

Board of Health for the  
Peterborough County-City Health Unit  
**AGENDA**  
Board of Health Meeting  
Wednesday, March 19, 2014 - 4:45 p.m.  
Council Chambers, County Court House  
470 Water Street, Peterborough

1. Call to Order
2. Confirmation of the Agenda
3. Declaration of Pecuniary Interest
4. Delegations and Presentations
  - 4.1. [Day in the Life – Substance Misuse Prevention Program](#)  
Presenter: Deanna VandenBroek, Health Promoter
5. Confirmation of the Minutes of the Previous Meeting
  - 5.1. [February 12, 2014](#)
6. Business Arising From the Minutes
7. [Correspondence](#)
8. New Business
  - 8.1. [Presentation: Maternal and Infant Health: A Snapshot of the County and City](#)  
Judy Stanley, Public Health Nurse  
*External Hyperlink:* [Maternal and Infant Health In Peterborough County and City, 2014 \(Full Report\)](#)
  - 8.2. [Staff Report: Safe Sewage By-Law and Disposal Fee Schedule](#)  
Atul Jain, Manager Inspection Services
  - 8.3. [Presentation: Public Health Ontario's Annual Report on Vaccine Safety in Ontario, 2012](#) *(External Hyperlink)*  
Dr. Rosana Pellizzari, Medical Officer of Health  
*External Hyperlink:* [Public Health Ontario Vaccine Safety Overview](#)  
*External Hyperlink:* [Public Health Ontario's Annual Report on Vaccine Safety in Ontario, 2012 \(Full Report\)](#)

- 8.4. **alPHa 2014 Winter Symposium – Oral Update**  
Dr. Rosana Pellizzari, Medical Officer of Health

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

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

April 9, 2014 – Council Chambers, City Hall, 500 George St. N., Peterborough.

**11. Adjournment**

**Board of Health for the  
Peterborough County-City Health Unit  
MINUTES  
Board of Health Meeting  
Wednesday, February 12, 2014 - 4:45 p.m.  
Council Chambers, County Court House  
470 Water Street, Peterborough**

**In Attendance:**

**Board Members:** Councillor Andrew Beamer  
Councillor Henry Clarke  
Mayor John Fallis  
Ms. Rosanna Haroutounian  
Ms. Caroline MacIsaac  
Mr. Scott McDonald  
Councillor Lesley Parnell  
Deputy Mayor Andy Sharpe  
Mayor Mary Smith  
Mr. David Watton  
Chief Phyllis Williams, Chair

**Regrets:** Mr. Jim Embrey  
Councillor Trisha Shearer

**Staff:** Dr. Rosana Pellizzari, Medical Officer of Health  
Mr. Larry Stinson, Director, Public Health Programs  
Mrs. Alida Tanna, Administrative Assistant  
Mr. Brent Woodford, Director, Corporate Services  
Ms. Catherine Robinson, Secretary to the Board, Recorder

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**1. Call to Order**

Chair Chief Williams called the meeting to order at 4:45 p.m.

**1.1. Recognition – Mr. David Watton**

Chief Williams recognized the outgoing Chair, David Watton, noting his third term as a Provincial Appointee had been fulfilled and this would be his last Board meeting. Mr. Watton has provided leadership and support to both the Board and Health Unit staff over his nine year tenure, Chief Williams noted that

he would be greatly missed.

Mr. Watton was presented with a gift and thanked the Board, Dr. Pellizzari, and Health Unit staff for their support during his tenure.

1.2. Introduction – Ms. Rosanna Haroutounian

New Provincial Appointee, Ms. Rosanna Haroutounian, was introduced to the Board. As a resident of Selwyn and Assistant Program Manager at *Heads Up for Inclusion*, she brings both currency and experience to the Board, supplemented by her experience as a freelance writer, member of the Library Board and volunteer at the New Canadians Centre. Ms. Haroutounian's term will expire on January 28, 2017.

2. Confirmation of the Agenda

Mayor Fallis requested discussion on the Long Form Census be tabled as item 8.13. Dr. Pellizzari requested the Auditor's Letter of Engagement be tabled as item 8.14.

MOTION:

*To approve the Agenda as amended.*

Moved: Mayor Fallis

Seconded: Councillor Parnell

Motion Carried. (M-2014-21)

3. Declaration of Pecuniary Interest

Nil.

4. Delegations and Presentations

Nil.

5. Confirmation of the Minutes of the Previous Meeting

5.1. January 8, 2014

MOTION:

*That the minutes of the Board of Health meeting held on January 8, 2014, be approved as amended.*

Moved: Councillor Henry Clarke

Seconded: Mayor Fallis

Motion carried. (M-2014-22)

## 6. **Business Arising From the Minutes**

### 6.1. **Follow-Up Information re: Controlling Hours of Alcohol Service**

A memo was provided to the Board in follow up to the question of a municipality's ability to restrict hours of alcohol service, arising from discussion at the December 11, 2013 meeting.

**MOTION:**

*That the staff memo on Controlling Hours of Alcohol Service be received for information.*

Moved by: Councillor Henry Clarke

Seconded by: Scott McDonald

Motion carried. (M-2014-23)

## 7. **Correspondence**

**MOTION:**

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

1. *Letter received via email dated January 24, 2013 from the Association of Local Public Health Agencies to Minister Matthews regarding influenza Immunization for health care workers.*
2. *Letter dated February 6, 2014 from the Board Chair to Mayor Percy and Council of the Township of Ashpodel-Norwood regarding complete streets. Please note similar correspondence was sent to all Township, City, County and First Nation Councils.*
3. *Letter dated February 6, 2014 from the Board Chair to Minister Matthews regarding support for the Freeze the Industry campaign.*
4. *Letter dated February 7, 2014 from the Board Chair to Ministers Ambrose, Moore and Milroy regarding food and beverage marketing to children.*
5. *Letter dated February 7, 2014 from the Board Chair to Premier Wynne regarding Bill 79, the Public Transportation and Highway Improvement Amendment Act.*
6. *Resolutions/Letters from other local public health agencies:*
  - North Bay Parry Sound District*
    - *Nutritious Food Basket*
  - Simcoe Muskoka*
    - *Community Water Fluoridation*
    - *Expansion of Alcohol Availability*
    - *Nutritious Food Basket*
  - Wellington-Dufferin-Guelph*

- *Menu Labelling*

Moved by: Mayor Smith

Seconded by: Mr. Watton

Motion carried. (M-2014-24)

**8. New Business**

**8.1. Staff Report: Electronic Cigarettes: The Controversy and Implications for Public Health**

Claire Townshend, Health Promoter

With respect to research regarding electronic cigarette (e-cigarette) usage, it was noted that no long-term studies have been conducted as these products are relatively new. The Board requested that the recommendations be amended to include a request for Health Canada to pursue further study and research on e-cigarettes.

Due to limitations in enforcement (currently there are only two enforcement officers in Ontario), e-cigarettes, while not legal to sell, are widely available. In addition, while current federal regulations require e-cigarettes that contain nicotine be pre-authorized by Health Canada before they are sold, to date, none have been authorized for sale.

**MOTION:**

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

- *receive the staff report, Electronic Cigarettes: The Controversy and Implications for Public Health, for information;*
- *advocate to Health Canada for regulation on the manufacture, sale, promotion, display, and use of e-cigarettes, as well as for additional research on the health consequences on the use of e-cigarettes and on exposure to secondhand vapour;*
- *advocate to the Ministry of Education and Ministry of Health and Long-Term Care to legislate the prohibition of e-cigarettes on all school property;*
- *copy Ontario Boards of Health and the Association of Local Public Health Agencies on the prior two items;*
- *send a letter to Kawartha Pine Ridge District and Peterborough Victoria Northumberland and Clarington Catholic School Boards recommending policies prohibiting e-cigarettes on school property; and,*
- *direct staff to prepare a resolution for the Board to consider, endorse, and bring forward to the Association of Local Public Health Agencies (aLPHa) Annual General Meeting in June 2014, regarding advocacy for the regulation on the manufacture, sale, promotion, display, and use of e-cigarettes and*

*legislate the prohibition of e-cigarettes on all school property.*

Moved: Councillor Parnell

Seconded: Mayor Fallis

Motion carried. (M-2014-25)

8.2. **Staff Report: Sewage Disposal Program Update**

Atul Jain, Manager Inspection Services

MOTION:

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

- *receive this report for information; and,*
- *approve renaming the current Sewage Disposal Program to the Safe Sewage Disposal Program.*

Moved by: Mayor Fallis

Seconded by: Ms. MacIsaac

Motion carried. (M-2014-26)

8.3. **Staff Report: 2013 Donations**

Dr. Rosana Pellizzari, Medical Officer of Health

It was noted that further discussion regarding a meeting with the Community Foundation of Greater Peterborough on fundraising in late 2012 would take place at the upcoming Board / Management Planning Session.

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit receive the staff report, 2013 Donations, for information.*

Moved by: Mr. McDonald

Seconded by: Mayor Smith

Motion carried. (M-2014-27)

8.4. **Staff Report: 2013 Complaints**

Dr. Rosana Pellizzari, Medical Officer of Health

The Board commended the low number of complaints officially received and noted that positive feedback is not currently tracked. It was suggested that going forward, a process could be implemented to recognize staff who receive thanks and compliments from the public.

MOTION:

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

- *receive the staff report, 2013 Complaints, for information; and,*
- *refer the tracking of positive feedback to the Governance Committee.*

Moved: Councillor Henry Clarke

Seconded: Mayor Fallis

Motion carried. (M-2014-28)

8.5. **Staff Report: Q4 2013 Program Update**

Dr. Rosana Pellizzari, Medical Officer of Health

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Q4 2013 Program Update, for information.*

Moved by: Councillor Parnell

Seconded by: Mr. McDonald

Motion carried. (M-2014-29)

8.6. **Staff Report: Q4 2013 Financial Update**

Bob Dubay, Accounting Supervisor

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Q4 2013 Financial Update, for information.*

Moved by: Ms. MacIsaac

Seconded by: Mr. Watton

Motion carried. (M-2014-30)

8.7. **Staff Report: 2014 Cost-Shared Budget Amendment**

Bob Dubay, Accounting Supervisor

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit approve the amended 2014 cost-shared budget for public health programs and services in the total amount of \$7,861,647.*

Moved by: Mayor Smith

Seconded by: Mayor Fallis

Motion carried. (M-2014-31)

8.8. **Staff Report: One-Time Funding Requests**

Bob Dubay, Accounting Supervisor

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit approve*



in principle the following supplemental budgets for one-time funding:

<b>Provincial (100%)</b>			<b>Total</b>
<i>Smoke-Free Ontario (tablet technology)</i>			\$8,840
<i>Smoke Free Ontario (smoking cessation)</i>			\$30,000
<i>Healthy Smiles Ontario (x-ray equipment for second dental room)</i>			\$18,080
<i>Healthy Smiles Ontario (equipment for staff health &amp; safety)</i>			\$10,051
<b>Cost-Shared</b>	<b>Provincial 75%</b>	<b>Local (25%)</b>	<b>Total</b>
<i>Reproductive Health</i>	\$10,945	\$3,648	\$14,593
<i>Facilities Renewal (Mobile Dental Garage, Part I)</i>	\$431,250	\$143,750	\$575,000
<i>Facilities Renewal (Part III)</i>	\$657,332	\$219,111	\$876,443

Moved by: Deputy Mayor Sharpe

Seconded by: Mr. McDonald

Motion carried. (M-2014-32)

8.9. **Staff Report: 2014 Budget Approval: Healthy Smiles Ontario, Smoke Free Ontario and Other 100% Funded Ministry of Health and Long-Term Care Programs**

MOTION:

*That the Board of Health for the Peterborough County-City Health Unit approve the 2014 budgets funded 100% by the Ministry of Health and Long-Term Care and cost-shared as follows:*

<b>Programs Funded Jan. 1 to Dec. 31, 2014</b>	<b>2014 Budget Request</b>
<i>Healthy Smiles Ontario</i>	\$574,820
<i>Chief Nursing Officer</i>	\$122,008
<i>Infection Prevention and Control Nurses</i>	\$95,982
<i>Infectious Diseases Control</i>	\$222,233
<i>Public Health Nurses</i>	\$180,216
<i>Enhanced Safe Water</i>	\$15,500
<i>Enhanced Food Safety – Haines</i>	\$25,000
<i>Healthy Communities Fund – Partnership Stream</i>	\$76,700
<i>Vector Borne Diseases</i>	\$76,101
<i>Smoke-Free Ontario</i>	\$308,625

Moved by: Councillor Beamer

Seconded by: Mayor Fallis

Motion carried. (M-2014-33)

8.10. **Presentation: 2013 Accountability Indicators – Year-End Report**

Larry Stinson, Director, Public Health Programs

Refer to item 8.11.

**8.11. Presentation: 2014 Accountability Indicators**

Larry Stinson, Director, Public Health Programs

**MOTION:**

*That the Board of Health for the Peterborough County-City Health Unit receive the following presentations for information:*

- *2013 Accountability Indicators – Year-End Report*
- *2014 Accountability Indicators*

Moved by: Mayor Fallis

Seconded by: Councillor Clarke

Motion carried. (M-2014-34)

**8.12. Property Committee Representation – Motion to Approve Additional Member**

**MOTION:**

*That the Board of Health for the Peterborough County-City Health Unit approve the appointment of Mr. David Watton to the Board's Property Committee as a Member-At Large for 2014.*

Moved by: Deputy Mayor Sharpe

Seconded by: Councillor Parnell

Motion carried. (M-2014-35)

**8.13. Long-Form Census**

Mayor Fallis advised that the Eastern Ontario Warden's Caucus has offered to lead the charge with the federal government to advocate for reinstating the long-form census because municipalities are lacking key information needed for planning purposes. The Board directed the Medical Officer of Health to follow up with the Peterborough County Warden and Chief Administrative Officer to coordinate a strategy.

**8.14. Auditor's Letter of Engagement**

**MOTION:**

*That the Board of Health for the Peterborough County-City Health Unit engage the auditing services of Collins Barrow Kawartha LLP and authorize the Chair and Vice-Chair to sign the Letter of Engagement.*

Moved by: Councillor Clarke

Seconded by: Mr. McDonald

Motion carried. (M-2014-36)

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

MOTION:

*That the Board of Health go In Camera to discuss confidential property and personnel matters.*

Moved by: Councillor Parnell

Seconded by: Mayor Fallis

Motion carried. (M-2014-37)

MOTION:

*That the Board of Health rise from In Camera.*

Moved by: Mayor Smith

Seconded by: Mayor Fallis

Motion carried. (M-2014-38)

**Motions for Open Session**

MOTION:

*That the Request for Information (RFI) approved by the Property Committee be circulated on February 13, 2014, and that the review be conducted on the agreed schedule as discussed.*

Moved by: Councillor Parnell

Seconded by: Mayor Fallis

Motion carried. (M-2014-39)

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

10.1. **Amendment to Date and Location of Regular Meetings**

Dr. Rosana Pellizzari, Medical Officer of Health

MOTION:

*That the regular meetings for the Board of Health for the remainder of the 2014 be held on the following dates starting at 4:45 p.m., or at the call of the Chairperson:*

*Location: Council Chambers, County Court House, 470 Water St.*

*Date: March 19*

*Location: Council Chambers, Admin. Building, 22 Wiinookeedaa Rd., Curve Lake First Nation*

*Date: May 14*

*Location: Lower Hall, Admin. Building, 123 Paudash St., Hiawatha First Nation*

*Date: June 11*

*Location: Council Chambers, City of Peterborough, 500 George St. N.*

*Dates: April 9, September 10, October 8, November 12.*

*\* The December 10<sup>th</sup> date has been cancelled due to municipal elections.*

Moved by: Councillor Parnell

Seconded by: Mayor Fallis

Motion carried. (M-2014-40)

## **11. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Mayor Fallis

Seconded by: Ms. MacIsaac

Motion carried. (M-2014-41)

The meeting adjourned at 7:04 p.m.

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Chairperson

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Medical Officer of Health

**To:** All Members  
Board of Health

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

**Subject:** Correspondence

**Date:** March 19, 2014

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**Recommendation:**

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

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1. Email dated February 18, 2014 from the Association of Local Public Health Agencies (alPha) to all Ontario Boards of Health regarding the Board of Health section general meeting at the 2014 Winter Symposium, February 21, 2014.
2. Email dated February 24, 2014 from alPha to all Ontario Boards of Health announcing the date of their Annual General Meeting: Tuesday, June 3, 2014.
3. Letter dated February 25, 2014 from Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock, to Chief Phyllis Williams, Chair, in response to her initial letter dated February 7, 2014, regarding Bill 79, The Public Highway Transportation and Improvement Amendment Act.
4. Letter dated February 28, 2014 from Premier Wynne to Chief Phyllis Williams, Chair, in response to her initial letter dated February 7, 2014, regarding Bill 79, The Public Highway Transportation and Improvement Amendment Act.
5. Email dated March 4, 2014 from alPha to all Ontario Boards of Health announcing the upcoming joint conference (Public Health and Primary Care), entitled *Prevent More To Treat Less*, scheduled to take place on June 4 & 5, 2014 in Richmond Hill, ON.
6. Letter dated March 10, 2014 from the alPha to all Ontario Boards of Health regarding the Province's intention to allow the sale of VQA wines at Farmers' Markets in Ontario.
7. Email dated March 10, 2014 from alPha to all Ontario Boards of Health regarding a call for nominations for the 2014 Joint Conference Awards.

8. Letters dated March 14, 2014 regarding e-cigarettes, from Board Chair Chief Phyllis Williams to:
- The Honourable Rona Ambrose, Minister of Health
  - Chair, Kawartha-Pine Ridge District School Board
  - Chair, Peterborough-Victoria-Northumberland-Clarington Catholic District School Board
9. Resolutions/Letters from other local public health agencies:

Durham

- Developing an Access to Dental Care for Adults program

North Bay Parry Sound

- Enforcement of the WHO Code, Marketing of Breast Milk Substitutes

Northwestern

- Bill 131, the *Youth Smoking Prevention Act, 2013*

Simcoe Muskoka

- Bill 162, the *Making Healthier Choices Act, 2014 – Menu Labelling*

Wellington-Dufferin-Guelph

- Expansion of the Human Papillomavirus (HPV) vaccination program

To All Members of Ontario Boards of Health

## AGENDA

### Boards of Health Section General Meeting

**Friday, February 21, 2014 | 9:00 AM – 12:30 PM**  
Champagne West Ballroom, 2<sup>nd</sup> Floor, Novotel Toronto Centre Hotel  
45 The Esplanade, Toronto

**Chair: Al Edmondson, Middlesex-London Board of Health**

**8:00 Breakfast – Champagne Ballroom**

#### **PLENARY SESSION – Champagne Ballroom**

**9:00 1.0 UPDATE BY alPHa PRESIDENT**

▪ *Mary Johnson*

**2.0 UPDATE BY MINISTRY OF HEALTH & LONG-TERM CARE**

▪ *Kate Manson Smith, Assistant Deputy Minister, Health Promotion Division*

**10:00 BREAK**

#### **BOH SECTION MEETING – Champagne West Ballroom**

**10:20 3.0 Call to Order** AL EDMONDSON

**10:22 4.0 Approval of Agenda** ALL

**10:23 5.0 INTRODUCTION OF ATTENDEES** ALL

**10:30 6.0 APPROVAL OF MINUTES (attached)** ALL  
*Approval of minutes from the November 15, 2013 Section Meeting*

10:32 **7.0 HEALTHY CHILDHOOD DEVELOPMENT** **DR. JEAN CLINTON**  
*Presentation and Q&A with Dr. Jean Clinton, early childhood development expert, on the crucial role of brain development, relationships and early childhood experiences on long-term health and well-being.*

11:30 **8.0 HPPA VERSUS MUNICIPAL ACT** **JAMES LENOURY**  
*Presentation and Q&A with legal counsel, James LeNoury, who will discuss the application and differences between the Health Protection and Promotion Act and the Municipal Act from a Board of Health perspective.*

**9.0 NEXT MEETING** – 1:00 PM to 4:00 PM, Tuesday, June 3, 2014  
Sheraton Parkway Toronto North Hotel, 600 Hwy 7 East, Richmond Hill, Ontario  
This meeting takes place prior to alPha’s AGM and the conference:  
PREVENT MORE TO TREAT LESS. Public Health and Primary Health Care TOGETHER  
Note: alPha’s AGM will be 6:00 PM that evening, followed by a reception.

12:30 **10.0 ADJOURNMENT**

12:30 **LUNCH**



**DRAFT MINUTES**  
**Boards of Health Section General Meeting**  
**Friday, November 15, 2013 – 11:00 AM to 12:00 PM**  
**Champagne West, 2nd Floor, Novotel Toronto Centre, Toronto**

**PRESENT:**

Al Edmondson (Chair)	Middlesex-London	Jack Butt	Leeds, Grenville & Lanark
Nancy Nichols	Brant	Bjorn Christensen	Niagara Region
Noreen Blake	Chatham-Kent	John Albanese	Northwestern
Joe Faas	Chatham-Kent	Mark Perrault	Northwestern
Brian King	Chatham-Kent	Julie Roy	Northwestern
Sharon Pfaff	Chatham-Kent	Paul Ryan	Northwestern
Gerry Bertrand	Eastern Ontario	Doug Squires	Northwestern
Syd Gardiner	Eastern Ontario	Patrick Bamford	Porcupine
Mary Johnson	Eastern Ontario	Gilles Chartrand	Porcupine
Todd Lalonde	Eastern Ontario	Joseph Matko	Porcupine
Marcel Leduc	Eastern Ontario	Sue Perras	Porcupine
Patricia Hewitt	Halton Region	Michael Shea	Porcupine
Beth Campbell	Hastings & Prince Edward	Don West	Porcupine
Susan Bickle	HKPR	Maria Harding	Thunder Bay
Bill Cox	KFL&A	Joe Viridamo	Thunder Bay
Charles Simonds	KFL&A	Abdul Fattah	Toronto
		Margaret Abbink	Wellington-Dufferin-Guelph
Linda Stewart	alPHA		
Susan Lee	alPHA		

**REGRETS:**

Dorothy Hector	KFL&A	Ursula Sauve	Sudbury
Ian Wilson	KFL&A	Jack Masters	Thunder Bay
Doug Struthers	Leeds, Grenville & Lanark	Joe Lindsey	Wellington-Dufferin-Guelph

## 1.0 UPDATE BY MINISTRY OF HEALTH AND LONG-TERM CARE

In a plenary conference session, Dr. Arlene King, Chief Medical Officer of Health, presented an update on Ministry initiatives and emerging public health issues.

Kate Manson-Smith, ADM, Health Promotion Division, spoke about her division's priorities and activities, including the Smoke-Free Ontario Strategy.

## 2.0 UPDATE BY PUBLIC HEALTH ONTARIO

In a plenary conference session, Dr. Vivek Goel, President and CEO of Public Health Ontario, presented an update on Public Health Ontario's strategic plan, his organization's role in supporting the Public Health Sector Plan, and recent activities and latest products.

### **3.0 CALL TO ORDER**

The Chair called the BOH Section meeting to order at 10:35 AM.

### **4.0 APPROVAL OF AGENDA**

The agenda for this meeting was approved on a motion by M. Leduc that was seconded by B. Cox and carried.

### **5.0 APPROVAL OF MINUTES**

A correction was noted for the minutes: Doug Squires from Northwestern Health Unit was present at the June 2013 meeting.

The corrected minutes of the previous meeting held on June 4, 2013 were approved on a motion by G. Chartrand that was seconded by J. Matko and carried.

### **6.0 INTRODUCTION OF ATTENDEES**

Members in the room introduced themselves.

### **7.0 UPDATES**

#### **7.1 North West Regional Representation**

It was announced that Julie Roy of Northwestern Health Unit Board of Health was recently appointed as the North West regional representative on the alPHA BOH Section Executive and Board of Directors.

#### **7.2 Ontario Council on Community Health Accreditation**

alPHA Executive Director L. Stewart reported that the Ontario Council on Community Health Accreditation (OCCHA) has officially closed after losing financial support from the Ministry of Health and Long-Term Care in the spring. alPHA has taken over the storage of their records, including financial papers and various accreditation tools. The Ministry is presently considering the future of health unit accreditation. On behalf of alPHA, L. Stewart thanked members of the Boards of Health Section who have represented their colleagues on the OCCHA Board of Directors.

#### **7.3 alPHA Advocacy Update**

L. Stewart gave an overview of recent alPHA advocacy activities. These included action on healthy workplace environments, oral health programs, follow up on the June 2013 resolutions, Healthy Communities Fund proposal, Early Years framework, submission to Bill 30, Minimum Wage Advisory Panel and participating at consultations on the marketing of unhealthy foods to children and menu labelling. alPHA will be making a submission on the latter tomorrow.

There was a question about whether alPHA was addressing the poverty and food security issues. alPHA has provided input to the government through the alPHA-OPHA Health Equity Working Group and has also passed a number of resolutions over the years on these issues, including providing input to government on the Nutritious Food Basket.

#### **7.4 Board of Health Toolkit**

alPHA is developing a toolkit for boards of health and is currently soliciting tools from health units. alPHA will also work with a consultant to determine which tools will be the most helpful for Boards of Health.

### **8.0 alPHA STRATEGIC PLANNING**

L. Stewart reported on the October alPHA membership survey and focus group results. She noted that board of health members responded on the benefits of membership, both from a personal and professional standpoint. Overall, only 65% of those who responded (i.e. 20 people with varying degrees of current and past direct involvement in alPHA) expressed satisfaction with alPHA. However, strong support was expressed for increased support for boards on building governance capacity for the sector, networking and facilitating sharing/endorsement of advocacy efforts.

More support was expressed for a single conference with face-to-face meetings versus alternative meeting mechanisms such as webinars. A few board of health members expressed reluctance at the idea of using these alternate forms of meetings. A. Fattah suggested that because some board of health members are not as conversant with technologies as others that a variety of technologies be used by alPHA to help them become more comfortable with the newer methods of communications on a voluntary basis. There was a further suggestion that alPHA use the new technology when the need arises for alPHA to gather information.

An exploratory question was asked regarding alPHA requesting voluntary financial contributions from member health units to support association activities. The survey results made it clear that this was not well received by Section members.

More support was expressed for alPHA supporting action-oriented interprofessional work groups on priority public health issues than boards of health and other professional groups within alPHA doing their own advocacy (while alPHA supported members to share advocacy efforts).

Greater support was further expressed for changing how alPHA's officials are elected versus moving the alPHA board to a more skills-based model from the current representational model.

Strong support was expressed overall on the following proposed areas of focus for alPHA: promoting the role of health units; providing members with information on trends and impactful events; facilitating professional networking; providing professional development to support PHU leadership, management and governance excellence; and responding to sector issues of broad sector-wide impact.

alPHA's board will review results in December and January and provide an update to the membership at the February and June 2014 conferences. In answer to a question on how these areas of focus would be operationalized and whether there will be working groups as a result, L. Stewart noted that an action plan will be developed and some staff roles may change in view of this.

## **9.0 OPEN MIC INFORMATION SHARING**

This session was not held.

## **10. ADJOURNMENT**

The meeting adjourned at 12:16 PM.



### **Jean M. Clinton BMus MD FRCP(C)**

Dr Jean Clinton is an Associate Clinical Professor, Department of Psychiatry and Behavioural Neurosciences at McMaster, division of Child Psychiatry. She is on staff at McMaster Children's Hospital and an Associate in the Department of Family Medicine at McMaster. In addition she is an Associate in the Department of Child Psychiatry, University of Toronto and Sick Children's Hospital. She is an Associate Member of the Offord Centre for Child Studies. She has been a consultant to child welfare and children's mental health programs for 25 years. Currently she is a consultant with the Telepsychiatry at Sick Children's hospital in Toronto.

Her community involvement is extensive. For 20 years she has been a consultant to early years and child care programs in Hamilton. She is a member of the National Advisory committee for the Welcome to Kindergarten Program with The Learning Partnership and has served as an expert advisor for "Invest In Kids Parenting Initiative". She was a founding Board member and Fellow of Fraser Mustard's Council for Early Child Development. More recently, Dr Clinton has joined ZERO TO THREE's Leaders of the 21<sup>st</sup> Century Program as an International Fellow. She is also a member of the Mental Health Commission of Canada's Child and Adolescent Advisory Committee. Her skills as a knowledge translator are frequently called upon, and she gives many presentations to community groups annually, both nationally and internationally.

Currently, as a member of Hamilton's Best Start Network, she leads the Primary Care Engagement Strategy for the enhanced 18-month-well-baby-visit and is the Faculty lead for the provincial primary care education strategy through the Offord Centre. She has authored papers on early child development and poverty, infant neglect, children's mental health, resilience, and on adolescent brain development. She advocates for a system for children's well-being and promotes Asset Building believing *All Kids Are Our Kids*.



### **JAMES LeNOURY, B.A., M.A., LL.B**

James is counsel to alpha and represented alpha at the Walkerton Inquiry.

In his practice James advises and represents employers in regard to employment and labour law matters including wrongful dismissal, Employment Standards, Human Rights Complaints, health and safety, and collective bargaining grievance arbitration matters.

In addition to providing full consultation and representation in judicial and administrative forums, James presents seminars to client groups on a variety of employment, occupation and workplace safety and insurance issues.

Prior to attending law school James completed a Masters of Counselling Psychology Degree and worked as a crisis counsellor, and child and family therapist at children's mental health centres in Ontario.

Outside of his practice he sits on the board of Children's Mental Health Ontario an umbrella provincial organization that represents 85 accredited children's mental health centres across the province.

## N O T I C E

### 2014 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2014 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES** will be held at the Sheraton Parkway Toronto North, 600 Highway 7 East, Richmond Hill, Ontario on **Tuesday, June 3, 2014 at 6:00 PM** at the *Public Health and Primary Health Care Joint Conference 2014, Prevent More to Treat Less*, for the following purposes:

1. To consider and approve the minutes of the 2013 Annual General Meeting in Toronto, Ontario;
2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others as appropriate;
3. To consider and approve the Audited Financial Statement for 2013-2014;
4. To appoint an auditor for 2014-2015; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, February 10, 2014.

BY THE ORDER OF THE BOARD OF DIRECTORS.



**Linda Stewart**  
Executive Director

## Call for Resolutions

alPHa members are invited to submit resolutions for consideration at the 2014 alPHa Annual General Meeting & Resolutions Session during the Public Health and Primary Care Joint Conference 2014 in June.

It is important that resolutions are drafted using the "**Procedural Guidelines for alPHa Resolutions**" found by [clicking here](#).

We request that resolutions be limited to **one** operative clause per issue (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

### Who may submit?

- a member board of health
- a Section Executive Committee, or general meeting of a Section
- the alPHa Board of Directors, its Executive Committee or a Standing Committee of the Association; or
- an Affiliate member organization

### What is required?

- resolutions must first be endorsed by a properly constituted body, i.e. a board of health, a Section of alPHa, etc.
- a covering letter specifying your submission must accompany the resolution(s)
- proper formatting according to procedural guidelines, including clearly-worded introductory and operative clauses
- any concise background material to help prepare members voting on the issue

### When is the deadline to submit?

- ***Friday, April 11, 2014, 4:30 PM for all resolutions that do not request a change in alPHa's Constitution.***
- ***For resolutions to amend the alPHa Constitution, the deadline is April 4, 2014, 4:30 PM.***
- Taking into account that a late resolution may be necessary in response to a current event, you may bring a late resolution to the 2014 Resolutions Session. These late resolutions, however, will not have the benefit of being reviewed by alPHa's Executive Committee and there will be a vote during the Resolutions Session to determine ***if*** the membership will consider late resolutions. If the vote is successful, your resolution will be brought forward and considered.

### When will resolutions be debated by the alPHa membership?

- There will be a special session to consider resolutions on June 3 following the 2014 Annual General Meeting.

### How may I submit the resolutions?

- only electronic submissions will be accepted
- e-mail to: Susan Lee, Manager, Administrative & Association Services, alPHa  
[susan@alphaweb.org](mailto:susan@alphaweb.org)

## **CALL FOR NOMINATIONS**

### **alPHa Distinguished Service Award**

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

#### **How many awards are given yearly?**

- One award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside alPHa for their contributions to public health.

#### **Who is eligible to receive the DSA?**

- Members of alPHa who fall under the following categories are eligible:
  - an elected/appointed member of a local board of health or regional health committee;
  - a medical officer of health or associate medical officer of health;
  - one of alPHa's seven affiliated organizations (i.e. ANDSOOHA, AOPHBA, APHEO, ASPHIO, HPO, OAPHD, OSNPPH).
- An individual outside the alPHa membership who has made outstanding contributions to public health in Ontario.

#### **Who deserves the DSA?**

- Eligible recipients have:
  - demonstrated exceptional qualities of leadership in his/her own milieu;
  - achieved tangible results through lengthy service and/or distinctive acts; and
  - displayed exemplary devotion to public health at the provincial level.

#### **What are the eligibility criteria for nominees?**

- Nominees:
  - currently hold a position of significant responsibility in one of alPHa's member agencies (i.e. board of health/local public health unit/affiliated organization) and have been a member in alPHa for at least three years; and
  - have been nominated by at least three voting members from the **nominee's Section or Affiliate organization** who are in good standing of alPHa.

- Note:
1. good standing refers to members who have paid their membership dues;
  2. voting members are individuals representing a member health unit. These individuals include board of health chairs, medical and associate medical officers of health, representatives appointed to the alPHa Board of Directors by the seven alPHa Affiliate organizations.

continued on next page



**Who can nominate?**

- Any member of alPHA including Board of Health members, medical and associate medical officers of health, and Affiliate representatives may nominate. Please note that three Section or Affiliate members of alPHA must sign the nomination form.
- In the case of nominations of *non-members of alPHA*, nominations must come from any three active members of alPHA; only alPHA members may nominate potential candidates.
- The Award is presented on behalf of each of alPHA's various membership groups, i.e. the Boards of Health Section, Council of Ontario Medical Officers of Health (COMOH), and the seven Affiliate organizations of alPHA. **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e. nominations of Board of Health members must come from the Board of Health Section; nominations of medical/associate medical officers of health must come from the Council of Ontario Medical Officers of Health; and nominations of senior public health staff must come from the nominee's respective Affiliate organization). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.

**What material must accompany the nomination form?**

- Include signatures of the nominator and two other supporting voting members of alPHA.
- Include a **cover letter explaining why the nominee is deserving of this award** must be included with the form. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
- A service record or curriculum vitae must also accompany the nomination form and could include the following:
  - personal achievements at the local level;
  - special or distinctive services on behalf of public health provincially;
  - leadership and contributions on behalf of alPHA and/or one of its Sections; an affiliated organization; or a provincial public health organization

**Where should I send the nominations to?**

- Nomination forms along with all relevant accompaniments should be e-mailed to Susan Lee, Administrative Assistant, alPHA, at [susan@alphaweb.org](mailto:susan@alphaweb.org)

**When is the deadline to submit nominations?**

- **Friday, April 11, 2014, 4:30 PM**

**Who selects the DSA recipients?**

- All nominations are reviewed by the Executive Committee of alPHA.
- In the event of a tie, the alPHA Board of Directors will determine the Award recipient.

**How are Award recipients notified?**

- Award recipients are notified in writing by alPHa approximately one month prior to the conference date.
- Award recipients are invited to attend as guests of the association at the Annual Awards Banquet, which is held in conjunction with the Annual Conference.

**Who can I contact if I have further questions on the Awards?**

- Susan Lee, Manager, Administrative and Association Services, alPHa
  - tel: (416) 595-0006 ext. 25
  - e-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

**2014 NOMINATION FORM**  
*Distinguished Service Award*

**I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE alPHa DISTINGUISHED SERVICE AWARD:**

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Health Unit/Agency/Org'n: \_\_\_\_\_

Membership Group within alPHa (circle one):    BOH   COMOH   ANDSOOHA   AOPHBA   APHEO  
   ASPHIO   HPO   OAPHD   OSNNPH   OTHER

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**NOMINATOR'S SIGNATURE:**

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Health Unit/Agency/Org'n: \_\_\_\_\_

Date: \_\_\_\_\_

**SUPPORTING SIGNATURES:**

1. \_\_\_\_\_ Name (please print): \_\_\_\_\_

2. \_\_\_\_\_ Name (please print): \_\_\_\_\_

This completed form **must** be accompanied by a **cover letter** and **service record** or curriculum vitae to at least include a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPHa and/or one of its Sections, affiliated organizations or a provincial health organization.

**Please forward by April 11, 2014, 4:30 PM to:**

Susan Lee, Manager, Admin. & Assoc. Services  
Association of Local Public Health Agencies  
E-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

## CALL FOR BOARD OF HEALTH NOMINATIONS TO 2014-15 & 2015-16 alPHa BOARD OF DIRECTORS

*alPHa is accepting nominations for **four** Board of Health representatives on its 2014-2015 and 2015-2016 Board of Directors, i.e. one representative from each of the following regions: **Central East, Central West, North East and North West**. See the attached appendix for boards of health in these regions.*



*Each position is for a 2-year term, beginning June 2014 and ending June 2016, and will fill a seat on the Board of Health Section Executive and a seat on the alPHa Board of Directors.*

### **Qualifications:**

- *Active member of an Ontario Board of Health or regional health committee;*
- *Background in committee and/or volunteer work;*
- *Supportive of public health;*
- *Able to commit time to the work of the alPHa Board of Directors and its committees;*
- *Familiar with the Ontario Public Health Standards and its Organizational Standards.*

*An election to determine the four representatives will be held at the **Boards of Health Section Meeting in the early afternoon of June 3** at the Public Health and Primary Health Care Joint Conference 2014, Sheraton Parkway Toronto North, 600 Highway 7 East, Richmond Hill, ON. Candidates standing for election must be present at the Section Meeting on June 3.*

*Nominations close **4:30 PM, Tuesday, May 27, 2014.***

### **Why stand for election to the alPHa Board?**

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

### **What is the Board of Health Section Executive Committee of alPHa?**

- This is a committee of the alPHa Board of Directors comprising seven (7) *Board of Health representatives*.

- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.
- Members of the Section Executive attend all alPHA Board meetings and participate in teleconferences throughout the year.

**How long is the term on the Board of Health Section Executive/alPHA Board of Directors?**

- Two (2) years with no limit to the number of consecutive terms.

**How is the alPHA Board structured?**

- There are 22 directors on the alPHA Board: 7 from the Board of Health Section, 7 from the Council of Ontario Medical Officers of Health (COMOH), 1 from each of the 7 Affiliate Organizations of alPHA, and 1 from the Ontario Public Health Association Board of Directors.
- There are 4 committees of the alPHA Board: Executive Committee, Board of Health Section Executive, COMOH Executive, and Advocacy Committee.

**What is the time commitment to being a Section Executive member/Director of alPHA?**

- Full-day alPHA Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Board of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Board of Health Section Executive participates on alPHA Executive Committee teleconferences, which are held 5 times a year.

**Are my expenses as a Director of the alPHA Board covered?**

- Any travel expenses incurred by an alPHA Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

**How do I stand for election on the alPHA Board of Directors?**

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alPHA by **May 27, 2014**.
- Attend the alPHA conference where the election will be held and prepare a 2-minute speech outlining your statement of position in an address to the Board of Health delegation at the June annual conference.

**When does the election take place? Who may vote?**

- The election takes place during the Board of Health Section General Meeting in the early afternoon of June 3 at the Public Health and Primary Health Care Joint Conference 2014. The exact date and time will be announced.
- Only members of the Board of Health Section will be eligible to vote for Boards of Health Section nominees to the alPHA Board of Directors. Proxy voting will not be permitted.

**Who should I contact if I have questions on any of the above?**

- Susan Lee, alPHA, Tel: (416) 595-0006 ext. 25, E-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

### **Board of Health Vacancies on alPHa Board of Directors**

alPHa is accepting nominations for **four** Board of Health representatives to fill a number of positions on its 2014-2015 and 2015-2016 Board of Directors, i.e. one representative from each of the following regions: **Central East, Central West, North East and North West**. See below for boards of health in these regions.

Each position is for a 2-year term, beginning June 2014 and ending June 2016, and will fill a seat on the Board of Health Section Executive and a seat on the alPHa Board of Directors.

An election will be held at the Boards of Health Section meeting in the early afternoon of June 3 at the Public Health and Primary Health Care Joint Conference 2014 to determine the four new representatives (one from each of the regions below).

If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consult the list below to determine which region you belong to:

**1. Central East**

Boards of health in this region include:

Durham  
Haliburton, Kawartha & Pine Ridge  
Peel  
Peterborough  
Simcoe Muskoka  
York

**3. North East**

Boards of health in this region include:

Algoma  
North Bay Parry Sound  
Porcupine  
Sudbury  
Timiskaming

**2. Central West**

Boards of health in this region include:

Brant  
Halton  
Hamilton  
Niagara  
Waterloo  
Wellington-Dufferin-Guelph

**4. North West**

Boards of health in this region include:

Northwestern  
Thunder Bay

**FORM OF NOMINATION AND CONSENT**  
*alPHA Board of Directorship 2014- 2015 & 2015-2016*

\_\_\_\_\_, a Member of the Board of Health of  
 (Please print nominee's name)

\_\_\_\_\_, is HEREBY NOMINATED  
 (Please print health unit name)

as a candidate for election to the alPHA Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous page*):

☐ Central East

☐ North East

☐ Central West

☐ North West

**SPONSORED BY:**

1) \_\_\_\_\_  
 (Signature of a Member of the Board)

2) \_\_\_\_\_  
 (Signature of a Member of the Board)

Date: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CONSENT to my nomination  
 (Signature of nominee)

and agree to serve as a Director **of the alPHA Board** if elected.

Date: \_\_\_\_\_

**IMPORTANT:**

1. Nominations close 4:30 PM, May 27, 2014 and must be submitted to alPHA by this deadline.
2. A biography of the nominee outlining their suitability for candidacy, as well as a motion passed by the sponsoring Board of Health (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate sheets of paper by the deadline.
3. Fax or e-mail the completed form, biography and copy of Board motion by **4:30 PM, May 27, 2014** to: **416-595-0030**, Attention: SUSAN LEE or e-mail [susan@alphaweb.org](mailto:susan@alphaweb.org)



RECEIVED

MAR 03 2014

PETERBOROUGH COUNTY  
CITY HEALTH UNIT

**Laurie Scott, MPP**

Haliburton-Kawartha Lakes-Brock

**Queen's Park Office:**

Rm. 434, Main Legislative Bldg.

Queen's Park

Toronto, Ontario M7A 1A8

Tel. (416) 325-2771

Fax (416) 325-2904

E-mail: laurie.scott@pc.ola.org

**Constituency Office:**

14 Lindsay St., North

Lindsay, Ontario K9V 1T4

Tel. (705) 324-6654

1-800-424-2490

Fax (705) 324-6938

E-mail: laurie.scottco@pc.ola.org

February 25, 2014

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

Dear Chief Williams:

Thank you for the copy of your letter to the Honourable Kathleen Wynne, Premier,  
regarding Bill 79 The Public Transportation and Highway Improvement Amendment Act.

Thank you for keeping us informed about the issues important to the Peterborough  
County-City Health Unit.

Sincerely,

Laurie Scott, M.P.P.

Haliburton-Kawartha Lakes-Brock



The Premier  
of Ontario

Legislative Building  
Queen's Park  
Toronto, Ontario  
M7A 1A1

La première ministre  
de l'Ontario

Édifice de l'Assemblée législative  
Queen's Park  
Toronto (Ontario)  
M7A 1A1



February 28, 2014

RECEIVED

MAR 06 2014

PETERBOROUGH COUNTY  
CITY HEALTH UNIT

Chief Phyllis Williams  
Chair, Board of Health  
Peterborough County-City Health Unit  
10 Hospital Drive  
Peterborough, Ontario  
K9J 8M1

Dear Chief Williams:

Thank you for your letter informing me of the Peterborough County-City Health Unit Board of Health's motion regarding Bill 79, the proposed Public Transportation and Highway Improvement Amendment Act. I appreciate your keeping me updated on the board's activities.

I note that you have sent a copy of the board's motion to my colleague the Honourable Glen Murray, Minister of Transportation. I trust that the minister will also take the board's views into consideration.

Once again, thank you for the information.

Sincerely,

A handwritten signature in black ink, reading "Kathleen Wynne".

Kathleen Wynne  
Premier

c: The Honourable Glen Murray

**From:** [allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org) on behalf of [Susan Lee](#)  
**To:** [All Health Units](#)  
**Subject:** [allhealthunits] Registration Now Open for Prevent More To Treat Less Conference, June 4 & 5, 2014, Richmond Hill, ON  
**Date:** Tuesday, March 04, 2014 1:57:40 PM  
**Attachments:** [ATT00002.txt](#)

---

**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Health Unit Staff**

\*\*\*\*\*

## REGISTRATION NOW OPEN

For the first time, Public Health and Primary Health Care will be hosting a joint conference focused on the shared vision of the best possible health and wellbeing for everyone living in Ontario.

This ground breaking conference will take place **June 4 & 5, 2014** at the Sheraton Parkway Toronto North. It will include inspiring presentations, panel discussions, learning and networking sessions that will enable both sectors to learn from each other and share best collaborative practices on shared priorities.

Register today to hold your place and take advantage of the early-bird rate. You can register for learning sessions soon and will be alerted when they are posted online.

Visit: [preventmoretotreatless.ca](http://preventmoretotreatless.ca) for more information and to register online.

## REGISTER NOW

**The conference has three overarching themes:**

- Best Practices for Keeping People Healthy,
- Working Upstream to Promote Community Health and Wellbeing, and
- Increasing the effectiveness and sustainability of partnerships between the Primary Health Care and Public Health sectors.

There will also be a special focus on the provincial Action Plan for Health Care and the Public Health Sector's new strategic plan Make No Little Plans and will explore immediate opportunities for collaboration in order to prevent more so we can treat less. Join us!

**PREVENT MORE  
TO TREAT LESS** | **Public Health and  
Primary Health Care  
TOGETHER**

**JOIN US**

**Wednesday, June 4  
Thursday, June 5**

**Public Health and Primary Health Care  
joint conference 2014**

Sheraton Parkway Toronto North Hotel  
600 Highway 7 East  
Richmond Hill, ON

**For more information:**

PreventMoreToTreatLess.ca



Presented by:



Association of Ontario Health Centres  
Community-governed primary health care  
Association des centres de santé de l'Ontario  
Soins de santé primaires gérés par la communauté

Partners:



association of family  
health teams of ontario



Registered Nurses' Association of Ontario  
Association des infirmières et infirmiers  
autorisés de l'Ontario  
Speaking out for nursing. Speaking out for health.



Susan Lee

Manager, Administrative & Association Services  
Association of Local Public Health Agencies (alPHA)

2 Carlton Street, Suite 1306

Toronto ON M5B 1J3

Tel. (416) 595-0006 ext. 25

Fax. (416) 595-0030

Please visit us at <http://www.alphaweb.org>

alPHa'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

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

**alPHa MEMO TO**

**BOARDS OF HEALTH**

**MEDICAL OFFICERS OF HEALTH**

**SENIOR STAFF – SUBSTANCE MISUSE & INJURY PREVENTION PROGRAMS**

**SUBJECT: VQA WINES AT FARMERS' MARKETS**

On December 16, 2013, Premier Wynne announced the renewal of Ontario's *Wine and Grape Strategy* to continue to support Ontario's wine industry. The announcement included the province's intention to allow for the sale of VQA wines at farmers' markets.

A 2-year pilot program is now being planned to commence summer 2014 and the government is consulting with stakeholders about the best approach and possible regulations.

alPHa has several active resolutions related to the promotion and distribution of beverage alcohol, including:

- **Resolution: A08-2 - Establish Stricter Advertising Standards for Alcohol**

*THAT the Association of Local Public Health Agencies petition the federal government, Ontario government, and Advertising Standards Council to establish stricter advertising standards for alcohol.*

- **Resolution: A08-4 - Eliminate the Availability of Alcohol Except in Liquor Control Board Outlets (LCBO) (i.e. Increase Point of Sale Control)**

*THAT that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to maintain its monopoly on off-premise liquor sales through the Liquor Control Board of Ontario; AND FURTHER THAT alPHa petition the Ontario government to retain oversight of beverage alcohol at Ontario wineries, microbreweries and the Beer Store through the provisions of the Liquor License Act; AND FURTHER THAT alPHa petition the Ontario Government to fully consult with health experts, including but not limited to alPHa, the Centre for Addiction and Mental Health and the Ontario Public Health Association before making any policy changes to the availability of beverage alcohol.*

- **Resolution: A12-4 - Alcohol Pricing and LCBO Revenue Generation**

*THAT the Association of Local Public Health Agencies (alPHa) urgently request that the Premier of Ontario, the Minister of Health and Long-Term Care, the Office of the Attorney General, the Minister of Finance, and the Chief Medical Officer of Health, only consider revenue generation from increased pricing on alcohol, not fostering increased alcohol sales.*

**\*Please click [here](#) for all of alPHa's Substance Misuse-related resolutions, where you will also find a collection of local board resolutions (in a table at the bottom of the page)\***

The proposal to allow the sale of wine at Farmers' Markets contains elements that are not aligned with alPHA's positions on the promotion and availability of beverage alcohol, and we will be using this as an opportunity to remind the Government of the public health dimensions of this decision.

The Government will be giving municipalities the option to opt out, in whole or in part. You may wish to use alPHA's Resolutions as well as your Board's own positions on the matter to inform your own submission to the registry, as well as consultations with your obligated municipalities to bring the public health perspective into their consideration of whether or not they will allow farmers' markets in their jurisdiction to participate.

The proposed changes to the relevant legislation are posted on the Regulatory Registry (<http://www.ontariocanada.com/registry/view.do?postingId=15342&language=en>). The deadline for input is **Friday, March 21, 2014**.

A slide deck from the stakeholder consultations [may be viewed here](#) (alPHAWeb log-in required).

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## **2014: Public Health and Primary Health Care Together Awards**

The following is the list of joint awards (all conference partners) for 2014, which will be awarded during plenary sessions.

1. **Champion for Public Health and Primary Health Care:** awards an individual for significant leadership in advancing the relationship between Primary Health Care and Public Health at system, managerial and/or frontline levels.
2. **Innovation in Public Health and Primary Health Care Award:** awards a policy, program or initiative for excellence in advancing collaborative practice between Public Health and Primary Health Care.
3. **Media Award:** awards a journalist, body of work, or media outlet which has highlighted the importance of addressing the determinants of health to improve population health and advance health equity.

## **PREVENT MORE Public Health and TO TREAT LESS Primary Health Care TOGETHER**

### **Nominations Process**

#### About Nominees

- Individuals or organizations can be nominated by conference partners, representative(s) of community or academic partners, or self-nomination.
- Nominees must agree to be available for conference publicity purposes.

#### Selection Process:

- All nominations will be peer-reviewed by the conference advisory committee using a ranking process.
- The conference advisory committee will approve the final award recipients.

### **Awards Process: Timeline**

#### Nominations Process

March 10, 2014	Call for Award Nominations issued
April 7, 2014	Deadline for Award Nominations
	All nominations must include: <ul style="list-style-type: none"><li>• The completed nomination form</li><li>• 250 word description of how the nominee(s) has/have met the criteria</li><li>• Letter of support from the nominator</li><li>• Letter of support from the Executive Director and/or the Chair of the Board of Directors of the nominating organization (if different than the nominator)</li></ul>
April 11, 2014	Final selection of award winners by conference advisory committee
June 4 - 5th, 2014	Presentation of awards at the <i>Prevent More to Treat Less: Public Health and Primary Health Care Together</i> Conference (at the Sheraton Parkway Toronto North hotel) during the conference plenaries on June 4 <sup>th</sup> and 5 <sup>th</sup>

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## ***Champion for Public Health and Primary Health Care Award***

### **Description**

The Champion for Public Health and Primary Health Care Award honours an individual for significant leadership in advancing the relationship between Primary Health Care and Public Health at system, managerial and/or frontline levels.

There is no monetary value to the award. It is a public acknowledgment of the exemplary philosophy and work of the awardee that is considered congruent with promoting population health and health equity.

### **Eligibility criteria**

The Champion for Public Health and Primary Health Care Award is available to all individuals.

Nominees must have:

- Made demonstrated contributions to the relationship between Public Health and Primary Health Care at a system, managerial and/or frontline level.
- The contribution should be directly linked to advancing population health and promoting health equity.

Nominees must agree to be available for June 4 – 5<sup>th</sup> conference publicity purposes.



**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## **Champion for Public Health and Primary Health Care Award Nominations Form**

### **NOMINEE INFORMATION**

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **NOMINATED BY**

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION:** Please attach a description (250 words or less) of how the nominee has:

- Made demonstrated contributions to the relationship between Public Health and Primary Health Care at a system, managerial and/or frontline level.
- The contribution should be directly linked to advancing population health and promoting health equity.

**Nominations should be sent by mail, email or fax by **MONDAY APRIL 7, 2014** to the attention of:**

Taryn Ridsdale, Researcher and Project Coordinator  
Association of Ontario Health Centres  
970 Lawrence Ave W, Suite 500, Toronto ON M6A 3B6  
[taryn@aohc.org](mailto:taryn@aohc.org)  
Fax: 416-236-0431

Questions should be directed to Leah Stephenson, Manager of Member Services at [leah.stephenson@aohc.org](mailto:leah.stephenson@aohc.org)  
416-236-2539 ext. 244

### **Nominations must include:**

- ☐ The completed nomination form
- ☐ 250 word description
- ☐ Letter of support from the nominator
- ☐ Letter of support from the Executive Director and Board Chair of the nominating organization (if different than the nominator).

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## ***Innovation in Public Health and Primary Health Care Award***

### **Description**

The Innovation in Public Health and Primary Health Care Award honours awards a policy, program or initiative for excellence in advancing collaborative practice between Public Health and Primary Health Care.

There is no monetary value to the award. It is a public acknowledgment of the exemplary philosophy and work of the awardee(s) that is considered congruent with promoting population health and health equity.

### **Eligibility criteria**

The Innovation in Public Health and Primary Health Care Award is available to both individuals and organizations, and may be awarded to multiple individuals and/or organizations.

Nominees must have:

- Developed or implemented an innovative, new policy, program, or initiative in the area of Public Health and Primary Health Care collaboration.
- As a result of the policy, program or initiative, Public Health and Primary Health Care are better equipped to advance population health and promote health equity.

Nominees must agree to be available for June 4 – 5<sup>th</sup> conference publicity purposes.

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

***Innovation in Public Health and Primary Health Care Award  
Nominations Form***

**NOMINEE INFORMATION**

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOMINATED BY**

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION:** Please attach a description (250 words or less) of how the nominee has:

- Developed or implemented an innovative, new policy, program, or initiative in the area of Public Health and Primary Health Care collaboration.
- As a result of the policy, program or initiative, Public Health and Primary Health Care are better equipped to advance population health and promote health equity.

**Nominations should be sent by mail, email or fax by **MONDAY APRIL 7, 2014** to the attention of:**

Taryn Ridsdale, Researcher and Project Coordinator  
Association of Ontario Health Centres  
970 Lawrence Ave W, Suite 500, Toronto ON M6A 3B6  
[taryn@aohc.org](mailto:taryn@aohc.org)  
Fax: 416-236-0431

Questions should be directed to Leah Stephenson, Manager of Member Services at [leah.stephenson@aohc.org](mailto:leah.stephenson@aohc.org)  
416-236-2539 ext. 244

**Nominations must include:**

- ☐ The completed nomination form
- ☐ 250 word description
- ☐ Letter of support from the nominator
- ☐ Letter of support from the Executive Director and Board Chair of the nominating organization (if different than the nominator).

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## ***Media Award***

### **Description**

The Media Award honours a journalist, body of work, or media outlet which has highlighted the importance of addressing the determinants of health to improve population health and advance health equity.

There is no monetary value to the award. It is a public acknowledgment of the exemplary philosophy and work of the awardee(s) that is considered congruent with promoting population health and health equity.

### **Eligibility criteria**

The Media Award is available only to journalists, bodies of work, or a media outlets working in print, radio, television or on-line journalism and not affiliated with a conference partner organization.

Nominees must have published a story that:

- Explicitly highlights the importance of addressing the determinants of health
- Has a population health, health equity or anti-oppression lens

Nominees must agree to be available for June 4 – 5<sup>th</sup> conference publicity purposes.

**PREVENT MORE Public Health and  
TO TREAT LESS Primary Health Care  
TOGETHER**

## Media Award Nominations Form

### NOMINEE INFORMATION

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### NOMINATED BY

Name: \_\_\_\_\_

Organization and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION:** Please attach a description (250 words or less) of how the nominee has:

- Explicitly highlights the importance of addressing the determinants of health
- Has a population health, health equity or anti-oppression lens

**Nominations should be sent by mail, email or fax by **MONDAY APRIL 7, 2014** to the attention of:**

Taryn Ridsdale, Researcher and Project Coordinator  
Association of Ontario Health Centres  
970 Lawrence Ave W, Suite 500, Toronto ON M6A 3B6  
[taryn@aohc.org](mailto:taryn@aohc.org)  
Fax: 416-236-0431

Questions should be directed to Leah Stephenson, Manager of Member Services at [leah.stephenson@aohc.org](mailto:leah.stephenson@aohc.org)  
416-236-2539 ext. 244

**Nominations must include:**

- ☐ The completed nomination form
- ☐ 250 word description
- ☐ Letter of support from the nominator
- ☐ Letter of support from the Executive Director and Board Chair of the nominating organization (if different than the nominator).



March 14, 2014

The Honourable Rona Ambrose, P.C., M.P.,  
Health Canada  
Brooke Claxton Building, Tunney's Pasture  
Postal Locator: 0906C  
Ottawa, ON K1A 0K9

Dear Minister Ambrose,

On February 12, 2014, the Board of Health for the Peterborough County-City Health Unit approved a recommendation to advocate to Health Canada for regulation on the manufacture, sale, promotion, display, and use of e-cigarettes. The Board of Health also called for additional research to be completed on the health consequences on the use of e-cigarettes and on exposure to secondhand vapour.

As you may know, an e-cigarette is a device designed to mimic the appearance and feel of a regular cigarette, pipe or cigar, but with one critical difference – they do not contain tobacco. However, some e-cigarettes use cartridges which contain nicotine, an addictive substance. To date, there are no long-term studies on the health effects of using e-cigarettes.

Globally, public health and tobacco control experts are largely divided on the issue of e-cigarettes. Proponents tend to take a harm reduction approach, emphasizing that even with limited evidence e-cigarettes pose a substantially lower health risk compared to cigarettes (as there is no combustion), representing a cleaner delivery system that satisfies nicotine addiction and habitual smoking behaviours.

Opponents emphasize that the sale and promotion of e-cigarettes should only be permitted after they have undergone rigorous clinical trials to prove their safety and efficacy as cessation aids and appropriate regulation is in effect. Many fear that e-cigarettes, both with and without nicotine, have the potential to undermine current smoke-free regulations, complicate enforcement, and will re-normalize smoking thus making the habit more attractive, especially among youth and young adults, and could potentially lead to an increase in dual use (e-cigarettes and traditional cigarettes).

The Board of Health understands that current federal regulations require e-cigarettes that contain nicotine be pre-authorized by Health Canada before they are sold yet to date none have been authorized for sale. In 2009, Health Canada issued a public advisory to “not purchase or use electronic smoking products, as these products may pose health risks and have

not been fully evaluated for safety, quality and efficacy by Health Canada.” However, in Ontario, promotion of e-cigarettes is wide spread. Countertop displays, billboards, print media, celebrity endorsements and via various internet channels, exposure to e-cigarettes almost seems infinite and they are widely available for sale.

The Board of Health recognizes that well-designed high quality e-cigarettes have the potential to assist many smokers to quit smoking tobacco. However in recognition of the threat of harm to human health and the limitations of the current weight of evidence of the public health impacts of e-cigarettes, precautionary measures including federal regulations on the: manufacturing and quality of e-cigarettes; the promotion, display and sale of e-cigarettes to minors; and use of e-cigarettes in workplaces and public places is strongly recommended by Board of Health.

Yours in health,

***Original signed by***

Chief Phyllis Williams  
Chair, Board of Health  
Peterborough County-City Health Unit

/at

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



March 14, 2014

Diane Lloyd  
Chairperson of the Board  
Kawartha Pine Ridge District School Board  
1994 Fisher Drive  
Peterborough, ON K9J 6X6  
**SENT VIA E-MAIL** [diane.lloyd@kprdsb.ca](mailto:diane.lloyd@kprdsb.ca)

Dear Ms. Lloyd,

On February 12, 2014, the Board of Health for the Peterborough County-City Health Unit approved a recommendation to advocate that the Kawartha Pine Ridge District School Board (KPRDSB) prohibit the use of e-cigarettes on all school property.

As you may know, an e-cigarette is a device designed to mimic the appearance and feel of a regular cigarette, but with one critical difference – they do not contain tobacco. However, some e-cigarettes use cartridges which contain nicotine, an addictive substance.

To date, there are no long-term studies on the health effects of using e-cigarettes. Globally, public health and tobacco control experts are largely divided on the issue of e-cigarettes. Proponents tend to take a harm reduction approach, emphasizing that e-cigarettes pose a substantially lower health risk compared to cigarettes (as there is no combustion), representing a cleaner delivery system that satisfies nicotine addiction and habitual smoking behaviours.

Opponents emphasize that the sale and promotion of e-cigarettes should only be permitted after they have undergone rigorous clinical trials to prove their safety and efficacy as cessation aids and appropriate regulation is in effect. Opponents fear that e-cigarettes have the potential to undermine current smoke-free regulations, complicate enforcement, and will re-normalize smoking thus making the habit more attractive, especially among youth and young adults.

Under current federal regulations e-cigarettes that contain nicotine are illegal. In 2009, Health Canada issued a public advisory to “not purchase or use electronic smoking products, as these products may pose health risks and have not been fully evaluated for safety, quality and efficacy by Health Canada.” In Ontario, promotion of e-cigarettes is wide spread. Countertop displays, billboards, print media, celebrity endorsements and via various internet channels, exposure to e-cigarettes almost seems infinite and they are widely available for sale.



In recognition of the threat of harm to human health, the potential for e-cigarettes to become a gateway to other substances and the limitations of the current weight of evidence of the public health impacts of e-cigarettes, precautionary measures including prohibition of use on school property is strongly recommended by Board of Health.

Yours in health,

***Original signed by***

Chief Phyllis Williams  
Chair, Board of Health  
Peterborough County-City Health Unit

/at



March 14, 2014

Michelle Griepsma  
Chairperson of the Board  
Peterborough Victoria Northumberland and  
Clarington Catholic District School Board  
Peter L. Roach Catholic Education Centre  
1355 Lansdowne St. W.  
Peterborough, ON K9J 7M3  
**SENT VIA E-MAIL** [mgriepsma@pvnccdsb.on.ca](mailto:mgriepsma@pvnccdsb.on.ca)

Dear Ms. Griepsma,

On February 12, 2014, the Board of Health for the Peterborough County-City Health Unit approved a recommendation to advocate that the Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB) prohibit the use of e-cigarettes on all school property.

As you may know, an e-cigarette is a device designed to mimic the appearance and feel of a regular cigarette, but with one critical difference – they do not contain tobacco. However, some e-cigarettes use cartridges which contain nicotine, an addictive substance.

To date, there are no long-term studies on the health effects of using e-cigarettes. Globally, public health and tobacco control experts are largely divided on the issue of e-cigarettes. Proponents tend to take a harm reduction approach, emphasizing that e-cigarettes pose a substantially lower health risk compared to cigarettes (as there is no combustion), representing a cleaner delivery system that satisfies nicotine addiction and habitual smoking behaviours.

Opponents emphasize that the sale and promotion of e-cigarettes should only be permitted after they have undergone rigorous clinical trials to prove their safety and efficacy as cessation aids and appropriate regulation is in effect. Opponents fear that e-cigarettes have the potential to undermine current smoke-free regulations, complicate enforcement, and will re-normalize smoking thus making the habit more attractive, especially among youth and young adults.

Under current federal regulations e-cigarettes that contain nicotine are illegal. In 2009, Health Canada issued a public advisory to “not purchase or use electronic smoking products, as these products may pose health risks and have not been fully evaluated for safety, quality and efficacy by Health Canada.” In Ontario, promotion of e-cigarettes is wide spread. Countertop displays, billboards, print media, celebrity endorsements and via various internet channels, exposure to e-cigarettes almost seems infinite and they are widely available for sale.

In recognition of the threat of harm to human health, the potential for e-cigarettes to become a gateway to other substances and the limitations of the current weight of evidence of the public health impacts of e-cigarettes, precautionary measures including prohibition of use on school property is strongly recommended by Board of Health.

Yours in health,

***Original signed by***

Chief Phyllis Williams  
Chair, Board of Health  
Peterborough County-City Health Unit

/at



The Regional  
Municipality  
of Durham

Corporate Services  
Department -  
Legislative Services

605 ROSSLAND RD. E.  
PO BOX 623  
WHITBY ON L1N 6A3  
CANADA

905-668-7711  
1-800-372-1102  
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell  
Commissioner of  
Corporate Services

March 6, 2014

The Honourable Kathleen Wynne  
Premier & Minister of Agriculture  
Room 281  
111 Wellesley Street West  
Queen's Park  
Toronto ON M7A 1A1

**RE: Memorandum from Dr. Robert Kyle, Commissioner &  
Medical Officer of Health, dated February 13, 2014 re:  
Access to Dental Care for Adults (Our File No. P00)**

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on March 5, 2014 Council adopted the following recommendations of the Committee:

- "a) That the correspondence dated January 23, 2014, from M. Meyer, Chairperson, Middlesex-London Board of Health, to the Honourable Deb Mathews, Minister of Health and Long-Term Care, with respect to the Ontario government considering developing a publicly-funded oral health prevention and treatment program for low-income adults, including seniors, be endorsed; and
- b) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, Assistant Deputy Minister, Health Promotion, alpha and all Ontario boards of health be so advised."

Attached hereto for your information is a copy of the correspondence from M. Meyer, Chairperson, Middlesex-London Board of Health.

D. Bowen, AMCT  
Regional Clerk/Director of Legislative Services

DB/np

**40 Years**  
1974-2014  
Join the celebration!

**RECEIVED**

MAR 12 2014

PETERBOROUGH COUNTY  
CITY HEALTH UNIT

c: The Honourable D. Matthews, Minister of Health & Long-Term  
Care  
T. MacCharles, MPP (Pickering/Scarborough East)  
C. Elliott, MPP (Whitby/Oshawa)  
J. O'Toole, MPP (Durham)  
J. Ouellette, MPP (Oshawa)  
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)  
J. Dickson, MPP (Ajax/Pickering)  
K. Manson-Smith, Assistant Deputy Minister, Health  
Promotion  
A. King, Chief Medical Officer of Health  
L. Stewart, Executive Director, alPHA  
✓ Ontario Boards of Health  
R.J. Kyle, Commissioner & Medical Officer of Health



January 23, 2014

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
MPP London North Centre  
242 Piccadilly Street  
London, ON N6A

Dear Minister Matthews,

Please find attached Middlesex-London Board of Health Report No. 005-14 re Access to Dental Care for Adults as presented at the January Board of Health meeting. At the meeting, the Board of Health passed the following motion:

*It was moved by Ms. Poletes Montgomery, seconded by Ms. Brown that the Board of Health send a letter to the Minister of Health and Long-Term Care, local Members of Provincial Parliament, the Association of Local Public Health Agencies and all Ontario Boards of Health to advocate for a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors.*

Carried

The Middlesex-London Board of Health recognizes the effects of poor oral health on general health as well as the impacts that extend beyond medical concerns. Poor oral health can affect learning potential, employability, work attendance and performance, self-esteem, and social relationships. Despite these links, Ontario's universal health care coverage does not include dental care, and publicly-funded dental programs are primarily limited to children and recipients of Ontario Works and the Ontario Disability Support Program. Other adults must pay for their own dental care, sometimes with the assistance of employer-sponsored dental benefits.

For low-income adults, who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. Locally, the Health Unit has delivered affordable teeth cleaning services to Ontario Works recipients and parents of Healthy Smiles Ontario (HSO) children through the SmileClean program. This program provides cleaning at the low cost of \$30.00. However, the Health Unit and Province provide little else in terms of dental treatment or prevention to the more than 40,000 low-income adults in London and Middlesex County if they are not receiving Ontario Works.

Would the Ministry of Health and Long-Term Care consider developing a program that provides both publicly-funded dental treatment and preventive services to low-income adults, including seniors?

Sincerely,

ORIGINAL SIGNED BY

Marcel Meyer, Chairperson  
Middlesex-London Board of Health

Cc: Ms. Teresa Armstrong, MPP London Fanshawe; Mr. Monte McNaughton, MPP Lambton-Kent-Middlesex; Ms. Peggy Sattler, MPP London West; Mr. Jeff Yurek, MPP Elgin-Middlesex-London; Association of Local Public Health Agencies and all Ontario Boards of Health

February 26, 2014

The Right Honourable Stephen Harper  
 Prime Minister  
 Office of the Prime Minister  
 80 Wellington Street  
 Ottawa, ON K1A 0A2

Dear Right Honourable Prime Minister:

**Subject: International Code of Marketing of Breast Milk Substitutes**

Please be advised that on February 26, 2014 the Board of Health for the North Bay Parry Sound District Health Unit passed the following recommendation:

**Board of Health Resolution #2014/02/07**

***Be It Resolved,** That the Board of Health for the North Bay Parry Sound Health Unit supports the Peterborough County-City Health Unit's position to urge the federal government to enact legislation to ensure that the International Code of Marketing of Breast Milk Substitutes be honoured, and*

***Furthermore Be It Resolved,** That the Board of Health send a letter of support to the Prime Minister of Canada, Minister of Agriculture and Agri-Food, Minister of Children and Youth Services, Minister of Education, Minister of Health, Nipissing and Parry Sound Members of Parliament, and*

***Furthermore Be It Resolved,** That a copy of the letter to the Prime Minister be sent to Ontario Boards of Health for their support and to the Association of Local Public Health Agencies.*

Yours sincerely,

*Original signed by*

Daryl Vaillancourt  
 Chairperson, Board of Health  
 North Bay Parry Sound District Health Unit

Attachment 1

- c: The Honourable Rosa Ambrose, Minister of Health
- The Honourable Gerry Ritz, Minister of Agriculture and Agri-Food
- The Honourable Teresa Piruzza, Minister of Child & Youth Service
- The Honourable Liz Sandals, Minister of Education
- Jay Aspin, Member of Parliament, Nipissing-Timiskaming
- Tony Clement, Member of Parliament, Parry Sound-Muskoka
- David Butler-Jones, Chief Public Health Officer
- Ontario Boards of Health
- Association of Local Public Health Agencies

## BRIEFING NOTE

**To:** Board of Health

**Prepared By:** Heather Lawson RN, BScN, BEd| Public Health Nurse  
Healthy Schools & Families Program

**Reviewed By:** Dr. Jim Chirico, Medical Officer of Health/Executive Officer  
Monique Lugli, Executive Director, Community Services  
Shannon Mantha, Program Manager, Healthy Schools & Families

**Subject:** International Code of Marketing of Breast Milk Substitutes

**Date:** February 11, 2014

☐

For Your Information

☐

For Discussion

☒

For A Decision

### Issue:

The issue is the ongoing violation of the International Code of Marketing of Breast Milk Substitutes.

### Recommended Action:

***Be It Resolved***, That the Board of Health for the North Bay Parry Sound Health Unit supports the Peterborough County-City Health Unit's position to urge the federal government to enact legislation to ensure that the International Code of Marketing of Breast Milk Substitutes be honoured, and

***Furthermore Be It Resolved***, That the Board of Health send a letter of support to the Prime Minister of Canada, Minister of Agriculture and Agri-Food, Minister of Children and Youth Services, Minister of Education, Minister of Health, Nipissing and Parry Sound Members of Parliament, and

***Furthermore Be It Resolved***, That a copy of the letter to the Prime Minister be sent to Ontario Boards of Health for their support and to the Association of Local Public Health Agencies.

### Background:

The government of Canada adopted the International Code of Marketing of Breast Milk Substitutes (the Code) in 2007 and recommends that it is followed. The Code protects breastfeeding by ensuring the ethical marketing of breast milk substitutes (formula). There is currently no legislation



for the Code to be followed and as a result violations of the Code occur frequently. As referenced in the attached letter from Peterborough County-City Health Unit “Violations of the Code in Canada are rampant, and easily spotted: targeting women purchasing maternity wear; advertisements in pregnancy and parenting magazines; invitations to mothers to sign up for “baby clubs” from which they receive free samples or coupons for formula. Even more concerning are Code violations through the health care system, including provision of free formula to health care facilities.”

The World Health Organization (WHO) and UNICEF initiated the Baby Friendly Initiative (BFI) as a way to implement best practice for infant feeding by protecting, promoting and supporting breastfeeding. The North Bay Parry Sound District Health Unit received BFI designation in 2011. Part of that designation includes commitment to following the Code. In 2012, BFI designation became one of the accountability indicators for Health Units as mandated by the Ministry of Health and Long-Term Care.

On April 24, 2013, the Board of Health endorsed the recommendations outlined in the Healthy Kids Panel Report: *No Time to Wait: The Healthy Kids Strategy* (April 2013). The goal of this strategy is to reduce childhood obesity by 20 percent in five years. One of the recommendations in the strategy is to “endorse the WHO International Code of Marketing of Breast Milk Substitutes”<sup>1</sup>. Each additional month that an infant is breastfed up to eight months of age reduces the risk of being obese later in life by four per cent.<sup>2</sup>

Statistics demonstrate that women of lower socioeconomic status and lower education do not breastfeed as often or for as long. Recent data found that two of the main reasons for not breastfeeding were that bottle feeding is easier or a medical condition exists for the mother or child.<sup>3</sup> Research indicates that compliance with the WHO International Code of Marketing of Breast Milk Substitutes and its subsequent relevant resolutions is linked to greater breastfeeding exclusivity and duration<sup>4</sup>

Increased exclusivity and duration of breastfeeding can reduce social inequalities, decrease the risk of obesity, improve cognitive development and reduce incidence of illness during infancy, childhood and chronic disease later in life.<sup>5</sup>

Adherence to the International Code of Marketing of Breast Milk Substitutes is supportive of BFI designation and will bring us closer to our common goal of having healthier children and communities.

### Financial Implications:

There are no financial implications.

<sup>1</sup> Healthy Kids Panel. *No Time to Wait: The Healthy Kids Strategy*. *Queens Printer for Ontario*. 2013.

<sup>2</sup> Harder T, Bergmann R, Kallischnigg G, Plagemann A. (2005). Duration of Breastfeeding and Risk of Overweight: A Meta-Analysis. *American Journal of Epidemiology*. The Johns Hopkins Bloomberg School of Public Health.

<sup>3</sup> Gionet, Linda. *Breastfeeding trends in Canada*. Statistics Canada. 2013.

<sup>4</sup> Rosenberg, K. D., Eastham, C. A., Kasehagen, L. J., Sandoval, A. P. (2008). Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding. *American Journal of Public Health*, 98(2), 290-295.

<sup>5</sup> [http://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)

October 30, 2013

The Honourable Rona Ambrose  
Health Canada  
Brooke Claxton Building, Tunney's Pasture  
Postal Locator: 0906C  
Ottawa, ON K1A 0K9

Dear Minister:

On behalf of the Board of Health for the Peterborough County-City Health Unit (PCCHU), I am writing to express my concern about formula industry violations of the *International Code of Marketing of Breastmilk Substitute* (the Code), and to request that your office advocate for legislation of the Code in Canada.

The aim of the Code is to support nutrition, and thus health, for infants through breastfeeding, and appropriate use of breastmilk substitutes (i.e., baby formula). The Code focuses attention on how the infant formula industry influences consumers to support the use of breastmilk substitutes. Violations of the Code in Canada are rampant, and easily spotted: targeting women purchasing maternity wear; advertisements in pregnancy and parenting magazines; invitations to mothers to sign up for "baby clubs" from which they receive free samples or coupons for formula. Even more concerning are Code violations through the health care system, including provision of free formula to health care facilities.

The PCCHU is committed to protecting and supporting breastfeeding as outlined in the Ontario Public Health Standards, and has been designated as a Baby-Friendly organization for the past five years. Despite this commitment, local surveillance data indicates that approximately 65% of all local babies have received at least one formula supplement at the time they are two weeks old, and exclusive breastfeeding rates at six months are just six percent. These statistics speak to the normalization of formula feeding, and the effectiveness of industry in undermining breastfeeding.

Despite Canada adopting the Code, there is currently no legislation in place to ensure that industry complies with the Code provisions. In the enclosed correspondence dated March 23, 2012 between our Board of Health and the Honourable Gerry Ritz, Minister responsible for Agriculture and Agri-Food, Minister Ritz indicated that "the Canadian Food Inspection Agency does not have the authority to take enforcement action against advertisements that do not contravene Canadian-legislated requirements".

In closing, I ask that Canada's commitment to maternal and child health, and the Code be honoured, by legislation of the Code in Canada.

Yours in health,

***Original signed by***

David Watton  
Chair, Board of Health  
Peterborough County-City Health Unit

/at

Encl.

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

February 24, 2014

Honourable Deb Matthews  
Minister of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor St  
Toronto, ON M7A 2C4

Dear Minister Matthews:

The Board of Health for Northwestern Health Unit commends you and your Ministry for bringing forward Bill 131, *Youth Smoking Prevention Act, 2013* to the Legislative Assembly. Bill 131 and your Ministry's proposed related amendments to regulations under the *Smoke-Free Ontario Act* contain measures shown to decrease the likelihood of youth initiation of smoking and use of other tobacco products, an important public health goal for our Board and staff.

As you may know, Northwestern Health Unit youth have been at the forefront of advocacy for a ban on flavours in tobacco products for the past five years. It is both gratifying and encouraging to the youth and us that such a ban is one of the measures that Bill 131 will accomplish.

At its regular meeting held January 17, 2014, the Board of Health approved the enclosed Resolution #12-2014, which supports the passage of Bill 131 and encourages all members of Ontario provincial parliament to work together to ensure the passage of this important public health bill.

Thank you for your and your Ministry's ongoing efforts to protect and promote the health and well-being of our population.

Sincerely,



Julie Roy, Chair  
Board of Health for Northwestern Health Unit

Encl.

Honourable Deb Matthews  
February 24, 2014  
Page 2

c: Sarah Campbell, MPP (Kenora, Rainy River)  
Bill Mauro, MPP (Thunder Bay, Atikokan)  
Dr. Arlene King, Chief Medical Officer of Health  
Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health  
Northwestern Health Unit obligated municipalities  
Dr. Jim Arthurs, Medical Officer of Health  
Mark Perrault, CEO  
Jennifer McKibbin, Manager, Environmental Health and Smoke-Free Ontario  
Board of Health correspondence file

February 28, 2014

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

**RE: Bill 162, Making Healthier Choices Act, 2014 - Menu Labelling Legislation**

Dear Minister Matthews:

The Simcoe Muskoka District Health Unit congratulates your Ministry for its leadership and commitment towards implementing several of the recommendations from the Healthy Kids Panel report focused on reducing childhood obesity. Particularly, the introduction of Bill 162, Making Healthier Choices Act, 2014 requiring large chain food service premises to list calories for standard food items on menus is an important step forward. Menu labelling is a viable and effective population health intervention that contributes to the prevention of chronic diseases. The Board of Health for the Simcoe Muskoka District Health Unit is in full support of provincial menu labeling legislation and has communicated with the Minister to encourage legislation such as this since 2012.

The health concerns that arise from obesity and the direct and indirect costs to Ontario were well documented in *No Time to Wait: The Healthy Kids Strategy* document from the Healthy Kids Panel. Requiring large chain food service premises to provide nutrition information at point of purchase will support Ontarians in making informed decisions regarding foods and beverages when dining out. Clear and accessible information about foods is needed to promote individual and population health, to mitigate the effects of unhealthy food environments and support prevention of dietary risk factors for obesity and chronic diseases.

On behalf of the Board of Health, I urge you to ensure the Ontario Government takes the next steps necessary to enact Bill 162, Making Healthier Choices Act, 2014 without delay in order to improve the health of Ontarians, support disease prevention and facilitate informed consumer choice.

Sincerely,

**ORIGINAL SIGNED BY**

Barry Ward  
Chair, Board of Health

□ **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  
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□ **Cookstown:**  
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□ **Gravenhurst:**  
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P1P 1Z3  
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□ **Huntsville:**  
34 Chaffey St.  
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P1H 1K1  
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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

BW:JF:mk

- c. Kathleen Wynne, Premier of Ontario  
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division, Ministry of Health and Long-Term Care  
Dr. Arlene King, Chief Medical Officer of Health  
Simcoe Muskoka MPPs  
North Simcoe Muskoka & Central LHINs  
Ontario Boards of Health  
Ontario Public Health Association  
Association of Local Public Health Agencies  
Canadian Institute of Public Health Inspectors (CIPHI) (Phi Phan, President, [president@ciphi.ca](mailto:president@ciphi.ca))  
Association of Supervisors of Public Health Inspectors in Ontario (ASPHIO) (President, Chris Munn, Bruce-Grey Health Unit)  
Ontario Society of Nutrition Professionals in Public Health (OSNPPH) (Co-Chairs, Shannon Edmonstone and Heather Thomas, [info@osnpnh.on.ca](mailto:info@osnpnh.on.ca))  
Ontario Chronic Disease Prevention Management in Public Health (OCDPMPH) (Chairperson, Ellen Wodchis, [ellen.wodchis@niagararegion.ca](mailto:ellen.wodchis@niagararegion.ca))



February 28, 2014

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

**RE: Bill 162, Making Healthier Choices Act, 2014 - Menu Labelling Legislation**

Dear Minister Matthews:

The Simcoe Muskoka District Health Unit congratulates your Ministry for its leadership and commitment towards implementing several of the recommendations from the Healthy Kids Panel report focused on reducing childhood obesity. Particularly, the introduction of Bill 162, Making Healthier Choices Act, 2014 requiring large chain food service premises to list calories for standard food items on menus is an important step forward. Menu labelling is a viable and effective population health intervention that contributes to the prevention of chronic diseases. The Board of Health for the Simcoe Muskoka District Health Unit is in full support of provincial menu labeling legislation and has communicated with the Minister to encourage legislation such as this since 2012.

The health concerns that arise from obesity and the direct and indirect costs to Ontario were well documented in *No Time to Wait: The Healthy Kids Strategy* document from the Healthy Kids Panel. Requiring large chain food service premises to provide nutrition information at point of purchase will support Ontarians in making informed decisions regarding foods and beverages when dining out. Clear and accessible information about foods is needed to promote individual and population health, to mitigate the effects of unhealthy food environments and support prevention of dietary risk factors for obesity and chronic diseases.

On behalf of the Board of Health, I urge you to ensure the Ontario Government takes the next steps necessary to enact Bill 162, Making Healthier Choices Act, 2014 without delay in order to improve the health of Ontarians, support disease prevention and facilitate informed consumer choice.

Sincerely,

**ORIGINAL SIGNED BY**

Barry Ward  
Chair, Board of Health

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BW:JF:mk

- c. Kathleen Wynne, Premier of Ontario  
Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division, Ministry of Health and Long-Term Care  
Dr. Arlene King, Chief Medical Officer of Health  
Simcoe Muskoka MPPs  
North Simcoe Muskoka & Central LHINs  
Ontario Boards of Health  
Ontario Public Health Association  
Association of Local Public Health Agencies  
Canadian Institute of Public Health Inspectors (CIPHI) (Phi Phan, President, [president@ciphi.ca](mailto:president@ciphi.ca))  
Association of Supervisors of Public Health Inspectors in Ontario (ASPHIO) (President, Chris Munn, Bruce-Grey Health Unit)  
Ontario Society of Nutrition Professionals in Public Health (OSNPPH) (Co-Chairs, Shannon Edmonstone and Heather Thomas, [info@osnpnh.on.ca](mailto:info@osnpnh.on.ca))  
Ontario Chronic Disease Prevention Management in Public Health (OCDPMPH) (Chairperson, Ellen Wodchis, [ellen.wodchis@niagararegion.ca](mailto:ellen.wodchis@niagararegion.ca))



## Public Health

March 5, 2014

DELIVERED VIA E-MAIL

The Honourable Deb Matthews  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Minister Matthews:

### **Re: Human Papillomavirus (HPV)**

Human Papillomavirus (HPV) is a commonly diagnosed sexually transmitted disease (STI). Approximately 550,000 Canadians are infected with HPV annually and three out of every four Canadians will have at least one HPV infection in their lifetime. HPV infection has been etiologically linked with condyloma acuminatum (genital warts); squamous intraepithelial lesions; and anogenital malignancy including: cervical; vaginal; vulval; penile; and anal carcinoma. It has been suggested by recent studies that as many as 70 to 80 percent of oropharyngeal cancers are attributable to HPV.

Diagnosing and treating HPV-related infections cost the Canadian health care system more than \$300 million annually and this is not including treatment of other urogenital and head and neck cancers and noncancerous lesions associated with HPV exposure.

Wellington-Dufferin-Guelph Public Health (WDGPH) has been a strong advocate for HPV immunization as a strategy to decrease HPV-related infections in the population. Participation in current publicly-funded HPV vaccine program for grade 8 females has continued to grow in the Wellington-Dufferin-Guelph area.

In order to maximize the population health benefits of the HPV vaccine, WDGPH Board of Health recognizes that vaccine coverage needs to be expanded beyond the currently funded cohort of grade 8 girls. With the aim of decreasing population infection with HPV and thus decreasing incidence and treatment of HPV attributable malignancies and noncancerous lesions, WDGPH urges the Ministry of Health and Long-term Care to consider the following to maximize the efficiency and coverage of the current HPV program:

1. Expansion of the publicly-funded HPV vaccination program to include school age males;
2. Align all school age vaccines to grade 7 to improve vaccine delivery efficiency;

.../2

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474 Wellington Road 18, Suite 100

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info@wdghu.org

3. Expand the HPV catch-up program for females in grade 9-12 to include females up to age 26;
4. Publicly fund the HPV vaccine for men who have sex with men, especially those with HIV; and
5. Provide a catch-up HPV vaccination program for males in grades 9-12.

Currently, the HPV vaccine is cost-prohibitive for many individuals in our society. The expansion of the HPV program would provide immunization coverage to many more individuals, including those at high-risk, protecting them from infection and for some preventing significant anogenital and head and neck malignancies.

Thank you for your timely consideration of this matter.

Sincerely,



Amanda Rayburn  
Chair, Board of Health  
Wellington-Dufferin-Guelph Public Health

cc: Randy Pettapiece, MPP – via e-mail  
Honourable Liz Sandals, MPP, Minister of Education – via e-mail  
Ted Arnott, MPP – via e-mail  
Sylvia Jones, MPP – via e-mail  
Ontario Public Health Units – via e-mail  
Dr. Nicola Mercer, MOH & CEO, WDGPH – via e-mail

# Maternal and Infant Health:

## A Snapshot of the County and City

**Presentation to: Board of Health**  
**By: Judy Stanley, Public Health Nurse**  
**Date: March 19, 2014**

# Importance of Reproductive Health

- Healthy children are the foundation of healthy and prosperous communities
- Reproductive health begins before a baby is conceived and is dependent on the health of both parents prior to pregnancy
  - Focus on maternal and infant health
- Goals of RH program “enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.”

# Reproductive Health – *Women in Peterborough*

- 41.5% (29,025) of the female population in Peterborough are of reproductive age (15 – 49)
  - Regional variability (31.4% in MTL; 43.7% in City)
- Number of women 15 – 49 is declining (↓ 4.6% between '06 and '11)
  - Also regional variability (small ↑ in City of 0.5% vs ↓ 14.6% in AN)

# Reproductive Health – *Maternal Health*

- 52.0% get enough fruits and vegetables
- 64.0% report moderate-to-high levels of physical activity\*
- 56.4% normal weight, 37.1% overweight or obese
- 55.0% of women who had given birth in past five years had taken folic acid before pregnancy

# Reproductive Health –

## *Maternal Health (continued)*

- 19.3% current smoker....however, 18% of pregnant women in Peterborough smoked throughout pregnancy vs. 8.6% in Ontario
- 62.6% regular drinkers (vs. 54.0% in Ontario)
  - 19.9% report heavy drinking compared to 12.8% in Ontario
- 17.0% reported using an illicit substance in the past year
- 68.0% of mothers had attended prenatal classes

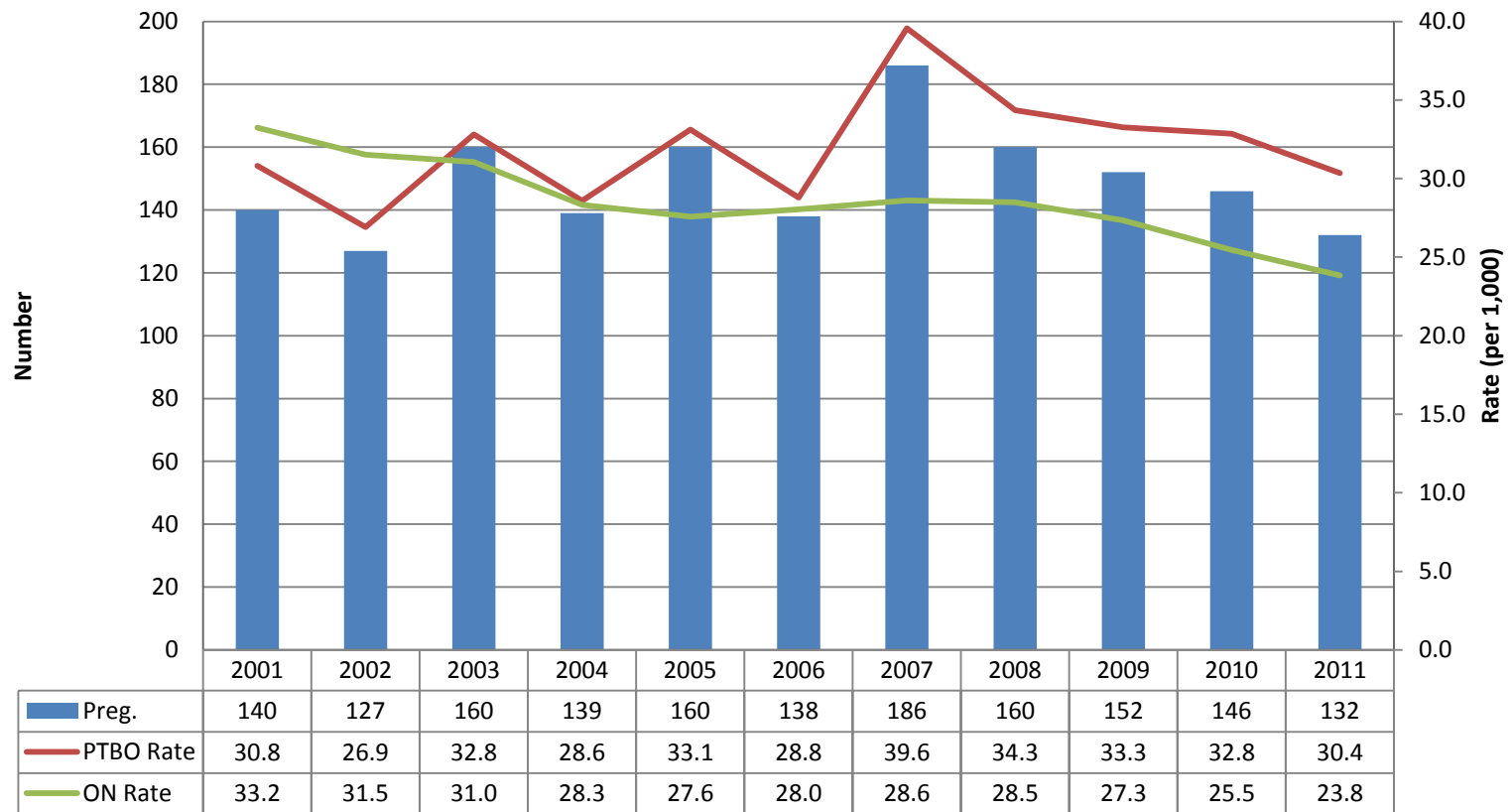


# Birth and Fertility

- ~1,125 live births (LB) per year (2001-2011); most to women 25-29 (31%) and 30-34 (30%)
- Birth *rates* also highest in 25-34 cohort
  - Also vary by municipality and over time (↑ in 30-34 yr olds by 32%)
- Pregnancies – include LB and therapeutic abortions (TAs)
  - ~1,525 pregnancies per year (~390 TAs/year)
  - TAs more common among younger women <25 (59.3%)
  - Pregnancies among youngest moms (<20) of particular concern

# Birth & Fertility *(continued)*

## Pregnancies and Pregnancy Rate; ages 15-19; 2001-2011



# Reproductive Outcomes

- 4.2% LB born low birth weight (LBW)
  - generally lower than ON; “blip” in 2007 of 6.1%
  - <20 more likely to deliver LBW
- 15.7% LB born high birth weight (HBW)
  - ↓ 13.6% in 2011
  - >35 more likely to deliver HBW
- Preemies account for 7.2% of live births
  - Higher in oldest and youngest moms

# Reproductive Outcomes *(continued)*

- Infant mortality rare (52 infant deaths '00-'09)
  - 50% from “conditions originating in the perinatal period”
  - 33% from congenital anomalies (CAs)
- 529 live births born with congenital anomalies between '00-'10 (428 per 10,000)
  - 764 total anomalies (618.1 per 10,000)
  - Both significantly higher than ON
  - Congenital heart defects most common (33%)
- Stillbirths rare (<10 per year)

# Reproductive Outcomes *(continued)*

- Acquired congenital infections rare (11 between '05 and '12)
- Majority of women intend to breastfeed after discharge from hospital (89.2%)
  - 87.7% actually breastfeeding after discharge
  - Among those contacted, breastfeeding still high at 48hrs (88.3%); two weeks (83.4%); and six months (64.7%)\*

# Summary

- There are good reproductive outcomes for babies in Peterborough
  - small % of low birth weight; decreasing % high birth weight; small % preemies; infant mortality low
- Areas that we will continue to address:
  - High risk mothers
  - Tobacco/alcohol/substance use
  - Nutrition and healthy weights
  - Infant feeding (breastfeeding)

# Questions?

## Staff Report

### Safe Sewage Disposal Program – Renewal of Agreements with the County and City of Peterborough

<b>Date:</b>	March 19, 2014	
<b>To:</b>	Board of Health	
<b>From:</b>	Dr. Rosana Pellizzari, Medical Officer of Health	
<b>Original approved by</b>		<b>Original approved by</b>
Rosana Pellizzari, M.D.		Atul Jain, Manager, Inspection Services

#### Recommendations

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

- receive the staff report, *Safe Sewage Disposal Program – Renewal of Agreements with the County and City of Peterborough*, for information; and
- recommend to the County of Peterborough that the appended five year draft by-law (with fee schedule) (Attachment A) be approved; and
- recommend to the City of Peterborough that the appended five year draft agreement (with fee schedule) (Attachment B) be approved, confirming that the Health Unit:
  - will be the principal authority; and
  - will conduct the mandatory re-inspection of on-site sewage systems.

#### Financial Implications and Impact

The sewage system inspection program currently offered by the Peterborough County-City Health Unit (PCCHU) is a full cost-recovery program, as fees generated by applications, permits and file searches, are used to offset all operational expenses.

A renewal of the by-law with the County and the agreement with the City would be based on the same approach, minimizing financial risk to the Board of Health.



We are recommending five year agreements, with increases in fees that reflect anticipated increases in service delivery and staffing costs. The fees will be maintained for the duration of the agreement, ending in May 2019.

The increase in fees takes into consideration the decrease in the number of permits processed resulting from the township of North Kawartha's decision to be removed from the by-law with the County and the Health Unit. Furthermore, the fees are based on modeling using data from 2000-2013 on the number of permits and also considers analysis of the trends in the building market for the next five years.

### **Decision History**

The Board of Health previously made a decision to renew the by-law with the County of Peterborough in May 2011, approving a three year agreement that expires on May 17, 2014.

The Board of Health previously made a decision with regards to the renewal of the agreement with the City of Peterborough in November 2006 and the agreement has been carried out in "spirit" between the parties since its expiry in April 2008.

### **Background**

The Health Unit has a long history of providing sewage system services in Peterborough County and City. Before provincial regulations were written, the Medical Officer of Health established local standards for the construction and maintenance of sewage systems. In the 1970's, when the Ministry of Environment (MOE) was given the responsibility for sewage system regulations, the MOE established contracts with Health Units across Ontario for the enforcement of its new regulations.

In 1998, when the Ontario Building Code Act (BCA) was revised to include sewage system construction and maintenance, municipalities were made responsible for administration and enforcement of the new sections of the Ontario Building Code (OBC) governing sewage systems. In Peterborough, the lower tier municipalities delegated their authority to oversee sewage systems to the County of Peterborough, and the County and City of Peterborough both entered into contracts with the Health Unit to continue to provide the administration and inspection services related to the on-site sewage systems regulated under the BCA.

The current contracts with the County and City of Peterborough allow the Board of Health, with the agreement of the municipalities, to establish user fees for services. Municipalities are able to supplement the fees, but to date the activities in the safe sewage disposal program have been funded by user fees alone. The fees collected for the inspections related to sewage system installations and land development proposals also cover the Health Unit's costs for the investigation of sewage disposal complaints, legal costs for enforcement, and administration.

The chart below outlines our current fees and the proposed fees for the next 5 years ending May 2019.

<b>Service</b>	<b>Type</b>	<b>Current Fee</b>	<b>Proposed Fee</b>
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	\$680.00	\$700.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and less than 10,000 litres per day	\$950.00	\$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	\$340.00	\$400.00
	Permit for Class 5 Sewage System (Holding Tank)	\$680.00	\$700.00
	Permit for Class 3 Sewage System (Cesspool)	\$340.00	\$500.00
	Permit for Class 2 Sewage System (Greywater System)	\$340.00	\$500.00
	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$340.00	\$500.00
	Sewage System Permit for Filter Bed repair, replacement or extension of 6 square metres or less	\$340.00	\$500.00
Change of Use Permit (Existing)	Existing System Inspection (Sewage Systems Permit for change of use or building addition, comments on minor variance, or rezoning)	\$225.00	\$350.00
Rezoning or Minor Variance	Rezoning or minor variance comments requiring a site visit	\$225.00	\$250.00
Severance or Subdivision Comments	First lot	\$225.00	\$250.00
	Each additional lot	\$125.00	\$150.00
Severance or Subdivision Re-inspection	First lot	\$225.00	\$250.00
	Each additional lot	\$125.00	\$150.00
Copies	Copies of Archived permits	\$25.00	\$35.00
File Search	File search (e.g., lawyer, real estate), copies and letter	\$100.00	\$125.00
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Mandatory)	N/A	\$270.00

### **Strategic Direction**

Although this program is not part of the Ontario Public Health Standards, it is consistent with the goals of promoting and protecting the health of the population in Peterborough County and City.

The delivery of this program supports our efforts to improve *Quality and Performance* and assess partnerships and leverage those that address local needs, and therefore a *Community-Centred Focus* in the area of environmental health.

### **Contact:**

Atul Jain  
Manager, Inspection Services  
(705) 743-1000, ext. 259  
[ajain@pcchu.ca](mailto:ajain@pcchu.ca)

### **Attachments:**

Attachment A – Draft Sewage System By-law – County of Peterborough  
Attachment B – Draft Sewage System Agreement – City of Peterborough

Attachment A

**The Corporation of the County of Peterborough  
By-law No. 2014 - xx**

---

**A By-law to authorize the Corporation of the County of  
Peterborough to enter into a Sewage System Management  
Agreement with The Peterborough County-City Health Unit  
And to repeal By-law No. 2011-39**

Whereas the Municipal Act, S.O. 2001, c. 25 (hereinafter referred to as the "Act") at section 9 provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act;

And Whereas section 8(1) of the Act, further provides that section 8 shall be interpreted broadly so as to confer broad authority on municipalities,

- (a) to enable them to govern their affairs as they consider appropriate; and
- (b) to enhance their ability to respond to municipal issues.

And Whereas at the County Council Meeting of xxxx, 2014, County Council accepted the recommendation of the Director of Planning contained in his report "Renewal of Sewage System Management Agreement" wherein he recommended:

"That that County Council authorize the Warden and Clerk to enter into a Sewage System Management Agreement with the Peterborough County-City Health Unit for a 5 year term using the new fee structure as approved by the Board of Health; and further

Be it resolved that County Council direct that the necessary By-law be passed in this regard";

Now Therefore the Council of the Corporation of the County of Peterborough in Session duly assembled enacts as follows:

1. That the Corporation of the County of Peterborough be authorized to enter into a Sewage System Management Agreement with The Peterborough County-City Health Unit in the form attached hereto as Schedule "A" to this By-law.
2. That the Warden and the Clerk be and are hereby authorized to execute the Agreement attached hereto as Schedule "A" and to affix the seal of the Corporation thereto.
3. That By-law 2011-39 passed by Council of the County of Peterborough on the 1st day of June, 2011 be and is hereby repealed.

**County of Peterborough  
Health Unit Sewage System Management Agreement  
By-law # 2014 – xx**

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4. That this by-law shall be commonly called the “Health Unit Sewage System Management Agreement By-law”.

Read a first, second and third time and passed in Open Council this xx day of xxx, 2014.

---

J. Murray Jones Warden  
c/s

---

Sally Saunders Clerk

**Page 2 of 2**  
Schedule "A" To By-Law 2014-XX

**Sewage System Management Agreement**

This Agreement dated as of the day of xx, 2014 and authorized by the Corporation of the County of Peterborough By-law No. 2014-XX.

Between:

Board of Health for The Peterborough County-City Health Unit  
(hereinafter called the "Health Unit")  
of the First Part

- And –

The Corporation of the County of Peterborough  
(hereinafter called the "Municipality")  
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Health Unit certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the sewage systems (with a capacity of less than 10,000 litres per day);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

**Article One**

**General**

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Health Unit shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

**Article Two**

**Definitions**

Section 2.01 in this Agreement,

(i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of less than 10,000 litres;

(ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

### **Article Three**

#### **Services of the Health Unit**

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

- (i) Receive and process application and requests related to activates listed in paragraphs (ii) and (iv) of this section.
- (ii) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.
- (iii) Issue Permits under the Act and Building Code relating to Sewage Systems (a "Permit").
- (iv) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.
- (v) Conduct land inspections to determine the acceptability of applications for minor variances or lot line adjustments, as they relate to existing and proposed Sewage Systems and review official plans and zoning by-laws and amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.
- (vi) Conduct inspection of land which is the subject of an application for severance, where no municipal sewage services are proposed, to ensure that each lot will be suitable for the installation of a Sewage System.
- (vii) Provide reports and comments on minor variances and severances directly to the appropriate planning authority
- (viii) Review planning documents including, but not limited to, subdivision or condominium proposals, draft official plans, and proposed amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.
- (ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.
- (x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).
- (xi) Respond to inquiries made by any person under the Freedom of Information and

Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

- (xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.
- (xiii) Issue orders under the Act relating to Sewage Systems.
- (xiv) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.
- (xv) Provide all forms necessary for the administration of this Agreement.
- (xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

## **Article Four**

### **Collection of Fees**

Section 4.01 **Collection of Fees:** The Health Unit shall collect and retain all fees, as set out in Schedule A, payable by any person for work performed by the Health Unit hereunder as compensation for its services provided hereunder and all persons required to pay any fee shall pay the fee to the Health Unit.

Section 4.02 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis only. The Health Unit shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Health Unit without the approval of County Council.

## **Article Five**

### **Inspectors**

Section 5.01 **Qualifications:** The Health Unit shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector



## **Article Six**

### **Liabilities and Insurance**

Section 6.01 **Liability of the Health Unit:** The Health Unit shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Health Unit in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Health Unit. The Health Unit shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Health Unit will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

## **Article Seven**

### **Term and Termination of Agreement**

Section 7.01 **Term:** This Agreement shall continue in force for a period of three years commencing May18, 2014 and ending May 17, 2019.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

## **Article Eight**

### **Miscellaneous**

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Health Unit:

Board of Health for the Peterborough County City Health Unit  
10 Hospital Drive  
Peterborough, ON  
K9J 8M1  
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough  
470 Water St.  
Peterborough, ON  
K9H 3M3

Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect. In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

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Chairperson

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Rosana Pellizzari, M.D.  
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the  
County of Peterborough

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J. M. Jones  
Warden

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Sally Saunders  
Clerk

We have the authority to bind the Corporation

## Schedule A

### System Sewage System Fees Effective May 18, 2014

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

**Schedule B**  
**Insurance Coverage of the**  
**Peterborough County-City Health Unit**

Professional and General Liability	\$5,000,000.00
Administrator's Errors and Omissions	\$5,000,000.00

Attachment B

**Sewage System Management Agreement**

This Agreement dated this XX day of XXX, 2014

Between:

Board of Health for The Peterborough County-City Health Unit  
(hereinafter called the "Health Unit")

- And –

The Corporation of the City of Peterborough  
(hereinafter called the "City")

**WHEREAS** this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Health Unit certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the sewage systems (with a capacity of less than 10,000 litres per day);

**NOW THEREFORE IN CONSIDERATION** of the mutual covenants herein contained, the parties hereto hereby agree as follows:

**Article One**

**General**

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Health Unit shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

**Article Two**

**Definitions**

Section 2.01 in this Agreement,

(i) **"Sewage System"** means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of less than 10,000 litres;

(ii) **"Inspector"** means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

## Article Three

### Services of the Health Unit

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

- (xv) Receive and process application and requests related to activates listed in paragraphs (ii) and (iv) of this section.
- (xvi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.
- (xvii) Issue Permits under the Act and Building Code relating to Sewage Systems (a "Permit").
- (xviii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.
- (xix) Conduct land inspections to determine the acceptability of applications for minor variances or lot line adjustments, as they relate to existing and proposed Sewage Systems and review official plans and zoning by-laws and amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.
- (xx) Conduct inspection of land which is the subject of an application for severance, where no municipal sewage services are proposed, to ensure that each lot will be suitable for the installation of a Sewage System.
- (xxi) Provide reports and comments on minor variances and severances directly to the appropriate planning authority.
- (xxii) Review planning documents including, but not limited to, subdivision or condominium proposals, draft official plans, and proposed amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.
- (xxiii) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.
- (xxiv) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).
- (xxv) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.
- (xxvi) Investigate complaints and malfunctioning Sewage Systems, undertake compliance

counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

- (xxvii) Issue orders under the Act relating to Sewage Systems.
- (xxviii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.
- (xv) Provide all forms necessary for the administration of this Agreement.
- (xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Section 3.02 **Services for Mandatory Re-inspection of On-site Sewage Systems:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

- (i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i.e., mandatory - on-site sewage systems located in "vulnerable areas" as outlined in source protection plans).
- (ii) Conduct a re-inspection of the on-site sewage system identified in (i).
- (iii) Issue a "Certificate of Re-inspection" to the property owner indicating that the on-site sewage system is not needed for an upgrade/replacement at the time of the re-inspection.
- (iv) If (iii) is not satisfied, then issue a "notice of upgrade/replacement" to the property owner requiring them to upgrade or replace their on-site septic system.
- (v) Receive and process applications and requests related to activities listed in paragraph (iv)
- (vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.
- (vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").
- (viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.
- (ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.



- (x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).
- (xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.
- (xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.
- (xiii) Issue orders under the Act relating to Sewage Systems.
- (xiv) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.
- (xv) Provide all forms necessary for the administration of this Agreement.
- (xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

## **Article Four**

### **Collection of Fees**

**Section 4.01 Collection of Fees:** The Health Unit shall collect and retain all fees, as set out in Schedule A, payable by any person for work performed by the Health Unit hereunder as compensation for its services provided hereunder and all persons required to pay any fee shall pay the fee to the Health Unit.

**Section 4.02 Mandatory Re-inspections of On-site Sewage Systems:** The Health Unit shall collect and retain all fees, as set out in Schedule A by:

- (i) The fee to be placed on the property owner's tax roll, to be;
  - a) prorated evenly over the term of this agreement (three years), and
  - b) when collected by the City, the amount to be reimbursed to the Health Unit on a yearly basis.

**Section 4.03 Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis only. The Health Unit shall submit to City Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

**Section 4.03 Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Health Unit without the approval of City Council.

## **Article Five**

### **Inspectors**

Section 5.01 **Qualifications:** The Health Unit shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

## **Article Six**

### **Liabilities and Insurance**

Section 6.01 **Liability of the Health Unit:** The Health Unit shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Health Unit in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Health Unit. The Health Unit shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Health Unit will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

## **Article Seven**

### **Term and Termination of Agreement**

Section 7.01 **Term:** This Agreement shall continue in force for a period of three years commencing May 18 2014 and ending May 17 2019.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

## **Article Eight**

### **Miscellaneous**

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Health Unit:

Board of Health for the Peterborough County City Health Unit  
10 Hospital Drive  
Peterborough, ON  
K9J 8M1  
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the City of Peterborough  
470 Water St.  
Peterborough, ON  
K9H 3M3

Attention: The City Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

**IN WITNESS WHEREOF** the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

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Chairperson

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Rosana Pellizzari, M.D.  
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the  
City of Peterborough

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Mayor

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City Clerk

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## Schedule A

### System Sewage System Fees Effective May 18, 2014

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	Sewage System Permit for Trench Bed repair or extension of 16 metres or less	\$500.00
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Change of Use Permit (Existing)	Existing System Inspection (Sewage Systems Permit for change of use or building addition, comments on minor variance, or rezoning)	\$350.00
Rezoning or Minor Variance	Rezoning or minor variance comments requiring a site visit	\$250.00
Severance or Subdivision Comments	First lot	\$250.00
	Each additional lot	\$150.00
Severance or Subdivision Re-inspection	First lot	\$250.00
	Each additional lot	\$150.00
Copies	Copies of Archived permits	\$35.00
File Search	File search (e.g., Lawyer, real estate), copies and letter	\$125.00
Certificate of Re-inspection	Inspection of On-site Sewage Systems (Mandatory)	\$270.00

**Schedule B**  
**Insurance Coverage of the**  
**Peterborough County-City Health Unit**

Professional and General Liability	\$5,000,000.00
Administrator's Errors and Omissions	\$5,000,000.00