

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, June 11, 2014 - 4:45 p.m.
Lower Hall, Administration Building
123 Paudash St., Hiawatha First Nation**

1. **Welcome and Opening Prayer**
2. **Call to Order**
3. **Confirmation of the Agenda**
4. **Declaration of Pecuniary Interest**
5. **Delegations and Presentations**
 - 5.1. **Presentation: PCCHU Organizational Culture Update**
Kerri Tojcic, Computer Technician Analyst
Dr. Rosana Pellizzari, Medical Officer of Health
Co-Chairs, PCCHU Organizational Culture Committee
6. **Confirmation of the Minutes of the Previous Meeting**
 - 6.1. **[May 14, 2014](#)**
7. **Business Arising From the Minutes**
8. **[Correspondence](#)**
9. **New Business**
 - 9.1. **[Presentation: Falls Prevention for Older Adults](#)**
Hallie Atter, Manager, Community Health
 - 9.2. **[Presentation: Cancer Risk Factors in Ontario - Alcohol](#)**
Dr. Rosana Pellizzari, Medical Officer of Health
[Cancer Care Ontario – Full Report Hyperlink](#)
 - 9.3. **[Reportable Diseases in Peterborough County-City 2013 \(Hyperlink\)](#)**
Dr. Rosana Pellizzari, Medical Officer of Health

- 9.4. [Staff Report: Tender for Audit and Financial Services](#)
Brent Woodford, Director, Corporate Services
- 9.5. [Insurance Quotes](#)
Brent Woodford, Director, Corporate Services
- 9.6. [2013 Audited Financial Statements and Ministry Settlement – Infant and Toddler Development Program; Preschool Speech and Language Program](#)
Brent Woodford, Director, Corporate Services
- 9.7. [Committee Report: Governance](#)
Jim Embrey, Chair, Governance Committee
- 9.8. [Oral Report: June 2014 aPHa Annual General Meeting and Conference](#)
Caroline MacIsaac, Board Member
Scott McDonald, Board Member
Dr. Rosana Pellizzari, Medical Officer of Health
- 9.9. [aPHa 2014/15 Membership Renewal](#)
Dr. Rosana Pellizzari, Medical Officer of Health

10. In Camera to Discuss Confidential Personal and Property Matters

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

September 10, 2014 – 4:45 p.m.
Council Chambers, City Hall, 500 George St. N., Peterborough

12. Adjournment

**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, May 14, 2014 - 4:45 p.m.
Council Chambers, Administration Building
22 Wiinookeedaa Road, Curve Lake First Nation**

In Attendance:

Board Members:

**Councillor Henry Clarke
Mr. Jim Embrey
Mayor John Fallis
Ms. Rosanna Haroutounian
Ms. Caroline MacIsaac
Councillor Lesley Parnell
Deputy Mayor Andy Sharpe
Councillor Trisha Shearer
Mayor Mary Smith
Chief Phyllis Williams, Chair**

Staff:

**Ms. Brittany Cadence, Supervisor, Communications Services
Mr. Matt Faris, Public Health Inspector
Mr. Atul Jain, Manager, Inspection Services
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Ms. Alida Tanna, Administrative Assistant, Recorder
Ms. Deanna VandenBroek, Health Promoter
Mr. Brent Woodford, Director, Corporate Services**

Guests:

**Mr. Richard Steiging, CA, Partner, Collins Barrow Chartered
Accountants
Ms. Valorie Whetung, Manager, Health and Family Services Manager,
Curve Lake First Nation
Ms. Lynn Zimmer, Executive Director, YWCA Peterborough Haliburton**

Regrets:

**Councillor Andrew Beamer
Mr. Scott McDonald**

1. Welcome and Opening Prayer

Chief Williams welcomed Board members, staff visitors to Curve Lake First Nation and opened the meeting with a prayer.

2. Call to Order

Chief Williams called the meeting to order at 4:46 p.m.

3. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Councillor Clarke

Seconded: Mr. Embrey

Motion carried. (M-2014-70)

4. Declaration of Pecuniary Interest

Nil.

5. Delegations and Presentations

5.1. Curve Lake First Nation – Health and Family Services Update

Valorie Whetung, Health and Family Services Manager, Curve Lake First Nation

Ms. Whetung reported on the current public health challenges and opportunities in her community. Curve Lake Health and Family Services is organized into four areas of services: clinical; education, promotion and prevention; social services; and senior care. She noted that community demographics tend to differ between on-reserve and off-reserve populations, and that overall Aboriginal people have shorter lifespans than the national average, and that there are less older people per capita.

Water quality is a significant issue; Curve Lake leaders are lobbying Aboriginal Affairs and Northern Development Canada to address their need for a water treatment plant. Ms. Whetung explained that the National Water Quality Survey didn't include First Nations, and that for many public health surveys, such as the Community Health Survey and Labour Force Surveys, better data is needed because First Nations statistics are often not collected. Current successes include their partnership with the Victorian Order of Nurses for Adult Day programming twice weekly, their active prenatal classes and child development programs.

6. Confirmation of the Minutes of the Previous Meeting

6.1. April 9, 2014

MOTION:

That the minutes of the Board of Health meeting held on March 19, 2014, be approved as circulated.

Moved: Councillor Clarke

Seconded: Mayor Fallis

Motion carried. (M-2014-71)

7. Business Arising From the Minutes

Nil.

8. Correspondence

MOTION:

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

1. *Letter dated March 20, 2014 from the Peterborough Poverty Reduction Network to Mayor Bennett and City of Peterborough Councillors, brought forward at the request of Councillor Parnell at the April 9, 2014 Board of Health meeting.*
2. *Letter dated April 7, 2014 from the Hon. Rona Ambrose, Minister of Health, to Chief Phyllis Williams, Chair, in response to her initial letter dated February 7, 2014, regarding food and beverage marketing to children.*
3. *Email dated May 2, 2014 from Association of Local Public Health Agencies (ALPHA) to all Ontario Boards of Health regarding the Annual General Meeting and resolutions for consideration.*
4. *Email dated May 5, 2014 from ALPHA to all Ontario Boards of Health regarding the dissolution of Parliament, and the bills of interest to public health that have expired as a result.*
5. *Resolutions/Letters from other local public health agencies:*
 - *Simcoe Muskoka*
 - *Bill 173, Keeping Ontario Roads Safe Act*
 - *Sudbury*
 - *Bill 131, Youth Smoking Prevention Act*
 - *International Code of Marketing of Breastmilk Substitutes*

Moved: Mayor Fallis

Seconded: Lesley Parnell

Motion carried. (M-2014-72)

With respect to item 1, Councillor Clarke noted that a report from Social Services is coming to City Council in June with a request for more funding. The Health Unit does not expect demand for denture support to diminish, and support increased funding levels for those in need.

Dr. Pellizzari noted she would follow up to see if a resolution on the funding of dentures had been passed at a previous alPHa Annual General Meeting.

MOTION:

The Board of Health for the Peterborough County-City Health Unit recognizes that:

- *we are now in the midst of a Provincial election campaign; and*
- *unmet needs as described in this correspondence are typical of the situations that we encounter on a regular basis.*

Therefore, be it resolved that Staff prepare a letter to the four parties asking whether it is their policy that such needs should:

- *be funded through property taxes;*
- *be funded through HST revenues;*
- *be funded through income tax;*
- *be funded through deficit financing, funds from another Ministry, if so which one, or*
- *remain unmet.*

Further that the responses of the Parties be forwarded to Members of the Board of Health, members and CAOs of the City and County Councils and posted on the Health Unit website.

Moved: Councillor Clarke

Seconded: Mayor Fallis

Motion carried. (M-2014-73)

With respect to item 3, Dr. Pellizzari reviewed the proposed resolutions which were going forward to the June 3rd alPHa Annual General Meeting. The Board endorsed all resolutions as presented.

9. **New Business**

9.1. **Presentation: A Fundraising Board: Finding your Path**

Lynn Zimmer, Executive Director, YWCA Peterborough Haliburton

Ms. Zimmer provided an overview of the Board fundraising experience at the YWCA Peterborough Haliburton.

The Chair requested a break for dinner at 6:30 p.m. Councillor Clarke and Mayor Smith departed the meeting.

The meeting reconvened at 6:45 p.m.

9.2. **Presentation: The Impact Of Marketing Bans On Alcohol Consumption**

Deanna VandenBroek, Health Promoter, Substance Misuse Prevention Program

Ms. VandenBroek spoke to the effectiveness of marketing bans on preventing the misuse of alcohol. The three most effective interventions include the use of taxation to moderate demand, limiting access (density of outlets, hours and days of operation) and restrictions on marketing.

Health Unit staff are currently collaborating with partners to develop, deliver and evaluate a comprehensive strategy to address alcohol consumption and access in our community.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit direct staff to send a letter to the Prime Minister and Minister of Health advocating for a federal National Alcohol Strategy.

Moved: Councillor Parnell

Seconded: Ms. Maclsaac

Motion carried. (M-2014-74)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive the presentation, The Impact Of Marketing Bans On Alcohol Consumption, for information.

Moved: Councillor Parnell

Seconded: Ms. Maclsaac

Motion carried. (M-2014-75)

9.3. **Staff Report: Request for the Implementation of Food Handler Training and Certification Fees**

Atul Jain, Manager, Inspection Services

Staff requested implementation of administrative charges for the Food Handler Training and Certification course. Experience in the past year reflects that almost half of all registrants of the course cancel at the last minute or do not show up. This prohibits the Health Unit from going to its waiting list and running courses at optimal efficiency.

The \$10.00 administrative charge is intended to ensure commitment and attendance, and will be reimbursed upon completion of the course. This charge

can be waived in cases where it is a barrier to participation. The Health Unit continues to offer the training program itself free of charge to the public to ensure equal access to this valuable and mandatory service.

Board members requested that staff provide a clear understanding of the administration charges in the Board summary so that municipal partners understand the intent of the charges, and that the course is still free for those who attend in person.

MOTION:

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

- receive the staff report, Request for the Implementation of Food Handler Training and Certification Fees, for information; and
- approve the proposed administration charges, effective June 1, 2014, for the Health Unit's Food Handler Training and Certification program.

Service	Type	Charges
<i>Food Handler Certification Course</i>	<i>In-class (includes manual & examination*)</i>	<i>\$0</i>
	<i>Confirmation of Registration (refunded upon completion)</i>	<i>\$10</i>
<i>Certification Exam*</i>	<i>Self-Study (online, printed manual, or In Good Hands on-line course)</i>	<i>\$10</i>
	<i>Re-Certification</i>	<i>\$10</i>
	<i>Challenge (i.e. from out-of-province)</i>	<i>\$10</i>
<i>Replacement</i>	<i>Certificate</i>	<i>\$5</i>
	<i>Wallet Card</i>	<i>\$5</i>
	<i>Certificate & Wallet Card</i>	<i>\$10</i>
<i>*If passed successfully, includes a certificate and a wallet card</i>		

Moved: Mr. Embrey
 Seconded: Ms. Maclsaac
 Motion carried. (M-2014-76)

9.4. **2013 Draft Audited Financial Statements**

Brent Woodford, Director, Corporate Services
 Richard Steinginga, CA, Partner, Collins Barrow Chartered Accountants

MOTION:

That the Board of Health for the Peterborough County-City Health Unit approve the 2013 Auditor's Report of the Consolidated Financial Statements of the Peterborough County-City Health Unit, as prepared by Collins Barrow Chartered Accountants.

Moved: Councillor Parnell
Seconded: Mayor Fallis
Motion carried. (M-2014-77)

- 9.5. **Staff Report: Q1 2014 Program Report**
Larry Stinson, Director, Public Health Programs

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Q1 2014 Program Report, for information.

Moved: Deputy Mayor Sharpe
Seconded: Councillor Parnell
Motion carried. (M-2014-78)

- 9.6. **Staff Report: Q1 2014 Corporate Services Report**
Brent Woodford, Director, Corporate Services

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Q1 2014 Corporate Services Report, for information.

Moved: Councillor Parnell
Seconded: Mayor Fallis
Motion carried. (M-2014-79)

10. **In Camera to Discuss Confidential Personal and Property Matters**

MOTION:

That the Board go In Camera to discuss confidential personal and property matters.

Moved: Councillor Parnell
Seconded: Mayor Fallis
Motion carried. (M-2014-80)

MOTION:

That the Board of Health rise from In Camera.

Moved: Mayor Fallis
Seconded: Mr. Embrey

Motion carried. (M-2014-81)

No motions were brought forward from the In Camera session.

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

June 11, 2014 – Lower Hall, Administration Building, 123 Paudash Street, Hiawatha First Nation, 4:45 p.m.

12. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mayor Fallis

Seconded by: Councillor Shearer

Motion carried. (M-2014-82)

The meeting was adjourned at 7:45 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: Correspondence

Date: June 11, 2014

Recommendation:

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

1. Letter dated June 2, 2013 from Marg Connor, Assistant Deputy Minister, Ministry of Education to the Board Chair, in response to her initial letter dated March 14, 2014, regarding the use of e-cigarettes on school property.
2. Letters dated June 3, 2014 from the Board Chair to the following individuals regarding funding for dentures:
 - Gary Beamish, Green Party Candidate
 - MPP Jeff Leal, Liberal Candidate
 - Scott Stewart, PC Candidate
 - Sheila Wood, NDP Candidate
3. Resolutions/Letters from other local public health agencies:
Simcoe Muskoka
 - Marketing of Breastmilk Substitutes
 - Preventative Dental Services

RECEIVED

JUN 05 2014

MP



Ministry of Education

Leadership and Learning Environment Division
13th Floor, Mowat Block
900 Bay Street
Toronto ON M7A 1L2
Tel.: 416-325-2411
Fax.: 416-325-7019
TTY: 416-325-3408

Ministère de l'Éducation

Division du leadership et du milieu
d'apprentissage
13^e étage, Édifice Mowat
900, rue Bay
Toronto ON M7A 1L2
Tél. : 416-325-2411
Télééc. : 416-325-7019
ATS : 416-325-3408

June 2, 2014

Chief Phyllis Williams
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Dr.
Peterborough, ON K9J 8M1

Dear Chief Williams,

Thank you for your letter about the use of e-cigarettes on school property. I am pleased to respond on behalf of the Ministry.

Schools have an important part to play in teaching young people about making healthy choices, both by reinforcing those lessons through school practices and modeling good practice.

As you may know, in *The Ontario Curriculum, Health and Physical Education, Grades 1-8, Interim Edition, 2010 (revised)*, the topic of Substance Use, Addictions and Related Behaviours is included as a component of the Healthy Living strand in every grade from Grade 1-8. The revised curriculum takes a skill-building approach to enhancing students' understanding of substances (including tobacco) and addictive behaviours. Substance Use and Abuse is also included as a topic of learning in the Grade 9 and 10 Healthy Active Living Education courses.

Please note, policies on smoking tobacco on school grounds fall under the purview of the Ministry of Health and Long-Term Care. The Smoke-Free Ontario Act prohibits the smoking and holding of lighted tobacco on school grounds. Please visit the Smoke-Free Ontario Act page at <http://www.mhp.gov.on.ca/en/smoke-free/legislation/> for more information.

Thank you again for writing and for your work in promoting the health and well-being of Ontario students.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marg Connor".

Marg Connor
Assistant Deputy Minister (A)



June 3, 2014

Gary Beamish
Peterborough Green Party Candidate
67 Mowat Ave., Suite 035
Toronto, ON M6K 3E3
SENT VIA E-MAIL: garybeamish@gpo.ca

Dear Mr. Beamish:

At the meeting of the Board of Health for the Peterborough County-City Health Unit on May 14, 2014 it was identified that the annual funding available to support those in urgent need of dentures locally, and who have no private coverage for the associated costs, had been exhausted within the first two months of 2014.

It was also pointed out that the consequences of not providing the required service for these people includes unnecessary pain, speech problems, nutritional challenges, reduced employability and decreased self-esteem and social interaction.

When dentures are needed because existing teeth have extensive cavities or gum disease, removing those teeth and replacing them with full or partial dentures could have a positive influence on overall health. Therefore the lack of access to denture services for some of the most vulnerable members of the community will most certainly have an impact on health and resulting health care costs. Dentures allow people to eat more easily, which helps them get a more nutritious and balanced diet. Partial dentures may help preserve the health of any remaining natural teeth and filling the space between teeth with partial dentures prevents the natural teeth from growing incorrectly or moving to fill the empty space. Dentures also maintain jaw alignment or bite and improve the ability to keep the mouth closed and to chew food.

The problem with access to dentures is yet another example of how, as the Chief Medical Officer of Health for Ontario stated in her [2012 report](#), current provincial efforts are not adequately addressing the oral health needs for the large segment of our population that does not have private dental insurance. Dr. King's 2012 report included a call for increased access for oral health services, emphasizing the importance of oral health to overall health and well-being. Despite some improvement in access for low-income children, there continues to be a large unmet need for dental treatment for adults and seniors.

On behalf of the Peterborough County-City Board of Health, I am writing to seek answers about your political party's plan to address this gap in services in oral health for uninsured and low-income Ontarians. We would be interested to know how your party, if elected, would not only

deliver this program, but fund it. In particular, members of our board would be interested in proposed funding details (e.g., property taxes; HST revenues; income tax; deficit financing; diverting funds from other Ministries to Health and Long-Term Care etc.).

Thank you in advance for your response.

Yours truly,

Original signed by

Chief Phyllis Williams
Chair, Board of Health

cc: Council Members, City of Peterborough
Council Members, County of Peterborough
Brian Horton, CAO, City of Peterborough
Gary King, CAO, County of Peterborough



June 3, 2014

Jeff Leal, MPP Peterborough
236 King Street
Peterborough, ON K9J 7L8
SENT VIA E-MAIL: jleal.mpp.co@liberal.ola.org

Dear Mr. Leal:

At the meeting of the Board of Health for the Peterborough County-City Health Unit on May 14, 2014 it was identified that the annual funding available to support those in urgent need of dentures locally, and who have no private coverage for the associated costs, had been exhausted within the first two months of 2014.

It was also pointed out that the consequences of not providing the required service for these people includes unnecessary pain, speech problems, nutritional challenges, reduced employability and decreased self-esteem and social interaction.

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Thank you in advance for your response.

Yours truly,

Original signed by

Chief Phyllis Williams
Chair, Board of Health

cc: Council Members, City of Peterborough
Council Members, County of Peterborough
Brian Horton, CAO, City of Peterborough
Gary King, CAO, County of Peterborough



June 3, 2014

Scott Stewart
Peterborough PC Candidate
356 Charlotte St
Peterborough, ON K9J2W2
SENT VIA E-MAIL: info@scottstewartpc.ca

Dear Mr. Stewart:

At the meeting of the Board of Health for the Peterborough County-City Health Unit on May 14, 2014 it was identified that the annual funding available to support those in urgent need of dentures locally, and who have no private coverage for the associated costs, had been exhausted within the first two months of 2014.

It was also pointed out that the consequences of not providing the required service for these people includes unnecessary pain, speech problems, nutritional challenges, reduced employability and decreased self-esteem and social interaction.

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Thank you in advance for your response.

Yours truly,

Original signed by

Chief Phyllis Williams
Chair, Board of Health

cc: Council Members, City of Peterborough
Council Members, County of Peterborough
Brian Horton, CAO, City of Peterborough
Gary King, CAO, County of Peterborough



June 3, 2014

Sheila Wood
Peterborough NDP Candidate
157 Charlotte St.
Peterborough, ON K9J 2T7
SENT VIA E-MAIL: sheilawood@ontariondp.ca

Dear Ms. Wood:

At the meeting of the Board of Health for the Peterborough County-City Health Unit on May 14, 2014 it was identified that the annual funding available to support those in urgent need of dentures locally, and who have no private coverage for the associated costs, had been exhausted within the first two months of 2014.

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Thank you in advance for your response.

Yours truly,

Original signed by

Chief Phyllis Williams
Chair, Board of Health

cc: Council Members, City of Peterborough
Council Members, County of Peterborough
Brian Horton, CAO, City of Peterborough
Gary King, CAO, County of Peterborough

May 21, 2014

The Right Honourable Stephen Harper
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A6

Dear Prime Minister:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I am writing to express concerns about violations of the *International Code of Marketing of Breast-Milk Substitutes* by the manufacturers of infant formula in Canada and to request that your administration implement legislation that would uphold the *International Code* in Canada.

The *International Code* was developed to support the nutrition, and therefore the health, of infants through breastfeeding and the appropriate use of breast-milk substitutes (i.e. infant formula). The *International Code* and the subsequent resolutions of the World Health Assembly focus attention on the manner in which consumers are influenced to support use of breast-milk substitutes and those practices that are considered inappropriate and unethical. Violations of the *International Code* are not difficult to find in advertising within popular magazines directed at parents and invitations to join “clubs” that offer discounted and free products including infant formula. Less visible are the sole-source contracts with health care centres that result in the provision of free formula to these centres, an indirect incentive to both use and distribute them to patients.

The SMDHU is committed to protecting, promoting and supporting breastfeeding through our work in the communities we serve and by implementing steps of the Baby-Friendly Initiative as an organization. Although the majority of infants born in hospitals in our area receive breast-milk soon after birth, roughly 30% are receiving at least some infant formula before they leave the hospital¹, although about 90% of prenatal families indicate an intention to breastfeed their infants². By 6 months of age about 25% of infants are exclusively breastfed³, as recommended by the Canadian Pediatric Society, Public Health Agency of Canada and the World Health Organization. This is, at least in part, due to the normalization of feeding breast-milk substitutes in Canada, resulting from excessive and aggressive marketing of these products.

There is currently no legislation that ensures that the breast-milk substitute industry complies with the *International Code*. Without such legislation, there is no recourse for Canadians in the face of advertising that presents the public with the impression that happy, healthy babies are the result of the use of a particular product, in contradiction to the promotion of healthy, nurturing family behaviours and supportive community environments to achieve that end.

... 2

□ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

□ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ **Midland:**
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

In conclusion, I ask that the Government of Canada honour the *International Code of Marketing of Breast-Milk Substitutes* and affirm the commitment to Canada's future through legislation of the *International Code* in Canada.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

- c. The Honourable Gerry Ritz, Minister of Agriculture and Agri-Food
The Honourable Rona Ambrose, Minister of Health
The Honourable Deb Matthews, Minister of Health and Long-Term Care
Dr. Arlene King, Chief Medical Officer of Health
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health
Simcoe Muskoka Members of Parliament
North Simcoe Muskoka and Central Local Health Integration Network

References:

1. Better Outcomes Registry and Network (BORN) Ontario, 2013
2. Simcoe Muskoka District Health Unit Health Stats [cited 2014 May 5]; Available from: URL <http://www.simcoemuskokahealthstats.org/Topics/PregnancyAndBefore/Breastfeeding/Initiation.aspx>
3. Simcoe Muskoka District Health Unit Health Stats [cited 2014 May 5]; Available from: URL <http://www.simcoemuskokahealthstats.org/Topics/PregnancyAndBefore/Breastfeeding/Duration.aspx>

May 21, 2014

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

Dear Minister Matthews:

Re: Maintaining Preventative Dental Services in the Ontario Public Health Standards

In April 2014, the province of Ontario began an integration of oral health programs resulting in an increase in the numbers of children who receive free dental care to 70,000 more low-income children and youth aged 17 and under and will improve access to dental care. This expansion of eligibility will occur as part of an integration of six publicly funded dental programs.

As a result of these announced changes, one of the six publicly funded dental programs the Preventive Oral Health Services Protocol, 2008, is slated to be removed from the Ontario Public Health Standards. The protocol states "the board of health shall provide or ensure the provision of essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008". Preventive services include: professionally applied topical fluoride, pit and fissure sealants and scaling.

As of August 2015, children at high risk of dental decay, whose families do not meet the financial eligibility cut-off for Healthy Smiles Ontario, and lack the resources for private preventive care, will no longer be able to obtain preventative dental services that would have been offered under the OPHS.

Last school year (2012-2013) Simcoe Muskoka District Health Unit (SMDHU) staff screened 23,995 children and were able to provide 1,065 children with fluoride varnish applications, 1,298 with pit and fissure sealants and 146 had scaling. These children were not enrolled in the Healthy Smiles Program. Currently, under the OPHS, children aged 17 and younger are eligible for the provision of public health delivered preventive services based on meeting clinical criteria that demonstrate caries risk, have no dental coverage, and that the cost of seeking preventive care on their own would create a financial hardship. On an average day, SMDHU staff members provide 8 children with pit and fissure sealants and fluoride varnish as needed, along with an additional 10 children receiving fluoride varnish applications. Removal of preventive services for children at high risk of dental disease, who previously had access to school and community-based preventive clinics, creates a service gap and an oral health disparity for these vulnerable individuals.

There is a substantial body of evidence that supports both the benefits of applying topical fluorides and school-based and school-linked prevention programs, in particular for children in

□ Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

□ Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

low-socio economic areas as an effective population based intervention. The Centre for Disease Control (CDC) Task Force on Community Dental Services strongly recommends school based or school linked pit and fissure delivery programs for prevention and control of caries.

Removal of preventive services for children at high risk of dental disease, who previously had access to school and community based preventive clinics, creates a new service gap that will result in an oral health disparity for these vulnerable children. This is a departure in Ontario's Public Health service that generally takes an inclusive, population health based approach; some examples include prenatal classes, sexual health clinics, car seat clinics and immunization clinics that do not screen out clients based on financial status.

Anticipated impacts of the removal of Preventive Dental Services from the OPHS are numerous, including the following: the overall decline of oral health status of children and teens that cannot access alternative preventive services, an increased demand for publicly-funded emergency dental care, and increased visits to non-dental urgent care providers such as physicians and emergency departments.

While public health units will continue to have a role in oral health screening and surveillance, oral health promotion clinical services for HSO participants, and assisting with access to care there is strong evidence for the effectiveness of school and community based preventive dental services especially for the vulnerable children and youth who are not eligible for HSO. For this reason we urge you to reconsider the removal of Oral Health Preventative Services from the Ontario Public health Standards.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

BW:CN:mk

- c Chief Medical Officer of Health of Ontario
- Assistant Deputy Minister
- Ontario Boards of Health
- Association of Local Public Health Agencies
- Ontario Public Health Association
- Local Members of Parliament in Simcoe Muskoka
- Central Local Health Integration Network
- North Simcoe Muskoka Local Health Integration Network

Falls Prevention for Older Adults



Presentation to: Board of Health
By: Hallie Atter, Manager, Community Health
Date: June 11, 2014

Purpose

To provide the Board of Health with an update on the Peterborough County-City Health Unit's activities that address the prevention of falls among older adults.

Agenda

- Risk Factors for Falls
- Older Adult Population in Peterborough County and City
- Falls in Older Adults
- Falls Prevention Initiatives
- Next Steps

Risk Factors

- **Biological/Medical**
 - Gender, acute illness, chronic conditions/disabilities, cognitive impairment, low vision, etc.
- **Behavioural**
 - Excessive alcohol, risk taking, fear of falling, inadequate diet, misuse of medications, footwear and clothing
- **Environmental**
 - Community - lighting, street design, stair design
 - Living Environment - throw rugs, furniture, electrical cords
 - Weather and Climate - wet or icy surfaces, snow banks
- **Social/Economic**
 - Social networks
 - Socio economic status



Older Adults in Peterborough County and City

- 20% of the population are 65+
- 5.9% of the population are 80+
- Slightly more females than males
- 25% of 65+ live alone in Peterborough County
- 20% need help for tasks
- Less than 10% perceive unmet health care needs

Older Adults in Peterborough County and City

- 40% of older adults eat 5+ servings of fruits and vegetables
- Approximately 95% of persons 65+ are food secure
- Approximately 50% are moderately active
- Approximately 50% are overweight/obese
- Approximately 50% have arthritis
- Approximately 50% have high blood pressure

Falls Among Older Adults

- Between 2003 and 2012 there were an average of 1566 ED visits due to a fall
- Females account for 2/3 of all visits



Falls Among Older Adults

- 1 in 5 ED visits among older adults occurred among those aged 80-84 yrs
- Rate of falls of persons over 90 yrs of age are 5-6xs greater than 60-65 yr old age group

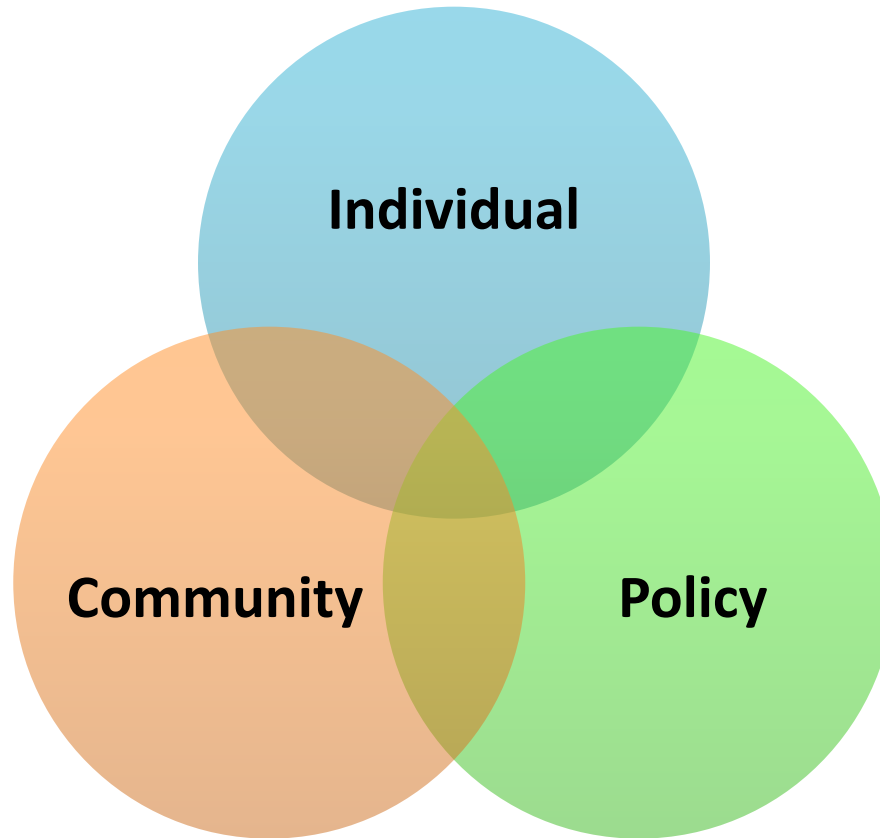
Falls Among Older Adults

- Most falls occur early winter/summer months
- 63.2 % falls among older men and 75.4% among older women occur in home or place of residence
- Largest portion of falls are slips/trips/stumbles
- Most falls due to slips/trips/stumbles occurred in the home

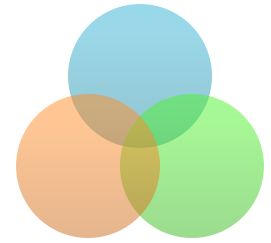
Best Practice

- Comprehensive risk assessments
- Assistive devices
- Diseases management
- Education
- Environmental modification
- Exercise programs
- Medication review/modification
- Nutrition
- Vision referral/correction

Community-Wide Approach

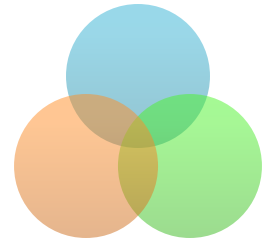


Individual



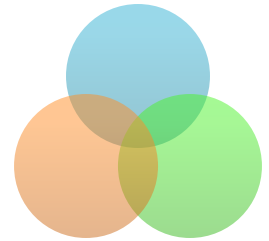
- Education for Older Adults
 - Health Fairs
 - Website and Telephone Consultations
- Food Security
 - Just Food Boxes, Come Cook with Us, Collective Kitchens
- Food Literacy
 - Supermarket Tours
- Simply Safer
 - Home Modification

Community



- Education for Health Care Professionals
 - Physicians Assessment Tool Survey
 - Online PSW Training
 - Seniors Summit
- Home Response Protocol
- Promotion of the Low Risk Drinking Guidelines
- Medicine Cabinet Clean Out

Policy



- WHO Age Friendly City Designation
- Access to Recreation
- Complete Streets
- Access to Alcohol

Moving Forward...

- Prevention of Falls in Older Adults remains priority
 - 0.6 FTE Falls Prevention Health Promoter
 - 0.4 FTE SDOH PHN
 - Nutrition Team
 - Foundational Standards Team
- Focus on Risk Factors
- Support for the work of the PIAW
- Support for the Peterborough Council on Ageing



Partnerships

- **Peterborough Council on Aging**
- **Partners in Aging Well**
- Peterborough Poverty Reduction Network
 - Community Food Network, Basic Needs, Housing etc.
- Peterborough Drug Strategy
- Response Coalition

Other initiatives...

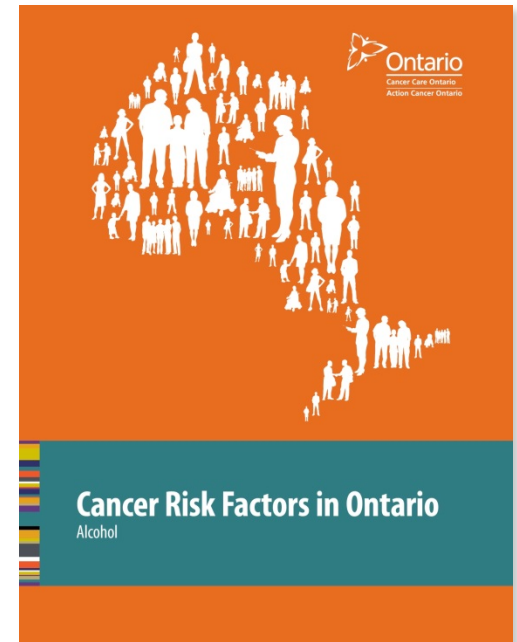
- LDCP - Engaging Community Based Organizations in Falls Prevention for Older Adults: Moving from Research To Action
- Canadian Institute of Health Research Institute on Ageing - Longitudinal Study
- Trent University's Centre for Ageing

Other initiatives....

- Ontario Injury Prevention Strategy
- LHIN Integrated Falls Prevention Framework
- Ontario Seniors Strategy

Cancer Risk Factors in Ontario

Alcohol



Proportion and number of cases attributable to alcohol consumption, by sex and cancer type, Ontario, 2010

PROPORTION (%) OF CANCER CASES ATTRIBUTABLE TO ALCOHOL CONSUMPTION

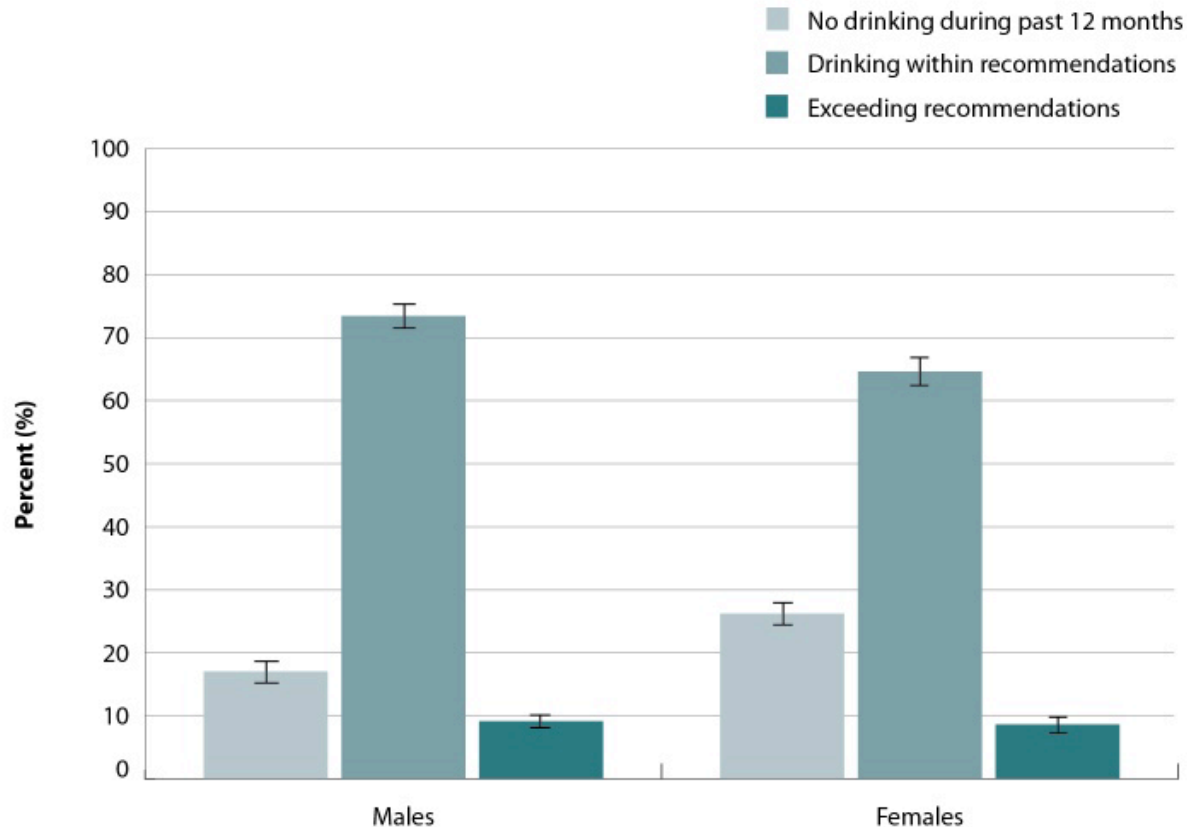
Cancer type	Both sexes		Males		Females	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*	Unadjusted	Adjusted*
Oral cavity and pharynx	14.9	45.2	18.8	55.8	6.6	22.8
Esophagus	10.4	30.7	12.7	37.1	4.2	13.2
Colorectal	5.3	15.1	7.7	21.8	2.5	7.5
Liver	4.6	13.0	5.7	15.8	1.9	5.3
Larynx	12.3	36.2	13.5	39.5	4.7	15.0
Female breast	2.4	7.0	–	–	2.4	7.0
All alcohol-related cancers†	5.0	14.7	10.0	28.8	2.6	7.8

NUMBER OF CANCER CASES ATTRIBUTABLE TO ALCOHOL CONSUMPTION

Cancer type	Both sexes		Males		Females	
	Unadjusted	Adjusted*	Unadjusted	Adjusted*	Unadjusted	Adjusted*
Oral cavity and pharynx	222	676	191	567	31	109
Esophagus	79	233	71	206	8	27
Colorectal	399	1,141	309	875	90	266
Liver	38	108	34	96	4	12
Larynx	51	148	48	140	3	8
Female breast	214	617	–	–	214	617
All alcohol-related cancers	1,003	2,923	653	1,884	350	1,039

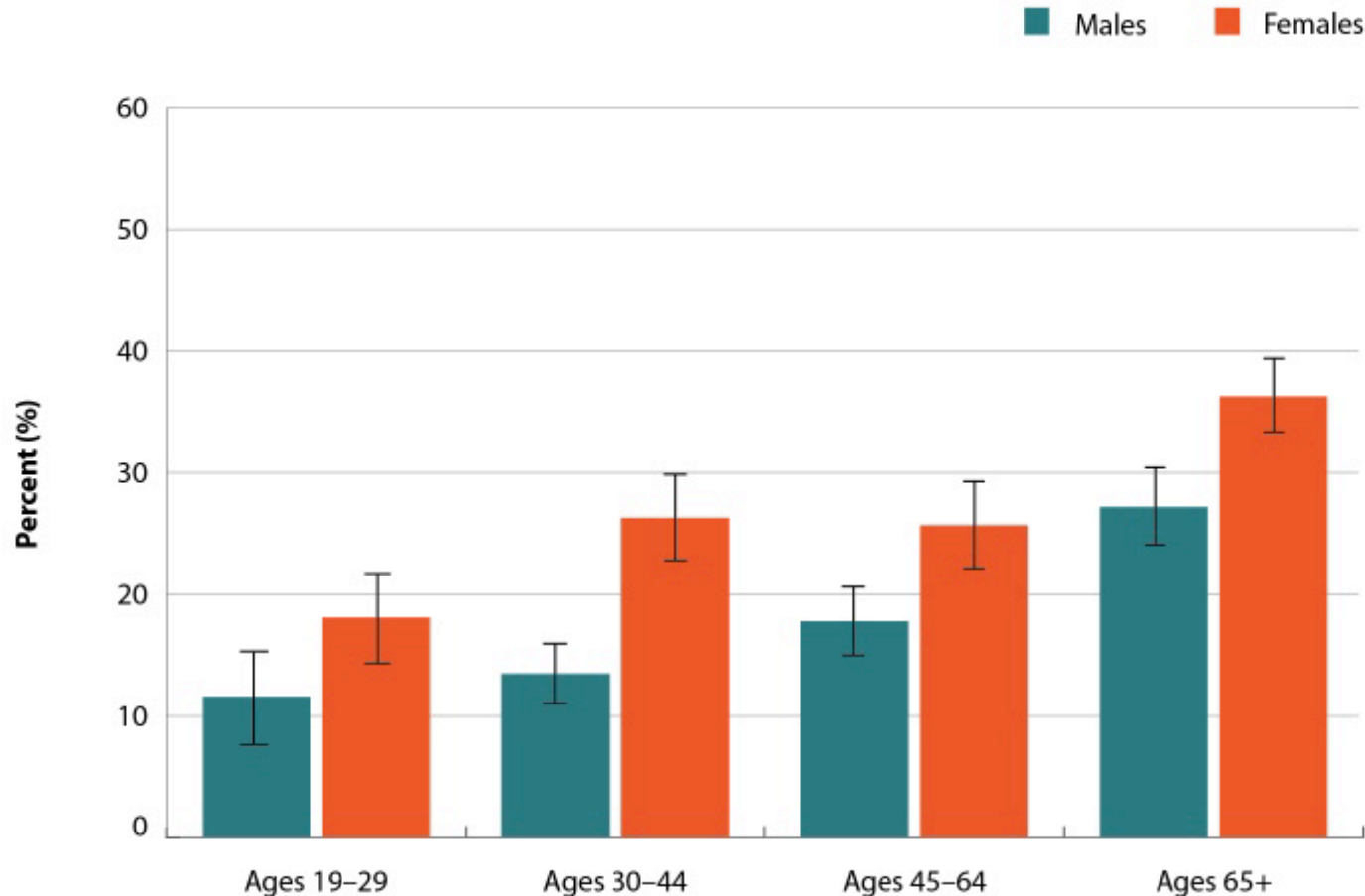
Sources: Ontario Cancer Registry, 2013 (Cancer Care Ontario); Canadian Community Health Survey, 2000/01 (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Alcohol consumption in relation to cancer prevention recommendations during past 12 months, Ontario adults (aged 19+), 2012



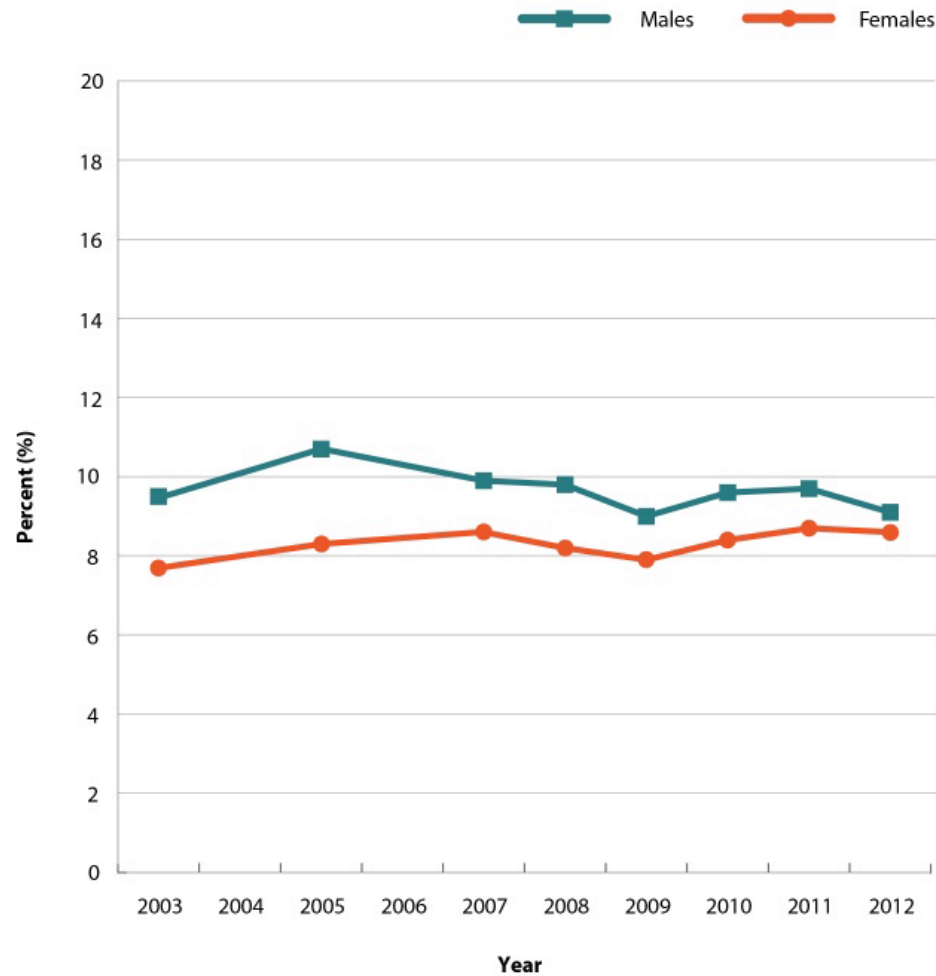
Source: Canadian Community Health Survey, 2012 (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Percentage of Ontario adults (aged 19+) abstaining from drinking alcohol during past 12 months, by age group, 2012



Source: Canadian Community Health Survey, 2012 (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Percentage of Ontario adults (aged 19+) exceeding cancer prevention recommendations for alcohol consumption, 2003–2012

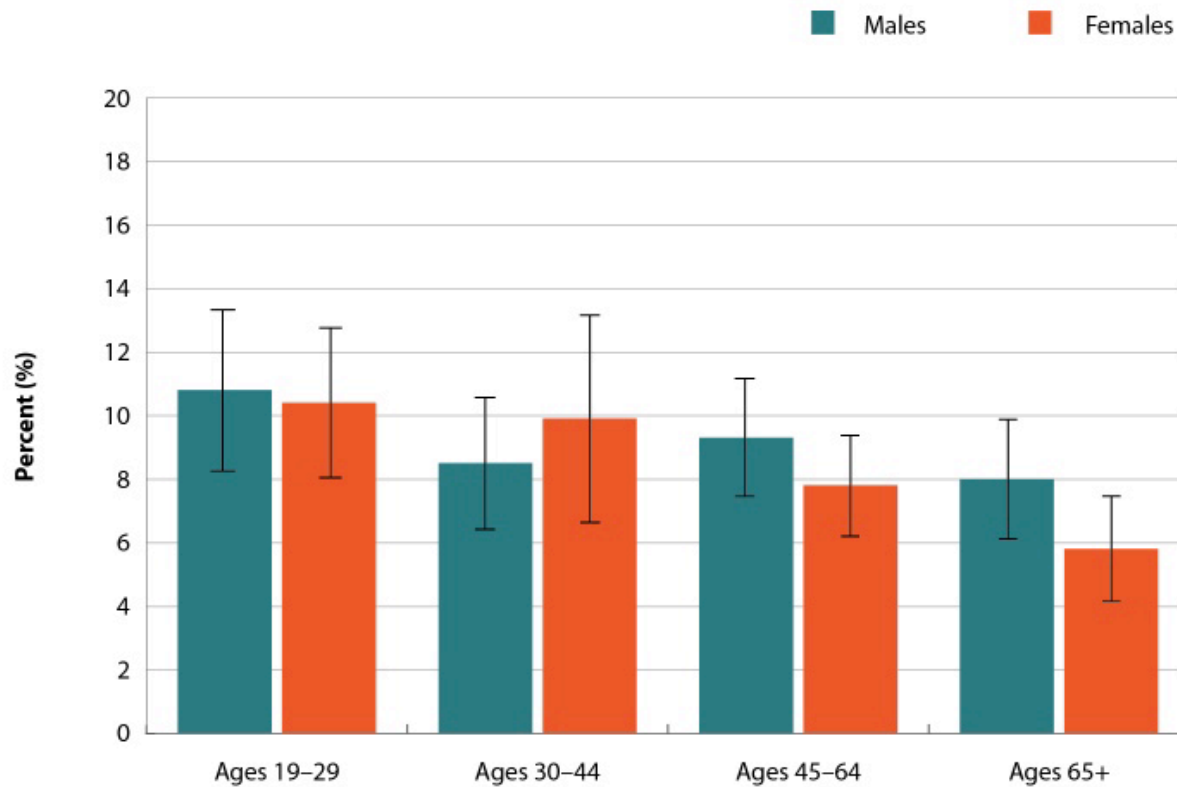


Source: Canadian Community Health Survey, 2003, 2005, 2007–2012 (Statistics Canada)

Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Cancer Risk Factors in Ontario: Alcohol

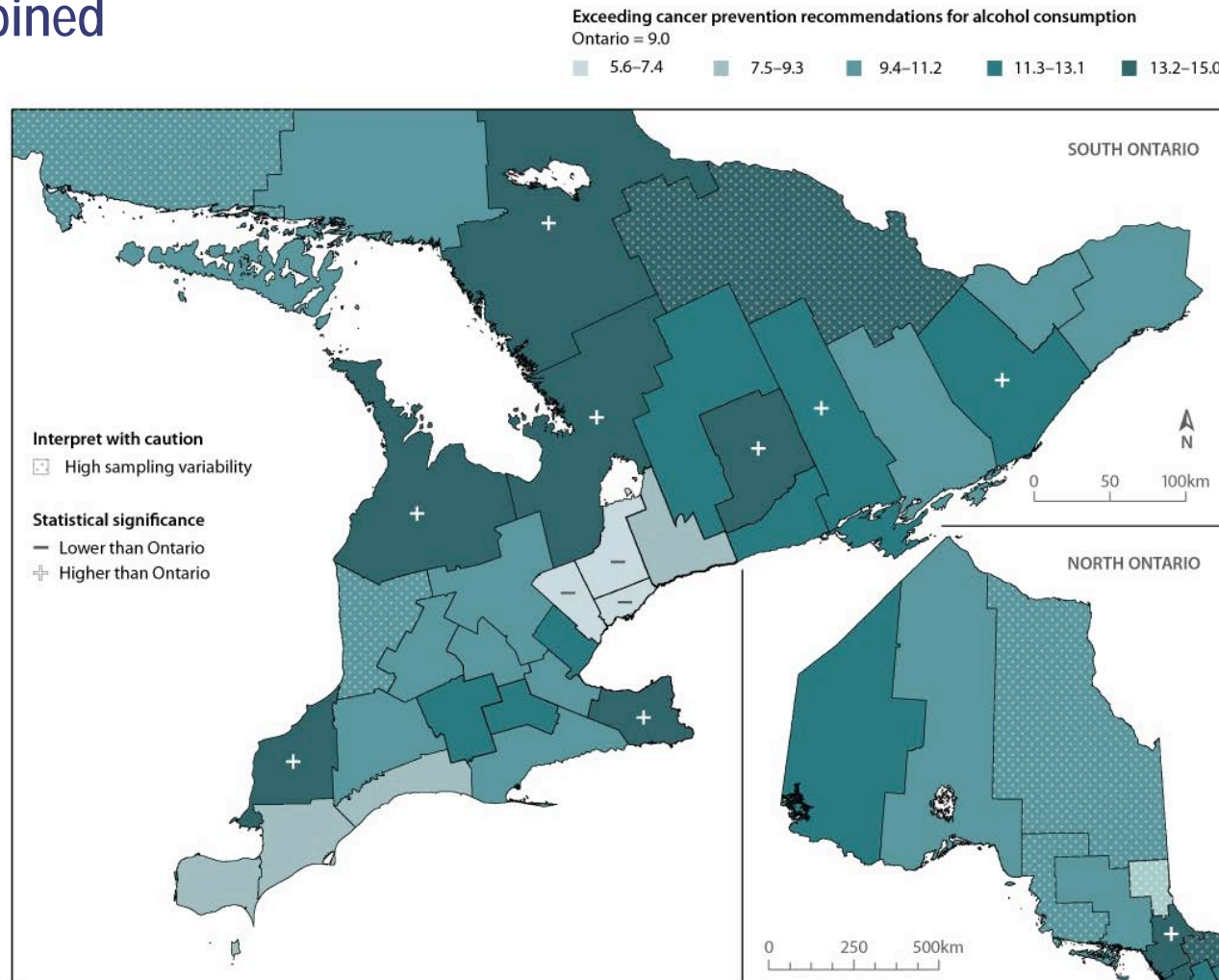
Percentage of Ontario adults (aged 19+) exceeding cancer prevention recommendations for alcohol consumption, by age group, 2012



Source: Canadian Community Health Survey, 2012 (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

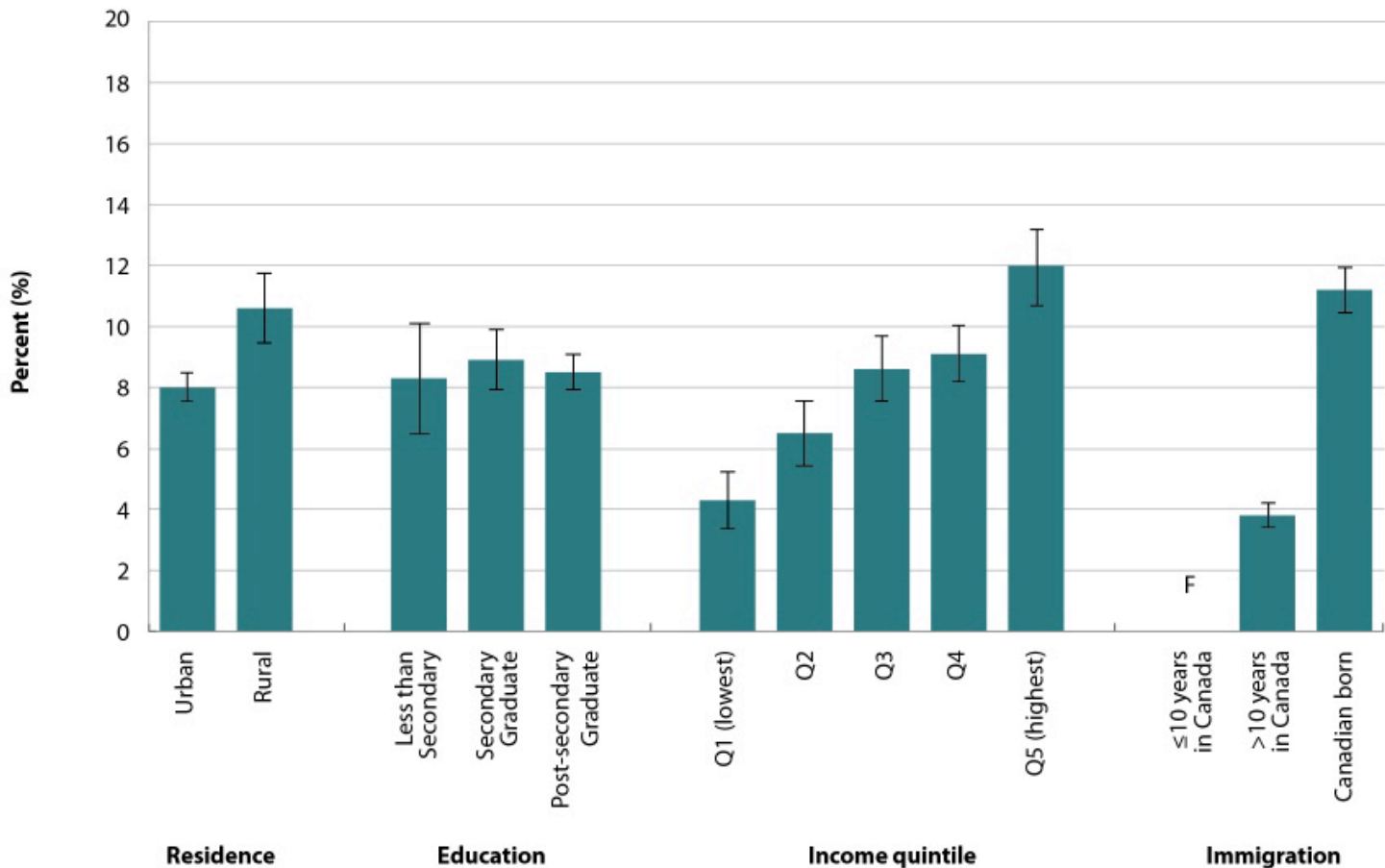
Cancer Risk Factors in Ontario: Alcohol

Percentage of Ontario adults (aged 19+) exceeding cancer prevention recommendations for alcohol consumption, by public health unit, 2010–2012 combined



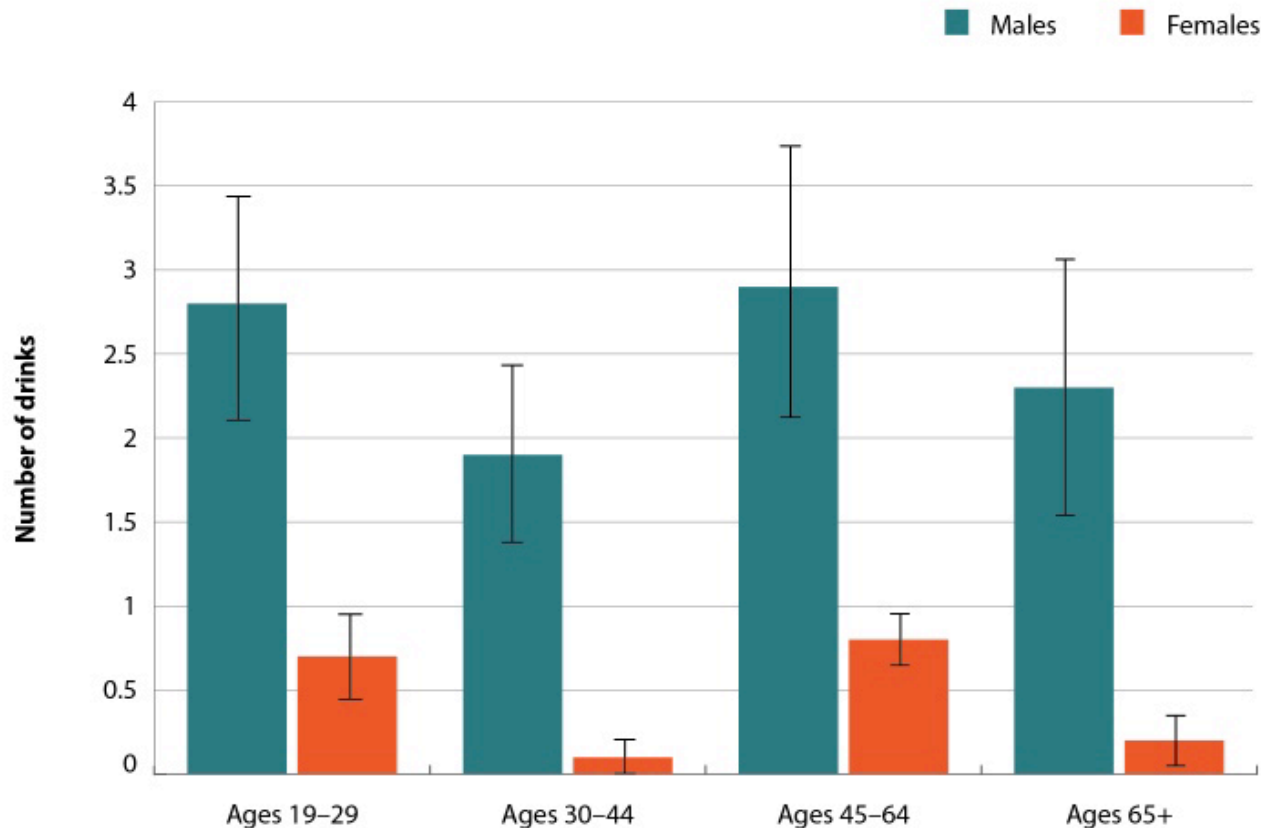
Source: Canadian Community Health Survey, 2010–2012; 2006 Census Boundaries (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Percentage of Ontario adults (aged 30+) exceeding cancer prevention recommendations for alcohol consumption, by selected socio-demographic factors, 2010–2012 combined



Source: Canadian Community Health Survey, 2010–2012 (Statistics Canada)
 Prepared by: Prevention and Cancer Control, Cancer Care Ontario.

Median number of drinks consumed weekly among Ontario adults (aged 19+) who reported having a drink during past 12 months, by age group, 2012



Source: Canadian Community Health Survey, 2012 (Statistics Canada)
Prepared by: Prevention and Cancer Control, Cancer Care Ontario.



Staff Report

Tender for Audit and Financial Services

Date:	June 11, 2014	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Pellizzari, M.D.	Brent Woodford, Director Corporate Services	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit direct staff to contact the City of Peterborough CAO to request a Council motion allowing the Health Unit to separately tender for audit and financial services.

Financial Implications and Impact

There may be a cost savings from being able to switch auditors.

Decision History

This issue has not come before the Board previously.

Background

PCCHU uses its auditor for financial advice and audit services.

Under the *Municipal Act*, a municipal Council appoints an auditor for all its Boards, Agencies and Commissions. In the case where a Board spans several municipal jurisdictions the largest municipal Council appoints the auditor. For PCCHU this means when the City of Peterborough tenders for an auditor we use whatever auditor the City chooses (currently Collins Barrow).

To meet Ministry reporting requirements the Health Unit has a tight timeline to have the audit completed, presented to the Board and approved.

In recent years there have been delays, at the auditor's end, in meeting timelines required to meet Ministry deadlines. This year, draft financial statements were provided to the auditor and all on site audit work was completed by the audit team before the end of March. We did not receive a draft copy of the audited financial statements until May 7th and the copy included several clerical errors. All financial information including the financial statements had been provided to the auditors in digital format. In this day and age of technology, staff believes that our auditor could be more effective in their audit approach and this should be reflected in reduced fees.

Therefore, staff are requesting permission to contact the City's CAO to go before Council requesting a motion that the Health Unit be allowed to tender for its own auditor.

Tendering through the Request for Proposals process may result in lower audit costs and will allow the Health Unit to specify in the requirement that the audit be available for the Board by the May Board meeting.

Rationale

Being able to tender, even if never used, may result in better service and if the Health Unit does tender for audit services a lower price may be obtained and service may be improved.

Strategic Direction

This recommendation addresses the strategic direction of Capacity and Infrastructure.

Contact:

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca



Staff Report

Insurance Quotes

Date:	June 11, 2014	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Pellizzari, M.D.	Brent Woodford, Director Corporate Services	

Recommendations

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

- direct staff to prepare and post a Request for Tender for liability, property, fire and other risks insurance; and
- direct staff to prepare and post a Request for Proposal for employee benefit insurance.

Financial Implications and Impact

Initial investigations indicate significant savings may be available by changing employee benefit insurance brokers (an initial investigation indicates the potential saving could be as high as \$60,000 per year). It also appears savings may be achieved by changing Commercial Insurance carriers. We currently pay over \$737,000 annually for benefit insurance and \$55,470 for other risk insurances.

Decision History

This item has not previously come to the Board.

Background

The Board is obligated through legislation and collective agreements to provide various health, welfare and malpractice insurance as well as insurance for errors and omissions, fire, theft and other risks. It does not appear benefit or other risk insurances have been tendered for an extended period.

A survey of other Directors of Corporate Services seems to indicate there are only two insurance companies that insure Health Units, HIROC and Frank Cowan. The Board is presently insured by Cowan and has been for at least 20 years.

Our risk insurances renew annually and we can change insurers when the current policy comes up for renewal late this year.

There are a limited number of insurance companies that provide health and welfare insurances but broker fees, charges and how the policy is managed can have a significant impact on premiums paid.

Prior to changing employee benefit carriers we must consult with the unions.

If we were to request proposals for health and welfare insurances this summer, we would try to have all pricing, evaluations and consultations within six months.

Rationale

Current best practices in purchasing are to tender for items with significant costs every three to ten years (depending on the complexity of changing vendors).

If the Health Unit was to request proposals over the summer, it is anticipated recommendations on retaining or switching carriers could be made to the Board in September so the actual change (if required) could be done when the current billing periods expire.

Strategic Direction

This addresses the Board's strategic directions of Capacity and Infrastructure and Quality and Performance.

Contact:

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **2013 Audited Financial Statements: Infant and Toddler Development Program;
Preschool Speech and Language Program**

Date: June 11, 2014

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the 2013 Auditor's Report of Financial Statements for the following programs, for the year ended March 31, 2014:

- Infant and Toddler Development Program; and
- Preschool Speech and Language Program.

Please see the attached for further details.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED MARCH 31, 2014**

DRAFT

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statement

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program for the year ended March 31, 2014, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program as at March 31, 2014 in accordance with Canadian Public Sector Accounting Standards.

Chartered Professional Accountants
Peterborough, Ontario

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2014**

	Budget 2014 \$ (Unaudited)	Actual 2014 \$	Actual 2013 \$
Revenue			
Ministry of Community and Social Services/Ministry of Children and Youth Services grant	242,423	242,423	242,423
City of Peterborough - Best Start	2,000	3,480	3,651
	244,423	245,903	246,074
Expense			
Personal Services Expense			
Salaries and wages	163,427	167,246	169,381
Employee benefits	47,936	45,613	46,743
	211,363	212,859	216,124
Other Operating Expense			
Audit and legal	1,900	1,600	2,416
Rent and utilities	5,725	5,725	2,500
Materials and supplies	2,000	2,305	2,422
Office supplies, postage and advertising	1,680	1,688	1,656
Staff education and training	1,000	294	1,510
Travel	4,000	4,677	5,187
Allocated administration	16,755	16,755	14,259
	33,060	33,044	29,950
	244,423	245,903	246,074
Amount due to Province of Ontario	-	-	-

The accompanying notes are an integral part of this financial statement.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2014**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Infant Toddler Development Program of the Peterborough County-City Health Unit has been prepared in accordance with the standards in the Chartered Professional Accountants Canada Public Sector Accounting (PSA) handbook. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Infant Toddler Development Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Infant Toddler Development Program has no significant capital assets.

Operating Grants

The Infant Toddler Development Program claims each year from the Ministry of Community and Social Services and the Ministry of Children and Youth Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of revenue and expenses during the year. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2014**

NOTE 2: PENSION PLAN

Certain employees of the Infant Toddler Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to \$14,473 (2013 - \$15,220). These amounts are included in employee benefits expense in the statement of revenue and expense.

DRAFT

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED MARCH 31, 2014**

DRAFT

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statement

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program for the year ended March 31, 2014, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program as at March 31, 2014 in accordance with Canadian Public Sector Accounting Standards.

Chartered Professional Accountants
Peterborough, Ontario

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2014**

	Budget 2014 \$ (Unaudited)	Actual 2014 \$	Actual 2013 \$
Revenue			
Five Counties Children's Centre grant	12,670	12,670	13,084
Other	-	-	800
	12,670	12,670	13,884
Expense			
Personal Services Expense			
Salaries and wages	8,365	8,365	8,700
Employee benefits	2,055	2,055	2,350
Phone line support	1,250	1,250	1,250
	11,670	11,670	12,300
Other Operating Expense			
Rent	420	420	864
Audit	580	580	720
	1,000	1,000	1,584
	12,670	12,670	13,884
Excess Of Revenue Over Expense For The Year	-	-	-

The accompanying note is an integral part of this financial statement.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**NOTE TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2014**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Preschool Speech and Language Program of the Peterborough County-City Health Unit has been prepared in accordance with the standards in the Chartered Professional Accountants Canada Public Sector Accounting (PSA) handbook. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Preschool Speech and Language Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Preschool Speech and Language Program has no significant capital assets.

Operating Grants

The Preschool Speech and Language Program claims each year from the Five Counties Children's Centre grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the Five Counties Children's Centre.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions for operating grants that affect the reported amounts of revenues and expenses during the year. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

To: All Members
Board of Health

From: Mr. Jim Embrey, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: June 11, 2014

The Governance Committee met last on May 22, 2014. 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.

1. Governance Committee Meeting, March 26, 2014

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for March 26, 2014.

2. Fundraising

Recommendation:

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

- direct staff to prepare a donation package for Board of Health Members, to be distributed in October of each year, to encourage Members to donate annually to eligible Health Unit programs; and,
- call for volunteers from its Members to take part personal calls of appreciation, on a quarterly basis, to current donors to eligible Health Unit programs.

Note: The Committee has also requested that staff consider adding this topic to the Fall 2014 All Staff Day as a round table exercise to explore options/next steps, and recommended that out of that exercise, an ad-hoc group of select Board Members and interested staff be struck to consult on this further.

3. Revisions to By-Laws and Policies

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve revisions to the following documents referred by the Committee at its May 22nd meeting:

- 2-120, By-Law Number 3, Calling of and Proceedings at Meetings
- 2-211, Delegation of Authority (Procedure)

4. Signing Authority

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the Director, Public Health Programs, be appointed as a cheque signing officer for payment purposes.

5. Advocate for Stable Funding from the Ministry of Health and Long-Term Care

Recommendation:

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

- advocate for the Ministry of Health and Long-Term Care to provide stable funding and advise Ontario public health units of the anticipated allocation on a rolling three-year basis; and,
- engage all Ontario Municipalities for support.

**Board of Health for the
Peterborough County-City Health Unit
MEETING MINUTES
Governance Committee Meeting
Wednesday, March 26, 2013 – 4:30 – 6:00 p.m.
(City and County Rooms, 150 O’Carroll Avenue, Peterborough)**

Present: Mr. Jim Embrey, Chair
Mr. Scott McDonald
Dr. Rosana Pellizzari, Medical Officer of Health
Ms. Catherine Robinson, Secretary to the Board (Recorder)
Mayor Mary Smith
Chief Phyllis Williams
Mr. Brent Woodford, Director of Corporate Services

1. Call To Order

Dr. Pellizzari called the meeting to order at 4:30 p.m.

2. Elections

2.1 Chairperson

Dr. Pellizzari called for nominations from the floor for the position of Chairperson of the Board of Health Governance Committee for 2014.

Mayor Smith nominated Mr. Jim Embrey for the position of Chairperson.

Dr. Pellizzari asked if there were any further nominations for the position of Chairperson.

Dr. Pellizzari asked a final time if there were any further nominations for the position of Chairperson.

There being no further nominations for the position of Chairperson, Dr. Pellizzari declared nominations closed and asked Mr. Embrey if he accepted the nomination. Mr. Embrey agreed to let his name stand for the position of Chairperson.

MOTION:

That Mr. Jim Embrey be acclaimed as Chairperson of the Board of Health Governance Committee for 2014.

Moved by: Mayor Smith

Seconded by: Mr. McDonald

Motion carried. (M-2014-01-GV)

Mr. Embrey thanked Dr. Pellizzari for chairing the first part of the meeting and then assumed the Chair.

2.2 Vice-Chairperson

Mr. Embrey called for nominations from the floor for the position of Vice-Chairperson of the Board of Health Governance Committee for 2014. Mayor Smith nominated Mr. Scott McDonald for the position of Vice-Chairperson.

Mr. Embrey asked if there were any further nominations for the position of Vice-Chairperson.

Mr. Embrey asked a final time if there were any further nominations for the position of Vice-Chairperson.

There being no further nominations for the position of Vice-Chairperson, Mr. Embrey declared nominations closed and asked Mr. McDonald if he accepted the nomination.

Mr. McDonald agreed to let his name stand for the position of Vice-Chairperson.

MOTION:

That Mr. Scott McDonald be acclaimed as Vice-Chairperson of the Board of Health Governance Committee for 2014.

Moved by: Mr. Embrey
Seconded by: Mayor Smith
Motion carried. (M-2014-02-GV)

3. Confirmation of the Agenda

MOTION:

That the Agenda be approved as circulated.

Moved by: Mayor Smith
Seconded by: Jim Embrey
Motion carried. (M-2014-03-GV)

4. Declaration of Pecuniary Interest

Nil.

5. **Delegations and Presentations**

Nil.

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

6.1 December 3, 2013

MOTION:

That the minutes for December 3, 2013 be approved as written, and brought forward to the next Board of Health meeting.

Moved by: Mayor Smith

Seconded by: Mr. McDonald

Motion carried. (M-2014-04-GV)

7. **Business Arising from the Minutes**

7.1 MOH Performance Review – Request to the Association of Local Public Health Agencies (alPHa)

Dr. Pellizzari contacted alPHa to inquire if they would be able to help develop a performance package for the Medical Officer of Health (MOH) for Boards of Health. alPHa responded that they are in the process of creating a toolkit, which will contain a review package for the MOH but currently it is unknown when this will be available. Staff will follow up later this year on the status of this item.

Dr. Pellizzari will be meeting with the Board Chair to finalize her work plan, which will include priorities established by the Board's strategic plan, as well as from the Board/Management Planning Session which took place in March.

8. **Correspondence**

Nil.

9. **New Business**

9.1 **Follow Up – Board / Management Planning Session** (Pellizzari)

a. Notes

Notes from this session were circulated to the Committee. The following items were discussed:

- *Fundraising:* The Board indicated that they would like to hear from various speakers before considering next steps. **ACTION: Dr. Pellizzari will follow up with the following contacts:**
 - **Neil Hannam, Executive Director, Ontario Shores Foundation (formerly with the Campbellford Memorial Hospital Foundation)**
 - **Lynn Zimmer, YWCA Peterborough**
 - **John Good, Executive Director, Community Foundation of Greater Peterborough**
 - **United Way**
- *Quarterly reports:* The Board decided on a new abbreviated format for program reporting, this will be implemented for the first quarter of 2014.
- *Priorities for 2014:* The outcome of group discussion on the Board's priorities for 2014 included:
 - the new facility/premises;
 - labour agreements as well as training for the Board on negotiations/agreements - Training will be scheduled in 2014, led by the Health Unit's new Human Resource Consultant, Linda Copland;
 - request to receive the closed agenda at the same time as the open agenda;
 - more time and training to enhance the Board's understanding of the budget process and outcomes.
 - training to better understand roles and responsibilities of being a Member of the Board of Health - Dr. Pellizzari noted that this is also an area where we will be looking to alPHa for advice and expertise.
 - increasing the Board's knowledge of the community - Staff are considering various options to enhance their awareness of community populations, needs and programs. It was suggested that the Board pursue at least one meeting per year in a Township Hall, in addition to the First Nations meeting locations. The Chair agreed this was a good idea to bring better understanding and connection with individual communities, as well as fostering closer relations with other councilors, community groups and agencies across the County. **ACTION: This will be brought forward to the April 9 Board of Health meeting.**

b. Revision/Update to Vision, Mission and Values

Dr. Pellizzari noted that an update to the Vision, Mission and Values statement should be considered. Normally this is done as part of the strategic planning process, however this was excluded from the deliverables

of the recent strategic plan process as the budget was limited to consultations and creation of the final plan.

It was noted that it would be difficult for Board Members to assess this since they are not immersed in day-to-day public health issues. The statement should be reviewed by staff to determine if the language is dated, and whether it speaks to current issues. In addition, the statement needs to relate to employees and the organization at large, with opportunity for input and feedback.

Timing of this review should also coincide with the Board's pursuit of a new facility, and the potential re-branding of the Health Unit. **ACTION: Dr. Pellizzari will bring this back to the Executive Committee for further work and planning.**

9.2 Obligations of a Board of Health under the Municipal Act, 2001

Dr. Pellizzari reported on a presentation from the alPHa Winter Symposium by James LeNoury. To date, the slides had not been posted on their website.

It was noted that this report was timely given the ongoing struggle between municipal governments and local Boards of Health in other areas of the Province. Peterborough is very fortunate to have good cooperation between these groups.

Mr. Embrey raised the question of remote participation. In the past this has been allowed in urgent sessions, where an immediate decision is required. The issue is public access if meetings are held via teleconference. **ACTION: Dr. Pellizzari will ask the Sudbury/Timmins Board of Health how they structure telephone or electronic polling for an urgent matter. She will bring their responses back to the next Committee meeting. Mr. Woodford will also look into legal issues as they may relate to the Canadian Corporations Act.**

Mr. Embrey requested confirmation of the honourarium given to Members who are also City Councillors. **ACTION: Mr. Woodford will confirm this information.**

9.3 Policies and Procedures for Review

- a. 2-90, Policy – Human Rights and Discrimination
- b. 2-92, Policy – Workplace Harassment
- c. 2-94, Policy – Workplace Violence

Mr. McDonald noted, regarding item 9.3 b., that anti-harassment and anti-violence training is now an annual requirement, based upon recent information, and the Board policy should be reviewed further by staff. Mr. Woodford reported that a workplace statement is posted with respect to these policies.

ACTION: Mr. Woodford will request that Linda Copland review all three policies, and bring back recommended changes to the next Governance Committee meeting.

Mayor Smith noted that everyone in an organization is protected by up-to-date policies and a future meeting of the Governance Committee should address the Code of Conduct. **ACTION: This item will be parked for a future meeting.** Mayor Smith also requested an update on the Organizational Culture work within the Health Unit. **ACTION: Dr. Pellizzari will schedule a presentation to the Board at a future meeting.**

10. In Camera to Discuss Confidential Personal Matters

MOTION:

That the Governance Committee go In Camera to review confidential personal matters.

Moved by: Mayor Smith
Seconded by: Mr. McDonald
Motion carried. (M-2014-5-GV)

MOTION:

That the Committee rise from In Camera.

Moved by: Chief Williams
Seconded by: Mayor Smith
Motion carried. (M-2014-6-GV)

11. Date, Time and Place of Next Meeting

The next meeting date will be Thursday, May 22, 2014 at 1:30 p.m.; location to be confirmed.

12. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mr. McDonald
Seconded by: Mayor Smith
Motion carried. (M-2014-7-GV)

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

Parked Items

- *Trillium Funding Eligibility (Woodford, from Aug. 29/13)*
- *Tracking Compliments (from BOH, Jan. 8/14 meeting)*

Board of Health

POLICY

Section: Board of Health	Number: 2-120	Title: By-Law Number 3, Calling of and Proceedings at Meetings
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 1989-10-11
Date (YYYY-MM-DD): 2013-12-11	Revision	
Housekeeping Revision	Approved by: Board of Health	
Approved by:	On (YYYY-MM-DD): 2013-12-11	
On (YYYY-MM-DD):	Reviewed by: Governance Committee	
	On (YYYY-MM-DD): 2013-12-03	
Reference:		

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

**By-Law Number 3
Calling of and Proceedings at Meetings**

Section 1 - Interpretation

In this By-law:

- 1.1. "Act" means the *Health Protection and Promotion Act*;
- 1.2. "Board" means the Board of Health for the Peterborough County-City Health Unit;
- 1.3. "Director, Corporate Services" means the business administrator of the Board as defined in the Regulations under the Act;
- 1.4. "Chairperson" means the presiding officer at a meeting;
- 1.5. "Chairperson of the Board" means the Chairperson elected under the Act;
- 1.6. "Committee" means an assembly of two or more members that must meet together to transact business;
- 1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;

- 1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;
- 1.9. "Meeting" means an official gathering of members of the Board or a committee ~~in one place~~ to transact business;
- 1.10. "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;
- 1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;
- 1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and
- 1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

Section 2 – General

- 2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.
- 2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.
- 2.3. No persons shall consume alcohol or tobacco products at a meeting.
- 2.4. Electronic participation may be approved by the Board of Health Chair in special circumstances.
- 2.5. Subject to any conditions or limitations in the Health Protection and Promotion Act, a member who participates in a meeting through electronic means is deemed to be present at the meeting including, without limitation, for purposes of establishing quorum, full participation rights and full voting rights.
- 2.6. The electronic means must enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.
- 2.7. Should a meeting go in camera, any member participating electronically must assure the Chair that confidential discussions cannot be overheard.

Section 3 - Convening of Meetings

- 3.1 The Medical Officer of Health shall call the first meeting of each calendar year.
- 3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.

- 3.3 At the first meeting of each calendar year, the Board shall:
 - 3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;
 - 3.3.2 appoint members to its committees;
 - 3.3.3 fix, by resolution, the date and time of regular meetings; and,
 - 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.
- 3.4 A meeting may be rescheduled or cancelled due to the following circumstances:
 - 3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;
 - 3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or
 - 3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

- 3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.
- 3.6 The Medical Officer of Health shall:
 - 3.6.1 give notice of the first and each regular and special meeting;
 - 3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;
 - 3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.
- 3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.
- 3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.
- 3.9 Special meetings can be held by teleconference.

Section 4 - Agenda and Order of Business

- 4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.
 - 4.1.1 Call To Order
 - 4.1.2 Confirmation of the Agenda
 - 4.1.3 Declaration of Pecuniary Interest
 - 4.1.4 Delegations and Presentations
 - 4.1.5 Confirmation of the Minutes of the Previous Meeting
 - 4.1.6 Business Arising from the Minutes
 - 4.1.7 Correspondence
 - 4.1.8 New Business
 - 4.1.9 In Camera to Discuss Confidential Matters
 - 4.1.10 Motions from In Camera for Open Session
 - 4.1.11 Date, Time and Place of the Next Meeting
 - 4.1.12 Adjournment
- 4.2 Any items not included on the prepared agenda may be added by resolution.
- 4.3 Agenda packages will be posted on the Health Unit's website on the same day that agendas are distributed to Board of Health members.
- 4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.
- 4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.
- 4.6 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.
- 4.7 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

Section 5 - Commencement of Meetings

- 5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.

- 5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.
- 5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.
- 5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

Section 6 - Delegations and Debate

- 6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.
- 6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of twenty-four hours before the start of the meeting.
- 6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.
- 6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.
- 6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.
- 6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.
- 6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

- 6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.
- 6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.
- 6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.
- 6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.
- 6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.
- 6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.
- 6.14
 - 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.
 - 6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.
 - 6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.
 - 6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.
- 6.15 Any member who has the floor may require the motion under discussion to be read.

Section 7 - Decorum and Discipline

- 7.1 A member shall not:
 - 7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;
 - 7.1.2 use offensive words or unparliamentary language;
 - 7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;

- 7.1.4 speak other than to the matter in debate;
- 7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and
- 7.1.6 interrupt a member while speaking except to raise a point of order.
- 7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.
- 7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.
- 7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.
- 7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

Section 8 - Questions of Privilege and Points of Order

- 8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.
- 8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.
- 8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.
- 8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.
- 8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

Section 9 - By-laws

- 9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.

- 9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.
- 9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

Section 10 - Motions

- 10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.
- 10.2 Debate on a debatable motion shall not proceed unless it has been seconded.
- 10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.
- 10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:
 - 10.4.1 to adjourn;
 - 10.4.2 to recess;
 - 10.4.3 to raise a question of privilege;
 - 10.4.4 to lay on the table;
 - 10.4.5 to order the previous question (close debate);
 - 10.4.6 to limit or extend limits of debate;
 - 10.4.7 to postpone definitely (defer);
 - 10.4.8 to commit or refer;
 - 10.4.9 to postpone indefinitely (withdraw); or
 - 10.4.10 to amend;which have been listed in order of precedence.
- 10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

10.7.1 when a member has the floor;

10.7.2 when it has been decided that the vote be now taken; or

10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

Section 11 - Voting

11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.

11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.

11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.

11.6 Any member may require that a vote be recorded.

11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.

11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

Section 12 - Committees

12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.

- 12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.
- 12.3 The Chairperson of a committee shall:
- 12.3.1 preside over all meetings of the committee;
 - 12.3.2 report on the deliberations and recommendations of the committee to the Board; and
 - 12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.
- 12.4 The Chairperson of a committee may appoint non-Board members to the committee.
- 12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.
- 12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.
- 12.7 It shall be the duty of a committee:
- 12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;
 - 12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and
 - 12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.
- 12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.
- 12.9 The Board may dissolve, by resolution, any committee at any time.

Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

Historical Record

Revisions:

Board of Health, April 10, 2013

Board of Health, October 13, 2010

Board of Health, October 11, 2007

Board of Health, January 12, 2005

Board of Health, July 3, 2003
Board of Health, October 28, 1998
Board of Health, October 14, 1992

Review:

Governance Committee, March 3, 2013
Governance Committee, January 27, 2012
By-Laws, Policies and Procedures Committee, October 13, 2010
Governance Committee, September 27, 2010



Board of Health Procedure

Section: Board of Health	Number: 2-211	Title: Delegation of Authority	Page: 1 of 2
Approved by: Board of Health Date: June 13, 2012		<u>Original:</u> Approved by: Board of Health On: June 13, 2012	
<u>Housekeeping Revision</u> Approved by: On:		<u>Revision:</u> Approved by: On:	
		<u>Reviewed:</u> By: Governance Committee On: May 28, 2012	
		Next Review Date: June 2014	
<u>Reference:</u>			

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

Procedure:

Except as otherwise noted, all administrative authority is delegated to the Medical Officer of Health. This includes (but is not limited to):

- Developing, recommending and implementing Policies and Procedures;
- Interviewing, checking the references of, hiring and orienting Senior Managers;
- Supervising preparation of annual capital and operating budgets;
- Monitoring adherence to budget and recommending changes as required;
- Implementing the Board's strategic plan and reporting progress to Board annually or as circumstances change;
- Authorizing purchases, disbursements and signing cheques to the financial level delegated by the Board;

- Supervising the day-to-day operations of the Peterborough County-City Health Unit;
- Maintaining records as required by law;
- Providing information and participating at Board of Health meetings;
- Terminating all employees below the level of Medical Officer of Health. It is anticipated the Medical Officer of Health will consult the Board Chair before an employee is terminated.



Staff Report

Signing Authorities

Date:	May 22, 2014	
To:	Governance Committee	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original approved by</i>		<i>Original approved by</i>
Rosana Pellizzari, M.D.		Brent Woodford, Director, Corporate Services

Recommendation

That the Governance Committee request the Board of Health approve the Director, Public Health Programs, be appointed as a cheque signing officer for payment purposes.

Financial Implications and Impact

Appointing the Director, Public Health Programs, as a cheque signing officer may allow the Health Unit to avoid late payment charges, take advantage of vendor discounts and may reduce the times it is necessary to call a Board Member in for urgent payments (resulting in a reduction in per diem and mileage costs).

Decision History

This is the first time the issue is being brought forward.

Background

Our banking by-law requires two individuals sign all cheques. At the current time, the only authorized cheque signing officers are the Medical Officer of Health (MOH), Director, Corporate Services, Board Chair and Vice-Chair.

Rationale

Under normal circumstances, the MOH and Director Corporate Services sign all cheques. This normally works well, but when one of the two staff are on vacation or otherwise unavailable, it is necessary to try to track down a Board member with signing authority and arrange to either have them come in to the office or have a staff drive to their home or workplace for signatures. Staff try to avoid this by paying everything possible before going on vacation and delaying the payment of bills that come in while a staff with signing authority is absent.

However, from time to time something urgent will come in when a staff member is off. As well, by paying quickly and delaying payments the potentially Board loses bank interest and/or discount savings.

While the amount of interest lost when paying in advance and the amount of savings obtained by not waiting 30 days to pay a bill is small, for urgent cheques it is necessary to try to track down a Board member and request they come to the office (per diem and mileage) or to pay a staff member to drive to the Board member's residence or workplace to obtain signatures.

This could be avoided if there was an additional member of the Executive with cheque signing authority. It is common practice to have all the Executive delegated cheque signing authority. This way, the organization can take advantage of rapid payment discounts, not have to pay invoices where there is no discount more quickly than necessary and reduce the need to call a Board member in when an urgent payment is required.

Strategic Direction

This addresses the board's priority of Capacity and Infrastructure.

Contact:

Brent Woodford
Director, Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: 2014-15 Membership Fee – Association of Local Public Health Agencies (alPHa)

Date: June 11, 2014

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the 2014-15 annual membership fee for the Association of Local Public Health Agencies (alPHa) in the amount of \$9,741.47.

		<u>Increase</u>
2009 – 2010 Membership Fee approved by the Board of Health	\$5,836.30	\$120.04 (+ 2.0%)
2010 – 2011 Membership Fee approved by the Board of Health	\$5,964.70	\$128.40 (+ 2.2%)
2010 – 2011 Membership Fee approved by the Board of Health	\$6,534.70	\$570.00 (+ 8.7%)
2012 – 2013 Membership Fee approved by the Board of Health	\$6,665.40	\$130.70 (+ 2.0%)
2013 – 2014 Membership Fee approved by the Board of Health	\$6,855.36	\$189.96 (+ 2.7%)
2014 – 2015 Membership Fee requested by alPHa	\$9,741.47	\$2,886.11 (+42%)

Correspondence from alPHa is attached.

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

May 1, 2014

Dr. Rosana Pellizzari
Medical Officer of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON
K9J 8M1

RECEIVED

MAY 12 2014

PETERBOROUGH COUNTY
CITY HEALTH UNIT

Dear Dr. Rosana Pellizzari:

RE: alPHa 2014-15 Membership Fees

Another year has wrapped up at alPHa and I am pleased to share some of the highlights from 2013-14 with you.

2013-14 was a year punctuated by strategic planning. The year started with the Chief Medical Officer of Health's April 4th release of *Make No Little Plans – Ontario's Public Health Sector Strategic Plan*. *Make No Little Plans* lays out a 15 to 20 year vision, mission, values and strategic goals for the public health sector, as well as collective areas of focus for the next three to five years. Public Health Ontario also released a new strategic plan for the next 5 years; *Evidence, Knowledge and Action for a Healthier Ontario*. PHO's plan proposes a renewed Vision, Mission, Mandate and Values for the organization and outlines five strategic directions.

In February, alPHa's Board of Directors released their strategic plan for 2014-2016; *Building On Our Strengths*. This 2-year strategic plan provides direction to the organization that encourages more focussed use of the Association's resources and clarifies our role in representing member public health units. The plan includes a strong focus on 5 areas of service including a strategy to support its members to be better understood and valued by municipal and provincial governments. I would like to thank our members for their participation in the member surveys and focus groups conducted as part of the strategic planning process. Your input was essential to the development of the final plan.

alPHa was also pleased to support and represent member local public health units throughout the year. In addition to supporting the COMOH and Board of Health Sections, alPHa provided support to the Health Equity Work Group, the Public Health Early Years Group and the Records Management Work Group. alPHa also continued to provide secretariat support to the Rapid Risk Factor Surveillance System.

In 2013-14, alPHa was an active participant on the Low Risk Alcohol Drinking Guidelines Working Group, Ontario Health Providers Alliance, the Ontario Chronic Disease Prevention Alliance and the System Strategy Council.

.../2

alPHa also participated in provincial policy consultations regarding menu labelling, Bill 30-Cancer Prevention (Tanning), and reducing exposure of children to advertising for unhealthy foods and beverages. We also represented public health at Health Force Ontario's consultation sessions regarding the development of a health human resource strategy.

We were very pleased to provide alPHa members with a number of professional development and networking opportunities this year. We were able to deliver the following three conferences for you, your Board members, and your staff:

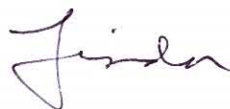
1. Keeping People Healthy. A conference on starting and keeping people on the path to good health. Toronto. Annual Conference, June 2-4, 2013;
2. Healthy Kids: The Way Forward. Toronto. November 14-15, 2013; and
3. Public Health Challenges and the Science of Persuasion. Toronto. February 20-21, 2014.

alPHa also shared in the development of the 5th annual Ontario Public Health Convention (TOPHC) with partner organizations, Public Health Ontario and the Ontario Public Health Association.

Enclosed is an invoice for the 2014-15 annual membership renewal for your public health agency with alPHa. Your continuing membership helps us to build on our strengths and deliver strong supports for public health agencies across Ontario.

I would like to thank you for your ongoing support of alPHa. Please accept the enclosed **I ♥ PH** sweatshirt as a token of appreciation. It has been a privilege to work with you this past year and I look forward to facing next year's challenges together.

Sincerely,



Linda Stewart
Executive Director

enclosure

Association of Local Public Health Agencies

1306-2 Carlton Street
Toronto M5B 1J3

INVOICE

Invoice No.: 72711
Date: 04/01/2014
Ship Date:
Page: 1
Re: Order No.

Sold to:

Peterborough County-City Health Unit
Dr. Rosana Pellizzari
Health Unit
10 Hospital Drive
Peterborough, Ontario K9J 8M1

Ship to:

Peterborough County-City Health Unit
Dr. Rosana Pellizzari
Health Unit
10 Hospital Drive
Peterborough, Ontario K9J 8M1

Business No.: 127380822RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
2014_15 Membership Fee	Each	1	2014_15 alPHa Membership - April 1, 2014 - March 31, 20145	H1	8,620.77	8,620.77
			H1 - HST 13% HST			1,120.70
Association of Local Public Health Agencies HST: #127380822 RT0001						
Shipped By: Tracking Number:						
Comment: Payable to Association of Local Public Health Agencies (alPHa)					Total Amount	9,741.47
Sold By:						