

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, November 11, 2015 - 4:45 p.m.
Board Room, 10 Hospital Drive, Peterborough**

1. Call to Order

1.1. Closing Ceremony – 10 Hospital Drive

- *Welcome and History of 10 Hospital Drive* - Councillor Lesley Parnell, Board Chair
- *Blessing of the Building and Land* - Deputy Chief Keith Knott and Elder Merritt Taylor, Curve Lake First Nation
- *History of Dr. J. K. Edwards* - Dr. Rosana Salvaterra, Medical Officer of Health
- *Presentation of Illustration of Commemorative Plaque to the Children of Dr. J. K. Edwards* - Michael Edwards and Lynn Binns
- *Bagpipe Salute* – Dennis Wilson

~ **BREAK** ~

1.2. Recognition of Departing Board Member – Trisha Shearer, Hiawatha

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. [October 14, 2015](#)

6. Business Arising From the Minutes

7. Staff Reports

8. Consent Items

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

Board Members: For your convenience, circle the items you wish to consider separately:
8.1b 8.2a 8.2b 8.2c 8.2d 8.2e

8.1. Correspondence

- a. Correspondence for Direction
- b. Correspondence for Information

8.2. Staff Reports and Presentations

- a. Q3 2015 Program Report
Patti Fitzgerald, Acting Director, Public Health Programs and Chief Nursing Officer
- b. Q3 2015 Corporate Services Report
Larry Stinson, Interim Director, Corporate Services
- c. Staff Report: 2015 Cost-Shared Budget Approval
Bob Dubay, Manager, Accounting
- d. Staff Report: 2015 Ministry Funded (100%) and One-Time Request Budget Approvals
Bob Dubay, Manager, Accounting
- e. Medical Officer of Health – Coverage Request
Dr. Rosana Salvaterra, Medical Officer of Health

8.3. Committee Reports

9. New Business

- 9.1. Staff Presentation: Day In the Life of the President of the Ontario Public Health Association
Larry Stinson, Interim Director, Corporate Services

- 9.2. [Staff Presentation: Ontario Association of Communicators in Public Health](#)
Brittany Cadence, Manager, Communication Services

~ **DINNER BREAK** ~

- 9.3. [Staff Presentation: Climate Change \(30 minute in-service\)](#)
Donna Churipuy, Manager, Environmental Health

10. In Camera to Discuss Confidential Matters

11. Motions for Open Session

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

Motion required for change in location and time:

Date: December 9, 2015, 5:30 p.m.

New Location: J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, 3rd Floor, Peterborough

13. Adjournment

**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, October 14, 2015 – 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough**

In Attendance:

Board Members: Councillor Lesley Parnell, Chair
Mr. Scott McDonald, Vice Chair
Deputy Mayor John Fallis
Mr. Gregory Connolley
Ms. Kerri Davies
Councillor Henry Clarke
Councillor Gary Baldwin
Mayor Mary Smith
Chief Phyllis Williams (5:20 p.m.)
Mr. Andy Sharpe

Staff: Dr. Rosana Pellizzari, Medical Officer of Health
Ms. Alida Tanna, Administrative Assistant
Mr. Larry Stinson, Interim Director, Corporate Services
Ms. Natalie Garnett, Recorder
Brittany Cadence, Supervisor, Communication Services
Donna Churipuy, Manager, Environmental Health Program
Patti Fitzgerald, Acting Director, Public Health Programs; Chief Nursing Officer; Manager, Sexual Health
Sarah Tanner, Project Manager, Facility Relocation
Keith Beecroft, Health Promoter
Carolyn Doris, Public Health Nutritionist

Regrets: Councillor Trisha Shearer
Mayor Rick Woodcock

1. Call to Order

Councillor Lesley Parnell, Chair called the meeting to order at 4:48 p.m.

2. Confirmation of the Agenda

It was noted that agenda item 6.1 will be deferred until the arrival of Chief Williams.

MOTION:

That the Agenda be approved as amended.

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2015-123)

3. Declaration of Pecuniary Interest

There were no declarations of Pecuniary Interest.

4. Delegations and Presentations

4.1. Branding Projects Update

Jonathan Bennett, Laridae Communications and Brittany Cadence, Communications Supervisor provided an update on the Branding Project.

MOTION:

That the Branding Projects Update be received for information.

Moved: Mr. McDonald

Seconded: Mr. Sharpe

Motion carried. (M-2015-124)

5. Confirmation of the Minutes of the Previous Meeting

5.1. September 9, 2015

MOTION:

That the minutes of the Board of Health meeting held on September 9, 2015, be approved as circulated.

Moved: Councillor Clarke

Seconded: Ms. Davies

Motion carried. (M-2015-125)

6. Business Arising From the Minutes

6.2 Presentation: Public Health Funding Model: 2015 and Beyond

Larry Stinson, Interim Director, Corporate Services provided a presentation on the Public Health Funding Model. It was noted that Peterborough currently receives 99% of the funding to be received under the new model.

MOTION:

That the Public Health Funding Model: 2015 and Beyond be received for information.

Moved: Mr. Connolley

Seconded: Mr. McDonald

Motion carried. (M-2015-126)

6.1 First Nations Working Group

Dr. Pellizzari, Medical Officer of Health provided an overview of the inaugural meeting of the First Nations Working Group held on July 16, 2015. Working Group members were requested to develop a Terms of Reference, provide options on how to work with the First Nations groups and to identify the key players on this issue.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive for information, the meeting minutes of the First Nations Working Group for July 16, 2015.

Moved: Chief Williams

Seconded: Mayor Smith

Motion carried. (M-2015-127)

Mr. McDonald left the meeting at 5:49 p.m. and returned at 5:56 p.m.

6.3 Public Health Funding Advocacy

Dr. Pellizzari, Medical Officer of Health advised that two Board representatives are needed to meet with the representatives of three unions regarding the issue of health advocacy.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit appoint Deputy Mayor Fallis and Councillor Clarke as representatives on the Health Advocacy Working Group.

Moved: Councillor Baldwin

Seconded: Mayor Smith

Motion carried. (M-2015-128)

7. Staff Reports

7.1. **Staff Report and Presentation: Tobacco Retail Availability: Options for Regulation and Implications for Public Health**

Keith Beecroft, Health Promoter provided a presentation on the Tobacco Retail Availability: Options for Regulation and Implications for Public Health.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit request staff to prepare a report for a future meeting regarding the issue of tobacco licencing in the City and County of Peterborough.

Moved: Mr. Connolley

Seconded: Mayor Smith

Motion carried. (M-2015-129)

7.2. **Staff Report : Food Insecurity in Peterborough**

Carolyn Doris, Public Health Nutritionist provided a presentation on Food Insecurity in Peterborough.

MOTION:

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

- *receive the staff report, Food Insecurity in Peterborough, for information;*
- *receive the Limited Incomes Report for information and share with the community;*
- *send a letter to The Honourable Helena Jaczek, Minister of Community and Social Services and The Honourable Tracy MacCharles, Minister of Children and Youth Services requesting an update on the transformation of social assistance in Ontario noting that currently, social assistance rates do not reflect the actual costs of nutritious food and adequate housing; and,*
- *endorse the Ontario Society of Nutrition Professionals in Public Health Position Statement on Responses to Food Insecurity.*

Moved: Mayor Smith

Seconded: Councillor Clarke

Motion carried. (M-2015-130)

The meeting recessed at 6:27 p.m. and reconvened at 6:57 p.m. Councillor Clarke left the meeting at 6:27 p.m. due to a previous commitment.

8. **Consent Items**

MOTION:

That items 8.1.a, 8.2 and 8.3 be approved as part of the Consent Agenda.

Moved: Mr. McDonald

Seconded: Mr. Sharpe

Motion carried. (M-2015-131)

8.1b. Correspondence for Information

MOTION:

That the following documents be received for information.

1. *Letter dated September 4, 2015 from Roselle Martino, Executive Director and Martha Greenberg, Assistant Deputy Minister (A), Ministry of Health and Long-Term Care (MOHTLC) regarding the Public Health Funding Review.*
2. *Email newsletter dated September 16, 2015 from the Association of Local Public Health Agencies (ALPHA).*
3. *Letter dated September 21, 2015 from Roselle Martino, Executive Director, MOHTLC to Ontario Board of Health Chairs regarding 2014-16 Medical Officer of Health Compensation.*
4. *Email newsletter dated September 29, 2015 from ALPHA.*
5. *Letter dated September 30, 2015 to Ministers Poilievre, Ambrose, Leitch, Flynn, Hoskins, MacCharles and Matthews from the Board Chair regarding the Basic Income Guarantee.*
6. *Letter dated September 30, 2015 to Premier Wynne from the Board Chair regarding the Northern Ontario Evacuations of First Nations Communities.*
7. *Letter dated September 30, 2015 to Dr. Hazel Lynn, Medical Officer of Health, Grey Bruce Public Health from the Board Chair regarding the Bruce Grey Food Charter.*
8. *Letter dated September 30, 2015 to Minister Hoskins from the Board Chair regarding energy drinks.*
9. *Letter dated September 30, 2015 to Minister Hoskins from the Board Chair regarding enforcement of the Immunization of School Pupils' Act (ISPA).*

Moved: Ms. Davies

Seconded: Mr. Sharpe

Motion carried. (M-2015-132)

9. New Business

10. In Camera to Discuss Confidential Personal and Property Matters

MOTION:

That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss one item under Section 239(2)(a) The security of the property of the municipality or local board, and one item under Section 239(2)(d) Labour relations or employee negotiations, at 7:15 p.m.

Moved: Mr. McDonald
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-133)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 7:25 p.m.

Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-134)

11. Motions from In Camera for Open Session

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

November 11, 2015 – Board Room, Peterborough County-City Health Unit, 10 Hospital Drive, 4:45 p.m.

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mr. Sharpe
Seconded by: Deputy Mayor Fallis
Motion carried. (M-2015-135)

The meeting was adjourned at 7:28 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: Correspondence for Information

Date: November 11, 2015

Recommendation:

That the following documents be received for information.

1. Letter dated October 6, 2015 from Premier Wynne, in response to the Board Chair's original letter dated September 30, 2015, regarding the Northern Ontario Evacuations of First Nations Communities.
2. Letter dated October 8, 2015 from Dr. Pellizzari to Lorraine Fry, Executive Director Non-Smokers' Rights Association and Donna Kosmack, Manager, South West Tobacco Control Area Network, regarding the Board's endorsement of action for smoke-free multi unit housing.
3. Letter dated November 3, 2015 from the Association of Local Public Health Agencies to Minister Hoskins regarding the public health funding model.
4. Letter dated November 5, 2015 from Lynda Bumstead, Grey Bruce Health Unit, in response to her original letter September 30, regarding the Bruce Grey Food Charter.
5. Letter dated November 6, 2015 to the Lorne Coe, President, Association of Local Public Health Agencies from the Board Chair regarding electronic participation at board of health meetings.
6. Letter dated November 6, 2015 to the Hon. Helena Jaczek from the Board Chair regarding food security and the transformation of social assistance in Ontario.
7. Letter dated November 6, 2015 to the Hon. Tracy MacCharles from the Board Chair regarding results of the 2015 Nutritious Food Basket for the Peterborough County-City Health Unit.

8. Letter dated November 6, 2015 to Evelyn Vaccari and Lyndsay Davidson, Ontario Society of Nutrition Professionals in Public Health (OSNPPH), from the Board Chair regarding the Board's endorsement of the OSNPPH position statement on responses to food insecurity.
9. Resolutions/Letters from other local public health agencies:
 - a. Northern Ontario Evacuations of First Nations Communities
Perth
 - b. Smoke-Free Multi Unit Housing
Northwestern

The Premier
of Ontario

Legislative Building
Queen's Park
Toronto ON M7A 1A1

La première ministre
de l'Ontario

Édifice de l'Assemblée législative
Queen's Park
Toronto ON M7A 1A1



RECEIVED

OCT 9 2015

PETERBOROUGH COUNTY
CITY HEALTH UNIT

October 6, 2015

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

Dear Ms. Parnell:

Thank you for your letter regarding the board's resolution on safe and effective evacuations of First Nations communities in Northern Ontario due to seasonal flooding and the risk of forest fires. I appreciate your keeping me informed of the board's activities.

I note that you have also provided copies of your correspondence to my colleagues the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, and the Honourable David Zimmer, Minister of Aboriginal Affairs. I trust that they, too, will take the board's views into consideration.

Once again, thank you for writing. Please accept my best wishes.

Sincerely,

A handwritten signature in black ink that reads "Kathleen Wynne".

Kathleen Wynne
Premier

c: The Honourable Dr. Eric Hoskins
The Honourable David Zimmer



October 8, 2015

Lorraine Fry, Executive Director
Non-Smokers' Rights Association
lfry@nsra-adnf.ca

Donna Kosmack, Manager
SW Tobacco Control Area Network
Donna.Kosmack@mlhu.on.ca

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

Dear Ms. Fry and Ms. Kosmack:

Tobacco use is the number one cause of preventable disease and death in Ontario. There are more than 4,000 chemicals found in second-hand-smoke (SHS), of which at least 250 are regulated toxins, and 69 are known carcinogens, or cancer causing agents; and there is no safe level of exposure to SHS. Eliminating smoking in indoor spaces is the only way to fully protect non-smokers from SHS exposure. There is a growing need for smoke-free housing options as evident in a recent Ipsos Reid survey, where one-third of respondents indicated being regularly exposed to SHS in their homes and 80% would choose to live in a smoke-free building if given their preference.

In 2014, the Board of Health for the Peterborough County-City Health Unit sponsored a resolution at the Association of Local Public Health Agencies (aLPHa) conference to request that the Ministry of Municipal Affairs and Housing, the Ontario Ministry of Health and Long-Term Care and its stakeholders:

- provide for the public health, safety, and welfare of all Ontario residents by ensuring that new provincially and municipally funded multi-unit dwellings are designated smoke-free; and,
- that any future provincial funding for housing require as a criteria for eligibility, that any new units be designated as smoke-free.

As such, the Peterborough County-City Health Unit is pleased to support the **Smoke-Free Housing Ontario Coalition** in the following **actions and policies to reduce the exposure of second-hand smoke in multi-unit housing**:

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

Dr. Rosana Pellizzari, Medical Officer of Health	Peterborough County-City Health Unit
Signatory Official (please print name and title)	Organization/Agency/Institution

Signature: <u>Original signed</u>	Date: <u>October 8, 2015</u>
--	------------------------------

November 3, 2015

Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Re: Public Health Funding Model

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (aLPHa), I am writing today to provide our comments following the October 2nd aLPHa Board of Directors dialogue with Ministry staff about the development and implementation of the Public Health Funding Formula that was announced to our members on September 4th 2015.

We were very pleased to welcome Paulina Salamo and Brent Feeney from the Public Health Division and Brian Pollard from the Health Sector Models Branch to our meeting. They provided us with details about the development of the new public health funding model, its relationship to the fiscal management of the health care sector as a whole and its implementation in the short term. This and the ensuing dialogue were very helpful to us in formulating the following comments.

We recognize the fiscal challenges that Ontario continues to face and understand the reality that governments are under intense pressure to demonstrate fiscal accountability to the public. We fully understand that there was a need to develop a defensible formula for how tax dollars are allocated to boards of health, and appreciate that efforts were made to develop an evidence-informed model that would facilitate their equitable distribution.

As you are likely aware, our members have been awaiting the release of the Funding Review Working Group's report, Public Health Funding Model for Mandatory Programs (December 2013), for nearly two years, with the expectation that an opportunity to provide fully informed feedback on the proposed recommendations would be afforded to them prior to a Government response. As it was not offered, we are taking this opportunity to present our initial response.

Page 1 of 3

Our major concern is about the cumulative impact of the new approach to funding boards of health in the coming years. Boards of health have received modest funding increases in recent years even while other parts of the health sector have been frozen, and this underscores the essential roles boards of health play in the prevention of disease and the protection and promotion of health in Ontario. We would argue that imposing a freeze on boards of health, which, as annual costs rise, is essentially a cut to health protection, prevention and promotion, will have negative impacts on the communities served by boards of health.

Many of Ontario's boards of health experience difficulties in meeting the public health needs of their communities, let alone their health promotion and protection obligations at current funding levels. If these levels remain static or decline for the foreseeable future, cuts to already stretched services will be inevitable and it is not unreasonable to assume that the impact of such cuts will be magnified in the smaller health units, where health status is poorer and the capacity to improve it is already limited. This, we fear, may inadvertently demonstrate public health's value-for-money as negative health outcomes and increasing pressures on local health care providers rise in correlation to ever-increasing limitations on the capacity of local boards of health to mitigate them.

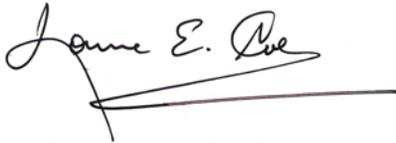
In the broader context of health system transformation, we continue to argue that curtailing investments in demonstrably cost-effective upstream health promotion and protection interventions is short-sighted. The Commission on the Reform of Ontario's Public Services (chaired by Don Drummond), recommended a heightened focus on public health's role in preventing health problems, having observed a correlation between health outcomes and the amount provinces spend on public health. The Commission also recommended avoiding applying the same degree of fiscal restraint to all parts of the health system.

In your strategic plan for Ontario's health care system, Patients First: Action Plan for Health Care, you recognize the importance of supporting people to be as healthy as possible. We share that primary interest with you and are concerned about the erosion of what is arguably the best local public health system in Canada. Local boards of health need to continue to build and maintain capacity to work with communities to effect healthy conditions in which people can thrive in good health.

We know that the new funding model comes with the understanding that, as a new model, it will need to be evaluated, revised and improved. We urge you to work closely with us to establish a process to review the model with a view to exploring whether relatively minor changes can result in a distribution of growth money that may better reflect the needs of boards of health and the communities they serve across Ontario.

For your consideration, we have attached the resolution passed by ALPHA's Board of Directors following the October 2nd meeting. We look forward to working with you to ensure that Ontario's boards of health can fulfill their mandates and continue their essential role in making Ontario the healthiest place in which to grow up and grow old.

Yours truly,

A handwritten signature in black ink, appearing to read "Lorne E. Coe", with a horizontal line drawn underneath it.

Lorne Coe
President

COPY: Hon. Kathleen Wynne, Premier of Ontario
Hon. Charles Sousa, Minister of Finance
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health (A)
Roselle Martino, Executive Director, Public Health Division
Jackie Wood, Assistant Deputy Minister (A), Health Promotion Division
Laura Pisko, Assistant Deputy Minister (A), Health Promotion Division
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Paulina Salamo, Director (A) Public Health Standards, Practice and Accountability Branch
Brent Feeney, Manager, Funding and Accountability Unit (MOHLTC)
Brian Pollard, Director, Health Sector Models Branch (MOHLTC)
Victor Fedeli, Critic, Finance (PC)
Catherine Fife, Critic, Finance (NDP)
Jeff Yurek, Critic, Health (PC)
France G elinas, Critic, Health and Long-Term Care (NDP)
Gary McNamara, President, Association of Municipalities of Ontario (AMO)
Chairs, Boards of Health

ATTACHED: Resolution

alPHA Board of Directors' Resolution

Passed October 30, 2015

TITLE: Public Health Funding Formula

- WHEREAS public health interventions result in significant improvements in the health of the population and cost savings in the health care system; and
- WHEREAS the reviews of the Walkerton E.coli outbreak in 2001 and the SARS epidemic in 2005 resulted in widespread recognition that Ontario's public health system had significant weaknesses and that investments were required to create a robust public health system essential for the protection of the health of the citizens of Ontario; and
- WHEREAS investments in Ontario's public health system have occurred since the SARS epidemic, however, public health programs delivered through boards of health still only receive 1.4 percent or \$700.4 million of the \$50.2 billion total Ministry of Health and Long Term Care 2015-16 budget; and
- WHEREAS grants provided by the Ministry of Health and Long-Term Care, enabled by the *Health Protection and Promotion Act*, constitute the majority of funding for boards of health in Ontario; and
- WHEREAS the majority of the remaining funding for boards of health comes from the obligated municipalities as assigned in the *Health Protection and Promotion Act*; and
- WHEREAS the Ministry of Health and Long-Term Care has accepted the recommendations contained in the December 2013 report: *Public Health Funding Model for Mandatory Programs: The Final Report of the Funding Review Working Group*; and
- WHEREAS the intent of the recommendations was to develop a funding model for grants from the Ministry of Health and Long-Term Care to boards of health that identify an appropriate funding share for each Board that reflects its needs in relation to all other; and
- WHEREAS in 2015, the Ministry of Health and Long-Term Care began the application of the public health funding model recommended in the Report without further consultation with boards of health; and
- WHEREAS boards of health have been advised to plan for 0% funding increases for the foreseeable future; and
- WHEREAS funding increases at or near 0% are de facto cuts as annual costs rise; and
- WHEREAS the primary goals of boards of health are to prevent illness and to protect and promote the health of Ontarians; and

WHEREAS the impacts on public health programming, municipal funding contributions and population health outcomes resulting from the changes to the Ministry of Health and Long-Term Care's funding model need to be examined with a view to quality improvement;

NOW THEREFORE BE IT RESOVED THAT alPHa urge the Ministry of Health and Long Term Care to commit to maintaining a minimum cost of living annual growth rate for grants provided to all boards of health to fund public health programs;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to make an evidence-informed decision to adjust upwards the overall percentage of the Ministry's total budget that is allocated to fund public health programs delivered through boards of health;

AND FURTHER THAT alPHa urge the Ministry of Health and Long-Term Care to engage in a process to implement a comprehensive monitoring strategy in close consultation with Ontario's boards of health to evaluate the impacts of the new funding model, both in terms of health outcomes and total public health expenditures at the local level.



November 5, 2015

Councillor Lesley Parnell
Chair, Board of Health
Peterborough County-City Health Unit
185 King Street
Peterborough, Ontario

Dear Councillor Parnell, Chair BOH

Re: Bruce Grey Food Charter

Thank you for your words of support regarding our *Bruce Grey Food Charter*. This document was produced using a collaborative community process under the leadership of the Bruce Grey Poverty Task Force –Food Security pillar.

Your request was reviewed by Jill Umbach, Planning Network Coordinator of the Task Force, and she gave permission to Carolyn Doris to adopt and adapt the Food Charter to help support your community in their work to reduce poverty. Within our Health Unit Public Health Dietitian Laura Needham, RD took a leadership role and will be a resource to your staff. She can be reached at l.needham@publichealthgreybruce.on.ca; (519) 376-9420 ext. 1267.

We wanted the Food Charter to start conversations about community food security. So we are really pleased that local municipalities have adopted the Food Charter as well as one of the County councils. Please let me know if I can be of any further assistance.

Kind regards,

A handwritten signature in black ink that reads "Lynda Bumstead". The signature is written in a cursive, flowing style.

Lynda Bumstead, RD, MHSc.
Public Health Manager
Grey Bruce Health Unit
l.bumstead@publichealthgreybruce.on.ca

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca



November 6, 2015

Lorne Coe, President
Association of Local Public Health Agencies
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Sent via e-mail: info@alphaweb.org

Dear Mr. Coe,

At the October Board of Health Meeting for the Peterborough County-City Health Unit (PCCHU), a resolution (attached) prepared by Wellington-Dufferin-Guelph Public Health (WDGPH) regarding support for electronic participation at board of health meetings was received. The PCCHU Board supported a motion to engage the Association of Local Public Health Agencies (ALPHA), to request that the Minister of Health and Long-Term Care approach the Minister of Municipal Affairs and Housing to propose a statutory change to the Municipal Act to permit electronic participation for Boards of Municipalities. This follows the recommendation proposed in a letter from the Interim Chief Medical Officer of Health for Ontario to the WDGPH Medical Officer of Health (attached).

On behalf of the PCCHU Board of Health, therefore, I ask that a request be brought forward to the next ALPHA Board Meeting for ALPHA to formally communicate with the Minister of Health and Long-Term Care asking that he approach the Minister of Municipal Affairs and Housing regarding the statutory change outlined in the resolution. As clearly articulated by the Chair of the WDGPH Board of Health, authorizing boards of health to use electronic participation, with prescribed measures in place, could increase public access and decrease geographical and environmental challenges facing boards of health throughout the province.

Thank you for your consideration.

Yours truly,

Original signed by

Lesley Parnell,
Chair, Board of Health

/at
Encl.

Cc: Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough
Linda Stewart, Executive Director, ALPHA
Ontario Boards of Health



November 6, 2015

The Honorable Helena Jaczek
Ministry of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Jaczek:

Re: Food Security and the Transformation of Social Assistance in Ontario

As the Minister of Community and Social Services, we are writing to you to request an update on the transformation of social assistance in Ontario. The results of the [2015 Nutritious Food Basket Costing](#) for the Peterborough County-City Health Unit was accepted at the October 14, 2015 Board of Health Meeting, and released to the public, raising the concern that local poverty and food insecurity rates continue to rise. The report demonstrates an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2015 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14 year old boy, 8 year old girl) is \$865 per month. This represents a 16.6% increase in food costs since 2010, which outpaces the Bank of Canada inflation rate of 9% for the same time period. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs such as shelter and healthy food. This issue poses serious health risks for our community.

Of particular concern in our community are those who live on fixed incomes, specifically clients of both Ontario Works and the Ontario Disability Support Program. A single man whose source of income is Ontario Works can expect 91% of their income to be required just to cover their rent, making it impossible to afford other basic expenses such as nutritious food. Based on the Nutritious Food Basket calculation, this person would need to spend 39% of their total income to eat healthy. If they tried to cover the cost of both shelter and a nutritious diet, they would be in a deficit of \$221 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food.

The Commission for the Review of Social Assistance Reform, led by Commissioners Frances Lankin and Munir Sheikh released “Brighter Prospects: Transforming Social Assistance in Ontario” in 2012, calling for transformation of social assistance in Ontario. In September 2014, the Premier’s Mandate letter to you, as the Minister of Community and Social Services, listed as a specific priority the need to focus efforts on long-term transformation of the social assistance system.

We note that small changes and increases have been implemented to date, but clearly, as Nutritious Food Basket and related income scenarios show, people in Peterborough living on income from Ontario Works or the Ontario Disability Support Program are still unable to make ends meet. Steps must be taken to increase income to reduce both poverty and food insecurity. Food insecurity rates in Peterborough households have risen to 11.5%; and 23.7% of children under 18 years of age live in a food insecure household.

We look forward to receiving a response detailing next steps towards Social Assistance Reform as supported by Ontario's Poverty Reduction Strategy. As part of this process, we urge you to also consider long term strategies such as the implementation of a Basic Income Guarantee for all low income residents of Ontario.

Your urgent attention is required to ensure people living with low incomes have access to healthy food.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at

cc: M.P.P. Jeff Leal, Peterborough
M.P.P. Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



November 6, 2015

The Honorable Tracy MacCharles
Ministry of Children and Youth Services/
Ministry Responsible for Women's Issues
56 Wellesley Street West, 14th Floor
Toronto, ON M5S 2S3

Dear Minister MacCharles,

Re: Results of 2015 Nutritious Food Basket for Peterborough County-City Health Unit

As the Minister of Children and Youth Services and Minister Responsible for Women's Issues, we are writing to you to provide an update on food insecurity in our community. The results of the [2015 Nutritious Food Basket](#) Costing for the Peterborough County-City Health Unit was accepted at the October 14, 2015 Board of Health Meeting, and released to the public raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2015 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14 year old boy, 8 year old girl) is \$865 per month. This represents a 16.6% increase in food costs since 2010 which outpaces the Bank of Canada inflation rate of 9% for the same time period. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Of particular concern in our community are those who live on fixed incomes and the 23.6% of children under the age of 18 years who live in households reporting moderate and severe food insecurity.

A single mother with 2 children whose source of income is Ontario Works can expect 48% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would need to spend 33% of total income to eat a nutritious diet. After this mother pays for shelter and a healthy diet, she has only \$370 for all other monthly expenses. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food.

Food insecurity is associated with inadequate nutrient intakes. Literature shows that Canadian adults, adolescents and children in food-insecure households consume less fruit, vegetables, and milk products and have lower vitamin and mineral intakes, when compared with those in

food-secure households. Adults in food insecure households have poorer self-related health, poorer mental and physical health, poorer oral health, greater stress, and are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety. Food insecurity also makes it difficult to manage chronic diseases and conditions through diet. Household food insecurity increases the risk of mental health problems in children and puts teenagers at greater risk of depression, social anxiety and suicide. Being food insecure is strongly associated with becoming a high-cost user of our health care system. Access to a healthy diet can impact positively all of the aforementioned.

We ask that you consider these real-life scenarios when considering decisions at the Cabinet table and within your Ministry that can impact food insecurity and the livelihoods and health of both women and children across Ontario. In particular, we urge you to consider broad-based government policies such as the implementation of a Basic Income Guarantee which have the potential to make a real difference in people's day to day lives.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

cc: M.P.P. Jeff Leal, Peterborough
M.P.P. Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



November 6, 2015

Evelyn Vaccari
Chair, Ontario Society of Nutrition Professionals in Public Health (OSNPPH)
c/o Toronto Public Health
Sent via e-mail: evaccar@toronto.ca

Lyndsay Davidson
Chair, OSNPPH Food Security Workgroup
c/o Chatham-Kent Public Health
Sent via email: lyndsayd@chatham-kent.ca

Dear Ms. Vaccari and Ms. Davidson:

We are writing to inform you that the results of the 2015 Nutritious Food Basket Costing for the Peterborough County-City Health Unit was accepted at the October 14, 2015 Board of Health meeting. The October 2015 report, [Limited Incomes: A Recipe for Hunger](#) has been released to the public raising the concern that local poverty and food insecurity rates continue to rise.

At this time the Board of Health also reviewed and endorsed the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) Position Statement on Responses to Food Insecurity. We thank you for your work in raising the awareness of this issue. We know there is an urgent need to address the economic barriers that people living with low incomes experience in accessing healthy food.

Thank you for your leadership in this area across Ontario. We look forward to the Nutrition Promotion staff of the Peterborough County-City Health Unit contributing to work with OSNPPH on this critical issue. We will help to support advocacy efforts that will result in both reduction of food insecurity and the introduction of Basic Income Guarantee for residents of Ontario.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at



Perth District Health Unit

653 West Gore Street
Stratford, Ontario N5A 1L4
(519) 271-7600 • www.pdhu.on.ca

October 26, 2015

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
premier@ontario.ca

Dear Premier Wynne:

RE: Northern Ontario Evacuations of First Nations Communities

At its meeting held on October 21, 2015, the Board of Health for the Perth District Health Unit considered correspondence forwarded and supported by Peterborough County-City Health Unit (also referencing Sudbury District Board of Health, and the Thunder Bay District Board of Health) regarding evacuations of First Nations communities in Northern Ontario.

The member municipalities of the Perth District Health Unit received evacuees from the James Bay area in 2008. The Board of Health remains deeply concerned that the First Nations communities of the James Bay Coast and Northwestern Ontario continue to require close to annual evacuation due to seasonal flooding and forest fires.

The Board of Health for the Perth District Health Unit supports the recommendation to address the ongoing lack of resources and infrastructure to ensure the safe, efficient and effective temporary relocation of First Nations communities in Northwestern Ontario and the James Bay coast when they face environmental and weather related threats in the form of seasonal floods and forest fires.

Thank you for your attention to this important matter.

Sincerely,

Teresa Barresi, Chair
Board of Health, Perth District Health Unit

TB/mr

Cc: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Yasir Naqvi, Minister of Community Safety and Correctional Services
Hon. David Zimmer, Minister of Aboriginal Affairs
Hon. Michael Gravelle, Minister of Northern Development and Mines
Hon. Bill Mauro, Minister of Natural Resources and Forestry
Linda Stewart, Executive Director, Association of Local Public Health Agencies
MPP Randy Pettapiece
Ontario Boards of Health

Moved by *Sharon Smith*

Seconded by

WHEREAS tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;¹ and

WHEREAS second-hand smoke kills 1,000 Canadians annually;^{2,3} and

WHEREAS approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed;⁴ and

WHEREAS Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported; and

WHEREAS indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building⁵ and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure; and

WHEREAS second-hand smoke in multi-unit housing can lead to third-hand tobacco exposure as semi-volatile and volatile organic chemicals like nicotine and polycyclic aromatic hydrocarbons (carcinogens, also known as PAHs) are oily or waxy and more likely to stick to surfaces than be removed by ventilation; and

WHEREAS 5.6% of residents age 12 and up in the Northwestern Health Unit catchment area are exposed to second-hand smoke in their home;⁶ and

¹ <http://www.mhp.gov.on.ca/en/smoke-free/default.asp> Accessed August 17 2010

² Health Canada, 2004. "Cigarette Smoke: It's Toxic." Second-hand Smoke: FAQs & Facts. 2004. www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index_e.html (Accessed Jan. 2006)

³ Makomaski-Illing EM and Kaiserman MJ, 1999. Mortality attributable to tobacco use in Canada and its regions- 1998. *Canadian Journal of Public Health* 1999; 95(1):38-44. www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44 (Accessed Dec. 2005)

⁴ Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8December 2011. <http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-coops-want-to-live-smoke-free>.

⁵ "Second-hand smoke in Multi-Unit Dwellings." Non-Smokers' Rights Association (2011). Available from <http://www.nsr-adnf.ca/cms/page1433.cfm>.

⁶ Canadian Community Health Survey, 2011/2012 <http://www12.statcan.gc.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Code1=3549&Geo2=PR&Code2=35&Data=Rate&SearchText=Northwestern%20Health%20Unit&SearchType=Contains&SearchPR=01&B1=All&Custom=&B2=All&B3=All>

WHEREAS 36.1% of residents who live in multi-unit housing in the Northwest Tobacco Control Area Network report tobacco smoke entering their home in the past 6 months.⁷

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Northwestern Health take the following actions to reduce exposure to second-hand smoke in multi-unit dwellings:

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

FURTHERMORE BE IT RESOLVED, that a copy of this resolution be sent to the Smoke-Free Ontario Housing Coalition, the Ontario Minister of Municipal Affairs and Housing, local Members of Provincial Parliament (MPP), the Chief Medical Officer of Health, the Association of Local Public Health Agencies, all Ontario Boards of Health, the Kenora District Services Board, the Rainy River District Social Services and Administration Board, and Northwestern Health Unit obligated municipalities for their information and support.

⁷ Centre for Addiction and Mental Health Monitor, 2011/2012 http://otru.org/wp-content/uploads/2014/10/update_aug2014_v2.pdf

	Yea	Nay	Abstained	Disclosure of Interest
C. Baron				
D. Brown				
Y. Kirlew				
J. Roy				
J. Ruete				
P. Ryan				
T. Sachowski				
S. Smith				
B. Thompson				

Date: October 23, 2015

Chair: 

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Q3 2015 Program Report**

Date: November 11, 2015

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the Q3 2015 Program Report for information

Overall Compliance Status

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

ME: Meeting Expectations PME: Partially Meeting Expectations

Chronic Disease Prevention

Hallie Atter, Manager, Community Health;

Donna Churipuy, Manager, Environmental Health Programs

Program Compliance:

Requirement 3, 4, 11: Due to limited staff capacity, not all areas of focus listed in the Requirements can be completed. Areas that are not fully addressed include healthy eating, healthy weights, physical activity and alcohol use.

Prevention of Injury and Substance Misuse

Hallie Atter, Manager, Community Health

Program Compliance:

Requirement 1, 2, 3, 4 & 5: All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations and a strategic effort to ensure optimal impact on local needs, our focus is on two of the four areas: *Falls Prevention and Alcohol and Other Substances*, with fewer resources directed towards *Road and Off-Road Safety and Other Areas*, e.g. drowning, burns, etc. For this reason, we are partially compliant in all five Requirements.

Rabies Prevention & Control

Atul Jain, Manager, Inspection Services

A response to animal bites must be initiated within 24 hours of notification. This variance is due to the hospital and other agencies using an old fax system and also not calling in when they fax their rabies incident reports. We have informed these agencies numerous times, through correspondence and verbal communications, however it is still occurring. We will continue to pursue this and other educational activities in Q4.

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Q3 2015 Corporate Services Report**

Date: November 11, 2015

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the Q3 2015 Corporate Services Report for information



Quarter 3 2015 Status Report Corporate Services (July 1 to September 30, 2015)

Communications Services
Brittany Cadence, Manager

Media Relations:

Activity	Q3 comparison <small>*new metrics added in 2015</small>	
	2015	2014
Press releases (accompanied by 7 audio files*), letters to the editor*, Medical Officer of Health (MOH) Examiner columns*, Board of Health (BOH) meeting summaries* issued	26	21
Media interviews	18	28
Number of media stories directly covering Peterborough County-City Health Unit (PCCHU) activities (print and TV only, and some radio when stories posted online)	100	117

Top Stories of Second Quarter:

- 43 stories - related to heat alerts (five issued during this quarter)
- 8 stories – PCCHU move announcement, funding support from municipalities
- 6 stories – substance misuse (opioids, overdose prevention)
- 43 stories – various topics: vector borne diseases, breastfeeding, Healthy Kids Challenge, beach postings, blue-green algae, community events/physical activity, PCCHU manager attending Harvard, Ontario Health Study
- 2014 Annual Report video - 544 views as of October 20, 2015

Website Statistics Q3 2015 - Top Pages (# of page views):

Homepage	7600
Beach Testing Results	4135
Employment	2766
Contact Us	1749
Food Handler Course	1298
Sexual Health Clinic	1285
Social Determinants of Health	738
Food Handler Course (dates)	655
Clinics and Classes	631

PCCHU Social Media:

Social media is all about engagement. Engagement is a type of action beyond just exposure and involves interactions with the audience. The actions noted below, for example: re-tweets, mentions, link clicks, favourites, replies, etc. demonstrate that the audience has participated with versus simply viewed the message.

Activity	Q3 2015	Q3 2014
Twitter (@PCCHU)		
Tweets	88	123
New Followers	91	79
Total followers as of the end of this quarter	1367	1033
Engagement Summary: (new analytics for 2015)		
Impressions (<i>number of times PCCHU info appeared on a screen</i>)	57.6 K	n/a
Mentions	148	n/a
Re-tweets	94	22
Profile Visits	1781	n/a
Link Clicks	268	n/a
Favourites	36	n/a
Replies	17	n/a
Facebook (search: Peterborough County-City Health Unit)		
New Likes	54	21
Events Promoted	0	1
Posts	23	52
Most Viewed post – Check out @PCCHU's 2014 Annual Report video released today http://ow.ly/OZa6H	551	86
Ad Campaigns	3	1

Information Technology

Brittany Cadence, Manager

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

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	60mins/ 0.06%	0 mins	99.94%
Phone server	2400 mins/ 1.8%	10 mins/ 0.01%	98.2%

Project Highlights in Third Quarter:

Improving existing systems by preparing the new domain, as well as new phones and laptops for Jackson Square.

Finance

Bob Dubay, Accounting Manager

Financial Implications and Impact:

This report compares provincial approved budget and results from the third quarter financial operations of 2015. This is the first quarter that provincial budget approvals is known, the actual status of the Board's financial operations for 2015 can now be measured against approvals.

On a whole, most programs have operated within approved budgets. Within the report (Attachment A) some items have been identified in red to draw attention to areas of concern and need to be resolved to avoid a negative financial impact. The Healthy Smiles Ontario program is operating at a level that would result in approximate deficit of \$40,000.

Management is reviewing options to reduce costs and an additional request for funding will be submitted to the province for a one-time grant to cover the costs.

The Healthy Babies program is projected to have a deficit of \$10,000 by year end due to unbudgeted legal costs. Management has discussed issue with Ministry Officials and has submitted a one-time request to the province for funding.

Background:

The Board of Health approved a budget last February in the amount of \$465,460 for the Healthy Smiles Ontario program. As per provincial guidelines the board submitted the budget to the province by the end of February. To date the program has been operating at the Board approved level of \$465,460. In September the Province approved only \$427,300. In 2014, the province provided and the program spent \$437,386.

In addition, there is a level of uncertainty regarding the Healthy Smiles Ontario program operations as the Province transitions to an integrated dental system. As of January 1, 2016, the Ontario government will be integrating six (6) existing publicly-funded dental programs and/or benefits including the Healthy Smiles Ontario (HSO) and Children In Need Of Treatment (CINOT) Program. The Ministry will create one (1) seamless program for children and youth aged 17 and under from low-income families. The new program will provide eligible children with a simplified enrolment and renewal process and access to a full range of oral health services. The new program will also streamline administration and delivery of services. For the 2015 budget the Health Unit has been directed to budget for the full twelve months of the year for HSO program and until July 31, 2015 for the CINOT programs. The Province has indicated that one-time funding will be made available for costs associated with the transfer of part or all of these programs to the new agency. In addition, one-time funds may be available to fund financial pressures on the program.

The Healthy Babies program budget has remained frozen since 2013.

Attachments:

Attachment A – Financial Update September 30, 2015

Financial Update Q3 2015 (Accounting: Bob Dubay)

Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,275,733	14-Jan-15	September 9/15	5,353,594	73.6%	MOHLTC	Operating within budget.
Mandatory Public Health Programs - Occupancy costs	Cost Shared	390,000	14-Jan-15	September 9/15	304,851	78.2%	MOHLTC	Budget approved as submitted at \$520,000. For 2015, the Ministry approved \$390,000 pro-rated for 9 months remaining.
Small Drinking Water Systems	Cost Shared	90,800	11-Feb-15	September 9/15	69,287	76.3%	MOHLTC	Operating above budget. Will balance by end of year.
CINOT Expansion	Cost Shared	45,600	11-Feb-15	September 9/15	27,183	59.6%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,133	11-Feb-15	September 9/15	43,598	57.3%	MOHLTC	West Nile Virus program finished end of September. Majority of expenditures have been reported to date. Anticipated being underspent for 2015.
Infectious Disease Control	100%	222,300	11-Feb-15	September 9/15	166,725	75.0%	MOHLTC	Operating at budget.
Infection Prevention and Control Nurses	100%	90,100	11-Feb-15	September 9/15	67,131	74.5%	MOHLTC	Operating within budget.
Healthy Smiles Ontario	100%	427,300	11-Feb-15	September 9/15	359,321	84.1%	MOHLTC	Operating above budget as Ministry did not approve funding request of \$465,460. Without the funding increase, action will be required to balance the program before end of year.
Enhanced Food Safety	100%	25,000	11-Feb-15	September 9/15	25,000	100.0%	MOHLTC	Operating at budget. Program complete.
Enhanced Safe Water	100%	15,500	11-Feb-15	September 9/15	15,500	100.0%	MOHLTC	Operating at budget. Program complete.
Nurses Commitment	100%	180,500	11-Feb-15	September 9/15	135,957	75.3%	MOHLTC	Operating at budget. Will balance by year end.
Chief Nursing Officer Initiative	100%	121,500	11-Feb-15	September 9/15	91,292	75.1%	MOHLTC	Operating at budget. Will balance by end of year.
Needle Exchange Initiative	100%	34,100	11-Feb-15	September 9/15	32,218	94.5%	MOHLTC	Well above budget. Province approved funding increase requested, however to balance program by end of year management will find additional funding sources.

Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	11-Feb-15	September 9/15	75,236	75.2%	MOHLTC	Operating at budget.
Smoke Free Ontario - Enforcement	100%	202,100	11-Feb-15	September 9/15	131,592	65.1%	MOHLTC	Operating within budget. Province approved additional operational funding of \$88,000 annually for the program. Efforts will be made to spend increased budget before end of December within Ministry guidelines.
Smoke Free Ontario - Youth Prevention	100%	80,000	11-Feb-15	September 9/15	51,949	64.9%	MOHLTC	Operating within budget.
Smoke Free Ontario - Prosecution	100%	6,700	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Operating within budget.
Smoke Free Ontario - Electronic Cigarettes Act - Protection & Enforcement	100%	21,975	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Funding for 2015 pro-rated for April through December of \$21,975. Spending will occur in final quarter of year. Ongoing annual funding approved for program is \$29,300.
Healthy Babies, Healthy Children	100%	928,413	08-Apr-15	March 2/15	713,288	76.8%	MCYS	Anticipate deficit of about \$10,000 by end of year due to legal costs. Will ask province to fund deficit.
Ontario Works - Dental Administration	100% from City	NA	NA	NA	543,188		CITY OF PTBO	Effective August 1, 2015 the City of Peterborough has contracted the administration of the Dental portion of Ontario Works to Accerta Claim Service Corporation. The Board of Health, will no longer administer the program. Staff are ensuring a smooth transition of the process and anticipate no negative financial implications for the Board.

One Time Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
One-time Facilities Renewal IV	Cost Shared	2,000,000	11-Feb-15	September 9/15	651,298	32.6%	MOHLTC	Budget approved as submitted.
One-time Phone Server	Cost Shared	30,000	11-Feb-15	September 9/15	23,246	77.5%	MOHLTC	Budget approved as submitted.
One-time Asset Protection - Dental	Cost Shared	260,000	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Budget approved as submitted. Funds must be used to construct a custom built garage for the mobile unit before March 31, 2016. The purchase and construction following board purchasing policy is not feasible within this time frame.
One Time - Vaccine Refrigerator	100%	19,000	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Funds will be used for purchase of 2 new refrigerators for new building.
Public Health Inspector Practicum Project	100%	10,000	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Expenditures to be incurred during January through March 2016.

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

One Time Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Smoke Free Ontario - One time -Cessation	100%	22,500	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Board approved budget of \$30,000, however Province approved reduced amount. Given the timing of the approval, the funding provided is adequate.
Smoke Free Ontario - One Time Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	11-Feb-15	September 9/15	0	0.0%	MOHLTC	New Ministry funding to enforce the Electronic Cigarettes Act. All efforts will be made to use funds before end of March 31, 2016 within Ministry guidelines.

Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	244,345	Mar 11, 2015	June 8/15	114,382	46.8%	MCSS	Operating at budget.
Panorama	100%	?	NA				MOHLTC	Approval is pending Ministry approval. No indication of the funding the Health Unit may receive.
Medical Officer of Health Compensation	100%	53,816	NA	Submitted October 6/2015 as required by Province.	26,908	50.0%	MOHLTC	Operating at budget.
Speech	100%	12,670	NA		6,370	50.3%	FCCC	Operating at budget.
Locally Driven Collaborative Project	100%	51,437	NA		23,444	45.6%	Public Health Ontario	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2015	Type	2015	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Sewage Program		382,389	12-Nov-14	NA	281,764	73.7%	FEES	Expenditures are within budget; Revenue from User Fees are also above budget resulting in a surplus of \$15,112. Building on this surplus should help carry the program through the remainder of the year.
Programs funded through donations and other revenue sources January 1 to December 31, 2015	Type	2015	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Food For Kids, Breakfast Program & Collective Kitchens		57,228	NA	NA	26,961	47.1%	Donations	Budget based 2014 actuals. Operating within budgets.
Other Programs and workshops		61,670	NA	NA	39,972	64.8%		Operating within budgets, including Breaking Down Barriers, CLIMATE Change, Love My Life and eHealth.



Staff Report

2015 Cost-Shared Budget Approval

Date:	November 11, 2015		
To:	Board of Health		
From:	Dr. Rosana Salvaterra, Medical Officer of Health		
<i>Original approved by</i>			<i>Original approved by</i>
Rosana Salvaterra, M.D.			Bob Dubay, Manager, Accounting

Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve the amended 2015 provincial share of cost-shared budget for public health programs and services per summary below:

Programs Funded January 1 to December 31, 2015	2015 Provincial Share of Budget Request	2015 Provincial Share of Approved Budget	Comments
Cost Shared Budget – Provincial Share	\$6,148,732	\$6,006,200	Shortfall of \$142,532*.

*See "Financial Implications and Impact" section.

NOTE: The cost-shared budget above includes Mandatory Public Health, Small Drinking Water, Children in Need of Treatment Expansion Program, Mandatory Program Building Occupancy and Vector Borne Diseases.

Financial Implications and Impact

This budget includes cost-shared budgets funded by the Ministry of Health and Long-Term Care (MOHLTC) as well as City, County and First Nations, but does not include other programs and services of the Health Unit funded 100% MOHLTC or by other Ministries of the Province.

The Ministry approved approximately \$142,000 less than requested for Mandatory Programs. Based on communication provided with the 2015 Budget approval, the Board of Health should not expect to see any funding increases over the next few years. In 2016, the funding shortfall will affect programming but Executive should be able to manage by prioritizing Public Health Standards within funding constraints. In 2017, the funding shortfall will affect maintenance of existing programming.

The Board of Health requested \$520,000 for annual anticipated occupancy costs and mortgage payments required to operate King Street. The Ministry approved the budget as submitted. For 2015, the Ministry approved a prorated share of \$292,500 representing 75% of their share of the approval. Although funding is reduced for 2015, there are adequate funds available to provide for the move to King Street.

Decision History

On February 11, 2015 the Board approved the 2015 cost shared budgets in the amount of \$8,222,647. Included in the budget approval is the Provincial Cost Shared portion of \$6,148,732.

In the past, we have not asked the Board to adjust their approved budget to reflect the Ministry approval. However, it is beneficial for the board to approve the amended budget to help simplify and streamline the provincial budget approval and request process for the following year.

Background

The Health Protection and Promotion Act section 72(1) states that the budget for public health programs and services is the responsibility of the obligated municipalities. In 2004, the provincial government announced, “the Ministry will review Board of Health-approved budgets in relation to guidelines and approve its share according to the following” funding ratio “75% province, 25% municipalities”.

The 2015 budget is prepared on the basis of 75% funding grant from the MOHLTC, and 25% from the County of Peterborough, City of Peterborough, Curve Lake First Nation and Hiawatha First Nation. The County of Peterborough, City of Peterborough fund the Health Unit based on census population data. The Curve Lake First Nation and Hiawatha First Nation contribute based on funding agreements with the Board of Health.

Rationale

Under the *Ontario Public Health Standards*, the Board is required to approve an annual budget.

Strategic Direction

The amended budget allows the Board to address all its strategic priorities.

Contact:

Bob Dubay

Manager, Accounting

(705) 743-1000, ext. 286

bdubay@pcchu.ca



Staff Report

2015 Ministry Funded (100%) and One-Time Request Budget Approvals

Date:	November 11, 2015		
To:	Board of Health		
From:	Dr. Rosana Salvaterra, Medical Officer of Health		
<i>Original approved by</i>			<i>Original approved by</i>
Rosana Salvaterra, M.D.			Bob Dubay, Manager Finance

Recommendation

That the Board of Health for the Peterborough County-City Health Unit approve the amended 2015 budgets funded 100% by the Ministry of Health and Long-Term Care and One-Time Funding as follows:

100% Funded Programs

Programs Funded January 1 to December 31, 2015	Type	2015 Budget Request	2015 Approved Budget	Comments
Healthy Smiles Ontario	100%	\$465,460	\$427,300	See "Financial Implications and Impact" section
Chief Nursing Officer	100%	\$123,842	\$121,500	Overage will be covered through Mandatory Program budget.
Infection Prevention and Control Nurses	100%	\$91,867	\$90,100	Overage will be covered through Mandatory Program budget.
Infectious Diseases Control	100%	\$222,233	\$222,300	.03% Increase
Public Health Nurses	100%	\$184,057	\$180,500	Should fall within budget due to staffing mix.
Enhanced Safe Water	100%	\$15,500	\$15,500	No Increase

Programs Funded January 1 to December 31, 2015	Type	2015 Budget Request	2015 Approved Budget	Comments
Enhanced Food Safety – Haines	100%	\$25,000	\$25,000	No Increase.
Healthy Communities Fund – Partnership Stream	100%	\$76,700	\$0	Not approved. Program ceased across province.
Smoke Free Ontario	100%	\$300,800	\$380,800	\$88,000 increase approved. See “Financial Implications and Impact” section.
Electronic Cigarettes Act: Protection and Enforcement	100%	\$0	\$29,300	New funding. See Financial Implications and Impact” section. Prorated for 2015.

One Time Funding Approvals – April 1, 2015 to March 31, 2016

Mandatory Program: Phone Server	Cost Shared	\$22,500	\$22,500	Approved as submitted.
Capital: Facilities Renewal	Cost Shared	\$1,500,000	\$1,500,000	Approved as submitted.
Mandatory Program: Dental Garage	Cost Shared	\$195,000	\$195,000	Approved as submitted.
Immunization Clinics	100%	\$98,135	\$0	Not approved.
New Purpose-Built Vaccine Refrigerators	100%	\$19,000	\$19,000	Approved as submitted.
Public Health Inspector Practicum Program	100%	\$20,000	\$10,000	Approval for one student.
Electronic Cigarettes Act: Protection and Enforcement	100%	\$0	\$29,300	New funding. See Financial Implications and Impact” section.
Smoke-Free Ontario: Expanded Smoking Cessation	100%	\$30,000	\$22,500	Funding sufficient for program needs given timing of approval.

Financial Implications and Impact

The 2015 Healthy Smiles Ontario program presents the greatest financial risk to the Board of Health. While it is considered to be a 100% funded program, the financial model requires that the dental clinic earn a substantial amount of additional revenues from other sources including Ontario Works, Ontario Disability Support Program and others to balance the budget. In 2015, the Health Unit submitted a budget of \$465,460 with additional dental clinic revenues of

\$290,681 to balance the budget. Currently the clinic expenditures are operating in line with the budget submitted however dental clinic revenues are not on target. With the reduced Ministry approval of \$427,300, action will be required to address the projected shortfall in the program based on current operations.

The Smoke-Free Ontario Program is funded 100% by the Ministry of Health and Long-Term Care. The amended approved funding by the Ministry is \$380,800. The new funding under Protection and Enforcement will help enhance existing services provided by the program. New funding under the Electronic Cigarettes Act will help allow for additional staffing and resources to enforce the new Act.

Decision History

In the past, we have not asked the Board to adjust their approved budgets to reflect the Ministry approval. It is beneficial for the board to approve the amended budgets to help simplify the provincial budget approval and request process for the following year.

Background and Rationale

The Board approves annually 100% Ministry Funded and One-Time Request Budgets.

Strategic Direction

The Healthy Smiles Dental Program will contribute to the strategic goal of Dental “Health Equity” by addressing the oral health needs of identified priority populations including the needs of children. In particular, it will ensure dental access within both the City and County of Peterborough for those who would not be able to afford treatment.

The 100% funded programs help to enhance the Health Unit’s strategic goals of “Capacity and Infrastructure” as well as the “Quality and Performance” to achieve public health goals for the community through our programs and services.

The Smoke Free Ontario Programs and Electronic Cigarettes Act will help the Board of Health to meet its mandate to better achieve the Ontario Public Health Standards.

Contact:

Bob Dubay
Manager, Accounting
(705) 743-1003, ext. 286
bdubay@pcchu.ca

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Medical Officer of Health - Coverage Request

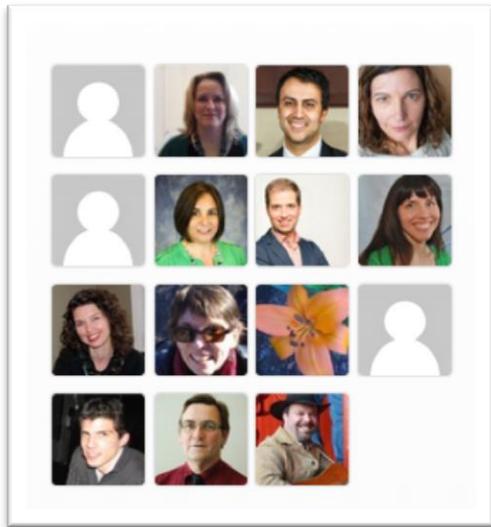
Date: November 11, 2015

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for the Peterborough County-City Health Unit, for the period of December 4 – 18, 2015.

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

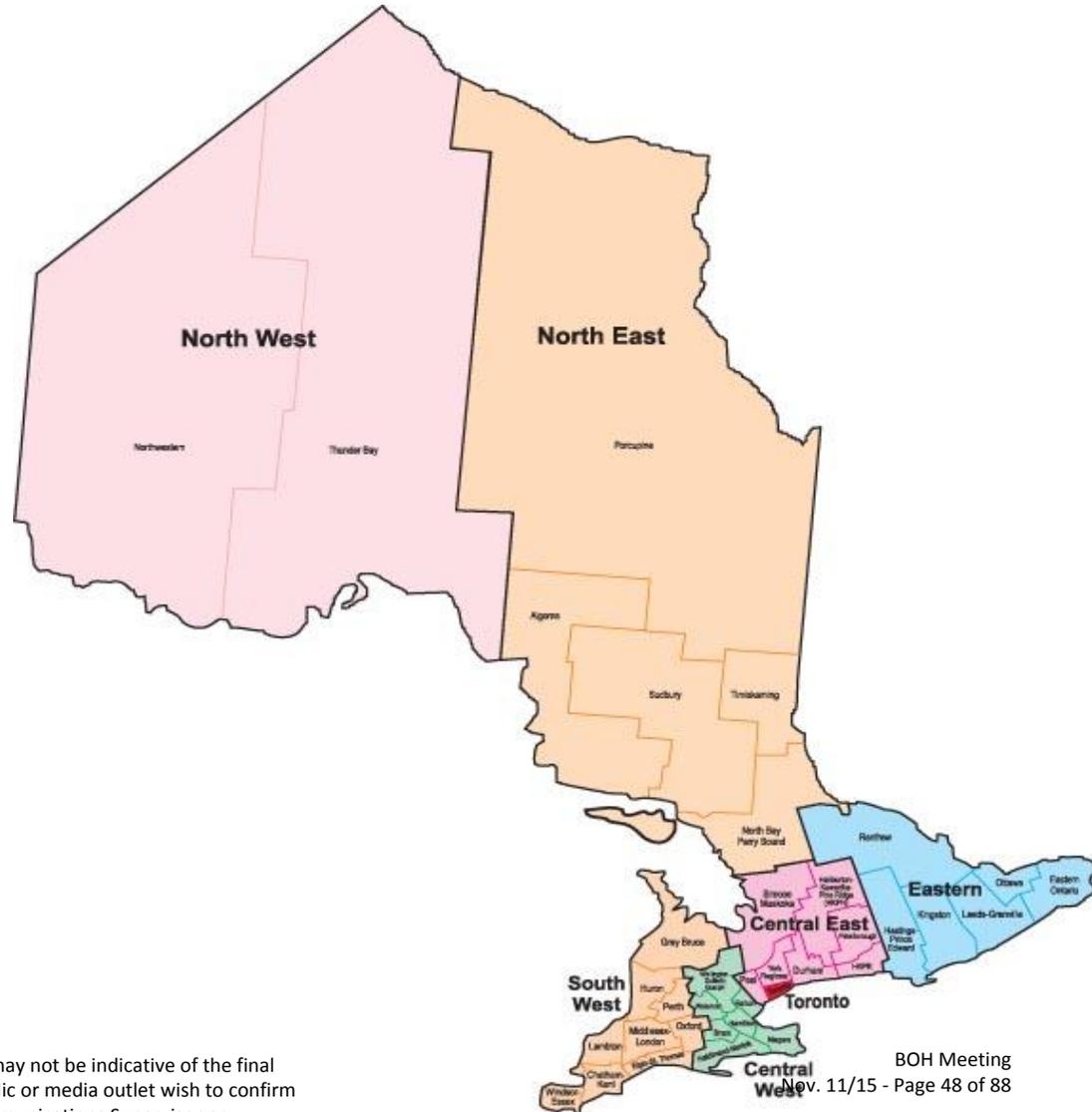
Dr. Pfaff has since retired from Simcoe Muskoka however is still a physician in good standing and fully capable of providing coverage for this absence.



The Ontario Association of Communicators in Public Health

What is the OACPH?

- Started in 2011
- 55 members, representing 24 PHUs and 3 provincial public health organizations
- 7-member Executive Committee with regional representation



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

What is the OACPH?

Vision:

To contribute to a healthy Ontario through strategic and effective communications in public health.



communication

strategic
social professional issues
literacy management
relations risk media
stakeholder equity
best corporate
practices marketing
evidence-based internal
standards
health



What does the OAPCH do?



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

OACPH Online Community

General Discussion

This forum contains 55 topics and 121 replies, and was last updated by Mariana 4 days, 22 hours ago.

Viewing 15 topics - 1 through 15 (of 56 total)

Topic	Voices	Posts	Freshness
Men's Mental health January 2016 <small>Started by: Mariana</small>	2	3	4 days, 22 hours ago <small> Mariana</small>
Media monitoring – Meltwater? <small>Started by: Dan Faherty</small>	1	1	2 weeks ago <small> Dan Faherty</small>
New Website Questions – Content Development <small>Started by: Steven Shi</small>	1	1	2 weeks, 5 days ago <small> Steven Shi</small>
Corporate Communications Strategy <small>Started by: Jennifer Ghee</small>	2	2	3 weeks, 5 days ago <small> Leonardo Vecchio</small>
Use of Texting <small>Started by: Courtney W</small>	3	5	4 weeks ago <small> Courtney W</small>
What's in a Name? Health Unit vs Public Health Agency <small>Started by: Brittany Cadence PCCHU</small>	5	6	4 weeks ago <small> Leonardo Vecchio</small>
Feedback request on infographics <small>Started by: Lucia Zeeb</small>	1	1	1 month ago <small> Lucia Zeeb</small>
Strategic Plan <small>Started by: Courtney W</small>	2	2	1 month, 2 weeks ago <small> Scott Fry</small>
Federal Election <small>Started by: Drew Ferguson</small>	3	3	1 month, 2 weeks ago <small> J Onelia</small>
Website redesigns — IE8? <small>Started by: Gary Schelling PHU</small>	2	2	1 month, 3 weeks ago <small> Kari Toops PCCHU</small>
Intranet webinar for OACPH members – interested? <small>Started by: Steven Shi</small>	8	9	2 months ago <small> Brittany Cadence PCCHU</small>
Video annual reports <small>Started by: Brittany Cadence PCCHU</small>			2 months ago <small> Brittany Cadence PCCHU</small>



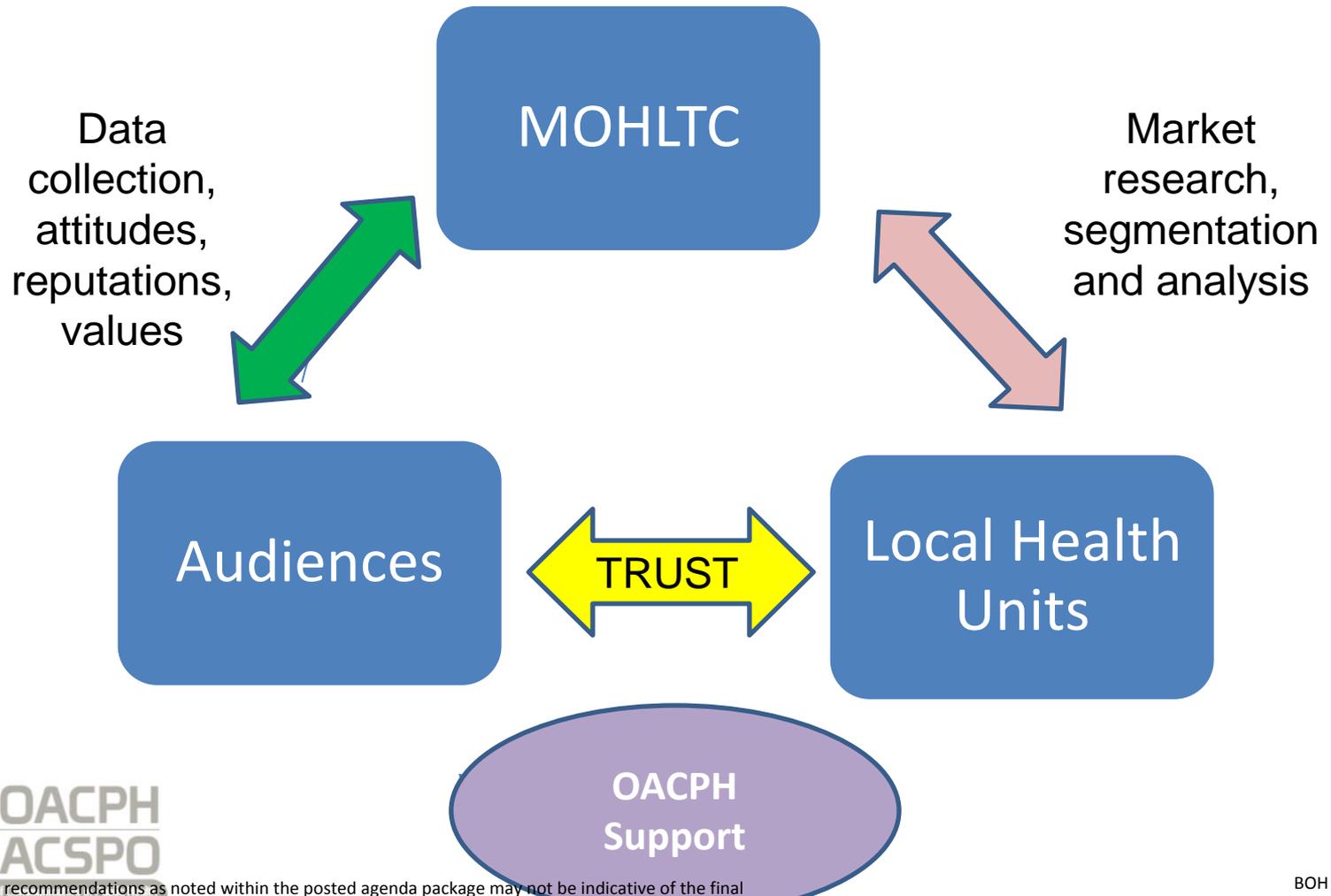
NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU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

Working with Provincial Partners



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

Future Opportunities





Thank you for your time!



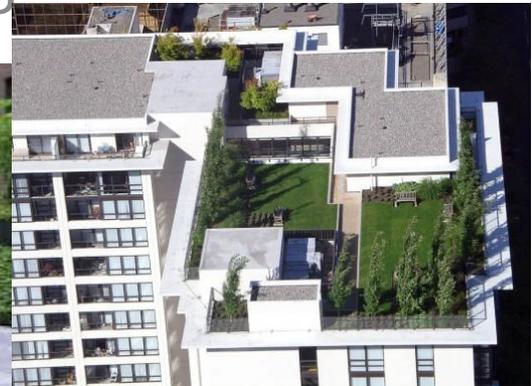
NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU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



Climate Change and Public Health

Donna Churipuy

November 11, 2015



Objectives

- Share findings of three reports
 - Application of the Multiple Exposures, Multiple Effects Model to Four Flood Events in Canada: Lessons Learned for Public Health Adaptation to Extreme Precipitation and Flooding in the Context of Climate Change
 - Assessment of Vulnerability to the Health Impacts of Climate Change
 - Climate Change Adaptability Assessment

Climate Change

Climate change refers to averages of day-to-day weather and the long-term changes to these averages over time

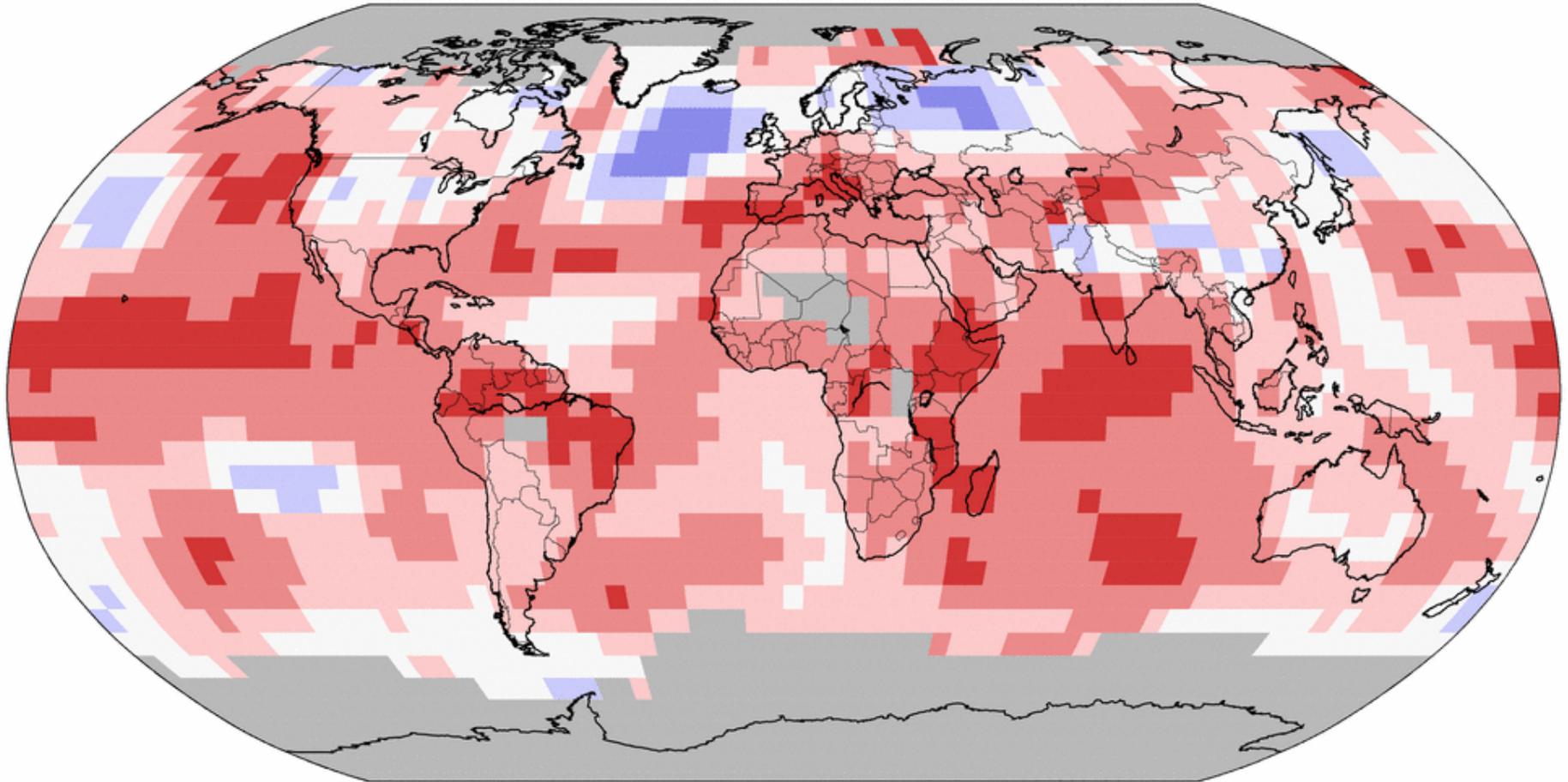
Climate change is characterized by:

- rising sea levels and warming of oceans
- increasing surface temperatures
- melting snow and ice
- extreme weather

Land & Ocean Temperature Percentiles Jul 2015

NOAA's National Centers for Environmental Information

Data Source: GHCN-M version 3.3.0 & ERSST version 4.0.0



**Record
Coldest**



**Much
Cooler than
Average**



**Cooler than
Average**



**Near
Average**



**Warmer than
Average**



**Much
Warmer than
Average**



**Record
Warmest**



NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. If you would like to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Supervisor or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Selected Significant Climate Anomalies and Events July 2015

GLOBAL AVERAGE TEMPERATURE

July 2015 average global land and ocean temperature was the warmest July since records began in 1880.

ARCTIC SEA ICE EXTENT

July 2015 sea ice extent was 9.5 percent below the 1981–2010 average—the eighth smallest July sea ice extent since satellite records began in 1979.

TYPHOON NANGKA (July 3–18, 2015)

Maximum winds - 250 km/h
Nangka impacted Japan on July 16th. Heavy rain caused floods that damaged nearly 220 homes. Two fatalities were attributed to Nangka.

EUROPE

Western and central Europe experienced warmer-than-average conditions during July, while northern areas experienced cooler-than-average conditions. Spain had its warmest July, while France had its third warmest July on record.

AUSTRALIA

Several cold fronts impacted eastern Australia during July 11–17th, resulting in widespread snow to parts of New South Wales and Queensland.



AFRICA

Warmer-than-average temperatures engulfed much of the continent, resulting in the second warmest July, behind 2002. Several locations in the east observed record warmth.

ANTARCTIC SEA ICE EXTENT

July 2015 sea ice extent was 3.8 percent above the 1981–2010 average—the fourth largest July sea ice extent on record.



CONTIGUOUS UNITED STATES

The Northwest and Southeast were warm while the central U.S. was cool. Record precipitation in parts of California did little to improve long-term drought.



HURRICANE DOLORES (July 11–18, 2015)

Maximum winds - 215 km/h
Remnants of Dolores brought record precipitation to parts of southern California. However, the much needed rain did little to improve the long-term drought conditions in the region.



SOUTH AMERICA

South America experienced above-average conditions during July, with some locations across the north experiencing record warmth. Averaged as a whole, South America experienced its fifth warmest July on record.



Please Note: Material provided in this map was compiled from NOAA's State of the Climate Reports. For more information please visit: <http://www.ncdc.noaa.gov/sotc>

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

“For public health, climate change is the defining issue for the 21st century.”

Margaret Chan, World Health Organization

“climate change and health inequities are rooted in the same large systems that shape our daily lives”

http://climatehealthconnect.org/wp-content/uploads/2015/04/report-portrait-layout-8_online.pdf



“If mitigation is about CARBON, then adaptation is about WATER”

Jim

Mattison, Former Assistant Deputy Minister, BC



Application of the Multiple Exposures, Multiple Effects Model to Four Flood Events in Canada

- Select Public health adaptation framework
- Collaborative approach
- Testing with 4 case studies from different flood scenarios

MULTIPLE EXPOSURES, MULTIPLE EFFECTS

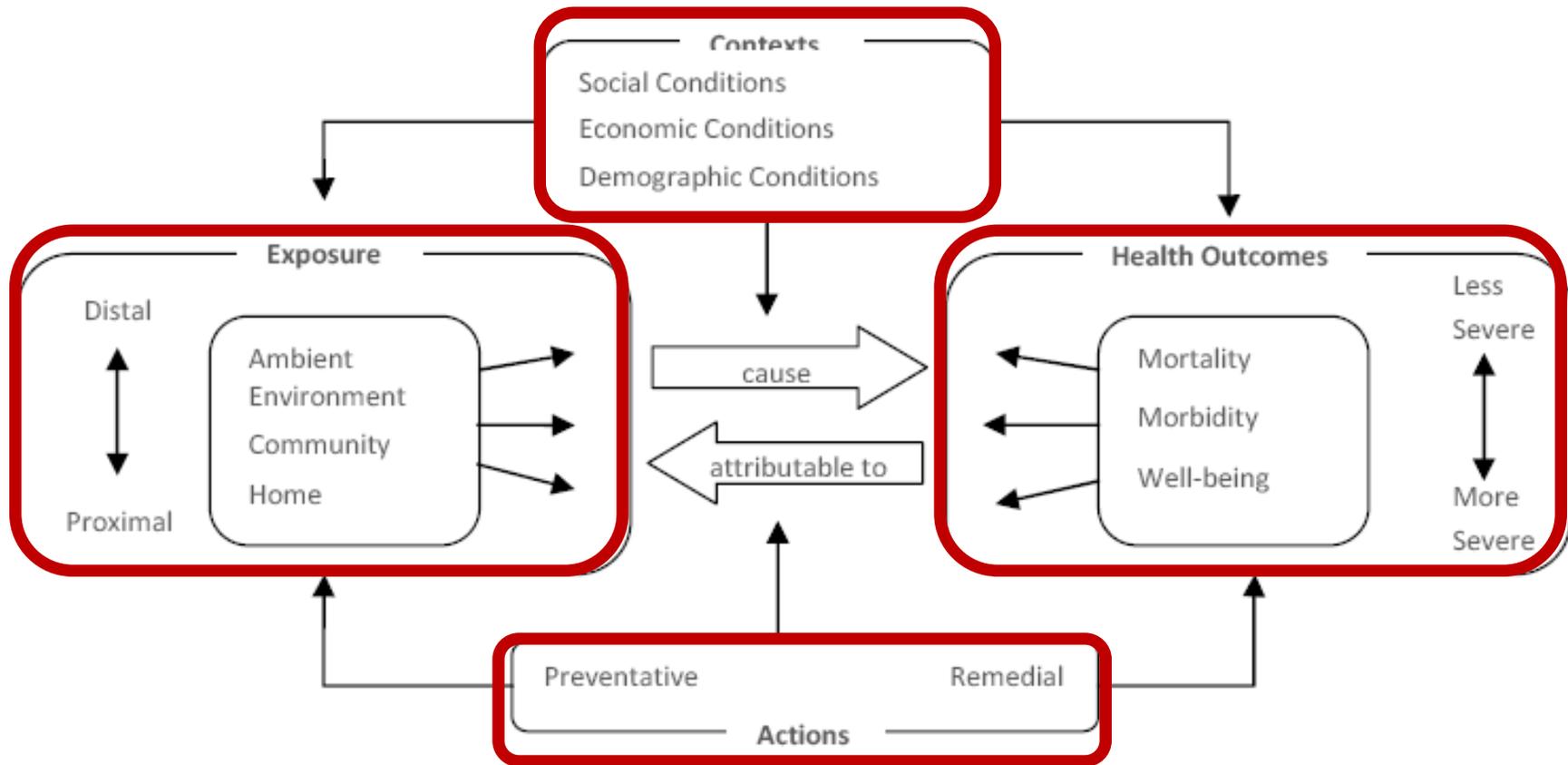


Figure 4. Multiple Exposures, Multiple Effects Framework (WHO, 2002)

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

Pluvial flooding

Rainfall-generated overland flow and ponding *before* the runoff enters a watercourse.



Surface water or urban flooding

Combined flooding in urban areas during heavy rainfall. It includes **pluvial**, sewer, small open-channel, culverted urban watercourses and overland flows from groundwater springs.

Fluvial flooding

Riverine flooding, driven by precipitation events in a watershed. These floods typically last for days or even weeks.

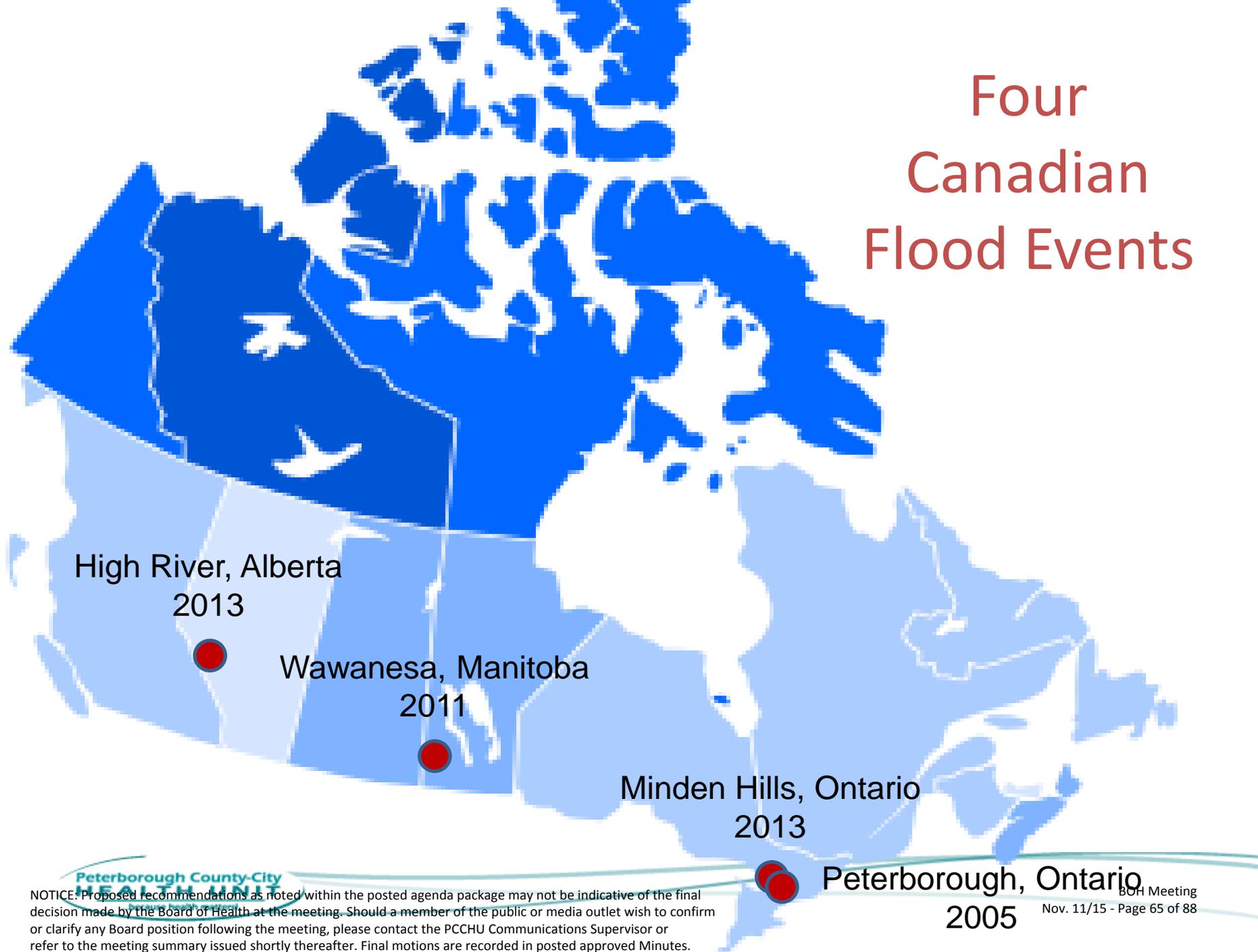


Snowmelt runoff

The most common type of flood in Canada. Linked to the spring 'freshet', or snowpack melting. When the freshet is combined with rainfall, flooding can occur.

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

Four Canadian Flood Events



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

Key Findings

- Needs of **vulnerable populations** not systematically addressed
- **Mental health** problems are key
- State of Emergency should trigger formal, but temporary and flexible, **expansion of list of reportable diseases** to local authorities
- **Limited evidence of mortality and morbidity**
- Lack of **public awareness** of potential consequences of living in a flood plain or being part of a **social-ecological system**

Assessment of Vulnerability to the Health Impacts of Climate Change

- PCCHU is required to increase public awareness of the health risk factors associated with climate change
- Vulnerability assessments should provide information for decision makers on the extent and magnitude of likely health risks attributable to climate change

Assessment Components

- Forecasted changes
 - Climate
 - Built environment
 - Socio-economic conditions
 - Demographic conditions
- Exposures
 - Home
 - Community
 - Ambient environment



Assessment of Vulnerability to the Health Impacts of Climate Change

Key Threats

- Extreme Weather – heat, cold, flooding
- Air Quality and UV radiation
- Waterborne and Foodborne illness
- Vector borne Disease



Vulnerable Populations

- Young children
- The elderly
- People with existing disease
- Those active outdoors



Vectorborne Disease



- Mosquito borne – West Nile virus, Eastern Equine encephalitis
- Tick borne – Lyme, Powassan
- Peterborough County not yet a risk area for Lyme

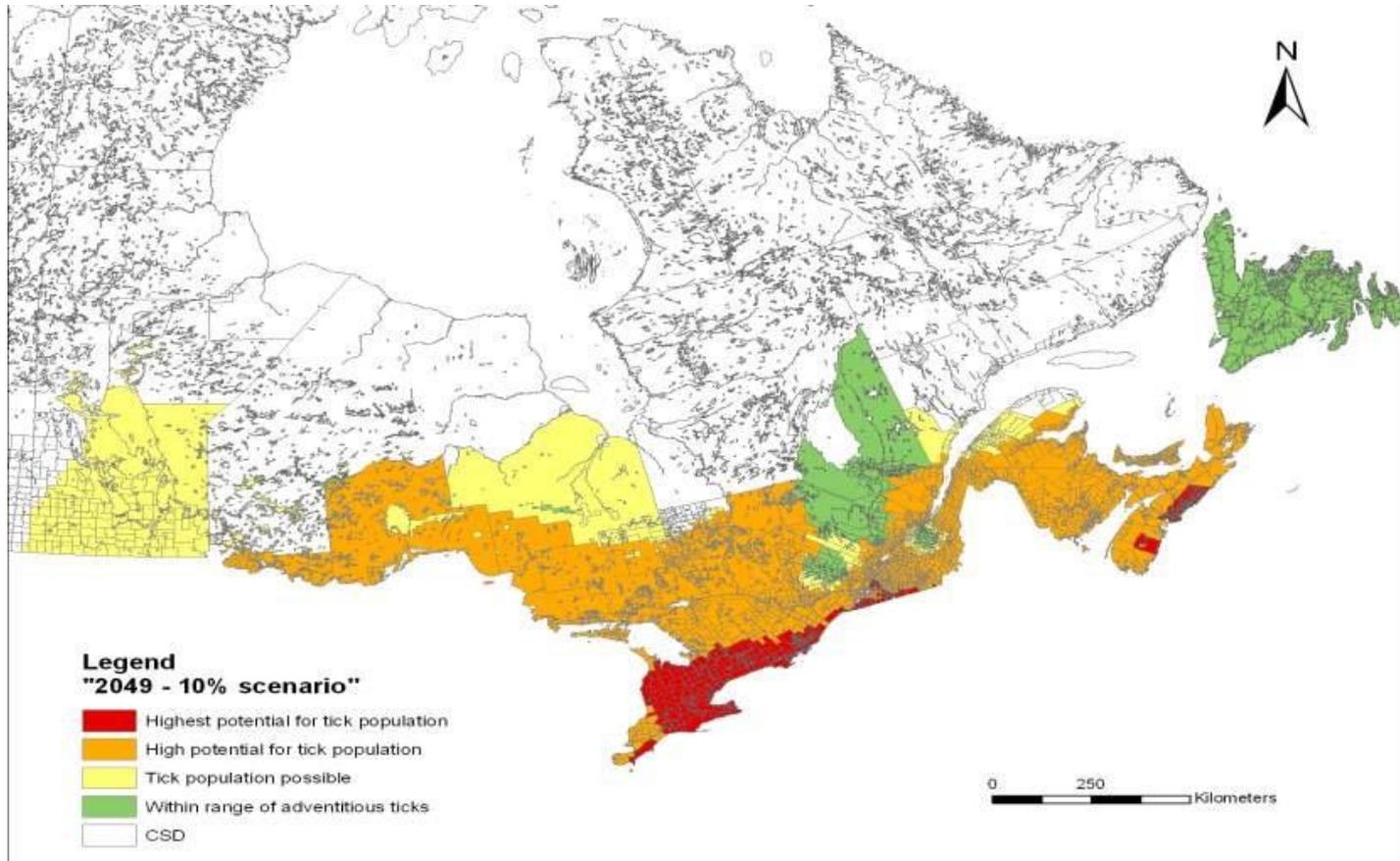


Vectorborne Disease - Climate

- 2100 – average global temperature increase of 1.0-3.5°C
- Biology and ecology of vectors and hosts will be affected and risks of disease transmission can increase
- Larvae mature faster in warm temperatures
- EEE and Powassan are evidence of northwards expansion of VBD



Prediction of Potential Extent of I. scapularis Populations by 2049



Waterborne/Foodborne Illness

- Exposure to chemicals or microbes in drinking water and recreational water
- Human illness indicating a food was the source of exposure to the contaminant causing the illness – bacteria, virus, parasite, toxins



Waterborne /Foodborne - Climate

- Waterborne diseases particularly sensitive to changes in the hydrologic cycle
- Heavy rainfall can overwhelm water treatment plant due to increased turbidity resulting in inadequate disinfection
- Increased temperature is linked to increased incidences of blue- green algae

Year	Number of reported blue-green algal blooms in Peterborough County
2008	1
2009	0
2010	2
2011	3
2012	2
2013	2
2014	0

Waterborne /Foodborne - Climate

- Warm weather allows bacteria to grow more readily in foods
- Favours flies and pests
- Floodwater can impact food supplies
 - silt, sewage, oil, chemical waste



Air Quality and UV Radiation

- Air pollution from forest fires, dust, emissions, smog (mainly ground level ozone and fine particulate matter)
- More than half of Ontario's smog comes from south of the border, travelling north in wind
- Thinning of ozone layer allows for greater exposure to UV rays

Air Quality and Ultra Violet Radiation - Climate

- Air pollution episodes forecasted to get longer and more severe
- Increases in emissions cause changes in optimal growing conditions, increased heat stress, threat of new pests, extreme weather
- Four-fold increase in forest fires in USA



Extreme Weather

- Extreme heat
- Extreme cold
- Increased precipitation
- Increased incidence of tornados



Extreme Weather - Climate

- Over the past 66 years – annual average temperatures across Canada increased 1.6°C
- Projections for communities across the country to experience increases in heat events
- Precipitation intensity expected to increase
- As planet becomes warmer there is potential for increased storms

Climate Change Adaptation Assessment

- Follow up report to the vulnerability assessment for climate change
- Focuses on vector-borne disease, food and water borne disease, air quality and UV radiation, and extreme weather
- Implementation of strategies and interventions that decrease vulnerability and impacts of climate change
- Promoting resilience to the effects of climate change

Capacity to Adapt



- Well documented research on the key determinants of capacity and on the capacity to adapt to health risks related to climate change is lacking
- IPCC – “re-building public health infrastructure is the most important, cost-effective, and urgently needed adaptation strategy”



Adaptation – Vector-borne disease

- Increased surveillance and monitoring
- Improved tools for integrated risk assessments – human and environmental
- “Mainstreaming” through increased health system capacity
- Preparedness for new and emergent pathogens
- Provision of Personal Protective Measures in WNV positive trap areas
 - DEET products funded for positive WNV pool sites if economically disadvantaged



Adaptation- Food and Waterborne Illnesses

- A national broad and comprehensive risk assessment
- Public education strategies on safe water and food safety
- Boil water advisory alert systems strengthened and focused to climate change events, such as flooding.
- Enhanced monitoring and modelling of climate change on livestock operations and marine animals



Adaptations-Air Quality

- Education and communications re home cleaning, air circulation, temperature and humidity control
- Revise building codes to climate change
- Promote and support urban greening and green roofs



Adaptation – Extreme Weather

- Climate controlled buildings with appropriate building codes and supportive bylaws
- Strong partnerships with clear functional roles and responsibilities
- A variety of messages and interventions to protect the public
- Advance the construction of shelters and saferooms, in locations that are central to existing priority populations
- Open space preservation

Conclusion

- PCCHU programs identified to protect health should incorporate climate change perspectives to better inform policies and programs
- Gaps exist in knowledge and data that need to be addressed to more fully understand vulnerability
- Eco health approaches - focus on the place of human beings within their environment

Questions?

