Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, September 9, 2015 - 4:45 p.m.
Lower Hall, Administration Building
123 Paudash St., Hiawatha First Nation

1. Welcome and Opening Prayer
Councillor Trisha Shearer

2. Call to Order

3. Confirmation of the Agenda

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

5.1. **Hiawatha First Nations Update**
Presenter: Councillor Trisha Shearer

5.2 **Program Profile: Tobacco-Use Prevention**
Presenter: Donna Churipuy, Manager, Environmental Health

5.4 **Ontario Association of Communicators in Public Health**
Presenter: Brittany Cadence, Communications Supervisor

6. Confirmation of the Minutes of the Previous Meeting

6.1. **June 10, 2015**

7. Business Arising From the Minutes

8. Correspondence

9. New Business

9.1. **Staff Report: Q1 2015 Program Report**
Patti Fitzgerald, Acting Director, Public Health Programs

9.2. **Staff Report: Q1 2015 Corporate Services Report**

Larry Stinson, Interim Director, Corporate Services

9.3. **Healthy Kids Community Challenge Update**
Presenter: Hallie Atter, Manager, Community Health

9.4. **Working Group Report: First Nations**
Dr. Rosana Pellizzari, Medical Officer of Health

9.5. **Committee Report: Fundraising**
Kerri Davies, Chair, Fundraising Committee

9.6. **Committee Report: Governance**
Scott McDonald, Chair, Governance Committee

9.7. **Committee Report: Property**
Andy Sharpe, Chair, Governance Committee

10. In Camera to Discuss Confidential Personal and Property Matters

11. Motions for Open Session

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

October 14, 2015, 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough

13. Adjournment

ACCESSIBILITY INFORMATION: The Peterborough County-City Health Unit is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

PROGRAM PROFILE:

Tobacco-Use Prevention Program

Date: September 9, 2015
Presentation to: Board of Health
Presenter: Donna Churipuy

Recent Changes to Legislation

- Smoke-Free Ontario Act (Amended)
  - New provisions on January 1, 2015
    - Smoking prohibited on bar and restaurant patios
    - Smoking prohibited on and within a 20 metre perimeter of public sports fields and surfaces (owned by a municipality, the province or a postsecondary education institution)
    - Smoking prohibited on and with a 20 metre perimeter of public playgrounds and playgrounds at hotels, motels and inns

Additional Legislative Changes

- May 28, 2015, Bill 45 the *Making Healthier Choices Act, 2015* (Bill) received Royal Assent
  - Schedule 2 to the Bill will make certain amendments to the *Smoke-Free Ontario Act* (SFOA).
  - The Bill included new legislation to regulate the sale, promotion and use of electronic cigarettes in Ontario - the *Electronic Cigarettes Act, 2015.*

Proposed amendments to Ontario Regulation 48/06

Prohibit the sale of flavoured tobacco products in Ontario, with exemptions

Prohibit smoking on hospital grounds and specified provincial government buildings

Electronic Cigarettes Act, 2015

This Act would prohibit:

- selling or supplying electronic cigarettes to minors; and
- using electronic cigarettes in certain public places or areas and enclosed workplaces.

Smoke-Free Multi-Unit Housing

- Working with the City Housing Division to promote smoke-free policies
- Provide consultation with landlords and tenants
- Condominiums exploring policies
- Post-secondary housing smoke-free

Priority Populations

Young adults

- Have the highest rates of smoking in Canada
- Strategies unproven – options include post-secondary institutions; workplaces; campaigns based on social identities; price
- Promote Leave the Pack Behind

Pregnancy

- Smoking rates remain high (18.3% of Peterborough mothers smoked *throughout* pregnancy compared to 8.6% of Ontario mothers in 2010)
- Nicotine Replacement Therapy (NRT) now available through the Partners in Pregnancy Clinic

Smoke-Free Movies

- Between 2004-2013, 86% of films rated for children and teens contained tobacco in Ontario
- Research by Dr. Sargent and Dr. Glantz indicate that there is a:
  - causal relationship between onscreen tobacco exposure and youth smoking rates; and
  - direct relationship between onscreen tobacco exposure and the urge to smoke
- Reducing exposure to smoking in youth-rated movies can reduce tobacco initiation among children and youth

Federal Measures against Contraband

- Under the *Tobacco Tax Act*, unless otherwise authorized, it is illegal to buy, possess or distribute any quantity of untaxed or unregulated cigarettes or other tobacco products.
- *Tackling Contraband Tobacco Act* has now come into force
  - new *Criminal Code* offence with mandatory penalties of imprisonment for repeat offenders

Measures against Contraband in Ontario

- New stamp
- Ministry of Finance has an information-sharing agreement with the Alcohol and Gaming Commission of Ontario.
  - Retailers who sell illegal tobacco under the Tobacco Tax Act could have their lottery licences suspended or revoked
- January 1, 2015, a raw leaf tobacco oversight system came into effect.
- Increased fines for offences related to marked tobacco products

Other Challenges

- Fragmented tobacco cessation system
  - Inconsistent and in-equitable access to nicotine replacement therapy
  - Expect a new provincial strategy in 2016
- Exposure to third-hand smoke
- E-cigarettes and cessation
- Youth access
  - Social supply of tobacco
  - Vendor density

Questions?

Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, June 10, 2015 – 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough

In Attendance:

Board Members:

Councillor Lesley Parnell, Chair (4:59 p.m.)
Mr. Scott McDonald, Vice Chair
Deputy Mayor John Fallis
Mr. Gregory Connolley
Ms. Kerri Davies
Mayor Rick Woodcock
Councillor Gary Baldwin
Councillor Trisha Shearer
Mr. Andy Sharpe

Staff: **Dr. Rosana Pellizzari, Medical Officer of Health**
Ms. Alida Tanna, Administrative Assistant
Mr. Larry Stinson, Director, Public Health Programs
Ms. Natalie Garnett, Recorder

Regrets: **Councillor Henry Clarke**
Chief Phyllis Williams
Mayor Mary Smith

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1. Call to Order

Mr. Scott McDonald, Vice Chair called the meeting to order at 4:53 p.m.

2. Confirmation of the Agenda

MOTION:
That the Agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2015-081)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

4.1. Introduction to the Climate Change Action Plan for the Greater Peterborough Area

Jeff Garkowski, LURA Consultants provided a presentation on the Climate Change Action Plan for the Greater Peterborough Area.

Councillor Parnell arrived at 4:59 p.m. and assumed the Chair.

MOTION:
That the presentation on the Climate Change Action Plan for the Greater Peterborough Area, be received for information.
Moved: Councillor Baldwin
Seconded: Mr. McDonald
Motion carried. (M-2015-082)

5. Confirmation of the Minutes of the Previous Meeting

5.1. May 13, 2015

MOTION:
That the minutes of the Board of Health meeting held on May 13, 2015, be approved as circulated.
Moved: Mr. Sharpe
Seconded: Ms. Davies
Motion carried. (M-2015-083)

6. Business Arising From the Minutes

7. Correspondence

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

1. *Email dated May 13, 2015 from the Association of Local Public Health Agencies (alPHa) to all Ontario Boards of Health regarding the Board of Health Section Agenda for June 9, 2015.*
2. *Letter dated May 14, 2015 from the Board Chair to Minister MacCharles regarding funding for the Healthy Babies, Healthy Children Program.*
3. *Letter dated May 14, 2015 from the Board Chair to Premier Wynne and Minster Damerla regarding Bill 45, Marking Healthier Choices Act.*

4. *Letter dated May 20, 2105 from Premier Wynne, in response to the Board Chair's letter dated May 14, 2015, regarding Bill 45, Making Healthier Choices Act.*
5. *Letter Dated May 27, 2015 from Victoria McPhail to Dr. Pellizzari, copied to the Board, regarding PCCHU employee Cathy Basterfield and the Infant and Toddler Development Program.*
6. *Email dated June 1, 2015 from alPHa to all Ontario Medical Officers/Association Medical Officers of Health regarding the Board of Health Section agenda for June 9, 2015.*
7. *Resolutions/Letters from other local public health agencies:*

<u>Alcohol Availability</u>

- *Sudbury and District*

<u>Basic Income Guarantee</u>

- *Simcoe Muskoka*

<u>Smoke-Free Multi-Unit Housing</u>

- *Perth*

Moved: Deputy Mayor Fallis
Seconded: Mr. Sharpe
Motion carried. (M-2015-084)

MOTION:
That a letter be provided to Premier Wynne advising that the Board of Health supports the letter dated May 11, 2015 from the Sudbury and District Health Unit indicating concerns with Increasing Alcohol Availability in Ontario.
Moved: Deputy Mayor Fallis
Seconded: Mr. McDonald
Motion carried. (M-2015-085)

8. <u>New Business</u>

8.1. <u>Staff Report: 2014/2015 Infant & Toddler and Development Program Audited Financial Statements and Transfer Payment Annual Reconciliation</u>

Larry Stinson, Interim Director, Corporate Services provided an overview of the 2014/2015 Infant & Toddler and Development Program Audited Financial Statements and Transfer Payment Annual Reconciliation.

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

- *receive the staff report, 2014/2015 Infant & Toddler and Development Program Audited Financial Statements and Transfer Payment Annual Reconciliation, for information*;

- *approve the 2014/2015 ITDP Audited Financial Statements in the amount of $247,535; and*
- *approve the 2014/2015 ITDP Annual Program Expenditure Reconciliation.*

Moved: Ms. Davies
Seconded: Mr. McDonald
Motion carried. (M-2015-086)

8.2. **Staff Report: 2014/2015 Preschool Speech and Language Program Audited Financial Statements**

Larry Stinson, Interim Director, Corporate Services provided an overview of the staff report.

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

- *receive the staff report, 2014/2015 Preschool Speech and Language Program Audited Financial Statements, for information; and*
- *approve the 2014/2015 Preschool Speech and Language Program Audited Financial Statements.*

Moved: Mr. Sharpe
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-087)

8.3. **Staff Report: Guarding Minds at Work**

Dr. Pellizzari, Medical Officer of Health provided an overview of the staff report Guarding Minds at Work.

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

- *receive the staff report, Guarding Minds at Work, for information;*
- *formally adopt the National Standard on Psychological Health and Safety for the organization; and*
- *endorse the creation of the Guarding Minds at Work Steering Committee which will oversee the implementation of the standard for the Peterborough County-City Health Unit.*

Moved: Ms. Davies
Seconded: Mr. Sharpe
Motion carried. (M-2015-088)

8.4 **Committee Report: Governance**

Scott McDonald, Chair of the Governance Committee provided an overview of the Committee report.

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for February 12, 2015.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-089)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit approve the following:
a. 2-342, Medical Officer of Health Selection (revised)
b. 2-152, Board Leadership and Committee Member Selection (new)
Moved: Mr. McDonald
Seconded: Mr. Sharpe
Motion carried. (M-2015-090)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the Governance Committee work plan for information.
Moved: Mr. Sharpe
Seconded: Mr. Connolley
Motion carried. (M-2015-091)

8.5 **Oral Report: Association of Local Public Health Agencies Annual General Meeting**

Kerri Davies provided an update on the alPha AGM, which she attended with Dr. Pellizzari, Medical Officer of Health.

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the verbal update on the Association of Local Public Health Agencies (alPHa) AGM.
Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-092)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit add to the annual work plan an agenda item in February to discuss alPHa conference issues, and in April an item for AMO conference issues.
Moved: Mr. McDonald
Seconded: Mayor Woodcock
Motion carried. (M-2015-093)

8.6 **Planning Session Follow-Up**

Dr. Pellizzari, Medical Officer of Health provided an update on the Planning Sessions.

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the Planning Session Follow-up update, for information.
Moved: Deputy Mayor Fallis
Seconded: Mr. McDonald
Motion carried. (M-2015-094)

The meeting recessed at 6:25 p.m. and reconvened at 7:03 p.m.

9. In Camera to Discuss Confidential Personal and Property Matters

MOTION:
That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss confidential property matters at 7:04 p.m.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-095)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 7:27 p.m.
Moved: Deputy Mayor Fallis
Seconded: Mr. McDonald
Motion carried. (M-2015-096)

10. Motions from In Camera for Open Session

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

September 9, 2015 – Lower Hall, Administrative Building, 123 Paudash St., Hiawatha First Nation, 4:45 p.m.

12. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Councillor Baldwin
Seconded by: Mr. McDonald
Motion carried. (M-2015-097)

The meeting was adjourned at 7:29 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: September 9, 2015

Recommendation:

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

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1. Email dated June 11, 2015 from the Association of Local Public Health Agencies (alPHa) to all to all Ontario Boards of Health regarding the disposition of resolutions from 2015 Annual General Meeting.

2. Letter dated June 16, 2015 from Minister MacCharles, in response to the Chair's original letter dated May 14, 2015, regarding funding for the Healthy Babies, Healthy Children program.

3. Letter dated July 6, 2015 to Premier Wynne from the Board Chair regarding alcohol availability.

4. Letter dated July 10, 2015 from Premier Wynne, in response to the Chair's original letter dated July 6, 2015, regarding alcohol availability.

5. Letter dated July 15, 2015 from the Hon. Rona Ambrose, in response to the Chair's original letter dated May 7, 2015, regarding a national alcohol strategy.

6. Letter dated July 27, 2015 from the Hon. Charles Sousa, in response to the Chair's original letter dated July 6, 2015, regarding alcohol availability.

7. Letter dated August 10, 2015 from the Hon. Eric Hoskins in response to the Chari's original letter dated February 4, 2015, regarding the Low Income Dental Integration.

8. Letter dated August 19 2015 from CUPE Local 4170 to the Board Chair regarding advocacy for public health funding.

9. Email newsletter dated September 1, 2015 from alPHa.

10. Letter dated September 4, 2015 from the Hon. Eric Hoskins to the Board Chair regarding funding for PCCHU for 2015-16.
11. Resolutions/Letters from other local public health agencies:

- Alcohol Availability
  Durham
  Windsor Essex County

- Basic Income Guarantee
  Windsor Essex

- Energy Drinks
  Windsor Essex

- Food Charter
  Grey Bruce

- Healthy Babies Healthy Children
  Grey Bruce
  Sudbury

- Immunization of School Pupils Act
  Sudbury

- National Alcohol Strategy
  Durham

- Northern Ontario Evacuations of First Nations Communities
  Grey Bruce
  Sudbury

- Sexual Health Curriculum
  Perth

- Smoke-Free Multi-Unit Housing
  Grey Bruce

alPHa
Association of Local
PUBLIC HEALTH
Agencies

June 2015

DISPOSITION OF RESOLUTIONS

alPHa Resolutions Session, 2015 Annual General Meeting
Monday, June 8, 2015
North Victoria Ballroom, 2nd Floor
Marriott Ottawa
100 Kent Street
Ottawa, Ontario

RESOLUTIONS CONSIDERED AT
June 2015 alPHa Annual Conference

Resolution Number	Title	Sponsor	Action from Conference
A15-1	Applying a Health Equity Lens	alPHa Board of Directors	Carried
A15-2	National Universal Pharmacare Program	Haliburton, Kawartha Pine Ridge District Health Unit	Carried as amended
A15-3	Amending Public Pools Regulation 565	Association of Supervisors of Public Health Inspectors of Ontario	Carried as amended
A15-4	Public Health Support for a Basic Income Guarantee	Simcoe Muskoka District Health Unit	Carried as amended
A15-5	Provincial Availability of Naloxone	Windsor-Essex County Board of Health	Carried as amended
A15-6	Physical Literacy in Educational and Childcare Settings	Chatham-Kent Board of Health	Carried as amended
A15-7	Increasing the Minimum Legal Age for Access to Tobacco Products in Ontario to 21	alPHa Board of Directors	Carried

alPHa RESOLUTION A15-1

TITLE: **Applying a Health Equity Lens**

SPONSOR: **alPHa Board of Directors**

WHEREAS alPHa's membership passed resolution A09-5 endorsing the content and recommendations of the World Health Organization Commission on Social Determinants of Health (WHO-CSDH): Call to Action for Ontario Public Health; and

WHEREAS alPHa' Board of Directors has endorsed the attached, *Position Statement on Applying a Health Equity Lens.*

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) advocate to the Ministry of Health and Long-Term Care for the consistent use of a health equity lens in the Ministry's public health programming, and to continue to promote and support the use of a health equity lens in other parts of the health system;

AND FURTHER that alPHa advocate to the Ontario provincial government for a Health in All Policies (HIAP) framework which would include the use of a health equity lens in ministries affecting equitable access to the social determinants of health such as Finance, Children and Youth Services, Community and Social Services, Health and Long-Term Care, Education, Municipal Affairs and Housing, Environment and Climate Change, Economic Development, and Employment and Infrastructure;

AND FURTHER that alPHa advocate for other health organizations to incorporate and apply a health equity lens through the use of health equity focused tools in all their activities.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa RESOLUTION A15-2

TITLE: **National Universal Pharmacare Program**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS the World Health Organization's Right to Health, which includes essential drugs in the core content of minimum rights and the state is obligated to fulfill the rights; and

WHEREAS in 1964 a national universal pharmacare program to cover the costs of outpatient prescription medications was recommended be included in the national Medicare system by the Royal Commission on Health Services; in 1997 the National Forum on Health recommended a universal first dollar pharmacare program; and in 2002 the Romanow Commission recommended catastrophic drug coverage as a first step towards a pharmacare program and still the Government of Canada has not included pharmacare under the *Canada Health Act*; and

WHEREAS Canada is the only Organization for Economic Co-operation and Development (OECD) country with a universal public health care system that does not provide coverage for prescription medications; and

WHEREAS Canadians pay among the highest per capita spending on prescription drugs of the OECD countries; and

WHEREAS the ability to fill a prescription for medication depends on whether and to what extent a person has access to either a private or public insurance plan or if an individual is able to pay out of pocket if a person has no insurance plan; and

WHEREAS 1 in 10 Canadians are unable to fill a prescription because of cost, which in turn compromises the ability to reach optimal level of health and can drive up health care costs in other areas including more physician visits and hospitalizations; and

WHEREAS the current system is a combination of private and public insurance plans that are expensive, not sustainable and inequitable; and

WHEREAS the Government of Canada has a responsibility under the *Canada Health Act* to protect, promote and restore physical and mental well-being of persons and enable reasonable access to health care services without causing barriers, including financial barriers; and

WHEREAS a national, universal pharmacare program would enable all Canadians access to quality, safe and cost effective medications, improve health outcomes and generate cost savings;

continued

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) advises the Prime Minister of Canada of this resolution and copies the Ministers of Finance Canada and Health Canada, the Chief Public Health Officer, Leader of the Opposition, Leader of the Liberal Party, Premier of Ontario, Ministers of Finance and Health and Long-Term Care and the Chief Medical Officer of Health and the Council of the Federation;

AND FURTHER that the following organizations be copied and asked for their support: Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Life and Health Insurance Association, Ontario Medical Association, and the Registered Nurses Association of Ontario.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A15-3

TITLE: **Amending Public Pools Regulation 565**

SPONSOR: **Association of Supervisors of Public Health Inspectors of Ontario**

WHEREAS swimming pools, spas, wading pools and splash pads have been implicated in drownings, fatal and near-fatal injuries and water-borne illness including gastrointestinal disease and skin infections and;

WHEREAS recent waterborne outbreaks have been documented where parasites, for which conventional disinfection is ineffective, have been identified as the causative organism; and

WHEREAS proper filtration and the use of ultra-violet light could provide the necessary protection for public pool users but neither is currently required in legislation; and

WHEREAS drowning is considered to be the second leading cause of preventable death in Canada among children; and

WHEREAS the Office of the Chief Coroner of Ontario of has recommended the implementation of admission standards for public swimming pools to improve surveillance over activities of young children in order to prevent drowning fatalities of young children in public swimming pools; and

WHEREAS the existing enforcement strategies available to public health staff for non-critical regulatory infractions in public pools are unwieldy, time-consuming and not cost-effective; and

WHEREAS this deficiency could be rectified by the provision of short-form wording and set fines; and

WHEREAS existing regulations do not apply to facilities such as wading pools and splash pads ; and

WHEREAS Ontario Regulation 565 (Public Pools) was enacted in 1990 and its requirements have not substantially changed since then;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) request that the Ministry of Health and Long-Term Care undertake a review of Ontario Regulation 565 and introduce such amendments as are necessary to address the deficiencies identified in this motion and any others that may arise from this review.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A15-4

TITLE: **Public Health Support for a Basic Income Guarantee**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS low income, and high income inequality, have well-established, strong relationships with a range of adverse health outcomes; and

WHEREAS 1,745,900 Ontarians, or 13.9% of the population, live in low income according to the 2011 National Household Survey after-tax low-income measure; and

WHEREAS income inequality continues to increase in Ontario and Canada; and

WHEREAS current income security programs by provincial and federal governments have not proved sufficient to ensure adequate, secure income for all; and

WHEREAS a basic income guarantee – a cash transfer from government to citizens not tied to labour market participation - ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status; and

WHEREAS basic income resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health improvements in those age groups; and

WHEREAS there was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in Dauphin, Manitoba in the 1970s, which demonstrated several improved health and educational outcomes; and

WHEREAS a basic income guarantee can reduce poverty and income insecurity, and enable people to pursue educational, occupational, social and health opportunities relevant to them and their family; and

WHEREAS the idea of a basic income guarantee has garnered expressions of support from the Canadian Medical Association and the Alberta Public Health Association as a means of improving health and food security for low income Canadians; and

WHEREAS there is momentum growing across Canada from various sectors and political backgrounds for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) endorse the concept of a basic income guarantee**;**

Continued

AND FURTHER that alPHa request that the federal Ministers of Employment and Social Development, Labour, and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Seniors, Labour, Children and Youth Services, and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee, as a policy option for reducing poverty and income insecurity and for providing opportunities for those in low income;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Canadian Public Health Association, the Ontario Public Health Association, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario be so advised.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A15-5

TITLE: **Provincial Availability of Naloxone**

SPONSOR: **Windsor-Essex County Board of Health**

WHEREAS approximately 50,000 Ontarians are addicted to opioids; and

WHEREAS opioids may cause fatal overdoses if taken incorrectly; and

WHEREAS 5,935 fatal opioid-related overdoses occur in Ontario between 1991 and 2010; and

WHEREAS opioid-related overdoses account for 12.1% of the deaths among 25-34 year olds and rose from 3.3% of the deaths to 12.1% of the deaths of that population from 1991-2010; and

WHEREAS a harm reduction program to address opioid overdoses is consistent with the requirements of the Ontario Public Health Standards to prevent substance misuse; and

WHEREAS naloxone is a medication that can reverse the symptoms of an opioid overdose, potentially reducing harm; and

WHEREAS naloxone is a medication without additive or abusive properties and has no "street" value; and

WHEREAS several Ontario Public Health Units have successfully implemented their own local naloxone programs, effectively reversing opioid overdoses; and

WHEREAS the provincial Expert Working Group on Narcotic Addiction has recommended that the ministry "increase and sustain the availability of naloxone overdose prevention kits and harm reduction information via public health units across the province"; and

WHEREAS current opioid overdose prevention programs, including those at Public Health Units, are limited in their service to at-risk populations by the types of programs – Public Health Units that manage a core needle Exchange program (NEP), community-based organizations that have been contracted by Public Health Units to manage an NEP, and Ministry-funded Hepatitis C Teams – as well which clients they can serve, i.e., those currently enrolled in an NEP;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies requests that the Ministry of Health and Long-Term Care develop and implement a provincial Naloxone Strategy that would include and expand access to Naloxone to a minimum of:

continued

- Not-for-profit agencies, Emergency Departments, Correctional Facilities, Paramedics/Emergency Medical Technicians, and organizations that service individuals at risk of opioid overdose,
- Individuals that prescribe to, support and/or care for individuals at risk of opioid overdose, and
- Any individual living in Ontario that is 16 years of age and older and dependent on opioids;

AND FURTHER that the Premier of Ontario, the Minister of Health and Long-Term Care, the Associate Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, Public Health Ontario, the Centre for Addiction and Mental Health, the College of Physicians and Surgeons of Ontario, the Ontario Public Health Association, and the Association of Municipalities of Ontario, the Expert Working Group on Narcotic Addition and the Municipal Drug Strategy Co-ordinator's Network of Ontario be so advised.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A15-6

TITLE: **Physical Literacy in Educational and Childcare Settings**

SPONSOR: **Chatham-Kent Board of Health**

WHEREAS less than 10% of Canadian children and youth are meeting minimum recommendations for physical activity and more than one-third were considered overweight or obese in 2009-2011; and

WHEREAS physical inactivity is linked to a number of preventable chronic diseases and is associated with increasing healthcare costs; and

WHEREAS individuals who are physically literate have the knowledge, skills, and attitudes to lead physically active lives; and

WHEREAS the Ontario Ministry of Education is provincially mandated to oversee both publicly-funded education and licensed childcare settings; and

WHEREAS physical literacy is a clearly stated outcome objective of the Health and Physical Education Curriculum, yet it is not currently measured; and

WHEREAS principals report that delivery of the Health and Physical Education curriculum varies significantly depending on the expertise and comfort level of the teacher; and

WHEREAS only 19.9% of Ontario Elementary Schools have a full or part-time specialist teacher assigned to teach health and physical education; and

WHEREAS neither the Ministry of Education nor School Boards currently ensure every child receives 20 minutes of sustained daily physical activity;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request the Ontario Ministry of Education and its stakeholders to provide for the public health, safety, and welfare of all Ontario residents by enhancing the development of physical literacy in educational and childcare settings through:

1. Adopting a mandatory assessment of physical literacy for elementary and secondary students across the province;

2. Ensuring that quality daily health and physical education programming is delivered by health and physical education specialists in all Ontario elementary and secondary schools;

3. Evaluating compliance and enforcing the Daily Physical Activity (Policy/Program Memorandum No. 138) requirement;

4. Providing ongoing staff training related to physical literacy for all teachers, early childhood educators, and childcare providers;

5. Strengthening the Day Nurseries Act/Child Care and Early Years Act to promote and support physical literacy development in licensed childcare settings; and

6. Making health and physical education credits a mandatory requirement for grades 9-12.

AND FURTHER that the Premier of Ontario, Minister and Associate Minister of Health and Long Term Care, Minister of Education, Minister of Children and Youth Service, Minister of Tourism, Culture and Sport, the Chief Medical Officer of Health, and the ADM of the Health Promotion Division are so advised.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A15-7

TITLE: **Increasing the Minimum Legal Age for Access to Tobacco Products in Ontario to 21**

SPONSOR: **alPHa Board of Directors**

WHEREAS more than 13,000 people die in Ontario from tobacco-related diseases every year, making it the number one cause of death and disease in Ontario; and

WHEREAS scientific studies have concluded that cigarette smoking causes chronic lung disease, coronary heart disease, stroke, cancer of the lungs, larynx, esophagus, mouth, and bladder, and contributes to cancer of the cervix, pancreas, and kidneys; and

WHEREAS The Ontario Government estimates that tobacco-related disease costs Ontario's health care system an estimated $2.2 billion in direct health care costs and an additional $5.3 billion in indirect costs such as time off work each year; and

WHEREAS the age of initiation for tobacco use has been identified as a critical factor in determining use in adulthood, with 90% of adults who become daily smokers having reported first use of cigarettes before reaching 19 years of age, and almost 100 percent reporting first use before age 26; and

WHEREAS Smoking prevalence declined rapidly between 2000 and 2009 among Ontarians aged 15-19, from approximately 1 in 4 to less than 1 in 10, but has remained steady in the 6 years since then; and

WHEREAS The U.S. Institute of Medicine (IOM) committee concluded that increasing the MLA for tobacco products from 19 to 21 will likely result in a 15% reduction in initiation rates of tobacco use by adolescents in the 15 to 17 years age group; and

WHEREAS the alPHa Board of Directors supports the vision of a tobacco-free Ontario and further supports activities that contribute to the realization of that vision; and

WHEREAS Ontario law acknowledges the harms of tobacco use by prohibiting the sale or furnishing of cigarettes, tobacco products or smoking paraphernalia to minors; and

WHEREAS The Smoke-Free Ontario Act already prohibits the sale or supply of tobacco to a person who appears to be less than 25 years old unless he or she provides proof of age;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Ontario Government to amend the Smoke-Free Ontario Act to prohibit the sale and supply of tobacco to a person who is less than 21 years old.

ACTION FROM CONFERENCE: **Resolution CARRIED**

Ministry of Children and Youth Services

Minister's Office

56 Wellesley Street West
14th Floor
Toronto ON M5S 2S3
Tel.: 416 212-7432
Fax: 416 212-7431

Ministère des Services à l'enfance et à la jeunesse

Bureau de la ministre

56, rue Wellesley Ouest
14e étage
Toronto ON M5S 2S3
Tél. : 416 212-7432
Téléc. : 416 212-7431

Ontario

JUN 16 2015

CSS5111C-2015-1176

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

Dear Councillor Parnell:

Thank you for your follow-up letter regarding your continued concerns about funding for Peterborough County-City Health Unit's Healthy Babies Healthy Children program. I am pleased to respond.

I recognize the importance of the Healthy Babies Healthy Children program in supporting vulnerable families at risk. I would like to acknowledge your health unit's commitment to the delivery of the program and the fact that you have had to develop a number of strategies to mitigate budget pressures, including making some difficult decisions regarding staffing.

Ministry staff will continue to support the health unit through various methods, including the recently launched continuous quality improvement process. This approach to program management has enabled health units to use program data in support of service delivery decisions and consider small quality improvement initiatives that can positively affect overall program outcomes.

I appreciate your invitation to visit the Healthy Babies Healthy Children program in your area. My office will be in contact with you to schedule a visit to provide an opportunity to witness first-hand the important work you do in furthering healthy child development.

Again, thank your for writing and for bringing this matter to my attention. Your continued dedication to serving children and families in your community as effectively as possible, within your budget allocation, is greatly appreciated.

Sincerely,

Tracy MacCharles
Minister

July 6, 2015

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Wynne:

Re: Increasing Alcohol Availability in Ontario

At its meeting held on June 10, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence from the Sudbury & District Health Unit regarding increasing alcohol availability in Ontario.

Local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption. They are held accountable for reporting on local alcohol consumption rates under the Ministry of Health and Long-Term Care's Accountability Agreements.

The proposed plan to increase alcohol availability to Ontarians in local supermarkets through the Liquor Modernization Project are concerning to our local board of health. The Peterborough County-City Board of Health believes that government decisions regarding alcohol should be made within the broader context of its known and measurable societal harms, negative economic impacts, and risks to the public's health and community safety.

The Regulatory Modernization in Ontario's Beverage Alcohol Industry initiative (2014), through the Ministry of Finance and the Alcohol Gaming Commission of Ontario, has increased alcohol availability in Ontario through initiatives including VQA wine in Farmers' Markets, LCBO Express Kiosks, support to industry, increased hours of sale and removal of special event and festival restrictions. The Government's currently proposed expansion of beverage alcohol in local supermarkets is yet another initiative that will increase access to alcohol and will set a dangerous precedent for further expansion and privatization across multiple venues throughout Ontario.

It is well established that increased access to alcohol increases consumption. According to the most recent Canadian Community Health Survey, 78% of adults in Peterborough city and county (76.2% Ontario-wide) and 35.6% of teens aged 12-18 in Peterborough city and county reported consuming alcohol in the last 12 months[1]. In addition, 26.2% of Peterborough city and county residents aged 12 years and older reported episodes of heavy drinking (five or more drinks on one occasion at least once monthly)[1]. We are therefore concerned that further increase in the availability of alcohol will negatively impact our communities.

[1] Canadian Community Health Survey 2011-2012, Statistics Canada, Share File, MOHLTC

The current healthcare costs, enforcement, and other social costs related to alcohol misuse are estimated to be over $5 billion a year[2]. However, in 2013–14, the beverage alcohol sector only contributed approximately $3 billion to the Ontario government. The proposed private models of delivery and sales must include significant management and control from the LCBO, including training and responsible sale practices. We encourage your government to include best practices such as training staff, setting limits to hours of sale, product marketing and advertising, and ensuring separate retail and cash register areas.

We also strongly recommend the province undertake a detailed analysis of the health and social impacts, including direct and indirect costs related to the proposed changes to Ontario's beverage alcohol retailing system. The Board of Health continues to welcome the opportunity to collaborate with you on these important health concerns.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at
Encl.

cc: Hon. Charles Sousa, Minister of Finance
Hon. Dr. Eric Hoskins, Minister, Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister, Health and Long-Term Care
Hon. Brad Duguid, Minister, Economic Development, Employment and Infrastructure
Hon. Jeff Leal, Minister, Agriculture, Food and Rural Affairs
Hon. Madeleine Meilleur, Attorney General
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Dr. David Williams, Chief Medical Officer of Health (Acting)
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Martha Greenberg, Assistant Deputy Minister (A), Health and Long-Term Care
Roselle Martino, Executive Director, Public Health, Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Linda Stewart, Executive Director Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Ontario Boards of Health

[2] Rehm, J., et al. (2006). *The Cost of Substance Abuse in Canada 2002 – Highlights*. Canadian Centre on Substance Abuse

Sudbury & District
Health Unit
Service de santé publique

Make it a Healthy Day!

Visez Santé dès aujourd'hui!

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Sudbury ON P3E 3A3
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Sudbury ON P3C 1S8
☎ : 705.522.9200
🖷 : 705.677.9611

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101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
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1.866.522.9200

www.sdhu.com

May 11, 2015

VIA EMAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Wynne:

Re: Increasing Alcohol Availability in Ontario

The proposed measures for increasing alcohol availability to Ontarians in local supermarkets through the Liquor Modernization Project is of grave concern. As an organization, the Sudbury & District Board of Health believes that government decisions regarding alcohol should be made within the broader context of its known and measurable societal harms, negative economic impacts, and risks to the public's health and community safety. At the April 16, 2015 meeting, the Board passed motion 08-15:

WHEREAS alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries; and

WHEREAS 84% of SDHU adults (78% Ontario-wide) and 43% of SDHU teens aged 12-18 reported consuming alcohol in the last 12 months; and 27% of SDHU current drinkers over 12 years reported episodes of heavy drinking (five or more drinks on one occasion at least once monthly); and

WHEREAS the Regulatory Modernization in Ontario's Beverage Alcohol Industry initiative (2014), through the Ministry of Finance and the Alcohol Gaming Commission of Ontario, has increased alcohol availability in Ontario through initiatives including VQA wine in Farmers' Markets, LCBO Express Kiosks, support to industry, increased hours of sale and removal of special event and festival restrictions; and

WHEREAS the privatization of alcohol sales would set a precedent for further privatization across multiple venues throughout Ontario, such as the Government's currently proposed expansion of beverage alcohol in local supermarkets; and

WHEREAS alcohol is no ordinary commodity and decisions about its promotion and availability should be made within the broader context of alcohol's known negative societal, economic and health risks; and

WHEREAS local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption and boards are held accountable under MOHLTC Accountability Agreements for reporting on local alcohol consumption rates;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the correspondence from the Association of Local Public Health Agencies to Government Ministers and the Premier – while also informing the Premier of our serious concerns regarding the proposal for the increased availability of alcohol through VQA wine in Farmers' Markets, LCBO Express Kiosks, and the privatization of the sale of beverage alcohol through initiatives such as local supermarkets; and

FURTHER THAT the Sudbury & District Board of Health share these concerns and inform the community by means of an open letter; and

FURTHER THAT copies of this motion and subsequent correspondence to the community and Premier be forwarded to local Members of Provincial Parliament, Ministers of Health and Long-Term Care, Economic Development, Finance, Agriculture, Food and Rural Affairs; the Attorney General, Chief Medical Officer of Health, Assistant Deputy Ministers, Ontario Boards of Health, Constituent Municipalities, and Ontario Public Health Association.

The current health care costs, enforcement, and other social costs related to alcohol misuse are estimated to be over $5 billion a year.[i] However, in 2013–2014, the beverage alcohol sector only contributed approximately $3 billion to the Ontario government.

When moving forward with the modernization initiatives, we urge you and your government to consider the health and wellness of the population and the potentially devastating consequences of increased availability of alcohol. The proposed private models of delivery and sales must include significant management and control from the LCBO, including training and responsible sale practices. We encourage your government to include best practices such as training staff, setting limits to hours of sale, product marketing and advertising, and ensuring separate retail and cash register areas.

We strongly recommend the province undertake a detailed analysis of the health and social impacts, including direct and indirect costs related to the proposed changes to Ontario's beverage alcohol retailing system.

The Board of Health continues to welcome the opportunity to collaborate with you on these important health concerns.

Sincerely,

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

cc: Hon. Charles Sousa, Minister of Finance
Hon. Dr. Eric Hoskins, Minister, Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister, Health and Long-Term Care
Hon. Brad Duguid, Minister, Economic Development, Employment and Infrastructure
Hon. Jeff Leal, Minister, Agriculture, Food and Rural Affairs
Hon. Madeleine Meilleur, Attorney General
Hon. France Gelinas, Member of Provincial Parliament, Nickle Belt
Hon. Michael Mantha, Member of Provincial Parliament, Algoma Manitoulin
Hon. Glenn Thibeault, Member of Provincial Parliament, Sudbury
Dr. David Mowat, Chief Medical Officer of Health (Acting)
Dr. Bob Bell, Deputy Minister, Health and Long-term Care
Martha Greenberg, Assistant Deputy Minister (A), Health and Long-Term Care
Roselle Martino, Executive Director, Public Health, Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Linda Stewart, Executive Director Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association

[i] Rehm, J., et al. (2006). *The Cost of Substance Abuse in Canada 2002 – Highlights*. Canadian Centre on Substance Abuse

The Premier of Ontario

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

Ontario

La première ministre de l'Ontario

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

July 10, 2015

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

Dear Ms. Parnell:

Thank you for taking the time to send your letter regarding alcohol retailing in Ontario. I am pleased to hear from you.

I note that you have also provided copies of your correspondence to my colleagues the Honourable Charles Sousa, Minister of Finance, and the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care. As this issue falls within Minister Sousa's area of responsibility, I have asked that he, or a member of his ministry staff, provide you with a response.

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

Sincerely,

Kathleen Wynne
Premier

c: The Honourable Charles Sousa
The Honourable Dr. Eric Hoskins

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Minister of Health | Ministre de la Santé

Ottawa, Canada K1A 0K9

JUL 15 2015

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PETERBOROUGH COUNTY CITY HEALTH UNIT

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

Dear Ms. Parnell:

Thank you for your letter of May 7, 2015, co-addressed to the Right Honourable Stephen Harper, Prime Minister of Canada, asking for Health Canada's continued support for the implementation of Canada's National Alcohol Strategy and the National Alcohol Strategy Advisory Committee (NASAC). I regret the delay in responding.

Health Canada recognizes that the consequences of alcohol misuse represent serious public health and safety issues affecting individuals, families and communities across Canada.

The Department is providing the Canadian Centre on Substance Abuse (CCSA) with approximately $18 million over five years in Named Grant funding. This core operational funding supports the CCSA in fulfilling its legislated mandate under the *Canadian Centre on Substance Abuse Act*, including its priorities related to alcohol. This funding has enabled the CCSA to provide leadership and project management to the NASAC, to work with partners to promote lower risk drinking practices, to encourage evidence-based minimum alcohol pricing policies, and to work with partners to reduce risky drinking on campuses.

Although alcohol policy (e.g., sales, minimum drinking ages, etc.) falls primarily within provincial and territorial jurisdiction, the Health Portfolio plays an important role in addressing alcohol-related harm in three specific areas: strategic Fetal Alcohol Spectrum Disorder (FASD) programming, alcohol research and data collection, and prevention and treatment programs for First Nations and Inuit populations. For example, the Public Health Agency of Canada builds awareness of the risks of alcohol use in pregnancy through the Canada Prenatal Nutrition Program and the FASD Initiative. Through the FASD Initiative, the Agency has funded critical projects to enhance the capacity of front-line health providers in preventing FASD. Revised diagnostic guidelines will update the evidence and provide new protocols for diagnosing younger

.../2

children and adults. Health Canada also administers a First Nations and Inuit specific stream of these programs to First Nations living on-reserve and Inuit in their communities.

Between 2006-07 and 2013-14, the Canadian Institutes of Health Research invested approximately $33 million in research related to alcohol use disorders. This funding provided support for researchers investigating numerous issues, including driving under the influence of alcohol, relapse, the social determinants of alcohol use disorders, and parent training for challenging behaviour in children with FASD.

In addition, Health Canada provides annual funding to support First Nations and Inuit communities to deliver addiction prevention and treatment services as part of its mental wellness program investments. This includes $12.1 million annually through the National Anti-Drug Strategy to improve access to quality addiction services for First Nations and Inuit populations. Through the National Native Alcohol and Drug Abuse Program and the National Youth Solvent Abuse Program, First Nations and Inuit people have access to community-based addiction prevention and intervention services and supports.

The Health Portfolio also supports the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol. The Global Strategy identifies ten key areas of intervention at the country level for consideration by Member States. Canada has implemented many of the suggested interventions included in the strategy. A copy of the strategy is available at http://www.who.int/substance_abuse.

Building awareness about alcohol-related harm and delivering addiction and treatment services requires strong collaboration across governments as well as key stakeholders. Progress on this issue would not be possible without the support of local public health units delivering programs in the community. I am pleased that, through our continued support of the CCSA, we have been able to support the strong and effective role played by the NASAC on alcohol policy in Canada.

Thank you for writing.

Yours sincerely,

Rona Ambrose

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

Ministry of Finance
Office of the Minister

Ministère des Finances
Bureau du ministre

Ontario

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

JUL 27 2015

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

Dear Ms. Parnell:

Thank you for your letter outlining your concerns about increasing alcohol availability in Ontario. As the Minister responsible for alcohol policy, I am pleased to respond.

Selling alcohol responsibly is a public trust the government takes very seriously. We are aware of the tragic toll that alcohol abuse takes on individuals, families, communities, and society as a whole. The province is continuously building on its efforts to raise awareness of the risks associated with the misuse of alcohol, and to provide Ontarians with information to make informed choices when it comes to alcohol consumption.

On April 16, 2015, the Premier's Advisory Council on Government Assets released *Striking the Right Balance: Modernizing Beer Retailing and Distribution in Ontario*. This report represents the Council's final set of recommendations on the future direction for beer retailing and distribution in Ontario. The government accepted the Council's recommendations and has announced that it will authorize the sale of beer in up to 450 grocery stores to enhance consumer convenience, in a socially responsible manner.

The province will establish and enforce social responsibility standards for any new retailers of beverage alcohol. The government will also mandate in law that the sale of alcohol be restricted to set hours, that alcohol be placed in a designated section of each store, and that grocers implement the necessary staff training for the sale of alcohol to the public. Furthermore, the Ministry of Finance will work with the Ministry of Health and Long-Term Care to continue to develop initiatives to support safe consumption of alcohol in light of the expansion of alcohol sales in Ontario.

.../cont'd

Thank you again for writing.

Sincerely,

Charles Sousa
Minister

c: The Honourable Kathleen Wynne, Premier of Ontario
The Honourable Eric Hoskins, Minister of Health and Long-Term Care

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
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Ministère de la Santé et des Soins de longue durée

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Ontario

HLTC2966MC-2015-1710

Dr. Rosana Pellizzari
Medical Officer of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough ON K9J 8M1

Dear Dr. Pellizzari:

Kathleen Wynne, Premier of Ontario, forwarded your letter expressing your concerns regarding the Low Income Dental Integration (LIDI) commitment through which six publicly funded provincial dental programs will be integrated into one program for low income children and youth. I value your input and the time you have taken to express your concerns. I do apologize for the delay in responding.

As you know, in December 2013, the government of Ontario announced that it would streamline six oral health programs and/or benefits for children and youth from low-income families into a single 100 per cent provincially-funded program. A number of concerns related to this commitment were raised with respect to eligibility once the programs were integrated and the aggressiveness of the implementation time lines.

I want to reassure you that I have heard your concerns and they have been addressed. The advice of the public health and other sectors has been invaluable as work proceeds.

On May 29, 2015, my ministry announced that to successfully implement the new integrated dental program, the full implementation date will be extended to January 2016. The decision was made after thorough consultation and collaboration with our valued delivery partners, including the public health units (PHUs) to best inform and guide implementation of this streamlined program. While I feel it is important for children and families to benefit from this initiative as soon as possible, I share your commitment to getting it right.

As such, I am pleased to reassure you that this new date does not impact those children currently enrolled in existing dental programs. Also, children who are currently eligible for free dental services will continue to be eligible in the new integrated program. The announcement is available on my ministry's website at:
http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20150529_1.aspx.

...2

Dr. Rosana Pellizzari

I understand that the shift in implementation date, at this point, may have implications for PHU budgets for the 2015 fiscal year. My ministry staff will work closely with each health unit to mitigate these potential impacts and ensure that all health units are able to continue to meet the needs of the current programs until the launch of the integrated program, taking place in January 2016.

The new integrated program will provide a simplified enrolment and renewal process and access to a full range of oral health services, from preventive care, such as cleanings and fluoride treatments to basic care such as fillings, extractions and x-rays. The integration of these six oral health programs will also help build community capacity to deliver oral health prevention and treatment services to children and youth from low-income families in Ontario. Providing more children and youth with access to free dental care is part of Patients First: Action Plan for Health Care, and Ontario's Poverty Reduction Strategy.

The new integrated program will also ensure that currently eligible children will continue to be eligible in the future state integrated program. This will include ensuring that they have access to preventive services as well as emergency and essential care.

With respect to preventive services, PHUs will be asked to assess eligibility for preventive services which will be available to clinically eligible children whose families attest to financial hardship. The services that will be included in this component of the program have been considered by the Dental Services Schedule Review Expert Panel (DSSREP) based on the three services currently in the Preventive Services Protocol of the *Ontario Public Health Standards* (OPHS). This approach will, in fact, make more children eligible than in the current state under the Protocol which currently defines financial eligibility as one of the following: enrollment in the Children in Need of Treatment Program (CINOT) program; the child is a dependent of a recipient of the Ontario Child Benefit, or the family's income is below the financial eligibility cut-off (the cut-off is set at 20 per cent above Statistic Canada's low income cut-offs).

In terms of urgent, or emergency and essential, treatment, access to this stream of the program will continue to be based on clinical need and attestation of financial hardship. The DSSREP has been asked to provide advice regarding a definition of urgent need as well as a related basket of services. The DSSREP has provided its advice to government which includes advising that children should be provided with access to an appropriate course of treatment to fully address the urgent need. Providers will also have the discretion to be able to provide additional treatment to children where other clinical needs would soon become urgent if not addressed. Further operational details related to this component of the program will continue to be developed once advice from the DSSREP is received. My ministry will also provide further direction to PHUs on a common approach to be employed to assess financial hardship for preventive and urgent treatment.

Ongoing engagement and dialogue with key stakeholders will continue through the LIDI Implementation Technical Advisory Committee and the Service Schedule Review Expert Panel. My ministry will also provide updates to PHUs through regularly scheduled Chief Medical Officer of Health teleconferences.

Dr. Rosana Pellizzari

A working group is also being established to review the current protocols under the OPHS related to all aspects of oral health within the context of the newly integrated program. This group will be providing advice to my ministry in the coming months regarding new and related requirements to be included in the OPHS.

Providing free dental care and helping to break down barriers for low-income children and youth is part of Ontario's Poverty Reduction Strategy. To date, more than 47,000 children and their families have been lifted out of poverty, and between 2008 and 2011, 61,000 were prevented from falling into poverty. In fact, the child poverty rate in Ontario fell from 15.2 per cent in 2008 to 13.6 per cent in 2011. Ensuring that children have the ability to escape the cycle of poverty is a priority for this government.

Again, thank you for writing to me. Your level of commitment to Ontario's children and advocacy is appreciated. I look forward to your continued advice and collaboration as this work continues.

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Councillor Lesley Parnell, Chair, Board of Health
Peterborough County-City Health Unit

Jeff Leal, MPP, Peterborough

Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock

CUPE
On the front line

Local 4170
P. O. Box 1935
Peterborough, ON K9J 5X5

August 19, 2015

Leslie Parnell, Chair
PCCHU Board of Health
10 Hospital Drive
Peterborough, ON
K9J 8M1

I present this letter on behalf of CUPE Local 4170 with the support of ONA and OPSEU in regards to advocating for Public Health Funding.

We would like to align and work together towards a strategy that will decrease or eliminate the inequities in Per Capita Funding that has a history of being significantly below our neighbouring Health Units.

We would appreciate the opportunity to meet with representatives from the Board and Executive to discuss and come up with a plan to close the gap in Per Capita Funding.

From this meeting we would hope to gain your support, knowledge and perspective on the key factors contributing to this inequity.

This information would be used to inform the appropriate agencies, government and the public how Peterborough County City Health Unit performs the same duties, tasks and programs that all Health Units perform on a daily basis with less funding and how it affects the programs and the community.

Yours truly,

Pam Pressick
CUPE Local 4170

Diane Lockman, President of ONA

Jane Hoffmeyer, President of OPSEU

cc: Dr. Pellizzari
Larry Stinson

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: September-01-15 4:08 PM
To: Alida Tanna
Subject: alPHa Information Break - Sept. 1, 2015

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

September 1, 2015

This semi-monthly update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa correspondence and events.

2015 alPHa Resolutions Letters

Following the June annual conference, alPHa sent its resolutions endorsed at that event to various government ministers and agencies. The resolutions ranged on a number of topical issues, including a national universal pharmacare program, basic income guarantee, and increased minimum legal age to access tobacco products, and other issues. To date, several ministries have responded to the resolutions (click on the link below for more information).
View the 2015 Resolutions letters and replies

Call for 2016 TOPHC Abstract Reviewers

alPHa is an organizing partner of The Ontario Public Health Convention (TOPHC). TOPHC is presently seeking public health staff to review abstract submissions for its April 2016 conference. On average, reviewers complete

10 to 15 reviews through an online process. Reviews will be conducted over a 10-day period in the first two weeks of October. Interested reviewers should contact Ian Johnson or Penny Eggett by clicking here.
Learn more about TOPHC 2016

Upcoming alPHa Events

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference, Novotel Toronto Centre Hotel, 45 The Esplanade, downtown Toronto, Ontario.

alPHa Website Feature: Current Job Openings

Whether you're a human resources person looking to post an employment opportunity at your health unit or a staff person looking to switch positions, alPHa's list of current health unit job openings may be of use. This online list is regularly updated so check back often. For information on how to post a job, contact Karen Reece at (416) 595-0006 ext. 24.
Visit alPHa's list of current health unit job openings

Have Your Say: Current Consultations

Health units, alPHa, and the general public are often invited to provide input on draft legislation relevant to public health. Check alPHa's Current Consultations web page for the latest public consultations. The province is currently seeking feedback on the following: drinking water quality standards, Healing Arts Radiation Protection Act (x-ray machine installations), Retirement Homes Act, and municipal legislation review.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

Ministry of Health and Long-Term Care

Office of the Minister

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Ontario

iApprove-2015-00949

SEP 0 4 2015

Ms. Lesley Parnell
Chair, Board of Health
Peterborough County-City Health Unit
522 Monaghan Road
Peterborough ON K9J 7J7

Dear Ms. Parnell:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Peterborough County-City Health Unit up to $536,405 in additional base funding and up to $1,798,300 in one-time funding for the 2015-16 funding year to support the provision of mandatory and related public health programs and services in your community.

The Executive Director of the Public Health Division and Assistant Deputy Minister (A) of the Health Promotion Division will write to the Peterborough County-City Health Unit shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario's public health system.

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Hon. Jeff Leal, MPP, Peterborough
Dr. Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit

DURHAM REGION

The Regional Municipality of Durham

HEALTH DEPARTMENT

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July 7, 2015

The Honourable Kathleen Wynne, MPP
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via email: premier@ontario.ca

Dear Premier Wynne:

Re: Increasing Alcohol Availability in Ontario

I am pleased to support the correspondence you have already received from the Sudbury & District and Peterborough County-City Boards of Health regarding this matter (attached).

As was noted by Sudbury, "alcohol is no ordinary commodity and decisions about its promotion and availability should be made within the broader context of alcohol's known negative societal, economic and health risks." As well, as was stated by Peterborough, "increasing the availability of alcohol increases its consumption" and by Sudbury, "alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries."

Accordingly, I echo Sudbury's and Peterborough's recommendations regarding the adoption of best practices and the need for a detailed health and social impacts analysis respecting the alcohol retailing system.

Yours sincerely,

Robert Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

cc. Dr. Rosana Pellizzari
Dr. Penny Sutcliffe

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Rosanne St. Denis
Sent: June-19-15 2:31 PM
To: allhealthunits@lists.alphaweb.org
Subject: [allhealthunits] FW: Windsor-Essex Board of Health Endorsement of Resolutions

Attachments: Simcoe Muskoka District HealthUnit-Le; Sudbury and District Health Unit-Alcohol_A

Attention: MOHs and Board Chairs

Dear Ontario Boards of Health,

This is to advise you that our Board supported the following attached resolutions at their meeting held yesterday, Thursday, June 18, 2015.

Rosanne St. Denis
Executive Assistant to the Medical Officer of Health (MOH) and CEO/Associate Medical Officer of Health Acting)

Windsor-Essex County Health Unit
1005 Ouellette Avenue
Windsor, ON N9A 4J8
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Health Unit
Service de santé publique

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May 11, 2015

VIA EMAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Wynne:

Re: Increasing Alcohol Availability in Ontario

The proposed measures for increasing alcohol availability to Ontarians in local supermarkets through the Liquor Modernization Project is of grave concern. As an organization, the Sudbury & District Board of Health believes that government decisions regarding alcohol should be made within the broader context of its known and measurable societal harms, negative economic impacts, and risks to the public's health and community safety. At the April 16, 2015 meeting, the Board passed motion 08-15:

WHEREAS alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries; and

WHEREAS 84% of SDHU adults (78% Ontario-wide) and 43% of SDHU teens aged 12-18 reported consuming alcohol in the last 12 months; and 27% of SDHU current drinkers over 12 years reported episodes of heavy drinking (five or more drinks on one occasion at least once monthly); and

WHEREAS the Regulatory Modernization in Ontario's Beverage Alcohol Industry initiative (2014), through the Ministry of Finance and the Alcohol Gaming Commission of Ontario, has increased alcohol availability in Ontario through initiatives including VQA wine in Farmers' Markets, LCBO Express Kiosks, support to industry, increased hours of sale and removal of special event and festival restrictions; and

WHEREAS the privatization of alcohol sales would set a precedent for further privatization across multiple venues throughout Ontario, such as the Government's currently proposed expansion of beverage alcohol in local supermarkets; and

WHEREAS alcohol is no ordinary commodity and decisions about its promotion and availability should be made within the broader context of alcohol's known negative societal, economic and health risks; and

WHEREAS local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption and boards are held accountable under MOHLTC Accountability Agreements for reporting on local alcohol consumption rates;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the correspondence from the Association of Local Public Health Agencies to Government Ministers and the Premier – while also informing the Premier of our serious concerns regarding the proposal for the increased availability of alcohol through VQA wine in Farmers' Markets, LCBO Express Kiosks, and the privatization of the sale of beverage alcohol through initiatives such as local supermarkets; and

FURTHER THAT the Sudbury & District Board of Health share these concerns and inform the community by means of an open letter; and

FURTHER THAT copies of this motion and subsequent correspondence to the community and Premier be forwarded to local Members of Provincial Parliament, Ministers of Health and Long-Term Care, Economic Development, Finance, Agriculture, Food and Rural Affairs; the Attorney General, Chief Medical Officer of Health, Assistant Deputy Ministers, Ontario Boards of Health, Constituent Municipalities, and Ontario Public Health Association.

The current health care costs, enforcement, and other social costs related to alcohol misuse are estimated to be over $5 billion a year.[i] However, in 2013–2014, the beverage alcohol sector only contributed approximately $3 billion to the Ontario government.

When moving forward with the modernization initiatives, we urge you and your government to consider the health and wellness of the population and the potentially devastating consequences of increased availability of alcohol. The proposed private models of delivery and sales must include significant management and control from the LCBO, including training and responsible sale practices. We encourage your government to include best practices such as training staff, setting limits to hours of sale, product marketing and advertising, and ensuring separate retail and cash register areas.

We strongly recommend the province undertake a detailed analysis of the health and social impacts, including direct and indirect costs related to the proposed changes to Ontario's beverage alcohol retailing system.

The Board of Health continues to welcome the opportunity to collaborate with you on these important health concerns.

Sincerely,

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

cc: Hon. Charles Sousa, Minister of Finance
Hon. Dr. Eric Hoskins, Minister, Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister, Health and Long-Term Care
Hon. Brad Duguid, Minister, Economic Development, Employment and Infrastructure
Hon. Jeff Leal, Minister, Agriculture, Food and Rural Affairs
Hon. Madeleine Meilleur, Attorney General
Hon. France Gelinas, Member of Provincial Parliament, Nickle Belt
Hon. Michael Mantha, Member of Provincial Parliament, Algoma Manitoulin
Hon. Glenn Thibeault, Member of Provincial Parliament, Sudbury
Dr. David Mowat, Chief Medical Officer of Health (Acting)
Dr. Bob Bell, Deputy Minister, Health and Long-term Care
Martha Greenberg, Assistant Deputy Minister (A), Health and Long-Term Care
Roselle Martino, Executive Director, Public Health, Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation
Linda Stewart, Executive Director Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association

[i] Rehm, J., et al. (2006). *The Cost of Substance Abuse in Canada 2002 – Highlights*. Canadian Centre on Substance Abuse

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Rosanne St. Denis
Sent: June-19-15 2:31 PM
To: allhealthunits@lists.alphaweb.org
Subject: [allhealthunits] FW: Windsor-Essex Board of Health Endorsement of Resolutions

Attachments: Simcoe Muskoka District HealthUnit-Le... Sudbury and District Health Unit-Alcohol_...

Attention: MOHs and Board Chairs

Dear Ontario Boards of Health,

This is to advise you that our Board supported the following attached resolutions at their meeting held yesterday, Thursday, June 18, 2015.

Rosanne St. Denis
Executive Assistant to the Medical Officer of Health (MOH) and CEO/Associate Medical Officer of Health Acting)

Windsor-Essex County Health Unit
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simcoe muskoka
DISTRICT HEALTH UNIT

May 28, 2015

The Honourable Pierre Poilievre
Minister of Employment and
Social Development
House of Commons
Ottawa, Ontario K1A 0A6

The Honourable Kellie K. Leitch
Minister of Labour
Ministry of Labour
House of Commons
Ottawa, ON K1A 0A6

The Honourable Rona Ambrose
Minister of Health
Ministry of Health
House of Commons
Ottawa, ON
K1A 0A6

The Honourable Kevin Daniel Flynn
Minister of Labour
Ministry of Labour
14th Floor
400 University Avenue
Toronto, ON M7A 1T7

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

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
14th Floor
56 Wellesley Street West
Toronto, ON M5S 2S3

The Honourable Deborah Matthews
Minister Responsible for the
Poverty Reduction Strategy
Room 4320, 4th Floor, Whitney Block
99 Wellesley Street West
Toronto, ON M7A 1W3

Dear Minister Poilievre, Minister Leitch, Minister Ambrose, Minister Flynn, Minister Hoskins, Minister MacCharles, and Minister Matthews:

Re: Public health support for a basic income guarantee

On behalf of the Simcoe Muskoka District Health Unit's Board of Health, I am writing today to express our strong support for joint federal-provincial (Ontario) consideration for and investigation into a basic income guarantee for Ontarians and all Canadians.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.[1,2] From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, and the extent of income inequality in a society, and a range of adverse health and social outcomes. This includes morbidity and/or mortality from chronic and infectious disease, mental illness, and infant mortality, amongst others.[3] Given that 56 000 people (or more than 11% of the population) in Simcoe and Muskoka live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

In response to these key social and public health challenges, a growing number of individuals and organizations in the health, economics, social, and political sectors have proposed the introduction of a basic income guarantee for all Canadians, also known as guaranteed annual income. A basic income guarantee ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status. It can be achieved through a range of policy approaches.

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.[4,5] As you may be aware, Mincome, in particular, was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, which demonstrated several improved health and educational outcomes.[4] Basic income also resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health and social improvements in those age groups. [6,7]

In addition to providing an effective policy response to poverty and inequality, a basic income guarantee would be a key societal support in the face of rising precarious employment in Canada. Given the trend towards fewer opportunities for secure, permanent jobs, providing living wages and benefits, a basic income guarantee could help buffer the effects of precarious employment by providing a form of 'disaster insurance' that protects people from slipping into poverty during challenging times.[6]

There has been recent support for a basic income guarantee from the Canadian Medical Association, the Alberta Public Health Association, and the Canadian Association of Social Workers. The Canadian Public Health Association is also examining the issue. Beyond the health and social sectors, a non-governmental organization by the name of Basic Income Canada Network is now dedicated to achieving a basic income guarantee in Canada, and several citizen groups are forming across Ontario and Canada in support of this issue.

Advocating for improved income security policies is supportive of the Simcoe Muskoka District Health Unit's strategic direction on the Determinants of Health, which requires the health unit to 'Address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes'.

We urge you to undertake a joint federal-provincial investigation into a basic income guarantee in order to address the extensive health inequities in Canada, which are both highly concerning and largely preventable.

Sincerely,

Barry Ward
Chair, Board of Health

c. The Right Honourable Steven Harper, Prime Minister of Canada
The Honourable Kathleen Wynne, Premier of Ontario
Dr. David Mowat, Ontario Chief Medical Officer of Health
Linda Stewart, Association of Local Public Health Agencies
Pegeen Walsh, Ontario Public Health Association
Ontario Boards of Health
Simcoe Muskoka Members of Parliament
Simcoe Muskoka Members of Provincial Parliament
North Simcoe Muskoka and Central Local Health Integration Network
Gary McNamara, President, Association of Municipalities Ontario
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities
Simcoe Muskoka Municipalities

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7. Milligan, K., and Stabile, M. “Do Child Tax Benefits Affect the Well-Being of Children? Evidence from Canadian Child Benefit Expansions”. American Economic Journal: Economic Policy 3(3): 175-205, 2011.

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Rosanne St. Denis
Sent: June-12-15 2:53 PM
To: All Health Units
Subject: [allhealthunits] Windsor-Essex County Board of Health Endorsement

Attention: MOHs/AMOHs, EAs, and Board Chairs,

On May 21, 2015, the Windsor-Essex County Board of Health supported the attached letter/recommendations re: energy drinks as brought forward by Wellington-Dufferin, Guelph Public Health.

Rosanne St. Denis
Executive Assistant to the Medical Officer of Health (MOH) and CEO/Associate Medical Officer of Health Acting)

Windsor-Essex County Health Unit
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PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

February 4, 2015

DELIVERED VIA REGULAR MAIL & E-MAIL

Ministry of Health and Long-Term Care
Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: Hon. Dr. Eric Hoskins,
Minister

Dear Honourable Dr. Hoskins:

RE: Energy Drinks

Wellington-Dufferin-Guelph Public Health (WDGPH) supports the recent report *Patients First: Action Plan for Health Care*, released by the Ministry of Health and Long-Term Care. In this report, the *Healthy Kids Strategy* is highlighted as a framework to support healthy habits from childhood. As part of this strategy, two recommendations were listed that referred to banning the marketing and promotion of unhealthy foods and beverages to children. A review of health data and literature by WDGPH suggests that energy drinks meet this recommendation.

Energy drinks are a rapidly growing component of the beverage market and current research demonstrates that children and youth are consuming energy drinks. The main concern about rising rates of energy drink use is caffeine and sugar content. Overuse of caffeine can contribute to acute physical and mental health conditions, and increasing levels of sugar among the diets of children and youth have already been linked to obesity and higher numbers of dental carries.

Health Canada has set Recommended Daily Maximum Intake (RDMI) limits for caffeine, based upon age. However, the average 8oz energy drink contains 80 mg of caffeine, which exceeds the RDMI for children 4-9 years of age. Moreover, energy drinks are often sold in sizes double that amount, which would also exceed the RDMI for children 10-12 years of age. It is therefore concerning that children and youth can readily access energy drinks.

.../2

160 Chancellors Way, Guelph, ON N1G 0E1
Telephone: 519-822-2715 | Fax: 519-836-7215 | www.wdgpublichealth.ca

The *No Time to Wait: Healthy Kids Strategy (2013)* made recommendations regarding unhealthy foods and beverages for children. These included:

- Ban the marketing of high calorie, low-nutrient foods, beverages and snacks to children under the age of 12; and
- Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.

In 2011, Health Canada enacted labeling requirements on energy drinks to include "High source of caffeine" and "Not recommended for children, pregnant or breastfeeding women and individuals sensitive to caffeine". Since Health Canada has acknowledged that this product it not to be consumed by children, it further supports the *Healthy Kids Strategy (2013)* to ban the marketing and point-of-sale displays and promotions to children of such beverages.

On behalf of the Board of Health for WDGPH, I would like to urge you to consider a timely implementation of the above-noted recommendations from the *Healthy Kids Strategy (2013)* beginning with sugar-sweetened beverages to reduce the consumption of high-calorie, low-nutrient beverages and, in particular, energy drinks by children.

Sincerely,

Doug Auld
Chair, WDGPH Board of Health

c.c. Wellington-Dufferin-Guelph MPPs – via e-mail
c.c. Ontario Public Health Units – via e-mail
c.c. Rita Sethi, Director, Community Health & Wellness (WDGPH) – via e-mail.

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

BOH Report – BH.01.FEB0415.R02
February 4, 2015
[previously deferred at the Dec 03/14 BOH mtg + coded BH.01.DEC0314.R29]

Report to:	**Board of Health**
Submitted by:	**Dr. Nicola Mercer, Medical Officer of Health & CEO**
Prepared by:	**Jennifer McCorriston, Manager, Chronic Disease, Injury Prevention & Substance Misuse**
Approved by:	**Rita Sethi, Director, Community Health & Wellness**
Subject:	**ENERGY DRINKS**

RECOMMENDATION(S)

(a) That the Board of Health receives this report for information.

(b) That the Board of Health send a letter to Toronto Public Health applauding their efforts to explore a municipal ban on the sale and promotion of energy drinks.

(c) That the Board of Health send a letter to the Minister of Health and local MPP's to support recommendations 2.1 and 2.2 in the *No Time to Wait: The Healthy Kids Strategy*, and that the letter specifically include 1) language to identify energy drinks as a high-calorie, low-nutrient beverage of health concern and 2) that Health Canada has already identified energy drinks as "High source of caffeine" and "not recommended for children, pregnant or breastfeeding women, and individuals sensitive to caffeine" and 3) that this letter along with a copy of this report be sent to all Public Health units within the province

Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

EXECUTIVE SUMMARY

In recent years, an increasing number of caffeinated beverages have been introduced into the Canadian marketplace. These products, known as energy drinks, are generally marketed to improve energy and concentration. Most energy drinks contain 70 to 80 mg caffeine per 8 oz (237 ml) serving.[1,2] The sugar content is typically similar to the amount of sugar in soft drinks.[2]

There are a number of health and safety concerns with regard to consumption, labelling and marketing. Among adolescents and young adults, research suggests that 30-50% consume energy drinks. [3] This raises public health concerns of caffeine consumption and possible caffeine toxicity, which is known to cause headaches[2-6], agitation/anxiety[2-7], irregular heart rate[3,6-8] and insomnia[4,7,9]. Beyond the potential side-effects of caffeine, increased energy drink consumption among children and youth could contribute to the obesity epidemic.[3,8,10]

In light of these concerns there is strong interest to reduce access and marketing of energy drinks in the province. Recently, Toronto Public Health was given direction to conduct a feasibility study on reducing access to energy drinks for persons under the age of 19 in the City of Toronto. Although these efforts should be applauded, a provincial approach would have a greater benefit to the health and well-being of the population and therefore it is urged that the provincial government take immediate action in light of the increasing evidence.

BACKGROUND

In recent years, an increasing number of caffeinated beverages have been introduced into the Canadian marketplace. These products, known as energy drinks, are generally marketed to improve energy and concentration. These beverages typically contain caffeine, taurine (an amino acid), vitamins, herbal ingredients and sugar or artificial sweeteners. Some ingredients such as guarana and yerba mate, commonly found in energy drinks are natural sources of caffeine. Most energy drinks contain 70 to 80 mg caffeine per 8 oz (237 ml) serving.[1,2] This is similar to the amount of caffeine in coffee and approximately 3 times the amount of caffeine in cola drinks.[1] The sugar content is typically similar to the amount of sugar in soft drinks (approximately 21 to 34 grams per 8 oz serving).[2]

Energy drinks are a rapidly growing component of the beverage market. In 2006, the Canadian energy drink market was valued at $287.2 million and is expected to reach $375.2 million by 2011.[1] Energy drinks are popular with children, youth and young adults. Among adolescents and young adults, 30-50% consume energy drinks.[3]

There are a number of health and safety concerns with regard to consumption, labelling and marketing of energy drinks. A 2013 assessment of the potential health risks in Canada reported that as of July 2010, 61 adverse reactions were associated with consumption of energy drinks. Of these, 32 were considered serious with 15 of these involving the cardiac system (6 of these 15 cardiac events occurred in 13-17 year olds).[2]

With increasing concerns of caffeine consumption by Canadians, particularly among adolescents, Health Canada conducted a scientific assessment of the potential hazards and exposure associated with caffeinated energy drinks. The common amounts consumed of similar beverages (e.g. soft drinks) were used to help assess risks for various populations. This assessment revealed that children and youth are most at risk of exceeding Health Canada's Recommended Daily Intake (RMDI) of caffeine because of the volumes consumed and lower RMDI for these age groups. As such, Health Canada released labeling requirements in 2011, which included statements on the label such as:

- The amount of caffeine from all sources in mg per container or serving size
- "High source of caffeine" and "not recommended for children, pregnant or breastfeeding women, and individuals sensitive to caffeine"
- "Do not mix with alcohol"[11]

In response to Health Canada's approach, several public health units in Ontario, including WDGPH, formed an Energy Drink Joint Advocacy Work Group to organize a coordinated public health response to encourage Health Canada to strengthen its actions. On February 1, 2012, WDGPH Board of Health passed a resolution to send letters to Health Canada, the Ministry of Health and Long-Term Care (MOHLTC) and the Chief Medical Officer of Health to adopt the recommendations of the working group.[12]

In June 2012, the Association of Local Public Health Agencies (alPHa) took the issue one step further to pass a resolution (A12-6) on energy drink regulation that supported recommendations from the Ontario Society of Nutrition Professionals in Public Health (OSNPPH).[13] These recommendations stated that:

- Health Canada and the Province of Ontario should prohibit the advertising and sale of energy drinks to children and adolescents.
- Health Canada should require the addition of a warning label to energy drink packaging that states: "*Energy drinks are not recommended for use during exercise or to rehydrate following exercise.*" The space allocated for warning labels should be at least 25% of the total packaging.
- Province of Ontario should prohibit the sale of all pre-mixed caffeinated-alcoholic beverages at Provincial Liquor Outlets or at a minimum require the addition of a warning label to all pre-mixed caffeinated-alcoholic beverages packaging that states: "*This product contains alcohol and caffeine. Consuming alcohol and caffeine together may increase your risk of injury.*"
- Province of Ontario should prohibit the sale of energy drinks at all locations where alcohol is sold and served.

ANALYSIS/RATIONALE

The literature is showing that children and youth are using energy drinks and the amount of data is steadily growing. According to the Ontario Drug Use Survey (2013), 39.7% reported drinking energy drinks in the past year.[14] Similar results were found in the Student Drug Use Survey of the Atlantic Provinces (2012), where 62% of junior and senior high school students used energy drinks at least once in the past year and 20% used energy drinks once or more

per month.[9]

In 2011, the Canadian Pediatric Surveillance Program survey on energy drinks revealed that more than 30% of youth reported using energy drinks, and among the 741 respondents, 9% reported some sort of caffeine-related complication.[6] That same year, the European Food Safety Authority gathered energy drink consumption data among 16 European countries and found that 68% of youth aged 10-18 years consumed energy drinks. This was greater than adults where 30% of this population reported use.[15] To specifically look at children, researchers in Italy studied energy drink consumption among 916 students. They revealed that 17.8% of sixth graders and 56.2% of eight graders consumed energy drinks less than once a week, and 16.5 and 6.2% did so at least once per week.[16] Locally, WDG is collecting energy drink consumption data among grade 7 and grade 10 students through the Youth Report Card, which will be analyzed in late 2015.

The main concern about rising rates of energy drink use is caffeine. Caffeine consumption in one's diet can come from a variety of sources, however literature suggests that the vast majority of caffeine consumed in one's diet comes from beverages.[5] In low to moderate amounts, caffeine may have some short-term benefits including improvements in certain aspects of cognition (e.g. reaction time) and athletic performance.[2-5] Health Canada has produced recommendations for caffeine consumption across all age groups. For children aged 4-6, 7-9 and 10-12 the recommendations are no more than 45 mg/day, 62.5 mg/day and 85 mg/day, respectively. For youth, the recommendation is no more than 2.5 mg/kg of body weight.[17]

Although these guidelines are helpful to direct parental and health care decisions, potential caffeine side effects are influenced by a variety of factors including pre-existing health conditions, current medications and individual tolerance levels.[7,18] Thus, when considering the typical energy drink caffeine content is 80 mg, this is already above the recommendations set for children under ten years of age. Even for older children, if they are already consuming caffeine from other sources in their daily diet (e.g. soft drinks, chocolate milk), one energy drink would put them beyond their recommended limit. This also assumes that children and youth are buying an 8 oz (237 ml) serving, when in fact, many energy drinks are sold in sizes double that amount ranging in caffeine content from 160-180 mg.[2]

The overuse and side effects from caffeine, particularly among children and youth, is an emerging public health concern. Caffeine toxicity is defined as "specific symptoms that emerge as a direct result of caffeine consumption".[7] Caffeine toxicity can result in adverse effects such as headaches[2-6], agitation/anxiety[2-7], irregular heart rate[3,6-8] and insomnia[4,7,9]. In overdoses, "caffeine toxicity can mimic amphetamine poisoning and lead to seizures, psychosis, cardiac arrhythmias, and potentially, but rarely death".[10] In 2014, the American Association of Poison Control Centers received 2,808 reports of exposure to energy drinks, of which 1673 were for children aged 18 and younger.[19]

In the American Pediatric Association paper on energy drinks, they cite concerns regarding the use of caffeine in children because of its "potential effects on the developing neurological and cardiovascular systems and risk of physical dependence and addiction."[8] Consequently, children and youth who do not use caffeine daily are at greater risk for caffeine toxicity because they may be inexperienced and less tolerant to the effects of caffeine.[7]

Beyond the caffeine risks of energy drinks, they also have the potential to contribute to childhood obesity.[3,8,10] Studies report that energy drinks typically range from 21 to 34 grams of sugar per 8 oz serving[2], although there are some types that are artificially sweetened. This high sugar content is similar to that of soft drinks, which has already been shown to play a role in the rising rates of overweight and obesity, and increased risk for dental caries.[2,8,20] Additionally, a review of commonly sold energy drinks shows that the carbohydrates contained in energy drinks range from 3 to 31 grams per 8 oz serving.[8] For average children and youth, carbohydrate-containing beverages are not needed within the diet, beyond the recommended daily intake of lower fat milk.[8] Hence, the American Pediatric Association has stated that "excessive regular consumption of carbohydrate-containing beverages increases overall daily caloric intake without significant additional nutritional value".[8]

The rising rates of energy drink consumption among children and youth suggests the energy drink industry is targeting this segment of the population. Several research papers propose that energy drinks are largely promoted and advertised to younger generations[7,10,16,18,20] Specifically, it has been noted that the industry focuses on appealing to young males with claims of performance enhancement.[7,15]

In 2010, approximately $164 million was spent by the energy drink industry on television, sports sponsorship, event marketing and social media.[18] For example, youth in the United States watched an average of 124 energy drink television ads, which equals about 1 ad every 3 days (this is similar to those viewed on soft drinks).[20] Moreover, youth were approximately twice as likely to visit energy drink websites compared to adults.[20]

Local jurisdictions have taken it upon themselves to set some regulations for marketing and sale. In August 2014, the City of Toronto, as directed by their Board of Health, banned the sale of energy drinks at all City properties. Furthermore, November 17, 2014, the "Toronto Board of Health Requested the Medical Officer of Health, in consultation with other appropriate staff, to report to the Board of Health on ways and means of preventing children and youth under the age of majority from buying energy drinks, and on the feasibility of:

- banning energy drink marketing, distribution (sampling) and advertising on City properties;
- banning the sale of energy drinks to youth and children in all Toronto affiliated agencies, boards, and commissions including the Canadian National Exhibition in compliance with the ban at City properties;
- banning the sale of energy drinks to youth and children in Toronto retail outlets; and
- requiring point-of-sale warning signage to be posted in retail outlets to assist in awareness to the potential dangers that these drinks pose."[21]

WDGPH applauds Toronto's action and supports this feasibility study. Nevertheless, since Health Canada has recognized that energy drinks are "not recommended for children", the next logical step would be to examine provincial regulatory approaches to decrease access and marketing to children. In the words of the American Pediatric Association "stimulant containing energy drinks have no place in the diets of children and adolescents".[8]

In 2013, the Healthy Kids Panel released *No Time to Wait: The Healthy Kids Strategy*.[22] This report was produced by a panel of experts appointed by the Minister of Health to make recommendations for the health and well-being of children and youth. On September 4,

2013, WDGPH Board of Health passed a resolution to send a letter to the MOHLTC requesting all of the strategies in the report be endorsed.[23] It is timely to re-examine recommendations 2.1 and 2.2 in the Healthy Kids Strategy report:

- Ban the marketing of high calorie, low-nutrient foods, beverages and snacks to children under the age of 12.
- Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.

We propose that WDGPH sends a letter to the Minister of Health and local MPP's asking them to endorse these recommendations and explicitly state the inclusion of energy drinks.

In summary, recent research indicates that energy drinks are emerging as a public health threat to children and youth. Additional research on consumption patterns, long-term health effects and regulatory approaches is appropriate and may result in future policy recommendations.

ONTARIO PUBLIC HEALTH STANDARD

Board of Health Outcomes

- The Board of Health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for chronic disease prevention.
- There is increased awareness among community partners about the factors associated with chronic diseases that are required to inform program planning and policy development, including the following:
  - Community health status;
  - Risk, protective, and resiliency factors; and
  - The importance of creating healthy environments.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of chronic diseases.
- The public is aware of the importance of healthy eating, healthy weights, comprehensive tobacco control, physical activity, reduced alcohol use, and reduced exposure to ultraviolet radiation.

WDGPH STRATEGIC COMMITMENT

Community and Partner Relationships
We will work with our communities and key stakeholders, and consider their perspectives in our decision-making processes. We will identify important partnerships and collaborate to improve the health of our community.

Evidence-Informed Practices
We will use the best available information to guide our decisions regarding which programs and services to provide, the manner in which we provide them, and the allocation of our resources in support of these decisions.

HEALTH EQUITY

Health equity is the differences in the quality of health and health care across diverse populations. It can refer to the equal treatment of individuals or groups in the same circumstances, or conversely "the principle that individuals who are unequal should be treated differently according to their level of need".[24]

Children and youth are a priority population for health. Many health behaviours are developed in childhood, therefore certain restrictions for harmful products may be beneficial until a young person reaches an age where they can access and process all the relevant health information to make an informed choice. For example, lessons gained from tobacco efforts show that private industry will target youth using deceptive marketing practices to hook young people on their products to become life-long users.[25] Youth may not always be able to discern that they are being targeted and may fall victim to this these aggressive marketing tactics, which may ultimately have an impact on their long-term health.

APPENDICES

NONE.

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August 11, 2015

Kelley Coulter, CAO
The County of Bruce
30 Park Street
Walkerton ON N0G 2V0

Re. Endorsement of the Bruce Grey Food Charter

On June 26, 2015, the Board of Health for the Grey Bruce Health Unit passed the following resolution.

Resolution #2015-54

Moved by: David Shearman Seconded by: David Inglis

"WHEREAS a diverse, sustainable, and just food system is integral to the overall health of any community; and

WHEREAS leaders representing all aspects of food across our community engaged in an extensive process to develop the guiding document; and

WHEREAS the Bruce Grey Food Charter recognizes the impacts of food on health, social justice, culture, education, economic development and the environment; and

WHEREAS involving people and local governments in building healthy, strong, safe and clean communities is identified as vital to the Grey Bruce Health Unit strategic plan;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Grey Bruce Health Unit endorse the Bruce Grey Food Charter;

AND FURTHER THAT the Grey Bruce Health Unit identify the role it can play in creating a just, sustainable, and secure food system for Bruce Grey;

AND FURTHER THAT the Grey Bruce Health Unit ask the question, in any applicable decision making process, "What impact will this have on Bruce Grey's food system?" before decisions are finalized;

AND FURTHER THAT the Grey Bruce Health Unit agrees to the use of its logo for endorsement purposes."

Carried

Together we build healthy communities,

Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health
Grey Bruce Health Unit

Copies to: Larry Miller, MP Bruce-Grey-Owen Sound
Benn Lobb, MP Huron-Bruce
Kellie Leitch, MP Simcoe-Grey
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Municipalities in Grey & Bruce Counties
Ontario Boards of Health

Encl.

August 11, 2015

Sharon Vokes, Acting CAO
Corporation of the County of Grey
595 9th Avenue East
Owen Sound ON N4K 3E3

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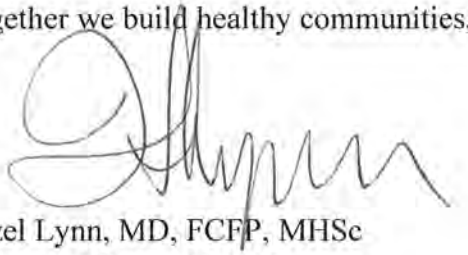

Hazel Lynn, MD, FCFP, MHSc
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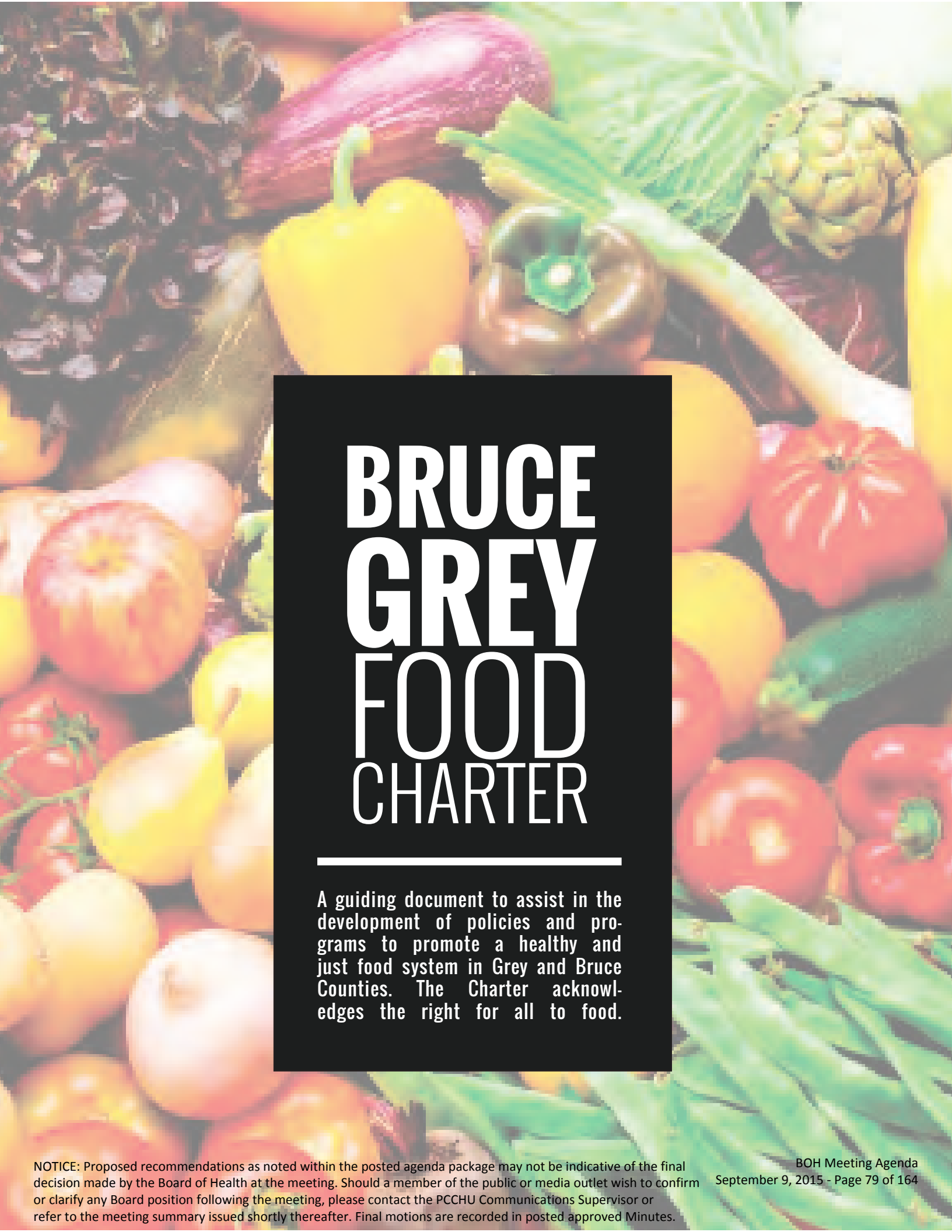
Encl.



BRUCE GREY FOOD CHARTER

A guiding document to assist in the development of policies and programs to promote a healthy and just food system in Grey and Bruce Counties. The Charter acknowledges the right for all to food.

THE CHARTER

In acknowledgement of the basic right to food, the Charter is a commitment to work together to build a vibrant, sustainable, food secure community. Based on community participation, a sustainable local food system will prioritize health, social justice, education, economic development, the environment, and culture.

BECAUSE WE VALUE **HEALTH** WE SUPPORT

- Public policy that recognizes food's contribution to physical, mental, spiritual, and emotional well-being
- Making food readily accessible for our rural and urban residents, including adequate transportation links, neighbourhoods that encourage walkable and bikeable access to healthy food
- Strategies to prevent and manage chronic diseases through access to affordable, healthy, safe, adequate, and culturally appropriate food
- Baby friendly policies that protect, promote, and support breastfeeding through informed decision making

BECAUSE WE VALUE **SOCIAL JUSTICE** WE SUPPORT

- Making sure everyone has access to healthy food
- A fair wage for the production of food, and a safe and respectful environment for all farmers and food workers
- Allowing land access for people interested in growing and/or processing food
- Income, education, employment, housing, and transportation policies and practices that support access to healthy, sustainable food

BECAUSE WE VALUE **CULTURE** WE SUPPORT

- Celebrating and promoting respect for and inclusion of traditional, cultural, and spriritual food diversity
- Enhancing the dignity and joy of growing, preparing, and eating food
- Strengthening links between rural and urban communities
- Opportunities for all community members to be included and to make connections through the experience and sharing food.

BECAUSE WE VALUE **EDUCATION** WE SUPPORT

- Food literacy and skill building initiatives that engage youth and students integrated in school curricula
- Programs that train current and future farmers, home gardeners, food producers, and others involved in the food value chain
- Integrating food literacy, community gardening and seed saving into communities
- Developing community gardens at schools and other public settings
- Public education about the connections between our health, the environment, and our food choices
- Public awareness of the role of agriculture in our lives

BECAUSE WE VALUE

SUSTAINABLE ECONOMIC DEVELOPMENT

WE SUPPORT

- Increasing the production, processing, distribution, and consumption of foods from Grey and Bruce
- Promoting our region as a food, agricultural, and culinary destination
- Food and agricultural research that is innovative, sustainable, and includes alternative food systems
- Services and infrastructure that support local farms and the development of local food related programs and businesses
- Practices that recognize the detrimental impact of food transportation and strive to minimize environmental burden

BECAUSE WE VALUE

ENVIRONMENT

WE SUPPORT

- Farming practices, protect, and enhance watersheds, wildlife habitat, soil and bio-diversity
- Food production methods that sustain the natural environment in rural and urban settings
- Sustainable development of agriculture, water, land use policies and practices that support the production of healthy food

Bruce Grey
POVERTY
TASK FORCE

OUR VISION

REDUCE AND ELIMINATE POVERTY IN OUR COMMUNITY

OUR PURPOSE

FACILITATE COMMUNITY PARTNERSHIPS TO ADVOCATE FOR POVERTY REDUCTON AND ELIMINATION

JOIN THE BRUCE GREY POVERTY TASK FORCE

The Bruce Grey Poverty Task Force focuses on building partnerships with key community stakeholders and networks; working together to eliminate poverty, enhancing our common understanding of poverty issues through solution-based research, knowledge development, and information sharing.

CONNECT

Jill Umbach
Planning Network Coordinator
Bruce Grey Poverty Task Force
519-377-9406
jill.umbach@gmail.com

United Way of Bruce Grey
380 9th Street East, Owen Sound
N4K 1P1

August 6, 2015

The Honourable Tracy MacCharles
Minister of Children and Youth Services
14th Floor, 56 Wellesley Street West
Toronto ON M5S 2S3

Dear Minister MacCharles:

Re. Healthy Babies Healthy Children Program

On July 24, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Sudbury District Health Unit regarding the Healthy Babies Healthy Children Program. The following motion was passed:

Motion No: 2015-62

Moved by: David Shearman **Seconded by: Gary Levine**

"That the Board of Health for the Grey Bruce Health Unit supports the resolution from Sudbury and District Health Unit advocating to the Minister of Children and Youth Services to fully find all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Sudbury & District
Health Unit
Service de santé publique

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Espanola ON P5E 1J3
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: 705.869.5583

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www.sdhu.com

June 30, 2015

VIA ELECTRONIC MAIL

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
14th floor, 56 Wellesley StreetWest
Toronto, ON M5S 2S3

Dear Minister MacCharles:

Re: Healthy Babies Healthy Children Program

The Healthy Babies Healthy Children (HBHC) program is a 100% funded Ministry of Child and Youth Services (MCYS) program provided by all 36 Ontario Boards of Health. Established in 1998, HBHC supports healthy child development by identifying vulnerable families and providing or connecting them with appropriate supports.

As with many boards of health across the province, the Sudbury & District Board of Health has been increasingly challenged to meet Ministry expectations for HBHC service provision within the 100% funding envelope. At its meeting on June 18, 2015, the Board of Health carried the following resolution #28-15:

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against MCYS expectations; and

FURTHER THAT the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

FURTHER THAT this motion be forwarded to the Association of Local Public Health Agencies, the Chief Medical Officer of Health and all Ontario Boards of Health.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. We look forward to further dialogue with MCYS on how we can best achieve this goal together.

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

Sincerely,

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

cc: Chief Medical Officer of Health (Acting)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

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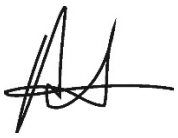

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Chief Medical Officer of Health (Acting)
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June 30, 2015

VIA ELECTRONIC MAIL

The Honourable Eric Hoskins
Ministry of Health and Long-Term Care
10th floor, 80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Enforcement of the Immunization of School Pupils' Act (ISPA)

Enforcement by the Sudbury & District Board of Health of the July 2014 legislative changes to the ISPA has highlighted significant challenges for local public health with respect to duplicate and incomplete immunization records. This is in part due to the fact that health care providers are not required to report immunizations to the Medical Officer of Health.

At its meeting on June 18, 2015, the Sudbury & District Board of Health carried the following resolution #25-15:

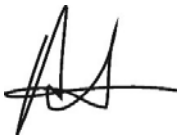
> *WHEREAS each public health unit in Ontario is required to enforce the Immunization of School Pupils Act by assessing and maintaining immunization records of school pupils (students) each year; and*
>
> *WHEREAS parents/guardians whose child(ren) receive vaccine at a health care provider other than public health are required to provide notification of their child's immunizations to their local public health unit; and*
>
> *WHEREAS healthcare providers are not required under the provisions of the Health Protection and Promotion Act to report immunizations to the Medical Officer of Health; and*
>
> *WHEREAS incomplete immunization records create significant challenges to the enforcement of the ISPA indicated by the numbers of students suspended from attendance at school under the Act, as well as parental and guardian frustration;*
>
> *THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health recommend to the Minister of Health and Long Term Care that amendments to provincial regulations be made requiring health care providers to report to the Medical Officer of Health all immunizations administered to patients under 18 years of age.*

FURTHER THAT the Sudbury & District Board of Health advocate to the Minister of Health and Long Term Care for the integration of all health care provider electronic immunization records onto a common electronic data base to ensure efficient and accurate sharing of immunization records.

FURTHER THAT this motion be forwarded to the Association of Local Public Health Agencies, and to Ontario Boards of Health.

The Board of Health for the Sudbury & District Health Unit takes seriously its responsibility to promote and protect the health of children. The Board believes that measures to enable the accurate and timely reporting of immunizations by all health care providers for all children attending school in Ontario will greatly assist in the effectiveness and efficiency of the Board's responsibility.

Sincerely,



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

cc: Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

DURHAM REGION

The Regional Municipality of Durham

Corporate Services
Department -
Legislative Services

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CANADA

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Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

June 25, 2015

The Right Honourable Stephen Harper
Prime Minister
House of Commons
Ottawa ON K1A 0A6

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated June 4, 2015 re: National Alcohol Strategy Advisory Committee (NASAC) (Our File No. P00)

Honourable Sir, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on June 24, 2015 Council adopted the following recommendations of the Committee:

"A) That the correspondence dated May 7, 2015 from Peterborough's Board of Health's Chair, urging the Government of Canada to continue to support the work of the NASAC be endorsed; and

B) That the Prime Minister of Canada, Minister of Health Canada, Durham's MPs, and all Ontario Boards of Health be so advised."

Deb Bowen

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

DB/np

c: The Honourable Rona Ambrose, Minister of Health
Dr. Colin Carrie MP(Oshawa)
Ms Pat Perkins, MP (Whitby/Oshawa)
The Honourable Chris Alexander, MP (Ajax/Pickering)
Mr. Corneliu Chisu, MP (Pickering/Scarborough East)
Mr. Barry Devolin MP (Haliburton/Kawartha Lakes/Brock)
Mr. Erin O'Toole, MP (Durham – Clarington/Scugog/Uxbridge)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

August 6, 2015

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto ON M7A 1A1

Dear Premier Wynne:

Re. Northern Ontario Evacuations of First Nations Communities

On July 24, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Sudbury District Health Unit regarding Evacuations of First Nations Communities in Northern Ontario. The following motion was passed:

Motion No: 2015-63

Moved by: David Shearman Seconded by: Gary Levine

"WHEREAS the Thunder Bay District Board of Health passed a resolution on March 18, 2015, and has submitted a letter dated April 10, 2015 to the Honorable Kathleen Wynne requesting that the provincial government address the ongoing lack of resources and infrastructure to ensure the safe, efficient and effective temporary relocation of First Nations communities in Northwestern Ontario and the James Bay coast when they face environmental and weather related threats in the form of seasonal flooding and forest fires; and

WHEREAS the Sudbury District Health Unit supported this resolution at its meeting on June 18, 2015;

THEREFORE BE IT RESOLVED that the Board of Health for the Grey Bruce Health Unit support the Thunder Bay District Board of Health's resolution 50-2015 dated March 18, 2015"

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Sudbury & District
Health Unit
Service de santé publique

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June 30, 2015

VIA ELECTRONIC MAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Email: premier@ontario.ca

Dear Premier Wynne:

Re: Northern Ontario Evacuations of First Nations Communities

At its meeting on June 18, 2015, the Sudbury & District Board of Health carried the following resolution #32-15:

WHEREAS the evacuation and relocation of residents of a number of First Nations communities in Northwestern Ontario and along the James Bay Coast, is required on a close to annual basis due to seasonal flooding and risk of forest fires; and

WHEREAS a safe, effective, and efficient temporary community relocation is challenging within the current reactive model; and

WHEREAS a proactive, planned and adequately resourced evacuation system would ensure the maintenance of quality evacuation centers in pre-selected host municipalities, as well as appropriate infrastructure to ensure the health and safety of evacuees in a culturally acceptable manner; and

WHEREAS the Thunder Bay District Board of Health passed a motion on March 18, 2015, and has submitted a letter dated April 10, 2015 to the Honourable Kathleen Wynne requesting that the provincial government address the ongoing lack of resources and infrastructure to ensure the safe, efficient and effective temporary relocation of First Nations communities in Northwestern Ontario and the James Bay coast when they face environmental and weather related threats in the form of seasonal flooding and forest fires;

THEREFORE BE IT RESOLVED THAT the Sudbury and District Board of Health support the Thunder Bay District Board of Health's resolution 50-2015 dated March 18, 2015; and

FURTHER THAT a copy of this motion be forwarded to the Premier of Ontario, Ministers responsible for Health and Long-Term Care, Community Safety and Correctional Services, Aboriginal Affairs, Northern Development and Mines, Natural Resources and Forestry, local area Members of Provincial Parliament and all Ontario Boards of Health.

It is the Board's hope that you will seriously consider the need for a proactive, planned and adequately resourced evacuation system which would ensure the safe, efficient and effective temporary relocation of First Nation communities in Northwestern Ontario and the James Bay coast when these communities are threatened by seasonal flooding and risk of forest fires.

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

Sincerely,

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

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Yasir Naqvi, Minister Community Safety and Correctional Services
Hon. David Zimmer, Minister of Aboriginal Affairs
Hon. Michael Gravelle, Minister of Northern Development and Mines
Hon. Bill Mauro, Minister of Natural Resources and Forestry
Hon. Glenn Thibeault, MPP Sudbury
Hon. France Gélinas, MPP Nickel Belt
Linda Stewart, Executive Director, Association of Local Public Health Agencies

Sudbury & District
Health Unit
Service de santé publique

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June 30, 2015

VIA ELECTRONIC MAIL

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Email: premier@ontario.ca

Dear Premier Wynne:

Re: Northern Ontario Evacuations of First Nations Communities

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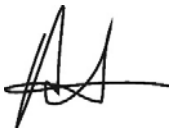
THEREFORE BE IT RESOLVED THAT the Sudbury and District Board of Health support the Thunder Bay District Board of Health's resolution 50-2015 dated March 18, 2015; and

FURTHER THAT a copy of this motion be forwarded to the Premier of Ontario, Ministers responsible for Health and Long-Term Care, Community Safety and Correctional Services, Aboriginal Affairs, Northern Development and Mines, Natural Resources and Forestry, local area Members of Provincial Parliament and all Ontario Boards of Health.

It is the Board's hope that you will seriously consider the need for a proactive, planned and adequately resourced evacuation system which would ensure the safe, efficient and effective temporary relocation of First Nation communities in Northwestern Ontario and the James Bay coast when these communities are threatened by seasonal flooding and risk of forest fires.

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

Sincerely,



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

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Yasir Naqvi, Minister Community Safety and Correctional Services
Hon. David Zimmer, Minister of Aboriginal Affairs
Hon. Michael Gravelle, Minister of Northern Development and Mines
Hon. Bill Mauro, Minister of Natural Resources and Forestry
Hon. Glenn Thibeault, MPP Sudbury
Hon. France Gélinas, MPP Nickel Belt
Linda Stewart, Executive Director, Association of Local Public Health Agencies

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

Hon. Kathleen O. Wynne, Premier
Legislative Bldg Rm 281
Queen's Park
Toronto, ON
M7A 1A1

June 19, 2015

Dear Premier Wynne,

RE: Ontario Grades 1-12 Health and Physical Education Curriculum "Human Development and Sexual Health" Content

On behalf of the Board of Health of the Perth District Health Unit, I am writing this letter to congratulate your government for releasing the new Ontario Grades 1-12 Health and Physical Education Curriculum, including the updated "Human Development and Sexual Health" content.

The proposed curriculum changes primarily relate to creating awareness and a culture of respect regarding diversity, including visible and invisible differences, sexual orientation, and gender identity. Since 1998, there have been numerous reports written that support the critical need for education and awareness-raising on diversity, and for the elimination of bullying related to visible and invisible differences. Ontario must support the development of positive self-concept in all our children and youth.

In relation to the sexual health content of the new curriculum, it focuses on developing skills amongst children and youth to navigate the pressures they will be exposed to in our society. The prevention of sexually transmitted infections and the promotion of healthy sexuality are priorities for public health, and this curriculum utilizes the most current understanding in these areas.

We support the "Human Development and Sexual Health" content as proposed and thank you sincerely for your perseverance in addressing challenges. Locally, we have collaborated with our partner school board to create a low literacy information sheet to allay the anxieties of our Anabaptist population (enclosed). We will also be participating in a community information meeting to respond to questions and concerns.

Respectfully yours,

Dr. Miriam Klassen
Medical Officer of Health

Ms. Teresa Baressi
Board Chair

MK/mr

c. Hon. Liz Sandals, Minister of Education
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
ADM (Acting) Martha Greenberg, Health Promotion Division
Parliamentary Assistant, Ministry of Children and Youth Services
Mr. Randy Pettapiece, MPP Perth-Wellington
Boards of Health of Ontario Public Health Units

August 6, 2015

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

Dear Dr. Hoskins:

Re. Smoke-Free Multi-Unit Housing

On June 26, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Perth District Health Unit regarding smoke-free multi-unit housing. The following motion was passed:

Motion No: 2015-49

Moved by: Mitch Twolan **Seconded by: John Bell**

"That the Board of Health for the Grey Bruce Health Unit support the resolution from Perth District Health Unit regarding smoke-free multi-unit housing."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: Minister of Municipal Affairs and Housing
All Ontario Boards of Health

Encl.

Perth District Health Unit
653 West Gore Street
Stratford, Ontario N5A 1L4
519-271-7600 Fax 519-271-2195
www.pdhu.on.ca

May 19, 2015

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

Dear Minister Hoskins,

The Perth District Health Unit Board recently considered a request for action for Smoke-free Multi-unit Housing. The following resolution was passed at the March 18, 2015 meeting:

That the Board endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

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

Carried

Yours truly,

Dr. Miriam Klassen
Medical Officer of Health

c. Minister of Housing and Municipal Affairs (minister.mah@ontario.ca)
alPHa (by email)
Ontario Health Units (by email)
Perth County Municipalities (by email)

Quarter 2 2015 Status Report
Public Health Programs
(April 1 – June 30, 2015)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Child Health (Requirements 1, 4, 5, 6, 7, 8, 11)	7/7
Chronic Disease Prevention	11/14
Food Safety	7/7
Foundational Standards	13/13
Health Hazard Prevention and Management	9/9
Infectious Diseases (including Tuberculosis) Prevention and Control	24/24
Oral Health	14/14
Prevention of Injury and Substance Misuse	0/5
Public Health Emergency Preparedness	8/8
Rabies Prevention and Control	7/8
Reproductive Health	6/6
Safe Water	14/14
Sexual Health, Sexually Transmitted Infections and Blood-borne Infections	12/12
Vaccine Preventable Diseases	13/13
100% Funded Programs	**Status**
Healthy Babies, Healthy Children	ME
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Program Compliance Details

Chronic Disease Prevention
Hallie Atter, Manager, Community Health; and
Donna Churipuy, Manager of Environmental Health Programs

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

Program Policy and Funding Issues:
The *Making Healthier Choices Act, 2015* was introduced on November 24, 2014, and passed in the legislature on May 26, 2015. Schedule 1, the Healthy Menu Choices Act will become effective on January 1, 2017. While we advocated for sodium to be included in the regulation, it currently only include calories. However, The *Making Healthier Choices Act, 2015* includes

provisions that grant the Ministry the authority to require posting of other nutritional information in the future. We will continue to work with our partners and the Ministry to have sodium included.

The Nutrition team will be involved in the stakeholders' consultation to develop protocols, guidelines and training to support implementation and enforcement as well as developing public awareness and education materials/campaign.

In June, the federal Minister of Health unveiled the newest set of proposed changes to food labels. New nutrition facts tables on food packages, aim to make it easier for Canadians to make more informed choices. For the first time, there will be a % Daily Value (DV) for sugar, based on 100g of total sugar a day. The % DV value for sugars will help Canadians determine whether a food has a little or a lot of sugars. These labelling changes are a positive, but incomplete step towards the World Health Organization's recommendations that individuals limit their intake of "free sugars". Our Nutrition team will continue to work with stakeholders and partners to help strengthen these proposed changes.

The *Making Healthier Choices Act, 2015* has also resulted in changes to the *Smoke Free Ontario Act* and a new act entitled the *Electronic Cigarettes Act*. New regulations for the *Smoke-Free Ontario Act* have been proposed which provide a definition of flavouring agent and exemptions to the ban on the sale of flavoured tobacco products. The *Electronic Cigarettes Act* describes the prohibition on selling or supplying electronic cigarettes to minors, and the prohibition on using electronic cigarettes in certain public places or areas and enclosed workplaces.
As a result of the changes to the regulations of the *Smoke Free Ontario Act* which came into effect on January 1, 2015, the Tobacco Enforcement Officer has worked with municipalities and restauranteurs to provide signage for area parks and patios.

Tobacco Use Prevention – Enforcement
Donna Churipuy, Manager of Environmental Health Programs

Program Statistics

Tobacco Use Prevention - Type of Inspection	Q2 2015	Q2 2014
Workplace/ Public Places	2	15
Compliance - Vendors	31	50
Vendor – Display and promotion	11	59

Foundational Standards
Hallie Atter, Manager, Foundational Standards

Program Policy and Funding Issues:
As we approach the October election, we will work with community partners to ensure that our local federal candidates understand the importance of health equity and the clear link between the social determinants of health and health outcomes. We will chair a group of local organizations that will plan a federal All-Candidates Meeting on Social Issues.

Health Hazard Prevention and Management

Donna Churipuy, Manager of Environmental Health Programs

Program Statistics

There were 127 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the 2nd quarter of 2015. Specifically, the subjects of the investigations were:

Activity	Apr 2015	May 2015	Jun 2015	Total Q2 2015	2015 Year-to-Date	2014 Year-to-Date
Air Quality – Arenas	0	0	1	1	16	15
Air Quality – Institutional	0	0	0	0	0	5
Air Quality – Outdoor	0	3	0	3	3	1
Air Quality – Residential	1	0	2	3	8	11
Animal Excrement	3	2	1	6	11	9
Asbestos Inquiry/Complaint	1	0	1	2	3	1
Bedbugs	9	14	9	32	49	18
Bird Complaints (geese, pigeons,	1	0	1	2	2	7
Chemical Inquiry/Complaint	1	0	0	1	1	0
Funeral Home Inspections	0	0	0	0	0	0
Garbage Complaints	2	2	0	4	7	0
Giant Hogweed	--	--	--	--	--	2
Grave Disinterment	--	--	--	--	--	0
Heating Complaints	0	0	0	0	6	3
House Disrepair/Sanitation	1	4	8	13	16	2
Insect Complaints	1	1	3	5	5	9
Lead Inquiry/Complaint	0	0	0	0	0	9
Migrant Farm Worker Facility	2	1	0	3	3	0
Mould	12	9	9	30	51	49
Pesticide Complaint	--	--	--	--	--	0
Playground Inspections	6	3	2	11	11	8
Rodent Complaints	1	1	1	3	5	2
RF/WIFI	0	0	0	0	0	0
Sewage Complaints	3	2	0	5	10	2
Sharps	1	2	0	3	8	0
TCE	--	--	--	--	--	0

Infectious Diseases (including Tuberculosis) Prevention and Control
Edwina Dusome, Manager

Program Statistics

	Q2 2015	2015 Year-to-Date
Outbreaks Reported	9	25
Reportable diseases investigated by Infectious Disease program staff (suspected or confirmed)	114	229

Prevention of Injury and Substance Misuse
Hallie Atter, Manager, Community Health

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

Program Policy and Funding Issues:
This spring, the Ministry of Transportation (MTO) collected input on changing the default speed limit for local roads within urban areas, which is currently set at 50km/hr. Currently, municipalities are not able to set default speed limits other than 50km/hr; to do so would require an amendment to the Highway Traffic Act. Decreasing speed limits reduce injuries and deaths. In addition, slower speeds on local streets will help contribute to environments that promote more comfortable active transportation.

In June, Ontario passed the *Making Ontario's Roads Safer Act*. In order to reduce collisions, injuries and fatalities on Ontario's roads, the new act will increase penalties for distracted driving, drug impairment and repeat alcohol impaired driving. The new act will also make active transportation safer by requiring drivers to wait until pedestrians have completely crossed the road before proceeding at school crossings and pedestrian crossovers and require all drivers to maintain a minimum distance of one metre when passing cyclists where possible.

Rabies Prevention and Control
Atul Jain, Manager, Inspection Programs

Program Statistics:
Results for the number of cases of animal bites investigated within a 24 hour period:

	Q1 2015	Q2 2015	2015 Year-to-Date
Total cases (#)	63	80	143
Investigated within 24 hours (#)	58	74	132
Investigated within 24 hours (%)	92	93*	92

*Note: *a virtual fax system was implemented in May 2015, since then all cases were reported within 24 hours*

Sexual Health

Patti Fitzgerald, Chief Nursing Officer, Manager Sexual Health Program

Program Statistics

	Q2 2015	Q2 2014
Sexually Transmitted Infection (STI)/Blood Borne Infections (BBI) case follow up	151	123
STI/BBI contact follow up	24	16
Clinical Assessment by PHN	585	605
Clinical Assessment by MD	221	265
#Condoms distributed through clinic, youth serving agencies and organizations that interface with our priority populations	8,464	9,018

Vaccine Preventable Diseases

Edwina Dusome, Manager Infectious Disease

Program Statistics

	Q2 2015	Q2 2014
Percent of day nursery attendees adequately immunized for their age (< 4 years and in day nursery)	68	49
Percent of students in elementary and secondary schools adequately immunized for their age (4 to 17 years old in school)	62	91
Number of immunizations administered at the PCCHU Immunization Clinic	382	644
Number of cold chain inspections	39	35
Percent of grade 7 students in the 2014/2015 school year adequately immunized with the hepatitis B vaccine (Note: to be completed in the second quarter)	94	93
Percent of grade 7 students in the 2014/2015 school year adequately immunized with the meningococcal ACYW-135 vaccine	81	73
Percent of grade 8 females in the 2014/2015 school year adequately immunized with the human papillomavirus	96	66

	Q2 2015	Q2 2014
vaccine (Note: to be completed in the second quarter)		
Number of immunizations administered at the PCCHU Travel Clinic	795	1105
Number of vaccine doses distributed to health care providers	18,070	20,839

Healthy Babies, Healthy Children
Karen Chomniak, Manager, Family Health

Program Statistics

Healthy Babies, Healthy Children (HBHC) Program Activities	Q2 2015	Q2 2015 Year-to-Date	Q2 2014
Number of HBHC Screens completed	290	534	529
Number of families identified with risk	176	339	277
Number of In Depth Assessments completed	34	80	86
Number of home visits - total	377	722	547
Number of home visits - PHNs	211	443	302
Number of home visits - FHVs	126	279	245

Program Policy and Funding Issues:
Due to a zero percent (0%) increase to the HBHC budget coupled with increased costs, adjustments were made to the HBHC staffing complement:

- the Family Home Visitor (FHV) complement was permanently reduced by 0.8 FTEs; and
- a 1.0 FTE Public Health Nurse (PHN) position, as a result of a parenting leave of absence, is being gapped into 2016.

Infant and Toddler Development Program
Karen Chomniak, Manager, Family Health

Program Statistics

Infant and Toddler Development (ITDP) Program Activities	Q2 2015	Q2 2014
New referrals	29	24
Children discharged from program	27	21
Children on current caseload	101	95
Home/agency visits	259	227

Quarter 2 2015 Status Report
Corporate Services
(April 1 to June 30, 2015)

Communications Services
Brittany Cadence, Supervisor

Media Relations:

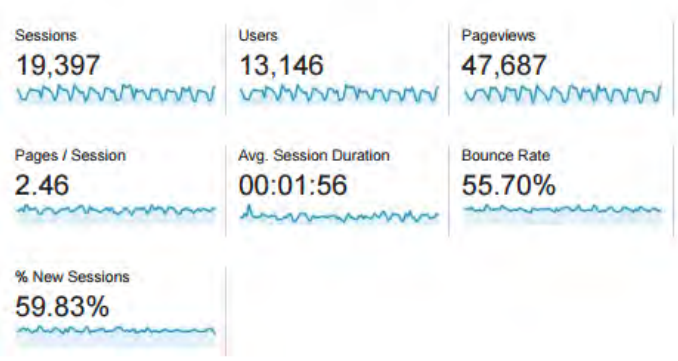
Activity	Q2 comparison *new metrics added in 2015	
	2015	2014
Press releases (accompanied by 15 audio files*), letters to the editor*, MOH Examiner columns*, BOH meeting summaries* issued	50	24
Media interviews	15	13
Number of media stories directly covering PCCHU activities (print and TV only, and some radio when stories posted online)	154	77

Top Stories of Second Quarter:

- June 30, 2015 launch of 2014 Annual Report video (411 views as of July 9, 2015)
- 27 stories – PCCHU move, building sale, purchase of new building
- 19 stories – Economic, poverty issues in Peterborough (Basic Income Guarantee, Good Jobs Summit)
- 16 stories – Tobacco use prevention (World No Tobacco Day, passing of Bill 45)
- 15 stories – Active living (Shifting Gears, Open Streets, etc.)
- 77 stories – various topics: rabies clinics, beach testing, vector borne illness, childhood development, reportable diseases, sun safety, dental health, vaccinations.

Website Statistics – Q2 2015:

(note: The lines underneath numbers are a graphic element built into Google analytics, and not charts to be read. The "bounce" rate refers to percentage of visitors which land on a page and move to another vs leaving the website.)



Q2 2014 comparison

Top Pages (# of page views):

Homepage	10,065
Employment	3,840
Contact Us	2,094
Food Handler Course	2,045
Social Determinants of Health	2,012
Sexual Health Clinic	1,640
Food Handler Course (dates)	981
Potential Strike will Impact Public Health Services (media release)	841
Clinics and Classes	813
About Us	717
Food Handler Course (exam dates)	697
For Professionals	672
News & Alerts	632

PCCHU Social Media:

Engagement in Social Media

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

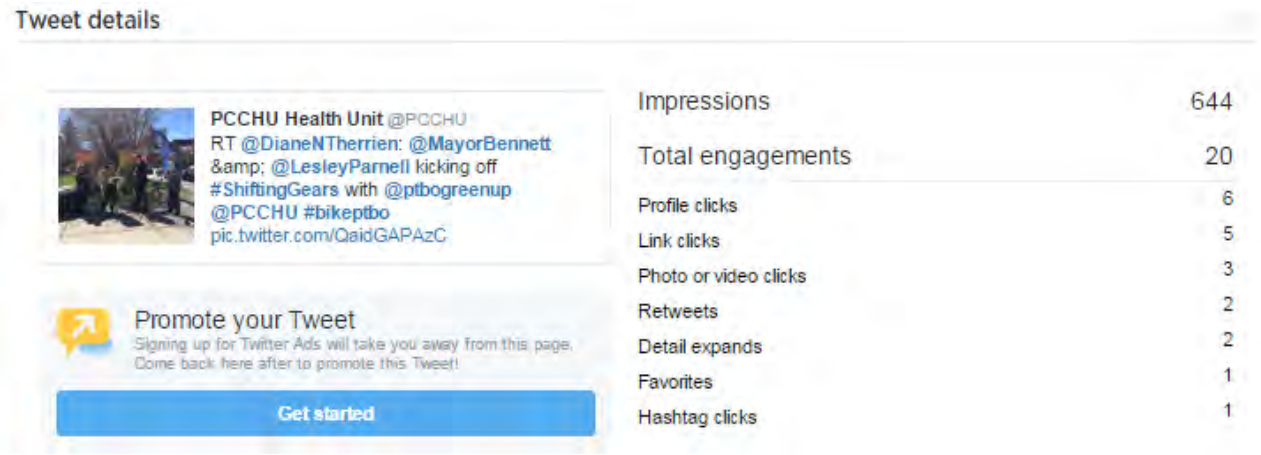
Activity	**Q2 2015**	**Q2 2014**
Twitter (@PCCHU)		
Tweets	156	82
New Followers	92	86
Total followers as of the end of this quarter	1,270	954
Engagement Summary: (new analytics for 2015)		
Impressions *(number of times PCCHU info appeared on a screen)*	65,900	N/A
Mentions	212	N/A
Re-tweets	171	N/A

Profile Visits	1,584	N/A
Link Clicks	231	N/A
Favourites	98	N/A
Replies	22	N/A
Facebook (search: Peterborough County-City Health Unit)		
New Likes	62	28
Events Promoted	3	1
Posts	72	52
Most Viewed post – Check out @PCCHU's 2014 Annual Report video released today http://ow.ly/OZa6H	269	453
Ad Campaigns	1	0

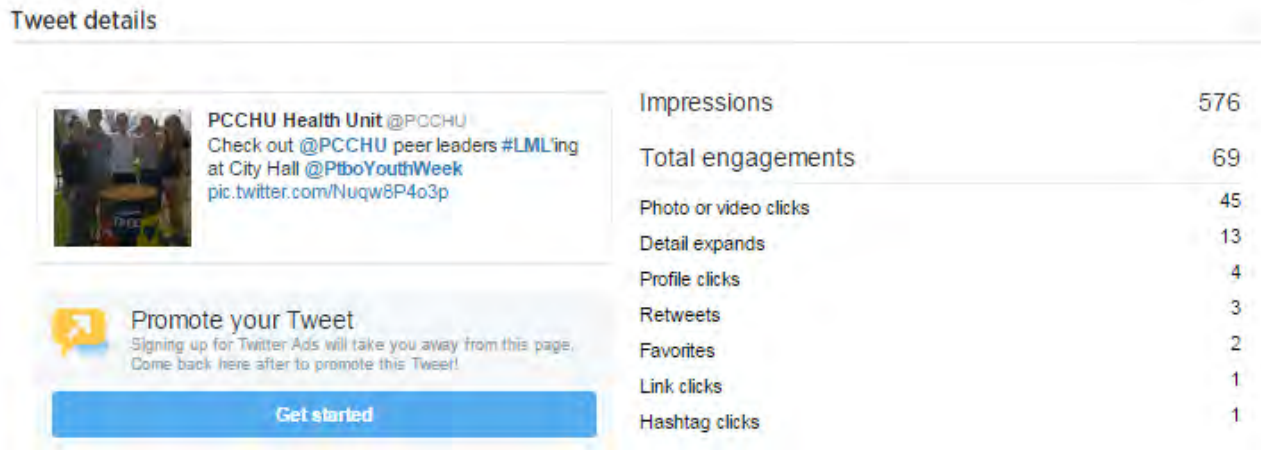
Highest Engagement Tweets

NOTE: the engagement rate below is the number of engagements (clicks, retweets, replies, follows and favourites) divided by the number of impressions

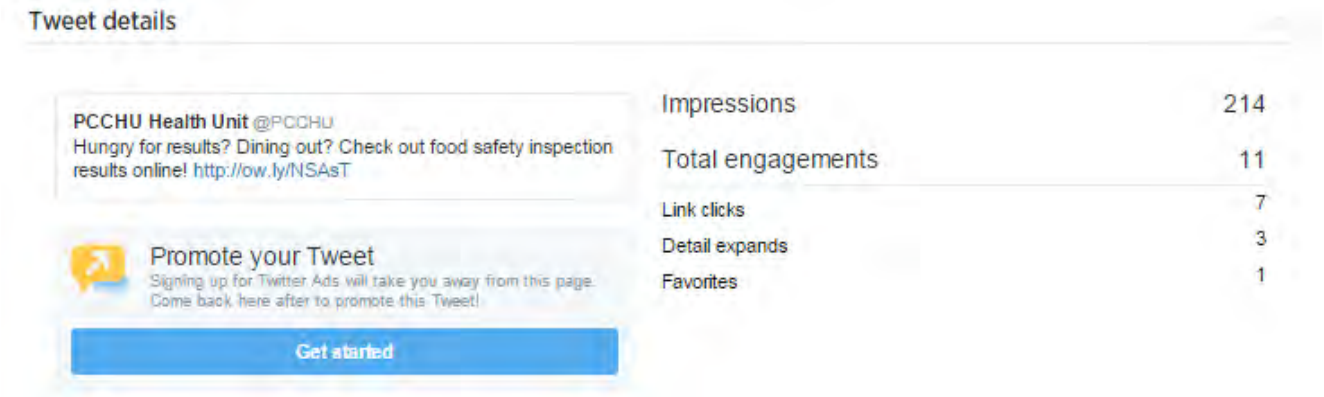
April – 644 impressions, 20 engagements, 3.1% engagement rate



May - 976 impressions, 69 engagements, 12% engagement rate



June - 214 impressions, 11 engagements, 5.9% engagement rate



Social Media Content Second Quarter

• Speech & Language Month • Poverty • Tobacco Control Officer • Food literacy- youth • Love my life campaign (LML) • Rabies clinics • Colorectal cancer screening • Air Quality Health Index (AQHI) • World No Tobacco Day	• Fluoride • Food recall • Oral health month • Love Ontario Food campaign • Local food week • Play streets • Basic Income Guarantee • Water festival • Health Alert Reponse System • Sun Safety	• Annual Report • Mobile Dental Health Centre • Jackson Square • Blue green algae • Beach testing • Longest day of play • Ptbo Good Jobs Summit • Emergency Preparedness week • Safe kids week

Graphic Design Projects:

For Your Information - News for Healthcare Providers in Peterborough County and City

This four-page newsletter sent out to our area Healthcare Providers (which includes: Pharmacists, Long-term Care Homes, etc.) on a monthly basis. Information is primarily from our Infectious Disease Program, but all program areas can provide information that is relevant to both healthcare providers and patients.

Information Technology
Brittany Cadence, Supervisor, Communications Services

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

System Status Second Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0 minutes - 0%	0 minutes - 0%	100%
Phone server	1680 minutes -1.3%	0 minutes - 0 %	98.7%
File server	0 minutes - 0%	90 minutes - 0.001%	99.999%
Backup server	0 minutes	0 minutes	100%

Total Number of Helpdesk Tickets Served: 139

Project Highlights in second quarter:

- Risk mitigation: Phone server work.
- Technological innovations for public health: Online food handler booking system.
- Improving existing systems:
    - Configure Spiceworks – more user friendly help desk system and provides better notifications of potential issues.
    - Focus in the third quarter to shift to preparing for move, including building new domain (list benefits).

Finance
Bob Dubay, Accounting Manager

Financial Implications and Impact:
This report provides a pre-provincial budget approval look at the status of budgets and results from the second quarter financial operations of 2015.

Until provincial budget approvals are known, the actual status of the Board's financial operations for 2015 cannot be determined.

On a whole, most programs have operated within Board approved and Provincial submitted budgets. Within the report some financial issues are highlighted in red font to draw attention to aspects that could have a negative financial impact.

As soon as provincial approvals are secured management will update the Board on the status of operations.

Background:
The Board of Health requested an increase in occupancy costs this year in the amount of $520,000 for the anticipated annual occupancy costs and mortgage payments required to operate King Street. Although this funding will not be required until the date of purchase, it is imperative that we have the annual budget approval amount to secure mortgage funding. The municipal share of the increase has been approved by the Municipal partners, however PCCHU has not yet received provincial approval for the funds.

This year, there was a level of uncertainty regarding the Healthy Smiles Ontario program operations as the Province transitions to an integrated dental system. We are now expecting that effective January 1, 2016, the Ontario government will integrate six (6) existing publicly-funded dental programs and/or benefits including the Healthy Smiles Ontario (HSO) and Children In Need Of Treatment (CINOT) Program. The ministry will create one (1) seamless program for children and youth aged 17 and under from low-income families. The new program will provide eligible children with a simplified enrolment and renewal process and access to a full range of oral health services. The new program will also streamline administration and delivery of services. It is anticipated that the Board of Health will continue to play a significant role in the delivery of these programs in 2016.

For the 2015 budget, the Health Unit was directed to budget for the full twelve months of the year for HSO program and CINOT programs. The Province has indicated that one-time funding will be made available for costs associated with the transfer of enrolment and renewal process of these programs to the new agency.

Attachment A – Financial Update June 30, 2015

Financial Update Q2 2015 (Accounting: Bob Dubay)

Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to June 30	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,490,220	14-Jan-15	submitted 27-Feb	3,707,105	49.5%	MOHLTC	Operating within budget. Board approved $7,626,546 which included Small Drinking Water ($90,800) and CINOT ($45,526) - See lines below.
Mandatory Public Health Programs - Occupancy costs	Cost Shared	520,000	14-Jan-15	submitted 27-Feb	0	0.0%	MOHLTC	Approved by City and County contingent on purchase of building. Waiting for final approval from Ministry.
Small Drinking Water Systems	Cost Shared	90,800	11-Feb-15	submitted 27-Feb	45,335	49.9%	MOHLTC	Operating within budget.
CINOT Expansion	Cost Shared	45,526	11-Feb-15	submitted 27-Feb	19,335	42.5%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	11-Feb-15	submitted 27-Feb	18,475	24.3%	MOHLTC	West Nile Virus measures and students started in May.
One-time Facilities Renewal IV	Cost Shared	2,000,000	11-Feb-15	submitted 27-Feb	804,237	40.2%	MOHLTC	Timing of move required action on purchases before written provincial approval.
One-time Phone Server	Cost Shared	30,000	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
One-time Asset Protection - Dental	Cost Shared	260,000	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
One Time - Meningococcal Immunization	100%	11,495	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
One Time - Routine Immunization	100%	84,640	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
One Time - Vaccine Refrigerator	100%	19,000	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Infectious Disease Control	100%	222,233	11-Feb-15	submitted 27-Feb	112,993	50.8%	MOHLTC	Operating at budget will balance by year end.
Infection Prevention and Control Nurses	100%	91,867	11-Feb-15	submitted 27-Feb	45,756	49.8%	MOHLTC	Operating within budget.
Healthy Smiles Ontario	100%	465,460	11-Feb-15	submitted 27-Feb	234,252	**50.3%**	MOHLTC	**Operating at budget based on the funding request for 2015. The 2014 budget approval was $427,260. If funding is not increased, action will be required to balance or to find alternative funding.**
Enhanced Food Safety	100%	25,000	11-Feb-15	submitted 27-Feb	6,301	25.2%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	11-Feb-15	submitted 27-Feb	6,717	43.3%	MOHLTC	Operating within budget.
Needle Exchange Initiative	**100%**	**34,021**	**11-Feb-15**	**submitted 27-Feb**	**18,914**	**55.6%**	**MOHLTC**	**Slightly above budget. Asked province for a 30% increase in funding for 2015, If funding is not increased, action will be required to balance or to find alternative funding.**
Nurses Commitment	100%	184,057	11-Feb-15	submitted 27-Feb	90,772	49.3%	MOHLTC	Operating within budget.

Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to June 30	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	11-Feb-15	submitted 27-Feb	50,893	50.9%	MOHLTC	Expected to operate within budget.
Smoke Free Ontario - Enforcement	100%	114,100	11-Feb-15	submitted 27-Feb	51,054	44.7%	MOHLTC	Operating within budget.
Smoke Free Ontario - Youth Prevention	100%	80,000	11-Feb-15	submitted 27-Feb	33,450	41.8%	MOHLTC	Operating within budget.
Smoke Free Ontario - Prosecution	100%	6,700	11-Feb-15	submitted 27-Feb	0	0.0%	MOHLTC	Operating within budget.
Smoke Free Ontario - One time -Cessation	100%	30,000	11-Feb-15	submitted 28-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Healthy Babies, Healthy Children	100%	928,413	08-Apr-15	2-Mar-15	492,864	**53.1%**	MCYS	**Measure to balance implemented, expected to operate at budget by year end.**
Chief Nursing Officer Initiative	100%	122,008	11-Feb-15	submitted 28-Feb	62,618	51.3%	MOHLTC	Operating at budget.
Ontario Works - Dental Administration	100% from City	NA	NA	NA	446,049		CITY OF PTBO	Effective August 1, 2015 the City of Peterborough has contracted the administration of the Dental portion of Ontario Works to Accerta Claim Service Corporation. The Board of Health, will no longer administer the program. Staff are ensuring a smooth transition of the process and anticipate no negative financial implications for the Board.

Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to June 30	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	244,423	Mar 11, 2015	Budget not approved by Province to date	61,083	25.0%	MCSS	Operating at budget.
Panorama	100%	?	NA	Approved November 5/14			MOHLTC	Ministry has indicated there will be funding which should be announced with budget approvals.
Medical Officer of Health Compensation	100%	59,718	NA	Funds being cash flowed based on 2013/14 approval	14,925	25.0%	MOHLTC	Operating at budget. Still waiting for 2015/2016 approval from Province.
Speech	100%	12,670	NA		3,324	26.2%	FCCC	Operating at budget.
Locally Driven Collaborative Project	100%	51,437	NA		16,466	32.0%	Public Health Ontario	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2015	Type	2015	Approved By Board	Approved By Province	Expenditures to June 30	% of Budget	Funding	Comments

Sewage Program		382,389	12-Nov-14	NA	185,920	48.6%	FEES	Expenditures are within budget; Revenue from User Fees are also under budget resulting in a net deficit of $12,912. During the summer months, as building activity picks up, revenues should be sufficient to balance the budget . As of July 31, 2015 the program is in a slight surplus position, building on this surplus should help carry the program through the winter months ahead.

Programs funded through donations and other revenue sources January 1 to December 31, 2015	**Type**	**2015**	**Approved By Board**	**Approved By Province**	**Expenditures to June 30**	**% of Budget**	**Funding**	**Comments**
Food For Kids, Breakfast Program & Collective Kitchens		57,228	NA	NA	26,780	46.8%	Donations	Budget based 2014 actuals. Operating within budgets.
Other Programs and workshops		61,670	NA	NA	36,046	58.4%		Operating above budget however will be balanced by end of year.

HEALTHY KIDS
COMMUNITY CHALLENGE

Ontario

Peterborough County and City has been challenged!

Date: September 9, 2015
Presentation to: Board of Health
Presenter: Hallie Atter

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

The Need to Act is Clear

HEALTHY KIDS COMMUNITY CHALLENGE

About 30% of our children and youth are either overweight or obese.

WHY? Here are some reasons:

- Children today are less active: only 32% of children and youth in Ontario are meeting the new Canadian Physical Activity Guidelines (i.e., at least 60 minutes of moderate to vigorous activity each day).
- Over-consumption of high-calorie food is a primary factor leading to an increase in unhealthy weights.
- More than half of Ontario youth consume less than 5 servings of vegetables/fruit per day.
- Over the past 20 years, children have been getting between 30 and 60 minutes less sleep a night due to later bedtimes – increasing the risk of overweight or obesity by 58%.

A Plan of Action is in Place

HEALTHY KIDS COMMUNITY CHALLENGE

"No Time to Wait" – The Healthy Kids Strategy Report was released by the Ontario Ministry of Health and Long-Term Care in 2013. The report **recommends a wide range of initiatives** to combat this troubling trend.

The Ontario government has already taken action by:

- Supporting new mothers to breastfeed (known to be a protective factor in the promotion of healthy weights among children).
- Providing more kids with healthy snacks and meals in school.
- Consulting with industry on menu labelling and reducing advertising of unhealthy food to children.

In addition, the strategy called for the province to adopt a coordinated, community driven approach to developing healthy communities for kids.

The Healthy Kids Community Challenge

- An exciting initiative that supports Peterborough County, City and our two First Nation communities to grow new and existing programs to give kids 0 - 12 years a healthier start in life.

- The idea is a proven winner – it has improved the health of children and youth in many participating countries in Europe and has since been introduced in Australia and Mexico.

Received $825,000 until March 31, 2018

What Principles will Guide 'The Challenge'?

HEALTHY KIDS COMMUNITY CHALLENGE

- Focus on healthy kids, not just healthy weights.
- Strategies targeting protective factors for healthy weights – including improving nutrition, physical activity and getting adequate sleep – will benefit all children, regardless of weight status.
- Focus on positive health messages and not on programs or messages that could increase bias or stigma around weight.
- Recognize that healthy kids live in healthy families, schools and communities.
- Support health equity through interventions at the population-level and by targeting at-risk populations.

What are the Goals and Expected Outcomes?

HEALTHY KIDS COMMUNITY CHALLENGE

Goal:

- Communities will work to reduce childhood overweight and obesity through community-led planning and action.

Expected Outcomes:

- Reduced childhood obesity and overweight.
- Improved healthy behaviours among children and youth related to healthy eating, physical activity and adequate sleep.
- Community collaboration and coordination on child obesity prevention and reduction, including the public, private and not-for-profit sectors.
- Advanced research and evidence on approaches and the interventions that support healthy weights in Ontario.

How it works

HEALTHY KIDS COMMUNITY CHALLENGE

- Our local partnership will develop our own local policies and programs that reflect our local needs. We can build on and leverage local resources, according to our interests.
- Over the next three years, the Ministry of Health and Long-Term Care will provide an overall healthy living "theme" that will be the focus of all of our activities every 9 months.
- All themes will promote two priority areas: healthy eating and active living.
  - Getting adequate sleep will be sub messages woven into the above.
- A wide variety of promotional materials – posters, post cards, recipes, videos, for example – will be provided to promote each theme.
- Our local project will also receive support from a number of provincial resource centres and Public Health Ontario to plan programs and measure and evaluate results.

Community Partnership

HEALTHY KIDS COMMUNITY CHALLENGE

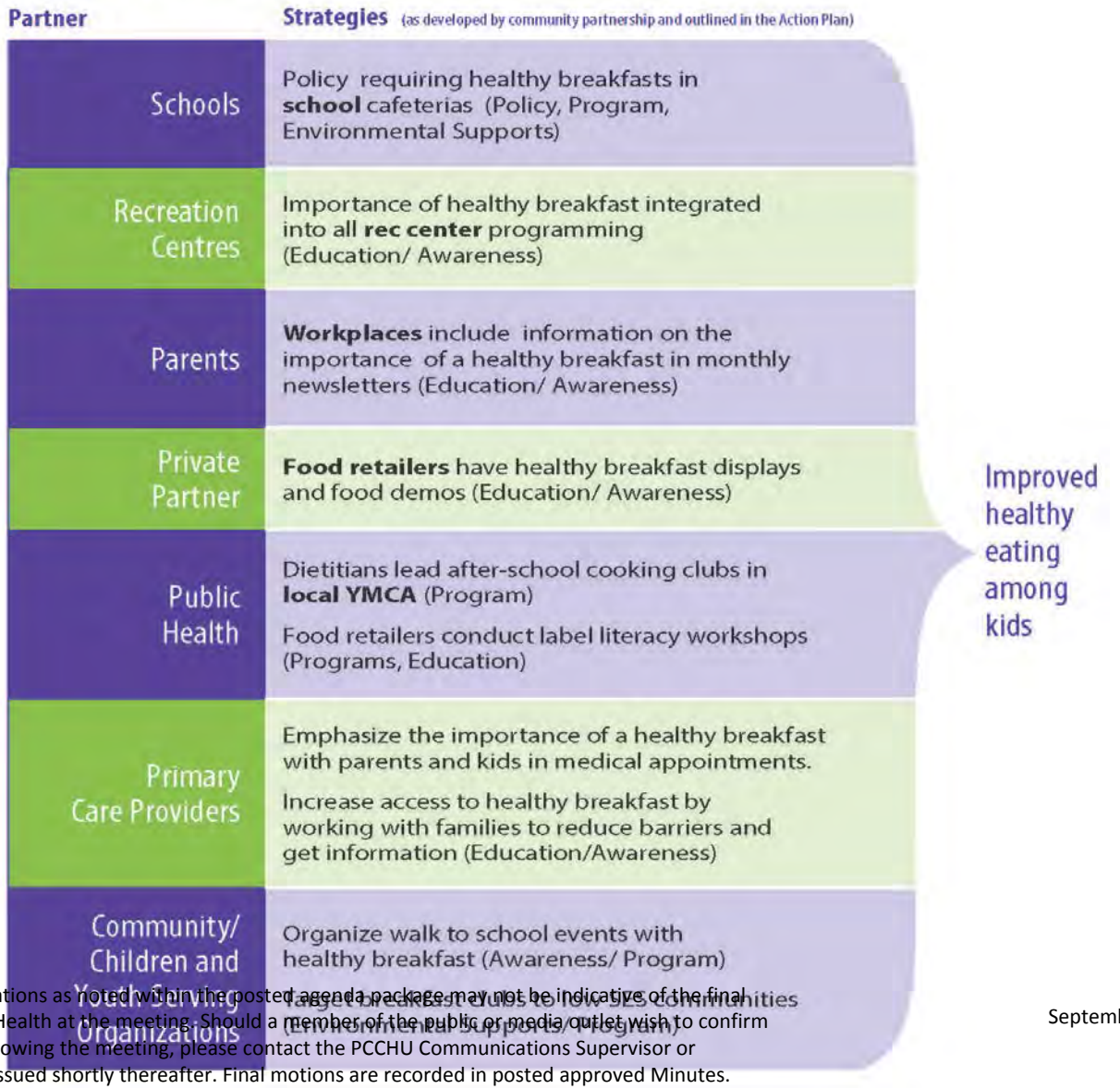
- Our partnership is comprised of our public health unit, representation from our municipalities including recreation departments and social services, our First Nation Communities, our local school board along with non governmental organizations, local businesses and others.
- The partnership will be led by a workgroup of Sustainable Peterborough:
  - Linda Mitchelson, City of Peterborough, Social Services
  - Hallie Atter, Peterborough County-City Health Unit
  - Heather Stephens, YMCA
  - Gerry Barker, Township of Cavan Monaghan
  - Peter Mangold, Kawartha Pine Ridge District School Board
  - Lise Leahy, Peterborough Regional Health Centre
  - Joëlle Favreau, YWCA

- Key to Success - High level political leadership at the community level:
  - Our local champions: Mayor Daryl Bennett, Trisha Shearer, Warden J. Murray Jones

When a theme has been announced, the following chart shows examples of activities that partners could implement in support of the theme.

Example Theme:

Healthy Eating - ***Healthy Breakfast***



Examples of Potential Healthy Kids Community Challenge Initiatives

Depending on the themes over the next three years, our community might develop:

- 5-a-day fruit and vegetables campaign
- School “walking bus”/active transportation
- After school cooking clubs
- After school physical activity events
- Food label literacy workshops
- Enhanced school breakfast programs
- “Try a new sport” events

Current Status and Next Steps

HEALTHY KIDS COMMUNITY CHALLENGE

Currently…

- Agreements from the City have been received
- Hiring a Project Manager
- Announcement by Minister Leal on August 31st

Next Steps…

- Completion of Community Needs Assessment *(Fall 2015)*
  - Create a Community Profile
  - Identify Assets
  - Identify Opportunities
  - Summarize CNA Finding
  - Communicate CNA Findings with Community
- Development of work plan *(Late Fall)*
- Work plan implementation *(January 2016 - March 2018)*
- Evaluation *(ongoing)*

HEALTHY KIDS

COMMUNITY CHALLENGE

Thank you!

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To: All Members
Board of Health

From: Dr. Rosana Pellizzari

Subject: **Working Group Report: First Nations**

Date: September 9, 2015

The First Nations Working Group, struck out of discussions arising from the May Board/Management Planning Session, had its inaugural meeting on July 16, 2015. Minutes from that meeting have been attached for your information.

First Nations Working Group - Minutes, July 16, 2015

Recommendation:

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

BOH-Management First Nations Follow-Up
Meeting Minutes

Date:	Thursday, July 16, 2015
Time:	4:30 pm
Location:	Board Room, Hospital Drive
Present:	Mary Smith, Greg Connelley, Phyllis Williams, Patti Fitzgerald, Sarah Tanner, Rosana Pellizzari (recorder)
Regrets:	John Fallis, Trish Shearer

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1. **Call to Order**
   The meeting was called to order at 4:30 p.m.

2. **Approval of Agenda**
   Rather than create an agenda, it was decided that the notes from the May 30th Board-Management Planning Session would be reviewed and that today's meeting would be used as a brainstorming session.

3. **Brainstorming Ideas**
   - 3.1. Cross-Cultural Issues for FN board members: This was raised at the planning session in May and further explored. There can be challenges for FN representatives on the board to "fit" with the discussions and issues that come to the table. Sometimes it is very hard to relate to city or even county realities. It was agreed that the lens at the table is weighted towards the city and that is the experience of county representatives. But the difference and disconnect is even greater for representatives of FN communities where their culture is much more "service" related and where it takes more time to develop by-laws. This makes the FN representatives much more aware of the health status of their members, including mental health – in contrast to other municipal members who would not have such direct contact.
   - 3.2. How can the PCC board of health be a stronger ally and advocate for its FN members? Although this topic was not discussed, it could be one that the board, or another meeting of this subcommittee, could explore more fully at a future time.
   - 3.3. Should there be a FN Subcommittee of the BOH? This question was raised at the May 30th session and merits more consideration. It was decided that rather than attempt to this now, we would spend the time brainstorming and then come back to this.
   - 3.4. Is there any merit to the idea of having dedicated PCCHU staffing to strengthen the relationships with Curve Lake and Hiawatha? Are there existing staff who could have this responsibility added to their role? Would we fund a pilot, perhaps as a one-time funding request next year, and then evaluate whether it is something we would want to continue?
   - 3.5. On reserve and Off reserve Aboriginal Public Health: This was raised at the planning session and further explored. For example, Curve Lake FN is aware that at least 400 of its members live off reserve, in Peterborough City. It was felt that we needed a broader aboriginal public health strategy that would be inclusive of the indigenous population living in the city and county. This would mean entering into a dialogue with other stakeholders and potential partners. We might have to secure additional funding or we could assign one of our SDOH nurses to lead this work, as has been done by other boards of health such as Algoma. One place to focus might be the Truth and Reconciliation Recommendations. We could ask Tracy at the Chiefs of Ontario (COO) to share their list of action items with us.
   - 3.6. Cultural Competency: There was recognition that this needs to be developed among board members and all staff. There is an existing module for new staff that was created in cooperation with Curve Lake and Hiawatha and it has sparked provincial interest in developing a cultural competency course that would be customized through collaboration between public health staff and local FN communities. COO

has been funded to do this work and eight modules have now been developed. There is a meeting next week and Rosana indicated that there is a possibility that PCCHU-CLFN-HFN will be asked to pilot the modules and process.

3.7. 185 King Street: We would like to make our new home inclusive and welcoming to people of FN heritage, as well as use it as a way to showcase the local story and culture. The new fire hall in Keene was seen as a positive example that we would like to look at more closely. **Action: Rosana will ask Trish to send us photos and contact information on the designer.** We thought the best way to proceed was to engage key community members in an information gathering process. It was mentioned that integrating the Medicine Wheel and perhaps even displays of indigenous medicine would be desirable. The question about the need to fundraise for art work was raised. There is a movement that has identified 1% of total capital costs as being a good target for spending on art. The following names were brainstormed:

- Anne Taylor at the CLFN Cultural Centre (also works with Elders)
- Mike Whetung at the Whetung Gallery
- Adam Hopkins, at Trent University
- Someone from the Canoe Museum and Peterborough Museum?
- Gail McIntyre and/or Sandra Depret (**Action: Greg volunteered to follow-up with Fleming College and sent these names after discussion with Tony Tilley)**
- The person who did the petroglyph art at the Fleming College Whetung Theatre
- Someone from the FHT (tenants in the building)

Action: Sarah Tanner will contact these individuals and invite them to engage with us on this activity.

3.8. Could we do a better job of informing ourselves about public health programs and services in FN communities? The idea of doing a check-in with health and social service staff, perhaps by way of a survey, was explored. Perhaps we could ask them what public health gaps or needs may exist? Which PCCHU delivered services have been successful and well received? Who is currently doing what in each community (to avoid duplication or determine who has the lead). In addition to staff, another group that could be consulted at CLFN would be the members of the Health and Family Service Committee, which has council members and others on it.

3.9. Opening Statement at BOH meetings? The idea of starting each board of health meeting with a recognition that we are on land that was the home of original First Nations peoples in the area was discussed. There was agreement that this would be a respectful practice. **Action: Phyllis will provide language that could be recommended to the board to include.** ***NOTE: The following statement was later provided by Phyllis which she obtained from a representative from the Kawartha Pine Ridge District School Board: "We would like to acknowledge that we are meeting on the traditional territory of the Mississauga First Nations."***

3.10. Next Steps: **Sarah will move ahead with the consultation on the new building. Rosana will check with Brittany to suggest that the branding RFP be sent to indigenous groups as well. Staff will review these minutes for possible next steps and they will also be brought back to the board in September.**

4. Adjournment

The meeting was adjourned at 5:45 p.m.

Chair

Recorder

To: All Members
Board of Health

From: Kerri Davies, Chair, Fundraising Committee

Subject: **Committee Report: Fundraising**

Date: September 9, 2015

The Fundraising Committee had its inaugural meeting on June 23, 2015. At that meeting, the Committee requested that the following item come forward to the Board of Health for approval.

2-346, Fundraising Committee Terms of Reference

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the Terms of Reference for the Fundraising Committee.

The Chair will also provide an oral update on Committee activities at the meeting.

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-346	**Title:** Fundraising Committee, Terms of Reference
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:**
Signature:		**Author:**
Date (YYYY-MM-DD)**:**		
Reference:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

Purpose

The Fundraising Committee (FC) is a standing committee of the Board. Working in collaboration with the Medical Officer of Health, its purpose is to support the fund development of the organization, including planning, coordination, implementation and evaluation of fund development activities.

Responsibilities of the FC

1. Work in collaboration with the Medical Officer of Health to develop an annual fundraising strategy and annual budget, based on the organization's strategic priorities, including:
    a. timelines for various fundraising initiatives; and
    b. implementing an evaluation plan on the ongoing success.

2. Assist in the cultivation and recruitment of external members of the committee

3. Foster board involvement in fundraising activities.

4. Establish a fundraising strategic plan that includes:
    a. donor cultivation, solicitation, recognition, stewardship and reporting of gift impact;
    b. project fundraising;
    c. annual campaign; and
    d. legacy giving program.

5. Assist in creating fundraising policy.

Membership

The Committee will be composed of up to four Board members, one assuming the position of Chair.

The Committee will elect its own Chair and Vice-Chair at the first meeting of each calendar year.

Community Members with specific expertise may be invited in on an as-needed basis.

Separate sub-committees may be struck as determined by event/campaign, etc.

Term of Membership

The mandate of the TC will be ongoing. The tenure of Committee members will be reviewed on an annual basis in November of each year.

Vacant Positions

Any vacant position will be appointed by the Chairperson, in collaboration with the Chair of the Board, for each calendar year.

Chairperson Responsibilities

The Chairpersons and an alternate Chairperson's responsibilities include:

- scheduling meetings and notifying committee members;
- preparation of agenda in collaboration with the Medical Officer of Health;
- review and approve the draft minutes before distribution;
- guiding the meeting according to the agenda and time available;
- ensuring all agenda items end with a recommendation, action or outcome;
- ensuring that committee approved minutes are received by the board in a timely manner; and
- keep the Board of Health apprised and ensure board approval prior to any new fundraising activity.

Meeting Schedule

The Committee will meet on a monthly basis or at the call of the Chair, at a mutually agreed upon place and time.

Quorum

A majority of Committee members constitute a quorum.

Reporting

Recommendations for policy development or revisions will be forwarded to the Board of Health as part of the standing committee reports.

The Chair will present Committee reports to the Board including:

- monthly report of ongoing fund development activities; and,
- quarterly report on fundraising results – including revenues and expenses.

Recording of Minutes

Recording of minutes will rotate amongst Committee members. The Chairperson will assure that the minutes are prepared and distributed. The minutes will be distributed to the Committee members and will be accessible electronically.

Amendments

The Terms of Reference of the Board of Health's Fundraising Committee will be reviewed and updated at the first meeting of each new year or more often as needed.

Review/Revisions

On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

To: All Members
Board of Health

From: Mr. Scott McDonald

Subject: **Committee Report: Governance**

Date: September 9, 2015

The Governance Committee met last on August 18, 2015. At that meeting, the Committee requested that the following items come forward to the Board of Health for consideration. Supporting documentation has been included (and linked) where available.

1. **Governance Committee Meeting Minutes:**

   Recommendation:

   That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for May 19, 2015.

   Please refer to the following documents:

   a. Governance Committee Minutes, May 19

2. **By-Laws, Policies and Procedures**

   Recommendation:

   That the Board of Health for the Peterborough County-City Health Unit approve the following:
   - *2-120 By-Law 3, Calling of and Proceedings at Meetings*
   - *2-185 By-Law Number 10, Open and In-Camera Meetings*
   - *2-280 Complaints, Public*
   - *2-345, Medical Officer of Health Absence (no changes)*

   Please refer to the following documents:

   b. 2-120 By-Law Number 3, Calling of and Proceedings at Meetings
   c. 2-185 By-Law Number 10, Open and In-Camera Meetings
   d. 2-280 Complaints, Public
   e. 2-345, Medical Officer of Health Absence

3. Algoma Assessor's Report on Algoma Public Health

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, the Executive Summary and Full Assessment Report on Algoma Public Health.

f. Ministry Actions and Executive Summary
g. Full Assessment Report *(NOTE: web hyperlink)*

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
Tuesday, May 19, 2015 – 5:00 p.m.
City and County Rooms, 150 O'Carroll Avenue, Peterborough

Present:	**Mayor Mary Smith**
	Mr. Scott McDonald, Chair
	Mayor Mary Smith
	Deputy Mayor Fallis
Staff:	**Dr. Rosana Pellizzari, Medical Officer of Health**
	Mr. Larry Stinson, Acting Director, Corporate Services
	Ms. Natalie Garnett, Recorder
Regrets:	**Councillor Parnell**

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1. Call to Order

Mr. McDonald called the Governance Committee meeting to order at 5:04 p.m.

2. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-17-GV)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting held February 12, 2015 be approved and provided to the Board of Health at its next meeting for information.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-18-GV)

6. Business Arising from the Minutes

6.1. Consent Agenda – Revision to By-Law 3

MOTION:
That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the proposed revisions to By-law 3: Calling of and Proceedings at Meetings, as amended.
Moved: Mayor Smith
Seconded: Mr. Connolley
Motion carried. (M-2015-19-GV)

6.2. Draft Governance Committee Work Plan 2015

MOTION:
That the Governance Committee receive the proposed draft work plan for 2015 for information and make any changes as deemed appropriate.
Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2015-20-GV)

6.3. Draft Procedure – 2-152 Board Leadership and Committee Membership Selection

MOTION:
That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the new procedure, 2-152 Board Leadership and Committee Membership Selection, as amended.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-21-GV)

7. Correspondence

8. New Business

8.1 Policies and Procedures for Review

MOTION:
That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the revised policy and procedure, 2-342 Medical Officer of Health Selection.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion Carried. (M-2015-22-GV)

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

MOTION:
That the Governance Committee go in Camera at 5:50 p.m. to review confidential personal matters.
Moved: Mr. Connolley
Seconded: Mayor Smith
Motion carried. (M-2015-23-GV)

MOTION:
That the Governance Committee rise from in Camera at 6:52 p.m.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-24-GV)

10. <u>Motions from In Camera for Open Session</u>

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

The next meeting of the Governance Committee will be held on Tuesday, August 18, 2015 at the City and County Rooms, 150 O'Carroll Avenue.

12. <u>Adjournment</u>

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Mayor Smith
Seconded by: Mr. Connolley
Motion carried. (M-2015-25-GV)

The meeting was adjourned at 6:53 p.m.

Chairperson

Recorder

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-120	**Title:** By-Law Number 3, Calling of and Proceedings at Meetings
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 1989-10-11**
Signature:		**Author:**
Date (YYYY-MM-DD)**:** 2014-06-11		
Reference:		

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By-Law Number 3
Calling of and Proceedings at Meetings

Section 1 - Interpretation

In this By-law:

1.1. "Act" means the *Health Protection and Promotion Act*;

1.2. "Board" means the Board of Health for the Peterborough County-City Health Unit;

1.3. "Director, Corporate Services" means the business administrator of the Board as defined in the Regulations under the Act;

1.4. "Chairperson" means the presiding officer at a meeting;

1.5. "Chairperson of the Board" means the Chairperson elected under the Act;

1.6. "Committee" means an assembly of two or more members that must meet together to transact business;

1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;

1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;

1.9. "Meeting" means an official gathering of members of the Board or a committee to transact business;

1.10. "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;

1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and

1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

Section 2 – General

2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.

2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.

2.3. No persons shall consume alcohol or tobacco products at a meeting.

2.4. Electronic participation may be approved by the Board of Health Chair in special circumstances.

2.5. Subject to any conditions or limitations in the Health Protection and Promotion Act, a member who participates in a meeting through electronic means is deemed to be present at the meeting including, without limitation, for purposes of establishing quorum, full participation rights and full voting rights.

2.6. The electronic means must enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

Section 3 - Convening of Meetings

3.1 The Medical Officer of Health shall call the first meeting of each calendar year.

3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.

3.3 At the first meeting of each calendar year, the Board shall:

3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;

3.3.2 appoint members to its committees;

3.3.3 fix, by resolution, the date and time of regular meetings; and,

3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.

3.4 A meeting may be rescheduled or cancelled due to the following circumstances:

3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;

3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or

3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.

3.6 The Medical Officer of Health shall:

3.6.1 give notice of the first and each regular and special meeting;

3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;

3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.

3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.

3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

3.9 Special meetings can be held by teleconference.

Section 4 - Agenda and Order of Business

4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.

4.1.1 Call To Order

4.1.2 Confirmation of the Agenda

4.1.3 Declaration of Pecuniary Interest

4.1.4 Delegations and Presentations

4.1.5 Confirmation of the Minutes of the Previous Meeting

4.1.6 Business Arising from the Minutes

~~4.1.7 Correspondence~~ Staff Reports

4.1.8 Consent Items

4.1.9 New Business

4.1.10 In Camera to Discuss Confidential Matters

4.1.11 Motions from In Camera for Open Session

4.1.12 Date, Time and Place of the Next Meeting

4.1.13 Adjournment

4.2 Any items not included on the prepared agenda may be added by resolution.

4.3 Agenda packages will be posted on the Health Unit's website on the same day that agendas are distributed to Board of Health members.

4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.

4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.

4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health ~~in consultation with the Board Chair~~. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.

4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.

4.6.2 Matters listed under Consent Items shall include an explanatory note as follows: "All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".

4.6.3 Consent Items will include:

- Staff Reports and Presentations – Information, Housekeeping and Non Controversial.
- Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.
- Committee Reports.

4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.

4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.

4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

Section 5 - Commencement of Meetings

5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.

5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.

5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.

5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

Section 6 - Delegations and Debate

6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.

6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of twenty-four hours before the start of the meeting.

6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.

6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.

6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.

6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.

6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.

6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.

6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.

6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.

6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.

6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.

6.14 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.

6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain

information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.

6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.

6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.

6.15 Any member who has the floor may require the motion under discussion to be read.

Section 7 - Decorum and Discipline

7.1 A member shall not:

7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;

7.1.2 use offensive words or unparliamentary language;

7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;

7.1.4 speak other than to the matter in debate;

7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and

7.1.6 interrupt a member while speaking except to raise a point of order.

7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.

7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.

7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.

7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

Section 8 - Questions of Privilege and Points of Order

8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.

8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.

8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.

8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.

8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

Section 9 - By-laws

9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.

9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.

9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

Section 10 - Motions

10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.

10.2 Debate on a debatable motion shall not proceed unless it has been seconded.

10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.

10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:

10.4.1 to adjourn;

10.4.2 to recess;

10.4.3 to raise a question of privilege;

10.4.4 to lay on the table;

10.4.5 to order the previous question (close debate);

10.4.6 to limit or extend limits of debate;

10.4.7 to postpone definitely (defer);

10.4.8 to commit or refer;

10.4.9 to postpone indefinitely (withdraw); or

10.4.10 to amend;

which have been listed in order of precedence.

10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

10.7.1 when a member has the floor;

10.7.2 when it has been decided that the vote be now taken; or

10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

Section 11 - Voting

11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment

is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.

11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.

11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.

11.6 Any member may require that a vote be recorded.

11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.

11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

Section 12 - Committees

12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.

12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.

12.3 The Chairperson of a committee shall:

12.3.1 preside over all meetings of the committee;

12.3.2 report on the deliberations and recommendations of the committee to the Board; and

12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.

12.4 The Chairperson of a committee may appoint non-Board members to the committee.

12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.

12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.

12.7 It shall be the duty of a committee:

12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;

12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and

12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.

12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.

12.9 The Board may dissolve, by resolution, any committee at any time.

Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

Review/Revisions

On (YYYY-MM-DD)**: 2014-05-22** (Governance)
On (YYYY-MM-DD)**: 2013-12-11**
On (YYYY-MM-DD)**: 2013-04-10**
On (YYYY-MM-DD)**: 2013-03-03** (Governance)
On (YYYY-MM-DD)**: 2012-01-27** (Governance)
On (YYYY-MM-DD)**: 2010-10-13**
On (YYYY-MM-DD)**: 2010-09-27** (Governance)
On (YYYY-MM-DD)**: 2007-10-11**
On (YYYY-MM-DD)**: 2005-01-12**
On (YYYY-MM-DD)**: 2003-07-03**
On (YYYY-MM-DD)**: 1998-10-28**
On (YYYY-MM-DD)**: 1992-10-14**

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-185	**Title:** By-Law Number 10 – Conduct of Open and In-Camera Meetings
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2012-06-13**
Signature:		**Author:** Director, Corporate Services
Date (YYYY-MM-DD)**:** 2013-04-10		
Reference:		

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By-Law Number 10
A By-Law for the Conduct of Open and In-Camera Meetings

Section 1 – Interpretation

1.1 In this By-law:

(1) "Act" means the Municipal Act, 2001;

(2) "Board" means the Board of Health for the Peterborough County-City Health Unit;

(3) “Chairperson” means the presiding officer at a meeting;

(4) "Chairperson of the Board" means the Chairperson elected under the Health Protection and Promotion Act;

(5) "Committee" means an assembly of two or more members that must meet together to transact business;

(6) “In-camera Meeting” means a meeting or portion of a meeting that is closed to the public;

(7) "Meeting" means any regular, special or other meeting of The Board or of a Committee of the Board;

(8) "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a Committee by the Board;

(9) "Motion" means a formal proposal by a member in a meeting that the Board or a Committee take certain action;

(10) “Open Meeting” means a meeting of the Board or a Committee that is open to the general public; and

(11) “Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present;

Section 2 - General

2.1 The rules in this By-law shall be observed in the calling of and the proceedings at all Meetings of the Board and Committees.

2.2 Notice of all Meetings will publically posted. If the Meeting is to be held In-camera, this will be noted on the public posting and ~~a~~ the general nature of the matter(s) to be considered will be noted.

Section 3 – In-Camera Meetings

3.1 The Board or Committee shall approve a resolution that the Board or Committee go In-camera and state the general nature ~~(legal/personal/property)~~ of the matter to be considered.

3.2 The Board or a Committee ~~shall~~ may go In-camera to discuss:

(1) Security of Board property;

(2) Personal matters about an identifiable individual, including Board employees;

(3) A proposed or pending acquisition or disposition of land by the Board;

(4) Labour relations or employee negotiations;

(5) Litigation or potential litigation, including matters before administrative tribunals affecting the Board;

(6) Advice that is subject to solicitor-client privilege;

(7) Personal information, personal health information and sensitive information about non-personal entities (e.g., schools);

(8) Subject matter that relates to the consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act;

(9) A matter in respect of which the Board, Committee or other body may hold a closed meeting under another Act;

(10) A meeting may be closed if it is held for the purpose of educating or training the Members, so long as no Member discusses or otherwise deals with any matter during the closed meeting in a way that materially advances the business or decision-making of Board or Committee.

(11) Whenever possible, Agendas, Minutes and Reports and other information required for In-Camera discussion or consideration shall be pre-circulated electronically to Board / Committee members in a secure form. When pre-circulation is not an option, printed documents will be provided ~~as soon as~~ to the Board or Committee ~~goes In-Camera~~.

Section 4 – Voting and Minutes

4.1 Minutes of In-camera meetings will be kept securely by the Medical Officer of Health, without comment, recording all resolutions, decisions and other proceedings.

4.2 Voting in an In-camera meeting is permitted if the In-Camera meeting is otherwise authorized and the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the Board or of a Committee of the Board; or to persons retained by or under a contract with the Board.

Section 5 - Miscellaneous

In this By-law, whenever the masculine pronoun and the singular are used, it shall include the feminine pronoun and plural, respectively, where the content so requires it.

This By-law shall be deemed to have come in to force on the 14th day of June, 2012 by resolution passed by the Board of Health on June 13th, 2012.

Dated at the City of Peterborough the 13th day of June, 2012.

Review/Revisions

On (YYYY-MM-DD)**:** 2013-03-13 (Governance)
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-280	**Title:** Complaints, Public
Approved by: Medical Officer of Health **Signature:** **Date** (YYYY-MM-DD)**:** 2009-02-11		**Original Approved by Board of Health** **On** (YYYY-MM-DD)**: 1997-02-12** **Author:**
Reference:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

Objective

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

~~Complaints concerning a health hazard such as an environmental exposure, garbage accumulation, or dog faeces are addressed according to Health Protection Policy: Health Hazard Complaints.~~

All complaints received by members of the Board of Health will be referred to the Medical Officer of Health for investigation and follow up.

~~Policy~~
~~Health Protection~~
~~Health Hazard Investigations~~
~~January 20, 2006~~

PROCEDURE

~~**Objective:**~~

~~To ensure that all non environmental complaints received by the Health Unit are dealt with in accordance with Board of Health By-laws, policies, and procedures.~~

Procedure

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Health Unit staff. Submissions can also be made through the Health Unit web site: http://www.pcchu.ca/contact/contact-us/submit-a-complaint/.

2. One copy of the complaint is forwarded to the Director and another copy is forwarded to the Medical Officer of Health. The Director has fourteen days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the Medical Officer of Health.

3. If the response is not satisfactory to the complainant he or she will be directed to the Medical Officer of Health for follow-up.

4. Board members will forward all complaints received from the public, stakeholders, and partners to the Medical Officer of Health.

5. The Medical Officer of Health will investigate the complaint and issue a report to the Board member within two weeks.

6. If the issue is not resolved to the satisfaction of the Board member, the issue will be brought to the attention of the Chairperson of the Board of Health.

7. The Chairperson of the Board of Health, in consultation with the board member who received the complaint and the Medical Officer of Health, will attempt to resolve the issue.

8. If the issue is not resolved, the Chairperson of the Board of Health will refer the matter to the Board of Health for a final decision. The parties involved would be invited to present their concerns to the Board of Health.

9. The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health. This report will be provided at the first meeting of the Board in the following year.

Review/Revisions

On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-345	**Title:** Medical Officer of Health Absence
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2013-04-13**
Signature:		**Author:** Medical Officer of Health
Date (YYYY-MM-DD)**:** 2013-04-13		
Reference:		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

PROCEDURE:

During the absence or unavailability of the Medical Officer of Health for the Peterborough County-City Health Unit, the Medical Officer of Health or Associate Medical Officer of Health for any one of the following Health Units may be authorized as an Acting Medical Officer of Health for the Board of the Peterborough County-City Health Unit:

Haliburton Kawartha Pine Ridge Health Unit
Durham Region Health Department
Simcoe Muskoka District Health Unit

Review/Revisions
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

Board of Health for the District of Algoma Health Unit
Assessment Report – Executive Summary
June 2015

On February 25, 2015, the Minister of Health and Long-Term Care appointed Mr. Graham Scott as an Assessor under the authority of section 82(1) of the *Health Protection and Promotion Act* (HPPA) to conduct an assessment of the Board of Health for the District of Algoma Health Unit.

Mr. Scott carried out an assessment of the Board of Health for the purposes of assessing governance, including the quality of the management or administration of the affairs of the Board of Health, and ascertaining whether the Board of Health was complying in all other respects with the HPPA and the regulations.

The Assessment was completed within 45 days of the date of appointment. Mr. Scott presented his report to the Minister of Health and Long-Term Care. The report and recommendations have been accepted.

The Assessor notes shortfalls with respect to the governance and oversight provided by the APHB. The public health of local residents in the District of Algoma remains the priority for the Ministry and actions will be taken to ensure that the Board of Health is performing its duties and responsibilities under the *Health Protection and Promotion Act*.

Overview of Findings:

In his assessment, Mr. Scott found that the Board of Health for the District of Algoma Health Unit failed to meet its obligations under the HPPA, which has had a negative impact on the operations of both the Board of Health and District of Algoma Health Unit. In summary:

Board of Health

- The Board of Health has failed to ensure the adequate management and administration of its affairs and has not met certain requirements of the HPPA, Public Health Funding and Accountability Agreement (Accountability Agreement), nor the governance expectations under the Ontario Public Health Standards (OPHS).
- The predominant view at the Board of Health is that status quo is satisfactory and that leadership and management issues would improve with a new Medical Officer of Health. This passive approach failed to take into account that the Board of Health had a role to play.

District of Algoma Health Unit

- The public health unit is organizationally weak as staff are unhappy and suffering from poor morale. Failure to address this immediately will lead to increased problems and a weakening of service to its clients.
- Stability and ongoing permanent leadership is urgently required.

Executive Team

- All vacancies should involve thorough and appropriate human resources processes with an emphasis on increased opportunities for internal candidates to advance. The choice of leadership is crucial and a thorough assessment process will be required.

Board of Health for the District of Algoma Health Unit
Assessment Report – Executive Summary
June 2015

Staff

- While staff continue to serve their clients to the best of its ability, there has been a breakdown in communication and sudden changes in management composition and structure, resulting in declining morale. Staff must feel that they are part of the District of Algoma Health Unit team and are governed effectively and with well understood policies and practices.

Recommendations:

Mr. Scott's report included four (4) recommendations for the Ministry's consideration as follows:

1. All members of the Board of Health for the District of Algoma Health Unit, whether appointed by the municipalities or the province, except those new members appointed for the first time following the municipal elections in 2014, should step down voluntarily or be removed by the municipalities and the province. It is essential to provide a needed fresh start for the organization.

2. The Board of Health should be a skills-based Board.

3. Municipalities should look carefully at the advantage of appointing members other than Municipal Council Members on the Board of Health for the District of Algoma Health Unit, given the demanding work burden of elected councillors.

4. Two (2) options are proposed for addressing the realignment of governance:
   i. Merge the Board of Health for the District of Algoma Health Unit with the Board of Health for the Sudbury and District Health Unit; or,
   ii. Reorganize the current Board of Health for the District of Algoma Health Unit structure.

Ministry Actions:

The Ministry takes the Assessor's report and recommendations very seriously. The Ministry has an interest in ensuring accountability for the expenditure of public funds and ensuring the proper quality of the management or administration of the affairs of all Boards of Health in Ontario.

The Ministry is committed to undertake a review of the Board of Health for the District of Algoma Health Unit's current governance structure immediately and is undertaking a number of steps in this regard.

The option to merge the District of Algoma Health Unit with the Sudbury and District Health Unit will be considered more broadly in the context of the Minister of Health and Long-Term Care's mandate to conduct a review focussing on improving patient outcomes and value for money of all public health units.

Board of Health for the District of Algoma Health Unit
Assessment Report – Executive Summary
June 2015

The Minister of Health and Long Term Care has called for the immediate and voluntary resignation of municipal and provincial members who sat on the Board of Health prior to the 2014 municipal election.

The Ministry will also seek the cooperation and commitment of municipalities within the District of Algoma to ensure Board of Health members who are appointed have the necessary and appropriate skills to exercise and ensure appropriate governance and accountability. A governance consultant will also be hired to work with the municipalities within the District of Algoma to assist with the appointment process.

The Ministry will work expeditiously with the Board of Health for the District of Algoma Health Unit in the recruitment and appointment of a full-time Medical Officer of Health. Once appointed, the Ministry will support the Medical Officer of Health in fulfilling his or her duties under the HPPA.

The Ministry will continue to work with the Association of Local Public Health Agencies (alPHa) to enhance Board of Health member orientation practices and processes to ensure a focus on effective board governance practices for non-profit organizations.

The Ministry will require the Board of Health for the District of Algoma Health Unit to attest that they are in compliance with the requirements as set out in the Ontario Public Health Organizational Standards. The standards include specific requirements around orientation and training of Board of Health members, Board of Health self-evaluation, leadership and trusteeship. Further, the ministry will provide additional tools to support the Board of Health's ability to assess and determine risk, and meet accountability requirements established by the Ministry.

The Ministry will continue to conduct regular follow-up audits of the Board of Health for the District of Algoma Health Unit to ensure compliance with requirements related to financial, operational, and value for money aspects of transfer payment funding.

To: All Members
Board of Health

From: Andy Sharpe, Chair, Property Committee

Subject: **Committee Report: Property**

Date: September 9, 2015

The Property Committee met last on August 11, 2015. At that meeting, the Committee requested that the following items come forward to the Board of Health for information.

Meeting Minutes – March 17, 2015

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Property Committee for March 17, 2015.

Sarah Tanner will also provide a progress update at the meeting on Jackson Square.

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit the oral report, Jackson Square Update, for information.

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Property Committee Meeting
Tuesday, March 17, 2015
150 O'Carroll Avenue, Peterborough

Present:	**Councillor Lesley Parnell**
	Mr. Andy Sharpe, Chair
	Ms. Kerri Davies
	Mayor Rick Woodcock
	Councillor Henry Clarke
Regrets:	**Mr. David Watton**
	Mr. Scott McDonald
Staff:	**Dr. Rosana Pellizzari, Medical Officer of Health**
	Mr. Brent Woodford, Director, Corporate Services
	Ms. Natalie Garnett, Recorder
	Ms. Sarah Tanner, Project Manager

1. Call to Order

Dr. Pellizzari, Medical Officer of Health, called the meeting to order at 5:00 p.m.

2. Elections

2.1 Chairperson

Dr. Pellizzari, Medical Officer of Health, called for nominations for the position of Chairperson.

MOTION:
That Andy Sharpe be appointed as Chairperson of the Property Committee, Peterborough County-City Health Unit for 2015.
Moved: Councillor Clarke
Seconded: Mayor Woodcock
Motion carried. (M-2015-001-PR)

Mr. Sharpe assumed the Chair.

2.2 Vice Chairperson

Mr. Sharpe, Chair, called for nominations for the position of Vice Chairperson.

MOTION:
That Councillor Clarke be appointed as Vice Chairperson of the Property Committee, Peterborough County-City Health Unit for 2015.
Moved: Mayor Woodcock
Seconded: Ms. Davies
Motion carried. (M-2015-002-PR)

3. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Councillor Clarke
Seconded: Mayor Woodcock
Motion carried. (M-2015-003-PR)

4. Declaration of Pecuniary Interest

There were no declarations of Pecuniary Interest.

5. Delegations and Presentations

6. Confirmation of Minutes of the Previous Meeting

6.1 December 12, 2014

MOTION:
That the Property Committee Meeting minutes for December 12, 2014 be approved.
Moved by: Councillor Parnell
Seconded by: Ms. Davies
Motion carried. (M-2015-004-PR)

7. Business Arising from the Minutes

8. Correspondence

9. New Business

9.1 Oral Report: Update on Plans for Jackson Square

Sarah Tanner, Project Manager, provided an update on activities related to the plans for the property at 185 King Street.

MOTION:
That the Oral Report: Update on Plans for Jackson Square Property be received for information.
Moved by: Councillor Parnell
Seconded by: Councillor Clarke
Motion carried. (M-2015-005-PR)

10. In Camera to Discuss Confidential Property Matters

MOTION:
That the Property Committee go in Camera to discuss confidential property matters at 5:30 p.m.
Moved by: Councillor Parnell
Seconded by: Councillor Clarke
Motion carried. (M-2015-006-PR)

MOTION:
That the Property Committee Meeting rise from in Camera at 6:28 p.m.
Moved by: Councillor Parnell
Seconded by: Ms. Davies
Motion carried. (M-2015-007-PR)

11. Motions from In Camera for Open Session

12. Date, Time and Place of the Next Meeting

April 22, 2015 – 150 O'Carroll Avenue, Peterborough, 4:30 p.m.

13. Adjournment

MOTION:
That the Property Committee meeting be adjourned.
Moved by: Councillor Clarke
Seconded by: Councillor Parnell
Motion carried. (M-2015-008-PR)

The meeting was adjourned at 6:34 p.m.