Board of Health for the Peterborough
County-City Health Unit
AGENDA
Board of Health Meeting
4:45 p.m. Wednesday, November 14, 2012
(Council Chambers, County Court House
County of Peterborough, 470 Water Street)

1. Call to Order

2. Declaration of Pecuniary Interest

3. Confirmation of the Agenda

4. Delegations and Presentations

4.1. **A Day In The Life – Dentist**
Presenter: Dr. Ljiliana Dikanovic-Jokic

5. Confirmation of the Minutes of the Previous Meeting

5.1. **October 10, 2012**

6. Business Arising From the Minutes

6.1. Wellesley Institute Report: The Real Cost of Cutting the Community Start-Up and Maintenance Benefit: A Health Equity Impact Assessment *(to be provided)*
Dr. Rosana Pellizzari, Medical Officer of Health
(Note: Update from Sept. 2012 staff report on Social Assistance Benefits)

6.2. Bill 126, Healthy Decisions Made Easy, 2012
Dr. Rosana Pellizzari, Medical Officer of Health
(Note: Oral update from Oct. 2012 staff report and related Board motion)

7. Correspondence

8. Program Reports

8.1. **Q3 2012 Program Report**
Presenter: Larry Stinson, Director, Public Health Programs

8.2. **Q3 2012 Financial Report**
Brent Woodford, Director, Corporate Services

9. New Business

9.1. **Falls Across the Lifespan**
Presenter: Hallie Atter, Manager, Community Health Programs

9.2. **Community Dental Health Centres: Short Term Evaluation and Highlights**
Presenter: Sarah Tanner, Supervisor, Oral Health Program

9.3. **Staff Report: 2013 Cost-Shared Public Health Budget**
Brent Woodford, Director, Corporate Services

9.4. **Staff Report: Genetics Program Update**
Brent Woodford, Director, Corporate Services

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

9.6. **Board of Health Liability**
Presenter: Brent Woodford, Director, Corporate Services

9.7. alPHa Fall Symposium *(oral update)*
Jim Embrey, Board Member

10. Committee Reports

10.1. Strategic Plan Activities *(oral update)*
David Watton, Chair, Governance Committee

11. In Camera to Discuss Confidential Matters

12. Date, Time, and Place of the Next Meeting
4:45 p.m. Wednesday, December 12, 2012; (Council Chambers, County Court House County of Peterborough, 470 Water Street)

13. Adjournment

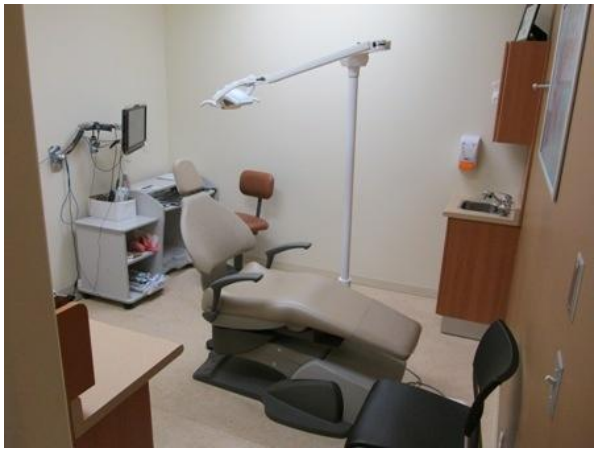
c: All Members, Board of Health
Medical Officer of Health
Directors

A Day in the Life of a Dentist at the Community Dental Health Centre

Presentation to: Board of Health
By: Liljana Dikanovic-Jokic, DDS
Date: November 14, 2012

Downtown Community Dental Health Centre

- Reception and waiting area
- Three treatment rooms
- Sterilizing area and lab
- X-ray
- Machine room



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

Who works with me at the Community Dental Health Centre?

- 2 Certified Dental Assistants
- 1 Registered Dental Hygienist
- 2 Secretaries – but only one at a time
- 2 Dentists – one part-time
- 1 Supervisor

Our Schedule

- Currently open six days a week
- How do clients make appointments?

Over 1700 appointments so far this year

Our Clients

- Approx 10 clients per day
- Emergencies
- Different Age Groups
- Treatment Plans
- Previous Dental Experiences
- Returning Clients

The BEST parts of my job!

- The team I work with!
- Offering clients relief from pain and embarrassment.
- Working with clients to find solutions to their oral health issues.
- The positive feedback and thanks from clients.

Challenges in my job

- Complexity of some clients needs.
- Some children are very frightened.
- Clients don’t know what to expect.
- Some clients (not many), say they are entitled to full dental service.

The most important thing we do for clients everyday is show them **respect.**

And in conclusion……

- Ours is not a typical dental office!
- Our clients come back.
- For many of our clients there is no other place they can go.
- My days are always different.

Thank you!

Any questions?

Board of Health for the
Peterborough County-City Health Unit
Meeting Minutes
Wednesday, October 10, 2012
Council Chambers, Administration Building
22 Wiinookeedaa Rd., Curve Lake First Nation

Present:

Board Members: Deputy Mayor Andy Sharpe, Chair
Councillor Andrew Beamer
Councillor Henry Clarke
Mayor John Fallis
Mr. Paul Jobe
Councillor Lesley Parnell
Councillor Jill Smith
Mayor Mary Smith
Mr. David Watton
Chief Phyllis Williams

Regrets: Mr. Jim Embrey

Staff: Mr. Keith Beecroft, Youth Development Worker
Mrs. Brittany Cadence, Supervisor, Communications
Miss Jennie Carr, Peer Leader
Mr. Andrew Kurc, Epidemiologist
Mrs. Barbara Matwey, Administrative Assistant, Recorder
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant
Ms. Ruth Walker, Public Health Nurse
Ms. Melinda Wall, Public Health Nurse
Miss Emma Warner-Chee, Peer Leader
Miss Zoey Wilton, Peer Leader
Mr. Brent Woodford, Director, Corporate Services

1. Welcome and Opening Prayer

Chief Phyllis Williams welcomed the Board of Health to Curve Lake First Nation. Councillor Knott gave the opening prayer.

2. Call to Order

Chairman Sharpe called the meeting to order at 4:50 p.m..

2.1 Recognition of Service: Keith Knott

Chairman Sharpe, former Medical Officer of Health Dr. Garry Humphreys and Dr. Pellizzari offered words of kindness and appreciation for the contributions made by former Curve Lake Chief, Keith Knott, during his time on the Board over the last 10 years. He was presented with gifts from the Board.

3. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

4. Confirmation of Agenda

Moved by Councillor Beamer

Seconded by Mayor Fallis

That the agenda be approved as circulated.

- Carried - (M-12-123)

5. Delegations and Presentations

5.1 A Day in The Life – Social Determinants of Health Nurses

Presenters: Ruth Walker, Public Health Nurse
Melinda Wall, Public Health Nurse

5.2 Curve Lake Health and Family Services Update

Presenter: Stephanie Monahan, Acting Manager

5.3 Rural Youth Engagement: 2010-2012 and Next Steps

Presenters: Jennie Carr, Peer Leader
Emma Warner-Chee, Peer Leader
Zoey Wilton, Peer Leader
Keith Beecroft, Youth Development Worker

5.4 Shade Audit of Rogers Cove

Presenter: Andrew Kurc, Epidemiologist

6. Confirmation of the Minutes of the Previous Meeting

Moved by Councillor Parnell — Seconded by Councillor Clarke

That the minutes of the Board of Health meeting held on September 12, 2012 be approved with an amendment to item 9.7.

- Carried - (M-12-124)

7. Business Arising From the Minutes

Nil.

8. Correspondence

Moved by Mayor Fallis — Seconded by Councillor Clarke

That the following documents be received for information.

- Carried - (M-12-125)

1. Letter dated September 24, 2012 from Minister Deb Matthews in response to Chairman Sharpe's initial letter (dated March 7, 2012) regarding influenza coverage for health care workers.
2. Letter dated October 5, 2012 from Dr. Pellizzari to Ministers Hoskins, Matthews, Milloy and Wynne regarding cuts to social assistance benefits.
3. Letter dated October 5, 2012 from Dr. Pellizzari to the Joint Services Steering Committee regarding cuts to social assistance benefits. NOTE: Identical letters sent to Peterborough City and County Councils.
4. Letters/Resolutions from other Health Units:

<u>Durham Region</u>
- Health Care Worker Immunization Rates
- Oral Health

<u>Grey Bruce Health Unit</u>
- Reducing Alcohol Related Harm
- Oral Health

<u>North Bay Parry Sound District</u>
- Capital Budget Funding

<u>Perth District</u>
- Food Insecurity

<u>Simcoe-Muskoka District</u>
- Harmful Effects of Artificial Tanning
- Oral Health

Moved by
Councillor Clarke

Seconded by
Mayor Smith

That the Board of Health for the Peterborough County-City Health Unit write a letter to the MPP to show our support of North Bay's Resolution #BOH/2012/09/07 to support the creation of a capital budget Line for Public Health which includes multi-year cost-shared funding for capital projects.

- Carried - (M-12-126)

9. Program Reports

Nil.

Councillor Smith assumed the Chair at this point in the meeting.

10. New Business

10.1 Staff Report: Radio Frequencies Survey – City of Peterborough
Donna Churipuy, Program Manager

Moved by
Chairman Sharpe

Seconded by
Mayor Fallis

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

- Receive the staff report, Radio Frequencies Survey – City of Peterborough, for information; and,
- Share the report with the City of Peterborough.

- Carried - (M-12-127)

10.2 Staff Report: Tobacco Cessation Services
Donna Churipuy, Program Manager

Moved by
Mr. Watton

Seconded by
Mr. Jobe

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Tobacco Cessation Services, for information and also to write a letter to the province requesting the Minister give funding to in order to purchase cessation products in order to help people achieve cessation.

- Carried - (M-12-128)

10.3 Staff Report: Bill 126, Healthy Decisions Made Easy, 2012
Larry Stinson, Director, Public Health Programs

Moved by
Councillor Parnell

Seconded by
Mayor Fallis

That the Board of Health for the Peterborough County-City Health Unit write a letter expressing support for and encouraging adoption of Bill 126, Healthy Decisions Made Easy, 2012, to Premier Dalton McGuinty, with copies to the Honourable Deb Matthews, Minister of Health and Long Term-Care, the Honourable Dr. Eric Hoskins, Minister of Children and Youth Services, MPPs Jeff Leal, Laurie Scott, France Gélinas, and Ontario Boards of Health.

- Carried – (M-12-129)

Break for dinner at 7:15 p.m.

10.4 Staff Report: Municipal Alcohol Policies
Larry Stinson, Director, Public Health Programs

Moved by Mayor Fallis — Seconded by Mr. Watton

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Municipal Alcohol Policies, for information. The Board of Health requested a progress report in October 2013.

- Carried – (M-12-130)

10.5 Staff Report: 2011/12 Infant and Toddler Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation
Brent Woodford, Director, Corporate Services

Moved by Mr. Clarke — Seconded by Mayor Fallis

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

- Approve the 2011/12 Infant Toddler Development Program Audited Financial Statements in the amount of $251,161;
- Approve the 2011/12 Infant & Toddler Development Program Annual Program Expenditure reconciliation.

- Carried – (M-12-131)

10.6 Staff Report: 2011/12 Preschool Speech and Language Program Audited Financial Statements
Brent Woodford, Director, Corporate Services

Moved by Mayor Fallis — Seconded by Mr. Embrey

That the Board of Health for the Peterborough County-City Health Unit approve the 2011/12 Preschool Speech and Language Program Audited Financial Statements.

- Carried – (M-12-132)

11. Committee Reports

11.1 Governance Committee – Strategic Plan Update
David Watton, Chair

Mr. Watton introduced Jonathan Bennett to the Board. Mr. Bennett has been hired to assist with the Strategic Plan for 2013-2017. This fall, the Board of Health has embarked on a community consultation process to help guide the 2013-17 Strategic Plan. Board members are looking for input from the public as well as from local stakeholders. Four Community Open Houses will be hosted throughout the area including in Norwood (October 29), Lakefield (October 30), Millbrook (November 5), and Peterborough (November 6). Residents will also be invited to participate in an online survey. The Consultants will also hold focus groups with staff, members of Curve Lake and Hiawatha First Nations, youth, and local community and health care partners.

Moved by Mayor Fallis — Seconded by Councillor Parnell

That staff include details of the Strategic Plan community consultation sessions to Board Members and municipal partners when issuing the meeting summary for the October 10, 2012 meeting.

- Carried - (M-12-133)

Chairman Sharpe resumed position of Chair.

12. In Camera to Discuss Confidential Personnel and Property Matters

Moved by Mr. Embrey — Seconded by Mayor Smith

That the Board of Health go In Camera to discuss confidential Personnel and Property matters.

- Carried - (M-12-134)

Moved by Mayor Fallis — Seconded by Mr. Watton

That the Board of Health rise from In Camera.

- Carried – (M-12-135)

13. Date, Time, and Place of the Next Meetings

Wednesday, November 14, 2012, 4:45 p.m. – Council Chambers, Court House, County of Peterborough, 470 Water Street.

14. Adjournment

Moved by
Mayor Fallis

Seconded by
Councillor Smith

That the meeting be adjourned.

- Carried – (M-12-136)

The meeting adjourned at 8:42 p.m.

_____
Chairperson

_____
Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: November 14, 2012

Recommendation:

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

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1. Letter dated October 12, 2012 from Chief Medical Officer of Health Dr. Arlene King to Dr. Pellizzari regarding a request to Chair a Task Group on System Integration, reporting to the Advisory Committee for Ontario's Immunization System Review. **REF: P. 3-4**

2. Email received October 12, 2012 from the Association of Local Public Health Agencies (alPHa) regarding the Board Section Agenda package for November 8, 2012. *NOTE: Attended by Mr. Embrey, update to be provided at the meeting.* **REF: P. 5-11**

3. Email received October 12, 2012 from Dr. Robert Kyle, Durham Region Medical Officer of Health, on behalf of Regional Councillor Lorne Coe who represents the Central East Region on alPHa's Board of Health Section. The correspondence includes an alPHa update, as requested by the Section Executive. *NOTE: Boards were asked to contact Councillor Coe if there are any public health issues you wished raised prior to the next Section Executive meeting which is scheduled for November 20.* **REF: P. 12-13**

4. Letter dated October 17, 2012 to Minister Deb Matthews, Ministry of Health and Long-Term Care (MOHLTC) from Chairman Sharpe regarding capital funding. **REF: P. 14-15**

5. Email dated October 19, 2012 to John Kennedy, City Clerk, from Alida Tanna regarding the radio frequencies report reviewed by the Board at its October 2012 meeting. **REF: P. 16**

6. Email dated October 25, 2012 from alPHa to Ontario Boards of Health regarding the Ontario Council on Community Health Accreditation (OCCHA) Board of Directors. **REF: P. 17-18**

7. Letter dated November 5, 2012 to Assistant Deputy Minister Kate Manson-Smith, MOHLTC, from Chairman Sharpe regarding tobacco cessation funding. **REF: P. 19-20**

8. Memo dated November 8, 2012 to Board Members from Christine Post, PCCHU Health Promoter, Poverty and Health, regarding Social Assistance Benefits. **REF: P. 21**

9. Letters/Resolutions from other Health Units:

   Middlesex-London
   - Bill 74 – An act to prevent skin cancer **REF: P. 22**

   Sudbury District
   - Equity-focused Health Impact Assessment **REF: P. 23-24**
     NOTE: Enclosures available upon request.

   Timiskaming
   - Bill 74 – An act to prevent skin cancer **REF: P. 25**

Original signed by

Rosana Pellizzari, M.D.

Ministry of Health and Long-Term Care

Chief Medical Officer of Health

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Rosana Pellizzari, MD, CCFP, MSC, FRCPC
Medical Officer of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough ON K9J 8M1

Dear Dr. ~~Pellizzari~~ Rosana :

As follow-up to previous discussions with Public Health Division staff, I am writing to formally request your confirmation to chair the Task Group on System Integration, which will report to the Advisory Committee for Ontario's Immunization System Review (the Committee).

As you are aware, the Committee has been established to advise me on opportunities to improve the overall effectiveness and efficiency of Ontario's immunization system in preventing disease. Chaired by Dan Burns, former Ontario Deputy Minister of Health, it is made up of members with representation from Public Health Ontario (PHO), Medical Officers of Health, Ministry of Health and Long-Term Care, and others with expertise in a range of areas including immunization, community paediatrics, family medicine, nursing, health economics, and health policy / health systems. The Committee had its first meeting on September 25, 2012, and will meet approximately seven times over the course of the next year.

The Committee has confirmed that it will have four task groups reporting to it, each representing a separate theme area: System Integration; Immunization Decision-Making and Program Delivery; Vaccine Acceptance and Uptake; and Scientific Evidence. The System Integration Task Group will explore ways to optimize system integration with a focus on goals and objectives for the immunization system and strategies to improve synergy among the range of partners. Topics to be addressed may include strategies for system performance monitoring; for communication, collaboration, and stakeholder engagement; and for addressing the needs of special populations through a focus on health equity. Given your range of experience in both public health and primary care across the province and internationally, and your work with vulnerable populations, we feel you have much to offer in the role of Chair of the Task Group on System Integration.

In terms of time commitments, the Task Group is expected to have a total of four meetings between late 2012 and spring 2013. In addition to chairing these Task Group meetings, your attendance at four of the Committee meetings within the same overall timeframe would be required in order to report back to the Committee on the Task Group's findings. It is also anticipated that there would be meetings of the Task Group Chairs to ensure coordination and integration across the various theme areas. Membership on the task group will be discussed and finalized with you as Chair.

To begin the process, the Secretariat for the Immunization System Review would like to hold an orientation meeting with all four Task Group Chairs on Friday, October 26th from noon to 4:30 p.m. This will be an opportunity to provide you with an orientation to the initiative and to seek your input on the development of a stakeholder consultation plan that will be used to inform the task groups' work.

Please respond to Dianne Alexander, A/Manager, Immunization Policy and Programs, to confirm your interest in participating as Chair of the System Integration Task Group, and to confirm your availability for the proposed orientation meeting. Dianne can be reached by phone at 416-212-7637 or by email at dianne.alexander@ontario.ca.

Thank you for considering this request. I sincerely hope you will be able to participate in this important initiative that will improve the health of Ontarians by ensuring we have the best immunization system possible.

Sincerely,

Arlene King, MD, MHSc, FRCPC
Chief Medical Officer of Health

c. Dianne Alexander

alPHa
Association of Local PUBLIC HEALTH Agencies

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Providing leadership in public health management

To All Members of Ontario Boards of Health

AGENDA

Boards of Health Section Meeting

Thursday, November 8, 2012 ● 8:30 AM – 12:00 PM
Port Credit Room (North & Centre)**, The Waterside Inn, 15 Stavebank Road South, Mississauga**

CHAIR: Al Edmondson
Middlesex London Board of Health

7:30	Registration and Continental Breakfast
8:30	**Welcome and Introductions** *An opportunity for members of boards of health across Ontario to say hello.*
8:45 - 9:00	**Business Items** ▪ **June Section Meeting Minutes** ▪ **OCCHA Update** ▪ **alPHa Update**
9:00 – 10:30	***The Last Straw! A Board Game on the Social Determinants of Health©*** *Gain a better understanding of the social determinants of health and the interplay between forces at individual and community levels. The Last Straw! takes players through the life cycle where they will encounter "macro" issues such as political climate, economic structure and environmental change, as well as "micro" issues, such as individual finances, education, and family dynamics. (Includes an introduction to concepts and the game as well as an opportunity to share experiences and learnings at the end.)*
10:30 – 10:50	**BREAK**
10:50 – 11:30	**Panel Discussion** *Presentations by Sudbury & District Health Unit and Middlesex London Health Unit on their work to incorporate the social determinants of health into local strategic planning.*
11:30 – 12:00	**Group Discussion**
12:00	**Adjournment**
12:00 – 1:00	**LUNCH** (provided)

alPHa Association of Local PUBLIC HEALTH Agencies 25 YEARS

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Providing leadership in public health management

DRAFT MINUTES
Boards of Health Section General Meeting
Tuesday, June 12, 2012 – 8:30 AM to 12:30 PM
Angel/Niagara Room, Hilton Hotel & Suites Niagara Falls, Niagara Falls ON

PRESENT:

Al Edmondson (Chair)	Middlesex-London	Bjorn Christensen	Niagara
Guido Caputo	Algoma	Mike Poeta	North Bay Parry Sound
Janice Mills	Brant	John Albanese	Northwestern
Helen Mulligan	Brant	Mark Perrault	Northwestern
Robert Chambers	Brant	Julie Roy	Northwestern
Jo Anne Tober	Brant	Russ Fortier	Northwestern
April Rietdyk	Chatham-Kent	Doug Squires	Northwestern
Gerry Bertrand	Eastern Ontario	Merrilee Fullerton	Ottawa
Bob Kilger	Eastern Ontario	Tracy Allan-Koester	Perth
Robert Kirby	Eastern Ontario	David Watton	Peterborough
Chris Munn	Grey Bruce	Gilles Chartrand	Porcupine
Patricia Hewitt	Halton	Joseph Matko	Porcupine
Terry McGuigan	Hastings & Prince Ed.	Sue Perras	Porcupine
Beth Campbell	Hastings & Prince Ed.	Patrick Bamford	Porcupine
Ron Poste	Hastings & Prince Ed.	Don West	Porcupine
Judith Masters	HKPR	Catherine Bloskie	Porcupine
Mark Lovshin	HKPR	Ursula Sauve	Sudbury
Sue Bickle	HKPR	Madeleine Dennis	Sudbury
Rosemary Rognvaldson	Huron	Connie Bryson	Thunder Bay
Larry Paine	Leeds, Grenville	Maria Harding	Thunder Bay
Lana Sowchuk	Leeds, Grenville	Jack Masters	Thunder Bay
Patricia Coderre	Middlesex-London	Doug Heath	Thunder Bay
Stephen Orser	Middlesex-London	Audrey Lacarte	Timiskaming
Paul Sharma	Middlesex-London	Abdul Fattah	Toronto

Linda Stewart	alPHa
Susan Lee	alPHa
Suchita Jain	alPHa

GUESTS: Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care (MOHLTC)
Liam Scott, Counsel/Group Leader, MOHLTC Legal Services Branch

REGRETS: Rosario Capillo, Robert Ambeault, Andre Rivette, Ian Wilson, Grewal Gurinderpal, Ken Graham, Mike Milinkovich, Jack Wilson, Tammy-Lea Stewart, Joe Virdiramo

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1.0 MINISTRY UPDATES

A plenary session was held with updates from the Ministries of Health and Long-Term Care, Children and Youth Services, and Public Health Ontario.

2.0 CALL TO ORDER

The Chair called the Section meeting to order at 10:33 AM.

3.0 APPROVAL OF AGENDA

The agenda for this meeting was approved on a motion by G. Bertrand, which was seconded by G. Chartrand and carried.

4.0 INTRODUCTION OF ATTENDEES

Participants introduced themselves.

5.0 APPROVAL OF MINUTES

A correction was made to the minutes of the February 10, 2012 meeting: In the list of those present, Beth Pater's board of health, it was noted, should be changed from HKPR to the KFL&A Board of Health. The minutes were approved with an amendment on a motion by J. Matko, which was seconded by J. Albanese and carried.

6.0 BOH SECTION ELECTION

It was announced that the following individuals were acclaimed as the board of health representatives on the 2012-2013 alPHa Board of Directors in their respective regions:

Joseph Matko - North East
Janice Mills - Central West
Lorne Coe - Central East

An election was held for the two candidates in the North West region (Russ Fortier and Maria Harding). A second vote was taken after it was discovered that votes by some attendees, who did not carry voting privileges, had been counted in the first round of voting.

Following the second vote, Russ Fortier was declared the new North West representative on the alPHa Board.

A motion to destroy the ballots was moved by P. Coderre, which was seconded by J. Matko, and carried.

7.0 UPDATES

7.1 Ontario Council on Community Health Accreditation

L. Paine, the Section's representative on the board of the Ontario Council on Community Health Accreditation (OCCHA), provided an update on OCCHA activities. His report was accepted on a motion by A. Lacarte, which was seconded by M. Harding and carried.

7.2 alPHa

alPHa's executive director provided an update on the Association's activities. Noteworthy items included:

- The alPHa Advocacy Committee will reconvene in the fall and that there will be an effort to recruit members to the committee from the BOH Section.
- A new web site for alPHa is being developed over the summer.

8.0 FUNDING MATTERS

Guests Sylvia Shedden and Liam Scott of the Ministry of Health and Long-Term Care presented an overview of public health funding, including its legislative framework, in a PowerPoint presentation.

Legislative Framework for Public Health Funding (presented by L. Scott, Legal Services Branch) – The Health Protection and Promotion Act (HPPA) provides the legal authority to establish a board of health. It states that each health unit must have a board of health. The requirements for a board of health are set out in the Act as well as other places. The Act also provides for funding by the MOHLTC for boards of health.

One important document is the Ontario Public Health Standards (OPHS) and their attached protocols, which are legally binding. The Standards set out the minimum requirements for public health programs and services. Even though the Standards are still called guidelines in the Act, they refer to the same thing. The public health Organizational Standards are incorporated into the Accountability Agreements, which boards are required to follow.

The Minister may provide grants to boards of health for the purposes of the Act under the terms and conditions the Minister considers appropriate (i.e. this is known as discretionary funding). Single- and upper-tier municipalities are obligated to pay budgeted amounts beyond Ministry grants to boards of health. There is no provision in the Act that allows municipalities to dispute their obligation to pay or to refuse to pay an invoice from a board of health.

Provincial Funding Overview (presented by S. Shedden, Public Health Standards, Practice and Accountability Branch) – The Ministry provides ongoing program-based grants for mandatory programs and related programs outlined in the OPHS and HPPA. Mandatory programs are funded at 75 % of the approved level by the province and 25% by obligated municipalities. A number of municipalities (18 or 19 to date) fund more than 25%.

100% Ministry-funded programs include Healthy Smiles Ontario, Chief Nursing Officer positions, the special infectious diseases control initiative, and the two (social determinants of health) public health nurses. Unorganized territories are also 100% funded. However, the Ministry funds both the Small Drinking Water Systems and vector-borne disease programs at 75%. Funding to health units is also provided by the Ministry of Children and Youth Services. Funding is provided on the calendar year to match municipalities' fiscal year.

The first Accountability Agreements, which cover the period from January 2011 to December 2013, state that grants must be used for public health programs, requires reporting of key deliverables and measures, and requires quarterly financial reports, and audited financial statements, etc.

In an historical overview of funding, S. Shedden noted that for one year, in 1998, public health funding was 100% provided by municipalities. In the years before and since, it has been cost shared between the province and municipalities, and there was no cap on board of health budget increases. Beginning in 2006, however, caps on growth were put on and remain in place to this day. The Ministry's current approach is to strive to get an increase for public health each year and apply the increase to the approved budget from the previous year, or less if the health unit requests a lower funding increase. This is what is considered to be the 75% funded by government. It is recognized that the 25% may not make up the difference in the budget that the health unit requires from the municipalities with this approach.

It is the position of the Ministry that part of the role of the local board is to determine what the health unit's priorities are locally and to determine the appropriate allocation of resources. The Ministry, therefore, doesn't dictate how a board spends its funding on programs.

Regarding overall funding increases, since 2003, provincial funding has gone up by 143% (from both increasing grants from 50% to 75%, and growth funding) or $375M (i.e. $250M from uploading to 75% and the rest due to growth). However, the Ministry is not in a financial position to increase base budgets over and above increases that have been provided in recent or future years. As such, if a health unit's total costs exceed the Ministry's approved funding, then municipalities are responsible for these costs. The Ministry acknowledges situations where municipalities are providing more than 25% in funding.

For 2012, board of health budgets had to be submitted by the end of March. The Ministry aims to send out funding letters to boards by the end of June. All boards of health submitted their budgets by the deadline and all have also signed their Accountability Agreements. For the most part, the Ministry and boards of health have been in agreement on the indicators and performance targets with the exception of a few. The Ministry presently is negotiating with health units on their performance targets and indicators, and is aware that 21 health units have signed off on the performance indicators to date. The MOHLTC welcomes further negotiation and discussion to reach agreement on indicators with those health units who have yet to sign. It continues to work on a new indicator for next year on the inspection of personal service settings and, through the Performance Management Working Group, identify areas for measurement within the Organizational Standards. The Funding Review Working Group will be reconvening toward the end of summer to complete its work on a more equitable funding formula.

Comments and questions from the floor included the following:

Q: What would happen if a board of health accepted funding raised by private fundraising?
A: With the mechanisms in the accountability agreements, the province is concerned only with the provincial share of funding, and legally would be unable to touch any other sources of funding for a board of health, including those from municipalities and private sector donors. It would be prudent for a board of health in this situation to seek a legal agreement with their other source of funding.

Q: What happens if a board of health doesn't spend all of its provincial funds?
A: The unused funds would need to be returned to the Ministry.

Q: How can one distinguish between a private or public fund?
A: That is a financial question for the accountants/auditors to answer.

ACTION: S. Shedden will provide an answer on the question of the difference between private vs public funds.

Q: In Middlesex-London Health Unit, city council wants to take a deeper look into the financial administration of the health unit and has requested the auditing of the health unit's books through the Minister of Health, who has refused. Is there a provision in the HPPA for Council to make such an action (i.e. auditing of a health unit's books) mandatory without a board of health's approval?
A: No, there is no such mechanism under the HPPA that would allow a municipality to audit a health unit without the latter's approval.

Q: When a board of health issues an invoice, can a municipality negotiate or refuse to pay it?
A: No. Municipalities have no legal authority to either object to or appeal the health unit's invoice for public health programs and services, i.e. municipalities must pay the invoice and cannot legally refuse.

Q: How should a health unit sort out programs that don't fit under the legislation? How does the Ministry make the distinction between what is a mandatory vs. non-mandatory program under the Act, and how should a health unit separate these out to be accountable to the legislation?
A: The Ministry appreciates the difficult role boards of health are in as it is up to each to decide what are the highest priorities in their areas. It is hard to differentiate between a mandatory and non-mandatory program. The Ministry hopes to eventually wrap non-mandatory programs into one umbrella, preferably as mandatory programs. There is no clear answer to the questions. However, it should be noted that the OPHS are written in a largely non-prescriptive way in most areas so there is lots of flexibility to implement programs to best meet local needs.

Q: Why does the Ministry take so long, i.e. June or later, to get the funding letters to boards of health?
A: Historically, it had to do with municipalities setting their budgets. Municipalities finalize their budgets in February. Over the years, the Ministry has gradually gotten those letters out earlier. However, the Ministry itself is subject to timing constraints by the province, which has its budget approved in April. Essentially, the Ministry has to wait for health units to submit budgets and wait to hear from the province on their allocation budgets before funding letters can go out.

Comment from floor: As someone from a board of health who's gone through many budget processes, I want to make the following clarifications: The board of health is autonomous and can set the budget to any amount it wants. Legally, the Ministry doesn't have to provide any funding to boards (75% is not in any legislation) as it's just a grant. If a board of health decides to set up a non-mandatory program, it won't get funding from the Ministry, but would need the informed consent from municipalities. Any left over funding after settling with the Ministry, including charitable donations, can be set aside as reserved funding.

Q: What are the repercussions if a board of health doesn't achieve its performance targets?
A: The Ministry will ask for the reasons for not achieving targets, and will share with the board of health information from those health units that were able to exceed targets. A health unit won't be subject to a financial penalty for not achieving targets.

Q: Would the guest presenters consider attending a London city council meeting to explain this funding issue and end the current controversy there once and for all?
A: Any response to that kind of invitation will probably get made by more senior Ministry staff. That said, the invitation is welcomed by the Ministry.

ACTION: S. Orser of Middlesex-London Board of Health will send a letter of invitation to the MOHLTC to speak to London city council on public health funding issues.

Q: Can the Ministry rescind provincial or municipal appointees on a board of health?
A: The province cannot rescind municipal appointees on a board.

In closing the session with the Ministry representatives, the Chair thanked S. Shedden and L. Scott.

9.0 ADJOURNMENT

The meeting adjourned at 12:02 PM on a motion by M. Perrault, which was seconded by A. Lacarte and carried.

alPHa 25 YEARS
Association of Local PUBLIC HEALTH Agencies

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Providing leadership in public health management

UPDATE FOR BOH CHAIRS – October 2012

Upcoming Fall Conference – November 7 & 8

alPHa's 2012 Fall Symposium, *Who's Who in 2012*, will be held November 7 and 8 at the Waterside Inn in Mississauga, Ontario. On Day One members will meet and learn about the roles of key officials and staff working behind the scenes at the Ministry of Health and Long-Term Care's Public Health Division and Health Promotion Division. Staff from Public Health Ontario will also be present to introduce themselves and their work. There will be many opportunities for members to ask questions about current initiatives. Please note that alPHa has also invited the Minister of Children and Youth Services and the Minister of Health and Long-Term Care to this event. Day Two will feature business meetings for the Boards of Health Section (see below for more information) and the Council of Ontario Medical Officers of Health. The conference will end after lunch on Day Two. For further information on the conference, including registration, please visit www.alphaweb.org

Upcoming Section Meeting – November 8

alPHa Boards of Health Section Chair Al Edmondson invites all board of health members to participate at the Section's general meeting that will be held on November 8, 2012. The meeting will take place during alPHa's upcoming fall symposium in Mississauga (see above). A highlight of the meeting will be a fun educational session on the social determinants of health and healthy equity. Board of health members will learn what these concepts mean, why they are so important to the work of public health, and how they can be incorporated into local public health strategic plans to ensure better health outcomes in their communities.

Mark Your Calendar

Save the date for these future alPHa events (more details to follow):

- 2013 Winter Symposium, February 14 & 15, Radisson Hotel Admiral-Toronto Harbourfront, downtown Toronto.
- 2013 Annual Conference, June 2-4, Radisson Hotel Admiral-Toronto Harbourfront, downtown Toronto.

Pharmacists' Expanded Scope of Practice

On October 9, 2012, the province empowered Ontario's pharmacists to provide flu shot vaccinations. The initiative, one of several reforms to pharmacists' scope of practice, will take effect immediately. Given that it will help improve flu immunization rates in the province, public health is supportive of the change. However, alPHa has concerns about the impact this reform has on the sector. These include

logistical issues—such as vaccine refrigeration and the management of adverse reactions in pharmacies—as well as the larger issue of public health capacity to deal with increased cold chain oversight. alPHa will be writing the provincial government shortly to express these concerns as it monitors the issue during the upcoming flu season.

New alPHa Website

At the end of October, alPHa will be launching its new website. The redesigned website will not only feature general information about alPHa, its work, and public health resources—all of which was found on the old site—but also allow the membership to dialogue with each other in online communities and share files in a secure area. For alPHa, the website will allow staff to manage finances, event registration, web content, and membership databases all in one efficient system. Look for an upcoming announcement on the website's launch soon!

2012-2013 BOH Executive Committee

The Boards of Health Section Executive Committee of alPHa ('BOH Executive' or 'Section Executive') is composed of one board of health representative from seven Ontario regions ('regional representatives'). BOH Executive members are elected for a two-year term to fill a board of health seat on the alPHa Board of Directors. Elections are held at the Section general meeting during the alPHa annual conference.

The 2012-2013 BOH Executive members are:

Region	*Representative*	*Position*
South West	Al Edmondson (Middlesex-London)	Chair
Central East	Lorne Coe (Durham)	Vice Chair
Eastern	Mary Johnson (Eastern Ontario)	alPHa Vice President
Central West	Janice Mills (Brant)	Member
North West	Russ Fortier (Northwestern)	Member
North East	Joseph Matko (Porcupine)	Member
Toronto	Abdul Fattah (Toronto)	Member

Next alPHa Board of Directors Meeting

The alPHa Board of Directors will meet next on December 7, 2012 in Toronto. If your board of health has any issues it would like raised at the alPHa Board meeting, please contact your regional representative on the alPHa Boards of Health Section Executive Committee.

This update was brought to you by your regional representative on the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on its various committees.

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

October 17, 2012

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

Dear Minister Matthews:

Subject: **PCCHU Board of Health Supports the Creation of a Capital Budget Line for Public Health which includes Multi-Year Cost-Shared Funding for Capital Projects**

At the regular monthly meeting of the Board of Health for Peterborough County and City, held on October 10, 2012, the Board endorsed the September 26, 2012 resolution passed by the North Bay Parry Sound District Board of Health calling upon the province to create a capital budget line for public health that includes multi-year cost-shared funding for capital funding similar to what currently exists for hospitals.

This gap was identified in the 2006 Capacity Review Committee's recommendations, part of Operation Health Protection, which was launched to renew the provincial public health sector.

The board supports the creation of a special public health stream in the provincial health capital envelope which would outline clear rules and criteria for how capital funding should be accessed by boards of health.

The Minister is aware of the situation that exists here in Peterborough. The resolution from North Bay Parry Sound demonstrates that the problem is not isolated to Peterborough alone but is shared by many other boards of health throughout the province.

Thank you for your attention to this issue.

Yours in health,

Original signed by

Andy Sharpe
Chair, Board of Health
for the Peterborough County-City Health Unit

/at

Encl.

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cc: Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Saäd Rafi, Deputy Minister, Ministry of Health and Long-Term Care (MOHLTC)
Roselle, Martino, Executive Director, MOHLTC
Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch, MOHLTC
Brent Feeney, Manager, Funding & Accountability Unit, MOHLTC
Vic Fedeli, MPP, Nipissing Riding
Norm Miller, MPP, Parry Sound-Muskoka Riding
John Vanthof, MPP, Timiskaming-Cochrane Riding
Jay Aspin, MP, Nipissing-Timiskaming Constituency
Tony Clement, MP, Parry Sound Constituency
Ontario Boards of Health
Linda Stewart, Executive Director, Association of Local Public Health Agencies

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

From: Alida Tanna
To: "jkennedy@peterborough.ca "
Cc: Donna Churipuy; Rosana Pellizzari
Subject: FOR COUNCIL: RF Survey - City of Peterborough
Date: Friday, October 19, 2012 1:13:37 PM
Attachments: 10.1 - SR, RF Survey.pdf

Hello Mr. Kennedy,

At its October 10, 2012 meeting, the Board of Health received the attached report for information and requested that it be shared with the City. Please include this correspondence to Council at an upcoming meeting. We will leave dissemination of the report to the appropriate City staff to the discretion of Council.

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: allhealthunits-bounces@lists.alphaweb.org on behalf of Linda Stewart
To: All Health Units
Subject: [allhealthunits] Be the next BOH Representative on the OCCHA Board
Date: Thursday, October 25, 2012 3:32:48 PM
Attachments: ATT00001.txt

Please forward to Board of Health Members

_____

Dear Board of Health Member,

alPHa is looking for a Board of Health Section representative to The Ontario Council on Community Health Accreditation (OCCHA) Board of Directors. Anyone interested is encouraged to visit the OCCHA website at www.occha.org. There you will find a general overview of OCCHA, including organizational structure, standing committees and information on the accreditation process. Here are a few frequently asked questions with answers that may be of interest:

❋When and how often are the Board meetings?

The full board meets 3-4 times per year on site. Single item teleconferences are often conducted between meetings as required. They generally last no more than one hour. On site meetings are generally held in September, Dec/January, March and June/July (this also includes our AGM). On site meetings generally start between 9:00-9:30 AM to allow travel. Out of town board members often come the evening before and stay at the Holiday Inn in Burlington. We try to finish by 2:30 – 3:00 PM to allow time for travel back. Board members pay for their travel and are reimbursed by OCCHA. We ask that you take the most economical means of travel within reason.

❋Where is OCCHA located and how to I get there?

OCCHA is located 3370 South Service Road, Burlington, Ontario and is easily accessible. The office is just off the QEW between Guelph and Walker's Line. VIA rail and GO transit both come into Burlington (VIA at Aldershot station and GO transit at Burlington and Aldershot). You can also fly into Hamilton or Toronto. From Toronto, there is airways transit to the Burlington area or as well from the Hamilton area.

❋What responsibilities do Board members have to participate in accreditation surveys?

We encourage Board members to become surveyors, although that is not, nor has it ever been, a requirement. A few Board members, who are surveyors, have observed an accreditation survey for a day to get a better sense of the process. This can be done without going through surveyor training and with the permission of the participating health unit. We try to arrange it for the closest health unit to the Board member. Once again, none of this is a requirement.

❋Please describe the organizational structure of OCCHA.

The OCCHA Board of Directors consists of 11 members representing public health professional association across Ontario. A full list of the current members can be found on the OCCHA website. There are currently 3 standing committees of the OCCHA Board: the Principles and Standards Committee, the Marketing Committee and the CQI Committee. Board members are encouraged to participate in at least one standing committee. The majority of committee meetings are conducted via teleconference. Generally, OCCHA schedules on-site committee meetings to correspond with on-site board meetings to facilitate travel.

❋What is the term of office for an OCCHA Board member?

Board members are appointed for a three year term. There is no current limit to the number of terms for an OCCHA Board member.

❋What are my responsibilities to alPHa?

As an alPHa BOH Section member, you will be expected to represent your colleagues on boards of health in good faith and provide a report on OCCHA activities at Board of Health Section meetings. These reports are prepared by OCCHA staff and you may choose to provide a summary in person during the meeting.

Questions may also be directed to:

Meighan Finlay, Executive Director, OCCHA
Tel: 905-639-6367
e-mail: meighanfinlay@occha.org

Board of Health members who are interested in representing alPHa on OCCHA's Board of Directors should send a letter and biography or resume to Susan Lee at susan@alphaweb.org by Monday, December 3, 2012.

Thank you for your involvement in alPHa.

Sincerely,

Linda

_____

Linda Stewart
Executive Director

Celebrating 25 Years!

Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Tel: (416) 595-0006 ext. 22
Fax: (416) 595-0030
linda@alphaweb.org

For scheduling, please contact Karen Reece, Administrative Assistant, at karen@alphaweb.org or call 416-595-0006 ext 24.

For more information visit our web site: http://www.alphaweb.org

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

November 5, 2012

Ms. Kate Manson-Smith
Assistant Deputy Minister
Health Promotion Division
Ministry of Health and Long-Term Care
College Park, 19th Floor, Suite 1903
777 Bay Street
Toronto, ON M7A 1S5

Dear Ms. Manson-Smith,

On October 10, 2012, the Board of Health for the Peterborough County-City Health Unit (PCCHU) moved that a letter be written to the province requesting the Ministry of Health and Long-Term Care provide funding to Health Units in order to purchase cessation products in order to help people achieve cessation.

Quitting smoking remains the best way to improve the health of someone who smokes and results in major immediate and long-term health benefits. In addition, the total, direct and productivity lifetime cost savings of smoking cessation in moderate smokers who quit smoking are significant.

While smoking rates have declined in recent years, they have begun to flatten and remain high among some of the most vulnerable members of our community, including those living on low incomes, women during pregnancy and youth.

Despite significant progress over the past two decades, tobacco remains the number one cause of preventable disease and death in Canada with an estimated 22% of all deaths each year attributed to smoking. In 2005, approximately 286 deaths in Peterborough were attributed to tobacco use.

It is estimated that almost half of the 23,000 people in Peterborough County and City who smoke, are planning to quit within the next six months. The Ontario Public Health Standards (2008) require that "The Board of Health shall ensure the provision of tobacco use cessation programs and services for priority populations". With limited cessation services for tobacco users in Peterborough County and City, the Tobacco Use Prevention program has focused resources on populations with greatest need however these efforts are insufficient and not sustainable. Local residents have very limited access to free nicotine replacement therapy and intensive counselling at this time.

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Clearly, one size will not fit all in this case. Instead, boards of health could be requested to submit a needs assessment that outlines the gaps that exist in their health units to identify the required resources that would "ensure" that priority populations have access to cessation services.

As you may know the cost benefit for tobacco cessation counseling is one of the three most important and cost-effective preventive services that can be provided. Health Units have a mandate to consider health equity and to ensure the provision of tobacco cessation services however have not received sufficient financial and operational support to provide residents with the type and level of support they need including access to free nicotine replacement therapy and intensive individual and group support.

Your attention to this matter is greatly appreciated.

Yours in health,

Original signed by

Andy Sharpe
Chair, Board of Health
for the Peterborough County-City Health Unit

/at

cc: Ontario Boards of Health

/2

Memo

To: Board of Health Members

From: Christine Post, Health Promoter, Poverty and Health

Date: 11/8/2012

Re: Impact of Proposed Reductions to Social Assistance Discretionary Benefits on the Ontario Works Van

---

Clarification on this issue was sought from John Coreno, Financial Assistance Program Manager with the Social Services Division of the City of Peterborough. He has informed me that the Ontario Works van service will not be affected by the proposed cuts to Discretionary Benefits. The van is funded under employment-related expenses, which are tied to their administration budget, separate from Discretionary Benefits.

Sincerely,

Christine Post
Health Promoter , Poverty and Health Program
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1
p. 705.743.1000 x293
cpost@pcchu.ca

October 22, 2012

Right Honourable Dalton McGuinty
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON
M7A 1A1

RE: Adopting Bill 74 – An Act to help prevent skin cancer

Dear Premier McGuinty;

The Middlesex-London Board of Health wishes to commend you for your announcement on September 14, 2012 to adopt a private members' bill, Bill 74, "Skin Cancer Prevention Act, 2012" to prohibit the use of and access to tanning services by youth under 18 years of age to protect them from developing skin cancer.

In July 2009, the World Health Organization's International Agency for Research on Cancer (IARC) classified ultraviolet radiation (UVR) from tanning beds as Group 1 - "carcinogenic in humans". Skin cancer accounts for approximately one-third of all cancers diagnosed in Ontario, and this cancer was estimated to result in an economic burden of more than $344 million in 2011. Melanoma skin cancer, the most deadly form, is one of the most common forms of cancer in young Ontarians aged 15-29 years and is largely preventable.

There is significant public support for Ontario legislation. An Ipsos Reid poll, commissioned by the Canadian Cancer Society in June 2011 showed that:

- 83% of Ontarians support a ban on indoor tanning by youth under 18 years;
- 77% said youth should be prevented from using tanning beds;
- 73% of Ontarians polled said the tanning industry cannot be trusted to regulate itself and government legislation is needed; and
- 80% of Ontarians support legislation to regulate the tanning industry

Studies show that using artificial tanning equipment before the age of 35 raises the risk of melanoma by 75%. Since most people receive 80% of their lifetime exposure to UV radiation by the age of 18, it is crucial that the use of indoor tanning equipment by youth be reduced and eliminated if possible.

The Middlesex-London Board of Health supports this important legislation and encourages you to enact Bill 74 without delay. Ontario will then join leaders in Canada like Nova Scotia, British Columbia and Quebec in protecting youth from the harmful effects of UV radiation, including skin cancer.

Sincerely,

Dr. Bryna Warshawsky, MDCM, CCFP, FRCPC
Secretary-Treasurer, Middlesex-London Board of Health

October 11, 2012

VIA EMAIIL

Sudbury & District Health Unit
Constituent Municipalities

Dear Mayor/Reeve:

Re: Equity-focused Health Impact Assessment

I am pleased to share with you Sudbury & District Board of Health motion #37-12 Equity-focused Health Impact Assessment as a tool to support local decision-making within Sudbury & District municipalities. I hope you will consider supporting this motion.

As you are aware, the vision of the Association of Municipalities of Ontario is that "In Ontario's municipalities, people and families can live, thrive and prosper in the communities they call home, and children will have the choice and opportunity to live and work in the communities where they were raised". To achieve this vision, citizens must have opportunities for health. Local governments, such as your Municipality play a vital role in ensuring the health and well-being of their residents though the policy decisions they make.

On June 21, 2012, the Sudbury & District Board of Health passed motion *37-12: Equity-focused Health Impact Assessment as a tool to support local decision-making within Sudbury & District municipalities* (both the motion and accompanying presentation are included in this package). The motion introduces Equity-focused Health Impact Assessment (EfHIA) as an evidence-informed approach to identifying the intended and unintended impacts of proposed policies and programs. In addition, it recommends that Sudbury & District Health Unit staff continue to work with partners to explore the benefits of EfHIA for municipalities and the practical use of EfHIA as a tool to support local decision making.

Included in this package is additional background information related to Health Impact Assessment, as well as an example of how Health Impact Assessment has been used within a local municipality – *Devon County Council*. Although they originate in the United Kingdom, these resources are intended for local councils and decision-makers and are very much relevant in our Ontario context.

I invite you to contact Stephanie Lefebvre, Manager, Health Equity, to explore how you might include health impact assessments within your municipal processes. Ms. Lefebvre can be reached at 705.522.9200, extension 277 or lefebvres@sdhu.com.

We welcome further opportunities to support you and dialogue about how the potential health impacts of municipal decisions can be more systematically explored, benefitting all.

Sincerely,

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

Encls.

cc: Dr. J. Bossé, Assistant Deputy Minister, Public Health Agency of Canada, Health Promotion and Chronic Disease Prevention Branch
R. Bartolucci, Member of Provincial Parliament, Sudbury
M. Mantha, Member of Provincial Parliament, Algoma-Manitoulin
F. Gélinas, Member of Provincial Parliament, Nickel Belt
S. M. Cheng, Executive Director, Ontario Public Health Association
V. Croissant, Executive Director, Federation of Northern Ontario Municipalities
F. Dominelli, Executive Director, Manitoulin-Sudbury District Social Services Administration Board
Dr. V. Goel, President and Chief Executive Officer, Public Health Ontario
Dr. A. King, Chief Medical Officer of Health
D. Lynkowski, Chief Executive Officer, Canadian Public Health Association
Ontario Boards of Health
L. Stewart, Executive Director, Association of Local Public Health Agencies
P. Vanini, Executive Director, Association of Municipalities of Ontario

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www.timiskaminghu.com

October 3rd, 2012

The Honourable Dalton McGuinty
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier McGuinty:

Re: Bill 74, Skin Cancer Prevention Act – 2012

The Board of Health for the Timiskaming Health Unit wishes to commend you for your September announcement to support a private members bill, Bill 74, Skin Cancer Prevention Act, 2012 to prohibit selling or supplying tanning services or ultra-violet light treatment services to persons under the age of 18 in Ontario to protect them from skin cancer.

In 2010, the Timiskaming Health Unit Board of Health passed a resolution and wrote to you in support of legislation restricting youth access to artificial tanning. Once again, we urge you to protect the health of youth in Ontario by ensuring Bill 74 becomes law.

Sincerely,

Carman Kidd
Board of Health Chair

c. Deb Matthews, Minister of Health and Long-Term Care
John Vanthof, MPP
France Gélina, Nickel Belt MPP
Ontario Boards of Health
Linda Stewart, alPHa
Ontario Public Health Association
Louise Paquette, North East Local Health Integration Network
Northeast Cancer Centre

PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q3 2012 PROGRAM REPORT
(July 1 – September 30, 2012)

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
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
Genetics
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

Child Health Q3 2012

(Managers: Karen Chomniak for Child Health, Nobody's Perfect; 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 2011	Status 2012				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.	 ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑		Six month breastfeeding data collection began (by telephone) and will continue to year end with a target of 200 responses. The survey asks about *exclusive* and *any* breastfeeding at six months, when and why breastfeeding stopped, adequacy of local support, timing of solid foods, skin-to-skin, and mothers' mood. A report on 2011 breastfeeding data has been prepared. Staff promoted the International Parenting Survey – Canada and collected completed paper surveys and sent them to University of Ottawa for analysis. The Medical Officer of Health encouraged local participation through a column in the Examiner. Refer to Requirement #3 for information on Oral Health surveillance. Three focus groups have been conducted with the Community Dental Health Centre (CDHC) clients for Phase One of the evaluation plan for the CDHC and Mobile Dental Health Centre (MDHC). Interviews were conducted with clinic staff. The data collected from the focus groups and clinic staff interviews will be analyzed along with routine client feedback forms.
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*	✓	↑	↑	↑		See Requirement #10. A mobile application for the Oral Health Information Support System (OHISS) – Module 111 was implemented during the 2011-2012 school year, but was not used to capacity as approval to electronically populate student information from Board of Education databases was not received. There were two Ministry updates to the OHISS mobile application during the 2011-2012 school year, each improving functionality.

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Requirement	Status 2011	Status 2012				Comments
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Surveillance Protocol, 2008 (or as current).						
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).	✓	↑	↑	↑		Automated electronic reporting of Oral Health screening data to the Ministry is completed routinely through the Oral Health Information Support System (OHISS) database.
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 met with the Peterborough Nurse Practitioner network for discussion around the usefulness of the Perinatal Mood Disorders Resource Kit; feedback was positive. Breastfeeding policies and procedures (Organizational and Family Health) have been reviewed and updated in preparation for Baby Friendly Initiative (BFI) redesignation. Staff continue to advocate for BFI implementation at our local hospital and provided feedback to their breastfeeding policy. Guest speaker, Kathy Venter, provided a Baby-Friendly and World Health Organization (WHO) Code educational session for Family Health staff. The Facebook ads for the speech and language campaign were successful; there were 2,166 clicks on the ads. 2,000 Nipissing District Developmental Screens were distributed to the local school boards for use with parents registering their children for kindergarten. Staff: • attended the Community Parent Education Committee and Peterborough Nobody's Perfect (NBP) Advisory Committee meetings; • took part in a Triple P (TP) presentation to Early Childhood Educators; and • worked with the Canadian Hearing Society- Peterborough (CHS) to facilitate the provision of NBP to two Deaf clients. The NBP newsletter provided information for facilitators and community partners on breastfeeding and infant feeding. Two NBP volunteers received five year Ontario Volunteer Service Awards. In order to increase the awareness of the Mobile Dental Clinic, oral health screening staff left posters with all elementary schools following each school screening clinic.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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 worked with Peterborough Breastfeeding Coalition to participate in a global challenge to have the most babies latched and breastfeeding in one location at the same time. The family-friendly event was hosted at Galaxy Cinemas and raised media attention on the importance of breastfeeding, and normalizing breastfeeding in public spaces. 37 babies and 34 mothers participated. Redevelopment of the Oral Health Program web content was initiated. Staff participated in the Peterborough Pride parade and hosted a display at Pride in the Park, providing opportunities for parents to discuss positive parenting and healthy family dynamics concerning their child's development. The 18-Month Well-Baby Visit campaign is underway and appointments are being made with physicians and nurse practitioners.
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. Staff provided four NBP one-on-one series to clients of the Healthy Babies, Healthy Children program (HBHC). Staff provided 24 Triple P parenting **(**TP) consultations and one TP seminar.
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.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		Public Health Nurses (PHN's) made 139 telephone consultations on the Family HEALTH*line*, on a variety of child health related topics. See also #6, regarding positive parenting. Since October of 2010, eligibility cards for dental treatment and preventive services under *Healthy Smiles Ontario* (HSO) have been issued to 385 children and youth, along with 60 renewals; $129,370.99 in HSO claims have been processed. Information on Early Childhood Tooth Decay is provided quarterly at Teen Prenatal Supper Club classes.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑	↑		Family Health resources were distributed at the Salvation Army camp attended by vulnerable children and their mothers (119 children registered for the camp). Staff worked with YWCA Crossroads and the New Canadians Centre to support the provision of NBP. In this quarter, 771 clients have been seen for treatment in the CDHC, many requiring more than one appointment; 20 individuals are on a waiting list for appointments. Priority is given to clients eligible for dental benefits under the *Healthy Smiles*, *Children In Need of Treatment* program (CINOT), *Ontario Works*, and *Ontario Disability Support* programs. The Dental Treatment Assistance Fund (DTAF) provides financial assistance up to the amount of $200 for individuals who have no dental benefits and require emergency treatment; 47 individuals were assisted through DTAF.
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).	✓	↑	↑	↑		Based on the findings of oral health screening among Grade two students in Peterborough County and City, i.e., levels of decay, schools are assigned a "risk level" which determines the intensity of further screening. In the 2011/2012 school year, staff screened a total of 4,215 children in Peterborough County and City schools, and based on the levels of decay in the Grade two students screened, four schools were determined to be high risk, 11 were moderate risk, and 28 were considered low risk.
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 is disseminated through NBP series and by partner agencies. Links to NDDS screens have been added to our new website.
12. The board of health shall provide the	✓	1	1	1		This year to date, 78 children and youth were deemed eligible for financial assistance and

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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.						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 are provided 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).	✓	🛈	🛈	🛈		Monthly 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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Chronic Disease Prevention Q3 2012

(Manager: Hallie Atter; Donna Churipuy)

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

Requirement	Status 2011	Status 2012				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.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ✓	↑ ↑ ↑ ↑ ↑ ✓		**Cancer Prevention** *Cancers of the Reproductive System* report was prepared as an addendum to the Summary of Selected Cancers in Peterborough County-City 2011. Uptake of surveillance opportunities (Youth Smoking Survey, Cohort Study, Obesity, Marijuana Use, Physical Activity, Alcohol Use, Smoking, Sedentary Behavior (COMPASS)) was advocated with local school boards. 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 and healthy eating, alcohol and Access to Recreation. Prepared a Situational Assessment for the 2013 Nutrition, Access to Recreation and Substance Misuse (Alcohol) Operational Planning process. **Nutrition** Supported the development of Food Program Community Maps for the County of Peterborough with County Staff, PCCHU Epidemiologist and Community Social Plan staff. **Physical Activity (including the Built Environment and Access to Recreation)** The Access to Recreation Situational Assessment was presented to the Access to Recreation Working group, which assisted with the development of the Working Group's 18-month plan.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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** Responded to inquiries from other Health Units and provinces regarding implementation of the Nutritious Food Basket (NFB) protocol. Conducted interviews with local newspapers, based on a Media Release about the 2012 Nutritious Food Basket results. Prepared the 2012 Limited Income newsletter which summarizes the 2012 NFB results and shared with the Board of Health (BOH). Collaborated with North Bay Parry Sound District Health Unit on the 2012 NFB Case Scenarios. Worked with the Income Security Work Group of Peterborough Poverty Reduction Network to integrate new NFB findings into advocacy efforts for potential Social Assistance benefit cutbacks.
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 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.	 ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ Ø ↑	 ↑ ↑ ↑ ↑ Ø ↑		**Healthy Schools and Youth** Coordinated four Health Unit displays of curriculum resources for Kawartha Pine Ridge District School Board (HKPRDSB) Administrators Conference. A presentation was provided to second year Trent University nursing students regarding the iTHINK media campaign and critical thinking resource. A PCCHU program scan of initiatives was undertaken for post-secondary institutions. Curriculum resource information was prepared for publication in the PCCHU School Health Newsletter. Online curriculum resource pages for elementary grades were developed for the renewed website. A coordinated resource for parents of kindergarten children was produced in conjunction with Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU).

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	4th	1st	2nd	3rd	4th	
These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.						**Tobacco Use Prevention** A Phase 1 evaluation report for the Cessation-Connectedness Pilot was drafted. Due to limited staff capacity, Phase 2 of the Cessation-Connectedness Pilot was downsized to two schools with a modified evaluation plan. **Nutrition** Completed work and supported the live launch of the on-line discussion forum and website for Nutrition Tools for Schools at www.nutritiontoolsforschools.ca. Supported the development of a presentation on for Public Health Ontario Grand Rounds entitled, *Public health nutrition in schools: the comprehensive health promotion approach* on September 18, 2012. Participated in meetings exploring licensing for OSNPPH of "Sip Smart BC", a campaign and school curriculum program focused in increasing awareness of sugar-sweetened beverages. Coordinated and co-presented at Food For Kids (FFK) Peterborough and County Breakfast Program Coordinator Training with 31 schools represented. Promoted student nutrition programs and FFK partnership by revising and updating the FFK webpage onwww.pcchu.ca/ffk. **Physical Activity (including the Built Environment and Access to Recreation)** Due to labour disruption within the School Board, plans to promote the Student Route to School Planner have been postponed.
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:						**Cancer Prevention** As part of the cost containment strategy for 2012, the topic area of exposure to ultraviolet radiation (UV) for this requirement will not be completed. **Nutrition** Supported the following workplaces to address Healthy Eating by providing resources and displays: • General Electric (Healthy Eating for Shift Workers); and • Kawartha Participation Project (Healthy Eating for Shift workers).

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• 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, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ Ø ↑ ↑	↑ ↑ Ø ↑ ↑ ↑ x		**Physical Activity** Due to a reduction in staffing to the Physical Activity program (PAP), there was no physical activity work conducted with workplaces in the third quarter. **Workplace Health** Provided support to the Workplace Wellness committees at Kawartha Participation Projects, City of Peterborough, and PCCHU. Specifically supported the PCCHU Organizational Culture Work Group by completing the analysis and summary of the survey results. Uploaded new material on the Health at Work website; the content focused on nutrition, mental health/job stress, Ultraviolet (UV) radiation, and steps in conducting comprehensive workplace wellness. Attended meeting of the Workforce Development Board's Community Development Committee.
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.	✓	X	X	Ø		**Nutrition** Working with County Arena facility on provision of healthier food choices in canteen. Worked with a Public Health Inspector (PHI) on changing the nutrition component of the safe Food Handling Course.
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	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑		**Cancer Prevention** Collaborated with Student Peer Leaders about incorporating UV radiation awareness into their Zootastic summer project. **Youth Engagement** Peer Leaders and the Youth Development Worker continued delivering the "Youth Talk" deputations to lower tier municipalities. Since the last deputation, four Townships have expressed an interest in forming a *rural youth action team* and staff have been working with Township staff, volunteers and the Community Social Plan to implement.

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Requirement	Status 2011	Status 2012				Comments
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• Exposure to ultraviolet radiation.						**Nutrition** Continued development of partnership with Raising the Bar Peterborough (Partnership of City of Peterborough, Community Services Department, Children's Services and licensed childcare centers) with a goal on meeting and exceeding the nutrition standards and recommendations as per the Day Nurseries Act (DNA) and Canada's Food Guide to Healthy Eating. Presented an update on Food Security to the Peterborough County Municipal Managers, Clerks and Treasurers Association. Participated in the PCGN and their work which supports the City of Peterborough's Community Garden Policy. The PCGN met with City staff to work on community garden plot holder agreements. Prepared response from the Community Food Network to the Peterborough Official Plan Draft Goals. **Physical Activity (including the Built Environment and Access to Recreation)** Drafted PCCHU's response to the City's release of *Plan-it*, a document outlining comments received during their Official Plan review process. Presented comments on behalf of PCCHU at the Peterborough Transit Review meeting that was open to the public on Sept 19, 2012. Attended the local Cycling Summit to hear about opportunities to influence local infrastructure improvements with respect to cycling in the City and County of Peterborough. Advocated for increased opportunities for accessible physical activity by sending letters to: • The Joint Services Committee on behalf of the Access to Recreation Working Group for the continuation of the recreation subsidy benefit that is eligible to all dependent children of ODSP/OW clients.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						• Ellen Stewart, Recreationist at the City, regarding changes needed to their Recreation Service Provider Guide. • Rob Anderson, Manager of the City Recreation Department, on behalf of the Access to Recreation Working Group highlighting the Working Group's suggestions for the City's Community Infrastructure Improvement Fund application. Supported Otonabee South Monaghan Parks and Arena Committee by helping them generate Recreation idea s for their Community Improvement Infrastructure Fund application. As a member of OSPAPPH, submitted comments to the Ministry of Education regarding the Modernizing Child Care Discussion Paper, and to the Ministry of Health and Long-term Care's Healthy Kids Panel.
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	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ Ø Ø ↑	↑ ↑ ↑ ↑ ↑ ↑		**Cancer Prevention** Collaborated with the Family Health Team to include health promotion and awareness about UV radiation exposure as part of the planned Screening Day. Continued advocacy for banning of indoor tanning for youth under the age of 18. **Youth Engagement** For several months, a Student Peer Leader and a youth volunteer have been members of the Central East Tobacco Control Area Network Regional Youth Coalition (a network of youth and adults in the Central East Region working together on tobacco industry denormalization). The coalition is working on a social media campaign for deployment in November. PCCHU hosted a Youth Advocacy Training Institute training. **Nutrition:** Provided input to the OSNPPH submission to the Ontario government's Healthy Kids Panel. Interviewed by Trent University student on Peterborough's model of delivering community food programs.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Partnered with YWCA on packing and delivery of 1,068 Just Food boxes to the City and County. Participated on local committees working on improving access to food including the Peterborough Community Food Network, Nourish Subcommittee, PCGN, FFK Peterborough, Healthy Communities, Centre for Social Innovation and Peterborough Gleans. Participated on provincial committees working on issues related to healthy eating/healthy weights including the Ontario Society of Nutrition Professionals in Public Health (Nutrition Tools for Schools, Secondary Schools Environmental Support and School Nutrition Workgroup, Family Health Nutrition Advisory Group) and the Nutritious Food Basket Work Group. Staff participated in interviews with Nourish staff on County community food activities and shared the County community food map. Provided support to the FFK Steering Committee to source and apply for funding for student nutrition programs including facilitating a fundraising strategic plan. **Physical Activity (including the Built Environment and Access to Recreation)** Facilitated the completion of the Access to Recreation Working group's 18-month work plan. Initiated discussions with PCCHU Nutrition and Injury Prevention program, Raising the Bar, Trent Centre for Community-based Education and Access to Recreation Working Group members regarding the promotion of the 0-4 Physical Activity Guidelines in local daycare settings. A plan was developed to work with Raising the Bar on the best way to train daycare settings on the new Guidelines and how local daycare policies could be changed to include the Guidelines. Met with the Sport Kawartha Board of Directors to identify ways Sport Kawartha and the Access to Recreation Working Group could support each other's advocacy efforts.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Healthy Communities Assisted with the planning of the Peterborough Partners for Wellness Mental Health Promotion Planning Day that will be held on October 18th, 2012. Participated in the Eastern Region Healthy Communities Coordinator Network.
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** Facilitated a healthy eating presentation to adults with developmental disabilities and their support staff via Central East District Christian Horizons. Supported local childcare cooks and staff by providing recommendations and resources for menu development in childcare and after school program settings as per DNA and Canada's Food Guide to Healthy Eating. Provided nutrition advice to a variety of stakeholders that work with priority populations including the review of *Maternelle* Postpartum app developed by a Professor from Queen's University and provided written recommendations to ensure a "Do no harm" approach was utilized. Facilitated eight Collective Kitchens in the City and three Collective Kitchens in the County. Supported the PCGN to host a canning workshop for 17 participants in August. Led 41 *Come Cook with Us* classes for youth, 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 Lunch 'n Learn sessions on healthy eating.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	✓	↑	↑	↑		**Tobacco Use Prevention** Supported *You Can Make it Happen Campaign* (CETCAN) by providing local health care providers with the tools and resources to implement a system to provide brief counselling interventions with every client.

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						Facilitated *ECHO: Choose to Be… Smoke Free* summer booster session and facilitated a fall eight week ECHO: Choose to Be… Smoke Free group. Staff provided mentorship and support to past ECHO participant in their role as peer leaders/co-facilitator. Consultations were provided to area health care professionals sharing information and resources to support cessation services for priority populations, e.g. Curve Lake Health Centre, Christian Horizons, YWCA. Ongoing consultations/counselling in person and by telephone for individuals preparing to quit smoking were conducted. Tobacco Use Prevention (TUP) and Cancer Prevention resources were distributed at Pride Parade 2012 and 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** Collaborated with Primary Health Care Services of Peterborough, Peterborough Clinic, the Medical Centre and the Peterborough Regional Health Centre (PRHC) in planning for Cancer Screening Day.
11. The board of health shall increase public awareness in the following areas: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • 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	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ Ø ↑ ↑ ↑	↑ ↑ ↑ ↑ Ø ↑ ↑ ↑		**Tobacco Use Prevention** Transit advertisements to increase awareness of smoke-free policies in multi-unit dwellings are in the final stage of development to be implemented in the fourth quarter and 2013 in collaboration with HKPRDHU. **Youth Engagement** Student Peer Leaders and the Vector Borne Disease Prevention team facilitated a series of outreach activities at the Peterborough Riverview Park and Zoo to raise awareness about a variety of public health topics. It is estimated that over 500 people participated in this "edu-tainment" initiative. **Nutrition** Staffed a display at the Purple Onion Festival. Conducted media interviews on menu labeling in restaurants and schools and NFB Food Cost results. Updated and promoted *Food in Peterborough* web site which highlights all food programs in Peterborough City and County.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
regional/local communications strategies.						Worked with YWCA Food Security Advocacy project on the *Nourish Peterborough* blog site. **Physical Activity (including the Built Environment and Access to Recreation)** Due to a reduction in staffing for the physical activity program, limited work has been done to increase public awareness of physical activity and the built environment in the third quarter.
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 ↑ ↑		**Nutrition** Responded to telephone inquiries regarding nutrition. Referred community members to community programs and services that promote healthy eating, healthy weights, including Eat Right Ontario, Family Health Team Dietitians, Family and Youth Clinic, and VON 360 Nurse Practitioner led Clinic. Responded to telephone inquiries regarding accessing local food programs by referring people to Just Food Box, Come Cook with Us, community meal programs, and food banks. **Physical Activity (including the Built Environment and Access to Recreation)** Continued discussions with the PRHC Stroke Rehabilitation program and other Access to Recreation Working Group members regarding the development of a Heart Wise program for Peterborough. Heart Wise is a certified fitness program for people living with chronic disease.
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).	✓	↑	↑	↑		14 workplaces and public places were inspected. 23 checks for compliance to youth access regulations were completed. 32 tobacco vendor inspections were completed. Two charges were laid.

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Food Safety Q3 2012 (Acting Manager: Shawn Telford-Eaton)

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

Requirement	Status 2011	Status 2012				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).	Ø	Ø	Ø	Ø		Reports from our existing database were reviewed for statistical data. This requirement needs additional IT and reporting capacity. This is a fourth quarter activity.
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, 2012, were uploaded to the Ministry's Public Health Performance Management Data Sharing Network Directory of Networks (DoN) site in August, 2012.
Health Promotion and Policy Development						
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*	✓	↑	↑	↑		15 Food Handler Certification courses were presented in the third quarter, with 291 successful attendees certified.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current).						
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.	✓	↑	↑	↑		Due to the creation of a new Health Unit website, an accurate number of the times the online food inspection results were accessed are not available for the third quarter. As part of their routine inspections, Public Health Inspectors (PHIs) distributed report cards for display in restaurants. A link to Health Canada's "Safe Handling of Fresh Produce" was placed on the Health Unit website.
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 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).	✓	↑	↑	↑		33 food complaints were investigated in the third quarter. News and Alerts posted on our website: see #5 above

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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.	✓	↑	↑ Ø ↑	↑ ↑ ↑		In this quarter: High risk: 147 compliance inspections and 40 re-inspections Moderate risk: 198 compliance inspections and 81 re-inspections Low risk: 36 compliance inspections and 5 re-inspections

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Foundational Standard Q3 2012 (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 2011	Status 2012				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 analysis of PCCHU breastfeeding surveillance data (also applies to Requirements 2, 3, 6, 7). An analysis of incidence, mortality and trends of reproductive cancers (cervical, ovarian, testicular) was completed as an addendum to the 2012 Cancer Summary (Requirements 2, 3, 4). Completed an analysis of emergency department visits due to falls across the lifespan (Requirements 2, 3). Examined emergency department visits for oral health care.
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* (or as current).	✓	↑	↑	↑		See Requirement #1/6 – With few exceptions, all epidemiological analyses conducted involve the assessment of trends.
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).	✓	↑	↑	↑		Poverty and Health and Workplace Health staff met with a group of local community organizations to assess the need for a Worker's Action Centre in Peterborough. Continued scan of other regions/municipalities in addressing hoarding, self-neglect, and Diogenes Syndrome. Literature/reports were reviewed.
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	✓	↑	↑	↑		Developed two plain language communications regarding immunization instructions for parents which accompanied the Ministry's school based immunization suspension notices.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
based on available resources.						Assisted the New Canadian Center in establishing a strategy for educating health care providers about the issues that new Canadians and their families experience within the health care system. Liaised with groups of community health care providers. Developed a 12 step communication plan for a Skin to Skin campaign in collaboration with Child Health and Reproductive Health programs and adapted it from Toronto public health. Steps 1 -9 are underway. Completed a literature scan of existing community and school hub models. Met with the School Health Liaison and staff from Peterborough Poverty Reduction Network (PPRN) to discuss models and explore opportunities for collaboration between public health and existing/upcoming hubs. Met with the PPRN Coordinator and the City of Peterborough Children's Services to discuss opportunities for greater collaboration between the PPRN and existing child and family networks. As Chair of the Home Response Coalition, prepared a funding proposal in partnership with the Canadian Mental Health Association (CMHA) and Fourcast to meet the needs of high-risk older adults. Started a case review process as part of the work of the Home Response Coalition, joining forces with the case consultation team of the Abuse Prevention of Older Adults Network. Facilitated PCCHU's participation in the Peterborough Pride Parade, both marching and hosting an information booth in the park following the parade to reach the Lesbian, Gay, Bisexual, Transgender (LGBT) population.
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).	✓	↑	↑	↑		Facilitated the use of the Poverty Game by students and community groups. On an ongoing basis, the Health Unit provides data and health information/reports related to chronic disease, health behaviours and risk factors, health outcomes, health hazards and infectious diseases to relevant audiences (Requirement 7). Compiled a list of in-house information products completed by PCCHU and how these help address the Ontario Public Health Standards (OPHS). This list is updated and posted to the HUB and as reports are generated.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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; • contacting sentinel physician 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. Statistics Canada, the Public Health Agency of Canada (PHAC), and academic journal newsfeeds were monitored for pertinent surveillance and research information which is then distributed to appropriate staff. The six month breastfeeding survey was finalized, developed in Fluid Survey and Child Health staff have begun to collect data (Requirement 3, 4).
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).	✓	↑	↑	↑		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,	✓	↑	↑	↑		Shared a Staff Report on Cuts *to Social Assistance Benefits: a Public Health Perspective* with alpha-OPHA Work Group, SDOH list serve members, and some members of the PPRN.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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.						Established an informal child and family poverty group. As Chair of the Home Response Coalition, completed a report submitted to the Central East Local Health Integration Network (CE LHIN), as well as to Dr. Samir Sinha for consideration in the Provincial Seniors Care Strategy *High-Risk Older Adults in Peterborough County and City: Issues and Recommendations*. Presented an oral presentation at the 2012 Health Promotion Ontario Conference entitled *High-Risk Older Adults: Hoarding, Self-Neglect, and Coordinated Community Response* to health promotion professionals, primarily from Public Health.
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.	✓	↑	↑	↑		PCCHU hosted a second Research Day and invited local researchers from Trent University and fellow staff to present on their work.
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.	✓	↑	↑	↑		Completed three focus groups with 18 at risk and low income parents/parents-to-be. Existing supports and barriers to care and gaps in services were identified. The Health Unit has signed on as a partner in two research projects funded by Public Health Ontario (PHO) under the Locally Driven Collaborative Projects (LDCP). One focuses on Childhood Falls and the other explores Reduction of Alcohol-Related Harm.
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.	✓	↑	↑	↑		No new activity has occurred this quarter as the Health promoter for Planning, Evaluation & Grants has been supporting the 2013 program planning process in the third quarter.
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	Ø	↑	↑	↑		No new activity has occurred this quarter as the Health promoter for Planning, Evaluation & Grants has been supporting the 2013 program planning process in the third.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
outcomes.						
13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.	✓	↑	↑	↑		No new activity has occurred this quarter as the Health promoter for Planning, Evaluation & Grants has been supporting the 2013 program planning process in the third quarter.
FOUNDATIONAL STANDARDS PRINCIPLES: In addition to the Requirements outlined under the Foundational Standard, some health unit 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.	✓	↑	↑	↑		Worked with the Income Security Work Group of the PPRN to prepare a summary report of the June 21st community consultation on cuts to social assistance discretionary and housing benefits. The report was widely distributed to members of the Joint Services Committee and City and County Councils. After consultation with numerous PCCHU staff, prepared a Staff Report on *Cuts to Social Assistance Benefits: a Public Health Perspective*. Presented the report to the Board of Health. Met with staff of City of Peterborough Social Services, members of Joint Services, and City Council representatives to discuss the implications of cuts to social assistance benefits. Drafted Fact sheets, and template letters for individuals and agencies to encourage community input into discussion on cuts to social assistance benefits. Worked with the Income Security Work Group to draft a report on *City and County of Peterborough Social Assistance Discretionary Benefits and Housing Benefits (CSUMB): Finding the Solution for 2013 and Beyond*. With PPRN, hosted a community meeting to provide an update on cuts to social assistance benefits (45 people attended). Identified next steps in the development of a Registered Disability Savings Program matching grant initiative by the PPRN.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-	✓	↑	↑	↑		Program planning for 2013 activities is well-underway. Brief situational assessments and logic models have been developed for programs and operational plans will be

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building related to public health competencies.						completed in the fourth quarter.
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.	✓	↑	↑	↑		Participated in community networks which address the SDOH and planned and implemented community services for vulnerable populations: • Ontario Disabilities Support Program (ODSP) Support Project; • PPRN Basic Needs Work Group; • PPRN Income Security Work Group; • PPRN Neighbours in Action Work Group; • Healthy Communities Mental Health Work Group; • Peterborough Under-Served Health Care Coalition (PUSH-CC); • Homelessness Coordinating Committee; • Home Response Coalition; • Senior's Planning Table; • Abuse Prevention of Older Adults Network; • Partners in Aging Well Coalition; and • Emergency Community Interface Group. Met with staff from the Trillium Foundation to discuss the submission of a proposal from the PPRN for the development of Neighbourhood Hubs and organizational capacity-building. Follow-up meetings were held with Peterborough Social Planning Council and the PPRN Steering Committee. The Health promoter for Planning, Evaluation & Grants has been providing advice and support to the Dental Treatment Assistance Fund and Food for Kids. In addition, the Canada Helps "Donate Now" buttons are now operational on the PCCHU website.

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Health Hazard Prevention and Management Q3 2012 (Manager: Donna Churipuy)

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

Requirement	Status 2011	Status 2012				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).	✓	↑	↑	✓		A semi-annual meeting with the Ministry of the Environment (MOE) is scheduled for the fourth quarter. Reports from the MOE regarding air quality were received.
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).	✓	↑	↑	↑		Cancer Care Ontario completed a spatial analysis of Trichloroethylene (TCE) contamination from the former Outboard Marine Corporation. The Health Hazards program also received and analyzed air quality data from the MOE. Public Health Ontario (PHO) completed a survey of radio frequencies from cell phone base towers in the City of Peterborough. The recorded data for the City of Peterborough indicates that the cumulative six minute time-averaging Safety Code 6 (SC6) levels for all sites are only a small fraction of the SC6 limits for the general public and therefore comply by a wide margin.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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; • 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.	 ✓ ✓ ✓ ✓ ✓	↑	↑	↑		Three heat alerts were issued during July and August.
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 Natural Heritage Strategy planning meetings.
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*	✓	↑	↑	↑		Health Unit staff are available to respond 24/7 to manage health hazards.

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<tr><th rowspan="2">Requirement</th><th>Status 2011</th><th colspan="4">Status 2012</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>Management of Health Hazards 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).</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>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).</td><td>Ø</td><td>×</td><td>×</td><td>×</td><td></td><td>As part of the cost containment strategy for 2012, this requirement will not be completed.</td></tr>
<tr><td>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).</td><td>✓</td><td>↑</td><td>↑</td><td>↑</td><td></td><td>There were 402 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the third quarter of 2012. Specifically, the subjects of the investigations were:
<table>
<tr><th>Activity</th><th>July 2012</th><th>Aug 2012</th><th>Sept 2012</th><th>Total Q3 2012</th><th>2012 Year-to-Date</th><th>2011 Year-to-Date</th></tr>
<tr><td>Air Quality – Arenas</td><td>--</td><td>--</td><td>--</td><td>--</td><td>19</td><td>17</td></tr>
<tr><td>Air Quality – Institutional</td><td>--</td><td>--</td><td>--</td><td>--</td><td>2</td><td>1</td></tr>
<tr><td>Air Quality – Residential</td><td>2</td><td>--</td><td>--</td><td>2</td><td>29</td><td>74</td></tr>
<tr><td>Air Quality – Outdoor</td><td>3</td><td>7</td><td>--</td><td>10</td><td>11</td><td>5</td></tr>
<tr><td>Animal Excrement</td><td>2</td><td>1</td><td>4</td><td>7</td><td>48</td><td>40</td></tr>
<tr><td>Asbestos Inquiry/Complaint</td><td>--</td><td>--</td><td>4</td><td>4</td><td>19</td><td>11</td></tr>
<tr><td>Bedbug Identification</td><td>6</td><td>5</td><td>2</td><td>13</td><td>49</td><td>40</td></tr>
<tr><td>Bedbug Investigation</td><td>45</td><td>47</td><td>32</td><td>124</td><td>275</td><td>187</td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>
<table>
<tr><th>Activity</th><th>July 2012</th><th>Aug 2012</th><th>Sept 2012</th><th>Total Q3 2012</th><th>2012 Year-to-Date</th><th>2011 Year-to-Date</th></tr>
<tr><td>Bird Complaints (geese, pigeons, etc.)</td><td>1</td><td>--</td><td>1</td><td>2</td><td>7</td><td>3</td></tr>
<tr><td>Chemical Inquiry/Complaint</td><td>-</td><td>--</td><td>--</td><td>--</td><td>1</td><td>6</td></tr>
<tr><td>Funeral Home Inspections</td><td>--</td><td>--</td><td>--</td><td>--</td><td>2</td><td>3</td></tr>
<tr><td>Garbage Complaints</td><td>6</td><td>5</td><td>6</td><td>17</td><td>54</td><td>65</td></tr>
<tr><td>Giant Hogweed</td><td>--</td><td>--</td><td>--</td><td>--</td><td>3</td><td>--</td></tr>
<tr><td>Grave Disinterments</td><td>3</td><td>--</td><td>--</td><td>3</td><td>3</td><td>--</td></tr>
<tr><td>Heating Complaints</td><td>--</td><td>--</td><td>2</td><td>2</td><td>58</td><td>63</td></tr>
<tr><td>House Disrepair/Sanitation Complaints</td><td>14</td><td>13</td><td>14</td><td>41</td><td>81</td><td>16</td></tr>
<tr><td>Insect Complaints</td><td>9</td><td>5</td><td>12</td><td>26</td><td>117</td><td>230</td></tr>
<tr><td>Lead Inquiry/Complaint</td><td>--</td><td>--</td><td>---</td><td>--</td><td>1</td><td>--</td></tr>
<tr><td>Migrant Farm Worker Facility Inspection</td><td>--</td><td>1</td><td>--</td><td>1</td><td>5</td><td>3</td></tr>
<tr><td>Mould Investigation</td><td>29</td><td>24</td><td>29</td><td>82</td><td>321</td><td>324</td></tr>
<tr><td>Playground Inspections</td><td>1</td><td>2</td><td>--</td><td>3</td><td>22</td><td>22</td></tr>
<tr><td>RF/WIFI</td><td>5</td><td>2</td><td>3</td><td>10</td><td>27</td><td>--</td></tr>
<tr><td>Rodent Complaints</td><td>2</td><td></td><td>--</td><td>2</td><td>9</td><td>6</td></tr>
<tr><td>Sewage Complaints</td><td>6</td><td>1</td><td>--</td><td>7</td><td>13</td><td>7</td></tr>
<tr><td>Sharps</td><td>2</td><td>1</td><td>--</td><td>3</td><td>6</td><td>--</td></tr>
<tr><td>TCE</td><td>39</td><td>2</td><td>2</td><td>43</td><td>262</td><td>1</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>Mosquito surveillance conducted in 2012 showed that the West Nile virus (WNV) was present throughout the City of Peterborough. Seven pools of mosquitoes from the City of Peterborough tested positive for WNV between July 13th and September 20th.</td></tr>
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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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.	✓	↑	↑	↑		Notification systems were reviewed and updated to ensure timely communication with health care and community partners.

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Infectious Diseases Prevention and Control Q3 2012 (Manager: Edwina Dusome)

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

Requirement	Status 2011	Status 2012				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 2011	Status 2012				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 responded to telephone inquiries and conducted inservices where needed. Staff consulted with community partners including: long-term care facilities, schools, hospital, day nurseries, pharmacies, and primary care practices on infectious disease, vaccine related or infection control related issues. Staff organized an information session on antibiotic resistance for the general public and health care providers on September 20, 2012.
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 infection control meetings at the hospital. They assisted organizations with the preparation of response plans for infectious diseases and offered, upon request, information to local school boards.

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Requirement	Status 2011	Status 2012				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.						Staff attended outbreak control meetings in long term care facilities.
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. Staff conducted educational sessions at the hospital on reportable diseases. Staff arranged for a presentation on tuberculosis for health care providers. Staff arranged a presentation on antibiotic resistant organisms and vaccinations for the general public and partners. Staff distributed information to long term care facilities and the hospital to assist with influenza preparation.
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*	✓	🛈	🛈	🛈		The PCCHU has a 24/7 response plan in place.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Infectious Diseases Protocol, 2008 (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility 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 year to date is: 20.
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*	✓	🛈	🛈	🛈		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.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).						
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, listeria, pertussis, 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 coronavirus was distributed in September 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.
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 day nurseries inspected this year to date: 14. The number of personal service settings inspected this year to date: 36.

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Prevention of Injury and Substance Misuse Q3 2012

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

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
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.	Ø ✓ ✓ ✓	↑ ↑ X Ø	↑ ↑ Ø Ø	↑ ↑ Ø Ø		Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health (MOH), and other health professionals, regarding Injury Prevention and Substance Misuse including: The Ontario's Chief Coroner's *Pedestrian Death Review* report. The Ontario's Chief Coroner's *Report of the Paediatric Death Review Committee and Deaths Under Five Committee.* Prepared Situational Assessments for the 2013 Injury Prevention (IP) and Substance Misuse Operational Planning process. Based on the situational assessment process, it was determined that the IP focus for 2013 will be F*alls Across the Ages*. **Substance Misuse Prevention** Conducted surveillance regarding any perceived changes due to reduced availability of OxyContin and submitted bi-weekly reports to the Ministry of Health. Collaborated on planning the implementation of a Public Health Ontario (PHO) funded locally developed collaborative project research on increasing adherence to the Low Risk Drinking Guidelines. Met with Tobacco Use Prevention program staff to hear outcomes of their student cessation pilot program and students' interest in learning about marijuana. Compiled all known data relating to drug-related overdoses into a two page handout.
Health Promotion and Policy Development						

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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).	✓ ✓ ✓ ✓	↑ ↑ X X	↑ ↑ Ø Ø	↑ ↑ Ø Ø		**Injury Prevention** Working with a variety of partners and stakeholders to influence both local and provincial policy and programs that will address falls and other injury including: • *Ontario A Million Messages* (OAMM) Steering Committee (childhood injury prevention); • Peterborough Risk Watch Network (childhood injury prevention); • Community partners to build a strategy around child car restraints; and • Central East Local Health Integration Network (LHIN) and neighbouring Health Units to develop an integrated falls prevention framework (seniors). Due to the temporary reduction of Injury Prevention staff, support for the Partners in Ageing Well Committee (Seniors Falls) was suspended. Nutrition and Physical Activity programs developed a partnership with the Trent Centre for Community Based Education to determine what local, provincial and national daycare policies currently exist in regards to nutrition, physical activity and injuries and what improvements could be made in the local context. This work will continue throughout 2012 and 2013. **Substance Misuse** Partnered to host the first-ever local observance of the International Drug User Memorial Day on July 21 to reduce stigma around substance use. In order to foster a multi-sectoral approach to reducing the harms from substance use, staff have: • co-facilitated meetings of Peterborough Drug Strategy (PDS) Steering Committee; • shared information and best practice with the Municipal Drug Strategy Coordinators Network of Ontario through bi-monthly teleconference meetings; • supported the prioritizing of recommendations and the development of a two year workplan and budget; and • presented the Drug Strategy to three Township Councils and the Front Line Service Providers quarterly meeting. In order to reduce the harms from alcohol through policy, staff have: • presented to seven Township Councils on municipal alcohol policy (MAP); • supported three townships in the development/updating of their MAP;

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						• liaised with the City of Peterborough about updating their MAP; and • convened interested professionals from across the province into an Alcohol Management In Municipalities Working Group and hosted a teleconference to share information on effectively supporting MAPs/local alcohol policy and action.
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.	✓ ✓ ✓ ✓	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑		**Injury Prevention** Provided support to the Alzheimer's Society to develop an evaluation plan for their walking club pilot. Promoted work being completed by the Peterborough Poverty Reduction Network (PPRN) regarding discretionary benefits to the Peterborough Risk Watch Network Coalition. Worked with community members to ensure that priority populations are reached in a comprehensive, population based car seat safety strategy in order to address the gaps and barriers associated with the correct installation and use of car seats. Continued to work with The Peterborough Risk Watch Network related to water safety, cycling safety and promoting youth engagement in injury prevention work. Participated in discussions with the PCCHU School Health Liaison and the Physical Activity Program, to explore the potential of increasing participation of schools in the Life Saving Society's *Swim to Survive* program. **Substance Misuse Prevention** Planned overdose prevention awareness and training, including hosting a meeting of community partners to provide briefings for front line police officers, develop website material, host a media event, draft a medical directive, review training options, and liaise with individuals and organizations across the province. Co-hosted a meeting of the Four County Harm Reduction Coalition to share current programs and plan initiatives. Co-wrote a successful grant to support youth engagement around tobacco and marijuana use. To increase local capacity to provide school-based peer-delivered drug prevention messaging, staff:

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						• collaborated to update the *Challenges, Beliefs and Changes* (CBC) curriculum (used across the province) to incorporate recent data, Internet safety considerations, and a strengths-based approach; • organized the training of 40 Peer Leaders in three high schools who will provide three hours of drug prevention messaging in 22 Grade eight classrooms; and • supported logistical elements of the CBC program (transportation, t-shirts, group development, evaluation, etc.). Planned a pilot program to train/mentor youth with lived experience of drug use to tell their stories.
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	↑ X ↑ X	↑ ↑ Ø Ø	↑ ↑ Ø Ø		**Injury Prevention** Completed a presentation on Car Seat Safety for the Teen Prenatal Supper Club. Participated in the Peterborough Pride Parade to promote injury prevention messages. A letter was written in partnership between the Peterborough Risk Watch Network and the Peterborough Access to Recreation Working Group to promote Open Water Wisdom (OWW). OWW is a drowning prevention program created by the Lifesaving Society and the Canadian Red Cross that focuses on making sport, recreation and active living on Canada's remote lakes, rivers, and coastal regions safer for children and youth ages 0 to 19. The letter will be sent to all County Councillors and service providers. Attended a Prenatal Health Fair and distributed car seat and home safety resources. Worked with a Trent University B.Ed student to align the Risk Watch Resource for Teachers with the new Ontario curriculum for the 2012/2013 school year. **Substance Misuse Prevention** Collaborated with community partners to plan "pot talks" series to engage youth and parents in conversations about cannabis use. Supported the distribution of materials for the *Don't Be That Guy Campaign,* aimed at

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						putting the onus on perpetrators to eliminate drug (alcohol)-facilitated sexual assault. Collaborated on local activities to coincide with provincial media buys relating to Fetal Alcohol Spectrum Disorders (FASD) (including writing an article, signage, promoting related events to physicians).
Health Protection						
5. The board of health shall use a comprehensive health promotion approach 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).	✓ ✓ Ø Ø	↑ Ø ↑ X	Ø Ø ↑ Ø	Ø Ø Ø Ø		**Substance Misuse Prevention** Provided materials to the Smith Ennismore Wards Community Policing for their boat-safety activities.

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Public Health Emergency Preparedness Q3 2012 (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 2011	Status 2012				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).	✓	↑	↑	↑		The continuity of operations plan is currently being reviewed by Executive Committee. Recovery strategies have been identified for various disasters that could affect the operations of the Health Unit.
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	✓	↑	✓	✓		Completed in the second quarter

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Requirement	Status 2011	Status 2012				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 notification protocol is current.
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.	✓	↑	↑	↑		The Health Unit website was updated with information related to 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).	✓	↑	↑	↑		Training sessions for staff are scheduled during the fourth quarter.
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).	✓	↑	↑	↑		The Board of Health shall be oriented to the Continuity of Operations Plan upon completion.

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Requirement	Status 2011	Status 2012				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).	✓	↑	↑	↑		The notification protocol was exercised in the second quarter.

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Rabies Prevention and Control Q3 2012 (Acting Manager: Shawn Telford-Eaton)

Goal: To prevent the occurrence of rabies in humans.

Requirement	Status 2011	Status 2012				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.	✓	↑	↑	↑		Year-to-date: Four rabid bats 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 13 incidents where post-exposure prophylaxis was provided was entered into the Ministry of Health and Long Term Care (MOHLTC) database.
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).	✓	↑	↑	↑		The Ministry of Natural Resources third quarter report: 15 confirmed cases, all bats. Year-to-date: 27 (24 bats, 1 dog, 1 skunk and 1 cat).
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. There was one human case reported in Toronto, with the virus being acquired in the Dominican Republic.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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 community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[24] based on local epidemiology.	✓	↑	✓	✓		Low-cost rabies clinics were held throughout the City and County of Peterborough and at Curve Lake First Nations. A total of 1,821 animals were vaccinated at these clinics. Last year's total was 1,538 animals. This was an increase of 15%. More advertising of the clinic date was done this year with both local radio and television ads being purchased.
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).	✓	↑	↑	↑		75 incidents of possible transmission of the rabies virus were investigated. 13 series of anti-rabies vaccine and globulin were distributed in the third quarter.
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 Q3 2012 (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 2011	Status 2012				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.	✓	↑	↑	↑		In consultation with the Epidemiologist, staff reviewed local reproductive health indicators for the years 2005-2010 and identified areas of concern; attended Better Outcomes and Registry Network (BORN) Ontario teleconferences; and had an overview of the Healthy Babies Healthy Children program information database.
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 accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and	✓	↑	↑	↑		The Social Determinants of Health (SDOH) Public Health Nurses (PHNs) conducted three focus groups with parents or parents-to-be from the: Teen Prenatal Supper Club (TPSC), Nobody's Perfect (NBP) and Baby's First groups. The data has yet to be analyzed. Staff participated in the following education opportunities: • Group Facilitation Training (PCCHU); • Research Day (PCCHU); • Healthy Baby Healthy Brain campaign webinar (Best Start); and • Rediscovering Normal Birth (Champlain Maternal Newborn Regional Program). Staff provided input to the Ontario Public Health Association (OPHA) Chronic Disease Prevention Working Group (CDPWG) for their childhood obesity prevention strategy paper to ensure preconception, prenatal and postnatal influences were captured. Situational assessments regarding healthy weights in pregnancy and smoking rates

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						among pregnant and post-partum women were conducted. Smoking cessation messaging has been incorporated into *In TOUCH* workshops and the TPSC. Staff participated in OPHA Reproductive Health Working Group and Supporting Normal Birth Task Group.
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.	✓	↑	↑	↑		Our alcohol and pregnancy campaign corresponded with the provincial alcohol and pregnancy campaign run by Best Start. At the Prenatal Health Fair, we had a Mocktails (alcohol-free drinks) for Mom display with a punch available and a Mocktail recipes handout. Alcohol and pregnancy posters were displayed in the Sexual Health Clinic rooms and distributed to the Health Clinics at Trent and Fleming College. Alcohol and pregnancy messaging was displayed on the activity board, provided to health care professionals, and in Dr. Pellizzari's column for the Peterborough Examiner. New print resources were allocated for distribution through the *Your First Prenatal Visit* and postpartum packages, and adult prenatal classes. The topics addressed were safe sleep for infants, the importance of breastfeeding, and prenatal screening tests. A Prenatal Health Fair was held at the Holiday Inn on September 24th, 2012. Thirty-six displays educated 157 participants (82 pregnant women). New to the fair were the Peterborough Public Library promoting early literacy and a local photographer normalizing parent-infant skin-to-skin behaviours through visual representations.
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.	✓	↑	↑	↑		Taught 16 prenatal classes. Disseminated 160 *Your First Prenatal Visit* packages to local physicians and midwives Several meetings were held with Sexual Health (SH) program staff regarding next steps and direction of In TOUCH. A mock In TOUCH workshop was delivered to SH staff and Peer Leaders.
5. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.	✓	↑	↑	↑		The physician order form for Reproductive Health patient resources was reviewed and revised.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑	↑		A series of six TPSC classes were held with eight pregnant women and their support persons attending. A meeting was held with Peterborough Family Resource Centre (PFRC) regarding implementation of TPSC and new client intake. Meetings were held with staff from the School for Young Moms and the Peterborough Alternative Continuing Education to facilitate Health Unit programming at both locations.
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		From December 2011 to September 2012, all five Public Health Nurses (PHNs) assigned to HBHC have each commenced a maternity leave of absence. Over this period, significant time has been spent in the orientation of four new PHNs, resulting in the need to maintain a waiting list of new referrals to the high risk home visiting component of HBHC; this has then affected the overall number of home visits provided in comparison to the same time last year. In anticipation of new provincial HBHC guidelines, postpartum home visits are only being provided to those families with identified risk factors. The HBHC program continues to gap a 1.0 full-time equivalent PHN position. A Family Home Visitor (FHV) also took time off for two months during this quarter.

Healthy Babies, Healthy Children (HBHC) Program Activities	Q3 2012*	2012* Year to Date	2011 Year to Date
Number of prenatal screens received	156	457	353
Number of postpartum screens received	255	762	803
Number of postpartum contacts	269	776	804
Number of families receiving postpartum home visits	18	79	134
Number of In Depth Assessments completed	27	86	123
Number of families in home visiting program	71	71	83
Number of home visits provided	61	405	921

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	

Number of home visits provided – PHNs	16	139	379
Number of home visits provided – FHVs	45	266	540

* Figures to September 30, 2012

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Safe Water Q3 2012 (Acting Manager: Shawn Telford-Eaton)

Goal: 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 2011	Status 2012				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).	✓	↑	↑	↑		Monthly reports on Small Drinking Water Systems (SDWS) assessments were provided to the Ministry of Health and Long Term Care (MOHLTC). The number of high risk SDWS inspections and those due for re-inspection for the period January 1 to June 30th 2012, was uploaded to the Ministry's Public Health Performance Management Data Sharing Network Directory of Networks (DoN) site in August, 2012. Adverse notifications were reported in the Ministry of Environment (MOE) database. The number of Class A pool inspections for the period January 1-June 30th, 2012 was uploaded to the Ministry's Public Health Performance Management Data Sharing Network DoN site in August, 2012.
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	✓	↑	↑	✓		The Health Unit monitors 16 public beaches. Routine monitoring began in June and concluded on the Labour Day weekend. No clusters of illness related to beach water use have been identified

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).						
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).	✓	↑	↑	↑		No clusters of illnesses related to drinking water, recreational water, or beach use were identified.
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑	↑	↑		100 inspections of pools, spas, wading pools and splash pads were conducted.
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.	✓	↑	↑	↑		Public Health Inspectors (PHIs) provided 115 consultations with the public about sample result interpretation, and maintaining and improving well water quality.
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 PHI provided informal training and guidance to operators during SDWS inspections.
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.	✓	↑	↑	↑		*How Well Is Your Well* and *Water Wells: Best Management Practices* were distributed through Municipal offices, the Public Health Lab, and the Health Unit. In addition, the Health Unit partnered with the *Well Aware* program of Peterborough Green Up to promote private well testing. Blue-Green Algae posters were distributed throughout the County of Peterborough.

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Requirement	Status 2011	Status 2012				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).	✓	↑	↑	✓		The Health Unit provided replacement copies of the pool operator's manual and the pubic spa operator's manual to local operators and 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 21 adverse drinking water reports.

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Requirement	Status 2011	Status 2012				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 Health Unit is beginning the monitoring phase of the SDWS portion of the Safe Water program and has conducted 35 risk assessments and re-assessments in the third quarter.
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).	✓	↑	↑	↑		Nine Boil Water Advisories were issued.
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 were developed and provided to municipalities advising users of public beaches about protection of water quality and several causes of unsafe bacteria levels. They were provided to municipalities which operate public beaches. A risk assessment was performed at each beach at the beginning of the sampling season.
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).	✓	↑	↑	↑		There were 100 inspections of pools, spas, wading pools and splash pads.

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Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q3 2012 (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 2011	Status 2012				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 108 cases of sexually transmitted (STI) and blood-borne (BBI) infections, and provided follow-up for 14 contacts of reported cases. Staff performed 554 clinical assessments related to STIs/BBIs.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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).	✓	🛈	🛈	🛈		The Epidemiologist provides reports on reportable diseases quarterly.
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.	✓	↑	↑	↑		The *Use Condom Sense* Campaign has been initiated in Peterborough. Focus tested Use Condom Sense posters were distributed to many locations around Peterborough. The goal of this campaign is to raise awareness of using condoms/normalizing condom use.
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;	✓	↑	↑	↑		Public Health Nurses (PHN's) continue to provide consultation to health care professionals to ensure that cases of STIs/BBIs are managed and treated as per current guidelines. PHNs have completed facilitation training and module specific training required to deliver the IN Touch Program to secondary schools.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
c. Providing skill-building opportunities; and d. Sharing best practices and evidence.						
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.	✓	↑	↑	↑		See Requirement 5.
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).	✓	↑	↑	↑		PHNs and physicians conducted 217 clinical assessments related to contraception and pregnancy; and 554 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). Intrauterine system/device insertion at the Sexual Health Clinic is now being offered.
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 reported exposure in this quarter. Education and cross-training was completed for all PHNs in the follow-up of STIs/BBIs and a shared workload system was initiated. Staff reviewed case and contact follow-up procedures to ensure consistency with the Provincial Infectious Diseases Advisory Committee (PIDAC) and other pertinent documents.
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 are dispensed at the Sexual Health Clinic.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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 transmitted infections and blood-borne infections.	✓	↑	↑	↑		PHNs continue to work collaboratively with community Medical Doctors/Nurse Practitioners to ensure cases of STI/BBIs are managed and treated appropriately as per current guidelines.
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, 3062 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). Health Unit staff have been consulting with other partners on the provision of overdose prevention kits to opiate users. Staff attended the Peterborough Pride parade and distributed 1000 condoms, 100 condom-holders and promoted Sexual Health Clinic services at a PCCHU display in Crary Park after the parade. The PHNs attended the School for Young Moms to promote clinic services, education on sexual health/STIs and contraception.
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 residents have access to needles, syringes, condoms, and other harm reduction supplies through a number of venues.

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Tuberculosis Prevention and Control Q3 2012 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of tuberculosis.

Requirement	Status 2011	Status 2012				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 investigate all reports of active or latent TB infections (LTBI).
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 tuberculosis (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.	✓	↑	✓	✓		Staff provided an inservice for health care providers on tuberculin skin tests on June 27, 2012.

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Requirement	Status 2011	Status 2012				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, provide follow-up and made 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.	✓	↑	↑	↑		13 clients are receiving anti-tuberculosis medication year to date and 0 clients were initiated this quarter.
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. None were required in the third quarter.
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.	✓	↑	↑	↑		Eight new LTBI were reported this quarter. Year to date is 26 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.

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Vaccine Preventable Diseases Q3 2012 (Manager: Edwina Dusome)

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

Requirement	Status 2011	Status 2012				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 74%. The percent of students in elementary and secondary schools adequately immunized for their age is 88%. The number of immunizations administered at the PCCHU Immunization Clinic was 293.
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.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
3. The board of health shall work with community partners to improve public 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 offered telephone consultation on immunization to the general public and health care providers. Immunization information was posted on the PCCHU web site. 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 is 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 care workers were reminded, via the *For Your Information* newsletter, to report adverse vaccine reactions.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Protection and Promotion Act.						
5. The board of health shall provide a comprehensive information and education 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.	Ø	↑	↑	↑		The number of cold chain inspections conducted this year to date: 53.
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: Staff immunized Grade 7 students with Hepatitis B: first dose 13; second dose 17; third dose 0. Staff immunized Grade 7 students with the Meningitis vaccine: 20 Staff immunized Grade 8 females with the human papilloma virus vaccine: first dose 7; second dose 12, and third dose 17.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Staff conducted a partial cleansing of the Immunization Record Information System in preparation for 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) was updated in 2010 to include lessons learned from the pandemic response. It is available on the Health Unit website. Staff provided input on the updated provincial pandemic plan.
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 (year-to-date): # of clients seen: 797 # of phone consults: 1,967 # of yellow fever immunizations: 68 # hep A and hep B high risk: 0 # immunizations covered by the Ontario Government Pharmacy (OGP): 267 # other immunizations: 1,236 Total immunizations administered: 1,503
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 Protocol, 2008* (or as current).	✓	↑	↑	↑		Distributed vaccines to community partners and facilities. Total amount of doses of government funded vaccine distributed: 7,520 this quarter.
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 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.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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 this year to date is: 19. All were investigated and reported where required.
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.	✓	↑	↑	↑		In January, staff initiated the collection of immunization information for children/ students in day nurseries and schools and suspended, if necessary, for those with no or inadequate immunization information on file. During the summer, letters were sent to parents of students with no or inadequate immunization information on file requesting follow-up. The Immunization process for school-age students will be initiated mid-October.

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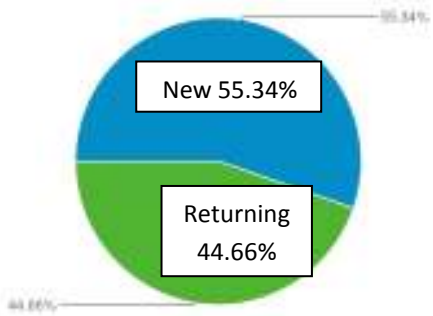
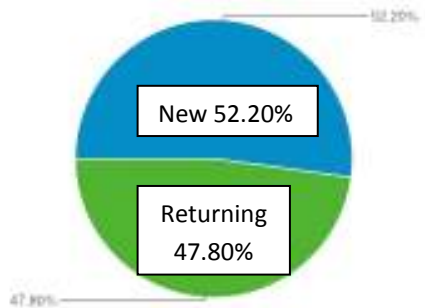
Communications 2012 Q3 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q3		Year To Date	
	2012	2011	2012	2011 (whole year)
Press releases issued	29	22	95	86
Media interviews	37	30	123	118
Number of media stories directly covering PCCHU activities (print and TV only, and some radio when stories posted online)	88	56	241	208

Website Statistics:

Q3 Comparisons	2012	2011	Year To Date	
			2012	2011
Website Traffic	**63,531** page views	**57,216** page views	181,748 page views	176,751 page views
% change in website traffic	+11.04	--	--	--
New/Returning visitors				
Pages/Visit	3.15 (+21.05%)	2.60	N/A	N/A
Average Visit Time	2:46 (+35.87%)	2:02		
Visits from Mobile Phones	2286 (+140%)	951		

PCCHU Website Redevelopment Project:

Audience testing of the Health Unit's new website occurred during the third quarter and overall feedback was very positive from members of the public, staff and community partners. In response to the feedback, some minor edits to the website's navigation and content were implemented. The new website was publicly launched at the July 26, 2012, Board of Health meeting. The website project is now shifting into the maintenance phase to keep content fresh, increase interactivity and functionality, security enhancements and training of staff on the use of the content management system.

Social Media:

Coinciding with the launch of the new website, the Communications Team also increased the Health Unit's social medial presence by launching Twitter and Facebook pages during Q3 with its first official "tweet" sent out by Board of Health Chair Andy Sharpe.

Activity	Q3		Year To Date	
	2012	2011	2012	2011 (whole year)
Twitter (@PCCHU):				
Tweets	41	N/A	41	N/A
Followers	194	N/A	194	N/A
Facebook (search: Peterborough County-City Health Unit):				
Likes	9	N/A	9	N/A
Events Promoted	3	N/A	3	N/A
Posts	2	N/A	2	N/A

Q3 Graphic Design Projects

PCCHU Corporate:

- Media Releases
- Alerts and Advisories
- DRAFT IT Electronic Forms – IT New Employee Request, IT Employee Transfer Request, IT Employee Termination Request
- Photo Shoot
- Power Point Template Update
- PCCHU Brochure – DRAFT Update

Dental:

- Early Childhood Tooth Decay – Fact Sheet
- Oral Health Tips – Fact Sheet DRAFT

Family/Child Health:

- World Breastfeeding Week – Promotional Materials
- Breastfeeding Update 2012 with Teresa Pitman - Flyer
- Skin-to-Skin Campaign – DRAFT
- What's Available 2012
- Family HEALTH*line* – Business Cards
- Nipissing Updates

Health Hazards

- WNV & Lyme Disease Resource Development

Infectious Diseases

- FYI Newsletter for Healthcare Providers (x3)
- School Based Vaccination Consent Forms (x3)
- Dr. Zoutman Presentation – Promotional Materials
- Notify Health Unit – Physician Tear Pads
- Prevent Suspensions (x2)
- Measles Display

Inspection Services

- Steps for Cleaning and Disinfecting Foot-spa - Poster
- How Well is Your Well – DRAFT Update

Injury Prevention

- Risk Watch Photo Contest – Poster
- Risk Watch Teachers Resource

Nutrition

- Finger Foods – Nutrition Matters
- Limited Incomes: A Recipe for Hunger 2012
- Nourish Peterborough - Logo

School Health

- 2012-2012 Kindergarten Resource Development
- Fall 2012 School Health Newsletter
- Building Healthy Schools Display - DRAFT

Substance Misuse

- Overdose Awareness & Prevention in Peterborough City & County – Handout

Triple P

- Triple P Fall 2012 Seminar Series – Web Ad

Youth Engagement

- Intramural Peer Leaders 2012 - Invitation

Sexual Health:

- Condom Sense – Promotional Card
- Condom Sense – Bus Ad

Genetics Q3 2012 (Manager: Patti Fitzgerald)

Program Activity	July 2012	August 2012	September 2012	2012 Year-to-Date	2011 Year-to-date
Total # referrals:	20	27	27	233	227
• Prenatal	6	2	3	31	38
• cancer	6	18	18	131	110
• other (general)	8	7	6	71	79
Total # counselling sessions	18	32	19	207	164
• # clients attending	17	33	21	224	164
• # others attending	3	4	5	62	68
Total # clinic attendance	-	14	15	78	74
• # clients	-	6	7	36	33
• # others	-	8	8	42	41
# Consultations to health care providers*	0	1	1	12	23
# Consultations to other individuals/agencies*	1	4	6	47	35
# Promotional activities	0	0	1	4	2

* does not include consultations on specific clients

Infant and Toddler Development Q3 2012 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q3 2012	2012 Year-to-Date	2011 Year-to-Date
New referrals	33	87	72
Children discharged from program	34	87	75
Children on current caseload	97	97	89
Home/agency visits	172	592	584
Visits provided in group settings	0	22	23

The Infant and Toddler Development Program (ITDP) experienced a busy third quarter with higher referral rates and fewer staff than the same quarter last year. Due to the regular July/August closing of programs run by the Peterborough Family Resource Centre, the Infant Development Workers (IDWs) made fewer consultations to community programs; however staff kept busy with home and agency visits, many initial consultations, planning and resumption of consultations at community programs in September, ITDP program planning, and some training and community update opportunities. The IDWs met with staff of the Family and Youth Clinic to share information and ideas related to families experiencing difficulties with attachment and/or feeding. The Healthy Babies, Healthy Children Public Health Nurses also attended this meeting.

Sewage Disposal Program Q3 2012

(Acting Manager: (Shawn Telford-Eaton)

	July 2012	August 2012	Sept. 2012	Total Q3 2012	2012 Year-to-Date	2011 Year-to-Date
Applications for Sewage System Permits	32	41	36	109	272	295
Permits Issued	30	39	34	103	250	277
Applications for Severance	3	2	2	7	63	76
Applications for Subdivision (# of Lots)	0	0	0	0	0	-
Existing Systems and Complaints	18	15	10	43	91	95

Financial Update September 30, 2012 (Accounting Supervisor: Bob Dubay)

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to Sept. 30	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	6,944,590	14-Dec-11	6,944,590	4,961,797	71.4%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	14-Dec-11	76,101	35,556	46.7%	MOHLTC	Operating within budget.
One-time cost request	Cost Shared	401,033	14-Mar-12	0	0	0.0%	MOHLTC	**Capital requests not approved by province**
Infectious Disease Control	100%	222,233	14-Dec-11	222,233	164,843	74.2%	MOHLTC	Operating within budget.
Infection Prevention and Control Nurses	100%	84,872	14-Dec-11	86,569	52,245	60.4%	MOHLTC	Operating within budget.
Small Drinking Water Systems	Cost Shared	**96,127**	14-Dec-11	**90,800**	**69,231**	**76.2%**	MOHLTC	**Deficit to be picked up by Mandatory Prgs.**
Healthy Smiles Ontario	100%	**414,399**	9-May-12	**402,329**	**292,773**	**72.8%**	MOHLTC	**Operating within budget, other program revenues necessary to balance the budget have continued strong in July, August and September.**
One-time cost - Facilities renewal	100%	1,500,000	14-Mar-12	0	0	0.0%	MOHLTC	**Capital requests not approved by province**
Enhanced Food Safety	100%	25,000	9-May-12	25,000	9,226	36.9%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	9-May-12	15,500	7,018	45.3%	MOHLTC	Operating within budget.
Needle Exchange Initiative	100%	21,121	9-May-12	21,121	12,053	57.1%	MOHLTC	Operating within budget.
Infection Prevention and Control Week	100%	8,000	9-May-12	8,000	5,653	70.7%	MOHLTC	Operating within budget.
Sexually Transmitted Infections Prevention week	100%	7,000	9-May-12	7,000	3,302	47.2%	MOHLTC	Operating within budget.
Nurses Commitment	100%	170,040	14-Dec-11	173,441	120,308	69.4%	MOHLTC	Operating within budget.

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to Sept. 30	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	11-Apr-12	submitted	73,056	73.1%	MHPS	Operating within budget.
Smoke Free Ontario - Enforcement	100%	120,724	11-Apr-12	submitted	77,481	64.2%	MHPS	Operating within budget.
Youth Engagement	100%	80,000	11-Apr-12	submitted	50,433	63.0%	MHPS	Operating within budget.
CINOT Expansion	Cost Shared	49,000	14-Dec-11	26,473	24,462	92.4%	MHPS	Operating within budget.
Genetics Program	100%	237,266		NA	**185,596**	**78.2%**	PRHC	**Paid by PRHC - no submission required; Deferred revenue will be used to cover off overage.**
Healthy Babies, Healthy Children	100%	828,413	11-Apr-12	submitted	568,033	68.6%	MCYS	Operating within budget.
Chief Nursing Officer Initiative	100%	116,700	14-Dec-11	116,699	26,524	22.7%	MOHLTC	Position not filled until July 2012. Unused funds are not available for other programs.
One-Time Healthy Babies, Healthy Children	100%	41,684	9-May-12	submitted	0	0.0%	MCYS	One-time budget waiting for approval.
Ontario Works	100% from City	955,020	##	NA	**779,269**	**81.6%**	**CITY OF PTBO**	**Budget based on 2011 actual expenditures. City is to review funding levels of the program in September 2012. Expenitures to date are about $62,935 in excess of a prorated budget.**

Programs funded April 1, 2012 to March 31, 2013	Type	2012 - 2013	Approved By Board	Approved By Province	Expenditures Apr 1 to Sept 30	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,423	14-Sep-11	submitted	115,653	47.1%	MCSS	Operating within budget.
Medical Officer of Health Compensation	100%	70,259			52,701	75.0%	MOHLTC	**The province does not have a current service agreement with Physicians. The Ministry is continuing to cash flow based on the last year's approved M.O.H. compensation agreement. There has been no corespondance from the province with regards to budget or funding.**
Speech		13,084	NA	NA	10,447	79.8%	FCCC	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2012	Type	2012	Approved By Board	Approved By Province	Expenditures to Sept 30	% of Budget	Funding	Comments
Sewage Program		343,388	13-Apr-11	NA	176,062	51.3%	FEES	**After nine months of operations the program has accumulated a small surplus just under $40,000 which should allow the operations of the program through the winter when traditionally little money is coming into the program. Currently there is only one PHI working in the program. Historically the Health Unit has employed two PHIs in the program.**

Falls Across the Lifespan

Presentation to: Board of Health
By: Hallie Atter B.Ed. M.P.H.
Manager, Community Health
Date: November 14, 2012

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

Purpose

To provide the Board of Health an update on the Peterborough County-City Health Unit's activities that address the prevention of Falls Across the Lifespan.

Falls Across the Lifespan

- Falls are one of the leading causes of preventable injury in Ontario
- Injuries due to falls are the costliest category within the Ontario Health Care System

Peterborough Context

- Average of 5404 Emergency Department visits due to falls per year between 2003-2010

- Rates of ED visits due to falls in Peterborough are ***30% higher*** than the province

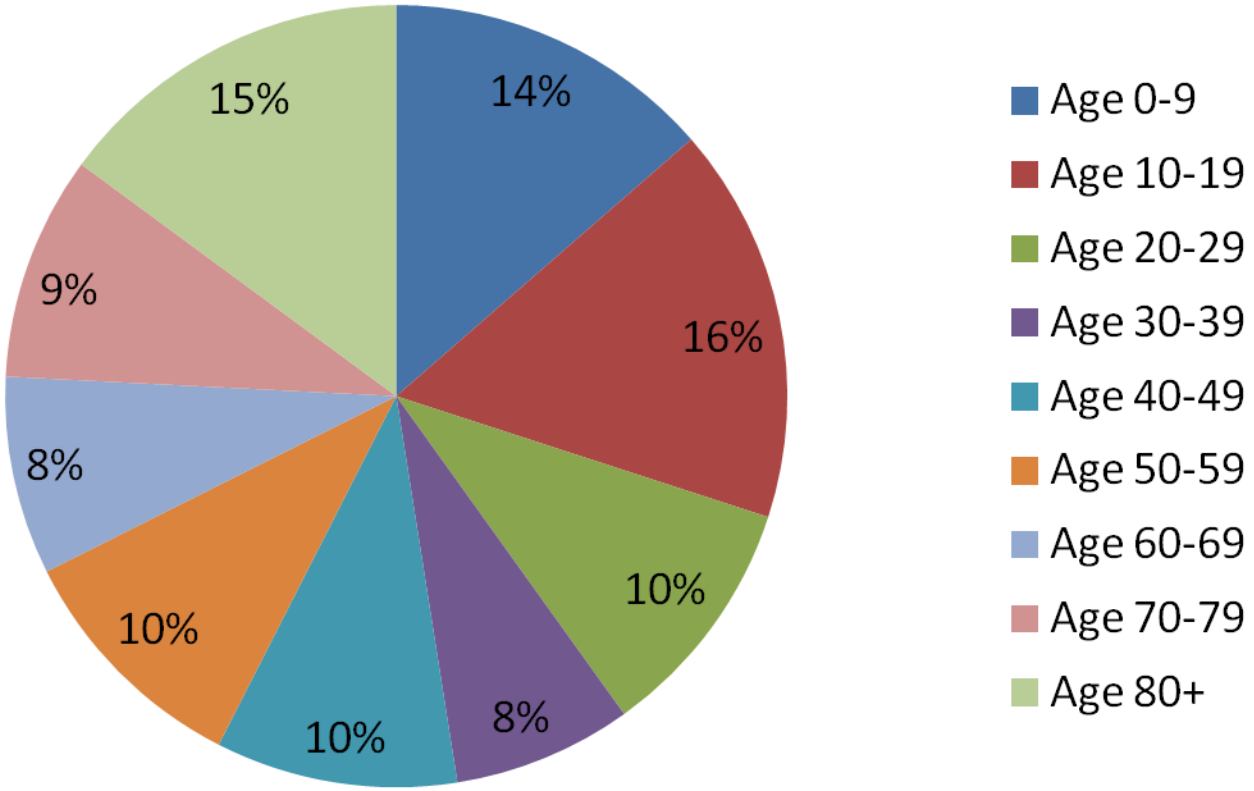
Impact of Falls in Seniors

- Falls can significantly change a seniors life
- Disability, change in level of function, loss of independence, change in living arrangements or even death
- 2006, almost of half of all injury-related deaths amongst seniors in Canada were caused by falls
- Ontario's annual cost has been estimated at $962 million

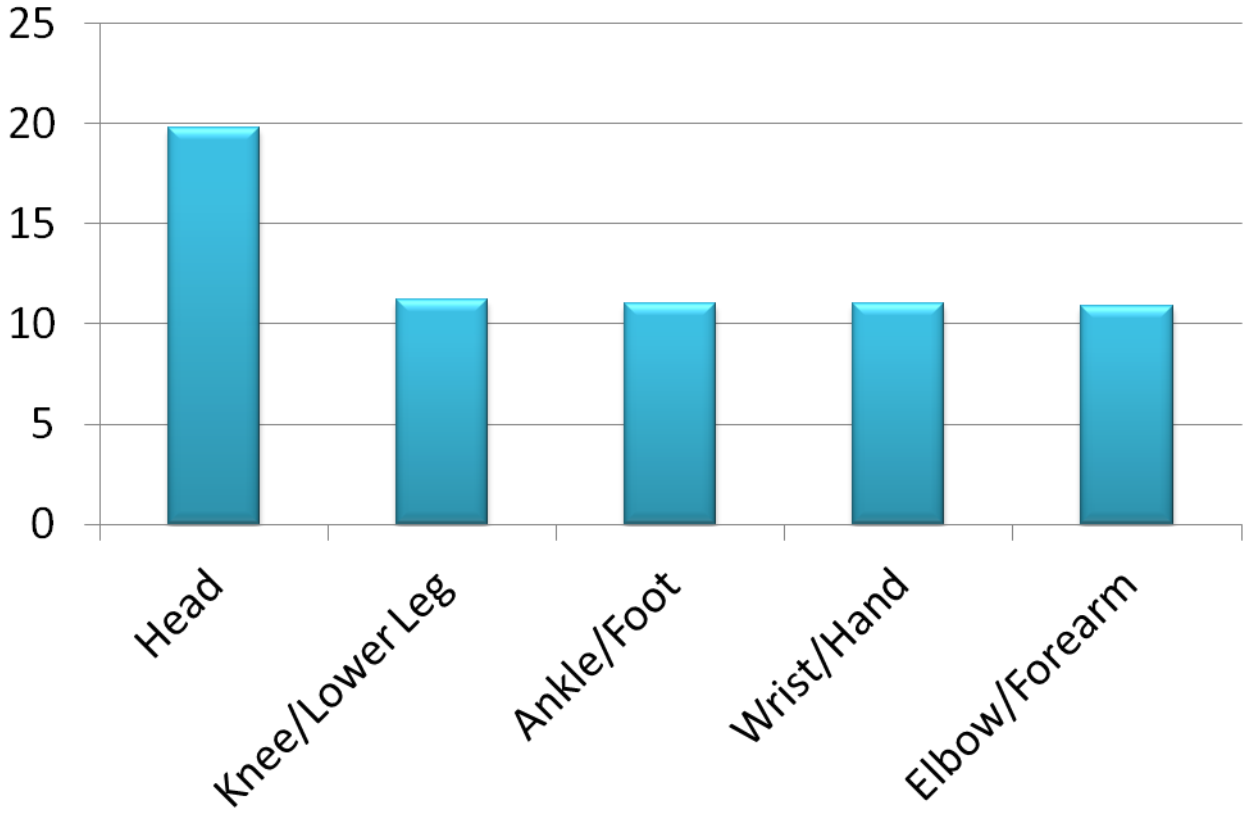
Falls Across the Lifespan

- Requirements 1-5 under the Prevention of Injury and Substance Misuse Standard
- Accountability Agreement
  - Falls related ED visits in older adults aged 65+
  - Reduce from 5863 to 5687 falls

Who is Falling?



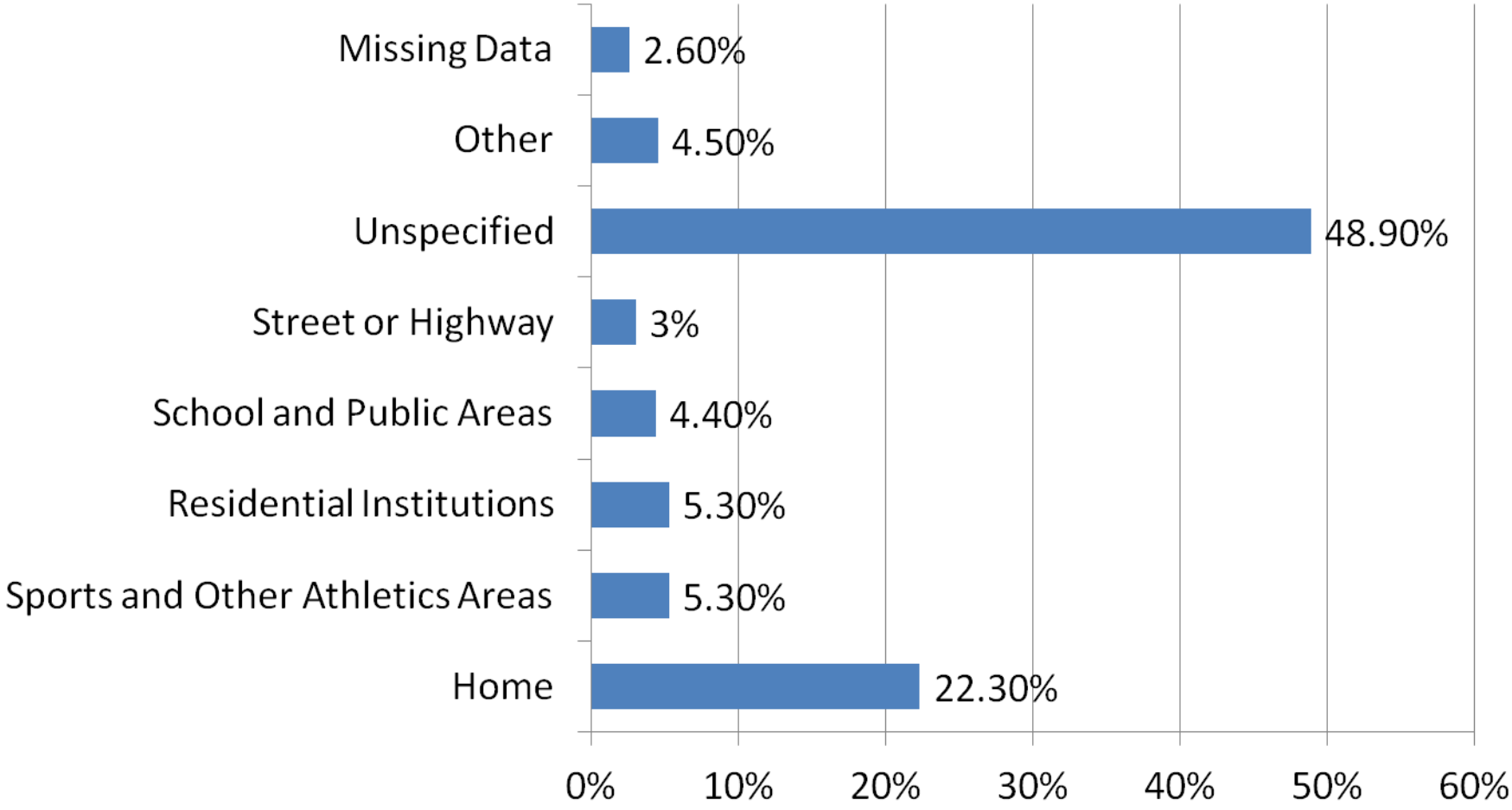
Type of Injury Due to Falls



Types of Fall

- Slipping, tripping and stumbling
- On and from steps and stairs
- Ice and snow
- Ice skates, skies, roller-skates or skateboards
- Ladders
- Unspecified

Place of Falls



Strategies for Change

- Comprehensive approach that addresses the six risk factors of falls:

Physiological
Social Demographic
Medical
Pharmacological
Environmental
Behavioural

- Interventions should range from population level activities to individualized interventions

LHIN Integrated Falls Prevention Project

Project being led by the LHINs and PHUs

- Determine gaps in surveillance
- Identify gaps in programming
- Determine most appropriate agency to address gaps
- Older adult focus

What are we doing?

- ✓ ***Assessment and Surveillance***
  - Community Partner Data Collection pilot
- ✓ ***Skill Building***
  - On-line falls prevention module for Home Care Agencies
- ✓ ***Partnership Development***
  - Partners in Aging Well
  - Seniors Planning Table
- ✓ ***Built Environments***
  - Home Response Coalition
  - Simply Safer Homes Resource
  - Master Plans
  - Sidewalk Master Plans
  - Building Codes
  - Municipal Alcohol Policies

What is *Next*?

- Continue with Seniors Work
- Further Youth Research
  - Determine why they are falling
  - Best practices

Community Dental Health Centres

Peterborough Square Mall
Downtown and Mobile

Presentation to: Board of Health

By: Sarah Tanner, Supervisor,

Oral Health Programs

Date: November 14, 2012

Peterborough County-City HEALTH UNIT
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Community Dental Health Centres

Short term evaluation:

- Focus groups
- First visit feedback
- Client comments
- Financial and appointment tracking
- Improvements and developments moving into 2013

- ✓ Our clients are nearly equally split between male and female.
- ✓ Our youngest client to date is just under one year and our oldest is 86 years.
- ✓ In October we had 14 people walk in with emergency dental needs and 59 people book emergency appointments.
- ✓ Our average appointment time is 40 minutes, but can be as long as 2 hours.
- ✓ Patient visits have risen 75% from Q1 to Q3 in 2012
- ✓ We held 3 focus groups in Q2 2012 and collected first visit feedback from 142 clients

Before learning about our dental health centre, what was the first thought that came to mind when you thought about needing to book an appointment with a dental care provider?

Three key themes emerged in response to this question:

1. Fear/anxiety.
2. Managing the high cost associated with dental care.
3. Uncertainty around how to proceed with process of securing a dental care provider.

Would you describe dental health as being an important part of your overall health? Why or why not?

Majority of participants agreed that dental health is an important part of your overall health.

Reasons given included:

- the importance of good oral health to ensure eating well/ your ability to chew food;
- affects your self-esteem; and
- affects a child's energy levels and mood.

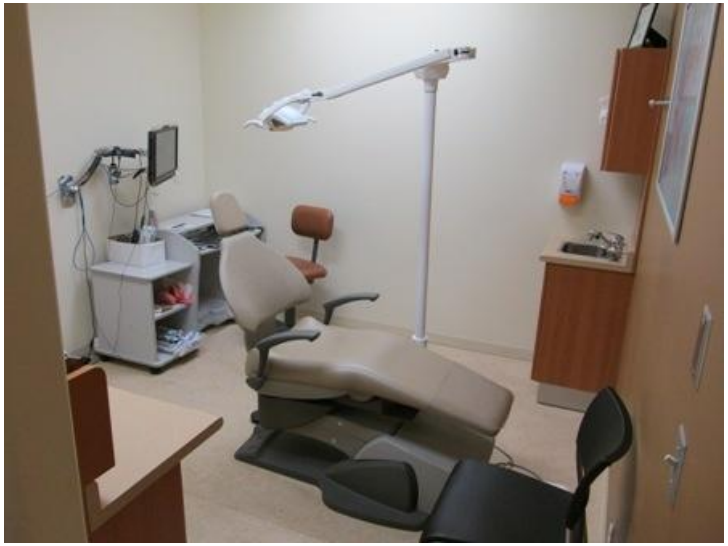
Describe the events that led up to the first time you used our dental services?

- Adults tended to delay seeking dental care for themselves until they were in “extreme pain”, whereas parents/guardians expressed wanting to have their children receive routine examinations (themes of prevention).

- They wanted to ensure their child was in good health and this in turn would reduce their anxiety.

Think about your experiences at the dental health centre...

- Participants in all three focus groups identified the kind, welcoming and knowledgeable staff as what they liked most about the CDHC.
- They stated that the staff greatly contributed to their positive experience.
- Participants also stated they were concerned about keeping their children occupied and distracted while at the dental centre.



Now, what is the first thought that comes to mind when you think about needing to access dental care?

The main theme that emerged from participants' responses to this question was feelings of ***relief*** and ***reduced anxiety*** after having had such a positive experience.

Participants communicated that even if they had negative experiences with dental care providers in the past, knowing what to expect from the staff at the CDHC and the high quality of care has made it ***much less stressful.***

Is there anything else you'd like to say about your specific experiences at the dental health centre?

Everyone should know about and use this service.

That "clients do not pay themselves" needs to be more clearly communicated in promotional materials.

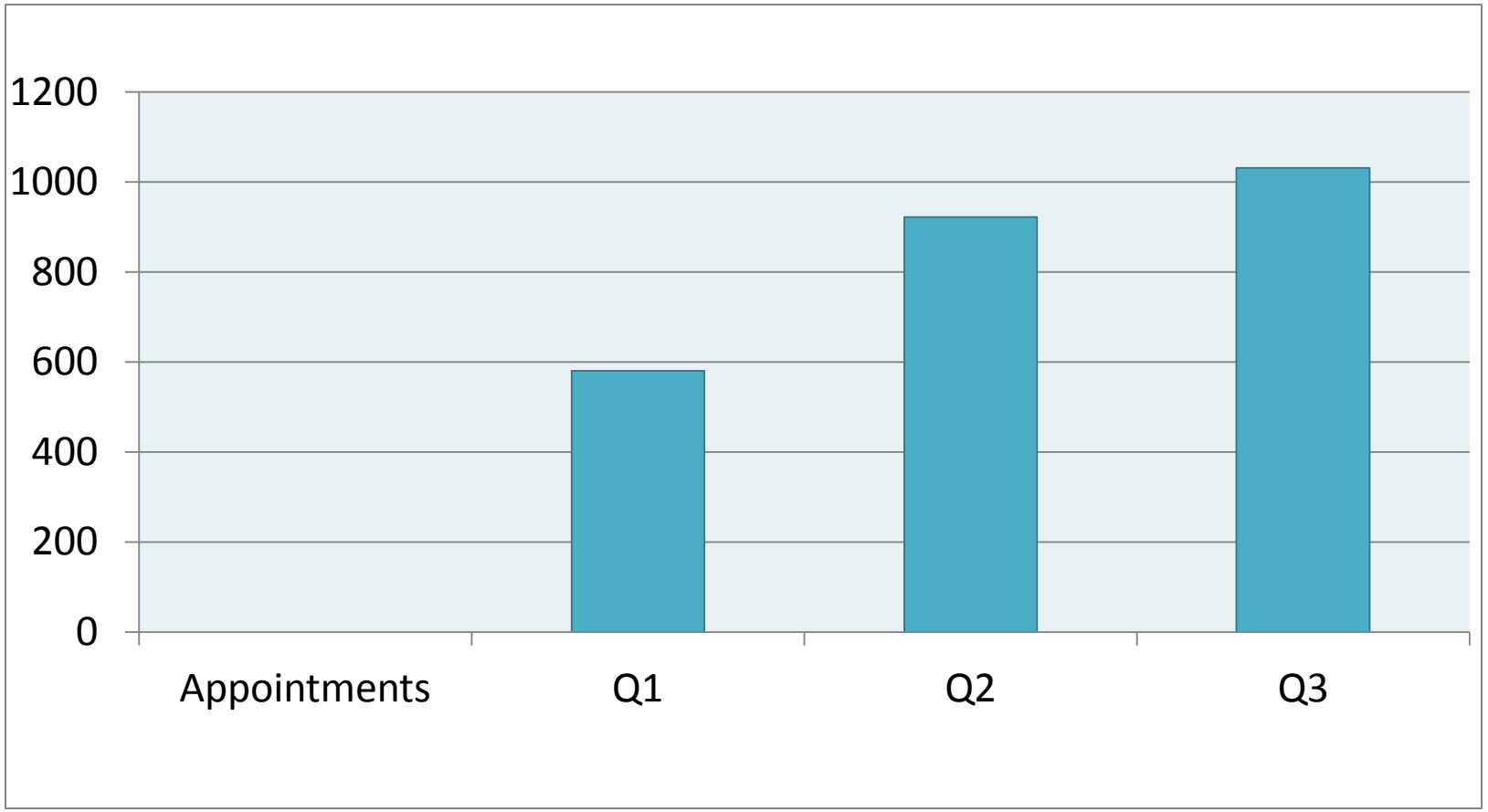
I really feel comfortable here.

Love how the clinic is so open and the respect is wonderful.

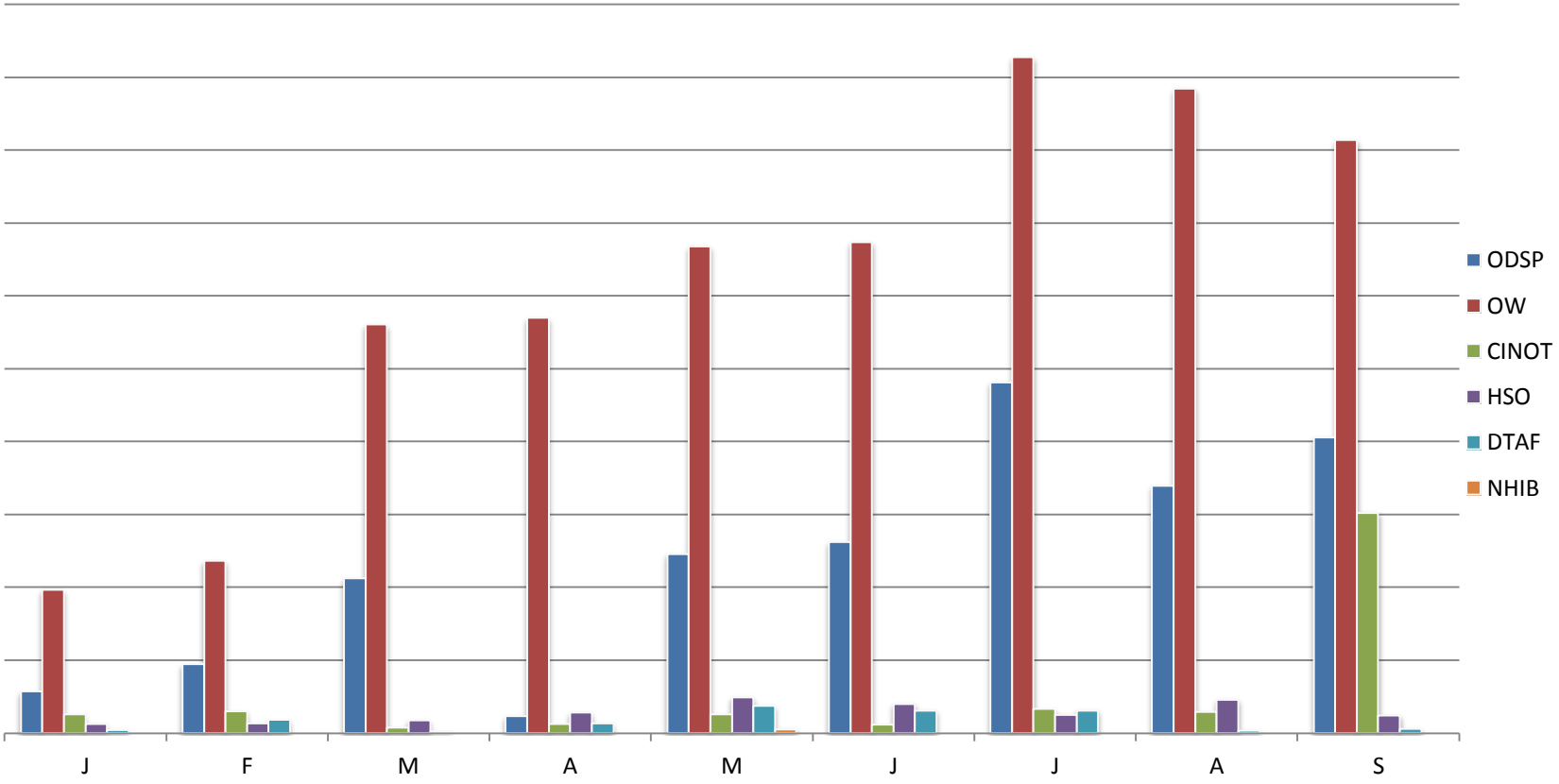
I was very happy with how I was treated even though my teeth are bad, they didn't treat me bad.

Everyone was friendly and eager to help. Did not turn me away due to my medical history.

Number of appointments scheduled in Q1/Q2/Q3 2012



Monthly Income Across Insurance Providers
January to September 2012



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First Visit Feedback Forms

- **142** completed forms reviewed.
- Would you recommend this dental health centre to someone else? **100% of responses said YES.**
- How long since you last saw a dental care provider?
  - ❑ ***14% responded over 10 years.***
  - ❑ ***10% have never seen a dental care provider.***
- **60%** of the respondents report being **referred** to the Community Dental Health Centre.

While this reflects an overwhelmingly positive response from clients, it may also suggest that the response categories may be restrictive, or that there is a more effective way to gauge satisfaction in these areas.

CDHC Responses Q3

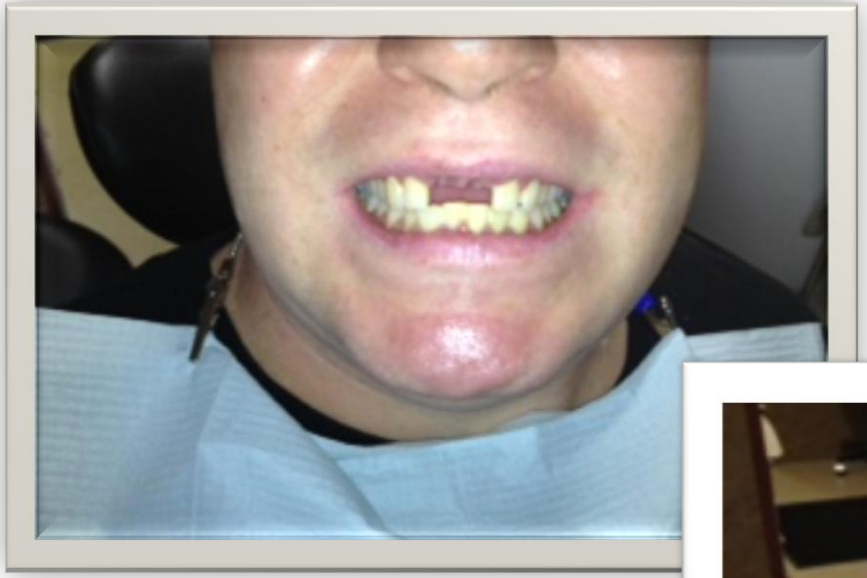
Our clients don't want to wait long times for appointments and as our schedule fills – clients have to wait longer	We now have 2 dentists working on Saturdays and one CDA who will work with us on an On-Call basis
No shows and cancellations of appointments continue to effect schedule	We can call and text clients to remind them of appointment and keep a waiting list for clients who are prepared to come at short notice
Clients experiencing high levels of pain and infection being referred to other dental care providers in Peterborough and beyond	Training planned for staff to be able to use nitrous oxide to help with anxiety and pain relief while in chair
Clients with many extractions and teeth missing can't afford dentures	CDHC now provides denture service at no cost to client (OW) until the end of this year
Children waiting for appointments or waiting for a parent/guardian become anxious or bored	Cartoon film now available to play in waiting room

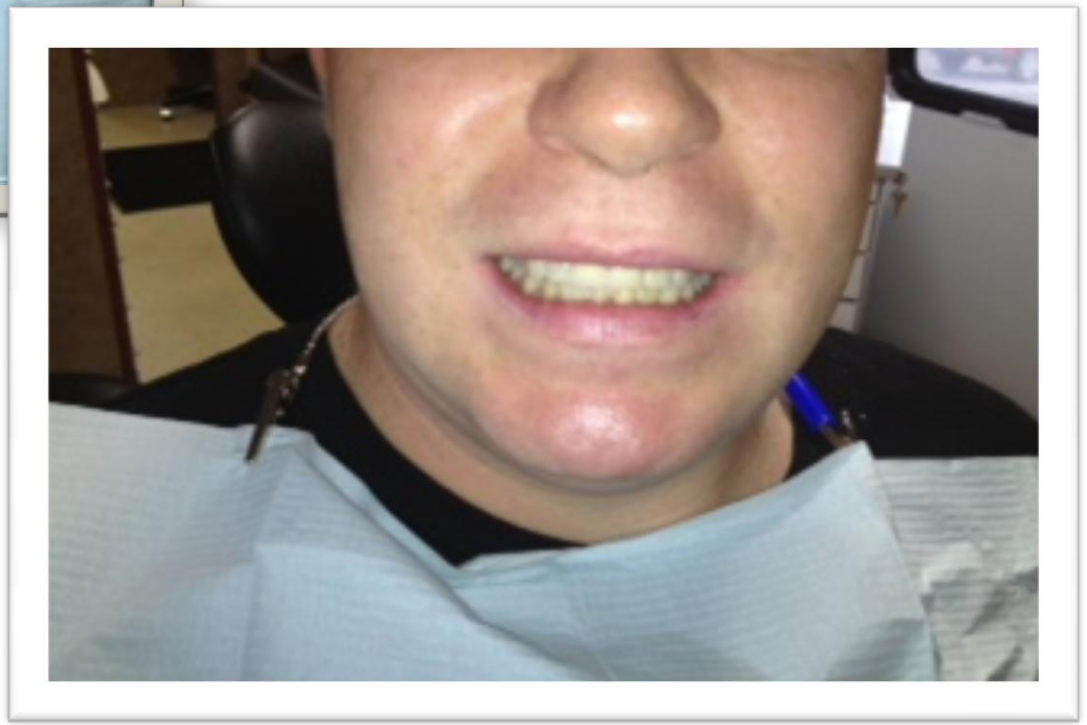
Next Steps 2013

- Developing Oral Health evaluation plan to accompany operational plan 2013.
- Evaluation work group from within Oral Health team to meet in 2013.
- Second or recall visit feedback collection to be developed.
- Detailed Peterborough County and City Oral Health report planned for Q1 and Q2 in 2013 to consider all available data, service need and services available – looking at emergency response, census, Insurance provider, provincial and national research and reports.

Next Steps 2013 *(cont'd)*

- Developing communication materials and activities to increase knowledge and partnership across the Health Unit and raise awareness in the community.
- Continued identification of staff training opportunities for treatment and service delivery options.
- Explore times and days CDHCs are open to clients.
- Review locations for mobile CDHC.
- Develop further use of social media for client retention and awareness raising.





Staff Report

2013 Cost-Shared Public Health Budgets

Date:	November 14, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Recommendation

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

- approve the 2013 cost-shared budget for public health programs and services in the total amount of $7,225,542; and,
- direct Management to request the County of Peterborough to maintain the same funding level as in 2012 .

Financial Implications and Impact

This budget includes all cost-shared budgets funded by the MOHLTC as well as City, County and First Nations, but does not include other programs and services of the Health Unit funded 100% MOHLTC or by other Ministries of the Province. These will be provided to the Board as budget information becomes available.

The cost shared budget in the amount of $7,225,542 represents an increase of $140,215 over the final provincial approved 2012 budget of $7,085,327. This is an overall 1.98% budget cost increase to the funding partners.

To maintain 2012 operations into 2013, the following increases are projected:

Known and anticipated contracted wages and benefits	$140,456
Re-establish savings from voluntary leaves of absence in 2012	$75,000
Rate increase to Ontario Municipal Employees Retirement System	$56,521
Allowance for inflation	$29,481
Loss of provincial revenue for Enhanced Children In Need of Dental Treatment	$20,891
Loss of revenue from Genetics Program	$27,706
Loss of revenue Healthy Smiles start-up and Health Canada	$27,191
Anticipated losses of clinic fees, OHIP fees	$30,248
Parking gate, interest and other revenues	$28,864
Total 6.1% increase budget costs	**$436,358**

Based on a reasonable expectation of funding available from the funding partners, the Executive committee determined that the budget increase should cost no more than 2% increase, an increase of $140,215.

As a result Executive and Management Committees endorsed the following measures to reduce the budget to 2%:

- No allowance for an increase to employee compensation in 2013 which would result in a savings of $41,548 (OPSEU contract expires April 30, 2013).

- No allowance for general inflationary pressures as local CPI is currently less than 2% (no programs should lose any significant buying power). Allowing for known rental increase costs, this would result in a Savings of $26,225.

- A reallocation of staff, to maximize salary and benefit funding available through 100% funded provincial programs resulting in a savings of $55,102 to cost-shared programs.

- A continuation of existing over-time management practices resulting in a savings of $11,344.

- A line by line consideration of reductions based on 2012 operations to September 30, 2012 resulting in a savings of $61,370.

- To utilize revenue streams and program reserves of $77,314 available for Health Unit Food Security programs in 2013.

Finally, based on an analysis of operations back to 2007, it was determined that the remaining funding shortfall of $22,284 should reasonably be managed within naturally occurring salary gapping during normal course of operations. Management will closely monitor gapping in 2013 and if need be, in the second half of the year manage gapping by holding staff vacancies unfilled until the necessary savings are achieved.

The funding agreement between the City and County indicates that the local share from the municipalities will be funded on a per capita basis. Past practice as agreed to by the Board is that the per capita allocation is based on the most recently available census population for the year of census. The 2011 census data was released in February of 2012 and has been used as the basis for the per capita allocation to the City and County. The census revealed a 4.4% growth in City population and a 2.2% drop in County population. In 2013 the overall local share of Health Unit costs on a per capita basis has not increased and remains at $13.40 per person. The allocation between City and County reflect the shift in population with the City share being $1,053,484 (was $1,005,008 in 2012) and the County's share based on census population should drop slightly by $21,477. Management proposes that the County maintain the same level of funding as in 2012 at $756,134 with $21,477 be retained by the Health Unit to allow management to take advantage of provincial funding at three times the local share to address any emerging program needs during 2013 or subsequent years.

Decision History

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

The 2013 budget is prepared on the basis of 75% funding grant from the Ministry of Health and Long-Term Care (MOHLTC), and 25% from the County of Peterborough, City of Peterborough, Curve Lake First Nation and Hiawatha First Nation. The County of Peterborough, City of Peterborough fund the Health Unit based on census population data. Curve Lake First Nation and Hiawatha First Nation contribute based on funding agreements with the Board of Health.

The MOHLTC has not yet provided the Health Unit with budget guidelines for 2013.

Background and Rationale

A letter dated July 11, 2012 from the City of Peterborough requested the Health Unit consider "no more than 2%" as an increase for 2013. While the province has not released a 2013 budget target, provincial staff hinted that at most Public Health programs could expect a 2% increase. It was determined by Executive committee to look at developing a budget with no more than a 2% total budget increase.

Strategic Direction

The 2013 budget will impact the Health Unit's ability to meet the Ontario Public Health Standards. Given that resources are less than needed, the Health Unit will continue the process of reviewing operations to determine how best to allocate and maximize what the Health Unit does have to gain the most public health benefits to the community.

Attachments

Attachment A – Draft 2013 PCCHU Cost-Shared Budget Summary by Program

Contact:

Brent Woodford,
Director Corporate Services
(705) 743-1003, x231
bwoodford@pcchu.ca

PETERBOROUGH COUNTY CITY HEALTH UNIT

14-Nov-12

DRAFT 2013 COST-SHARED PUBLIC HEALTH BUDGET

		2013 Budget	2012 Budget	Change	% Increase
	EXPENDITURES				
1	Salaries and wages	4,998,777	4,934,869	63,908	1.30%
2	Employee benefits	1,329,468	1,297,880	31,588	2.43%
3	% benefits of salary and wages	26.60%	26.30%		
4	Staff Training	35,535	34,035	1,500	4.41%
5	Board/Volunteer Training and recognition	41,340	43,640	-2,300	-5.27%
6	Travel	90,272	90,272	0	0.00%
7	Building Occupancy	235,621	233,321	2,300	0.99%
8	Office Expenses, Printing, Postage	32,820	32,820	0	0.00%
9	Materials, Supplies	332,462	380,413	-47,951	-12.60%
10	Office Equipment	7,315	7,315	0	0.00%
11	Professional and Purchased Services	367,494	407,064	-39,570	-9.72%
12	Communication costs	120,157	120,157	0	0.00%
13	Information and Information Technology Equipment	56,299	56,299	0	0.00%
	EXPENDITURES	**7,647,560**	**7,638,085**	**9,475**	**0.12%**
	FEES & OTHER REVENUES				
14	Expenditure Recoveries Flu, HPV, MenC	37,300	37,600	-300	-0.80%
15	Expenditure Recoveries & Offset Revenues	384,718	494,267	-109,549	-22.16%
	FEES & OTHER REVENUES	**422,018**	**531,867**	**-109,849**	**-20.65%**
	NET EXPENDITURES - Cost Shared Budget	**7,225,542**	**7,106,218**	**119,324**	**1.68%**
	PARTNER CONTRIBUTIONS - 2013				
16	Ministry of Health (Cost Shared Programs)	5,419,157	5,312,899	106,258	2.00%
17	County of Peterborough	734,657	756,134	-21,477	-2.84%
18	City of Peterborough	1,053,484	1,005,008	48,476	4.82%
19	Curve Lake First Nation	8,702	8,415	287	3.41%
20	Hiawatha First Nation	2,811	2,871	-60	-2.08%
21	Local Reserves needed to match Provincial funding	6,731	0	6,731	
	FUNDING PARTNER CONTRIBUTIONS	**7,225,542**	**7,085,327**	**140,215**	**1.98%**
	Balanced Budget in 2013	**0**	20,891	CINOT not approved by Province	

Salary & Benefit Assumptions

1 No additional provincial freeze therefore have applied ONA & CUPE agreements
2 OPSEU assumed no rate increase effective May 1, 2013
3 OMERS rate is known 13.2% increase
4 Non Union assumed no rate increase
5 No allowance for salary adjustments such as Pay Equity

Other Assumptions

Budget includes Cost-shared: Manadatory prgs, CINOT, cost shared SDW and Flu, HPV and Men C activities.
Flu prg. administer approx. 3,800 immunizations (same as 2012) - a loss of approx. $11 per every additional immunization.
No additional increase in occupancy except for O'Carroll lease.
Allows for 0% inflation in 2013.
Assumes province will continue funding 100% of enhanced MOH salary - currently there is no agreement.
Assumes no significant change to HPV or MenC immunization levels.
Budget does not allow for increased swine, bird or seal flu activities.
Budget does not consider any significant changes to operational plans which could increase or decrease costs.
Budget includes all Come Cook Program (Food Security).
Allocation of local contributions beween City and County based on published 2011 population census data.
First Nation allocations are estimate of per capita cost based on band provided population number.
Local Reserves needed per line 21 represents the cost of the difference in Band population versus census data.

Staff Report

Genetics Program Update

Date:	November 14, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Recommendations

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

Financial Implications and Impact

The Genetics Program will be transferring to the Peterborough Regional Health Centre (PRHC) effective January 1, 2013.

The transfer of the Genetics Program will result in a loss of total revenues of $238,010. However, the Board receives only $27,706 in administrative charges for the program and the budget has been frozen for a number of years, so the loss will not have a significant financial impact. The allocation for overhead expenses does not cover the cost of administering the program. We will also transfer a reserve of approximately $24,000 to PRHC.

Decision History

At its June 9, 2010 meeting, the Board approved the relocation of the Genetics Program to the Peterborough Regional Health Centre (PRHC) and authorized staff to meet with representatives of PRHC to discuss the terms of relocation.

The Board received an update on this process at its November 9, 2011, meeting.
This report provides the Board with an update on the delays that have been experienced and a revised timeline for transfer.

Background

In the early 1990's, a partnership between PCCHU and the Kingston General Hospital was formed to provide genetic counselling services on an outreach basis through PCCHU. When the Local Health Integration Networks (LHINs) were formed, the funds for this program were transferred to the Central East LHIN and arrangements were made to have PRHC flow the funding to PCCHU. Since 2010, it has been the intent to transfer the program to PRHC and a number of dates were proposed, but due to internal hospital issues, the transfer program stalled until recently.

Now the hospital has restructured its management team and intends to complete the transfer, with a proposed transfer date of December 31, 2012.

Rationale

There are a number of advantages to the transfer:

1) Most of the provincial genetics programs are delivered by hospitals, not boards of health. Genetics is a clinical service which fits best within a medical context, with the appropriate visibility and integration with outpatient services.
2) PRHC will be locating the Genetics Program under the "Women and Children Program", which is where a majority of the referrals come from, so the relocation will allow for better client service.
3) The Hospital has better access to geneticists through the Ontario Telehealth Network (OTN) than PCCHU.
4) As an outreach site, PCCHU has only one genetics counsellor and one clerical staff working full-time on the program. A geneticist comes to Peterborough twelve times per year (usually two or three days every couple of months) and the hospital may be able to identify opportunities to expand and enhance this service, as well as develop it into a regional program with stronger links to existing referral centres.
5) The program will remain in Peterborough.
6) The program budget has been frozen for a number of years. The hospital will more easily be able to advocate for enhanced funding on its own and through the Ontario Hospital Association (OHA).
7) The LHIN has directed PRHC to take the program.
8) A number of alliances and partnerships have been developed between other programs and Genetics, but these can continue with the relocation to PRHC.

We receive $238,010 for the program, but are only able to apply $27,706 in overhead costs. The allocation of overhead costs does not cover the true cost of administering the program. The program budget has been frozen for a number of years. We have been balancing the budget by using deferred revenues, but these will be used up in the near future. We have deferred revenues of approximately $24,000 which would also be transferred to the hospital.

Strategic Direction

Divesting genetics counselling will allow us to ***continue to meet our mandate*** through focusing on population health.

Contact:

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Staff Report

Insurance Renewal

Date:	November 14, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Recommendations

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

- renew our insurance coverage at the proposed rate for the year 2012 to 2013; and,
- direct staff to prepare a Request for Proposals for insurance coverage to be posted fall of 2013.

Financial Implications and Impact

Accepting the recommendation to renew our insurance will result in a new insurance rate of $51,048. This is a $1,605 increase or 3.1% over the last renewal rates.

Decision History

Insurance is renewed on an annual basis by Board motion. The Health Unit insurance was last renewed by Board motion at the December 14, 2011 meeting.

Background

The Board maintains a variety of insurances including property, fire and theft, liability, errors and omissions and automobile. Staff are not recommending any changes to existing coverages at this time.

If the proposed renewal is accepted, the costs will be:

	Current Cost	Proposed Renewal	Increase	%
General Liability	$ 22,380	$ 22,380	$ .00	0
Errors and Omissions	$ 13,747	$ 13,747	$ .00	0
Non-Owned Auto	$ 90	$ 90	$ .00	0
Environmental Liability	$ 1,562	$ 1,562	$ .00	0
Comprehensive Crime	$ 1,000	$ 1,100	$ 100	10
Board Member Accident	$ 528	$ 528	$ .00	0
Legal Expense	$ 625	$ 700	$ 75	12
Property	$ 7,611	$ 7,625	$ 14	1.2
Equipment Breakdown	$ 739	$ 761	$ 22	3
Owned Auto	$ 1,161	$ 2,555	$ 1,394	220
Total:	$ 49,443	$ 51,048	$ 1,605	3

The increase in the comprehensive crime coverage is due to the case of employee theft we experienced earlier in the year.

The increase for legal expense is due to our claiming under insurance for our costs defending at a Human Rights Tribunal.

The owned auto is our mobile dental unit. The increase is due to a pricing error on the insurance company's part last year. When we first acquired insurance for the dental unit, the insurer made a pricing error and by the time the error was picked up we had already paid the premium so the insurer agreed to hold the price until the next renewal. Now that the insurance has to be renewed, the insurer is bringing us up to the actual price.

Rationale

The overall cost increase for the proposed renewal is 3.1%, which is a reasonable increase, and the majority of the increase is due to a previous year's pricing error on the part of the insurer, so acceptance is recommended.

Insurance is one of the few acquisitions legislation allows us to obtain without going to tender. However our cost of insurance is now over $50,000 annually and while we have received good service from the insurer in the past, seeking competitive quotes may allow us to achieve a savings.

Strategic Direction

Renewal of our insurance will allow us to ***continue to meet our mandate*** through the provision of Health Unit programs and services.

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Board of Health

Liability

Presentation to: Board of Health

By: Brent Woodford, MHSc, MBA, CHE

Date: November 14, 2012

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

Overview

Part One

- General Liabilities
  - Statutory Liability
  - Determining Liability
  - Due Diligence

Part Two

- Specific Public Health Liabilities
  - Statutory Liability Exemption
  - Board Duties and Responsibilities
  - Board Governance
  - No Exemptions

Liabilities By Law and Custom

- Boards must meet requirements of legislation
  - EG: *Health Protection and Promotion Act* (HPPA), sections of *Non-Profit Corporations Act* (when proclaimed)
  - Specifically exempted from *Corporations Act* and *Corporations Information Act*
- Also subject to "Custom"
  - Also called Court Made Law or Judicial Law

Statutory Liabilities

- Statutory/Legislated Liability
  - Responsible for Income Tax, Employment Insurance and WSIB remittances
    - Can be held personally liable
  - Compliance with *Employment Standards Act*
  - Occupational Health and Safety
  - *Human Rights Code*

Custom

- Courts have ruled Board is liable when conduct falls short of an established "standard of care"
  - ie: conduct below what would be expected of a Board made up of "reasonable persons"
  - "Reasonable person" test considers the level of knowledge and training a "reasonable person" would bring to the Board table
    - Tricky as may be higher standard in some cases
      - eg: C.A. on finance committee held to higher standard than someone without accountancy training
      - P.Eng on property committee would be held to higher standard than someone without engineering degree

Due Diligence

- Boards protect themselves by conducting due diligence
  - Establish system for preventing non-compliance
  - Train employees in applying the system
  - Documentation
  - Monitor and adjust system
  - Ensure adequate authority is given to appropriate employees
  - Plan remedial action in case system fails

Specific Public Health Liabilities

Statutory Exemption:

- Section 95(1) of *Health Protection and Promotion Act* states:
  - No action or other proceeding for damages or otherwise shall be instituted against the Medical Officer of Health, a member of a Board of Health or an employee of a Board or of a municipality who is working under the direction of a MOH for any act done or not done in <u>good faith</u>.

Specific Public Health Liabilities

BUT:

- Subsection (1) does not apply to prevent an application for judicial review or a proceeding that is specifically provided for.
- Subsection (1) does not relieve a board of health from liability for damage caused by negligence of or action without authority by a person referred to in subsection (1).

Specific Public Health Liabilities

Time Limit:

- *Limitations Act* (section 4) states:
  - Unless this Act provides otherwise, a proceeding shall not be commenced in respect to a claim after the second anniversary of the day the claim was discovered.

Specific Public Health Liabilities

- We carry errors, omissions and exceptions insurance for protection of board

Specific Public Health Liabilities

- Board should know duties of Board of Health as specified in HPPA
  - Section 4 – duties
  - Section 5 – programs and services
  - Section 6 – public health services to schools
  - Section 7 – Minister may publish guidelines
  - Section 9 – provision of additional services

Specific Public Health Liabilities

- Section 12 – MOH to be informed on matters of occupational and environmental issues
- Section 13 – MOH or PHI to issue orders in respect to health hazards
- Section 61 – Board to superintend these duties

Specific Public Health Liabilities

- Governance duties:
  - Review policies, procedure and practices
  - Be assured staff carrying out specified functions
    - Could request standing agenda item “MOH Report on Compliance with Obligations under HPPA”
  - Could request “Duty of Care Report” be submitted

Specific Public Health Liabilities

No exemption from liability for bad governance

- Krever Inquiry into the blood tragedy:

  "Everyone's responsibility to ensure the integrity of the public health system, especially its governors"

- Section 42 of HPPA outlines obstruction of the duties of MOH or PHI

Summary

- Statutory protection for Board operating in good faith
- PCCHU carries EO&E insurance
- Board members must be aware of general duties, responsibilities and obligations under HPPA and other pertinent legislation
- Our Board has processes in place to ensure to ensure due diligence
  - policies and procedures, reports, audits, appointments

Other Legislation

- A Board is also responsible under other Acts
  - *Municipal Freedom of Information and Protection of Privacy* MFIPPA)
  - *Personal Health Information and Protection of Privacy* (PHIPA)
  - *Building Code* *-Clean Water*
  - *Long Term Care* *-Mental Health*
  - *Mandatory Blood Testing* *- Municipal Act*
  - *Food Safety and Quality* *- Municipal Affairs*
  - *Conflict of Interest* *-Ministry of Government Services Act*
  - *Ontario Municipal Act* *- Pay Equity*
  - *Planning Act*
- Suggest Board request another presentation on these additional Acts