Activities for Adults:

- The 36 PHUs reported a total of 272 MHP activities for adults.
- There was a wide variety in types of activities across PHUs, and the quantity at each PHU ranged from one to 50 activities.
- MHP activities for adults were concentrated in these areas:
  - programs (56%, or 152 activities)
  - knowledge exchange (16%, or 43 activities)
- There were fewer MHP activities in these areas:
  - planning (4%, or 11 activities)
  - surveillance (3%, or 8 activities)
  - research (0.4%, or 1 activity)
- MHP activities for adults were concentrated in these Standards of the OPHS:
  - Family Health Standards (50%, or 136 activities)
  - Chronic Disease and Injuries Prevention Standards (40%, or 108 activities)

Target Populations:

- MHP activities for adults were concentrated in these populations:
  - new parents/postnatal mothers (37%, or 101 activities)
  - parents/guardians of children and youth (36%, or 99 activities)
  - pregnant women (35%, or 96 activities).
- There were fewer MHP activities in these populations:
  - young adults (23%, or 62 activities)
  - seniors (12%, or 32 activities)
  - newcomers/immigrants/refugees (22%, or 59 activities)
  - lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex, queer (LGBTTTIQ) individuals (14%, or 39 activities)
  - First Nations, Inuit and Métis (FNIM) groups (1%, or 3 activities).

Peer Group, Regional and Population Size Breakdowns:

- Peer groups with urban characteristics (i.e., the peer group identified as living in urban centres combined with the group identified as mainly urban) reported more activities (40%, or 109 out of 272 activities) than other peer groups with mixed or rural characteristics, such as the:
  - urban-rural mix peer group (30%, or 82 activities)
  - sparsely populated urban-rural mix peer group (19%, or 52 activities)
  - mainly rural peer group (11%, or 30 activities).
- The region of Ontario with the largest proportion of reported MHP activities was Central East, with 35% of all reported activities (i.e., 94 of 272) occurring in this region.
- The average number of activities per PHU increased alongside population size in a region. 34% of all reported activities (i.e., 92 of 272) occurred in areas of Ontario with a population size between 100,000 and 200,000.

Partnerships:

69% of all MHP activities (i.e., 188 of 272) involved partnerships that contributed service delivery, content / subject matter expertise as well as community engagement efforts.

Impact:

Of the 171 activities that had been evaluated (or that PHUs planned to evaluate), the most frequently used indicator for evaluating MHP activities was a participant satisfaction indicator, which was identified for 64% of the activities (i.e., 109 out of 171).

RECOMMENDATIONS

Five recommendations have been developed to help identify mechanisms and opportunities to better integrate MHP and achieve a parity of esteem with physical health as part of PHU practice.

Recommendation 1:

Establish a common understanding of MHP to inform cohesive, consistent and measurable strategies for promoting mental health across Ontario's PHUs.

Recommendation 2:

Establish evidence-informed guiding principles for integrating MHP programming in public health and support the public health workforce to implement MHP at the PHU level.

Recommendation 3:

Align current and new MHP activities with the existing Ontario Public Health Standards to promote health equity and mental health.

Recommendation 4:

Continue to leverage partnerships to strengthen MHP in the public health system and the mental health and addiction system.

Recommendation 5:

Continue to improve and promote the sustainability of effective MHP programming with performance measurement and evaluation strategies.

About CAMH Health Promotion Resource Centre

CAMH Health Promotion Resource Centre (CAMH HPRC), housed in the Provincial System Support Program at the Centre for Addiction and Mental Health, is Ontario's source for health promotion evidence regarding mental health and substance use. We build related capacity in health promotion, public health and allied health professionals. In addition, our other primary activities include partnership development and knowledge exchange to impact local and system-level practice, planning and policy.

https://www.porticonetwork.ca/web/camh-hprc

References:

CAMH Health Promotion Resource Centre, Public Health Ontario & Toronto Public Health. (2013). Connecting the Dots: *How Ontario Public Health Units are Addressing Child and Youth Mental Health*. Toronto: Centre for Addiction and Mental Health.

Ministry of Health and Long-Term Care. (2008). *Ontario Public Health Standards*. Toronto: Queen's Printer for Ontario.

Murphy-Oikonen, J., Pavkovic, M., Sawula, E., Vandervoort, S. (2015). *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health.*

Full report on the CAMH Health Promotion Resource Centre website:
https://www.porticonetwork.ca/web/camh-hprc/pathways-to-mhp

Funded by the Ontario Government.

To: All Members
Board of Health

From: Kerri Davies, Chair, Fundraising Committee

Subject: **Committee Report: Fundraising**

Date: January 13, 2016

The Fundraising Committee met last on January 5, 2016. At that meeting, the Committee requested that the following item come forward to the Board of Health for approval.

Meeting Minutes – June 23, 2015

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Fundraising Committee for June 23, 2015.

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Fundraising Committee Meeting
Tuesday, June 23, 2015 – 6:00 – 7:00 p.m.
Meeting Held Via Teleconference

In Attendance:

Members:	**Councillor Gary Baldwin**
	Ms. Kerri Davies, Chair
	Councillor Lesley Parnell
	Councillor Trisha Shearer
Staff:	**Dr. Rosana Pellizzari, Medical Officer of Health, Recorder**

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1. Call To Order

The meeting was called to order at 6:00 p.m.

2. Elections

2.1. Chairperson

Dr. Pellizzari, Medical Officer of Health, called for nominations for the position of Chairperson.

MOTION:
That Mr. Kerri Davies be appointed as Chairperson of the Fundraising Committee for the Peterborough County-City Health Unit for 2015.
Moved: Councillor Parnell
Seconded: Councillor Baldwin
Motion carried. (M-2015-001-FC)

Ms. Davies assumed the Chair.

2.2. Vice Chairperson

Ms. Davies, Chair, called for nominations for the position of Vice-Chairperson.

MOTION:
That Councillor Trisha Shearer be appointed as Vice-Chairperson of the Fundraising Committee for the Peterborough County-City Health Unit for 2015.

Moved:	Councillor Baldwin
Seconded:	Councillor Parnell
Motion carried.	(M-2015-002-FC)

3. Confirmation of the Agenda

MOTION:
That the Agenda be approved as circulated.

Moved:	Councillor Baldwin
Seconded:	Councillor Shearer
Motion carried.	(M-2015-003-FC)

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

7. Business Arising from the Minutes

8. Correspondence

9. New Business

9.1. Terms of Reference for Fundraising Committee

Terms of Reference

The draft Terms of Reference were reviewed. Two types of external members were identified: those that would join the Committee, and those that might come on for a particular project or campaign.

Board members will be encouraged to make an annual donation, according to his or her capacity. Some members may want to give monthly – this would have to be set up in the future. It allows for more people to assist in the fundraising endeavour.

ACTION: Dr. Pellizzari to bring forward any existing fundraising-related policies to the next Fundraising Committee (FC) meeting for review.

With respect to chairing, Kerri Davies noted that given her experience, she is happy to Chair for 2015 in order to establish the Committee, however would prefer that another Board member take on this task in 2016 as there is a potential conflict of interest with her fundraising work for the Canadian Mental Health Association (CMHA).

It was agreed that the recording of minutes would rotate amongst Committee members in alphabetical order.

MOTION:
That the Terms of Reference for the Board of Health Fundraising Committee, as amended, be provided to the Board for approval at its next meeting.
Moved: Councillor Baldwin
Seconded: Councillor Shearer
Motion carried. (M-2015-004-FC)

Fundraising Code of Ethics
Two links (Imagine Canada and the CMHA) were provided to Committee members. The Chair suggested they be reviewed prior to the next meeting and discussed as business arising for decision. **ACTION: This item will be added to business arising at the next meeting.**

Ms. Davies suggested that these should be integrated into FC meetings and will discuss this further with Dr. Pellizzari prior to the next meeting. **ACTION: Dr. Pellizzari will schedule a call to discuss this item with Ms. Davies.**

9.2. Recruitment of External Members

Ms. Davies commented that she may have some potential candidates willing to volunteer to be a part of the Jackson Square Kitchen Fundraising Campaign (JSKFC).

9.3. Current Status of Fundraising at PCCHU

ACTION: Dr. Pellizzari will provide an updated annual fundraising report to be reviewed at the next meeting.

Ms. Davies inquired about a donor list. It was suggested that perhaps a communication could go out to previous donors requesting permission to contact them (i.e., provide them future fundraising updates/requests). **ACTION: This will be discussed further at the next meeting.**

9.4. Identification of Organizational Needs for Donations (Funding Gaps, Special Projects)

Other organizational needs (i.e., the 'why' the Committee is fundraising) may need to be deferred until 2016 as efforts for this year must focus on the JSKFC.

9.5. Strategic Plan for Fundraising

Councillor Baldwin commented that retailers often feature fundraising boxes at store checkout counters. This item was noted for future reference.

Any additional planning will be deferred given the immediate priority of the JSKFC for 2015.

9.6. Current Fundraising Activities

9.6.1. Jackson Square Project Update (Pellizzari)

Current project costs were reviewed by the Committee. Dr. Pellizzari reported on a recent discussion with YWCA and their support. The YWCA will assist with establishing a case for support, the design of marketing materials as well as coordinating grant applications.

Ms. Davies suggested that Michael VanDerHerberg might be an ideal JSKFC Chair and she is willing to approach him to see if this would be of interest. Another potential candidate for this position would be Len Liftus (former Executive Director, United Way Peterborough and District). **ACTION: Ms. Davies and Dr. Pellizzari to follow up with these candidates prior to the next meeting.**

9.7. Other Business

10. In Camera to Discuss Confidential Personal Matters

11. Motions for Open Session

12. Date, Time and Place of Next Meeting

The following meeting dates were determined:

Next Meeting of the Jackson Square Kitchen Fundraising Sub-Committee:
Thursday, July 9, 2015 from 5:00 – 6:00 p.m.; Meeting Room 2, 10 Hospital Drive, Peterborough.

- **ACTION: Dr. Pellizzari will request materials from the YWCA by July 6 or 7.**

Next Fundraising Committee Meeting:
Wednesday, September 16 from 5:00 – 6:00 p.m.; Board Room, 10 Hospital Drive, Peterborough.

13. <u>Adjournment</u>

MOTION:
That the meeting be adjourned.
Moved by: Councillor Baldwin
Seconded by: Councillor Shearer
Motion carried. (M-2015-005-FC)

The meeting was adjourned at 6:00 p.m.

Chairperson

Recorder