Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, November 13, 2013 - 4:45 p.m.
General Committee Room, City Hall
500 George Street North, Peterborough

1. Call to Order

1.1. Motion to Amend Meeting Schedule

1.2. Announcement of New Provincial Appointee

1.3. Introduction - Catherine Robinson, Board Secretary

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. **September 11, 2013**

6. Business Arising From the Minutes

6.1. Renewable Energy

7. Correspondence

8. New Business

8.1. **Presentation: A Poverty Perspective on Children and Families**
Ruth Walker, Public Health Nurse

8.2. **Staff Report and Presentation: Complete Streets Position Statement**
Janet Dawson, Health Promoter
Presentation link

8.3. **Staff Report: Food and Beverage Marketing to Children**
Carolyn Doris, Public Health Nutritionist

8.4. **Staff Report: Request to Pursue Sewage System Agreements with Municipalities External to Peterborough County**
Atul Jain, Manager, Inspection Services

8.5. **Staff Report: Delegation of Authority for Leasing**
Brent Woodford, Director, Corporate Services

8.6. **Staff Report: Insurance Renewal**
Brent Woodford, Director, Corporate Services

8.7. **Staff Report: Disposal of Old Equipment**
Brent Woodford, Director, Corporate Services

8.8. **Staff Report: Q3 2013 Program Update**
Larry Stinson, Director, Public Health Programs

8.9. **Staff Report: Q3 2013 Financial Update**
Brent Woodford, Director, Corporate Services

8.10. **Presentation: 2013 Mid-Year Report on Accountability Agreement Indicators**
Larry Stinson, Director, Public Health Programs

9. In Camera to Discuss Confidential Personal and Property Matters

10. Date, Time, and Place of the Next Meeting
December 11, 2013, 4:45 p.m.
General Committee Room, City Hall, 500 George St. N.

11. Adjournment

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Board of Health Meeting
Wednesday, September 11, 2013 - 4:45 p.m.
General Committee Room, City Hall
500 George Street North, Peterborough

DRAFT

Board Members: Mr. Andrew Beamer
Councillor Henry Clarke
Mayor John Fallis
Councillor Lesley Parnell
Deputy Mayor Andy Sharpe
Councillor Trisha Shearer
Chief Phyllis Williams, Vice Chair

Regrets: Mr. Jim Embrey
Mayor Mary Smith
Mr. David Watton

Staff: Ms. Brittany Cadence, Supervisor, Communications Services
Ms. Edwina Dusome, Manager, Infectious Disease Programs
Mrs. Wendy Freeburn, Administrative Assistant
Ms. Dawn Hanes, Public Health Nurse
Mr. Atul Jain, Manager, Inspection Services
Ms. Dorothy Park, Certified Dental Assistant (II)
Ms. Gwen Little, Certified Dental Hygienist
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant (Recorder)
Mr. Brent Woodford, Director, Corporate Services

1. <u>Call to Order</u>

In the absence of the Chair and Vice Chair, Dr. Pellizzari called the meeting to order at 4:55 p.m.

Dr. Pellizzari requested a motion to appoint an Acting Chair until Chief Williams arrived.

Moved by Councillor Clarke
Seconded by Councillor Parnell

That Deputy Mayor Sharpe be appointed as Acting Chair for the meeting.

- Carried – (M-13-96)

Deputy Mayor Sharpe assumed the Chair.

2. Confirmation of the Agenda

Moved by Councillor Clarke
Seconded by Councillor Parnell

That the agenda be approved as circulated.

- Carried – (M-13-97)

3. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

4. Delegations and Presentations

4.1. Presentation: A Day In The Life – Mobile Dental Health Centre Staff

Dorothy Park, Certified Dental Assistant (II)
Gwen Little, Certified Dental Hygienist

Currently the Mobile Dental Health Centre is funded to operate two days per week through Healthy Smiles Ontario. If the Province expands the requirements for Healthy Smiles Ontario funding in the future, this would allow the Health Unit to deploy the mobile more often and additional provide care to those in need.

Councillor Parnell expressed her wish for the mobile to be operational and fully funded for daily service. Dr. Pellizzari advised that the Province was currently holding consultations on their Poverty Reduction Strategy, and encouraged members to advocate through this consultation for an expansion to the Healthy Smiles Ontario program so that more people could access this service.

5. Confirmation of the Minutes of the Previous Meeting

Chief Williams arrived at the meeting and assumed the Chair.

Dr. Pellizzari requested an amendment to the agenda to defer Item 8.2, Presentation: Information Technology Update.

DRAFT

Moved by Seconded by
Deputy Mayor Sharpe Mayor Faillis
That the agenda be approved as amended.

- Carried – (M-13-98)

5.1. **June 12, 2013**

Moved by Seconded by
Mayor Fallis Councillor Beamer
That the agenda be approved as circulated.

- Carried – (M-13-99)

6. Business Arising From the Minutes

Nil.

7. Correspondence

The following correspondence was considered.

1. Letter dated June 17, 2013 from Minister Flaherty, in response a letter sent by the Board Chair on May 28, 2013, regarding student nutrition programs.

2. Letter dated June 17 from the Board Chair and Medical Officer of Health to M. Johnson, Association of Local Public Health Agencies regarding the exploration of greater alignment with the Ontario Public Health Agency.

3. Letter dated June 18, 2013 from MPP Devolin in response to a letter sent by the Board Chair on May 28, 2013 regarding student nutrition programs.

4. Letter dated June 21, 2013 to Ministers Matthews and Piruzza from the Board Chair regarding the Healthy Kids Panel report.

5. Letter dated July 8, 2013 to Minister Wynne from the Board Chair regarding Bill 69: Healthy Decisions for Healthy Eating Act, 2013.

6. Letter dated July 12, 2013 from Minister Aglukkaq to the Board Chair, in response to his original letter dated May 28, 2013 regarding student nutrition programs.

7. Letter dated July 15, 2013 from Minister Piruzza in response to a letter sent by the Board Chair on June 21, 2013 regarding the Healthy Kids Panel report.

DRAFT

8. Letter dated July 26, 2013 to B. Clark, Peterborough Housing Corporation, from the Board Chair, regarding smoking in multi-unit dwellings.

9. Letter dated August 1, 2013 from Minister Matthews in response to a letter sent by the Board Chair on June 21, 2013 regarding the Healthy Kids Panel report.

10. Letter dated August 12, 2013 to Minister Jeffrey from the Board Chair regarding smoke-free provincial housing.

11. Letter dated August 15, 2013 from Minister Matthews to the Board Chair regarding 2013 funding.

12. Email received August 26, 2012 from S. Lee, alPHa, regarding 2013 alPHa Fall Symposium.

13. Letter dated August 27, 2013 to Minister Matthews from Councillor Parnell regarding Health Unit facilities and appropriate occupancy funding.

14. Email received September 4, 2013 from the L. Stewart, alPHa regarding 2013-14 alPHa Officers.

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

    <u>Durham</u>
    - Children in Need of Treatment and Health Smiles Ontario
    - Health Inequities
    - Menu Labelling
    - Ontario's Action Plan for Seniors
    - Skin Cancer Prevention Act

    <u>Grey Bruce</u>
    - Contraband Tobacco and Smoke Free Ontario Strategy
    - Menu Labelling

    <u>Haliburton, Kawartha, Pine Ridge District</u>
    - Menu Labelling
    - Renewable Energy

    <u>North Bay Parry Sound District</u>
    - Menu Labelling
    - Nicotine Replacement Therapy

DRAFT

Perth
- Health Kids Panel Report

Simcoe Muskoka
- Public Transportation and Highway Improvement Amendment Act

Windsor Essex
- Contraband Tobacco
- Nicotine Replacement Therapy
- Skin Cancer Prevention Act

Moved by Seconded by
Councillor Clarke Mayor Fallis
That the correspondence be received for information, and that the Board of Health express support for the resolution from the Haliburton, Kawartha, Pine Ridge District on renewable energy.

- Carried (M-13-100)

8. New Business

8.1. Staff Report: Six Month Breastfeeding Surveillance Data

Dawn Hanes, Public Health Nurse

Moved by Seconded by
Councillor Clarke Councillor Parnell
That the Board of Health for the Peterborough County-City Health Unit:

1. Receive the staff report, *Six Month Breastfeeding Surveillance Data*, for information.

2. Continues to advocate for and support the implementation of the Baby-Friendly Initiative for all Ontario hospitals, as per alPHa Resolution A13-3.[1]

3. Request annual updates from staff and community partners on our collective efforts and success in promoting exclusive breastfeeding (defined as 'a baby who has received no other liquids or solid foods from the time of birth') for a minimum of six months for all children born to residents of Peterborough. The setting of local targets for exclusive breastfeeding rates should be considered and stronger community ownership of this health promoting practice encouraged.

4. As community leaders, support staff in conducting a campaign and maintaining ongoing efforts to increase awareness and support for breastfeeding in public places in the community.

- Carried (M-13-101)

Moved by	Seconded by
Councillor Clarke	Councillor Parnell

That the Board of Health for the Peterborough County-City Health Unit direct staff to send a letter to both local school boards, to ensure that breastfeeding is adequately addressed and supported in the current curriculum for parenting classes.

- Carried (M-13-102)

Mayor Fallis asked whether the Board could advocate to the federal government regarding enforcement of the World Health Organization's International Code of Marketing of Breast-milk Substitutes. Dr. Pellizzari advised that she would look into this matter further.

8.2. **Presentation: Information Technology Update**

Brittany Cadence, Supervisor, Communications Services
Mamdouh Mina, Computer Technician Analyst/IT Team Lead, Communications Services

Deferred.

8.3. **Presentation: 2013 Influenza Campaign**

Edwina Dusome, Manager, Infectious Diseases
Brittany Cadence, Supervisor, Communications Services

The Board was provided with an overview of the plans for the 2013/14 influenza season. This year marked numerous changes to the campaign, including:

- a larger number of pharmacies providing influenza immunization;
- smaller Health Unit community clinics (by appointment) targeting children under five years of age and members of the public who prefer an appointment; and,
- the Health Unit's participation in a FluMist® influenza vaccine clinical trial with selected local schools.

Moved by	Seconded by
Councillor Clarke	Councillor Parnell

That the presentation, 2013 Influenza Campaign, be received for information.

- Carried (M-13-103)

DRAFT

Alida Tanna will follow up with Board Members on whether influenza immunization will be arranged at a future meeting, or if Members will be encouraged to received their flu shots at local pharmacies.

8.4. **Staff Report: Mandatory Re-Inspection of On-Site Sewage Systems County By-Law**

Atul Jain, Manager, Inspection Services

Moved by Deputy Mayor Sharpe — Seconded by Mayor Fallis

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

- receive the staff report, *Mandatory Re-Inspection of On-Site Sewage Systems County By-Law,* for information; and
- recommend to the County of Peterborough that the appended three-year draft by-law (with fee schedule) be approved, confirming that the Health Unit will:
  - be the principal authority;
  - conduct the mandatory re-inspection of on-site sewage systems; and
  - conduct the non-mandatory re-inspection of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.

- Carried (M-13-104)

8.5. **Staff Report: Q2 2013 Program Update**

Larry Stinson, Director, Public Health Programs

Moved by Councillor Beamer — Seconded by Councillor Fallis

That the staff report, Q2 2013 Program Update, be received for information.

- Carried (M-13-105)

8.6. **Staff Report: Q2 2013 Financial Update**

Brent Woodford, Director, Corporate Services

Moved by Councillor Beamer — Seconded by Deputy Mayor Sharpe

That the staff report, Q2 2013 Financial Update, be received for information.

- Carried (M-13-106)

8.7. **2012 Audited Financial Statements and Ministry Settlement – Infant and Toddler Development Program**

Brent Woodford, Director, Corporate Services

DRAFT

Moved by Councillor Clarke
Seconded by Councillor Shearer

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

- approve the 2012/2013 Infant & Toddler Development Program Audited Financial Statements in the amount of $246,074; and
- approve the 2012/2013 Infant & Toddler Development Program Annual Program Expenditure Reconciliation.

- Carried (M-13-107)

8.8. **2012 Audited Financial Statements – Preschool Speech and Language Program**
Brent Woodford, Director, Corporate Services

Moved by Mayor Fallis
Seconded by Councillor Beamer

That the Board of Health for the Peterborough County-City Health Unit approve the 2012/2013 Preschool Speech and Language Program Audited Financial Statements.

- Carried (M-13-108)

8.9. **Staff Report: Banking Services**
Brent Woodford, Director, Corporate Services

Moved by Councillor Parnell
Seconded by Councillor Clarke

That the Board of Health for the Peterborough County-City Health Unit appoint the National Bank of Canada as the Board's Bank.

- Carried (M-13-109)

8.10. **Oral Report: Association of Municipalities of Ontario (AMO) Conference**
Councillor Lesley Parnell, Deputy Mayor Andy Sharpe

Deputy Mayor Sharpe reported that the County of Peterborough was successful in securing a delegation for the Board with Minister Deb Matthews at the August AMO conference. Deputy Mayor Sharpe and Councillor Parnell met briefly with the Minister to advocate on behalf of the Board on a number of matters, including an update on the Health Unit's efforts to secure a new building, Curve Lake First Nation's need to improve elder care and the importance of maintaining community water fluoridation. Other issues with public health impacts were also brought forward by Councillor Parnell to various ministers, including employment opportunities for youth and urban forests by preventing the emerald ash borer.

DRAFT

Deputy Mayor Sharpe requested that the Board write a letter to the County to thank them for their support in facilitating the delegation. In addition, he also proposed that the Board consider covering some of Councillor Parnell's expenses, and compensate her for her time with respect to the delegation. The Board has a budget line that is intended to cover conference and meeting costs for Members in these instances.

Moved by Mayor Fallis
Seconded by Councillor Clarke

That the Board of Health for the Peterborough County-City Health Unit express its gratitude to County of Peterborough staff for facilitating the delegation, and approve payment of up to $300 to Councillor Parnell for her expenses and time related to the Association of Municipalities of Ontario Conference.

- Carried (M-13-110)

Votes for motion: *5*
Votes against: *1 (Councillor Beamer)*
Abstained: *1 (Councillor Parnell)*

8.11. **Committee Report: Governance**

Chief Williams, Chair, Governance Committee

Moved by Councillor Clarke
Seconded by Mayor Fallis

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for March 13, 2013 (approved by the Committee on May 30, 2013) and May 30, 2013 (approved by the Committee on August 29).

- Carried (M-13-111)

Moved by Mayor Fallis
Seconded by Deputy Mayor Sharpe

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

- approve the following documents referred by the Committee at the May 30, 2013 meeting:
  - 2-140 – By-Law Number 5, Powers and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health
  - 2-153 – Procedure, Board Remuneration Review
  - 2-251 – Procedure, Orientation for Board of Health Members

- approve the following document referred by the Committee at the August 29, 2013 meeting:

DRAFT

- 2-261, Appointments, Provincial Representatives

  - Carried (M-13-112)

8.12. **Committee Report: Property**

Deputy Mayor Sharpe, Chair, Property Committee

Moved by Mayor Fallis | Seconded by Councillor Parnell

That the Board of Health for the Peterborough County-City Health Unit receive for information meeting minutes of the Property Committee for March 6, 2013, approved by the Committee on June 5, 2013

- Carried (M-13-113)

Moved by Councillor Clarke | Seconded by Councillor Parnell

That the Board of Health for the Peterborough County-City Health Unit receive for information, executive summaries of Environmental Site Assessment Reports prepared by Geo-Logic Inc. for the King Street and Hospital Drive properties, completed in August 2013.

- Carried (M-13-114)

8.13. **Ontario Health Study – Pre-Launch Update**

Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari provided an overview of 'Peterborough Counts – the Ontario Health Study Campaign'. The goal of this campaign is to recruit 11,000 local residents to sign up with the study, which would create enough health data so researchers can better understand and analyze local health issues (e.g., cancer, heart disease, Alzheimer's, etc.)

The campaign is being organized and supported by a host of community partners, including Peterborough Regional Health Centre, Peterborough YMCA, Peterborough Chamber of Commerce, Fleming College, Trent University, Peterborough Family Health Teams, Peterborough Examiner, and the Peterborough and District United Way.

Members were invited to attend the launch which takes place on Tuesday, September 17 at 9:45 a.m. in the main foyer of Fleming College.

9. In Camera to Discuss Confidential Personal and Property Matters

Moved by Councillor Parnell | Seconded by Mayor Fallis

DRAFT

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

- Carried - (M-13-115)

Moved by	Seconded by
Mayor Fallis	Councillor Parnell

That the Board of Health rise from In Camera.

- Carried - (M-13-116)

Motions for Open Session

Moved by	Seconded by
Mayor Fallis	Councillor Beamer

That the Board of Health for the Peterborough County-City Health Unit direct staff to work with the Ministry of Children and Youth Services to establish a budget for the Infant and Toddler Development Program that ensures all administrative and occupancy costs are fully covered.

-Carried – (M-13-117)

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

October 9, 2013, 4:45 p.m.
General Committee Room, City Hall, 500 George St. N.

11. Adjournment

Moved by	Seconded by
Councillor Shearer	Deputy Mayor Sharpe

That the meeting be adjourned.

- Carried - (M-13-118)

The meeting adjourned at 7:15 p.m.

______________________________	______________________________
Chairperson	Medical Officer of Health

DRAFT

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: November 13, 2013

Recommendation:

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

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1. Email correspondence dated September 27, 2013 (and prior) with Deputy Mayor Scott Fadden, Township of Cavan-Monaghan regarding wind turbines. *NOTE: This item was previously circulated to Board Members.*

2. Letter dated October 25, 2013 from Minister Sousa in response to a letter sent by the Board Chair on April 17, 2013 regarding problem gambling.

3. Letter dated October 30, 2013 to Minister Ambrose regarding industry violations of the International Code of Marketing of Breastmilk Substitutes.

4. Letter dated November 1, 2013 to Sally Saunders, County Clerk, regarding mandatory and non-mandatory re-inspection of on-site sewage systems. *NOTE: Enclosures available upon request.*

5. Letter dated November 5, 2013 to Rusty Hick and Barbara McMorrow, Directors of Education for KPRDSB and PVNCCDSB respectively, regarding breastfeeding and Family Studies curriculum.

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

   Durham
   - Air Quality Health Index
   - Bill 79, Public Transportation and Highway Improvement Amendment Act, 2013
   - Human Papillomavirus (HPV) Immunization

   Haliburton, Kawartha, Pine Ridge District
   - Sewage Systems

North Bay Parry Sound District

- Healthy Workplace

Northwestern

- Bill 59, Healthy Decisions for Healthy Eating Act

Simcoe Muskoka

- Regulatory Modernization in Ontario’s Beverage Alcohol Industry

Sudbury & District

- Transportation and Public Health

Timiskaming

- Oral Care Services

Wellington-Dufferin-Guelph

- Nutritious Food Basket
- Storage and Handling of Vaccines

From: Alida Tanna
Sent: Friday, September 27, 2013 4:45 PM
To: Board of Health Members
Cc: Rosana Pellizzari
Subject: Correspondence - Cavan Monaghan Town Hall Meetings / Wind Turbines

As previously mentioned, I am circulating the following correspondence now with the cancellation of the October meeting.

Deputy Mayor McFadden from the Township of Cavan Monaghan wished to extend an invitation for Board Members to attend upcoming Town Hall meetings on wind turbines. The dates of the meetings are: Sept. 17th, Oct. 1, Oct. 8, Oct. 15, Oct. 22, Oct. 29, Nov. 5, Nov. 12, Nov. 19, all start at 7 pm and are being held in the Gymnasium of the Cavan Monaghan municipal office.

There is quite a bit of information here, if you have any questions or concerns, please do not hesitate to contact us.

Best,
Alida.

Alida Tanna
Administrative Assistant to
Dr. Rosana Pellizzari, Medical Officer of Health
and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810
e. atanna@pcchu.ca

From: Alida Tanna
Sent: Monday, September 16, 2013 4:54 PM
To: 'Scott McFadden'
Cc: Rosana Pellizzari
Subject: RE: wind turbines

Good afternoon Deputy Mayor McFadden,

Thank you for your email. You are correct in noting that we do not post emails to Board Members on our site. This is at the request of the Board, who prefer to receive correspondence via their agenda packages rather than sent to them directly. There have been issues in the past where correspondence was sent from the public directly to members, and some were missed which ensued in miscommunication and confusion.

With respect to timing, the Board's current policy states:

All paper and electronic correspondence addressed, or copied, to the Chair of the Board of Health will be reviewed by the Chair of the Board of Health and the Medical Officer of Health to determine what correspondence is to be included in Board of Health agenda packages.

Correspondence must be received no later than two weeks prior to the scheduled Board of Health meeting to be eligible for consideration. Any correspondence received after this deadline may be carried forward to the following meeting.

All correspondence requested or directed to be sent on behalf of the Board of Health is to be documented (in the minutes of Board of Health meetings and sent by the Secretary of the Board of Health).

Due to numerous factors (i.e., timing of the agenda release to members/public (Friday, Sept. 6), the date of receipt your correspondence (Sunday, Sept. 8), in consultation with the Medical Officer of Health (the Board Chair was on vacation for the week), your correspondence was put in sequence for addition to the October agenda. Fortunately, it appears that there will still be time for any interested board members to attend your sessions, if they are interested.

With kindest regards,
Alida

Alida Tanna
Administrative Assistant to
Dr. Rosana Pellizzari, Medical Officer of Health
and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810
e. atanna@pcchu.ca

From: Scott McFadden [mailto:smcfadden@cavanmonaghan.net]
Sent: Sunday, September 15, 2013 6:29 PM
To: Alida Tanna
Cc: Henry Clarke; Andrew Beamer; Jim Embrey; John Fallis; Andy Sharp; Mary Smith; Lesley Parnell
Subject: RE: wind turbines

Thank you Alida for the email. I was hoping that my upcoming informational meetings would have been verbally mentioned at your board of health meeting last week to bring them to the attention of your board of health members and staff, but it's my understanding that didn't happen.

Seeing that 3 of my Townhall meetings will be occurring prior to this correspondence being added to a PCCHU board meeting package on October 9th, I'd ask that you please forward this email to those PCCHU board members and staff with whom I do not have their email address (I've CC'd some members above). I'm sure that you are aware, but there are no email addresses on the PCCHU board website in order for the public to contact board members directly via email. I do not have the email addresses for:

David Watton
Phyllis Williams
Tricia Shearer

All of the details regarding the specific dates of the upcoming 9 information sessions on Industrial Wind Turbines are included in the email correspondence below. The first speaker on Sept. 17th @ 7 pm at the Cavan Monaghan Township Office will be Carmen Krogh.

A list of her peer reviewed papers include:

Roy D. Jeffery, Carmen Krogh, and Brett Horner, Adverse health effects of industrial wind turbines Can

Fam Physician 2013; 59: 473-475 (Commentary)
http://www.cfp.ca/content/59/5/473.full

Carmen M.E. Krogh, Industrial Wind Turbine Development and Loss of Social Justice?
Bulletin of Science Technology & Society 2011 31: 321, DOI: 10.1177/0270467611412550,
http://bst.sagepub.com/content/31/4/321

Carmen M.E. Krogh, Lorrie Gillis, Nicholas Kouwen, and Jeffery Aramini, WindVOiCe, a Self-Reporting Survey: Adverse Health Effects, Industrial Wind Turbines, and the Need for Vigilance Monitoring Bulletin of Science Technology & Society 2011 31: 334, DOI: 10.1177/0270467611412551.
http://bst.sagepub.com/content/31/4/334

Brett Horner, Roy D. Jeffery and Carmen M. E. Krogh, Literature Reviews on Wind Turbines and Health: Are They Enough? Bulletin of Science Technology & Society 2011 31: 399. DOI: 10.1177/0270467611421849 http://bst.sagepub.com/content/31/5/399

Stephen E. Ambrose, Robert W. Rand and Carmen M. E. Krogh, Wind Turbine Acoustic Investigation: Infrasound and Low-Frequency Noise--A Case Study, Bulletin of Science Technology & Society published online 17 August 2012 DOI: 10.1177/0270467612455734,
http://bst.sagepub.com/content/early/2012/07/30/0270467612455734

Robert W. Rand, Stephen E. Ambrose, and Carmen M. E. Krogh, Occupational Health and Industrial Wind Turbines: A Case Study, Bulletin of Science Technology & Society 2011 31: 359DOI: 10.1177/0270467611417849. http://bst.sagepub.com/content/31/5/359
Birds and Bird Habitat: What Are the Risks From Industrial Wind Turbine Exposure?

Terry Sprague, M. Elizabeth Harrington, and Carmen M. E. Krogh, DOI: 10.1177/0270467611417844
http://bst.sagepub.com/content/31/5/377

A list of her Conference papers include:

Wind Turbine Facilities' Perception: A Case Study from Canada
Peter N. Cole MD, MHSc, FRCP(C) and Carmen Krogh, BScPharm
5th International Conference on Wind Turbine Noise Denver 28 – 30 August 2013 (published in proceedings but not presented)

Audit report: literature reviews on wind turbine noise and health
Brett Horner, Carmen ME Krogh, Roy D Jeffery
Paper presented at the Wind Turbine Noise conference 2013, August 28 to 30, Denver, Colorado, USA

Trading off human health: Wind turbine noise and government policy
Carmen ME Krogh, Joan Morris, Murray May, George Papadopoulos, Brett Horner
Paper presented at the Wind Turbine Noise conference 2013, August 28 to 30, Denver, Colorado, USA

Carmen ME Krogh, Roy D Jeffery, Jeff Aramini, Brett Horner, Wind turbines can harm humans: a case study, Paper presented at Inter-noise 2012, New York City, NY

Carmen ME Krogh, Roy D Jeffery, Jeff Aramini, Brett Horner, Wind turbine noise perception, pathways and effects: a case study Paper presented at Inter-noise 2012, New York City, NY

Carmen ME Krogh, Roy D Jeffery, Jeff Aramini, Brett Horner, Annoyance can represent a serious degradation of health: wind turbine noise a case study, Paper presented at Inter-noise 2012, New York City, NY

Stephen E. Ambrose, Robert W. Rand and Carmen M. E. Krogh, Falmouth, Massachusetts wind turbine infrasound and low frequency noise measurements, Invited paper presented at Inter-noise

2012m New York City, NY

A few of her additional career excerpts include:

Invited peer reviewer of the Health Canada health study on wind turbine noise.

Author or co-author of peer reviewed and published references on the topic of adverse health effects from industrial wind turbines with more pending.

Author/coauthor and presenter of scientific papers at InterNoise 2012 New York City and Wind Turbine Noise conference 2013 Denver, Colorado

Presenter with a colleague the health effects findings to the Canadian Standing Senate Committee on Energy, the Environment and Natural Resources, October 18, 2011.

In March 2009, with 2 colleagues, initiated a self reporting health survey. WindVOiCe (Wind Vigilance for Ontario Communities) follows the principles for Health Canada's Canada Vigilance Programs for self reporting suspected adverse events for prescription and consumer products, vaccines and other. The result of this research is published in a special edition of a peer reviewed scientific journal and is cited in the British Medical Journal; The Brown County Board of Health (Wisconsin) USA; and Nissenbaum et al (2012).

Researcher of societal impacts relating to this topic. This article has also been published in a peer reviewed journal.

Has researched this topic for over four years. Full time commitment.

Full time volunteer of time and expenses, and self supports research and other activities such as education regarding the science related to wind turbine health and socialeconomic effects including meeting with physicians, health and other authorities, locally, provincially, and federally.

Pharmacist (retired).

Held senior executive positions at a teaching hospital, a professional organization and Health Canada (PMRA).

Drug information researcher.

Former Director of Publications and Editor in Chief of the Compendium of Pharmaceuticals and Specialties (CPS), the book used by physicians, nurses, and health
professionals for prescribing information in Canada.

Thank you in advance.

Scott.

Scott McFadden
Deputy Mayor
Township of Cavan Monaghan
(705) 201-1026
www.scottmcfadden.ca
Twitter: @aroundthetwp

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From: Alida Tanna [atanna@pcchu.ca]
Sent: September 9, 2013 1:01 PM
To: Scott McFadden
Subject: FW: wind turbines

Good afternoon Deputy Mayor McFadden,

With respect to Board correspondence, I can advise that I will bring your request forward for review by the Board Chair (and Dr. Pellizzari, whom you have copied) for inclusion in the October 9th meeting package.

With kind regards,
Alida Tanna

Alida Tanna
Administrative Assistant to
Dr. Rosana Pellizzari, Medical Officer of Health
and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810
e. atanna@pcchu.ca

From: Scott McFadden <smcfadden@cavanmonaghan.net>
To: Shawn Telford
Cc: carmen.krogh@gmail.com <carmen.krogh@gmail.com>; Rosana Pellizzari; John Fallis <jfallis@cavanmonaghan.net>
Sent: Sun Sep 08 12:18:02 2013
Subject: RE: wind turbines

Shawn,

I have not received a reply from my response to your email below. I continue to look forward to the PCCHU's response.

I am hosting 10 Townhall meetings related to Industrial Wind Turbines. I would STRONGLY encourage our local Health Unit and its board members to attend, ask questions, and educate themselves on this very important issue. The dates of the meetings are: Sept. 17th, Oct. 1, Oct. 8, Oct. 15, Oct. 22, Oct. 29, Nov. 5, Nov. 12, Nov. 19, and all of these Townhall meetings, hosted by myself start at 7 pm in the Gymnasium of the Cavan Monaghan municipal office.

The first speaker at the Sept. 17th Townhall meeting will be Carmen Krogh who has authored numerous recent peer reviewed publications and conference papers on the subject of health related issues related to Industrial Wind Turbines. Please read the following: http://www.cfp.ca/content/59/5/473.full.pdf+html I have also copied her on this email, so that she is made aware of the current position of our local health unit.

I would also encourage our local PCCHU to get in touch with Dr. Hazel Lynn, the Medical Officer of

Health for Grey-Bruce. She is well aware of the health issues as they relate to Industrial Wind Turbines because they already exist in her area. She has clearly stated that "Out of hundreds of credible studies around the world on wind energy, none of them conclude there is no association between the towering turbines and adverse health effects."

Please read the following information from Dr. Hazel Lynn:
http://windresistanceofmelancthon.com/2013/02/20/turbines-are-affecting-people-dr-hazel-lynn/

We are living in 2013, and closing in on 2014. Quoting reports from 2010 and stating "scientific evidence available to date does not demonstrate a direct causal link between wind turbine noise and adverse health effects." is absolutely unacceptable.

This is NOT a debate for or against renewable energy as some are trying to twist it into. This is an open dialog about real concerns about our citizens health and well being as it relates to living within 550 metres of Industrial Wind Turbines.

You owe it to our citizens to take a step back and review updated, peer reviewed studies as they relate to living within 550 metres of 2 MW Industrial Wind Turbines, as that is precisely what is currently proposed in our area.

I respectfully ask that this correspondence be added to the agenda of your next Board of Health meeting.

I look forward to a response from the PCCHU, and to your attendance at upcoming Townhall meetings that will provide an opportunity for everyone to listen, learn, and engage in meaningful discussion on this topic. I am continuing to educate myself on this very important topic, and I would expect that our local PCCHU would likewise continue to do the same.

Thank you,

Scott.

Scott McFadden
Deputy Mayor
Township of Cavan Monaghan
(705) 201-1026
www.scottmcfadden.ca
Twitter: @aroundthetwp

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From: Shawn Telford [stelford@pcchu.ca]
Sent: September 5, 2013 10:41 AM
To: Scott McFadden
Subject: wind turbines

Dear Mr. McFadden,

Wind turbines (WTs) are becoming an increasingly common power generation option across North America and in many parts of the world. In 2008, more wind power capacity was installed in the European Union and the United States, than any other form of electricity generating technology. This

source of energy is viewed as a viable and environmentally friendly alternative to fossil fuels. It is a sustainable, clean form of energy.

There has been considerable attention generated internationally, nationally and at the local level by advocacy groups, concerned citizens and media on the potential health impacts from exposure to wind turbines. People interested in the health effects from wind turbines turn to two sources of information in order to make informed decisions: scientific peer-reviewed studies published in scientific journals and alternatively, popular literature and the internet.

In 2010, in response to public health concerns about wind turbines, the Ontario Chief Medical Officer of Health (Dr. King) conducted a review of existing scientific evidence on the potential health impact of wind turbines in collaboration and consultation with a technical working group composed of members from the Ontario Agency for Health Protection and Promotion (OAHPP), the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Council of Ontario Medical Officers of Health (COMOH).[9] In general, published papers in peer-reviewed scientific journals, and reviews by recognized health authorities such as the World Health Organization (WHO) carry more weight in the assessment of health risks than case studies and anecdotal reports. The final report of the review titled *The Potential Health Impact of Wind Turbines* concluded that scientific evidence available to date does not demonstrate a direct causal link between wind turbine noise and adverse health effects.

A British Columbia Centre for Disease Control (BCCDC) study in 2010 concluded that wind turbines are not a significant source of electromagnetic field (EMF) exposure. In addition, shadows caused by wind turbines can be annoying but are not likely to cause epileptic seizures at normal operational speeds. Finally, the risk of injury from ice throw can be minimized with setbacks of 200-500 metres. BCCDC also looked at wind turbine noise, commenting that the loudness at 350 metres from a wind turbine is about the same as a quiet room (~ 40 dB). The setback distance in Ontario for wind turbines from a residence is 550 metres, allowing the Canadian Association of Physicians for the Environment (CAPE) to conclude that “Ontarians are well protected from wind turbine sounds…#157;.

Health Canada states that their ability to provide advice on exposure to sound from wind turbines has been challenged by limited peer-reviewed scientific research. In addition, assessment of health outcomes, potentially related to sound exposure from wind turbines, has so far been limited. Among the various outcomes assessed, the only reproducible findings linked to wind turbines have been based on measures of social and psychological well-being or quality of life and the extent to which they disturb various human activities (i.e. sleep disturbance).[10]

There are countless websites that the public can turn to for “proof…#157; that wind turbines cause adverse health effects. What needs to be understood is that the majority of the studies quoted on these sites are not peer reviewed and lack results that can be reproduced.

The Peterborough County-City Health Unit continues to educate residents on the benefits of wind-sourced energy, promoting science-based, peer-reviewed studies as the most up to date information on the health impacts from wind turbines. In addition, we strive to educate residents about the health and economic costs of *not* investing in alternative sources of power.

Please find attached two reports: The 2010 Dr King Report and a briefing note that was prepared for Mr. Jeff Leal in May of this year. In addition, please refer to this link from Niagara Public Health on Wind Turbines. http://www.niagararegion.ca/living/health_wellness/inspection/wind-turbines.aspx

Sincerely,

Ms. Shawn Telford, BHEc, BASc, CPHI(C)
Public Health Inspector
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON K9J 8M1
(705) 743-1000, x.287
stelford@pcchu.ca

Ministry of Finance
Office of the Minister

Ministère des Finances
Bureau du ministre

7th Floor, Frost Building South
7 Queen's Park Crescent
Toronto ON M7A 1Y7
Telephone: 416 325-0400
Facsimile: 416 325-0374

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Télécopieur : 416 325-0374

RECEIVED
OCT 3 0 2013
PETERBOROUGH COUNTY
CITY HEALTH UNIT

OCT 2 5 2013

Mr. David Watton
Chair
Board of Health
Peterborough County - City Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Mr. Watton:

Thank you for your letter regarding the City of Peterborough Board of Health recommendations to address problem gambling in Peterborough. I have reviewed the letter and I sincerely apologize for the delay in responding.

With the announcement of the Ontario Lottery and Gaming Corporation's (OLG) Modernization Plan in 2012, the OLG and the government, including the Ministry of Health and Long-Term Care (MOHLTC), committed to expand gaming in Ontario in a responsible manner. Currently, Ontario spends more than $50 million annually on problem gambling prevention, treatment, and research, which is more than any other jurisdiction in North America.

This year, about $40 million will go to MOHLTC to fund the province's problem gambling strategy. The strategy includes problem gambling prevention, treatment, and research, including programs such as free problem gambling counseling services at 52 locations across Ontario. MOHLTC is currently enhancing the problem gambling strategy, as committed to by the government with the launch of the OLG Modernization Plan.

The OLG currently spends approximately $12 million annually on responsible gambling programs. All of OLG's gaming sites will continue to contain responsible gambling features such as its voluntary self-exclusion program, facial recognition technology, Responsible Gaming Resource Centres, and its "Know Your Limit" gambling education campaign. OLG is on schedule to have, by the end of 2014, all its slots and casino sites accredited by "RG Check", the world's most rigorous third-party standard for gaming operators. Additionally, OLG's new internet gaming product, when launched, will have measures in place to encourage healthy player behavior, and identify those at risk of problem gambling.

.../cont'd

With regards to the City of Peterborough's request to implement the health policies outlined in your letter, I assure you that the OLG will take them into consideration as it implements the OLG Modernization Plan in the County and City of Peterborough.

When fully implemented, the OLG Modernization Plan will increase net revenues to the province by more than $1 billion annually. These revenues will be used to fund vital public services that Ontarians depend on, such as health care and education.

Proceeds from the OLG have benefited Ontarians since 1975 and provide financial support for provincial services that impact all Ontarians. Every year the provincial Budget outlines details on how gaming proceeds are allocated. The 2013 Ontario Budget indicates that in 2013-14 gaming proceeds provided to the province by the OLG are to be spent in the following ways:

- about $1.7 billion to support the operation of hospitals;
- $115 million to the Ontario Trillium Foundation to support charitable and not-for-profit organizations;
- $10 million to Ontario amateur sports;
- $162 million for other general government priorities including health care, education and public infrastructure; and
- $41 million for problem gambling and related programs.

As OLG modernizes, it continues to deliver programs that ensure a safe and responsible gambling experience for Ontarians.

Thank you again for writing.

Sincerely,

Charles Sousa
Minister

c: The Honourable Kathleen Wynne, Premier of Ontario
The Honourable Deb Matthews, Minister of Health and Long-Term Care
Jeff Leal, MPP, Peterborough
Eleanor Meslin, Board Chair, AGCO

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".

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

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

November 1, 2013

Ms. Sally Saunders
County Clerk, County of Peterborough
County Court House
470 Water Street
Peterborough, ON K9H 3M3

Dear Ms. Saunders:

At its September 11, 2013 meeting, the Board of Health for the Peterborough County-City Health Unit passed the following motion:

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

- *receive the staff report, Mandatory Re-Inspection of On-Site Sewage Systems County By-Law, for information; and*
- *recommend to the County of Peterborough that the appended three-year draft by-law (with fee schedule) be approved, confirming that the Health Unit will:*
    - *be the principal authority;*
    - *conduct the mandatory re-inspection of on-site sewage systems; and*
    - *conduct the non-mandatory re-inspection of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.*

Moved by: Deputy Mayor Andy Sharpe
Seconded by: Mayor John Fallis
CARRIED.

In further consultation with Board of Health members after the motion was passed, the original report has been divided into two separate ones – one for the mandatory re-inspection of on-site sewage systems and one for the non-mandatory re-inspection of on-site sewage systems. This was done because mandatory re-inspections are only applicable to those municipalities that have systems in the vulnerable areas as outlined in source protection plans. On the other hand, the non-mandatory re-inspections can apply to those sewage systems that any municipality wishes to have re-inspected.

A copy of the reports is enclosed, if you would like us to provide a presentation to County Council please let us know. We also request that we be informed when this matter will be discussed and voted upon at County Council.

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

Thank you for your cooperation in this matter.

Sincerely,

Original signed by

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

/at

Encl.

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

November 5, 2013

SENT VIA E-MAIL

Rusty Hick
Director of Education
Kawartha Pine Ridge District School Board
1994 Fisher Drive
Peterborough, ON K9J 6X6

Barbara McMorrow
Director of Education
Peterborough Victoria Northumberland and Clarington Catholic District School Board
1355 Lansdowne St. W.
Peterborough, ON K9J 7M3

Dear Directors:

The role of the Peterborough County-City Health Unit (PCCHU) is to promote and protect the health of our community through governing legislation and guided by the Ontario Public Health Standards (OPHS). There are many areas where the Ontario secondary school curricula and the OPHS overlap, in particular with the Family Studies curriculum, for example, parenting, healthy eating and breastfeeding.

At the September 11th meeting of the Board of Health, a presentation on the status of breastfeeding was provided. During follow-up discussion it was noted that Family Studies students may be sent home with dolls to simulate the experience of caring for a newborn, including diapering, comforting, and feeding with bottles. While we acknowledge that many parents choose to bottle feed their babies, breastfeeding is a normal and healthy way to feed an infant and young child. The Health Unit, therefore, works to increase the number of women who start breastfeeding, the length of time that women breastfeed and the proportion who exclusively breastfeed for the first six months.

Recognizing our respective roles, the Board of Health passed a motion to “direct staff to send a letter to both local school boards, to ensure that breastfeeding is adequately addressed and supported in the current curriculum for parenting classes.” PCCHU staff can provide tools and resources to support Family Studies teachers in effectively teaching about breastfeeding. We are currently building access to online curriculum resources through the Health Unit website, and will continue to engage Family Studies teachers about their need for breastfeeding support materials.

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

The PCCHU considers our local School Boards valuable partners in providing health education, and promoting and protecting the health of our local community, and look forward to many continued opportunities to support one another in our shared work. Normalizing breastfeeding as the preferred way to feed infants is something we can all help to do. Your assistance in creating a more breastfeeding friendly culture by ensuring that future parents understand its value means a great deal to us.

Sincerely,

Original signed by

Rosana Pellizzari, MD, MSc, CCFP, FRCPC
Medical Officer of Health, Peterborough County-City Health Unit

/at

10 Hospital Drive, Peterborough, ON K9J 8M1 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

October 11, 2013

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
Fax: 905-668-9935

www.durham.ca

Matthew L. Gaskell
Commissioner of Corporate Services

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

RECEIVED
OCT 18 2013
PETERBOROUGH COUNTY CITY HEALTH UNIT

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED SEPTEMBER 19, 2013, RE: AIR QUALITY HEALTH INDEX (AQHI)
OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on October 9, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated June 14, 2013 from the Toronto Board of Health, to all Ontario boards of health, urging the Ontario government to adopt the Air Quality Health Index (AQHI) across Ontario instead of the Air Quality Index, be endorsed; and

b) THAT the Premier of Ontario, Ministers of the Environment and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

Deb Bowen

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

DB/lf

c: The Honourable J. Bradley, Minister of the Environment
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)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

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Matthew L. Gaskell
Commissioner of Corporate Services

October 11, 2013

RECEIVED
OCT 18 2013
PETERBOROUGH COUNTY CITY HEALTH UNIT

The Honourable Kathleen Wynne
Premier
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 SEPTEMBER 19, 2013, RE: Bill 79 THE *PUBLIC TRANSPORTATION AND HIGHWAY IMPROVEMENT AMENDMENT ACT, 2013*
OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on October 9, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated June 19, 2013 from the Simcoe Muskoka District Board of Health, to all Ontario boards of health, urging the Ontario government to support the passage of Private Member's Bill 79, which amends the *Public Transportation and Highway Improvement Act* to construct paved shoulders on prescribed portions of the King's Highway; and recommending that Bill 79 be amended such that widened paved shoulders should extend to a width of 1.2 meters, be endorsed; and

b) THAT the Premier of Ontario, Ministers of Health and Long-Term Care and Transportation, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

Deb Bowen

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

DB/lf

c: The Honourable D. Matthews, Minister of Health & Long-Term Care
The Honourable G. Murray, Minister of Transportation
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)
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Matthew L. Gaskell
Commissioner of Corporate Services

October 11, 2013

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

RECEIVED
OCT 1 8 2013
PETERBOROUGH COUNTY CITY HEALTH UNIT

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED SEPTEMBER 19, 2013, RE: HUMAN PAPILLOMAVIRUS (HPV) IMMUNIZATION
OUR FILE: P00-48

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on October 9, 2013 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated June 14, 2013 from the Toronto Board of Health, to all Ontario boards of health, urging the Ontario government to enhance the publicly funded HPV immunization program, including making HPV vaccine available to males, be endorsed; and

b) THAT the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, alPHa, and all Ontario boards of health be so advised."

Deb Bowen

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

DB/lf

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)
A. King, Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

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From:	allhealthunits-bounces@lists.alphaweb.org on behalf of Chandra Tremblay
To:	allhealthunits@lists.alphaweb.org
Subject:	[allhealthunits] Part 8 program discontinued
Date:	Thursday, October 31, 2013 3:52:47 PM
Attachments:	ATT00002.txt

Attention: All Health Units

Please find a synopsis of a decision made by the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit at its October 17 meeting.

At the October 17 meeting of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit, Board members approved a motion to discontinue providing the Sewage System Management Program (Part 8 Program) when current contracts with municipalities expire at the end of December this year. Under the Part 8 program, the HKPR has contracts with 10 area municipalities and one municipality outside of its area to inspect the installation of newly-constructed septic systems. With the decision, contracts will not be renewed as of December 31, 2013, although short-term contract extensions up to June 30, 2014 may be granted to municipalities, if requested, to allow for the transition of responsibility.

No staff layoffs are expected as a result of the Board's decision to eliminate the program, as inspection staff who previously worked in the Part 8 program will be reassigned work within the mandated Health Unit programs.

Regards,

Chandra Tremblay

Manager, Communication Services
HKPR District Health Unit
200 Rose Glen Road
Port Hope, ON
L1A 3V6
905-885-9100, ext. 1212
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North Bay Parry Sound District
Health Unit
Bureau de santé
du district de North Bay-Parry Sound

North Bay • Parry Sound
1-800-563-2808 • www.healthunit.biz

October 3, 2013

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

Dear Minister Matthews:

Subject: OSNPPH Call to Action: Creating a Healthy Workplace Nutrition Environment

On September 25, 2013, the Board of Health for the North Bay Parry Sound District Health Unit passed the following resolution endorsing the:

1) Call to Action: Creating a Healthy Workplace Nutrition Environment© prepared by the Workplace Nutrition Advisory Group of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), and

2) Letter outlining support for the OSNPPH Call to Action: Creating a Healthy Workplace Nutrition Environment© sent to the Ministry of Health and Long-Term Care by the Association of Local Public Health Agencies.

BOH/Resolution #2013/09/06

***Whereas**, In the North Bay Parry Sound District, 58.5% of adults are overweight or obese and 23.9% of adults over 45 have high blood pressure,[1] and*

***Whereas**, Although 88% of Canadians say that healthy eating is important to them[2], less than 1% follow a diet consistent with the recommendations of Canada's Food Guide[3], and*

***Whereas,** Most employed Canadian adults spend about 60% of their waking hours at work and eat at least one meal per day in the workplace[4], and*

***Whereas,** The workplace nutrition environment has been identified as a factor that influences an individual's eating habits and a target for health promotion efforts to improve health behaviours[5], and*

***Whereas,** The Ontario Public Health Standards mandate that boards of health use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments for healthy eating and healthy weights[6], and*

***Whereas,** On August 20, 2013, the Executive Team of the North Bay Parry Sound District Health Unit agreed to revise its current internal food policy to include additional elements that further support creating a healthy workplace nutrition environment,*

681 Commercial Street,
North Bay, ON P1B 4E7
Tel/Tél: (705) 474-1400
Fax/Téléc: (705) 474-8252

70 Joseph Street, Unit 302
Parry Sound, ON P2A 2G5
Tel/Tél: (705) 746-5801
Fax/Téléc: (705) 746-2711

Now Therefore Be It Resolved, *That the Board of Health for the North Bay Parry Sound District Health Unit endorse the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) Call to Action: Creating a Healthy Workplace Nutrition Environment©, and*

Furthermore Be It Resolved*, That the Board of Health for the North Bay Parry Sound District Health Unit endorse the letter sent by the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care on July 16, 2013, outlining their support for the OSNPPH Call to Action: Creating a Healthy Workplace Nutrition Environment©, and*

Furthermore Be It Resolved*, That a copy of this resolution be forwarded to the Minister of Health and Long-Term Care, the Minister of Labour, Members of Provincial Parliament for the districts of Nipissing, Parry Sound-Muskoka, and Timiskaming-Cochrane, Ontario Boards of Health, the Ontario Society of Nutrition Professionals in Public Health, and the Association of Local Public Health Agencies.*

Yours sincerely,

Original signed by

Daryl Vaillancourt
Board of Health Chairperson

c: The Honourable Yasir Naqvi, Minister of Labour
Victor Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health
Ontario Society of Nutrition Professionals in Public Health
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Monique Lugli, Executive Director, Community Services, NBPSDHU
Brenda Marshall, Program Manager, Healthy Living Team, NBPSDHU
Erin Reyce, Public Health Dietitian, Healthy Living Team, NBPSDHU

References:

[1] Statistics Canada. (2011). Canadian Community Health Survey (CCHS) Indicator Profile, CANSIM table 105-0501. Retrieved December 6th, 2011 from http://www5.statcan.gc.ca/cansim/a05?id=1050501&pattern=health+indicators&stByVal=1&paSer=&lang=eng

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Northwestern
Health Unit
www.nwhu.on.ca

210 First Street North
Kenora, ON P9N 2K4

October 4, 2013

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

Dear Minister Matthews:

RE: Menu Labelling, Bill 59: Healthy Decisions for Healthy Eating Act, 2013

The Board of Health for the Northwestern Health Unit supports Bill 59: Healthy Decisions for Healthy Eating Act, 2013. The attached Board Resolution #118-2013 requests that you take appropriate actions to ensure this significant Bill is enacted for the betterment of the health of all Ontarians.

Canadians of all ages and income are eating out more than ever before.[123] Evidence indicates that eating meals away from home is associated with excessive intake of calories, sodium and fat among children and adults.[45] The mean sodium intake for Canadians is about 3,400 mg per day, more than double the amount both and adults and children need daily.[6] High sodium intakes contribute to chronic diseases including hypertension, heart disease, stroke, and kidney failure. In addition, over one-quarter of Ontario youth aged 12 to 17 years, and over half of Ontario adults are overweight or obese.[7] It has been estimated that obesity costs Canadians billions of dollars every year as does high sodium intake due to its association with cardiovascular disease.[8] When considered against other non-communicable disease risk factors in Ontario, unhealthy diets have the most potentially harmful impact on life expectancy for Ontarians after smoking.[9]

Menu labelling informs people's decision-making in complex food environments, supports information transparency and the community's right to know, and makes nutrition information readily and consistently available at the point of sale when people eat out. Menu labeling can also lead to nutritionally beneficial product reformulations by restaurants. Requiring nutrition labeling on restaurant menus has also been recommended in several Canadian federal and provincial reports, including the recent Ontario Healthy Kids Panel report, No Time to Wait: The Healthy Kids Strategy.[10]

Menu labelling will support the Northwestern Health Unit's four-year strategic focus of increasing healthy eating behaviors among our target populations. This comprehensive approach encompasses key strategies through all programs and services we provide to our communities, providing the tools for healthy lifestyles, leading to longer lives lived well.

On behalf of the Board of Health, I urge you to ensure the Ontario government takes the necessary steps to enact Bill 59: Healthy Decisions for Healthy Eating Act, 2013 promptly in order to improve the health of Ontarians, support disease prevention, and facilitate informed consumer choice.

Sincerely,

Julie Roy
Chair, Board of Health for Northwestern Health Unit
roy.julie@nwhu.on.ca

Encl.

c: Honourable Kathleen Wynne, Premier of Ontario
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
Ontario Society of Nutrition Professionals in Public Health
Northwestern Health Unit obligated municipalities
Dr. Jim Arthurs, Medical Officer of Health
Mark Perrault, CEO
Melanie Buffett, Manager, Communications & Chronic Disease Prevention
Julie Slack, Public Health Nutritionist
Board of Health correspondence file

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Northwestern Health Unit
www.nwhu.on.ca

NORTHWESTERN HEALTH UNIT

BOARD OF HEALTH

No. 118 -2013 **MOTION/RESOLUTION**

Moved by ....

Seconded by ....

Whereas, In the Kenora, Rainy River Districts 65.5% of the population 12 years and older are overweight or obese and 21.6% of the population 12 years and older have high blood pressure[1]; and

Whereas, Canadians are eating out more than ever before, and people of all ages and income levels are eating out [2]; and

Whereas, eating away from home is associated with excessive intakes of calories, sodium and fat among children and adults [2]; and

Whereas, consumers are unable to estimate nutrient levels in restaurant meal [2]; and

Whereas, nutrition information is an important factor in making healthy and informed food decisions [2]; and,

Whereas, restaurants are currently exempt from existing nutrition labelling legislation in Canada [2]; and

Whereas, food environments can undermine people's best efforts to eat well and live healthy [2]; and

Whereas, the Ontario Public Health Standards note the importance of creating health food environments by identifying "collaborating with local food premises to provide information and support environmental changes through policy development related to healthy eating" as a requirement of the Chronic Disease and Injuries Program Standard [3] ; and

Whereas, the Ontario Healthy Kids Panel report, No Time To Wait: The Healthy Kids Strategy recommends "requiring all restaurants, including fast food outlets and retail grocery stores, to list the calories in each item on their menus and make this information visible on menu boards" as part of the strategy to change the food environment in Ontario [4] ;

Now therefore be it resolved that the Board of Health for the Northwestern Health Unit endorses the position statement of the Ontario Society of Nutrition Professionals in Public Health, Serving up Nutrition Information in Ontario Restaurants: A Position Paper, which "calls upon the provincial government to enact menu labelling legislation requiring the prominent display of calorie and sodium content of food items at the point of sale in restaurants in Ontario as an important step toward creating healthy and supportive food environments for Ontarians" [2]; and

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NORTHWESTERN HEALTH UNIT

BOARD OF HEALTH

No. 118 -2013 **MOTION/RESOLUTION**

Furthermore be it resolved, that the Board of Health for the Northwestern Health Unit supports the passage and implementation of Bill 59: Healthy Decisions for Healthy Eating Act, 2013; and

Furthermore be it resolved, that the Board of Health sends a letter to the Minister of Health and Long-Term Care supporting the passage and implementation Bill 59 and encouraging her to take appropriate steps to have this Bill passed into Legislation; and

Furthermore be it resolved, that copies of the letter to the Minister of Health and Long-Term Care be forwarded to the Premier of Ontario, local Members of Provincial Parliament (MPP), the Chief Medical Officer of Health, Association of Local Public Health Agencies, all Ontario Boards of Health, Ontario Society of Nutrition Professionals in Public Health, and Northwestern Health Unit obligated municipalities for their information and support.

References:

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Date September 20, 2013

Chair, Board of Health

September 30, 2013

Honorable Kathleen Wynne
Premier - Minister's Office
Legislative Building
Room 281,
Queen's Park
Toronto, ON
M7A 1A1

Dear Premier Wynne:

Re: Regulatory Modernization in Ontario's Beverage Alcohol Industry

The World Health Organization (Global Status Report on Alcohol and Health, 2011) identifies alcohol as the second most harmful risk factor for disease and disability in developed countries such as Canada, contributing to approximately 2.5 million deaths each year. In Ontario, alcohol consumption is causally related to more than 65 medical conditions, including cardiovascular disease and cancer, while also being a significant risk factor in injuries, from motor vehicle collisions to suicides. Of concern is the increasing trend in consumption in Canada where a 12.5% per capita increase occurred between 1997 and 2012 (Statistics Canada, 2012). Locally, more than one-quarter (29% (26.7%, 31.0%)) of Simcoe Muskoka residents drink above the Low-Risk Alcohol Drinking Guidelines and the Simcoe Muskoka rate has remained significantly higher than the Ontario rate since 2000/2001 (Health Status Focus Alcohol Report, 2012.

Many of the alcohol related harms are not only incurred by the individual consuming alcohol, but are also felt by others in their family and community. This concept, known as the secondhand effects of alcohol consumption, includes, but is not limited to: violence, emotional abuse, impaired driving, fetal alcohol spectrum disorder, and impacts on workplaces, health care and policing. While alcohol is often viewed as contributing huge revenues to the government, a comparison of direct alcohol-related revenue and health and enforcement costs in Ontario in 2002-03 revealed that costs actually outweighed revenues by more than $456 million. (Rehm et al, 2006). Alcohol is no ordinary commodity.

As a Board of Health, we have serious concerns regarding the negative health consequences of alcohol within our communities and the apparent absence of health as a consideration in the ongoing changes to the Liquor Licence Act (LLA) and the regulations under the Act. In light of this, we are contacting you regarding a collaborative approach to alcohol control that would look at engaging key ministerial stakeholders in addressing the impacts of alcohol through a health and economic lens. In addition we are responding to the Alcohol and Gaming Commission of Ontario's (AGCO) current consultation document entitled ***Regulatory Modernization in Ontario's Beverage Alcohol Industry*** in a separate letter to the Registrar in an effort to further address our concerns.

The premise of the consultation document is to "modernize" the AGCO's approach to regulation of the alcohol sector, namely through the reduction of administrative processes on businesses and stimulate economic growth. While streamlining processes is most certainly a worthy endeavor, we want to ensure that unintended consequences of alcohol as noted above do not occur through further relaxation of

. . . 2

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

alcohol control policies. Over the past several years we have observed an ever increasing erosion of alcohol control which has been reflected in changes to the Liquor License Act (LLA) and under the premise of "modernization". In fact, over the same period of time we have seen changes in the stated mandate of the AGCO from one of financial and social responsibility to one of concern for public interest as stated on the AGCO website, "To regulate the alcohol and gaming sectors in accordance with the principles of honesty and integrity, and in the public interest." It is clear in the consultation document that the interpretation applied to this is economic development and access to alcohol, but not the protection of health. This is in contrast to the language that previously described the mandate of the AGCO as the regulation of "the sale, service and consumption of beverage alcohol in licensed establishments to promote moderation and responsible use".

In light of our noted concerns regarding the inherent health risk in the sale, distribution and consumption of alcohol outlined above, we recommend that the mandate of the AGCO be broadened to explicitly include the protection of the public's health in addition to the protection of public interest.

The second recommendation is that we propose that a tri-ministerial council be struck to review future changes to policies or practices that involve the control of alcohol, given that the varying mandates of government ministries often overlap but sometimes inadvertently serve at cross purposes. This proposed council would include: The Ministry of the Attorney General, which oversees the AGCO and concerns itself primarily with implementation and enforcement of the LLA; The Ministry of Revenue who's key role is economic viability, including the generation of revenue for the provincial government; and the Ministry of Health and Long-Term Care who's obligation would include ensuring that policies being proposed would not have unintended negative impacts on population health nor would result in increased health disparities for the citizens of Ontario.

While implementing changes to streamline regulations for the alcohol sector may be important from an economic perspective, it is critical that it is done with a lens to public health and safety. We look forward to the opportunity to further discuss the recommendations outlined above and how we can collectively create safe, vibrant communities that stimulate the economy while mitigating alcohol related harms.

Sincerely,

ORIGINAL SIGNED BY

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

c: The Honourable John Gerretsen, Minister of the Attorney General
The Honourable Deb Matthews, Ph.D, Minister of Health and Long-Term Care
The Honourable Charles Sousa, Minister of Finance
Boards of Health in Ontario
Association of Local Public Health Units
Ontario Public Health Association
Members of Provincial Parliament of Ontario
North Simcoe Muskoka Local Health Integration Network
Central Local Health Integration Network

. . . 3

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1.866.522.9200

www.sdhu.com

October 28, 2013

VIA EMAIL

Mayors/Reeves
Constituent Municipalities within the
Sudbury & District Health Unit Catchment Area

Dear Mayor/Reeve:

Re: Transportation and Public Health

At its meeting on October 17, 2013, the Sudbury & District Board of Health unanimously passed the following motion #47-13 Transportation and Public Health:

> *WHEREAS transportation policies and planning decisions affect many factors important to health such as air quality, physical activity opportunities, and safety; and*
>
> *WHEREAS multi-modal transportation systems (i.e. walking, cycling, public transit, car, etc.) improve access, particularly for vulnerable and low income people, to important health determinants such as food, employment, education, health and social programs, and cultural and recreational opportunities; and*
>
> *WHEREAS research demonstrates that people living in walkable and bikeable neighbourhoods have better health outcomes overall than people living in car-oriented communities; and*
>
> *WHEREAS Sudbury & District Board of Health motions #19-06, #36-07, #19-11, #29-11 and #45-12 demonstrate the Board's strong track record of endorsing policies and programs that create environments supportive of physical activity and health;*
>
> *THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health strongly encourage all municipalities within the Sudbury and Manitoulin districts to commit to and appropriately resource a transportation system vision that enhances equity and choice, and opportunities for safe, connected multi modal travel ; and*
>
> *FURTHER THAT copies of this motion be forwarded to key provincial, and local health and non-health partners.*

Planning and resourcing a multi-modal transportation system offers users diverse transport options that are effectively integrated, in order to provide a high degree of accessibility even for non-drivers. It is the Sudbury & District Board of Health's hope that this motion will impact the transportation decisions you make as community leaders. I am confident that together, we can we can ensure that planning for a healthier tomorrow is achieved by making a difference today.

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

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health

cc: Honorable Glen Murray, Minister of Transportation
Rick Bartolucci, MPP Sudbury
France Gelinas, MPP Nickel Belt
Michael Mantha, MPP Algoma-Manitoulin
John Vanthof, MPP, Timiskaming-Cochrane
Dr. Arlene King, Chief Medical Officer of Health
Ontario Boards of Health
Louise Paquette, Chief Executive Director, North East Local Health Integration Network
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Alan Spacek, President, Federation of Northern Ontario Municipalities
Naomi Grant, Chair, Coalition for a Liveable Sudbury
Deb McIntosh, Rainbow Routes Association

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October 18th, 2013

Minister Deb Matthews
Min, of Health & Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

Subject: Enhancing Access to Oral Care Services

The Board of Health for Timiskaming Health Unit recently passed the enclosed resolution. Oral health is an important issue for all Ontarians as it has considerable impact on overall health. Low income families struggle to make ends meet and the current income threshold for determining access to subsidized dental programs is set too low. Many families earning incomes greater than $20,000 per annum, will spend all of their income providing food and shelter leaving nothing available for dental care.

We sincerely hope you will support us in our efforts to improve access to dental care for those in need.

Sincerely,

Carman Kidd
Board of Health Chairperson

Marlene Spruyt
Medical Officer of Health/Chief Executive Officer

cc Dr. Vivek Goel, Public Health Ontario
Ontario Boards of Health

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RESOLUTION

Date:	October 9th, 2013
Resolution #:	**01-2013, Enhancing Access to Oral Care Services**
MOVED BY:	Mike McArthur
SECONDED BY:	Louise Hayes

At its October 9th, 2013 meeting, the Timiskaming Board of Health passed a motion to support the following resolution:

WHEREAS dental caries can lead to infection, pain, abscesses and poor nutritional status in young children and recognizing there is a relationship between dental caries and childhood obesity, dental caries, particularly in serious cases, can damage a child's sense of self-esteem, which in turn, may affect his or her school performance.

WHEREAS poor oral health can affect more than just the mouth, there is an increasing amount of evidence showing a connection between oral health and general health and well being. Peridontal disease has been linked to a number of disease including; diabetes, respiratory illness, low birth weight babies, cardiovascular disease, osteoporosis and rheumatoid arthritis.

WHEREAS there are currently programs to ensure that people who cannot afford dental care, do not fall through the cracks, it is important to realize that families who have income of $20,000 annually, may still be struggling to access and pay for dental care, especially families with two children or more.

WHEREAS better access to oral health services could result in savings to the health care system.

THEREFORE BE IT RESOLVED THAT the Timiskaming Health Unit strongly recommend the Ministry of Health and Long-Term Care to increase the minimum income of $20,000 per year of the Healthy Smile Ontario program to improve the integration and/or alignment of low income oral health services within the broader health care system.

AND FURTHER THAT copies of this resolution be forwarded to the Premier of Ontario, the Minister of Health and Long-Term Care, the Ontario Agency for Health Protection and Promotion and all Boards of Health of Ontario.

X Carried
☐ Defeated
☐ Deferred

Chair - Board of Health

Public Health

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Wellington-Dufferin-Guelph Public Health

October 2, 2013

Honourable Kathleen Wynne,
Premier of Ontario
795 Eglinton Avenue East, Unit 101
Toronto, ON N4G 4E4

Dear Honourable Wynne,

The results of the 2013 Nutritious Food Basket (NFB) for Wellington-Dufferin-Guelph Public Health have been released. In 2013 the cost of the NFB in WDG for a reference family of four is **$194.99 per week**. The list of foods used in the survey represents nutrition recommendations and food purchasing patterns of Canadians and includes foods from the four food groups of Canada's Food Guide.

The results of this report have raised significant concern among the members of Wellington-Dufferin-Guelph Board of Health about poverty and food insecurity. When housing costs and other basic living expenses are considered, many individuals and families with a limited income do not have adequate funds to purchase nutritious food on a consistent basis. Local data shows that since 2009 when the new nutritious food basket protocol was implemented, there has been a 16.7% increase in the cost of food over a 5 year period. These issues pose serious health risks for the public health of our community.

This report clearly shows that low-income individuals and families do not have enough money to pay for their basic needs including shelter and healthy food. For example, a case scenario of a single person on Ontario Works fares the worst in this respect as 92% of their income may go to rent leaving insufficient money (8% of income) left over to purchase any food or cover basic expenses. According to the nutritious food basket data, a basic cost to eat healthy for a single person on Ontario works is estimated to be 32% of their income.

The report suggests that poverty reduction must remain a high priority for the government. We are aware that the government is taking steps to improve poverty. We are conscious of the 2010 review of Ontario's social assistance system that was completed to ensure that social assistance programs make certain that Ontarians can afford to make healthy choices. We also are aware that the government is developing a second Poverty Reduction Strategy, and that this will build on current efforts and will be released in late 2013. Although we applaud these steps, we also recognize that this development can be a lengthy process and recommend the immediate implementation of a $100 increase per month for every adult on social assistance in Ontario. This will allow low income individuals and families to afford to eat healthier and ultimately reduce lifestyle related chronic disease which can contribute to lower healthcare costs.

We look forward to your urgent attention to address the economic barriers that low income people experience in accessing healthy food.

Sincerely,

Amanda Rayburn
Chair, Board of Health

cc:
Randy Pettapiece, MPP
Honourable Liz Sandals, MPP
Ted Arnott, MPP
Sylvia Jones, MPP
Honourable Ted McMeekin, MPP
Ontario Public Health Units
Dr. Nicola Mercer, MOH & CEO, Wellington-Dufferin-Guelph Public Health

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Wellington-Dufferin-Guelph Public Health

October 2, 2013

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

Re: MOHLTC protocol for the Storage and Handling of Vaccines

Dear Minister Matthews,

The maintenance and storage of vaccine is vital to the continued success of immunization programs. The Ministry of Health and Long-Term Care (MOHLTC) defines the "cold chain" as the system of all equipment and procedures used to maintain optimal conditions during the transport, storage and handling of vaccines, starting at the manufacturer and ending with the administration of the vaccine to the client.[1] Failure to adhere to cold chain requirements reduces vaccine potency, resulting in an inadequate immune response to vaccine preventable diseases and/or increased local reactions after administration of vaccine.[2]

The current MOHLTC protocol for the Storage and Handling of Vaccines (2010) requires community partners storing publicly funded vaccine to have a fridge that maintains temperatures of +2 °C to +8 °C, minimum/maximum thermometer and a log book to record temperatures. The standard of such equipment needs to be improved to provide optimum vaccine. The Centres of Disease Control and Prevention (CDC) and the World Health Organization (WHO) supports this direction based on research and evidence-based practice.

The Board of Health for the Wellington-Dufferin-Guelph Health Unit are requesting a change to the current Vaccine Storage and Handling Protocol (2010) to increase the requirements for cold chain equipment for the storage of publicly funded vaccine to include:

- Purpose-built refrigerator, pharmacy grade
- Glycol-encased Min/Max Thermometer
- Data loggers
- Generator or battery back-up

The MOHLTC has recommended some of the equipment mentioned above however has never mandated the usage of glycol-encased probe thermometers, data loggers, purpose-built fridges or the

use of power back-up. This makes it difficult for public health to enforce an optimum standard of the storage of vaccines. Recognizing the cost of the purposed equipment may be significant to healthcare providers and may be a barrier for some to offer publicly funded vaccine; such equipment standards are required to ensure vaccine is being stored in the most optimum manner. The decrease in cold chain incidences would save vaccine dollars over the long-term. In addition cold chain incidents often make vaccines unavailable to clients during the investigation therefore the opportunity to vaccinate clients is missed. Missed opportunities attribute to incomplete immunization records. Cold chain incidents compromise the potency of the vaccine therefore affecting the immune response of the client. Decreased immune response and under-immunized clients put the community at-risk for vaccine preventable diseases and may decrease the confidence in vaccines.

We look forward to your attention to address the requirements outlined in the current Vaccine Storage and Handling Protocol (2010).

Sincerely,

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

cc:

Randy Pettapiece, MPP
Honourable Liz Sandals, MPP, Minister of Education
Ted Arnott, MPP
Sylvia Jones, MPP
Ontario Public Health Units
Dr. Nicola Mercer, MOH & CEO, Wellington-Dufferin-Guelph Public Health

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A Poverty Perspective on Children and Families

Presentation to: Board of Health
By: Ruth Walker, BScN, RN
Date: November 13, 2013

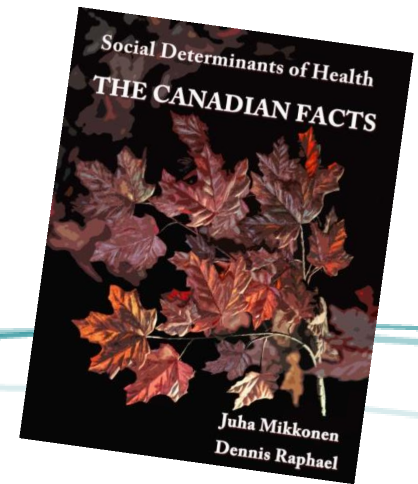
Peterborough County-City
HEALTH UNIT
...because health matters!

Background

- Community Assessment

Family Poverty Community Assessment

- Health Unit staff
- Community Partners
- Individuals with lived experience
- Scholarly and grey literature
- Local and provincial reports



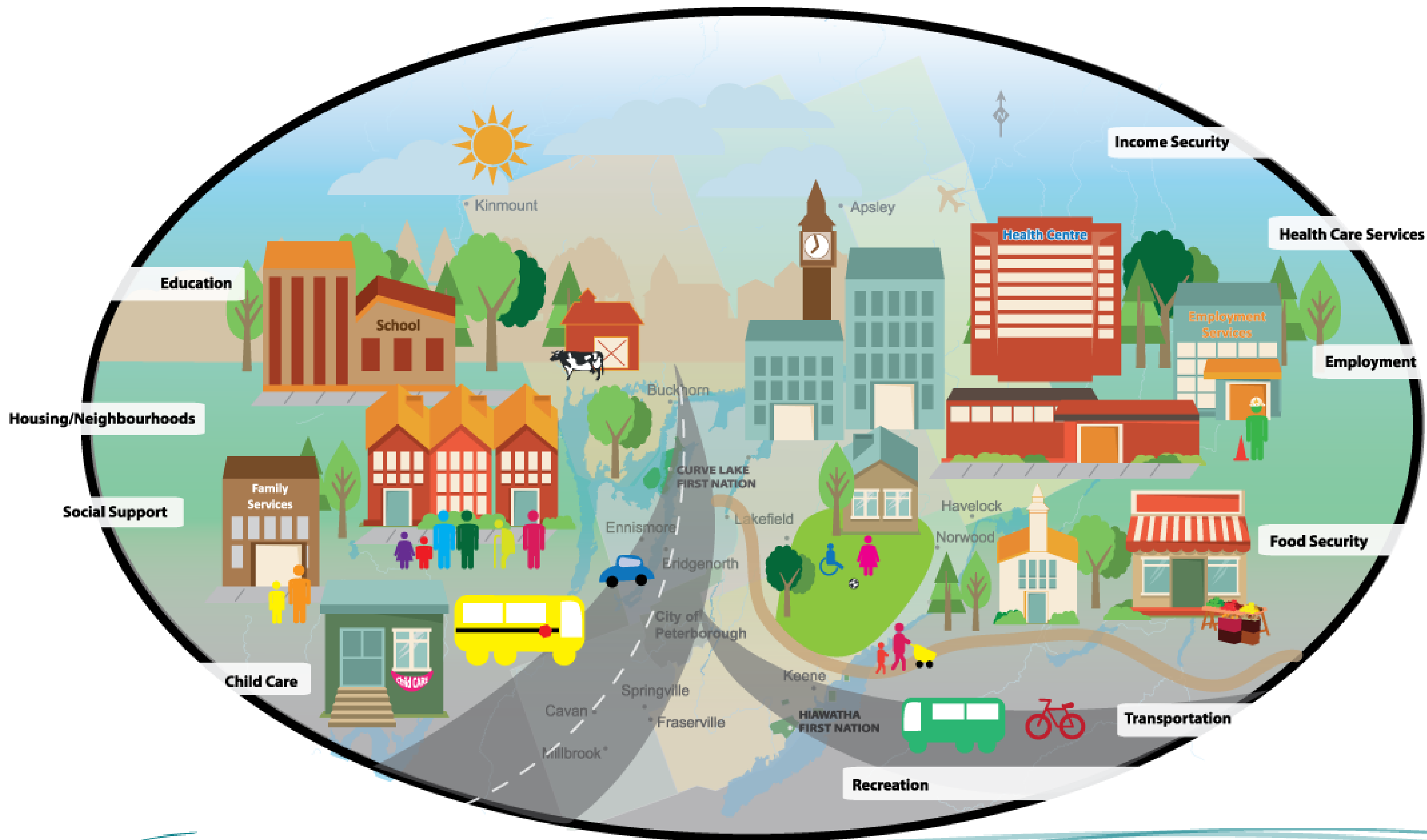
Peterborough County-City HEALTH UNIT ...because health matters!

Greatest Family Burdens

- Education
- Housing & neighborhoods
- Social Support
- Child Care
- Transportation
- Recreation
- Food Security
- Employment
- Health Care Services
- Income Security

Peterborough County-City
HEALTH UNIT
...because health matters!

The Big Picture



Peterborough County-City HEALTH UNIT ...because health matters!

Housing/Neighbourhoods

The Big Issues

- Low income families spend the majority of their money on rent and have poor living conditions
- There are long wait lists to receive supportive housing.

The bigger change we'd like to see:

- Affordable, quality, family housing in safe neighbourhoods.
- Increased awareness of the impact of housing on human growth and development and overall health.
- Greater importance placed on local housing solutions.

Social Support Network

The Big Issues

- Support from friends, family, neighbours, and community groups helps nurture child development.
- Vulnerable families experience physical, cultural, financial and psychological barriers to accessing community supports.

The bigger change we'd like to see:

- Free opportunities for families to engage in their community and experience social connections
- Social supports that foster greater inclusion, reduce barriers and are easy to navigate.

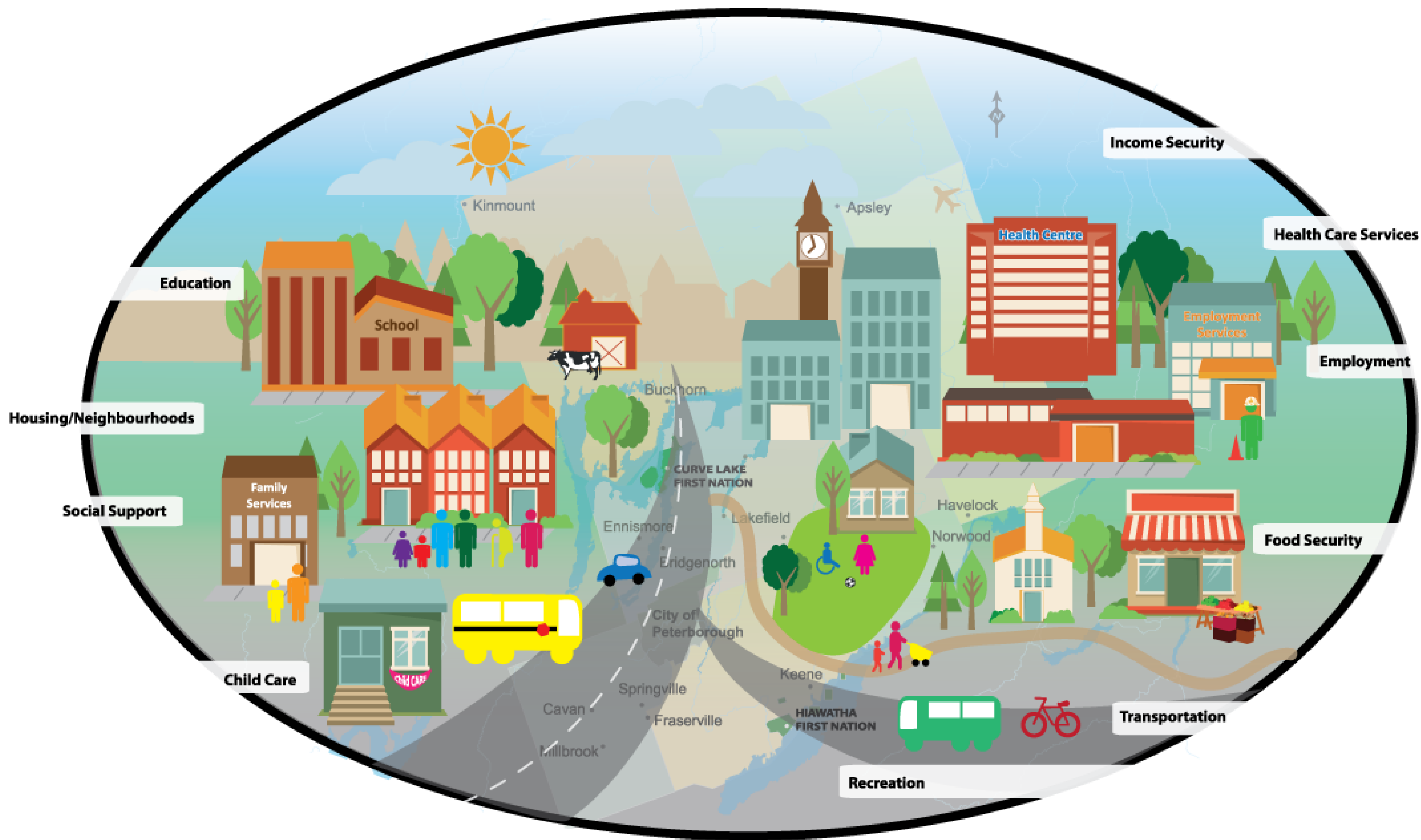
Child Care

The Big Issues

- Child care is costly and not always accessible.
- Limited provincial funding to support subsidized spaces, and limited access to licensed infant and toddler spaces create barriers to access.
- Families feel stigmatized when using subsidies.

The Bigger Change We'd Like to See

- Accessible, affordable and quality daycare.
- Greater subsidies and shorter wait times.
- Environments that support health and wellbeing



Peterborough County-City
HEALTH UNIT
...because health matters!

Uses

- A lens to view newly developed or revised community initiatives.
- A communication tool to explore collective opportunities and solutions.
- Monitoring change.

Actions

- Communicate with Community Partners
  - Community and health agencies
  - Community leaders
  - Individuals with lived experience
  - Volunteer groups and associations

- Tailor the conversation based on the interests of these audiences.

Future Directions

- Increase collaboration
- Influence and improve integration of services
- Support strategic long term planning in our community
- Foster collective responsibility in addressing child and family poverty

Thank You

Staff Report

Complete Streets Position Statement

Date:	November 13, 2013	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original approved by	***Original approved by***	
Rosana Pellizzari, M.D.	Jane Hoffmeyer, Health Promoter Janet Dawson, Health Promoter	

Recommendations

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

- receive the staff report, *Complete Streets Position Statement*, for information;
- endorse the enclosed Position Statement on Complete Streets Policies; and
- share the report and position statement with local Municipalities, local First Nation Councils and provincial counterparts.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health has not previously made a decision with regards to this matter.

Background

A “complete street” is a road that is designed to be safe for drivers; cyclists; transit users; and pedestrians of all ages and abilities.

Complete streets are best achieved through the adoption of a Complete Streets policy within high-level municipal policy documents, including an Official Plan and Transportation Master Plan. These policies are implemented with the aid of design guidelines and public participation.

This is a concept and approach that has strong roots in Europe and in the United States. Its proponents come from a range of professionals and many perspectives (planning, public health, engineering, ecological, Chief Coroner, cycling). These policies are increasingly being adopted across Canada, most recently in Niagara Region, Ajax and Ottawa.

Rationale

1) The Ontario Public Health Standards (OPHS)
   Our provincial standards require health units to engage in health promotion and policy development that address local chronic disease and injury prevention needs. Specifically, "The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment".[1] This expectation is further validated at the national level by the Public Health Agency of Canada who states that "...factors related to the design of communities and transportation systems can significantly influence our physical and psychological well-being."[2]

2) Evidence of positive health outcomes
   The body of evidence behind this policy approach is substantial and points to multiple positive health benefits related to chronic disease prevention, the prevention of injuries and the mitigation of environmental hazards.

   Complete Streets policies result in design features placed in ways so that the most vulnerable residents can more easily get to where they are going due to the addition of separated cycling paths, seating/benches, trees and crosswalks. These and other features are known to increase the amount and time people spend walking and cycling each day. This has particular importance for the Peterborough region since a closer look at our physical activity data shows that walking is a preferred activity. Increasing the number of people who walk and cycle will also positively impact overall public perceptions that it is safe to do so.

   The Ontario Chief Coroner's recent reviews of pedestrian and cyclists deaths resulted in recommending the adoption of Complete Streets policies to prevent future deaths. This is because many studies have shown that as the modal share of pedestrians and cyclists increases on the roads, the amount of collisions, injuries and fatalities they experience decreases.[3]

   Complete Streets policies provide opportunities to incorporate or restore green space to the streetscape. This in turn, assists with mitigating climate change effects such as 'heat

islands' (a metropolitan area that is significantly warmer than its surrounding rural areas due to human activities) in urban areas as well as providing shade and better absorption of storm water runoff.

3) Priority populations
This approach has high relevance for public health due to its potential impact on the health status of priority populations. Canadian studies have shown that adolescents are more likely to walk or bike to school if the journey is short and takes place in a walkable environment with a variety of land uses and a high density of street trees.[4] Similarly, for older adults, the condition of and access to sidewalks has been shown to be a vital factor in enhancing their mobility which in turn supports their levels of independence and social interactions within their community.[5] Finally, people with a lower socio-economic status are more likely to use more active forms of transportation since it is a free mode of transportation.[6]

4) Why now?
The Peterborough region has been a strong early adopter of innovative practices related to active transportation such as on-road bikeways and connectivity between trails. There is clear public support for the approach as reflected by recent City and County Transportation Plans. The City of Peterborough's City of Peterborough Comprehensive Transportation Plan (2012) indentified Complete Streets policy as a 'priority' action. Furthermore, this approach has significance for the five policy themes identified by the City's Official Plan consultation process.

The Complete Streets policy approach offers a unifying policy that touches on multiple objectives towards achieving a healthy community; from supporting an aging population to expanding green spaces to revitalizing a downtown area.

As a community stakeholder that aims to influence policy development it is important that the whole of PCCHU, from program staff to the board level, advocate for the Complete Streets policy approach that meets local needs and has clear health benefits.

Strategic Direction

This report supports the new Strategic Directions themes relating to *Community-Centred Focus* and *Determinants of Health and Health Equity*. It seeks to be supportive of local policy opportunities that address the complex relationship between the physical environment and health status, especially for priority and vulnerable populations.

Contact:

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Health Promoter – Healthy Public Policy
Foundational Standards

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National Collaborating Centre for Environmental Health (2010). "Active Transportation in Urban Areas: Exploring Health Benefits and Risks

National Collaborating Centre for Environmental Health (2011). "Community Planning with a Health Equity Lens: Promising Directions and Strategies"

Attachments:
Attachment A – Position Statement: Complete Streets Policies

POSITION STATEMENT: Complete Streets Policies

Definition: A 'complete street' is a road that is designed to be safe for drivers; cyclists; public transit users; and pedestrians of all ages and abilities. Complete Streets are achieved and developed through planning policy, design guidelines and public participation. Evidence from municipal experiences to date suggests that successful Complete Streets policies include implementation guidelines such as:

- Balances needs of motorists, cyclists, pedestrians and public transit users on a right-of-way, starting with the most vulnerable user.
- Use of consistent, equitable and transparent processes to establish trade-offs among competing objectives
- Integrated within the planning process for the construction, retrofitting, and maintenance of <u>all</u> roadways (main arterials, rural roads, suburban streets);
- Guided by the intended function of the street and surrounding land uses and is not a one size fits all solution;
- Consistent with *Accessibility for Ontarians with Disabilities Act* (AODA) infrastructure standards.

WHEREAS the Peterborough County-City Board of Health recognizes that:

1) The Ontario Public Health Standards mandate a role for public health unit in local policy development and the built environment; and therefore includes transportation and land use policies;
2) Complete Streets practices have been shown to have positive impacts on multiple public health interests (physical activity levels, injury prevention, mitigation of climate change, health hazards, and social cohesion/mental wellness); and
3) Complete Streets policies have high relevance for priority populations (individuals with low incomes, children/youth and seniors).

BE IT RESOLVED THAT the Peterborough County-City Board of Health endorses a Complete Streets approach to provincial, regional and local transportation policy formation and implementation.

PCCHU Complete Streets Position Statement

Presentation to: Board of Health

By: Janet Dawson, Health Promoter, Access to Recreation

Date: November 13, 2013

Peterborough County-City HEALTH UNIT

...because health matters!

OPPI video

Complete Streets - Planning 101 - YouTube - Windows Internet Explorer

http://www.youtube.com/watch?v=sc-GKNecIbg

COMPLETE STREETS

Community Planning 101

0:00 / 2:21

Complete Streets - Planning 101

OntarioPlanners · 8 videos

2,888

Sun Salutations for Complete Beginners
by YogaVidyaEnglish
2,634 FEATURED

New Urbanism
by GRCCtv
17,472 views

Urban Planning 101 - Walkability
by CollingwoodPlanning
23,853 views

Video on the Best Transportation Planning
by MyJandy
9,250 views

Urban Planning 101: Active Transportation
by CollingwoodPlanning
6,781 views

Top 10 Most Livable Cities in the World
by The Daily Conversation
58,931 views

Haliburton - York St, 2008

Figure 2 Area 2: York Street

York Street, 2013

Haliburton – Highland St.

Haliburton County roads

Complete Streets for Canada

Type

- Any - Case Study Complete Street Policy Complete Streets Approach Complete Streets Examples

Map Satellite

Northwestern Passages
Nunavut
Northwest Territories
Hudson Bay
Canada
Alberta
Manitoba
British Columbia
Edmonton
Saskatchewan
Newfoundland and Labrador
Calgary
Ontario
Quebec
Vancouver
Winnipeg
Gulf of St Lawrence
Washington
Montana
North Dakota
Minnesota
New Brunswick
Prince Edward Island
Nova Scotia
Montreal
Maine
Wisconsin
Michigan
Oregon
Idaho
South Dakota
Wyoming
Vermont
New York
New Hampshire
Chicago
Iowa
Nebraska
Illinois
Pennsylvania
Ohio
Massachusetts

Staff Report

Food and Beverage Marketing to Children

Date:	November 13, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Recommendations

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

- urge Health Canada, Industry Canada and the Ontario Ministry of Government and Consumer Services to prohibit all commercial advertising of food and beverages to children under the age of thirteen years; and
- direct staff to begin discussions with City, County and First Nations staff on the potential to develop guidelines or policies for their respective Councils' consideration that would prevent commercial advertising of food and beverages to children under the age of thirteen years in City/County/First Nation funded or operated services, facilities and venues.

Financial Implications and Impact

There are no direct financial implications arising from this report.

Decision History

The Board of Health has not previously made a decision with regards to this matter.

Background

Concerns about the appropriateness and negative influence of marketing on children's health and well-being including diet-related health outcomes, have been raised since the 1970's. Marketing has reappeared as a public health issue in recent years amid concerns expressed by provincial, federal and international community organizations and government agencies related to its impact on child health. Rising levels of childhood obesity and poor eating habits, as well as concerns about the sexualization of childhood, the promotion of sedentary activities and excess consumption, have all contributed to an increased public debate about the appropriateness of advertising to children.[1]

The release of ***No Time to Wait: The Healthy Kids Strategy*** to the Ontario Government in March 2013, has heightened discussion including current Ontario government consultations with stakeholders and the public on the topics of menu labeling and marketing to children. The recommendations were all based on a review of the literature for the best evidence to inform future directions and practice. Key recommendations related to food advertising in this report regarding the need for change in our current food environment includes:

- Ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 13.
- Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.
- Require all restaurants, including fast food outlets and retail grocery stores, to list the calories in each item on their menus and to make this information visible on menu boards.
- Encourage food retailers to adopt transparent, easy-to-understand, standard, objective nutrition rating systems for the products in their stores.
- Support the use of Canada's Food guide and the nutrition facts panel.[2]

Toronto Public Health has been a leader at the provincial and federal level on the issue of food advertising to children. Reports in 2008 on Food and Beverage Marketing to Children and 2010 on Food Advertising to Children: Update have summarized key findings and policy recommendations that are currently utilized by PCCHU Nutrition Promotion staff in their work.[3,4]

As a result of a resolution in 2008, the Ontario Public Health Association has taken a broader position, calling for a prohibition on commercial advertising to children for all products.[5] The Association of Local Public Health Agencies originally endorsed a ban on commercial food and beverage advertising to children but, in June 2009, expanded their position to advocacy for a total children's advertising ban.[6]

In November 2009, the World Health Organization (WHO) released recommendations for governments "to reduce the impact of children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt". They call for schools, pre-school centres and other child-

focused settings to be free from all forms of unhealthy food marketing. The WHO also states that governments, not the advertising industry, should be the key stakeholders in the development of any children's advertising regulations. The recommendations are part of the WHO's global strategy for the prevention and control of non-communicable diseases.[7]

Most recently, in May 2013, a Canadian Healthy Care and Scientific Policy Consensus Statement regarding the restriction of marketing of unhealthy foods and beverages to Children and Youth in Canada has been endorsed by 23 federal and provincial health organizations including the Canadian Medical Association, Hypertension Canada, Canadian Public Health Association, Chronic Disease Prevention Alliance of Canada and Public Health Physicians of Canada.[8,9]

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH), representing Registered Dietitians working in the public health sector, released a working position statement on marketing to children in late October 2013. OSNPPH urges the Premier of Ontario to implement legislation that prohibits all commercial advertising targeted to children under 13 years. According to the statement, children lack adequate cognition to understand the effects of advertising, so their right to grow and develop without being advertising targets must be protected. As well, eliminating advertising targeted at children will help to create environments supportive of healthy choices being easier choices. The OSNPPH believes that a comprehensive ban on all advertising to children under 13 years is the best public health approach.[10]

Children continue to be exposed to a greater intensity and frequency of marketing messages than any previous generation. To protect children and support parents, the Board of Health should urge local, provincial and national decision-makers to endorse legislated restrictions on commercial advertising targeted to children.

Rationale

There has been much research and evidence reviews conducted on the influence of food and beverage marketing on young people. Overall, research suggests that:

- Food and beverages developed for, and advertised to, young people are dominated by those that are calorie dense and nutrient poor;
- Television advertising influences children's' food and beverage preferences, purchase requests and short-term consumption;
- There is moderate evidence that food and beverage advertising influences the food and knowledge beliefs of younger children and the usual dietary intake of children aged two to five years;
- There is strong evidence that children and youth's exposure to television advertising is associated with overweight and obesity. However, not enough evidence was found to conclude that advertising caused overweight and obesity.[11]

Marketing is includes a wide array of activities or strategies to influence a consumer's product choice; advertising is one of these activities. Advertising is a legal term in Canada as per the Food and Drug Act.[12]

The Rationale for Marketing to Children

This generation of children have been identified as an important demographic for consumer products as they are more involved in decision-making and the size of the demographic. It has been reported that if a person becomes a "lifetime consumer", that is, preference or brand loyalty for a specific product from "cradle to grave", it can be worth as much as $100,000 for a company.[13] As a result of children's increased influence over household purchases, estimated at $20 billion annually in Canada, there is increased importance of brand recognition at an early age in securing lifelong customers and other factors.[14] Parents have the responsibility to protect children from media and marketing they believe to be harmful but this task is becoming increasingly difficult. Many child health advocates believe that the idea that parents alone can protect their children from commercialized forces is outdated and unrealistic. [15]

Marketers view children as prime consumers because of their propensity to be risk takers, explorers, early adapters of new technology, and being eager to make a personal statement. Children lack preconceived notions about marketing, and in theory, are easier to win over than more skeptical youth and adults. Sophisticated research on the child market is now undertaken with the assistance of researchers, child psychologists and cultural anthropologists. Experts conduct research in homes, stores, and fast food restaurants, organize focus groups, study children's drawings, drams and fantasy lives and apply the findings to ads and product designs.[16]

How Marketers Reach Children

Many marketers strive for "360 degree marketing" to expose their grand message to children through multiple venues (Home, school in the community), media and new media forms (TV, film, Internet, magazines, mobile phones, videogames) and strategies (commercials, spokes-characters, celebrity endorsement, event sponsorship, competition and prizes, marketing tie-ins, product placement, and viral marketing – the use of pre-existing social networks to spread brand awareness, also called "word of mouth marketing".)[17]

Television is the primary medium through which younger children are exposed to marketing messages. The internet has become a strong secondary source of ad exposure for children through product websites, games, promotions, membership opportunities, movie and TV tie-ins and viral marketing strategies such as encouraging visitors to email friends to invite them to visit the site or join an online club. Whereas traditional TV ads are short and can be avoided, advergames allow companies to engage young consumer with their brand for a much longer period.[18]

Schools, restaurants and supermarkets are also key venues through which food marketers can reach children. School based strategies can include beverage vending contracts, incentive programs, corporate sponsored education materials and company logos in hallways and

cafeterias. Fast food employees often employ marketing alliances with toy companies, film studios and sports leagues to attract young people. Supermarkets, informed by years of research have evolved to maximize the attractiveness of product to children and to take advantage of parent/child interactions.[19]

Researchers from eleven countries, including Canada, looked at food advertising on popular children's television channels in early 2008. Almost 200 hours of television programming were recorded and analyzed in each region. Overall, 67% of food ads to children were for unhealthy products, defined as "high in undesirable nutrients and/or energy". Canadian children's television had the third highest proportion of unhealthy food ads making up 82% of all food ads.[20]

The Regulatory Environment and Industry Self-Regulation

Virtually all countries have some form of advertising regulation specific to children. A variety of approaches are in place ranging from full reliance on industry self-regulation to strict legislative control. Sweden, Norway and Quebec are three of the only jurisdictions in the world where commercial advertising to children is prohibited by law. These bans apply only to broadcast advertising (radio and television). Quebec's legislated ban on all forms of commercial advertising to children has been in effect since 1980. Education advertising and public service messages to children are permitted provided they are beneficial to the education and development of the child and do not "constitute a trick to get around the spirit of the Act".[21]

In Canada, advertising falls under the responsibility of several federal department including Health Canada and Industry Canada as well as the Canadian Radio-television and Telecommunications commission (CRTC). A number of federal laws (i.e., The Food and Drugs Act) provide overarching directions on the types of advertising permitted in Canada. At the provincial level, the Ontario Consumer Protection Act also sets standards related to advertising. None of these laws make specific reference to food and beverage advertising to children.[22]

In February 2008, sixteen food and beverage companies announced commitments under Canadian Children's Food and Beverage Advertising Initiative to shift their advertising directed to children under 12 years to the promotion of healthier dietary choices and healthy active living. Eight companies (Cadbury Adams Canada Inc., Coca-Cola Ltd., Hershey Canada Inc., Janes Family Foods, Mars Canada Inc., McCain Foods (Canada), PepsiCo Canada ULC and Unilever Canada Inc.) announced that they will not direct advertising to children under 12 years of age in Canada. Another eleven companies (Burger King Restaurants of Canada, Inc., Campbell Company of Canada, Ferrero Canada Ltd., General Mills Canada Corporation, Kellogg Canada Inc., Kraft Canada Inc., McDonald's Restaurants of Canada Ltd., Nestlé Canada Inc., Parmalat Canada, Post Foods Canada Corp. and Weston Bakeries Limited) committed to directing 100% of their children's advertising in Canada to healthier dietary choices. All companies also committed to:

- incorporate only products that meet the Children's Advertising Initiative criteria for healthier dietary choices in interactive games primarily directed to children under 12 years of age;

- restrict the use of third party licensed characters in children's adverting to products that meet the Children's Advertising Initiative criteria for healthier dietary choices;
- not pay for or seek to place food and beverage products in program/editorial content of any medium primarily director children; and,
- not advertise food or beverage products in elementary schools.[23]

Health Canada does not have a specific definition of "healthy food". Participating companies have provided specific criteria for defining which of their products quality as healthier dietary choices. While the definitions are based on established scientific sources such as Health Canada, the US Food and Drug Administration, and others, the products that fit the criteria may not always match what the average consumer views as "healthier dietary choices" for children. The definitions used by companies are very broad in meaning and encompass many highly processed and nutrient poor foods. For example, Kellogg's Froot Loops® and Corn Pops® cereals, and General Mills Reese Puffs® and Cinnamon Toast Crunch® cereals fit the nutritional criteria and may continue to be advertised to children under the terms of the initiative. Companies have also indicated that product reformulation will occur to bring them in line with the nutritional criteria, thus making them available for advertising to children.[24]

An added weakness of these industry definitions of "healthy food" is that companies can base nutrient standards on serving sizes. This means that companies are able to adjust the nutrient profile of children's products by manipulating the serving size rather than reducing the sugar, sodium or calorie content of the actual product.

Companies also promised to restrict the use of licensed characters in children's advertising to healthier foods. However the change only applied to third party licensed characters. It does not apply to advertiser-generated characters, such as Ronald McDonald® or Tony the Tiger®, which were created by marketers specifically to appeal to children. There have been examples of companies making declarations about advertising to children, but upon review of products, child friendly packaging is used (e.g., cartoon characters, since product packaging is outside of the advertising commitment). Companies also committed to end advertising of food and beverages in elementary schools. However, the change will not apply to displays of food and beverage products, fundraising initiatives, public service messaging or educational programs.[25]

There are several reasons to believe that strengthening Canada's existing self-regulation system is unlikely to significantly affect the intensity or frequency of food and beverage advertising targeted to children, the sophisticated techniques employed, or the range of new media used to reach the, While marketers acknowledge that child health and well-being are important concerns, these goals are external to marketing's' primary purpose which is to encourage product purchased and brand loyalty. Current self-regulation aims to prevent direct harm and promote truth in advertising, an objective that is fundamentally different from addressing public health concerns. The track record of industry self-regulation in many industries in addressing public health concerns has been problematic. For example, the tobacco industry's worldwide claims to self-regulate advertising to young people have been widely discredited.

Industry codes of practice have been so widely used by industries seeking to fend off regulatory intervention by government that there is now substantial doubt about their effectiveness.[26]

Another consideration is around the environments where our children play and learn beyond the school community. As an interim measure, some Ontario jurisdictions have begun to support media literacy education for parents and children and develop policies related to children's marketing in publicly funded or operated services, facilities and venues such as libraries, childcare centres, transit and recreation centres. With First Nation, City and County partners, this could be considered as a first step locally.

Strategic Direction

This report supports the PCCHU strategic directions of the *Determinants of Health and Health Equity* and *Community-Centred Focus*.

Contact:

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25. Ibid.

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Staff Report

Request to Pursue Sewage System Agreements with Municipalities External to Peterborough County

Date:	November 13, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original approved by	***Original approved by***
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, *Request to Pursue Sewage System Agreements with Municipalities External to Peterborough County,* for information;
- direct staff to pursue sewage system agreements external to Peterborough County; and
- direct staff to report back on status of above, on or before the June, 2014 Board of Health meeting.

Background

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit) at its October, 2013 meeting, decided not to renew the Sewage System (Part 8) contracts that it has with ten of its municipalities that expire December 31, 2013. The transition of the program to the municipalities will occur by June 30, 2014,

The rationale provided by the Board of Health was, that it was primarily not part of the Ontario Public Health Standards (OPHS), and interfered with their ability to meet accountability agreement indicators.

The 10 municipalities which the HKPR District Health Unit, will not be renewing their sewage system agreements are:

- Township of Algonquin Highlands, Haliburton County
- Municipality of Dysart et al, Haliburton County
- Municipality of Highlands East, Haliburton County
- Township of Minden Hills, Haliburton County
- City of Kawartha Lakes
- Municipality of Port Hope, Northumberland County
- Township of Hamilton, Northumberland County
- Township of Alnwick/Haldimand, Northumberland County
- Township of Cramahe, Northumberland County
- Municipality of Brighton, Northumberland County

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. An expansion to other municipalities external to the County of Peterborough would be based on the same approach, minimizing financial risk to the Board of Health.

Decision History

There has been no previous decision made on this matter.

Rationale

It is recommended the Health Unit propose to be the delivery agent with the municipalities mentioned above, for their sewage system program since the Health Unit:

- is the most capable provider of the service; and
- can achieve efficiencies of scale.

Fee and Cost Recovery of Fee

A fee schedule would be developed that will ensure cost neutrality and recovery of expenses for the Health Unit and that is based on current staff wages, mileage and administrative costs.

Strategic Direction

Although this program is not part of the OPHS, it is consistent with the goals of promoting and protecting the health of the population.

The delivery of this program also 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:

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Staff Report

Delegation of Authority for Leasing

Date:	November 13, 2013	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Pellizzari, M.D.		Brent Woodford, Director Corporate Services

Recommendations

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

- delegate authority to sign leases with tenants of Health Unit owned premises at lease rates directed by the Board; and
- direct staff to offer prospective tenants a rental rate that covers operating costs and is competitive with current market conditions.

Financial Implications and Impact

Approval allowing the Medical Officer of Health or Director Corporate Services to sign leases will allow the organization to enter into a lease agreement with tenants without the need to call a special Board meeting.

Decision History

This issue has not come to the Board before.

Background

Once the Health Unit acquires its own premises, it will have unneeded space. The Business Plan calls for leasing unused space to revenue paying tenants to offset expenses.

The current Board by-laws and Delegation of Authority do not contemplate leasing of Board property, so this motion will provide the authority to have a member of the Executive execute a lease without a Board meeting.

As the business plan calls for leasing payments be used to assist in carrying the mortgage, and having the building fully leased is a condition of sale that must be met if the Board is to proceed with closing.

Therefore it is recommended that staff be given the authority to offer prospective tenants a lease rate that covers operating costs, including any mortgage costs and is competitive with current market conditions when the lease if offered.

Rationale

Delegating authority at this time will allow the organization to enter into leases as required for mortgage and financing purposes prior to possession of the building and allow the organization to quickly respond to vacancies in the future.

Strategic Direction

This will address the Board strategic directions of *Capacity and Infrastructure.*

Contact:
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Staff Report

Insurance Renewal

Date:	November 13, 2013	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Pellizzari, M.D.		Brent Woodford, Director Corporate Services

Recommendations

That the Board of Health for the Peterborough County-City Health Unit renew its automotive, property and liability insurance with the Frank Cowan Insurance Company for 2013-14 represented by Brokerlink in Peterborough.

Financial Implications and Impact

The proposed insurance cost for automotive, property and liability insurance for 2013-14 will be $51,551. This represents less than a 1% increase over the previous year.

Decision History

The Board last voted to renew its automotive, property and liability insurance at the November 14, 2012 meeting.

Background

To comply with the requirements of our Accountability Agreement with the Province as well as for risk management purposes, the Board is required to obtain and maintain adequate insurance. Our insurance is renewed annually.

Rationale

An analysis of the proposed policy shows:

Type	2012-13 Rate	Renewal Rate	Change
Part A – Casualty			
General Liability	$22,380	$22,940	2.4%
Errors and Omissions*	$13,747	$6,874	-
Director and Officer*	N/A	$6,873	-
Non-Owned Auto	$90	$90	-
Environmental Liability	$1,562	$1,562	-
Comprehensive Crime	$1,100	$1,100	-
Board Accident	$528	$407	(22.9%)
Legal Expense	$700	$700	-
Part B – Property			
Property	$7,265	$7,680	0.7%
Equipment	$761	$761	-
Part C – Automotive			
Owned Auto	$2,555	$2,564	0.35%
Total Annual Premium	**$51,048**	**$51,551**	**0.98%**

**Due to changes in legislation, Director and Officer Insurance is now shown as a separate category instead of being included in Errors and Omission insurance, however the combined total cost remains the same.*

Strategic Direction

Renewal of the policy would address the Board's priority of *Quality and Performance*.

Contact:
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Staff Report

Disposal of Old Equipment

Date:	November 13, 2013
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Pellizzari, M.D.	Brent Woodford, Director Corporate Services

Recommendations

That pending a revision to current policy, the Board of Health for the Peterborough County-City Health Unit authorize disposal of old equipment and furniture deemed of no use or value.

Financial Implications and Impact

The board may be able to make a small recovery from sale of old equipment. If staff are unable to sell the old equipment we would like to donate or dispose of it to prevent the costs of packing, moving to a new location and future storage.

Decision History

This is the first time the issue will come to the Board.

Background

The Health Unit has a lot of old and antiquated equipment including an old telephone system (circa 1975 that uses proprietary software so is incompatible with current equipment), old computers that are too slow and too small for today's programs and other assets such as furniture and fixtures that were acquired when Hospital Drive was first opened. The furniture

and fixtures are in poor shape (broken, chipped, cracked, drawers that are broken or won't open/close, desktops designed for typewriters, etc) and has no value.

The Board policy on disposal of surplus equipment requires the Health Unit offer the equipment to our local funding partners prior to disposal.

These furniture and fixtures are so antiquated that the local funders would not want it and the equipment will not be compatible with their assets.

As well, when equipment is offered to local funders we must allow sufficient time for them to respond, which will delay disposal.

We may be able to sell some of the old equipment to resellers who can use the equipment for parts. Any electronic that can't be sold will be offered to an organization like "reBoot", to save taking anything with some value to the landfill.

Anything that cannot be sold or donated will be scrapped.

Rationale

If we can dispose of old equipment, furniture and fixtures now we will not have to pack, move and store items of no value and we may be able to make a small recovery on the original investment. This will also allow us to dispose of unneeded assets in a planned manner, avoiding a last minute rush at move time.

Strategic Direction

This addresses the Board's strategic direction of *Capacity and Infrastructure*.

Contact:
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PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q3 2013 PROGRAM REPORT
(July 1 – September 30, 2013)

Definitions
Frequently Used Acronyms

Mandatory Programs

Child Health
Chronic Disease Prevention
Food Safety
Foundational Standard
Health Hazard Prevention and Management
Infectious Diseases Prevention and Control
Oral Health
Prevention of Injury and Substance Misuse
Public Health Emergency Preparedness
Rabies Prevention and Control
Reproductive Health
Safe Water
Sexual Health, Sexually Transmitted Infections and Blood Borne Infections
Tuberculosis Prevention and Control
Vaccine Preventable Diseases

Other

Communications
Infant and Toddler Development Program
Sewage Disposal Program

Board of Health Quarterly Reporting Definitions

✓ = **Compliant**	Have met the requirements of this standard for the operating year. No further action required.
↑ = **On Target**	Completion of operational plans will result in full compliance. Some activities may have taken place, but not all have been completed. Applies to requirements that do not have quarterly expectations.
Ø = Partially Compliant	Completion of operational plans will result in partial compliance of requirements. Some elements within this requirement have been achieved.
📅 = **Compliant to Date**	Completion of operational plans will result in full compliance. For requirements that have quarterly expectations, these expectations have been met.
✘ = **Not Compliant**	Not able to meet most elements within this requirement.

Frequently Used Acronyms

BOH	Board of Health
CE-LHIN	Central East Local Health Integration Network
CINOT	Children In Need of Treatment
CFK	Care For Kids
CME	Continuing Medical Education
GIS	Geographic Information Systems
HBHC	Healthy Babies, Healthy Children
HCF	Healthy Communities Fund
HCO	Healthy Communities Ontario
HKPR	Haliburton, Kawartha, Pine Ridge
iPHIS	Integrated Public Health Information System
KPRDSB	Kawartha Pine Ridge District School Board
MCYS	Ministry of Children and Youth Services
MHP	Ministry of Health Promotion
MOE	Ministry of the Environment
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
NBP	Nobody's Perfect
NRT	Nicotine Replacement Therapy
OAHPP	Ontario Agency for Health Protection and Promotion
PCCHU	Peterborough County-City Health Unit
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
PHN	Public Health Nurse
PRHC	Peterborough Regional Health Centre
PVNCCDSB	Peterborough Victoria Northumberland and Clarington Catholic District School Board

Chronic Disease Prevention Q3 2013

(Manager: Hallie Atter; Donna Churipuy)

Goal: To reduce the burden of preventable chronic diseases of public health importance.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		**Tobacco Use Prevention** Staff participated in an evaluation of the 2011 Youth Smoking Survey (YSS) process at PCCHU with Propel Centre for Population Health Impact, Waterloo University. **Nutrition** Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health (MOH), and other health professionals, regarding healthy weights, healthy eating, physical activity and stress. Prepared Situational Assessment and Health Equity Checklists for the 2014 Nutrition, Access to Recreation, Workplace Health and Substance Misuse (Alcohol) Operational Planning process. See Prevention of Injury and Substance Misuse Standard Requirement #1.
2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		**Nutrition** Prepared the *2013 Limited Income* newsletter which summarizes the 2013 Nutritious Food Basket (NFB) results. Provided NFB data to staff from Ministry of Health and Long-term Care (MOHLTC), United Way of Peterborough, Community Foundation of Greater Peterborough and OPHA to support local and provincial reports/advocacy.
Health Promotion and Policy Development						
3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health						**Tobacco Use Prevention** *School-based Cessation and Connectedness Phase 3 Key Findings/Program Modifications* report was completed, as well as school specific summary reports were completed.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant ⓘ = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.	✓ ✓ ✓ ✓ Ø ✓	↑ ↑ ↑ ↑ Ø ↑	↑ ↑ ↑ ↑ Ø ↑	↑ ↑ ↑ ↑ Ø ↑		The School-based Cessation/Connectedness Coordinating Group (representation from Kawartha Pine Ridge District School Board (HPRDSB) and Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU)) met. **Healthy Schools** Coordinated staff input and production of a comprehensive resource for parents registering their children for kindergarten, in collaboration with HKPRDHU. Staff completed elementary curriculum and teacher resource pages for the PCCHU website. Staff coordinated tree planting at Rhema Christian School to implement recommendations from the shade audit that was completed in June 2013. Staff met with Chemong Public School and Rhema Christian School administrators to complete Healthy School Commitment forms and initiate plans for this school year. Both schools will focus on school nutrition policy implementation. Staff completed consultation regarding professional development related to school settings, documented school-based initiatives in 2012-13 and briefed staff on new elementary and secondary curriculum documents released in June 2013. **Nutrition** Participated in meetings with Ontario Society of Nutritional Professionals in Public Health (OSNPPH) for adaptation of *Sip Smart BC,* focused on increasing awareness of sugar-sweetened beverages, and in OSNPPH Practice Groups for Elementary Schools/Nutrition Tools for Schools. Reviewed Food for Kids (FFK) funding, donations and financials and arranged FFK funding distribution to identified schools. Provided healthy eating displays, activities and resources to local school events (i.e. Open Houses).

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Responded to individual school questions (email, telephone, in-person), and participated in funding allocations to school breakfast programs for 2013-14. Coordinated and co-presented at Food For Kids Peterborough and County Student Nutrition Program Coordinator Training with 33 schools represented. Submitted grant applications to on behalf of FFK Peterborough and County to support local programs and increase access to local food in schools. **Physical Activity (including the Built Environment and Access to Recreation)** See Prevention of Injury and Substance Misuse Standard Requirement# 3&4 (Active and Safe Routes To School). **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #2.
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Work stress; and • Exposure to ultraviolet radiation. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol,*	✓ ✓ Ø ✓ ✓ ✓ x	↑ ↑ ↑ ↑ x ↑ x	Ø Ø ↑ Ø x ↑ x	Ø Ø ↑ Ø x ↑ x		**Tobacco Use Prevention** Staff provided content for the September issue of the Health@Work e-bulletin regarding smoking cessation supports for employers/employees. **Workplace Health** Created new posts for the *Health at Work* website on a variety of topics including physical activity, nutrition, UV radiation, family friendly policies, mental health, smoking cessation and Healthy Workplace Month®. The content was promoted in the monthly e-Bulletins (July, August and September). **Physical Activity** Due to staff capacity, we are unable to provide comprehensive support to workplaces for the rest of this year. **Alcohol** Due to staff capacity, we are unable to provide comprehensive support to workplaces for the rest of this year.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant ⓘ = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
2008 (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						
5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.	Ø	↑	↑	↑		**Tobacco Use Prevention** Patio survey collection is underway (third and fourth quarter) to identify inventory of patios and smoking status in relation to the Smoke-Free Ontario Act (SFOA). **Nutrition** Facilitated Come Cook with Us Series with licensed childcare dietary staff on food preparation skills and nutrition recommendations for young children, to support the development of nutrition policies.
6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		**Tobacco Use Prevention** A toolkit was developed and disseminated to Township clerks providing rationale for smoke-free parks, playgrounds and other outdoor spaces entitled, *Implementing Smoke-Free Outdoor Spaces By-Laws: For Peterborough Municipalities.* **Nutrition** Supported the Peterborough Community Garden Network (PCGN) and their work which supports the City of Peterborough's Community Garden Policy. **Physical Activity** Coordinated one meeting for Recreation Managers from the City and the Townships to foster discussion regarding the City's arena needs assessment process. Attended five Otonabee South-Monaghan Township Parks and Arena meetings to support the development their five-year Parks and Arena work plan. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #2.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention						
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: • Healthy eating, including community-based food activities; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Mobilizing and promoting access to community resources; b. Providing skill-building opportunities; and c. Sharing best practices and evidence for the prevention of chronic diseases	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		**Tobacco Use Prevention** Staff met with Ontario Trillium Foundation (OTF) Grant Advisory Team to coordinate projects related to substance misuse and tobacco use prevention. Partners: Peterborough Drug Awareness Coalition and PCCHU's Substance Misuse Program. Staff provided an article on E-Cigarettes in the August edition of the *FYI Newsletter* for Primary Health Care Providers. **Nutrition:** Partnered with YWCA on packing and delivery of 1,000 Just Food boxes to City and County. Staffed Community Food Network display and provided resources at local food event-Purple Onion Festival. At the request of the Board of Health, provided a letter of support to Premier Wynne regarding Bill 59: *Healthy Decisions for Healthy Eating Act, 2013*. **Physical Activity (including the Built Environment and Access to Recreation)** Conducted 60 follow up calls with recreation and sporting groups who completed an access to recreation survey in the Spring to determine needs for future programming. Coordination of the planning for the Peterborough and the Kawarthas Cycling Summit Met with Peterborough Green Up and the City's Transportation Demand Management Department to discuss the development of an overall active living strategy for Peterborough County and City. Met with the City's Recreation Department to determine the best method to offer professional development opportunities for recreation and sporting groups on fundamental movement skills and physical literacy. **Alcohol** See Prevention of Injury and Substance Misuse Standard Requirement #3.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.	✓	↑	↑	↑		**Nutrition** Supported nine Collective Kitchens in the City and three Collective Kitchens in the County. Presented healthy eating recommendations for parents/caregivers via Peterborough Family Resource Centre (PFRC) hubs. Presented baby food making class with participants of Lovesick First Nations Women's Association. Led 36 *Come Cook with Us* classes for 94 parents, seniors and single adults in the City of Peterborough and Norwood. Participated at the Canada Prenatal Nutrition Program (CPNP) Babies First by conducting nutrition assessments, answering nutrition questions, and conducting sessions on healthy eating and feeding your baby.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	✓	↑	↑	↑		**Tobacco Use Prevention** A report was developed and distributed in follow up to *Community Conversation* to enhance tobacco cessation supports available to women in the childbearing years. Staff consulted with the Reproductive Health program in development of a prenatal tobacco cessation resource. A smoking cessation display and information/resources were distributed at the Prenatal Health Fair.
10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the early detection of cancers.	✓	↑	↑	↑		**Cancer Prevention** Staff represented PCCHU at local, regional and provincial networks: Peterborough Regional Health Centre (PRHC) Breast Assessment Community Advisory Committee, PRHC Cancer Care Partnership Council, Central East Cancer Prevention and Screening Network.
11. The board of health shall increase public awareness in the following areas: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use;	 ✓ ✓ ✓ ✓ Ø ✓	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑		**Tobacco Use Prevention** The smoke free multi-unit dwellings bus campaign communication strategy evaluation was completed. **Nutrition** Presented a healthy eating workshop: • with aboriginal youth at the Native Friendship Centre.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Exposure to ultraviolet radiation; • Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and • Health inequities that contribute to chronic diseases. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓	↑ ↑	↑ ↑	↑ ↑		• with a focus on vegetables and fruit to adults with developmental disabilities and their support workers. • for Southern Ontario Aboriginal Diabetes Initiative participants. Presented supermarket tour with a focus on label reading and hands-on learning, in partnership with Canadian Diabetes Association. **Alcohol** See the Prevention of Injury and Substance Misuse Standard Requirement #4. **Physical Activity** Development of Dr. Pellizzari's Examiner column on *Complete Streets*.
12. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Screening for chronic diseases and early detection of cancers; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ Ø Ø ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑		**Tobacco Use Prevention** The Township of Cavan Monaghan's Smoke-free Outdoor Spaces Bylaw was linked through PCCHU's website. **Alcohol** See the Prevention of Injury and Substance Misuse Standard Requirement #4.
13. The board of health shall implement and enforce the Smoke-Free Ontario Act[8] in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).	✓	↑	↑	↑		**Tobacco Use Prevention** Twenty-six workplace and enclosed public place inspections were completed. Six compliance checks of tobacco vendors were conducted. 64 tobacco vendor/display inspections were completed. Three warnings were issued for smoking in enclosed public places and workplaces.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant

Child Health (CH) Q3 2013

(Managers: Karen Chomniak for Child Health and Healthy Babies Healthy Children; Patti Fitzgerald/Sarah Tanner for Oral Health)

Goal: To enable all children to attain and sustain optimal health and developmental potential.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of:						The Nobody's Perfect (NBP) parenting program database has been updated and optimized by staff, to include enhanced data processing capabilities. The Breastfeeding Surveillance Staff Report was submitted. Staff reviewed family poverty resources provided through the Social Determinants of Health (SDOH) list-serve and the SDOH Public Health Nurse (PHN) network. Staff also reviewed local Poverty and Health data for the Reproductive Health Status report. See Oral Health Report.
• Positive parenting;	✓	↑	↑	↑		
• Breastfeeding;	✓	↑	↑	↑		
• Healthy family dynamics;	✓	↑	↑	↑		
• Healthy eating, healthy weights, and physical activity;	✓	↑	↑	↑		
• Growth and development; and	✓	↑	↑	↑		
• Oral health.	✓	↑	↑	↑		
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	🗓	🗓	🗓		See Oral Health Report.
3. The board of health shall report oral health data elements in accordance with the *Oral*	✓	🗓	🗓	🗓		See Oral Health Report.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Health Assessment and Surveillance Protocol, 2008 (or as current).						
Health Promotion and Policy Development						
4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		Staff consulted with Best Start/Health Nexus and the Ontario Early Years Centre (OEYC) regarding concerns related to the negative effects of some parents being distracted with technology, e.g. hand-held devices, rather than being engaged with their children. Input from staff will assist Best Start to produce a resource on Parents and Social Media. In planning for the Kawartha Pine Ridge District Board of Education Annual Parent conference on the topic of Child Mental Health, staff met with staff from area Health Units to discuss resources and plans related to the topic of resiliency. Staff collaborated with Parents, Families and Friends of Lesbians and Gays (PFLAG) to introduce the *You Can Play* initiative to the Board of the Peterborough Petes to promote community acceptance of Lesbian, Gay, Bisexual and Transgender (LGBT) youth in sports. Staff communicated with Peterborough Daycares Network regarding Infant Mental Health and Resiliency Skills Training opportunities. All interested Family Physicians, Nurse Practitioners and Paediatricians have received an *18-Month Well-Baby Visit* information session. A Speech and Language promotion campaign is underway, in partnership with the Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU) and Five Counties Children's Centre (FCCC). The NBP newsletter provided information on positive parenting for facilitators and community partners. PCCHU successfully completed the Pre-Assessment phase of Baby-Friendly Initiative (BFI) re-designation. Staff provided support/consultation to other Health Units working toward BFI designation.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Staff provided consultation/feedback on *Safe Sleep Best Practice Guidelines* from Registered Nurses Association of Ontario (RNAO). Staff reviewed current status of local transportation systems and identified local issues in collaboration with Poverty and Health and Healthy Public Policy staff.
5. The board of health shall increase public awareness of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		Staff provided Prenatal Health Fair displays on *Your Circle of Support During and After Pregnancy*, *Breastfeeding,* and *Skin-to-Skin.* Staff participated in a Triple P Positive Parenting Program (TP) Ontario Health Units Networking teleconference and reported on the practitioner support model in this area. A speech and language display was posted in the Children's Department of Peterborough Public Library during the library's very busy summer program session. See Oral Health Report.
6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑	↑	↑		Three NBP group series were provided in collaboration with community partners. One NBP one-on-one series was provided to a client of a community partner. Staff provided 18 TP parenting consultations. Staff provided, in collaboration with the Ontario Early Years Centre (OEYC), one TP Parenting Seminar on the topic of *The Power of Positive Parenting* at the Norwood OEYC Hub.
7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting;	 ✓	 ↑	 ↑	 ↑		Staff completed 102 telephone consultations on the Family HEALTH*line*, on a variety of child health related topics. An information package on community health and social services was provided by staff to the Youth Emergency Shelter.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑		See also #6, regarding positive parenting. See Oral Health Report.
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑	↑		The YMCA secured funding for *Young Moms Working Out* (YMWO) for fall 2013 and winter 2014. Staff collaborated with the YMCA on production of a flyer and promotion with community partners serving low income pregnant women and parents. Information related to the Physical Activity Guidelines and the Healthy Kids Panel report has been shared with YMCA staff. Staff worked with the YWCA Crossroads Shelter to support the provision of NBP in the Shelter. Staff visited Youth Emergency Shelter to discuss ways to facilitate the provision of NBP and TP within the shelter and link clients to information, programs, and services. Staff participated in two SDOH PHN teleconferences and provided support to the SDOH PHN network by creating, maintaining and distributing teleconference minutes and attendance. Staff organized information sharing related to advocacy activities taking place within other health units.
Disease Prevention						
9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø	Ø	Ø		See Reproductive Health report.
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		See Oral Health Report.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	✓	↑	↑	↑		The Nipissing District Developmental Screen (NDDS) for early identification of developmental delays was disseminated through NBP series and by partner agencies. Physicians and nurse practitioners continue to order parent packages and board books to be used during a child's enhanced 18-month well-baby visit.
12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.	✓	↑	↑	↑		See Oral Health Report.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).	✓	↑	↑	↑		See Oral Health Report.
Health Protection						
14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).	✓	↑	↑	↑		See Oral Health Report.

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Food Safety Q3 2013 (Manager: Atul Jain)

Goal: To prevent or reduce the burden of food-borne illness.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct surveillance of: • Suspected and confirmed food-borne illnesses; and • Food premises in accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Surveillance of Emergency Department visits were conducted and analyzed bi-weekly to identify unreported clusters of illnesses which could be food-related.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Epidemiologist regularly reviews communicable disease data in relation to food safety.
3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current).	✓	↑	↑	↑		Statistics for completion rates for high risk food premises for the period January 1-April 30th, 2013, were uploaded to the Ministry's Public Health Performance Management Data Sharing Network Directory of Networks (DoN) site.

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<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td colspan="7">Health Promotion and Policy Development</td></tr>
<tr><td>4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the Food Safety Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>
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<tr><th></th><th colspan="3">2012</th><th colspan="3">2013</th></tr>
<tr><th></th><th># Classes</th><th># Attendees</th><th># Certifications</th><th># Classes</th><th># Attendees</th><th># Certifi-cations</th></tr>
<tr><td>July</td><td>3</td><td>56</td><td>52</td><td>8</td><td>163</td><td>149</td></tr>
<tr><td>August</td><td>1</td><td>23</td><td>23</td><td>6</td><td>118</td><td>113</td></tr>
<tr><td>Sept.</td><td>11</td><td>221</td><td>218</td><td>10</td><td>195</td><td>188</td></tr>
<tr><td>Year-to-Date</td><td>43</td><td>918</td><td>905</td><td>70</td><td>1501</td><td>1468</td></tr>
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Year-to-Date (2013), 70 courses have been offered, 1,501 people attended and 1,468 people have been certified. Year-to-Date (2012), 43 courses were offered, 918 people attended and 905 people were certified.
We have increased the number of certifications year-to-date by 563 (in an extra 27 classes) since 2012.
Through the on-line In Good Hands tool for testing and re-certifications, 52 people have been certified year-to-date, versus 51 year-to-date in 2012.
Mandatory Foodhandler Certification By-Law
Two Public Health Inspectors (PHIs) who teach the food handler training and certification courses continued to answer inquiries and questions about the new by-laws. Approximately 50 telephone calls were received in the third quarter.
Foodhandler Course Redesign
Due to a Provincial Foodhandler course being adopted, two PHIs have worked on re-designing the Peterborough County-City Health Unit course which is planned to soft
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Requirement	Status 2012	Status 2013				Comments
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						launch in the fourth quarter with implementation in January/February 2014. This will coincide with the Mandatory Foodhandler Certification by-law for high risk food premises that comes into effect on January 1, 2014.
5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current) by: a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑	↑		The following visits were made to the Food Safety page on the PCCHU website: Food Safety: 63 Food Safety Disclosures: 59 Food Safety Tips: 16 Common Foodborne Illnesses: 5 Seasonal Food Tips: 4 Recalls and Allergies: 2 Food Handler Course: 895 Social Media: 1 re-tweet about food safety. As part of their routine inspections, PHIs also distribute report cards for display in restaurants. Two presentations were conducted for Breakfast Club volunteers regarding the food safety "inventory" that will be occurring in 2013/2014 and general food safety concepts pertinent to the Breakfast Clubs. Four PHIs attended an Advanced Food Safety Training Course (through Traincan). We now have a total of six qualified Advanced Food Safety Trainers.
Disease Prevention/Health Protection						
6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food-handling practices, food	✓	↑	↑	↑		25 food complaints were investigated. Charges were laid against the owner and driver of an unrefrigerated truck. A conviction was registered and a fine of $2,500 was laid against the owner. Charges were withdrawn against the driver. The Health Unit participated in teleconferences concerning a foodborne illness at the

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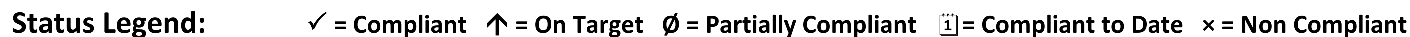
Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						CNE in Toronto and followed up on three cases.
7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.	✓	↑	↑	↑		Statistics for completion rates for high risk food premises for the period January 1-April 30th, 2013, were uploaded to the Ministry's Public Health Performance Management Data Sharing Network Directory of Networks (DoN) site in August. • High risk inspections (3 times per year): ▪ Trimester #1 (Jan-Apr) 182 (100%). ▪ Trimester #2 (May-Aug) 172 (100%). • Medium risk inspections (2 times per year): ▪ Mid Year (Jan-June) 438 (95%). • Low risk inspections (1 time per year): ▪ Mid Year (Jan-June) 134 (52%). Currently, developing a policy and procedure to achieve consistency in the use of Healthspace software.

Status Legend:

Foundational Standard Q3 2013 (Manager: Larry Stinson)

Goal: Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Population Health Assessment						
1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Completed epidemiology component of the 2013 Reproductive Health report including healthy weights, birth/pregnancy rates, prenatal health, reproductive outcomes, infant mortality, acquired congenital anomalies data (Reqs. 2, 3, 5). Submitted request to Cancer Care Ontario to complete small area statistical analysis of melanoma risk in Peterborough County (Req. 6). Provided complimentary analysis of Accountability Indicators (falls in seniors, youth smoking, drinking in excess of low-risk guidelines). Completed updated analyses of Emergency Department visits and hospitalizations for falls across the lifespan (Reqs. 2, 3, 5). Completed preliminary analyses of other injuries of public health importance (Reqs. 2, 3, 5). Continued data collection, analysis, and reporting for a 2013 Oral Health report including oral health behaviours and Emergency Department visits for oral health issues (Reqs. 2, 3, 5). Additional ad-hoc analyses and summaries of health status data included: review of National Household Survey data; compiling Census data; review ED data on pedestrian and cyclist injuries; self harm death; and extreme weather (heat, cold).
2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol, 2008*	✓	↑	↑	↑		With a few exceptions, all epidemiological analyses conducted involve the assessment of trends (see Reqs. 1 and 6).



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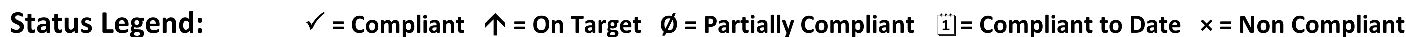
Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
(or as current).						
3. The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).	✓	↑	↑	↑		Reviewed a case study on PCCHU and the determinants of health, to be submitted by Dennis Raphael to Health Promotion International.
4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.	✓	↑	↑	↑		Poverty and Health staff completed 18 program meetings using the *Health Equity Planning Checklist* in preparation for Brief Situational Assessments and Operational Planning. Prepared a report describing key themes, issues, future training and support needs and shared this with Management staff. Continued to support the development of a draft plan for winter shelter for high-risk individuals, lead by Social Services in participation with Canadian Mental Health Association (CMHA) and members of the faith community.
5. The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Participated in the Think Tank for the development of the Community Foundation of Greater Peterborough Vital Signs report. Discussed indicators and provided data for the health and wellness section in the report. Participated in initial meeting with City of Peterborough Managers to explore opportunities for broader data and information sharing.
Surveillance						
6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* or as current).	✓	↑	↑	↑		Surveillance activities conducted by the Health Unit included the following activities: • ongoing use of a syndromic surveillance system to monitor visits to local hospital emergency departments, in conjunction with local school boards, monitoring absences due to illnesses; • contacted sentinel physicians for reports on visits due to selected symptoms; • reviewed emergency department admissions for reportable communicable diseases; and • monitored outbreaks of communicable diseases in the community, region, Province and across the country.

Status Legend: 

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Statistics Canada, the Public Health Agency of Canada (PHAC), and academic journal newsfeeds were monitored for pertinent surveillance and research information which was then distributed to appropriate staff.
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑	↑		Relevant syndromic surveillance data was utilized to monitor the state of influenza and respiratory illness in Peterborough and it assisted in a community outbreak being declared. The following surveillance information was provided to the public and/or community partners: • bi-weekly surveillance data examining emergency department visits, school absenteeism due to illness, and community and facility outbreaks; and monthly communicable disease reports distributed internally.
Research and Knowledge Exchange						
8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation.	✓	↑	↑	↑		Peterborough Partners for Wellness (PPFW) Steering Committee are currently planning a forum for November 21st on policy-related to food access, access to recreation and mental health. Planned with a local chapter of Ontario Professional Planners Institute to offer a continuous education session in association with the Cycling Summit. Co-chaired the Association of Public Health Epidemiologists in Ontario (APHEO) *Small, Northern, And Rural Health Unit Capacity Building* workgroup and attend regular monthly meetings. Submitted an abstract to the Ontario Public Health Conference 2014 on, *Exploring the role of public health in comprehensive community poverty reduction initiatives in Ontario*, in collaboration with the Wellesley Institute, and health units in Guelph and Hamilton. Attended the Health Promotion Ontario conference on *Thinking Big and Let's Get Going:*

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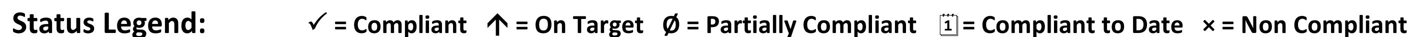

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Applying the Social Determinants of Health to Our Daily Work. Shared resources and key learnings with the Foundational Standards team and other programs. Developed materials for a key informant interview with Public Health Ontario's Nadha Hassan, on the interpretation and application of the term *priority populations* in the Ontario Public Health Standards.
9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.	✓	↑	↑	↑		Partnered with Public Health Ontario (PHO) to participate in a research project evaluating statistical algorithms to detect outbreaks using ED and absenteeism data (Reqs. 10). Partnered with PHO to participate in a research project evaluating the utility of interactive dashboards to assess diabetes prevalence, risk, and cost
10. The board of health shall engage in public health research activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.	✓	↑	↑	↑		Provided a *Letter of Support* to participate in a University of Manitoba research project on *Organizational Capacity for Public Health Equity Action*.
Program Evaluation						
11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.	✓	↑	↑	↑		
12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes.	✓	↑	↑	↑		Evaluation priorities for 2014 have been identified as part of the operational planning process.
13. The board of health shall use a range of methods to facilitate public health	✓	↑	↑			The Foundational Standard Team and Research and Education Committee have shared evaluation-related literature and learning opportunities with staff and partners.

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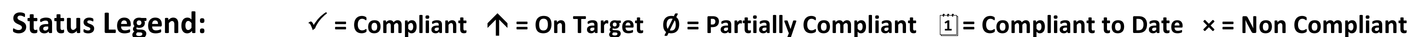

Requirement	Status 2012	Status 2013				Comments
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practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.						
FOUNDATIONAL STANDARDS PRINCIPLES: In addition to the Requirements outlined under the Foundational Standard, some activities are guided by the principles of "Impact," "Capacity," and "Partnership and Collaboration." These activities are outlined below:						
Impact: The Board of Health shall strive to influence broader societal changes that reduce health disparities and inequities.	✓	↑	↑	↑		Attended a poverty roundtable with Minister Ted McMeekin, to discuss local poverty issues. Attended an official local consultation on the development of a renewed Provincial Poverty Reduction Strategy. Prepared an on-line submission on the Provincial Poverty Reduction Strategy on behalf of the alPHa-OPHA Health Equity Work Group. Worked with the Income Security Work Group of the Peterborough Poverty Reduction Network (PPRN) to address cuts to discretionary benefits and emergency housing benefits. Included supporting data collection and preparation of a report on the *Impacts of Reductions to Discretionary and Emergency Housing Benefits in Peterborough – 2013*; made a presentation of the report to Social Services staff; currently preparing a presentation to Joint Services Steering Committee; and organizing an Agency Summit to develop a community response.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-building related to public health competencies.	✓	↑	↑	↑		
Partnership and Collaboration: The Board of Health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services.	✓	↑	↑	↑		Acted as the PCCHU liaison for *Meet Your Needs Day* initiatives to be implemented in Peterborough County, coordinated through the Municipal Social Plan. Organized the official announcement of the Ontario Trillium Foundation grant to the PPRN. Participated in the selection of the new Facilitator for the Network.
ORGANIZATIONAL STANDARDS: In addition to the Requirements outlined under the Foundational Standard, some activities are guided by the requirements found in the Organizational Standards. These activities are outlined below:						

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
3.1 The board of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following:… research and evaluations, including ethical review.		↑	↑	↑		Policies and procedures related to research and ethics were reviewed and will be brought to the Research and Education Committee in the fourth quarter.
3.2 The board of health shall have a strategic plan…		↑	↑	↑		Completed and approved for 2013-2017.
5.2 The board of health shall ensure that the administration develops and implements a stakeholder engagement strategy which includes:… monitoring and evaluating these partnerships to determine their effectiveness and identify and address gaps.		↑	↑	↑		The partnership inventory for PCCHU was updated.
5.3 The board of health shall contribute to the development and/or modification of healthy public policy, as described in the Ontario Public Health Standards, 2008 (or as current), by facilitating community involvement and engaging in activities that inform the policy development process.		↑	↑	↑		Pilot phase of Briefing Note and Information Brief templates were initiated. An evaluation is planned for the first quarter of 2014. Contributed to the Housing and Homelessness Plan development and provided feedback on draft versions. The April to December 2013 Healthy Communities Partnership funding was confirmed in August. Funds are being used to support policy research and reports related to healthy eating and physical activity. Currently in collaboration with P-BAC on an annual Cycling Summit with the theme, *Dollars and Sense: The Health and Economic Benefits of a Bicycle Friendly Community*. This event will provide an opportunity for knowledge exchange on policy and planning developments. Continue to monitor the revision of City's Official Plan (OP). Established contact with Townships that have launched OP revisions (Douro-Dummer, Otonabee South Monaghan). Monitoring the City's review of Sidewalk Policy and introduction of an Active Transportation Bylaw. Prepared a deputation to City Council in support of their Staff's Report on Wildlark Gate sidewalk construction.

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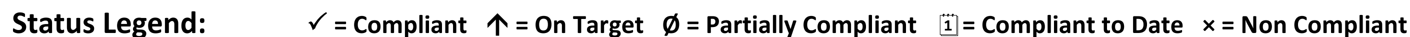

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
6.1 The board of health shall ensure that the administration establishes an operational plan for the organization which: … Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, an organizational chart and internal reporting requirements; Contains planned activities based on an assessment of its communities' needs; Demonstrates efforts to minimize barriers to access; and Describes the monitoring of key performance indicators to support continuous quality improvement and evidence-informed public health practice…. shall be reviewed and updated at least annually… shall be monitored and reported in status reports on a quarterly basis to board members and staff.		↑	↑	↑		Initial stage of 2014 operational planning process was completed for all programs.
6.11 The board of health shall ensure that the administration develops an overall communication strategy that is complementary to the program specific communication strategies required in the OPHS and its Protocols, and addresses both external and internal audiences. The communication strategy shall include:…Dissemination plans to disseminate relevant research findings for each approved research project proposal…		↑	↑	↑		
6.13 The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.		↑	↑	↑		Policies and procedures related to research and ethics were reviewed and will be brought to the Research and Education Committee in the fourth quarter.

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Health Hazard Prevention and Management Q3 2013 (Manager: Donna Churipuy)

Goal: To prevent or reduce the burden of illness from health hazards[32] in the physical environment.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑	↑		Collection of surveillance data from mosquito trapping continued during this quarter. One pool of mosquitoes tested positive for West Nile virus.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		The Health Hazards program received and reviewed air quality data from the Unimin Mine.
Health Promotion and Policy Development						
3. The board of health shall increase public awareness of health risk factors associated with the following health hazards: • Indoor air quality;	✓	↑	↑	↑		Staff participated in meetings of the Ontario Radon Working Group and provided input into the development of a campaign promoting residential testing for radon. A communications campaign promoting the Air Quality Health Index was implemented.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
• Outdoor air quality; • Extreme weather; • Climate change; • Exposure to radiation; and • Other measures, as emerging health issues arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.						
4. The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to: • Indoor air quality; • Outdoor air quality; • Extreme weather; and • Built environments.	✓	↑	↑	↑		Staff participated in meetings of the Sustainable Peterborough Climate Change Working Group.
Disease Prevention/ Health Protection						
5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and*	✓	↑	↑	↑		24/7 on call system was maintained.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant □ = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Inspection of Facilities Protocol, 2008 (or as current).						
6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	Ø	↑	↑	↑		Air quality inspections were conducted in four arenas.
7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current) and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑	↑		There were 100 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the third quarter of 2013. Specifically, the subjects of the investigations were: (see table below)

Activity	July 2013	Aug 2013	Sept 2013	Total Q3 2013	2013 Year-to-Date	2012 Year-to-Date
Air Quality – Arenas	2	2	--	4	27	19
Air Quality – Institutional	4	--	--	4	4	2
Air Quality – Outdoor	2	--	--	--	8	29
Air Quality – Residential	--	1	--	1	11	11
Animal Excrement	--	1	1	2	9	48
Asbestos Inquiry/Complaint	1	--	--	1	2	19
Bedbug Identification	6	4	3	13	16	49
Bedbug Investigation	3	5	16	24	58	275
Bird Complaints (geese, pigeons, etc.)	--	--	--	--	--	7
Chemical Inquiry/Complaint	--	--	--	--	--	1
Funeral Home Inspections	--	--	--	--	--	2
Garbage Complaints	2	--	--	2	7	54
Giant Hogweed	--	--	--	--	--	3
Grave Disinterment	--	--	--	--	--	3
Heating Complaints	--	--	--	--	--	58

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<table>
<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>House Disrepair/Sanitation Complaints</td><td>2</td><td>--</td><td>--</td><td>3</td><td>4</td><td>81</td></tr>
<tr><td>Insect Complaints</td><td>3</td><td>4</td><td>--</td><td>7</td><td>20</td><td>117</td></tr>
<tr><td>Lead Inquiry/Complaint</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>1</td></tr>
<tr><td>Migrant Farm Worker Facility Inspection</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>5</td></tr>
<tr><td>Mould Investigation</td><td>8</td><td>16</td><td>3</td><td>27</td><td>31</td><td>321</td></tr>
<tr><td>Pesticide Complaint</td><td>--</td><td>--</td><td>1</td><td>1</td><td>2</td><td>--</td></tr>
<tr><td>Playground Inspections</td><td>2</td><td>1</td><td>2</td><td>5</td><td>17</td><td>22</td></tr>
<tr><td>Rodent Complaints</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>9</td></tr>
<tr><td>RF/WIFI</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>27</td></tr>
<tr><td>Sewage Complaints</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>13</td></tr>
<tr><td>Sharps</td><td>--</td><td>--</td><td>6</td><td>6</td><td>15</td><td>6</td></tr>
<tr><td>TCE</td><td>--</td><td>--</td><td>--</td><td>--</td><td>--</td><td>262</td></tr>
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</td></tr>
<tr><td>8. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the Infectious Diseases Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>Education sessions on West Nile Virus and Lyme disease were provided to local schools. Displays were set up at community events promoting the prevention of vector borne disease. One pool of mosquitoes collected for identification tested positive for West Nile virus. All pools of mosquitoes collected tested negative for Eastern Equine Encephalitis.</td></tr>
<tr><td>9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>Notification systems were reviewed and updated to ensure timely communication with health care and community partners.</td></tr>
</table>

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Infectious Diseases Prevention and Control Q3 2013 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of infectious diseases of public health importance.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff entered reportable disease data into the Integrated Public Health Information System (iPHIS) as per the protocol.
2. The board of health shall conduct surveillance of: • Infectious diseases of public health importance, their associated risk factors, and emerging trends; and • Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Infection prevention and control practices were reviewed for selected premises by Public Health Inspectors (PHIs), i.e. hair salons, tattoo and body piercing parlours, group homes, etc. during inspections. Monthly surveillance reports were prepared by the Epidemiologist.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Epidemiological analysis of surveillance data was prepared and distributed to health care practitioners by the Epidemiologist.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑	↑		Staff consulted, upon request, with community partners (long-term care facilities, schools, and hospital, day nurseries, pharmacies, and primary care practices) on infectious disease, vaccine related or infection control related issues.
5. The board of health shall participate on committees, advisory, bodies, or networks that address infection prevention and control practices of, but not limited to, hospitals and LTCHs, which shall include	✓	↑	↑	↑		Staff attended infection control meetings in long-term care homes and at the Peterborough Regional Health Centre (PRHC). They assisted organizations with the preparation of response plans for infectious diseases and offered information to local School Boards.

Status Legend:

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
consultation on the development and/or revision of: • Infection prevention and control policies and procedures; • Surveillance systems for infectious diseases of public health importance; and • Response plans to cases/outbreaks of infectious diseases of public health importance.						
6. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of: • The local epidemiology of infectious diseases of public health importance; • Infection prevention and control practices; and • Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act.	✓	↑	↑	↑		Staff provided information to local partners on communicable diseases and the requirement to report diseases. They provided information on infectious disease and infection and prevention and control via the *For Your Information* newsletter. Staff worked with partners (long-term care, day nurseries, hospital, schools, etc.) to monitor and reduce the incidence of communicable diseases through regular inspections.
Disease Prevention						
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility*	✓	↑	↑	↑		The PCCHU has a 24/7 response plan in place.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Outbreak Prevention and Control Protocol, 2008 (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.	✓	↑	↑	↑		Staff provided management of outbreaks. The total number of outbreaks investigated this quarter: 7. Year to date: 45.
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff were available to receive and respond to infection prevention and control complaints regarding infection prevention and control practices to appropriate regulatory bodies. The total number of complaints received this year to date is: 0.
10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff were available to receive and respond to infection prevention and control complaints in settings where no regulatory bodies exist. The total number of complaints received this year to date is: 0.

Status Legend:

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting programs and services.	✓	↑	↑	↑		Staff adapted programs as directed by the Ministry of Health and Long Term Care (MOHLTC), such as providing more detailed follow-up for selected diseases such as influenza, salmonella, coronavirus, measles, E. coli 0157:H7 etc.
12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information.	✓	↑	↑	↑		Staff provided telephone consultation, presentations, and media releases to supplement provincial risk communication efforts. The *For Your Information* newsletter was distributed to health care providers. The *Important Health Notice* regarding a novel influenza was distributed to local health care providers.
13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.	✓	↑	↑	↑		Staff disseminated information to health care providers through alerts, surveillance reports and the *For Your Information* Newsletter (salmonella, influenza, measles, etc.).
Health Protection						
14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff inspected day nurseries and personal service settings as directed in the protocol. The number of personal service settings inspected this year to date: 124. The number of group homes, lodging houses, retirement homes and nursing homes and day cares inspected, for infection control purposes: 117.

Status Legend:

Oral Health Q3 2013

(Managers: Patti Fitzgerald/Sarah Tanner for Oral Health)

Goal: To enable all residents to attain and sustain optimal oral health.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓	↑	↑	↑		Continued review of the *First Client Contact* form feedback. The results are inputted to fluid surveys for review by the Evaluation Work Group. Analysis of local and provincial Oral Health data was conducted. Content for the Oral Health Data Report has been identified and draft contents were developed.
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		See requirement #10. All personal student information is still manually entered into the Mobile Dental Health Centre (MDHC) Oral Health Information Support System (OHISS) database and electronic class lists have not yet been developed for use in Oral Health Programs.
3. The board of health shall report oral health data elements in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	1	1	1		Automated electronic reporting of Oral Health screening data to the Ministry is completed routinely through the OHISS database.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

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<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td colspan="7">Health Promotion and Policy Development</td></tr>
<tr><td>4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:
• Positive parenting;
• Breastfeeding;
• Healthy family dynamics;
• Healthy eating, healthy weights, and physical activity;
• Growth and development; and
• Oral health

These efforts shall include:
a. Conducting a situational assessment in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current); and
b. Reviewing, adapting, and/or providing behaviour change support resources and programs.</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>A final draft of the revised/updated Dental Services brochure was prepared.

The removable vinyl decal on the MDHC was updated.

Denture feedback has been reviewed from the Pilot project and key points were added to the draft Oral Health report.

Continued negotiations with Cleardent (CDHC software) to develop new reporting options to track accounts.

Presentations and meetings with Peterborough Family Resource Centre (PFRC) were held to develop partnership opportunities.</td></tr>
<tr><td>5. The board of health shall increase public awareness of:
• Positive parenting;
• Breastfeeding;
• Healthy family dynamics;
• Healthy eating, healthy weights, and physical activity;
• Growth and development; and
• Oral health

These efforts shall include:</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>Oral Health messaging was forwarded through social media.

The Communications Work Group reviewed promotional materials currently in use to ensure consistency in messaging.

Oral Health information and information regarding the MDHC was added to Community Food Boxes for approximately 100 local rural families and to a rural food newsletter.

Support was provided to the Provincial Oral Health Alliance to advocate for higher eligibility criteria for Healthy Smiles Ontario (HSO), including media coverage/advocacy, and a petition led by a community organization.</td></tr>
</table>

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.						A fact sheet about Fluoride was added to Water Utility bills in the City of Peterborough.
6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑	↑	↑		Information is provided on an ongoing basis to individuals in response to inquiries regarding services available both in the community and through the Health Unit for adults and children. Clients at the CDHC and MDHC are provided referrals as required.
7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓	↑	↑	↑		Since July, eligibility cards for dental treatment and preventive services under HSO have been issued to 56 children and youth, along with 51 renewals; $18,777.26 in HSO claims were processed. HSO was promoted through the PCCHU web site and through social media. The Oral Health Program was promoted through the PFRC.
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑	↑		974 appointments were attended in the CDHC, including 182new clients. Priority is given to clients eligible for dental benefits under the HSO, *Children In Need of Treatment* program (CINOT), *Ontario Works*, and *Ontario Disability Support* programs. 51 individuals were assisted through Dental Treatment Assistance Fund (DTAF). Initial discussions were held with PFRC to develop partnerships with their outreach team to the County of Peterborough.
Disease Prevention						

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		Oral health screening has begun for the 2013-2014 school year. To date, 315 students were screened in elementary schools in Peterborough County and City, including public, separate, private and First Nations. Of those screened, 20 were referred for urgent dental treatment.
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	✓	↑	↑	↑		Screening tools are distributed through HBHC, ITDP and the Family Health*line*.
12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.	✓	↑	↑	↑		80 children and youth were deemed eligible for financial assistance and referred for treatment and follow-up through the CINOT program.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).	✓	↑	↑	↑		At the time of oral health screening, eligible children are offered professionally-applied topical fluoride, pit and fissure sealants, and scaling. Preventive services were provided to seven clients at the CDHC.
Health Protection						
14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).	✓	↑	↑	↑		Reports are received from Peterborough Utilities Water Treatment Plant and reviewed by the Dental Consultant to ensure that levels of fluoride remain within the approved range.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
PRINCIPLES: In addition to the Requirements in the Child Health Standard related to oral health, some oral health activities are guided by the Ontario Public Health Standard principles of Impact, Capacity and Partnership and Collaboration. These activities are outlined below:						
Maintain and develop clinical spaces.		↑	↑	↑		Improved infection control procedures were investigated to meet Ontario Dental Association (ODA) standards. An X-ray Registration was completed for the Ministry of Health and Long Term Care.
Increase partnership and community support.		↑	↑	↑		Staff supported successful student Certified Dental Assistant placements at the CDHC in July and September. As an active member of the Basic Needs Committee of the Peterborough Poverty Reduction Network (PPRN), staff assisted in the development of an Oral Health petition for use by the Member of Provincial Parliament concerning funding available for Oral Health. As well, staff supported the DTAF Fund Raising initiative for the Labor Council through the Basic Needs Committee. Identified a need for services in the North end of the City and worked with the Portage Place Mall staff to provide services from that building.

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Prevention of Injury and Substance Misuse Q3 2013

(Managers: Hallie Atter - Substance Misuse Prevention; Injury Prevention)

Goal: To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

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<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
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<tr><td colspan="7">Assessment and Surveillance</td></tr>
<tr><td>1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current), in the areas of:
• alcohol and other substances;
• falls across the lifespan;
• road and off-road safety; and
• other areas of public health importance for the prevention of injuries.</td><td>↑
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Ø</td><td></td><td>Participated in the development of a Locally Driven Collaborative Project (LDCP) proposal on the role that Health Units play in mental health promotion.

Injury Prevention
Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health, and other health professionals, regarding the prevention of injury.

Prepared a Situational Assessment and Health Equity Checklists for the 2014 Injury Prevention Operational Planning.

The Health Care Agency (falls prevention) audit was updated.

Supervised four second year Nursing students who are developing a checklist tool to facilitate development of an inventory for playground structures, surfaces and environments.

Substance Misuse Prevention
Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health, and other health professionals, regarding the prevention of substance misuse.

Prepared Situational Assessment and Health Equity Checklists for the 2014 Substance Misuse Prevention Operational Planning.</td></tr>
</table>

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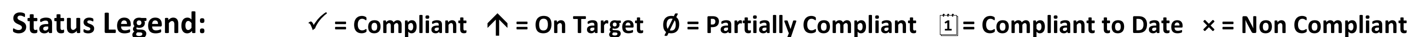
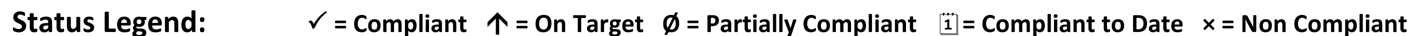
Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Participated in a targeted focus group to gather feedback from veteran (Challenges, Beliefs and Changes (CBC)) peer leaders, to inform content for 2013/2014 training sessions. Completed and submitted three Ontario Opiate Activity reports to the Ministry of Health and Long Term Care (MHLTC).
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑ ↑ Ø Ø	↑ ↑ Ø Ø	↑ Ø Ø Ø	↑ Ø Ø Ø		**Injury Prevention** Working with a variety of partners and stakeholders to influence both local and provincial policy: • *A Million Messages* (AMM) Steering Committee, AMM LDCP and Evidence Based Messaging Working Group; • The Ontario Injury Prevention Practitioners Network (OIPPN); • The OIPPN – Motor Vehicle Crashes Subcommittee; and • Eastern Ontario Car Seat Coalition. See CDP Standard # 11 "Complete Streets". Contributed to the Evidence Based Messaging Working Group to finalize messages to be used in the LDCP. Working with recreation managers and school board contacts to collect information on their playground equipment. Made connections with GIS specialists at both the City and County to obtain current maps and to discuss future map development. **Substance Misuse** Collaborated with the Peterborough Regional Health Centre (PRHC) to establish a hub for the *Drug Early Warning System* to increase community capacity to monitor and respond to tainted drugs or illness outbreaks in the drug using population. Responded to concerns identified through *Drug Early Warning System*. Hosted two local opioid prevention steering committee meetings to increase access to

Status Legend:



Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Naloxone and monitoring of opioid related harms. Chaired meeting of local partners to collaborate regarding Pot Talks initiative. Co-developed a *Level 2 overdose prevention training* session for the distribution of Naloxone; participated in the implementation of two Level 2 training sessions where together seven take home Naloxone kits were distributed. Co-hosted International Drug User's Memorial Day on July 21 with the Peterborough Drug Strategy and Peterborough Aids Resource Network which reached approximately 110 community members.
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by: a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	✓ ✓ ✓ ✓	↑ ↑ Ø Ø	↑ Ø Ø Ø	↑ Ø Ø Ø		**Injury Prevention** Submitted September's FYI article to inform and promote the physiotherapy services in central east via Central East LHIN's Healthline.ca new website, and the Hot Line for FAQ via the Community outreach coordinator for Community Care Access Centre (CCAC). Met with community partners to work on a comprehensive, population-based car seat safety strategy. This quarter, activities also included working together to create a Terms Of Reference outlining the group's goals and future activities. Met with local injury prevention coalition to prepare for a Strategic Planning Day facilitated by members of the Ontario Injury Prevention Resource Centre (OIPRC). As a result, a draft Terms of Reference was created. Participated in the work being conducted on a Public Health Ontario (PHO) funded LDCP that is examining the perceived facilitators and barriers in the development of a messaging strategy directed at parents/caregivers to prevent childhood injuries. **Substance Misuse Prevention** As the Chair of the Peterborough Drug Awareness Coalition, directed/supported current Ontario Trillium Foundation (OTF) grant administration/initiatives for the prevention of alcohol, tobacco and other drugs amongst youth. Supported peer-to-peer messaging in the schools (Challenges, Beliefs and Changes



Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						Program) through preparing materials for & co-delivering a two-day training workshop for peer leaders. Staff along with the Medical Officer of Health completed Overdose Prevention and Naloxone Dispensing training through Toronto Public Health in preparation for the rollout of Naloxone clinics.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑ ↑ Ø Ø	↑ Ø Ø Ø	↑ Ø Ø Ø	↑ Ø Ø Ø		**Injury Prevention** Organized for a representative from the LHIN to come and speak to the Partners in Ageing Well (PIAW) Coalition on the recent changes to the community's physiotherapy, exercise and falls prevention classes. Provided *Simply Safer* and mobility resources to the display booth at the GE Wellness Fair, featuring home safety and falls prevention strategies. Members of the Car Seat Strategy Working Group attended the Prenatal Health Fair to discuss car seat safety. **Substance Misuse Prevention** Provided resources for the display booth at the GE Wellness Fair to increase public awareness of low risk drinking guidelines and practices as well as recommendations specific to shift workers regarding alcohol, caffeine and sleeping pills/tranquilizers. Provided the fatal vision goggles kit, three alcohol 'cookie sheet' quizzes, and other print resources related to alcohol and boating for the Smith-Ennismore OPP *Rock the Locks*. Attended prenatal health fair with display and resources on alcohol and other drugs with a pregnancy/parenting lens. Promoted International Overdose Awareness Day (August 31) by promoting the *Bring it to Light* campaign (out of the Canadian Drug Policy Coalition), releasing a corresponding three message social media communication locally, and writing a media release regarding our local overdose prevention program.
Health Protection						
5. The board of health shall use a comprehensive health promotion approach						**Injury Prevention** See #3- Car Seat Strategy.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant ⓘ = Compliant to Date × = Non Compliant

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<tr><th rowspan="2">Requirement</th><th>Status 2012</th><th colspan="4">Status 2013</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td>in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas:

• Alcohol and other substances;
• Falls across the lifespan;
• Road and off-road safety; and may include
• Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).</td><td>Ø
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Ø</td><td></td><td>See #4 – Prenatal Health Fair.

Substance Misuse
See #4 - Rock the Locks event.

Developed and recorded sound bite regarding alcohol liability for radio media.</td></tr>
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Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant [i] = Compliant to Date × = Non Compliant

Public Health Emergency Preparedness Q3 2013 (Manager: Donna Churipuy)

Goal: To enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑	↑		This is a fourth quarter activity.
Health Protection/Emergency Planning						
2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	✓	✓		Completed in the second quarter.
3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will	✓	↑	↑	↑		This is a fourth quarter activity.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
have a lead role in responding to, consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
Risk Communications and Public Awareness						
4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑	↑		The contact list for 24/7 notification was updated. The 24/7 on call system was maintained.
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.	✓	↑	↑	↑		Through the Heat Alert and Response System, the public was provided with information to enhance preparedness for extreme heat.
Education, Training, and Exercises						
6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑	↑		This is a fourth quarter activity.
7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	✓	✓		Completed in the second quarter.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑	↑		This is scheduled for the fourth quarter.

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Rabies Prevention and Control Q3 2013 (Manager: Atul Jain)

Goal: To prevent the occurrence of rabies in humans.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species.	✓	↑	↑	↑		No rabid animals reported in the PCCHU's geographic area.
2. The board of health shall report rabies data elements in accordance with the Health Protection and Promotion Act and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Information on 17 incidents where post-exposure prophylaxis was provided and was entered into the Ministry of Health and Long Term Care (MOHLTC) database. Year-to-date: 32.
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		No rabid animals have been reported to this Health Unit. The third quarter report for rabid animals has not yet been released yet from the Ministry of Natural Resources (MNR). To date, total rabid animals reported: six (four occurred in bats, one in a puppy).
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		There have been no cases of human rabies in this area.
Health Promotion and Policy Development						
5. The board of health shall work with community partners to improve public knowledge of rabies and its prevention in the	✓	↑	↑	✓		Haliburton, Kawartha, Pine Ridge District Health Unit's Low-Cost Rabies Clinic dates were posted on our website.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[24] based on local epidemiology.						
Disease Prevention/ Health Protection						
6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure.	✓	↑	↑	✓		Peterborough City and County veterinarians, hospital, and police services were reminded of their obligation to notify the Health Unit of any animal bite or other animal contact which may result in rabies in persons.
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		92 incidents of possible transmission of the rabies virus were investigated. Year-to-date: 205. 17 series of anti-rabies vaccine and globulin were distributed in the third quarter. Year-to-date: 32.
8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		The MOHLTC has not requested development of a Rabies Contingency Plan.

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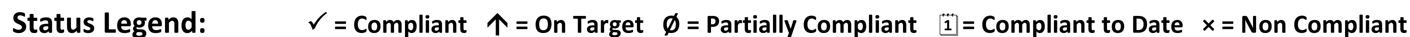

Reproductive Health (RH) and Healthy Babies Healthy Children (HBHC);

Q3 2013 (Manager: Karen Chomniak)

To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) in the areas of: • Preconception health; • Healthy pregnancies; • Reproductive health outcomes; and • Preparation for parenting.	✓	↑	↑	↑		Findings from the Child and Family Poverty Needs Assessment were used to complete a mapping exercise that captured needs, gaps, linkages and existing opportunities for collaboration regarding priority issues related to family poverty. These findings were presented internally at a Family Health meeting and a School and Youth meeting.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Preconception health; • Healthy pregnancies; and • Preparation for parenting. These efforts shall include: a. Conducting a situational assessment in	✓	↑	↑	↑		Staff attended several webinars and workshops, with privacy legislation and smoking cessation for pregnant and postpartum women, as lead topics. Staff reviewed and provided feedback on Registered Nurses' Association's (RNAO) draft nursing best practice guideline *Working with Families to Promote Safe Sleep for Infants 0-12 months*. Staff participated in a quarterly Ontario Public Health Association (OPHA) Reproductive Health (RH) Working Group teleconference with provincial partners to advance advocacy efforts on a number of initiatives. Staff attended a *Community Consultation* for future collaboration on smoking cessation support groups.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🛈 **= Compliant to Date** × **= Non Compliant**

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						
3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑	↑		147 (year to date: 715) *Your First Prenatal Visit* packages were distributed to local physicians, midwives and nurse practitioners. The new Best Start resource *Pregnancy is Not Always What You Expect*, was reviewed and purchased for the First Prenatal Visit packages. This booklet informs women about the importance of taking care of their mental health before delivery and includes information on where to get help and treatment The Tobacco Use Prevention program was consulted to initiate the development of a new *Smoking and Pregnancy* resource for the First Prenatal Visit package.
4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑	↑	↑		Staff worked with the local *Raising the Bar* coordinator to bring information about high quality early learning and child care to the Prenatal Health Fair. A Prenatal Health Fair was coordinated and held at the Holiday. 88 women and their support persons attended over 40 displays on topics covering prenatal health and baby care. 21 adult prenatal classes were taught. Existing and new resources for Prenatal Classes were reviewed, revised, reprinted and ordered. Topics included fathering, comfort measures for labour, birth control postpartum, and preventing plagiocephaly (baby flat head). The curriculum was reviewed to ensure it was compliant with the Baby Friendly Initiative (BFI) assessor's preliminary report recommendations. Additional interactive activities were incorporated to meet parents' requests for more of opportunities to engage with others. Staff met with IT to streamline use of technology and multimedia platforms.
5. The board of health shall provide advice and information to link people to community programs and services on the following	✓	↑	↑	↑		RH program information that is posted in the Community Parent Guide was updated. An adapted version was revised for use in Prenatal Classes.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.						Staff participated in the OPHA RH Preconception Task Group teleconference and in the Task Group's response to the McLean's magazine article on women and alcohol.
6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑	↑		Staff attended the *School for Young Moms* Advisory Committee and provided an update regarding Health Unit program supports for 2013/14 and resources related to physical activity during pregnancy and postpartum; and presented the school summary of the Peterborough School-based Cessation and School Connectedness Pilot Project which was conducted at the School for Young Moms and Peterborough Alternative Continuing Education (PACE). The Teen Prenatal Supper Club was cancelled due to low registration (two participants). Staff met with Pregnancy Support Services to promote the Teen Prenatal Supper Club and reviewed onsite resources. Staff met with School for Young Moms and Peterborough Family Resource Centre staff to facilitate Health Unit program support, encourage referrals to Teen Prenatal Supper Club and Healthy Babies, Healthy Children.
Disease Prevention/ Health Protection						
7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø	Ø	Ø		See table below

Healthy Babies, Healthy Children (HBHC) Program Activities	Q3 2013*	2013* Year to Date	2012 Year to Date
Number of HBHC Screens completed:			
- prenatally	2	9	N/A
- postpartum	266	600	N/A
- early childhood	15	24	N/A
Number of families identified with risk:			
- prenatally	9	21	N/A
- postpartum	125	277	N/A
- early childhood	15	24	N/A
Number of families with a successful IDA (In Depth Assessment) contact	92	196	N/A
Number of In Depth Assessments completed	61	159	86

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						(see below)

Number of families who received home visiting this quarter	111	213	N/A
Number of home visits – total	319	842	405
Number of home visits – PHNs	185	438	139
Number of home visits - FHVs	133	403	266

The Public Health Nurse (PHN) complement is back to its approved total of 5.6 FTEs (full-time equivalents) with the return of two PHNs from their parenting leaves of absence.

A presentation was provided to Nurse Practitioners of the Family Health Teams regarding the new HBHC Screen.

Staff received Ministry of Children and Youth Services (MCYS) sponsored training so to become be a Master Trainer for area Health Units on the Nursing Child Assessment Satellite Training (NCAST) Feeding and Teaching Scales. MCYS has adopted several NCAST teaching programs to enhance the HBHC program.

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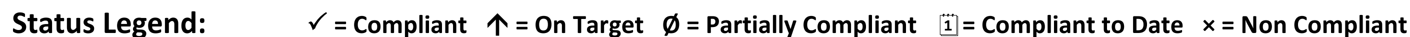
Safe Water Q3 2013 (Manager: Atul Jain)

Goals: To prevent or reduce the burden of water-borne illness related to drinking water. To prevent or reduce the burden of water-borne illness and injury related to recreational water use.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	↑		Adverse notifications were reported in the Ministry of Health and Long-Term Care (MOHLTC) database.
2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		No clusters of illnesses related to drinking water were identified.
3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑	↑	↑		Routine monitoring began in June and concluded on Labour Day weekend.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in	✓	↑	↑	↑		No clusters of illnesses related to drinking water, recreational water, or beach use were identified.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant ⓘ = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	↑		A total of 80 pools, spas, wading pools and splash pads were inspected. Year-to-date: 241.
Health Promotion and Policy Development						
6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems.	✓	↑	↑	↑		Inspectors provided 75 consultations with the public about sample result interpretation, maintaining and improving well water quality. Drinking water sample bottles, forms, and information provided by the Public Health Laboratory were distributed through: • the Health Unit office; • Municipal offices; and • other locations upon request (e.g. pharmacies). *How Well Is Your Well* (revised January, 2013) and *Water Wells: Best Management Practices* were distributed through Municipal offices, the Public Health Lab, and the Health Unit.
7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑	↑	↑		A Public Health Inspector provided informal training and guidance to operators during Small Drinking Water System (SDWS) inspections and provided 39 consultations.
8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by: a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑	↑		The Health Unit received reports of the presence of blue-green algae in Peterborough County and a media release was issued. A total of two media releases have been issued to-date. One presentation was made to a local community group.



Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	✓		Operational materials were made available to 36 owners of recreational water facilities.
Disease Prevention/ Health Protection						
10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act; • Reports of water-borne illnesses or outbreaks; • Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and • Safe water issues relating to recreational water use including public beaches in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff responded to 55 adverse drinking water reports in the third quarter compared to 21 in 2012. Year-to-date: 86.

Status Legend:

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol, 2008* (or as current) to protect the public from exposure to unsafe drinking water.	✓	↑	↑	↑		The SDWS portion of the Safe Water program has conducted 33 risk assessments and re-assessments.
12. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑	↑	↑		Twelve Boil Water Advisories were issued; one as a result of a power outage. Year-to-date: 28.
13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑	↑	✓		Signs have been developed by the Health Unit advising users of public beaches about water quality safety and protection. They were provided to municipalities which operate public beaches. Ten beaches were posted for a total of 131 days. Year-to-date: 10 beaches posted for a total of 156 days.
14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	↑		A total of 80 pools, spas, wading pools and splash pads were inspected. Year-to-date: 241.

Status Legend:

Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q3 2013 (Manager: Patti Fitzgerald)

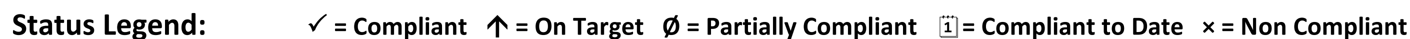
Goals: To prevent or reduce the burden of sexually transmitted infections and blood borne infections and to promote healthy sexuality.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	🗓	🗓	🗓		Reported cases of sexually-transmitted (STIs) and blood-borne infections (BBIs) are reported electronically, on a monthly basis, to the Ministry of Health and Long-Term Care (MOHLTC) via the Integrated Public Health Information Surveillance (iPHIS) system.
2. The board of health shall conduct surveillance of: • Sexually transmitted infections (STI); • Blood-borne infections (BBI); • Reproductive outcomes; • Risk behaviours; and • Distribution of harm reduction materials/equipment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff provided case management for 69 cases of sexually transmitted (STI) and blood-borne (BBI) infections, and provided follow-up for 17 contacts of reported cases. Staff performed 117 clinical assessments related to STIs/BBIs.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time,	✓	🗓	🗓	🗓		The Epidemiologist provides reports on reportable diseases quarterly.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						
Health Promotion and Policy Development						
4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑	↑		Public Health Nurses (PHNs) and Peer Leaders met with Epidemiologist to analyze data from the survey conducted at the Condom Use Myth Busters event. The results of the evaluation will be used to update the Myth Busters campaign and to incorporate Condom Use Myth Busters into other health promotion opportunities such as community presentations and school presentations.
5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by: a. Collaborating with and engaging community partners and priority populations; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence.	✓	↑	↑	↑		The Condom Sense Campaign continues. This quarter, staff worked with Trent University and Fleming College to disseminate information in their student handbook. Staff met with the Communications department to plan fall 2013 and winter 2014 activities. A Condom Sense Giveaway Pilot was conducted at a local bar with support from a Health Unit communications student.

Status Legend:



Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.	✓	↑	↑	↑		Outreach clinic services were offered bi-monthly at high schools in Lakefield and Norwood.
Disease Prevention/ Health Protection						
7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).	✓	↑	↑	↑		Sexual Health staff and physicians conducted 43 clinical assessments related to contraception and pregnancy and 114 clinical assessments related to testing and treatment for STI/BBIs. PHNs also investigated and followed-up all reported community cases of STI/BBIs (see # 2).
8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		The Emergency Service Worker (ESW) Protocol /Mandatory Blood Testing Act provides for risk assessment, advice and follow-up following potential occupational exposures to blood-borne infections. There was one application under the Mandatory Blood Testing Act this quarter. All STI reports for Health Care Providers were reviewed and revised.
9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Provincially-funded medications for the treatment of STIs were dispensed at the Sexual Health Clinic.
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually	✓	↑	↑	↑		Staff worked collaboratively with community Medical Doctors/Nurse Practitioners to ensure cases of STI/BBIs are managed and treated appropriately as per current guidelines.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
transmitted infections and blood-borne infections.						
11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.	✓	↑	↑	↑		To increase awareness of the importance of access to and use of condoms in preventing transmission of STIs, 8,276 condoms were distributed through clinic, youth-serving agencies, and organizations that interface with priority populations. Harm Reduction Works, operated by PARN - Your Community AIDS Resource Network on behalf of the Peterborough County-City and Haliburton, Kawartha, Pine Ridge Health Units, has five fixed sites, two of which are in Peterborough: PARN and Four Counties Addictions Services Team (4CAST).
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.	✓	↑	↑	↑		Peterborough City and County residents have access to needles, syringes, condoms, and other harm reduction supplies through a number of venues.

Status Legend:

Tuberculosis Prevention and Control Q3 2013 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of tuberculosis.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff entered data into the Integrated Public Health Information System (iPHIS).
2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff conduct follow-up of all reports of active tuberculosis (TB) and latent TB.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑	↑	↑		All suspected and confirmed cases were entered into iPHIS. Due to the few staff investigating and the few cases of active TB occurring, staff are cognizant of the mode of transmission and closely monitor for trend and priority populations.
Health Promotion and Policy Development						
4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology.	✓	↑	↑	↑		Information was shared through *For Your Information* (FYI) newsletters to health care providers.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention/ Health Protection						
5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff respond to reports of active TB and immigration medical surveillance reports, provided follow-up and make recommendations to minimize public health risk (i.e. isolation, medication, Mantoux testing).
6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff distributed anti-tuberculosis medication to individuals and/or health care providers for distribution to appropriate clients. In some instances, directly observed therapy was required.
7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers.	✓	↑	↑	↑		Clients who received prescriptions for anti-tuberculosis medication received medication free of charge.
8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑	↑	↑		Staff conduct follow-up of contacts of active TB as required.
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.	✓	↑	↑	↑		Staff continued to follow-up all latent tuberculosis infection cases.
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	✓	↑	↑	↑		No changes were required this quarter.

Status Legend:

Vaccine Preventable Diseases Q3 2013 (Manager: Edwina Dusome)

Goal: To reduce or eliminate the burden of vaccine preventable diseases.

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall assess, maintain records and report, where applicable, on: • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and • Immunizations administered at board of health-based clinics as required In accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑	↑	↑		The percent of day nursery attendees adequately immunized for their age is 67%. The percent of students in elementary and secondary schools adequately immunized for their age is 90%. The number of immunizations administered at the PCCHU Immunization Clinic was 300.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	🗓	🗓	🗓		Staff reviewed monthly reports of communicable diseases and identified risk factors. The Epidemiologist provided quarterly communicable disease reports.
Health Promotion and Policy Development						
3. The board of health shall work with community partners to improve public	✓	↑	↑	↑		Staff offered telephone consultation on immunization to the general public and health care providers. Immunization information was posted on the PCCHU web site.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
knowledge and confidence in immunization programs by: a. Supplementing national and provincial health communications strategies, and/or b. Developing and implementing regional/local communications strategies. Topics to be addressed shall include: • The importance of immunization. • Diseases that vaccines prevent. • Recommended immunization schedules for children and adults and the importance of adhering to the schedules; • Introduction of new provincially funded vaccines; • Promotion of childhood and adult immunization, including high-risk programs; • The importance of maintaining a personal immunization record for all family members; • The importance of reporting adverse events following immunization; • Reporting immunization information to the board of health as required; • Vaccine safety; and • Legislation related to immunizations.						Staff visited health care providers to offer information on immunization and vaccine safety during cold chain inspections and sent information to parents of students and day care attendees. Information on immunization was included in the *For Your Information* newsletter for health care providers.
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act.	✓	↑	↑	↑		Health care workers were reminded, via the *For Your Information* newsletter, to report adverse vaccine reactions.
5. The board of health shall provide a comprehensive information and education	✓	↑	↑	↑		The number of cold chain inspections conducted this quarter: 64. Year to date: 99.

Status Legend:

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). This shall include: • One-on-one training at the time of cold chain inspection; • Distributing information to new health care providers who handle vaccines; and • Providing ongoing support to existing health care providers who handle vaccines.						
6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.	✓	↑	↑	↑		No requests were received this quarter.
Disease Prevention/ Health Protection						
7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including: • Board of health-based clinics; • School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization); • Community-based clinics, and • Outreach clinics to priority populations.	✓	↑	↑	↑		NOTE: The data below is for the current year and not by school year: For the previous school year (2012-2013): • 66% of grade 8 females received the human papillomavirus vaccine; • 93% of grade 7 students received the hepatitis B vaccine; and • 73% of grade 7 students received the meningococcal ACYW-135 vaccine. The following vaccinations were administered: • Hepatitis B vaccine for Grade 7 students: ▪ first dose 68. ▪ second dose 11. ▪ third dose 2. • Meningococcal ACYW-135 vaccine for Grade 7 students: 75.

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Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
						• Human papillomavirus vaccine for Grade 8 girls: ▪ first dose 44. ▪ second dose 22. ▪ third dose 15. Staff conducted a partial cleansing of the Immunization Record Information System in preparation for the Panorama (new Ministry of Health immunization and reportable disease database).
8. The board of health shall, as part of the Public Health Emergency Preparedness Program Standard, have a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management control such as mass immunization in the event of a community outbreak.	✓	↑	↑	↑		The Health Unit mass vaccination plan (as part of the PCCHU Pandemic Plan) is available on the Health Unit website.
9. The board of health shall provide or ensure the availability of travel health clinics.	✓	↑	↑	↑		Travel clinic services were offered on Tuesdays, Wednesdays and Thursdays by appointment. The following provides the statistics on the clinic: • # of clients seen: 322. Year to date: 884. • # of phone consults: 595. Year to date: 1,925. • # of yellow fever immunizations: 30. Year to date: 86. • # hep A and hep B high risk: 0. Year to date: 0. • # immunizations covered by the Ontario Government Pharmacy (OGP): 86. Year to date: 311. • # other immunizations: 466. Year to date: 1,346. Total immunizations administered: 522. Year to date: 1,627.
Health Protection						
10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling*	✓	↑	↑	↑		Distributed vaccines to community partners and facilities. Total amount of doses of government funded vaccine distributed this quarter: 9,525.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** [i] **= Compliant to Date** × **= Non Compliant**

Requirement	Status 2012	Status 2013				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current).						
11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	✓	↑	↑	↑		Promotion was conducted during inspection of premises through telephone consultation, *For Your Information* newsletter, and through investigation of cold chain incidents. All premises storing these vaccines are inspected once yearly.
12. The board of health shall health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria and promptly report all cases	✓	↑	↑	↑		The number of adverse events reported and investigated this quarter: 7. Year to date: 26.
13. The board of health shall comply with the Immunization Management Protocol, 2008 (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.	✓	↑	↑	↑		Staff continued to enforce the Immunization of School Pupils' Act and the Day Nurseries Act.

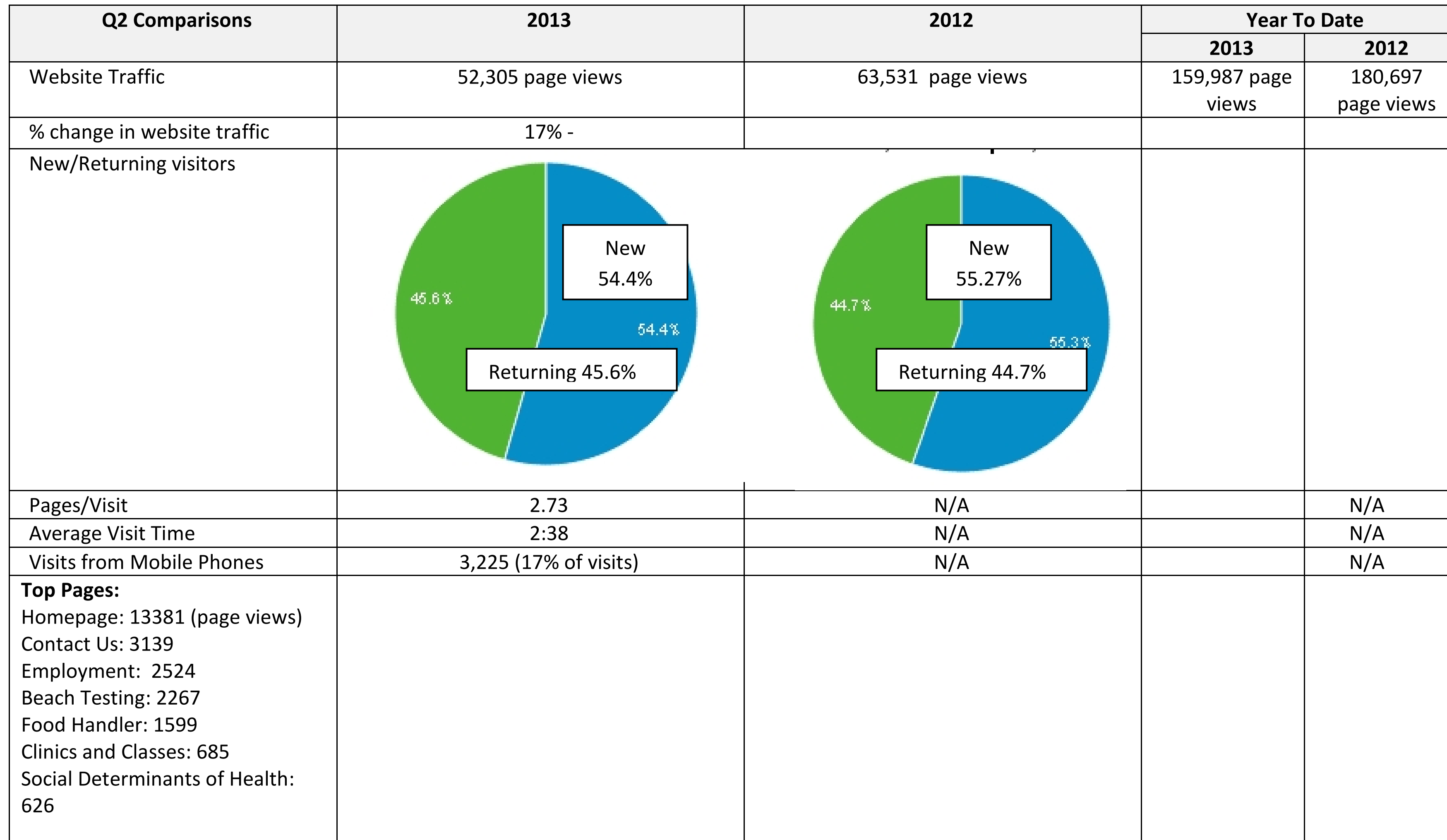
Status Legend:

Communications 2013 Q3 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q3		Year To Date	
	2013	2012	2013	2012 (whole year)
Press releases issued	24	29	94	134
Media interviews	27	37	78	150
Number of media stories directly covering PCCHU activities (print and TV only, and some radio when stories posted online)	100	88	289	334

Website Statistics:



Q2 Comparisons	2013	2012	Year To Date	
			2013	2012
Website Traffic	52,305 page views	63,531 page views	159,987 page views	180,697 page views
% change in website traffic	17% -			
New/Returning visitors	New 54.4% Returning 45.6% 45.6 % 54.4 %	New 55.27% Returning 44.7% 44.7 % 55.3 %		
Pages/Visit	2.73	N/A		N/A
Average Visit Time	2:38	N/A		N/A
Visits from Mobile Phones	3,225 (17% of visits)	N/A		N/A
Top Pages: Homepage: 13381 (page views) Contact Us: 3139 Employment: 2524 Beach Testing: 2267 Food Handler: 1599 Clinics and Classes: 685 Social Determinants of Health: 626				

PCCHU Social Media:

Activity	Q2		Totals	
	2013	**2012**	**2013**	**2012 (whole year)**
Twitter (@PCCHU):				
Tweets	97	N/A	479 (total carried over from 2012)	167
Re-tweets (re-posting of content from others, i.e. Health Canada)	10	N/A	59	16
New Followers	102	N/A	680 (total carried over from 2012)	340
Facebook (search: Peterborough County-City Health Unit):				
New Likes	21	N/A	66 (carried over from 2012)	16
Events Promoted	1	N/A	3	3
Posts	31	N/A	169	47
Most Viewed post – Car Seat Clinic	238 views	N/A		
Ad Campaigns	0	0	2	8

Social Media Content This Quarter:

- Beaches
- Fluoride
- Lyme Disease/Tick Safety
- Well water safety
- Heat Alerts
- Smoke free parks/public places
- Air quality index
- Sun safety
- Food safety tips
- Immunization schedule tool
- Ontario health study
- Peterborough pride parade
- Mental health
- Prenatal health fair
- Breastfeeding challenge

Graphic Design Projects:

Administration

- On-line Building Maintenance Requisition Form (DRAFT)
- Relocation Presentation (x2)
- Length of Service Cards

Dental

- Dental Screening – Parent Card
- Dental Posters (x2)
- Dental - Day in the Life Presentation
- Fluoride Facts Poster

Family Health

- Crying Baby Brochure – Update
- Breastfeeding Policy Staff
- What's Available 2013 – Update
- Family HEALTH*line* Business Card – Update
- Songs & Nursery Rhymes for Kids
- Triple P Session Flyers (x2)
- Breastfeeding Challenge Poster
- Breastfeeding Challenge Flyer
- Breastfeeding Returning to Work/School Brochure

HCP Correspondence

- FYI Newsletter (x3)
- Alert/Advisory ( )

Health Hazards

- Air Quality Index - Poster
- Heat Alert – Poster
- Found Needle - Poster

Injury Prevention

- Home Safety Checklist

Inspection

- 2 & 3 Sink Method – Poster
- Food Handler Manual - DRAFT

Infant and Toddler Development

- Torticollis Positioning Tips – Brochure (x2)

School Health

- School Health Newsletter
- Kindergarten Resource 2013-14

Nutrition

- Registered Dietitians in Peterborough Update
- Freezing Fruits Brochure
- Freezing Vegetables Brochure
- Limited Incomes: A Recipe for Hunger Report
- Food For All - Updated

Sexual Health

- Condom Sense Resources
- You and the Pill – Brochure
- Sexual Health Clinic Poster - DRAFT
- Sexual Health Clinic Business Cards - DRAFT

Substance Misuse

- BAD Drugs or Outbreak

Ontario Health Study

- OHS Peterborough Resources

Tobacco

- Community Conversation Summary Report
- Tobacco Cessation Program Resources (x5)
- 4 D's Magnet
- Implementing Smoke-Free Outdoor Spaces By-Laws: For Peterborough Municipalities Report
- Benefits of Quitting Poster DRAFT
- Choose to Be Poster
- Choose to Be Tracking Card
- Play Live Be – Rink Ad
- Smoke Free Beginning Prenatal Resource DRAFT
- CONNECT – CHANGE – CONNECT Session Summary (x4)

VPD

- Influenza Vaccine Fact Sheet
- Inservice Poster (x3)

Infant and Toddler Development Q3 2013 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q3 2013	2013 Year-to-Date	2012 Year-to-Date
New referrals	47	120	87
Children discharged from program	37	118	87
Children on current caseload	110	110	97
Home/agency visits	205	639	592
Consultations provided in group settings	20	40	22

The Infant and Toddler Development Program (ITDP) is partnering with PCCHU Communications and Five Counties Children's Centre to produce an instructional video for parents on plagiocephaly (infant flathead) and how to prevent and/or reduce its effects. Plagiocephaly affects 46% of newborns. The video will be available on the PCCHU website, in prenatal classes, and at the hospital.

Staff is currently co-leading a Nobody's Perfect parenting group in Norwood.

Sewage Disposal Program Q3 2013 (Manager: Atul Jain)

	July 2013	August 2013	Sept. 2013	Total Q3 2013	2013 Year-to-Date	2012 Year-to-Date
Applications for Sewage System Permits	44	39	43	126	281	239
Permits Issued	44	37	37	118	257	237
Applications for Severance	14	9	0	23	36	73
Applications for Subdivision (# of Lots)	0	1	0	1	1	0
Existing Systems and Complaints	17	14	14	45	111	87

Financial Update Q3 2013 (Accounting Supervisor: Bob Dubay)

Programs funded January 1 to December 31, 2013	Type	2013	Approved By board	Approved By Province	Expenditures to Sept 30, 2013	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,105,145	14-Nov-12	7,105,924	5,242,767	73.8%	MOHLTC	Operating within budget.
Mandatory Public Health Prgs - Additional	Cost Shared	277,333	10-Apr-13	-	0			No official approval. Will need for 2014 if sale of building is realized.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,105	10-Apr-13	76,101	42,387	55.7%	MOHLTC	West Nile Virus program winding up. Expect to be significantly underbudget.
One-time cost request furniture, computing & awareness campaign	Cost Shared	470,890	10-Apr-13	447,890	119,900	26.8%	MOHLTC	**Have not received approval from local partners. Most costs will be absorbed in the 2013 operations.**
One-time cost parking garage and move.	Cost Shared			766,667	0	0.0%	MOHLTC	**Have not received approval from local partners. Most costs will be absorbed in the 2013 operations otherwise will request the province to carry forward funds to March 31/2014.**
Infectious Disease Control	100%	222,263	10-Apr-13	222,233	164,674	74.1%	MOHLTC	Operating within budget.
Infection Prevention and Control Nurses	100%	86,584	10-Apr-13	88,300	66,225	75.0%	MOHLTC	Operating within budget.
Small Drinking Water Systems	Cost Shared	92,631	10-Apr-13	90,800	68,100	75.0%	MOHLTC	Operating within budget.
Healthy Smiles Ontario	100%	427,260	10-Apr-13	427,260	319,213	74.7%	MOHLTC	Operating within budget.
One-time cost - Vaccine Fridge	100%	5,500	10-Apr-13	5,500	0	0.0%	MOHLTC	Holding pending move approval. If no approval by October will purchase for Hospital Drive.
Enhanced Food Safety	100%	25,003	10-Apr-13	25,000	20,510	82.0%	MOHLTC	Program almost complete. Will be within budget.
Enhanced Safe Water	100%	15,501	10-Apr-13	15,500	15,500	100.0%	MOHLTC	Program has completed.
Needle Exchange Initiative	100%	21,121	10-Apr-13	21,121	16,423	77.8%	MOHLTC	Operating above budget. Do not anticipate being overbudget by year end.
Infection Prevention and Control Week	100%	8,000	10-Apr-13	8,000	0	0.0%	MOHLTC	Operating within budget.
Sexually Transmitted Infections Prevention week	100%	7,000	10-Apr-13	7,000	2,967	42.4%	MOHLTC	Operating within budget.
Nurses Commitment	100%	176,945	10-Apr-13	176,910	131,359	74.3%	MOHLTC	Operating within budget.

Programs funded January 1 to December 31, 2013	Type	2013	Approved By board	Approved By Province	Expenditures to Sept 30, 2013	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	10-Apr-13	100,000	72,282	72.3%	MOHLTC	Operating within budget.
Smoke Free Ontario - Enforcement	100%	120,800	10-Apr-13	120,800	84,717	70.1%	MOHLTC	Operating within budget.
Youth Engagement	100%	80,000	10-Apr-13	80,000	57,961	72.5%	MOHLTC	Operating within budget.
CINOT Expansion	Cost Shared	49,000	10-Apr-13	35,509	37,773	106.4%	MHPS	Exceeds operating budget. Excess cost to be offset by underspending in base CINOT operations
Healthy Babies, Healthy Children	100%	928,413	8-May-13	928,413	638,464	68.8%	MCYS	Operating within budget.
Healthy Communities Fund	100%	47,100	10-Apr-13	47,100	6,431	13.7%	MOHLTC	Operating within budget.
Chief Nursing Officer Initiative	100%	119,104	10-Apr-13	119,033	89,275	75.0%	MOHLTC	Operating within budget.
Ontario Works	100% from City	1,073,298	##	NA	695,911	64.8%	CITY OF PTBO	Budget based on 2012 actual expenditures

Programs funded April 1, 2013 to March 31, 2014	Type	2013 - 2014	Approved By Board	Approved By Province	Expenditures to Sept 30, 2013	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	242,423	8-May-13	Budget resubmitted to Ministry.	115,522	47.7%	MCSS	The annual budget has been $242,423 since 2002/03. No increase in funding by the Ministry for the current fiscal year. Ongoing discussions with Senior Management and the Ministry.
Medical Officer of Health Compensation	100%	70,259	29-Nov-12	61,039	31,446	51.5%	MOHLTC	Reduction in provincial funding compensation. Compensation has been adjusted and will fall within budget by March 31/2014.
Speech		12,670			6,335	50.0%	FCCC	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2013	Type	2013	Approved By Board	Approved By Province	Expenditures to Sept 30, 2013	% of Budget	Funding	Comments
Sewage Program		280,196	13-Apr-11	NA	201,962	72.1%	FEES	Operating within budget.

2013 Mid-Year Report on Accountability Agreement Indicators

Presentation to: Board of Health

By: Larry Stinson, Director Public Health Programs

Date: November 13, 2013

Peterborough County-City
HEALTH UNIT
...because health matters!

Indicator	2010 Baseline	2012 Perfor-mance	2013 Target	Actual
% High Risk Food Premise Inspected	86%	100%	100%	100%
% Class A Pools Inspected	57%	87%	100%	100%
Gonorrhea Follow-up	93%	100%	100%	100%

Indicator	2010 Baseline	2012 Perfor-mance	2013 Target	Actual
Invasive Group A Streptoccocal Disease Follow-up	87%	96%	100%	100%
% Youth Never Smoked a Cigarette	87.6%	n/a	89.4%	88.7%
% Tobacco Vendor in Compliance	86%	95.9%	≥90%	91.3%

Indicator	2010 Baseline	2012 Perfor-mance	2013 Target	Actual
Fall-related Emergency Room visits for 65+	5,863	n/a	Maintain or improve	6,416
% Population Exceeding the Low-Risk Drinking Guidelines	36.2%	n/a	34.8%	35.6%
Baby-Friendly Initiative Status	Designated	Designated	Designated	Designated