Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, April 9, 2014 - 4:45 p.m.
Council Chambers, City Hall
500 George St. N., Peterborough

1. Call to Order

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. **March 19, 2014**

6. Business Arising From the Minutes

7. Correspondence

8. New Business

8.1. **Presentation: Board Lead Fundraising: Challenges and Opportunities**
Neil Hannam, Executive Director, Ontario Shores Foundation for Mental Health

8.2. **Presentation: Changes to the Immunization of School Pupils Act**
Lindsay Pollard, Public Health Nurse

8.3. **Presentation: Changes to the Healthy Smiles Ontario Program**
Sarah Tanner, Supervisor, Oral Health Program

8.4. **Staff Report: Business Case for the Expansion of the Safe Sewage Program – Haliburton County**
Atul Jain, Manager, Inspection Services

8.5. **Resolutions for the 2014 Association for Local Public Health Agencies Annual General Meeting**
Larry Stinson, Director, Public Health Programs

8.6. **Committee Report: Governance**
Jim Embrey, Chair, Governance Committee

8.7. **Staff Report: 2014 Healthy Babies, Healthy Children Program Budget**
Bob Dubay, Accounting Supervisor

9. In Camera to Discuss Confidential Personal and Property Matters

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

May 14, 2014 – Council Chambers, Administration Building, 22 Wiinookeedaa Rd., Curve Lake First Nation

11. Adjournment

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

In Attendance:

Board Members:	**Councillor Andrew Beamer**
	Councillor Henry Clarke
	Mr. Jim Embrey
	Mayor John Fallis
	Ms. Rosanna Haroutounian
	Ms. Caroline MacIsaac
	Mr. Scott McDonald
	Councillor Lesley Parnell
	Deputy Mayor Andy Sharpe
	Councillor Trisha Shearer
	Mayor Mary Smith
	Chief Phyllis Williams, Chair
Staff:	**Dr. Rosanna Pellizzari, Medical Officer of Health**
	Ms. Brittany Cadence, Supervisor, Communications Services
	Mr. Atul Jain, Manager, Inspection Services
	Mr. Andrew Kurc, Epidemiologist
	Mr. Larry Stinson, Director, Public Health Programs
	Ms. Alida Tanna, Administrative Assistant
	Ms. Deanna VandenBroek, Health Promoter
	Mr. Brent Woodford, Director, Corporate Services
	Ms. Catherine Robinson, Secretary to the Board, Recorder

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1. Call to Order

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

2. Confirmation of the Agenda

Motion:
That the Agenda be approved as circulated.

DRAFT

Moved by: Mayor Smith
Seconded by: Ms. MacIsaac
Motion carried. (M-2014-42)

3. Declaration of Pecuniary Interest

Councillor Beamer declared a conflict on an item in Correspondence from North Bay Parry Sound regarding breast milk substitutes.

4. Delegations and Presentations

4.1. **Day in the Life – Substance Misuse Prevention Program**
Presenter: Deanna VandenBroek, Health Promoter

5. Confirmation of the Minutes of the Previous Meeting

Mayor Fallis requested an amendment to item 8.13, Long-Form Census.

MOTION:
That the Minutes of the February 12, 2014 meeting be accepted as amended.
Moved by: Councillor Clarke
Seconded by: Mayor Fallis
Motion carried. (M-2014-43)

6. Business Arising From the Minutes

Nil.

7. Correspondence

MOTION:
That the following documents be received for information and acted upon as deemed appropriate.
1. Email dated February 18, 2014 from the Association of Local Public Health Agencies (alPHa) to all Ontario Boards of Health regarding the Board of Health section general meeting at the 2014 Winter Symposium, February 21, 2014.
2. Email dated February 24, 2014 from alPHa to all Ontario Boards of Health announcing the date of their Annual General Meeting: Tuesday, June 3, 2014.
3. Letter dated February 25, 2014 from Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock, to Chief Phyllis Williams, Chair, in response to her initial letter dated February 7, 2014, regarding Bill 79, The Public Highway Transportation and Improvement Amendment Act.

DRAFT

4. Letter dated February 28, 2014 from Premier Wynne to Chief Phyllis Williams, Chair, in response to her initial letter dated February 7, 2014, regarding Bill 79, The Public Highway Transportation and Improvement Amendment Act.
5. Email dated March 4, 2014 from alPHa to all Ontario Boards of Health announcing the upcoming joint conference (Public Health and Primary Care), entitled Prevent More To Treat Less, scheduled to take place on June 4 & 5, 2014 in Richmond Hill, ON.
6. Letter dated March 10, 2014 from the alPHa to all Ontario Boards of Health regarding the Province's intention to allow the sale of VQA wines at Farmers' Markets in Ontario.
7. Email dated March 10, 2014 from alPHa to all Ontario Boards of Health regarding a call for nominations for the 2014 Joint Conference Awards.
8. Letters dated March 14, 2014 regarding e-cigarettes, from Board Chair Chief Phyllis Williams to:

- *The Honourable Rona Ambrose, Minister of Health*
- *Chair, Kawartha-Pine Ridge District School Board*
- *Chair, Peterborough-Victoria-Northumberland-Clarington Catholic District School Board*

9. Resolutions/Letters from other local public health agencies:
Durham

- *Developing an Access to Dental Care for Adults program*

North Bay Parry Sound

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

Northwestern

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

Simcoe Muskoka

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

Wellington-Dufferin-Guelph
Expansion of the Human Papillomavirus (HPV) vaccination program

Moved by: Deputy Mayor Sharpe
Seconded by: Mr. Embrey
Motion carried. (M-2014-44)

8. New Business

8.1. Presentation: Maternal and Infant Health: A Snapshot of the County and City

Andrew Kurc, Epidemiologist

MOTION:
That the presentation, Maternal and Infant Health: A Snapshot of the County and City, be received for information.

Moved by: Mayor Smith
Seconded by: Councillor Parnell

DRAFT

Motion carried. (M-2014-45)

8.2. **Staff Report: Safe Sewage By-Law and Disposal Fee Schedule**
Atul Jain, Manager Inspection Services

MOTION:

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

Moved by: Deputy Mayor Sharpe
Seconded by: Mayor Fallis
Motion carried. (M-2014-46)

8.3. **Presentation: Public Health Ontario's Annual Report on Vaccine Safety in Ontario, 2012**
Dr. Rosana Pellizzari, Medical Officer of Health

MOTION:
That the presentation, Public Health Ontario's Annual Report on Vaccine Safety in Ontario, 2012, be received for information.
Moved by: Councillor Parnell
Seconded by: Mayor Smith
Motion carried. (M-2014-47)

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

Dr. Pellizzari reported briefly on the Association of Local Public Health Agencies (alPHa) 2014 Winter Symposium. Two items from that meeting were circulated after the meeting, including a report on alPHa's 2014-16 Strategic Plan, and a report on the obligations of a board of health under the Municipal Act, 2001.

MOTION:
That Dr. Pellizzari's oral report on the alPHa 2014 Winter Symposium be received for information.

DRAFT

Moved by:	Councillor Clarke
Seconded by:	Mayor Fallis
Motion carried.	(M-2014-48)

9. <u>In Camera to Discuss Confidential Personal and Property Matters</u>

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

Moved by:	Councillor Parnell
Seconded by:	Mr. Embrey
Motion carried.	(M-2014-49)

MOTION:
That the Board rise from In Camera.

Moved by:	Mayor Fallis
Seconded by:	Mr. Embrey
Motion carried.	(M-2014-50)

Councillor Clarke departed the meeting during the In Camera session.

10. <u>Date, Time, and Place of the Next Meeting</u>

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

11. <u>Adjournment</u>

MOTION:
That the meeting be adjourned.

Moved by:	Councillor Beamer
Seconded by:	Mayor Fallis
Motion carried.	(M-2014-51)

The meeting was adjourned at 7:15 p.m.

Chairperson

Medical Officer of Health

DRAFT

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: April 9, 2014

Recommendation:

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

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1. Letter dated February 25, 2014 from the County of Peterborough to the former Board Chair, regarding Complete Streets.

2. Letter dated February 27, 2014 from Chief Phyllis Williams, Chair, to the Honourable Deb Matthews and the Honourable Liz Sandals, regarding the use of e-cigarettes on school property.

3. Letter dated March 17, 2014 from the Honourable Rona Ambrose, Minister of Health, to the former Board Chair, regarding infant formula advertising.

4. Letter dated March 19, 2014 from the Kawartha Pine Ridge District School Board to the Chair, Chief Phyllis Williams, regarding e-cigarettes.

5. Letter dated March 28, 2014 from the Chair, Chief Phyllis Williams, to the Clerk, County of Peterborough, regarding the Safe Sewage Disposal Program.

6. Letter dated March 28, 2014 from the Chair, Chief Phyllis Williams, to the Clerk, City of Peterborough, regarding the Safe Sewage Disposal Program.

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

   Grey Bruce Health Unit
   - Access to Dental Care for Adults
   - Fluoridation in drinking water
   - Human Papilloma Virus Vaccination Program

County of Peterborough

Our History. Your Future.

Administration
Clerk's Unit

Lynn Fawn, A.M.C.T.
Deputy Clerk/Office Supervisor

County Court House
470 Water Street
Peterborough, Ontario
K9H 3M3

Ph: (705) 743-0380 ext. 397
or 1-800-710-9586
Fax: (705) 876-1730

lfawn@
county.peterborough.on.ca

www.county.peterborough.on.ca

February 25, 2014

RECEIVED
FEB 27 2014
PETERBOROUGH COUNTY
CITY HEALTH UNIT

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

Dear Mr. Watton:

Re: Position Statement on Complete Streets

At its meeting held on February 19, 2014, Peterborough County Council passed the following resolution:

"Be it resolved that County Council:

1. Receives the Peterborough County-City Health Unit's letter dated February 6, 2014 regarding its Position Statement on Complete Streets.

2. Refers this matter to the Director of Public Works.

Should you have any questions, please contact Chris Bradley, Director of Public Works at 705-775-2737 ext. 330.

Thank you for consideration of this matter.

Yours truly,

Lynn Fawn
Deputy Clerk/Office Supervisor

/sh

c: G. King, CAO, County of Peterborough
C. Bradley, Director of Public Works

March 27, 2014

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

The Honourable Liz Sandals
Minister – Minister's Office
Ministry of Education
14th Floor, Mowat Block
900 Bay Street
Toronto ON M7A 1L2

Dear Ministers:

On February 12, 2014, the Board of Health for the Peterborough County-City Health Unit approved a recommendation to advocate that the Ministry of Health and Long-Term Care and the Ministry of Education prohibit the use of e-cigarettes on all school property.

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

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

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

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

among youth and young adults, and could potentially lead to an increase in dual use (e-cigarettes and traditional cigarettes).

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

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

The Board of Health urges your Ministries to seriously consider the prohibition of e-cigarettes on school property. Your prompt attention to this matter would be greatly appreciated.

Yours in health,

Original signed by

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

/at

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

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

Minister of Health | Ministre de la Santé

Ottawa, Canada K1A 0K9

MAR 17 2014

RECEIVED
MAR 21 2014
PETERBOROUGH COUNTY
CITY HEALTH UNIT

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

Dear Mr. Watton:

Thank you for your letter of October 30, 2013, concerning infant formula advertising.

Health Canada and the Public Health Agency of Canada support and promote breastfeeding as the normal and unequalled way to feed infants and young children. Breastfeeding is important for their nutrition, immunologic protection, growth and development. Our initiatives related to breastfeeding have historical roots in the *International Code of Marketing of Breast-milk Substitutes*, which was adopted by the World Health Assembly in 1981.

Canada, as a member state of the World Health Organization, recognizes the significance of this marketing Code, and, after it was adopted, the Department obtained the unanimous support of the provinces and territories for the aim and principles of the Code. At that time, all jurisdictions agreed that the Code should be implemented in Canada through health promotion, education and collaboration, rather than through legislation or regulations, in consideration of the limitations of our authority to prohibit the advertising of a safe product under the *Food and Drugs Act* and the *Food and Drug Regulations.* Health Canada and the Agency continue to support this position. In addition, the federal government strongly urges the infant formula industry to support and implement these principles.

Health Canada is currently working with the Agency, the Canadian Paediatric Society, Dietitians of Canada, the Breastfeeding Committee for Canada and other experts to review and update infant feeding recommendations to ensure

.../2

Canada

that the best and most current information is available to health professionals to assist them in providing advice to parents and caregivers. These recommendations strongly support exclusive breastfeeding up to six months and sustained breastfeeding for up to two years and beyond, as long as mother and child wish to continue, with appropriate complementary feeding. It is also recognized, however, that some infants may not be breastfed for personal, medical or social reasons. These families need support to optimize their child's nutritional well-being.

I hope that my comments are helpful in addressing your concerns.

Yours sincerely,

Rona Ambrose

The Hon. Rona Ambrose, P.C., M.P.

KAWARTHA PINE RIDGE
DISTRICT SCHOOL BOARD

RECEIVED
APR 0 2 2014
PETERBOROUGH COUNTY
CITY HEALTH UNIT

March 19, 2014

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

Dear Chief Williams:

Re: Correspondence of March 14, 2014

On behalf of the Kawartha Pine Ridge District School Board, I would like to extend our thanks and appreciation to you, Dr. Pellizzari, and the Peterborough County-City Health unit for your continued advocacy on behalf of our students.

First and foremost, we are educators. We rely on the direction of public health authorities in managing issues of broader community health concerns.

With respect to the issue you have raised, it is my understanding that the use of e-cigarettes is a relatively new area for public health. It is certainly a new issue for us, and I am pleased to share that we have no indication that this is an issue of current concern within our schools.

As you know, our board policy prohibits the use of traditional cigarettes on all school and board property. I can assure you that, based in-part on your recommendation, our current prohibition on cigarettes extends to include e-cigarettes as well.

In closing, I would simply add that our students continue to be the ultimate benefactors of the cooperative and collaborative relationship our organizations share. We look forward to continuing this successful partnership in all areas of student health and well-being.

Sincerely,

Diane Lloyd
Chairperson of the Board

Trustees:

Diane Lloyd
(Chairperson)

Rose Kitney
(Vice-chairperson)

Cathy Abraham
Steven Cooke
Cyndi Dickson
Gordon Gilchrist
Jaine Klassen Jeninga
Angela Lloyd
Wes Marsden
Shirley Patterson
Roy Wilfong

Sydney Leguard
(Student Trustee)

W.R. (Rusty) Hick
Director of Education

EDUCATION CENTRE
1994 Fisher Drive
Peterborough, Ontario
K9J 6X6

(705) 742-9773
1 (877) 741-4577
Fax: (705) 742-7801

Website: www.kprschools.ca

March 28, 2014

Warden Jones and Council
County of Peterborough
c/o Ms. Sally Saunders, Clerk
County Court House, 470 Water Street
Peterborough, ON K9H 3M3
SENT VIA E-MAIL: ssaunders@county.peterborough.on.ca

Dear Ms. Saunders:

At its March 19, 2014 meeting, the Board of Health for the Peterborough County-City Health Unit passed the following motion:

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

- *receive the staff report, Safe Sewage Disposal Program – Renewal of Agreements with the County and City of Peterborough, for information; and*
- *recommend to the County of Peterborough that the appended five year draft by-law (with fee schedule) be approved.*

Moved by: *Deputy Mayor Sharpe*
Seconded by *Mayor Fallis*
Motion carried.

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

Thank you for your assistance with matter.

Sincerely

Original signed by

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

/at

Encl.

March 28, 2014

Mayor Daryl Bennett and Council
City of Peterborough
c/o Mr. John Kennedy, Clerk
500 George St. N.
Peterborough, ON K9H 3R9
SENT VIA E-MAIL: jkennedy@peterborough.ca

Dear Mr. Kennedy:

At its March 19, 2014 meeting, the Board of Health for the Peterborough County-City Health Unit passed the following motion:

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

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

Moved by: *Deputy Mayor Sharpe*
Seconded by *Mayor Fallis*
Motion carried.

A copy of the report is enclosed. If you feel a presentation to City Council would be beneficial, please let us know. We also request that we be informed when this matter will be discussed and voted upon at City Council.

Thank you for your assistance with matter.

Sincerely

Original signed by

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

/at

Encl.

March 14, 2014

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

Dear Minister Matthews:

Re: A Provincial Approach to Community Water Fluoridation

On February 28, 2014 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Simcoe-Muskoka District Health Unit regarding community water fluoridation. The following motion was passed:

Motion No: 2014-13

Moved by: Gary Levine Seconded by: Bob Pringle

"That, the Board of Health for the Grey Bruce Health Unit support the resolution from Simcoe Muskoka District Health Unit, advocating for the provincial government to amend regulations of the Safe Drinking Water Act requiring community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada recommended level of 0.7 mg/L); and that the Province provide the funding and technical support to municipalities required for community water fluoridation; and further that the Minister of Health and Long-Term Care be so advised."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

simcoe muskoka
DISTRICT HEALTH UNIT

January 15, 2014

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

Dear Minister Matthews:

Re: A Provincial Approach to Community Water Fluoridation (CWF)

The Simcoe Muskoka District Health Unit Board of Health commends the leadership demonstrated by the province in its recent commitment to oral health, child wellbeing and poverty reduction through its expansion of Healthy Smiles Ontario. It is important now that such a valuable public health investment be safeguarded through the protection of community water fluoridation.

The practice of water fluoridation has been described as one of the greatest public health achievements of the 20th Century. The use of fluoride in drinking water is a safe, effective, economical means of preventing dental caries. The studies are clear and unequivocal and the benefits of fluoridation are well documented.

While the support for water fluoridation continues to be unwavering from the public health community, municipalities in Ontario have been and continue to be faced with determined and persistent efforts to not initiate or to discontinue community water fluoridation by committed opponents of fluoridation.

The task of defending water fluoridation at the local level is resource intensive, can extend over long periods of time and draws public health expertise and energies away from other important issues. When public health units are required to advocate at various municipalities concurrently the demand is unmanageable, and too often ends in a loss of community water fluoridation.

Despite the best efforts of boards of health, a substantial number of municipalities in Ontario have discontinued community water fluoridation; over the last five years, this loss has affected almost half a million people (471,590), or almost 4% (3.66%) of Ontario's population.

In Ontario the responsibility resides with municipal governments to authorize community water fluoridation, under the Fluoridation Act. Yet, jurisdictions that have legislated community water fluoridation at the state, territorial or national level of government have been more effective in providing CWF to their respective municipal populations, with resulting reductions in dental decay.

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

Public health groups have been advocating for a provincial approach to Community Water Fluoridation since 2007. More recently, in 2011 and 2012 three resolutions to this effect have been passed by Ontario Public Health Association, Public Health Agency, Association of Local Public Health Agencies and the Registered Nurses' Association of Ontario. While these resolutions have raised the profile of CWF as an important public health issue, the resulting action toward a provincial approach has been disappointing.

The Board of Health for the Simcoe Muskoka District Health Unit, at its Board of Health meeting on January 15, 2014, endorsed a resolution (background information attached) advocating for the provincial government to amend regulations of the Safe Drinking Water Act requiring community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of 0.7 mg/L), and that the Province provide the funding and technical support to municipalities required for community water fluoridation.

This resolution is a more strongly and specifically stated call for provincial legislative, financial and technical support to safeguard oral health through community water fluoridation. It is in recognition of the observation that state, provincial, territorial and national governments that have done so, have been more successful in providing fluoridated drinking water to larger percentages of their citizens. It is also in recognition of our experience that without such provincial leadership Ontario is losing fluoridation in many of its communities with an anticipated resulting loss to oral health.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

BW:CN:cm

Att. (1)

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

Background – **Resolution on Provincial Commitment to Community Water Fluoride**

SPONSOR: Simcoe Muskoka District Health Unit

Oral Health – More than Just Cavities: A Report by Ontario's Chief Medical Officer of Health. April 2012.
http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf

> "The practice of water fluoridation is one of the greatest public health achievements of the 20th Century. More than 90 national and international professional health organizations including Health Canada, the Canadian Public Health Association, the Canadian Dental Association, the Canadian Medical Association, the U.S. Centers for Disease Control and Prevention, the National Institutes of Health and the World Health Organization have endorsed the use of fluoride at recommended levels to prevent tooth decay. The use of fluoride in drinking water is a safe, effective, economical means of preventing dental caries. The studies are clear and unequivocal and the benefits of fluoridation are well documented."

Since 1997 there have been 18 major reviews, including an expert panel convened by Health Canada in 2007 that have concluded that community water fluoridation is a safe and effective way to reduce dental decay. [i] While the support for water fluoridation continues to be unwavering from a public health perspective, municipalities in Ontario have been and continue to be faced with determined and persistent efforts to not initiate or to discontinue community water fluoridation by committed opponents of fluoridation.

To date many health units across Ontario have had little recourse other than to becoming involved in conflict with proponents of the anti-fluoridation movement. The task of defending water fluoridation is resource intensive, can extend over long periods of time and draws public health expertise and energies away from other important issues. In instances where public health units are required to advocate at various municipalities concurrently the demand is unmanageable. What has resulted is a public health struggle for water fluoridation across Ontario that is happening in multiple locations, unpredictable in its nature and too often has ended with a loss of community water fluoridation.

Despite the best efforts of boards of health, a substantial number of municipalities in Ontario have discontinued community water fluoridation; over the last five years, this loss has affected almost half a million people (471,590), or almost 4% (3.66%) of Ontario's population:

Total Population Coverage Loss from Fluoridation Challenges in Ontario 2008-2014

Community	Year Fluoridation Stopped	Population Served by Water System
Welland, Pelham, Fonthill, part of Thorold in Niagara Region	2008	49,540
Dryden in Northwestern Ontario	2008	6,500
Waterloo, St. Jacobs, Elmira in Waterloo Region	2010	121,700
Lakeshore in Essex County	2011	20,800
Amherstburg in Essex County	2012	20,000
Windsor, LaSalle, Tecumseh In Windsor Essex County	2013	239,000
Tottenham in Simcoe County	2013	4,850
Baysville in Lake of Bays in Muskoka District	2014	200
Huntsville in Muskoka District	2014	9,000
Total		471,590

Data on population coverage by water systems from the Ministry of the Environment
http://www.ene.gov.on.ca/environment/dwo/en/mapping/report/index.htm

If public health units are to fulfill the requirements under the Ontario Public Health Standards (OPHS) related to CWF that clearly support a health equity approach to improved oral health for Ontario's population, it is clear that an alternate collective solution must be found.

The Role of State, Provincial and National Governments

In Ontario the responsibility resides with municipal governments to authorize community water fluoridation, under the Fluoridation Act.

Jurisdictions that have legislated community water fluoridation at the state, territorial or national level of government have been shown to be more effective in providing CWF to their respective municipal populations, with resulting reductions in dental decay. For example California is one of 13 states in the USA that have mandated fluoridation and has increased population coverage from 17% in 1995 to 62.5% in 2011. Similarly, Queensland one of 7 states in Australia with mandated fluoridation increased from 5% to 86% between the years from 2008 to 2012. Countries that have nationally mandated on community water fluoridation include: Brazil, Hong Kong, Singapore, Ireland and Malaysia. Israel mandated fluoridation in 1988 with substantial improvements in fluoridation coverage since that time; however in 2013 the new Minister of Health who as a mayor of Herzliya opposed fluoridation signed into law a measure that makes fluoridation of communities optional rather than mandatory in 2014. [ii] [iii] [iv] [v] [vi] [vii] [viii] [ix] [x]

The Call to Strengthened Provincial Commitment for Community Water Fluoridation in Ontario

In 2007, a proposal was made by the Council of Ontario Medical Officers of Health through alPHa to the Ministry of Health Promotion to consider the development of an Ontario Fluoridation Office that would review scientific evidence, track fluoridation status and challenges in Ontario and evaluate Ontario for effectiveness of CWF.

In 2011, at alPHa's winter symposium a resolution was passed that the Association of Local Public Health Agencies (alPHa) *strongly and publicly state its support for the practice of community water fluoridation as a proven, cost-effective, safe and equitable public health intervention that significantly contributes to improving the overall health of the population, and further that the Association of Local Public Health Agencies call for the Province of Ontario to provide support, including provincial legislation and funding to municipalities for the fluoridation of community drinking water*.

Later that same year the Ontario Public Health Association passed a similar resolution supportive of the fluoridation of municipal drinking water and recommended adding under *the Safe Drinking Water Act, a regulation change mandating the fluoridation of drinking water at a concentration of 0.5-0.8ppm, with optimal levels at 0.7 ppm*, as evidence demonstrates that water fluoridation is a safe, economical, and proven public health measure to prevent dental caries in all age groups.

In 2012 the RNAO resolved a parallel motion to advocate *to the Ministry of Health and Long Term Care, to the Ministry of Municipal Affairs and Housing and to the Officer of the Premier that the regulations of the Safe Drinking Water Act be amended to mandate the fluoridation of municipal drinking supplies at the optimal concentration of 0.7 ppm or a range of 0.5 ppm to 0.8 ppm*.

While the resolutions cited in this background have raised the profile of CWF as an important public health issue, the resulting action toward a provincial approach has been disappointing. The resolution that we bring forward at this time for alPHa is a more strongly and specifically stated call for the province to require all municipal water systems to have fluoride concentrations sufficient to safely and effectively reduce dental decay, and for the province to provide funding and technical support to municipalities for this to occur. It is in recognition of the observation that state, provincial, territorial and national governments that have done so have been more successful in providing fluoridated drinking water to larger percentages of their citizens. It is also in recognition of our experience that without such provincial leadership Ontario is losing fluoridation in many of its communities with an anticipated resulting loss to oral health.

[i] Oral Health – More than Just Cavities: A Report by Ontario's Chief Medical Officer of Health. April 2012. http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf

[ii] Communication with Jane McGinley, RDH, MBA Manager, Fluoridation and Preventive Health Activities Council on Access, Prevention and Interprofessional Relations

[iii] Centers for Disease Control and Prevention. National Oral Health Surveillance System. Caries Experience - Percentage of 3rd Grade students with Caries Experience (treated or untreated tooth decay).
http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=2

[iv] Dental Public Health Activities & Practices. Office of Oral Health, California Department of Health Services April 2002
http://www.astdd.org/bestpractices/DES06002CAfluoridation.pdf

[v] Stock M, Pollick H. The CDA Foundation Model to Fluoridate Communities. California Dental Association Journal vol. 40, no. 8: 649 - 655
http://www.cda.org/Portals/0/journal/journal_082012.pdf

[vi] California Dental Association Foundation
http://www.cdafoundation.org/learn/advocacy/fluoridation

[vii] Loh, T. Thirty-eight years of water fluoridation--the Singapore scenario. Community Dent Health. 1996 Sep;13 Suppl 2:47-50

[viii] Loh, T. Thirty-eight years of water fluoridation--the Singapore scenario. Community Dent Health. 1996 Sep;13 Suppl 2:47-50

[ix] Zusman SP. Water Fluoridation in Israel: Ethical and Legal Aspects. Public Health Reviews, Vol. 34, No 1: 1-14

[x] Siegel-Itzkovich J. Professors slam change to water fluoridation policy. The Jerusalem Post 24/04/2013
http://www.jpost.com/LandedPages/PrintArticle.aspx?id=310965#

March 14, 2014

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

Dear Minister Matthews:

Re: Access to Dental Care for Adults

On February 28, 2014 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Middlesex-London Health Unit regarding access to dental care for adults. The following motion was passed:

Motion No: 2014-14

Moved by: Gary Levine Seconded by: David Shearman

"That the Board of Health for the Grey Bruce Health Unit supports Middlesex London Health Unit's recommendation urging the Ministry of Health and Long-Term Care to consider developing a program that provides both publicly-funded dental treatment and preventative services to low-income adult, including seniors."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

January 23, 2014

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

Dear Minister Matthews,

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

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

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

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

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

Sincerely,

ORIGINAL SIGNED BY

Marcel Meyer, Chairperson
Middlesex-London Board of Health

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

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663-5317 • fax: (519) 663-9581

www.healthunit.com
health@mlhu.on.ca

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy ON N7G 1Y5
tel: (519) 245-3230 • fax: (519) 245-4772

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 005-14

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 January 16

ACCESS TO DENTAL CARE FOR ADULTS

Recommendation

It is recommended that the Board of Health direct staff to advocate that the Ministry of Health and Long-Term Care develop a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors.

Key Points

- Ontario's universal health care system does not include dental care for adults.
- Low-income adults are far less likely to have access to any form of dental care.
- Poor oral health has health and financial costs to the individual as well as costs to the health care system, the economy, and society.
- The provincial government has previously committed to fund a dental program which includes low-income adults, although no adult program has yet been developed.

Background

Oral health affects overall health. Dental disease can cause pain and infection. Gum disease has been linked to respiratory infections, cardiovascular disease, diabetes, poor nutrition, and low birth weight babies. When people suffer from poor oral health, the impact can extend beyond medical concerns. It can affect learning potential, employability, school and work attendance and performance, self-esteem, and social relationships.

Cavities and gum disease are largely preventable and can be effectively treated. However, Ontario's universal health care coverage does not include dental care despite the teeth and mouth being important parts of the human body. Publicly-funded dental programs and services are primarily limited to children and recipients of Ontario Works and the Ontario Disability Support Program. Other adults must pay for their own dental care, sometimes with the assistance of employer-sponsored dental benefits.

For low-income adults, who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. Thousands of adults avoid seeking care from dentists for pain and infection in their mouths. Instead, they turn to medical doctors and emergency departments for antibiotics and painkillers which cannot address the true cause of the problem. In 2012, Ontario hospital Emergency Rooms had almost 58,000 visits for oral health problems. The South West Local Health Integration Network (LHIN), to which Middlesex-London belongs, had more visits than any other LHIN in Ontario at 6,822.

Political Context

When former Premier Dalton McGuinty announced his Poverty Reduction Strategy in 2008, he committed $45 million annually to dental care for low-income Ontarians. Some money was directed to

expanding the Children in Need of Treatment Program (CINOT) to include older youth up to age 18, and to creating the Healthy Smiles Ontario (HSO) program which is also for low-income children and youth.

Dr. Arlene King, in her 2012 report entitled ***More than Just Cavities***, recognized the health inequities created by income, education, and private dental insurance, and exacerbated by the lack of public funding for adult dental care. She called upon the Province to "explore opportunities for better integration and/or alignment of low-income oral health services in Ontario, including integration and/or alignment with the rest of the health care system".

The Association of Local Public Health Agencies (alPHa), the Ontario Oral Health Alliance, and the Association of Ontario Health Centres, along with Boards of Health across Ontario including Hamilton; Simcoe Muskoka; and Haliburton, Kawartha, Pine Ridge have since called upon the Province to expand publicly-funded care to include low-income adults. The alPHa resolution on this subject and examples of efforts from other Boards are included in Appendix A, Appendix B and Appendix C.

Local Advocacy

Current programs and services that help the children of low-income adults bring many of these people and their stories into the Health Unit. The Health Unit is able to deliver affordable teeth cleaning services to Ontario Works recipients and parents of Healthy Smiles Ontario (HSO) children through the SmileClean program. This program provides cleaning at the low cost of $30.00. However, the Health Unit and Province provide little else in terms of dental treatment or prevention to the more than 40,000 low-income adults in London and Middlesex County if they are not receiving Ontario Works. Dental treatment is often not available for those with acute dental needs. Those in pain often end up in emergency rooms where they may receive prescriptions for opioid drugs.

Staff members at the Health Unit and the Board of Health are well-positioned to advocate to the Province to include low-income adults, including seniors, among those eligible to receive publicly-funded dental care.

Conclusion

It is recommended that the Board of Health advocate that the Ministry of Health and Long-Term Care develop a program that provides both publicly-funded dental treatment and prevention (e.g. cleaning) to low-income adults, including seniors.

This report was prepared by Dr. Maria van Harten, Dental Consultant.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

This report addresses the Ontario Public Health Standards: Foundational Standard

March 31, 2014

The Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON N7A 2C4

Dear Minister Matthews:

Re: Human Papillomavirus (HPV)

On March 28, 2014 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered recommendations from Wellington-Dufferin-Guelph Public Health (WDGPH) regarding HPV vaccine coverage. A copy of the correspondence from WDGPH is attached hereto.

The following motion was passed:

Motion No: 2014-24

Moved by: John Close Seconded by: Mike Smith

"That the Board of Health supports Wellington Dufferin Guelph Health Unit recommendations regarding expansion of the publicly-funded HPV vaccination program."

Carried

The province is being urged to consider the following:

1. Expansion of the publicly-funded HPV vaccination program to include school aged males;
2. Align all school age vaccines to grade 7 to improve vaccine delivery efficiency;
3. Expand the HPV catch-up program for females in grade 9-12 to include females up to age 26;
4. Publicly fund the HPV vaccine for men who have sex with men, especially those with HIV; and
5. Provide a catch-up vaccination program for males in grades 9-12.

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Public Health

Head Office:
474 Wellington Road 18, Suite 100
RR #1 Fergus, ON N1M 2W3
T: 519.846.2715
1.800.265.7293
F: 519.846.0323
www.wdghu.org
info@wdghu.org

Wellington-Dufferin-Guelph Public Health

March 5, 2014

DELIVERED VIA E-MAIL

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:

Re: Human Papillomavirus (HPV)

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

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

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

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

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

.../2

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

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

Thank you for your timely consideration of this matter.

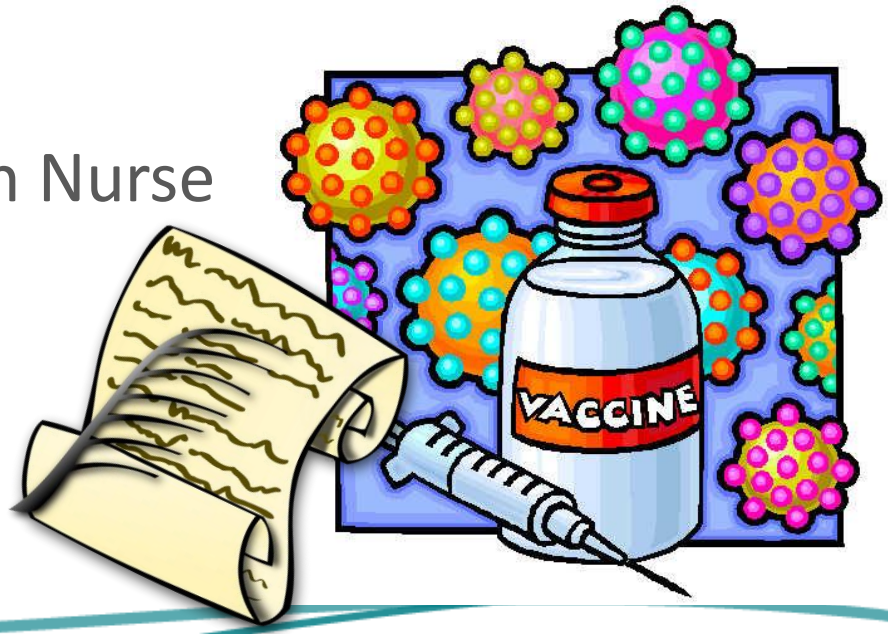
Sincerely,

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

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

Changes to the Immunization of School Pupils Act (ISPA)

Lindsay Pollard, Public Health Nurse
April 2014



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

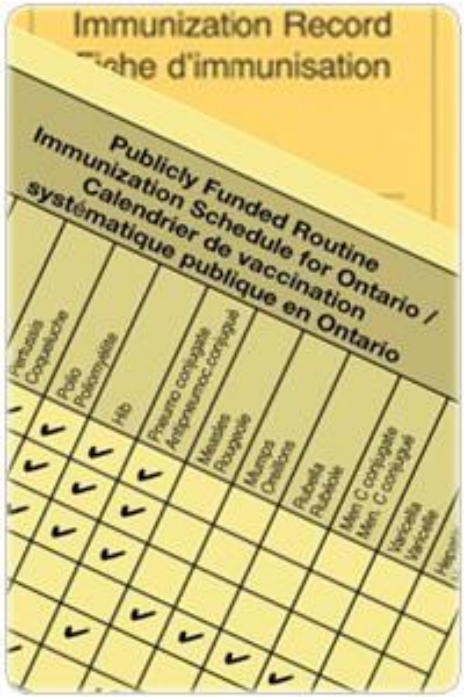
Why is the Act being changed?

Reason 1

- aligning with the current immunization schedule
  - to reflect current clinical guidelines
  - better protection for children
  - decrease risk of outbreak and burden of disease of pertussis, meningococcal disease, and varicella

Reason 2

- provides Health Units with the authority to collect and maintain records for three additional diseases:
  - assess coverage
  - identify public health risks

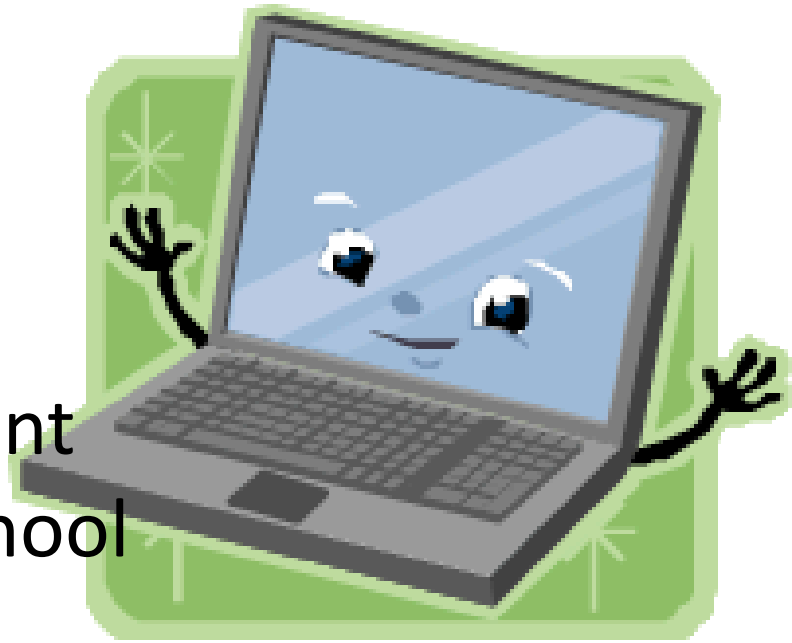


Reason 3

- improve ability for Health Units to collect complete and accurate student information
  - Ontario education number (OEN) to be the unique identifier for easy matching
  - improves accuracy
  - quickly match students (between the Health Unit and the School)

Panorama

- new immunization repository system
- improve accuracy
- reduce suspensions
- allow for nurses to document immunization onsite for school based vaccine clinics

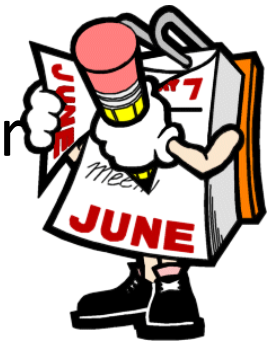


Reason 4

- allow public to easily access immunization exemption forms
  - user friendly
  - on-line
  - easy to submit to Heath Unit

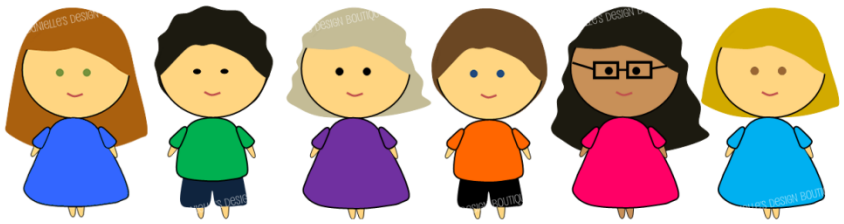
Timing

- September 2013:
  - authority for Health Units to maintain additional data elements and schools to submit appropriate records
- July 1, 2014:
  - align with Ontario's immunization schedule (dosing and intervals)
  - three additional diseases requiring proof for school attendance
  - exemption forms available on-line

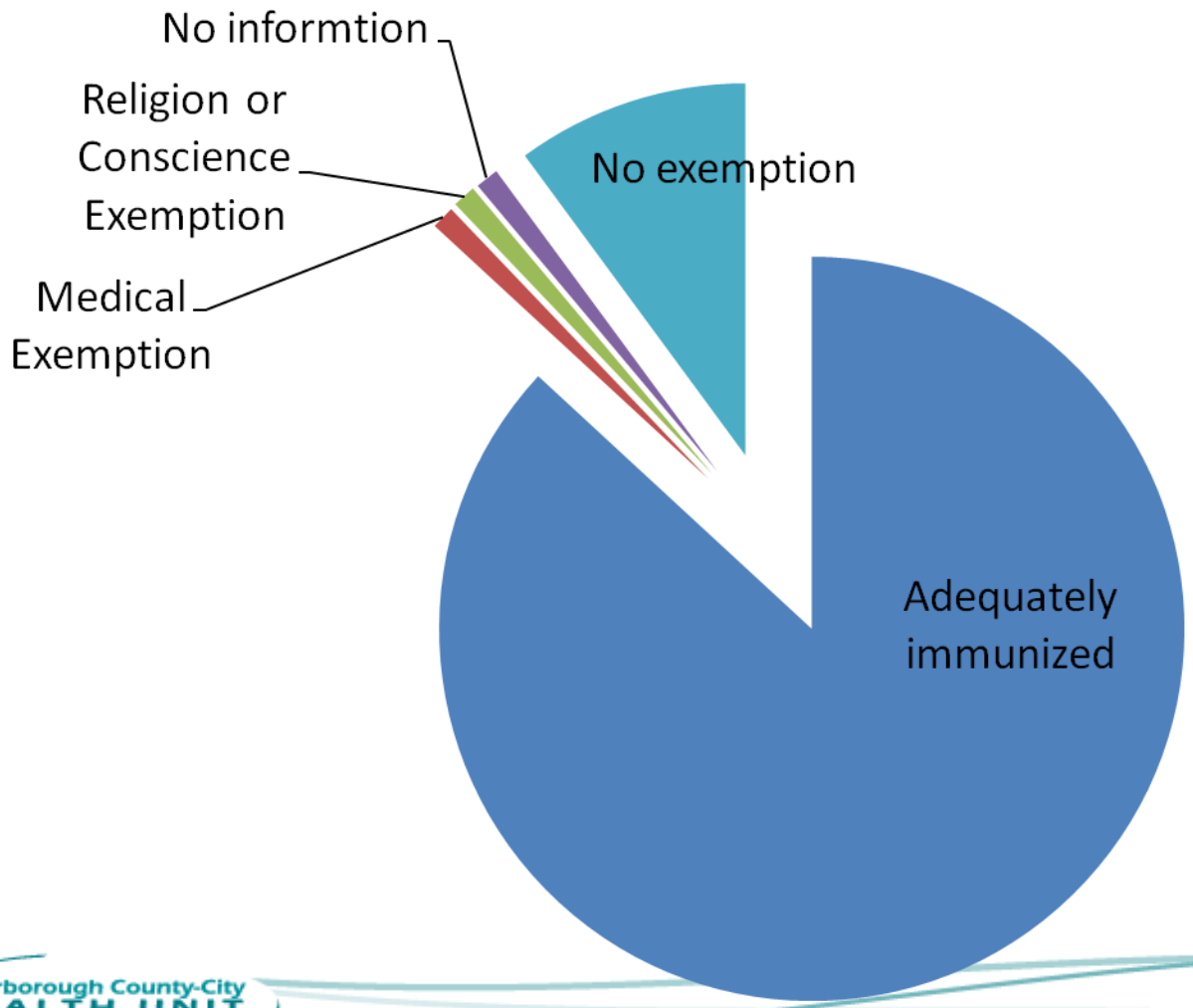


What parents and schools expect for the 2014/2015 school year

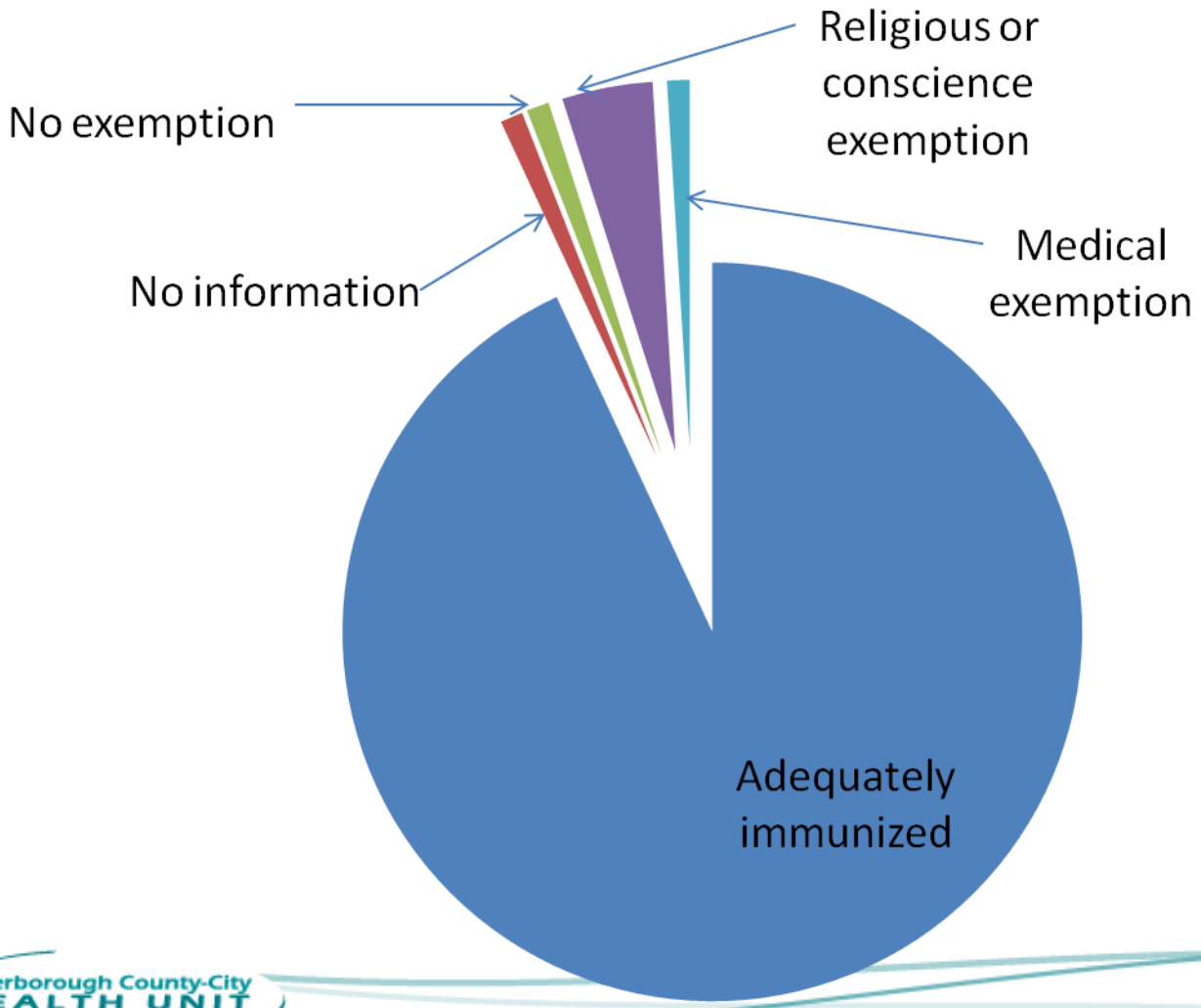
- Health Unit to request proof of immunization for all diseases under the ISPA including the three new diseases using the provincially publicly funded schedule
- exemptions to be on-line



Immunization Coverage for Peterborough Students for Diphtheria, Tetanus, Polio



Immunization Coverage for Peterborough Students for Measles, Mumps, Rubella



Risks and Benefits of Vaccines

DISEASE	EFFECTS OF DISEASE	SIDE EFFECTS OF VACCINE
Diphtheria	Severe sore throat, marked weakness, nerve damage, heart failure. Death in 10% of cases	DTaP vaccine: 20% of infants have local redness, pain; < 5% have fever; more redness and swelling with booster at 4–6 years
Tetanus	Toxin affects nerve endings leading to painful muscle spasms and seizures	See above for DTaP. Local redness and pain common with adult booster
Pertussis	Severe spasms of cough lasting 3–6 weeks, pneumonia, convulsions. Brain damage or death in 1 of every 400 infants	See above for DTaP. The risk of brain damage after pertussis vaccine is too small to be measured
Polio	Muscle paralysis in 1 out of 100 persons infected with polio. Death in severe cases	IPV. No risk of disease from vaccine. Given combined with DTaP (see above for side effects)
Hib	Meningitis kills in 5% of cases and leads to brain damage and deafness in 10–15% of survivors	Given in combination with DTaP/IPV (see above for side effects)
Measles	Severe bronchitis, high fever, rash for 7–14 days; death in 1 per 1,000 cases; encephalitis in 1 per 1,000 cases	Given combined with mumps and rubella vaccines (MMR). 5–10% have fever with or without rash 8–10 days after vaccine. No risk of disease from vaccine. Risk of encephalitis 1 case per 1 million doses. 1 in 24,000 develops low platelets
Mumps	Fever, swollen salivary glands. No visible illness in > 50% of cases. Encephalitis in 1 per 200 cases; deafness in 1 per 200,000 cases	See MMR above

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Risks and Benefits of Vaccines

DISEASE	EFFECTS OF DISEASE	SIDE EFFECTS OF VACCINE
Rubella	Fever, swollen glands, rash. No symptoms in about 50% of cases. Severe damage to fetus if mother infected during first trimester of pregnancy	Given combined with mumps and rubella vaccines (MMR). 5–10% have fever with or without rash 8–10 days after vaccine. No risk of disease from vaccine. Risk of encephalitis 1 case per 1 million doses. 1 in 24,000 develops low platelets
Pneumococcus	Deaths in approximately 30–50 children; 15–20% of survivors of meningitis have brain damage, deafness	Minor local redness, swelling and pain in 15% of recipients
Varicella	Hospitalization in 1,000 and death in 10 cases/year due to pneumonia, encephalitis, severe skin infections; shingles (zoster) later in life	Minor local reaction; rash in about 5% of children
Hepatitis B	Death from complication of chronic infection (cirrhosis, liver cancer) or from severe acute illness	Minor local redness, swelling and pain
Meningococcus	Death in 10% of cases; brain damage, deafness, amputations, skin loss in 10% of survivors	Minor local redness, swelling and pain in 15% of recipients
Hepatitis A	Death from overwhelming liver damage in a very small proportion of cases	Mild pain and redness at injection site
Human Papillomavirus (HPV)	Death from cervical and other forms of cancer	Mild pain and redness at injection site
Rotavirus	Death from severe dehydration caused by profuse, watery diarrhea	No significant reactions

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Vaccine Successes in Canada

DISEASE	AVERAGE NUMBER OF CASES AND RELATED DEATHS (per year)	
	Before Vaccine	**After Vaccine**
Diphtheria	12,000 cases with 1,000 deaths	0–5 cases with 0 deaths
Tetanus	60–75 cases with 40–50 deaths	0–2 cases and no deaths since 1991
Pertussis	30,000–50,000 cases with 50–100 deaths	3,000 cases with 1–5 deaths
Polio	2,000 cases in last epidemic in 1959	0
Hib	1,500 cases of meningitis and 1,500 cases of infections of blood, bone, lungs, skin, joints	About 30 cases
Measles	95% of children had measles by age 18, or 300,000 cases with 300 deaths, and 300 children with brain damage	Less than 50 cases with 0 deaths
Mumps	30,000 cases	95 cases
Rubella	85% of children have rubella by age 20, or 250,000 cases. About 200 cases of congenital rubella syndrome	25 cases. 0–3 babies with congenital rubella syndrome born to unvaccinated mothers

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Staff Report

Business Case for the Expansion of the Safe Sewage Disposal Program – Haliburton County

Date:	April 9, 2014
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Pellizzari, M.D.	Atul Jain, Manager, Inspection Services

Recommendations

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

- receive the staff report, *Business Case for the Expansion of the Safe Sewage Disposal Program – Haliburton County*, for information; and
- direct staff not to pursue three-year sewage system agreements with the following municipalities in Haliburton County:
    - Township of Minden Hills
    - Municipality of Highlands East
    - Township of Algonquin Highlands

Financial Implications and Impact

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

In referring to Appendix A, the resulting loss for the expansion of the Safe Sewage Disposal Program into these three municipalities in Haliburton County would result in an approximate loss of $50,000 to $100,000 each year for the proposed three years.

Based on this information, we are recommending the Board not pursue sewage system agreements with the three municipalities in Haliburton County who have expressed interest.

Decision History

On November 13, 2013, the Board of Health requested that staff return to the Board of Health with a business case on this matter.

Background

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

In 1998, when the Ontario Building Code Act (BCA) was revised to include sewage system construction and maintenance, municipalities were made responsible for administration and enforcement of the new sections of the Ontario Building Code (OBC) governing sewage systems which are funded by user fees alone. The fees collected for the inspections related to sewage system installations and land development proposals also cover the health unit's costs for the investigation of sewage disposal complaints, legal costs for enforcement, and administration.

In October, 2013 the Haliburton, Kawartha, Pine Ridge District Health Unit, decided that they would not renew their sewage system agreements with the municipalities in Northumberland County, City of Kawartha Lakes and Haliburton County.

Shortly thereafter, a report was sent to this Board recommending staff to investigate the possibility of sewage system agreements with municipalities in these three counties.

Numerous meetings and correspondence with the CAOs and CBOs in each of the three counties resulted in only three municipalities in Haliburton County willing to sign sewage system agreements with the Peterborough County-City Health Unit.

It should be noted that these are only estimated costs and according to market trend analysis, the building industry is trending upwards. Also, the Health Unit has a long history of providing successful sewage systems services in Peterborough County in an efficient manner. It is possible, therefore, that we could break even on the costs associated with the expansion. We would also be increasing our Public Health Inspector (PHI) complement which could be available in cases of emergencies (e.g., surge capacity) as the sewage system inspectors will be certified PHIs.

Strategic Direction

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

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

Contact:

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

Attachments:

Attachment A – Summary of Program Expansion

Summary of Program Expansion

Same rates as Peterborough (Townships of Minden, Algonquin, Higlands East)

Revenues based on 2013 activity levels	127,900	
Revenues Based on 5 year average activity levels		174,630
Costs including 1.5 PHIs (with relief) and .5 FTE secretary (with relief)	293,787	293,787
Resulting loss on operations	**(165,887)**	**(119,157)**

At existing Haliburton Rates (Townships of Minden, Algonquin, Highlands East)

Revenues based on 2013 activity levels - with Mandatory Reinspection	178,146	
Revenues Based on 5 year average activity levels		243,235
Costs including 1.5 PHIs (with relief) and .5 FTE secretary (with relief)	293,787	293,787
Resulting loss on operations	**(115,640)**	**(50,552)**

Rate increased for Class 4 Permits - 4,500 L to $975

Dysart et al is not factored into calculation

Even if the fees are increased to $975, based on 5 year average and the 2013 activity levels the program will not be viable for PCCHU

HKPR Sewage Program Projection

For the 5 year Average Period

FTE	**PHI**	**1.5**	**Salaries**	**157,760**
	Clerical	**0.5**	**Benefits**	**43,226**
			Materials and Supplies	**4,000**
			Staff Training	**2,000**
Both positions have relief			**Membership**	**500**
coverage included in costing			**Travel - based on 1.5 FTE + relief**	**35,200**
			Rent - $1500 per month ???	**18,000**
			Legal fees	**3,500**
			Audit	**2,000**
			Allocated administration	**27,600**
			Total	**293,787**

To: All Members
Board of Health

From: Larry Stinson, Director, Public Health Programs

Subject: **Resolutions for the 2014 Association for Local Public Health Agencies Annual General Meeting**

Date: April 9, 2014

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the following resolutions for submission to the Association of Local Public Health Agencies for their Annual General Meeting in June 2014:

- Designating provincially and municipally funded multi-unit dwellings smoke-free; and
- Regulating the manufacture, sale, promotion, display, and use of e-cigarettes.

Please refer to the attached.

TITLE: **Designating provincially and municipally funded multi-unit dwellings smoke-free**

SPONSOR: **Board of Health, Peterborough County-City Health Unit**

WHEREAS tobacco use remains the leading cause of preventable illness and death in Ontario;

WHEREAS there are more than 4000 chemicals found in second-hand-smoke (SHS), of which at least 250 are regulated toxins, and 69 are known carcinogens, or cancer causing agents[1];

WHEREAS there is no safe level of exposure to SHS;

WHEREAS in adults, SHS exposure can cause serious cardiovascular and respiratory diseases including lung cancer and coronary heart disease; in children, it can cause Sudden Infant Death Syndrome (SIDS), asthma, ear infections, bronchitis and pneumonia[2,3];

WHEREAS eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from SHS exposure; cleaning the air and ventilating buildings cannot eliminate SHS[4];

WHEREAS now that most Ontarians are protected under the Smoke-Free Ontario Act (SFOA) in public places and workplaces such as bars and restaurants, hospital entrances, casinos, the common areas of multi-unit dwellings, as well as in cars with children under 16, demand for other smoke-free environments is on the rise, particularly in multi-unit dwellings (MUDs).

WHEREAS under the SFOA smoking is prohibited only in common areas and not inside individual units in shared housing;

WHEREAS residents who live in social units, especially children, the elderly and persons with pre-existing health conditions, continue to be negatively affected by second-hand smoke exposure: and

WHEREAS there is a growing need for smoke-free housing options as evident in a recent Ipsos Reid survey, where one-third of respondents indicated being regularly exposed to SHS in their homes and 80% would choose to live in a smoke-free building if given their preference[5]; and

WHEREAS smoke-free policies in multi-unit dwellings are legal, enforceable and non-discriminatory.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request the Ministry of Housing and Municipal Affairs and the Ontario Ministry of Health and Long-Term Care and its stakeholders:

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

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health and the Ontario Public Health Association be so advised.

[1] Non-Smokers' Rights Association. (2012). *Exposure to Second-hand Smoke*. Retrieved on May 9, 2013 from, www.nsra-adnf.ca/cms/page1464.cfm

[2] World Health Organization. (2013). *Fact Sheet: Tobacco*. Retrieved on May 9, 2013 from, www.who.int/mediacentre/factsheets/fs339/en/index.html

[3] Non-Smokers' Rights Association. (2012). *Second-hand Smoke in Multi-Unit Dwellings*. Retrieved on May 17, 2013 from, http://www.nsra-adnf.ca/cms/page1433.cfm

[4] U.S. Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[5] Smoke-Free Housing Coalition. (2010). *2010 Tenant Survey.* Retrieved on May 9, 2013 from, www.smokefreehousingon.ca/sfho/tenants-tenant-surveys.html

TITLE: **Regulating the manufacture, sale, promotion, display, and use of e-cigarettes**

SPONSOR: **Board of Health, Peterborough County-City Health Unit**

WHEREAS an e-cigarette is a device designed to mimic the appearance and feel of a regular cigarette, pipe or cigar, but with one critical difference – they do not contain tobacco[1];

WHEREAS there has been a huge increase in the growth and popularity of e-cigarettes in recent years[2];

WHEREAS in one study on the prevalence of use among youth and young adults, results indicate that ⅓ of Canadian smokers and 6% of non-smokers had ever tried e-cigarettes. Of those, 14% of smokers and 1% of non-smokers indicate being current e-cigarette users[3];

WHEREAS e-cigarettes are available from a wide variety of locations including convenience stores, gas stations, pharmacies, specialty e-cigarette stores, and the internet;

WHEREAS e-cigarettes do not contain tobacco, they are not covered under the Tobacco Act or the Smoke-Free Ontario Act;

WHEREAS e-cigarettes that contain nicotine and/or with health claims require pre-market authorization by Health Canada before they can be sold in Canada;

WHEREAS there are no long-term studies on the health effects of using e-cigarettes, they pose a substantially lower health risk compared to cigarettes, and there has been little evidence of harm from e-cigarettes;

WHEREAS the long term risk of inhaling propylene glycol (one of the main ingredients) is still unknown and lack of manufacturing standards means there is significant variation in nicotine and other chemical content, which poses a health risk to the user;

WHEREAS e-cigarettes have tremendous potential to help smokers reduce their cigarette consumption and to quit smoking altogether;

WHEREAS current available smoking cessation aids have limited effectiveness and e-cigarettes have the potential to help smokers reduce their health risks;

WHEREAS using an e-cigarette in indoor environments, may involuntarily expose nonusers to nicotine from second hand vapour but not to toxic tobacco-specific combustion products;

WHEREAS e-cigarettes, both with and without nicotine, have the potential: to undermine current smoke-free regulations; complicate enforcement; re-normalize smoking thus making the habit more attractive, especially among youth and young adults; and lead to an increase in dual use (e-cigarettes and traditional cigarettes)[4]; and

WHEREAS more research is needed to determine the health risks of exposure to second-hand vapour.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request Health Canada, the Ontario Ministry of Health and Long-Term Care and its stakeholders to provide for the public health, safety, and welfare of all Ontario residents by: ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to second hand vapour; and regulating the promotion, sale and use of e-cigarettes in Ontario.

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health and the Ontario Public Health Association be so advised.

[1]Non-Smokers' Rights Association. (October 2013). *E-cigarettes: Understanding the Potential Risks & Benefits*. Retrieved January 14, 2014 from www.nsra-adnf.ca/cms/index.cfm?group_id=2440

[2]Ayers. J.W., Ribisl, K.M., & Brownstein, J.S. (2011). Tracking the rise in popularity of electronic nicotine delivery systems (electronic cigarettes) using search query surveillance. *American Journal of Preventive Medicine*, 40(4), 448-453.

[3]Czoli,C., Hammond, D., & White,C.M. (2013). *Prevalence of E-cigarette Use among Canadian Youth & Young Adults*. Poster presented to SRNT 2013, as cited in Non-Smokers' Rights Association. (2013). E-Cigarette: Minimizing the Risk, Maximizing the Potential.

[4]Ibid.

To: All Members
Board of Health

From: Mr. Jim Embrey, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: April 9, 2014

Recommendation:

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

- receive for information, meeting minutes of the Governance Committee for December 2013 (approved by the Committee on March 26, 2014); and,

- direct staff to pursue Township locations for no less than three Board of Heath meetings in 2015.

Please refer to the attached.

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
Tuesday, December 3, 2013 – 2:00 – 5:00 p.m.
(City and County Rooms, 150 O'Carroll Avenue, Peterborough)

Present: Mr. Jim Embrey
Dr. Rosana Pellizzari, Medical Officer of Health
Mrs. Catherine Robinson, Secretary to the Board, Recorder
Mayor Mary Smith
Mrs. Alida Tanna, Administrative Assistant
Mr. David Watton
Chief Phyllis Williams, Chair
Mr. Brent Woodford, Director of Corporate Services

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1. Call To Order

Chair Chief Williams called the meeting to order at 2:05 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved by: Mayor Smith
Seconded by: Mr. Embrey
Motion carried. (M-13-29-GV)

3. Declaration of Pecuniary Interest

Nil.

4. Delegations and Presentations

None.

5. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes for August 29, 2013 be approved as written, and brought forward to the next Board of Health meeting.
Moved by: Mr. Embrey
Seconded by: Mr. Watton

Motion carried. (M-13-30-GV)

6. Business Arising from the Minutes

6.1 Strategic Plan – Implementation – Oral Update (Dr. Pellizzari)

Dr. Pellizzari provided an update to the Committee on the status of the implementation of the Board's strategic plan. It was recommended that a presentation be developed for the Board/Management meeting scheduled for March 2014.

Mr. Watton reported that a meeting had been held with Mayor Smith and Andrea Dicks, Executive Director for the Community Foundation of Greater Peterborough (CFGP) a few weeks prior. It was very productive in terms of exploring potential fundraising strategies for the Health Unit. From that meeting, Mr. Watton advised that the Health Unit should not pursue fundraising for operating expenses or a new building. The Board should concentrate on building on other fundraising initiatives already in place, either ones which we may pursue with other community organizations, or which are consistent with our mandate.

A 'scoping session' could also be considered to identify what the PCCHU wants to achieve and deliver as part of its mandate. A request could be made to Lisa Smith (United Way) to facilitate a session. It was noted that there is a philanthropy forum held for organizations from all over Ontario, and that this would be a good source of information, advice and strategies.

Chief Williams summarized the issue by advising that this item be deferred to the Board/Management Planning Session in March, and that the combined goal would be to broadly identify the purpose of any PCCHU fundraising, as well as the goals and methods of future fundraising activities.

Dr. Pellizzari agreed and established that this item would be a major focus of the 2014 Board Management Planning Session. Priorities would be what the Board wants to accomplish, including through fundraising, and how to set goals.

ACTION ITEM: **If a preliminary fundraising meeting is scheduled in early 2014, Mayor Smith will request that Andrea Dicks be invited.**

6.2 Provincial Appointments Update

Dr. Pellizzari reported that in addition to the recent appointment of Mr. Scott McDonald, further appointments were still being considered by the Provincial Appointment Secretariat. With Mr. Watton's upcoming retirement from the Board, it is expected that the Board could see an additional two appointments bringing the

total number of provincial appointees to four (one more than the Board has traditionally had in the last ten years). Dr. Pellizzari clarified that the total number of provincial appointees cannot surpass the number of municipal representatives as per the *Health Protection and Promotion Act.*

The Board has expressed a desire to recruit both women and younger members in order to broaden the range of experience and talent it can draw from. Dr. Pellizzari noted this was a major consideration in the interview process for the potential candidates, and in the sub-committee's recommendations to M.P.P. Leal and the Ministry.

7. Correspondence

None.

8. New Business

8.1 Organizational Standards – Management Operations (Pellizzari)

MOTION:
That the Governance Committee:

- *receive the report, 2014 Management Operations Update, for information; and,*
- *provide it to the Board of Health at its next meeting.*

Moved by: Mr. Embrey
Seconded by: Mr. Watton
Motion carried. (M-13-31-GV)

8.2 BOH Policies and Procedures for Review

a. Policy 2-120 - Calling of and Proceedings at Meetings (By-Law 3)

A revision to this By-Law was proposed to the Committee to address the potential cancellation of Board meetings in response to numerous factors, including the declaration of an emergency, lack of quorum, or insufficient business to be addressed.

Members discussed the utilization of teleconferencing to meetings. While provision for this is included for special meetings in the By-Law, it was recommended that regular meetings not adopt this practice. Exceptions can be made at the Board's discretion if there is assurance that the participant is calling in from a secure location and not from a public space.

MOTION:
That revised Policy 2-120 - Calling of and Proceedings at Meetings (By-Law 3) be brought forward to the next Board of Health meeting for approval.
Moved by: Mr. Watton
Seconded by: Mayor Smith
Motion carried. (M-13-32-GV)

b. Policy 2-150 - Remuneration of Members

At the last Governance Committee meeting, Members suggested combining By-Law 6, Remuneration of Members and Policy 2-240, Honorarium and Allowances.

The *Health Protection and Promotion Act* notes that Boards must have certain by-laws in place, remuneration is suggested for inclusion as a supplementary by-law however it is not mandatory. Staff proposed that this By-Law be retired in favour of a Board of Health policy.

MOTION:
That the Committee recommend to the Board at the January 8, 2014 meeting to:
- *approve the retirement of Board of Health By-Law Number 6 (Remuneration of Members) and Policy 2-240, Honourariums and Allowances; and;*
- *approve new Policy 2-150, Remuneration of Members.*

Moved by: Mayor Smith
Seconded by: Mr. Embrey
Motion carried. (M-13-33-GV)

c. MOH Performance Review Documents (Policy, Procedure and Forms)

There was discussion of the current procedure for performance reviews for the Medical Officer of Health. It was generally agreed that the requirements for a full 360^{o} interview process every two years, which requires feedback from both staff and external stakeholders, has become onerous.

Generally there are not enough significant changes within that time frame to justify the time and effort required in producing the report. It was recommended that this analysis and report could be done every 3-5 years with no significant impact. In addition, outside expertise/assistance would be required to make the reporting system more manageable, currently feedback is sent directly to the Committee members.

Dr. Pellizzari noted that the Health Unit could look to the Association of Local Public Health Agencies (alPHa) for recommendations and tools in this area.

MOTION:
That the 360^{o} interview portion of Medical Officer of Health performance review be deferred for at least one year, and that the Committee direct staff to request assistance from the Association of Local Public Health Agencies on this matter.
Moved by: Mr. Embrey
Seconded by: Mr. Watton
Motion carried. (M-13-34-GV)

MOTION:
That the Chair, Vice Chair and past chair meet with Medical Officer of Health in March to review performance and discuss objectives for 2014.
Moved by: Mr. Watton
Seconded by: Mayor Smith
Motion carried. (M-13-35-GV)

8.3 Article of Interest: Public Health Governance and Population Health Outcomes

This article was circulated to the Committee for their interest.

8.4 Staff Report – Board Remuneration Review

Policy requires the Board to determine, at its first meeting of the year, the amount of remuneration for its Members. Policy also requires that the Governance Committee review the Board honourarium rate at the end of each calendar year, giving consideration to various factors including staff wage increases provided in the current year, and changes to the Consumer Price Index (CPI).

Since the Board approved motion (from March 13, 2013) reads "board member compensation in the future that is equal to staff increases or to the Consumer Price Index, whichever is lower", a zero increase was recommended due to the fact that non union wages were frozen for the current year.

In addition, supporting information was provided to the Committee in the form of a survey of other Boards of Health. Of the fourteen units who responded, the rate for the Peterborough Board of Health was within the median to top end of the scale. It was noted, however, that Board remuneration is not in line with other provincial boards and committees, and since this rate has been the same since 2009, there will likely be a large increase required at some point to catch up.

It was agreed that Board of Health members across the province are likely not provided with appropriate honorariums, even with the CPI applied. However, the rationale continues, in Peterborough's case, that many staff have not had increases, and as such, Board compensation should also remain at the same rate.

MOTION:
That the Governance Committee:

- *receive the staff report, Board Remuneration Review, for information;*
- *forward the staff report to the Board for its consideration at the January 8, 2014 meeting; and*
- *recommend no increase to the current honourarium for 2014.*

Moved: Mayor Smith
Seconded: Mr. Embrey
Motion carried. (M-13-36-GV)

9. In Camera to Discuss Confidential Personal Matters

MOTION:
That the Committee go In Camera to discuss confidential personnel matters
Moved by: Mr. Embrey
Seconded by: Mr. Watton
Motion carried. (M-13-37-GV)

MOTION:
That the Committee rise from In Camera.
Moved by: Mr. Watton
Seconded by: Mayor Smith
Motion carried. (M-13-38-GV)

10. Motions for Open Session

MOTION:
That the Governance Committee request that the Board of Health, at its next meeting, direct staff to tender a Request for Proposals for an external consultant to review non union salary ranges in comparison with similar employers.
Moved: Mayor Smith
Seconded: Mr. Embrey
Motion carried. (M-13-39-GV)

11. Date, Time and Place of Next Meeting

In lieu of meeting in January, staff will utilize this time to prepare items for the Board / Management planning session.

The date of the next meeting is to be determined.

12. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Mr. Embrey
Seconded by: Mr. Watton
Motion carried. (M-13-40-GV)

Parked Items

- *Trillium Funding Eligibility (Woodford, from Aug. 29/13)*

Chair

Recorder

Staff Report

2014 Healthy Babies, Healthy Children Program Budget

Date:	April 9, 2014
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor

Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve the 2014 budget for the Healthy Babies, Healthy Children Program in the total amount of $928,413.

Financial Implications and Impact

The Healthy Babies budget is 100% funded by the Ontario Ministry of Children and Youth Services (MCYS).

The 2014 budget has been completed in accordance with MCYS guidelines and is based on the approved provincial funding allocation of $928,413. The provincial base allocation has not been increased from 2013. This allocation includes base funding under the province's 9,000 Nurses Commitment of $100,000 for one Public Health Nurse (PHN) full-time equivalent (FTE). The 9,000 Nurses Commitment funding was new in 2013, however the remainder of the base budget has not increased since 2007.

In 2013, the program budget included 5.5 FTE PHNs. Without a funding increase the program will only be able to afford 5.14 FTE PHNs in 2014. In 2013 the program received a financial shot in the arm, but without additional funding the program will feel the strain to maintain program services and targets.

Healthy Babies Healthy Children Program Budget – 2014

Expenditures

Salaries	$681,170
Benefits	199,150
Universal screening – Early ID	25,575
Staff development	1,500
Travel	13,000
Audit and legal fees	1,800
Communications	4,900
Program resources & Early ID	14,980
Total Program Expenditures	**$942,075**

Funding

Ministry of Children Youth Services	$928,413
Funding from deferred revenue	13,662
Total Funding	**$942,075**

Decision History

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Health Unit and other provincial public health agencies (such as the Association for Local Public Health Agencies) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100 percent provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on Health Units themselves as employers.

Background and Rationale

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a component of both Child Health and Reproductive Health programs of the Ontario Public Health Standards of the Ministry of Health and Long-Term Care.

HBHC is a prevention and early intervention program designed to help pregnant women and families with children from birth to six years of age. It is delivered by PHNs and Family Home Visitors (who provide peer support) through telephone consultation and home visiting. The program gives families in Ontario the information and support they need to give their children a healthy start in life; and also to provide more intensive services and supports for families with

children who may not reach their full potential due to identified risk factors. These interventions result in long-term health, education, and economic benefits.

HBHC has established itself as a valuable program in the community and has worked to build strong working relationships with the Children's Aid Society, Ontario Early Years Centre, Peterborough Regional Health Centre, Family Health Teams, addictions and mental health agencies, housing and social services agencies, and adult education and pre-employment agencies.

In an effort to build a "more robust provincial early years system", MCYS implemented a number of significant changes during the latter part of 2012 and first part of 2013:

- The revised HBHC Protocol and the Guidance Document to support protocol requirements, and new performance targets were released.

- The new HBHC Screen was introduced with the intent to more quickly and effectively identify and support pregnant women and vulnerable children and families so those who need help the most can access services and supports more quickly.

- The HBHC Liaison Nurse position was funded through the 9,000 Nurses Commitment. The role of this PHN is to provide training and support to staff of hospital maternal-child units, prenatal clinics, midwifery practices, and other family-serving agencies to effectively administer the HBHC Screen, and in turn to facilitate referral of families who could benefit from HBHC services.

- HBHC home visiting has been enhanced to more effectively support at-risk families through standardized best practice guidelines and provincial training for HBHC staff to help ensure the effectiveness of home visiting.

- Strategies will continue to promote the Enhanced 18-Month Well-Baby Visit to physicians and parents.

MCYS has not finalized performance targets as of March 2014. It has just been a year (as of March 23) that the new HBHC Screen was implemented by our local program; as a result, changes were made to postpartum follow-up and the In-depth Assessment visits, and additional visits were made with families to administer the feeding and teaching scales arising out of required NCAST training. This year of data reflects a transition so it is difficult to determine whether our HBHC program has sufficient resources as of yet. In the past, inadequate funding and staffing resources have diminished the capacity of our Health Unit to achieve targets and provide necessary services.

Strategic Direction

The HBHC program is identified as a requirement under both the Reproductive Health and Child Health Standards in the Ontario Public Health Standards 2008. Approval of the budget will contribute to the program and the Health Unit's ability to maintain a *Community-Centred Focus.*

Contact:

Karen Chomniak, Manager, Family Health
Healthy Babies, Healthy Children Program
(705) 743-1000, ext. 242
kchomniak@pcchu.ca