

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, December 13, 2017 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health, Jackson Square, 185 King Street**

1. Call to Order

Mayor Mary Smith, Chair

1.1. Opening Statement

We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people. We gather with gratitude to our Mississauga neighbours. We say “meegwetch” to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.

1.2. Staff Recognition – Acknowledgement of Years of Service

Dr. Rosana Salvaterra, Medical Officer of Health

Marilyn Mitchell, Registered Nurse (25 years)

Wendy Freeburn, Executive Assistant (25 years)

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately for section 9, and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1.1 a 9.1.2 a b c d e f g h 9.2.1 9.2.2 9.2.3 9.2.4 9.3.1 a b*

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

6.1. **November 8, 2017**

- [Cover Report](#) (p. 5)
- a. [Minutes – November 8, 2017](#)

7. **Business Arising From the Minutes**

7.1. **Staff Presentation: Funding of Public Health in Peterborough**

Dr. Rosana Salvaterra, Medical Officer of Health

- [Cover Report](#) (p. 13)
- a. [Presentation](#)

8. **Staff Reports**

8.1. **Staff Presentation: A Local Public Health Perspective on the Ontario Opioid Crisis**

Deanna VandenBroek, Health Promoter

- [Cover Report](#) (p. 21)
- a. [Presentation](#)

8.2. **Staff Presentation: Ontario Public Health Standards: Requirements for Programs, Services, and Accountability**

Dr. Rosana Salvaterra, Medical Officer of Health

- [Cover Report](#) (p. 30)
- a. [Presentation](#)

8.3. **Staff Report: 2018 Travel Clinic Pilot Program**

Dale Bolton, Manager, Finance and Property

- [Staff Report](#) (p. 39)

9. **Consent Items**

9.1. **Correspondence**

9.1.1. **Correspondence for Direction**

Dr. Rosana Salvaterra, Medical Officer of Health

- a. [Rowan's Law – Durham / alPHa](#) (p. 42)

9.1.2. **Correspondence for Information**

Dr. Rosana Salvaterra, Medical Officer of Health

- [Cover Report](#) (p. 49)
- a. [Minister Couteau – HBHC](#) (p. 50)
- b. [Minister Hoskins – Smoke-Free Ontario Modernization](#) (p. 52)
- c. [Sony Perron – TRC #89](#) (p. 54)
- d. [Premier Wynne – Child Care Worker Immunization](#) (p. 56)
- e. [Debbie Thompson, Ministry of Education – Energy Drinks](#) (p. 58)
- f. [Attorney General – Public Health](#) (p. 61)
- g. [alPHa – BOH Section Meeting](#) (p. 62)
- h. [alPHa – Municipalities / Expert Panel Report](#) (p. 66)

9.2. **Staff Reports**

9.2.1. **Staff Report: Amended 2017 Budget Approval – Cost-Shared Budget from the Ministry of Health and Long-Term Care**

Dale Bolton, Manager, Finance and Property

- [Staff Report](#) (p. 67)

9.2.2. **Staff Report: Amended 2017 Budget Approval – 100% Funded Programs and One- Time Funding from the Ministry of Health and Long-Term Care**

Dale Bolton, Manager, Finance and Property

- [Staff Report](#) (p. 70)

9.2.3. **Staff Report: Low Income in Peterborough City and County**

Christine Post, Health Promoter

- [Staff Report](#) (p. 74)
- a. [Low Income Health Status Report 2017](#)
- b. [Technical Report](#)

9.2.4. **Medical Officer of Health - Coverage Request**

Dr. Rosana Salvaterra, Medical Officer of Health

- [Cover Report](#) (p. 87)

9.3. **Committee Reports**

9.3.1. **Governance Committee**

Greg Connolley, Chair, Governance Committee

- Cover Report (p. 88)
- a. Minutes - August 17/17
- b. 2-251 Orientation for Board of Health Members

10. New Business

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

Date: January 13, 2018

Time: 9:00 a.m.

Location: Dr. J. K. Edwards Board Room, 3rd Floor,
Peterborough Public Health, Jackson Square, 185 King Street

14. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health 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.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Board of Health Minutes – November 8, 2017**

Date: December 13, 2017

Proposed Recommendation:

That the minutes of the meeting held on November 8, 2017, of the Board of Health for Peterborough Public Health, be approved as circulated.

Attachments:

[Attachment A – Board of Health Minutes, November 8, 2017](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, November 8, 2017 – 5:30 p.m.
Council Chambers, Administrative Building
22 Winookeedaa Road, Curve Lake First Nation**

In Attendance:

Board Members:

**Councillor Gary Baldwin
Mr. Gregory Connolley
Ms. Kerri Davies
Deputy Mayor John Fallis
Ms. Catherine Praamsma
Mr. Andy Sharpe
Mayor Mary Smith, Chair
Chief Phyllis Williams
Mr. Michael Williams
Councillor Kathryn Wilson
Mayor Rick Woodcock**

Regrets:

**Councillor Henry Clarke
Councillor Lesley Parnell**

Staff:

**Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder
Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Alida Gorizzan, Executive Assistant**

1. Call to Order

Mayor Smith, Chair called the meeting to order at 5:30 p.m.

2. Confirmation of the Agenda

2.1 Confirmation of the Agenda for November 8, 2017

MOTION:

That the agenda be approved as circulated.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-098)

3. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

4. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 9.1.1, 9.1.2, 9.2.1, and 9.3.1.

Moved: Mr. Connolley

Seconded: Mr. Sharpe

Motion carried. (M-2017-099)

MOTION(9.1.1):

That the Board of Health for Peterborough Public Health:

- *receive for information, the memo dated October 4, 2017 from Dr. Robert Kyle, Commissioner and Medical Officer of Health, regarding Vaccine Recommendations for Child Care Workers, recommending that the Government of Ontario amend the Publicly Funded Immunization Schedule such that vaccinations recommended for child care workers by Medical Officers of Health would be publicly funded for those workers; and,*
- *support their positions and communicate this support to Minister Hoskins, with copies to Dr. David Williams, Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Mr. Connolley

Seconded: Mr. Sharpe

Motion carried. (M-2017-099)

MOTION (9.1.2):

That the Board of Health for Peterborough Public Health receive the following for information:

- a. *Letter dated October 11, 2017 from MPP Leal to Minister Couteau regarding the Healthy Babies, Healthy Children Program.*
- b. *Letter dated October 31, 2017 from the Board Chair to Ministers Hoskins, Hunter and Matthews regarding energy drinks.*
- c. *Letter dated October 31, 2017 from the Board Chair to Minister Petitpas Taylor regarding energy drinks.*

- d. *Email dated November 1, 2017 from the Central-East Local Health Integration Network regarding the release of their quarterly report, Strengthening Connections.*

Correspondence from the Association of Local Public Health Agencies (alPHA):

- e. *E-newsletter dated November 1, 2017*
- f. *Expert Panel Responses*

Letters/Resolutions from other Local Public Health Agencies:

Healthy Menu Choices Act

- g. *Grey Bruce*

Nutritious Food Basket

- h. *KFL&A*

Provincial Alcohol Modernization and Strategy

- i. *Algoma*
- j. *Northwestern*
- k. *Thunder Bay*

Moved: Mr. Connolley
Seconded: Mr. Sharpe
Motion carried. (M-2017-099)

MOTION (9.2.1):

That the Board of Health for Peterborough Public Health receive the Q3 2017 Program Report for information.

Moved: Mr. Connolley
Seconded: Mr. Sharpe
Motion carried. (M-2017-099)

MOTION (9.2.2):

That the Board of Health for Peterborough Public Health receive the staff report, Healthy Babies Healthy Children Program Update, for information.

Moved: Mr. Connolley
Seconded: Mr. Sharpe
Motion carried. (M-2017-099)

MOTION (9.3.1):

- a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from August 30, 2017, for information.*
- b. *That the Board of Health for Peterborough Public Health receive the Q3 2017 Finance Report for information.*

- c. *That the Board of Health for Peterborough Public Health approve revisions to By-Law #1, Management of Property.*
- d. *That the Board of Health for Peterborough Public Health approve revisions to By-Law #4, Appointment of an Auditor.*
- e. *That the Board of Health for Peterborough Public Health approve revisions to By-Law #7, Execution of Documents.*
- f. *That the Board of Health for Peterborough Public Health approve revisions to Policy 2-374, Contractor Performance and Litigation.*

Moved: Mr. Connolley

Seconded: Mr. Sharpe

Motion carried. (M-2017-099)

It was noted that the letter to Chair Smith from Sony Perron, Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, dated September 28, 2017 (p. 51), had not been included with the correspondence for information.

MOTION:

That the letter by Chair Smith to Sony Perron, Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, be re-circulated to the two newly appointed Ministers.

Moved: Ms. Davies

Seconded: Councillor Wilson

Motion carried. (M-2017-100)

5. Delegations and Presentations

5.1 Curve Lake First Nation Health & Family Services Update

Mr. David Ross, Manager, and Ms. Joanne Pine, Community Health Representative, Curve Lake Health Centre provided a presentation on “Curve Lake First Nation Health & Family Services Update”.

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information:

The presentation “Curve Lake First Nation Health & Family Services Update”.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-101)

6. Confirmation of the Minutes of the Previous Meeting

6.1. October 11, 2017

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on October 11, 2017 be approved as circulated.

Moved: Ms. Davies
Seconded: Councillor Baldwin
Motion carried. (M-2017-102)

7. Business Arising From the Minutes

8. Staff Reports

8.1 Staff Presentation: Healthy Hydration Follow-up

Ms. Luisa Magalhaes, Public Health Nutritionist, and Ms. Lauren Kennedy, Public Health Nutritionist, provided a presentation on the “Healthy Hydration”.

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information:

The presentation: Healthy Hydration Follow-Up.

Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2017-103)

8.2 Stewardship Committee Report: 2018 Cost-Shared Budget Approval

Ms. Sharpe provided an overview of the Stewardship Committee report “2018 Cost-Shared Budget Approval”.

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2018 Cost-Shared Budget Approval; and,
- approve the 2018 cost-shared budget for public health programs and services in the amount of \$7,975,438 including Mandatory Public Health Programs, Small Drinking Water Program, Mandatory Program Building Occupancy and the Vector Borne Diseases Program.

Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2017-104)

9. Consent Items

10. New Business

10.1 alPHa Conference Update

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information:

- *Oral Report, alPHa Conference Update; and,*
- *Board of Health Section Agenda Package; November 3, 2017.*

Moved: Deputy Mayor Fallis

Seconded: Ms. Davies

Motion carried. (M-2017-105)

11. In Camera to Discuss Confidential Matters

The meeting recessed at 6:50 p.m. and recommenced at 6:56 p.m.

MOTION:

That the Board of Health for Peterborough Public Health enter In Camera to discuss one item under Section 239(2)(b), Personal matters about an identifiable individual, including Board employees.

Moved: Mr. Connolley

Seconded: Mayor Woodcock

Motion carried. (M-2017-106)

The Board of Health entered In Camera at 6:57 p.m.

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 7:08 p.m.

Moved: Mr. Connolley

Seconded: Ms. Davies

Motion carried. (M-2017-107)

12. Report of In Camera Session

The Board approved minutes from an In Camera session on October 11, 2017 and received information regarding the appointment of Patti Fitzgerald to the position of Manager, Family Health, and Chief Nursing Officer.

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

The next meeting will be held December 13, 2017 in the Dr. J.K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough Public Health, Peterborough, at 5:30 p.m.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mr. Sharpe

Seconded by: Mr. Connolley

Motion carried. (M-2017-108)

The meeting was adjourned at 7:08 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Funding of Public Health in Peterborough**

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, Funding of Public Health in Peterborough, for information.

Funding of Public Health in Peterborough

Facilitating a Board of Health
discussion



Public Health Funding

- Cost-Shared
- 100% MOHLTC
 - HSO; SFO; Infection Control
- 100% MCYS
 - HBHC; ITDP
- Cost-Recovery
 - Septic Inspection/Re-inspection; Travel Clinic

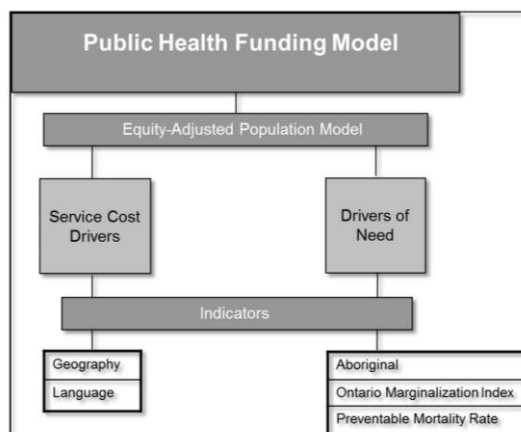


Funding Formula 2015

- Public health was one of the only sectors in MOHLTC without a funding formula
- Auditor General called for more equitable funding
- Report of the Funding Review Working Group
- 8 boards were lower than the model recommended
- Growth funding to be allocated to those 8 only, according to funding formula

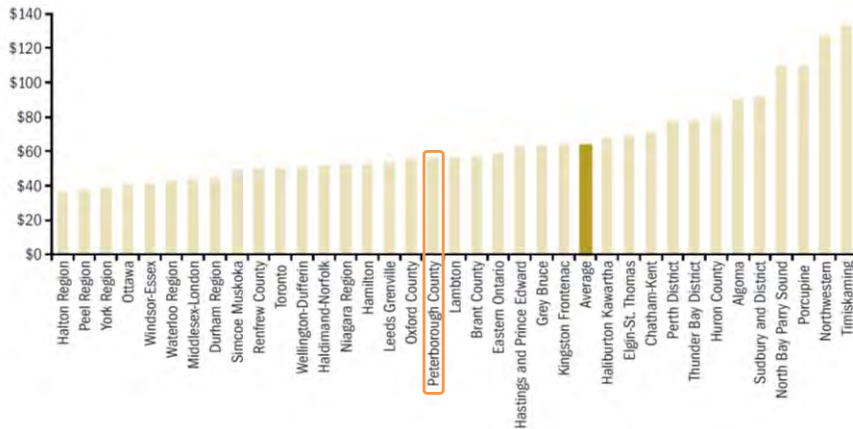


Equity Factors



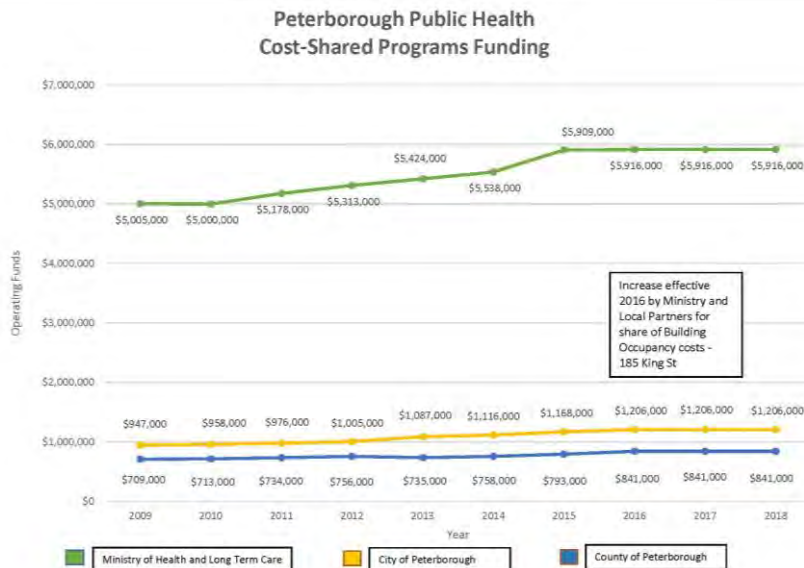
Source: Public Health Funding Model for Mandatory Programs. The Final Report of the Funding Review Working Group, December 2013.

Provincial per Capita Funding 2016/17



Source: Office of the Auditor General of Ontario, 2017 Annual Report. Source for Data: Ministry of Health and Long-Term Care.

Public Health Funding



Budget 2018

EXPENSES	
Wages and Benefits	\$7,087,077
Staff Training	\$42,539
Board Expenses	\$55,498
Travel	\$40,400
Building Occupancy	\$712,050
Materials and Supplies	\$326,445
Purchased Services	\$318,920
Communications & Technology	\$157,300
Total	\$ 8,740,229



Budget 2018

REVENUES	
Offset Revenues	\$426,227
MOHLTC	\$5,915,900
County of Peterborough	\$841,241
City of Peterborough	\$1,205,955
Curve Lake First Nation	\$9,328
Hiawatha First Nation	\$3,014
Revenues	\$8,401,665
Expenses	\$8,740,229
Budget Shortfall	\$338,564



Budget 2018

Budget Shortfall	\$338,564
Program Reserves	\$94,500
Property Reserves	\$50,000
Deferred Revenue	\$100,000
Program Gapping	\$94,064
Total	\$ 338,564



Funding impact of the new Standards?

- Still awaiting protocols and guidelines
- Mental Health promotion added
- Vision screening for kindergarten children
- Legalization of cannabis



2019 Projection

Assumptions:

1. Wage and benefit increases
2. 1% on all other lines

Net Expenditures	8,870,730
Revenue	8,385,665
Shortfall	485,065



100% Funded Programs

These programs have suffered and will continue to do so if there is no funding increase:

Program	Shortfall
HBHC	\$295,571
ITDP	\$77,441
MOHLTC (SFO, CID, SDOH, CNO)	\$50,600



Options for Funding

- Strategy to augment provincial funding for MOHLTC, MCYS fully funded and cost-shared programs?
- “Obligated” municipalities and FNs?
- Revenue generation of currently “free” services?
- Other sources of funding?
- Other strategies?



Thank You



To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **A Local Public Health Perspective on the Ontario Opioid Crisis**

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, A Local Public Health Perspective on the Ontario Opioid Crisis, for information.

A Local Public Health Perspective on the Ontario Opioid Crisis



December 13, 2017

Deanna VandenBroek, Health Promoter

An Evolving Issue

PETER MCKNIGHT

Canada's opioid crisis: We are all enablers

thestar.com

Opioid use behaviour • Queen's Park

Ontario earmarks extra \$222M to fight opioid crisis

TORONTO — The Canadian Press
Published Thursday, Nov. 1
Last updated Thursday, Nov. 1

The funding increase over three years will provide for more naloxone kits for overdoses, and more "rapid-access" clinics.

thestar.com

Rising hospital deaths linked to opioid crisis | Canada's health

The last decade has seen hospital deaths with more than 40 per cent of that researchers found.

People die from overdoses in Ontario

ELIZABETH PAYNE, OTTAWA CITIZEN
More from Elizabeth Payne, Ottawa Citizen
Published on: November 10, 2016 | Last Updated: November 10, 2016

Peterborough Public Health

Ontario

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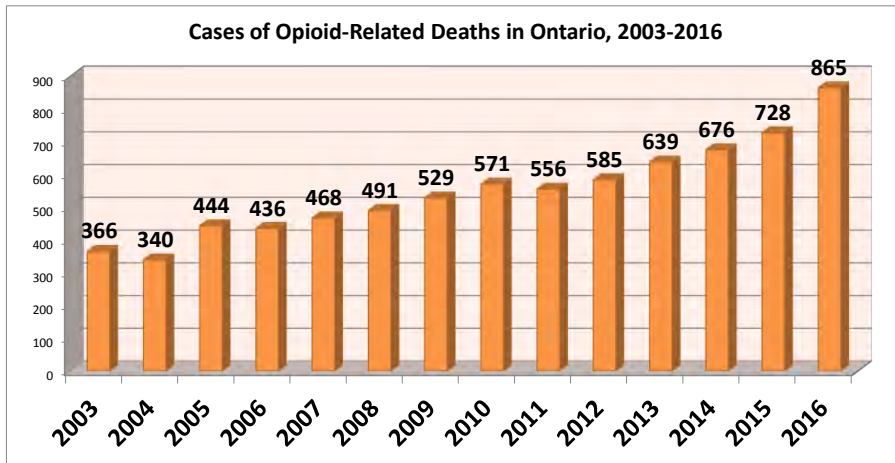
News Release

Ontario Expanding Opioid Response as Crisis Grows

Province Equipping Police and Fire Services with Life-Saving Naloxone, Seeking Expanded Ability to Address Overdoses

December 7, 2017 1:15 P.M. | Ministry of Health and Long-Term Care

Status in Ontario



In 2016 = 1 death every ~10 hours

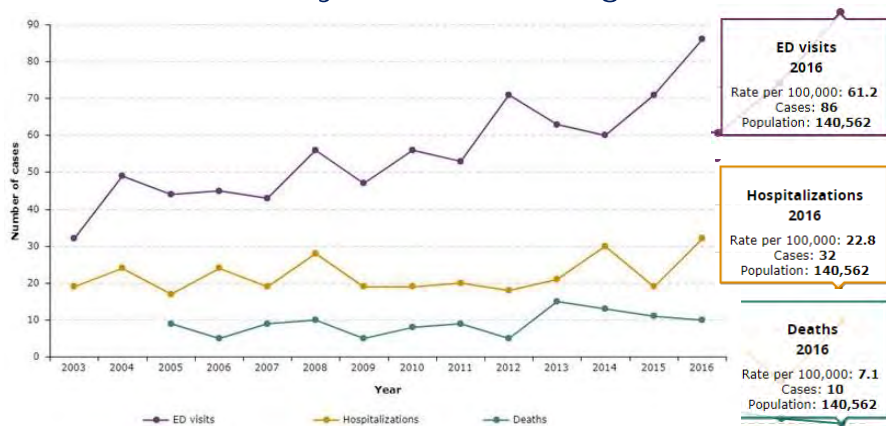
1 in 8 deaths among 25-34 age group are opioid related



**Peterborough
Public Health**

2017 is on track for even higher # of deaths

Cases of opioid-related morbidity and mortality, Peterborough, 2003-16



**Peterborough
Public Health**

A Complex Issue

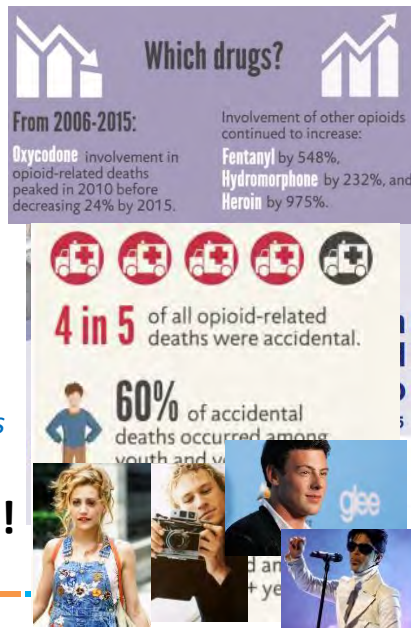
- Characteristics of those dying of opioid overdose...

"...deaths are increasingly occurring among all ages, income brackets, and in both sexes, highlighting the pervasiveness of this public health problem."

- Some variations indicate ...

"programs and policies must be tailored to identify and address the specific needs of men, women, young adults and the elderly."

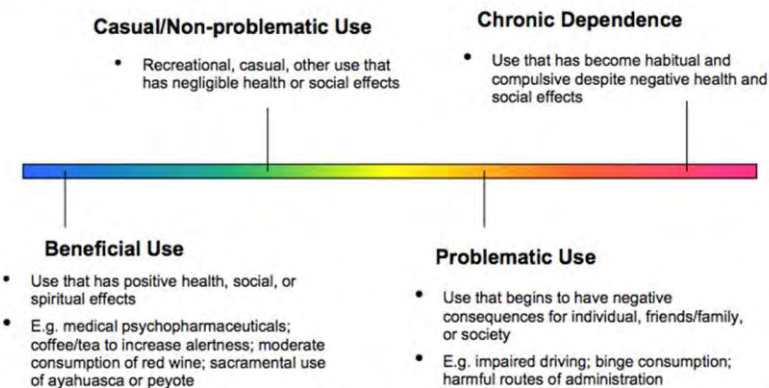
Context is important!



The Context

Figure 1 – Spectrum of Psychoactive Substance Use

(Adapted From: BC Ministry of Health Services. "Every Door is the Right Door: a British Columbia planning framework to address problematic substance use and addiction" 2004)



The Context

Relationships

Trauma

The Power of Positive Adult Child Relationships: Connection is Key



Jean M Clinton Bmus MD FRCP(C) McMaster University Hamilton

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

The landmark study found those with adverse childhood experiences were at higher risk for:

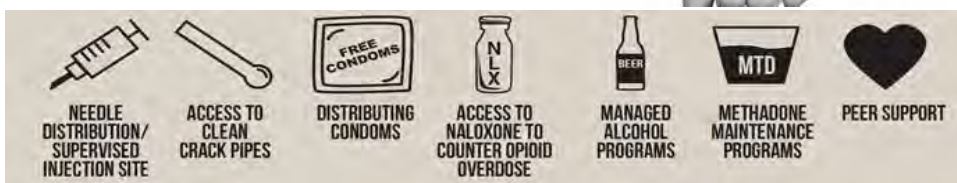
HEART, LUNG, AND LIVER DISEASE	OBSESITY	DIABETES	DEPRESSION	SUBSTANCE ABUSE
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Peterborough Public Health

Secondary Prevention

In other words, Harm Reduction

- ... A respectful, non judgemental approach to reducing harms associated with behaviours that meets people “where they are at”
- ... Evidence-based
- ... Cost-effective



Stigma & Health



Ontario's Opioid Strategy

October 2016

Ontario's comprehensive Opioid Strategy aims to prevent opioid addiction and overdose by:



MODERNIZING OPIOID PRESCRIBING AND MONITORING



IMPROVING THE TREATMENT OF PAIN



ENHANCING ADDICTION SUPPORTS & HARM REDUCTION

3



Ontario to set up an opioid emergency task force

BY THE CANADIAN PRESS
POSTED OCT 4, 2017 12:15 PM EST LAST UPDATED OCT 4, 2017 AT 12:28 PM EST

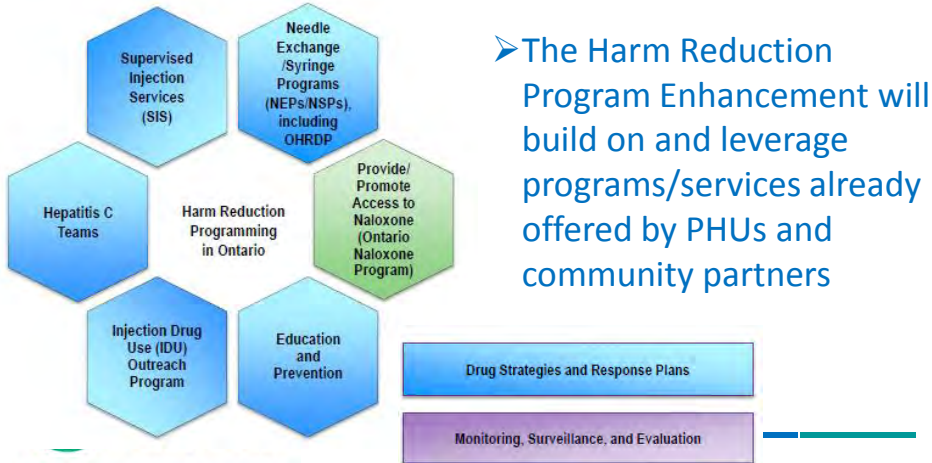
Ontario's Opioid Strategy

June 2017



ENHANCING ADDICTION SUPPORTS & HARM REDUCTION

3



Harm Reduction Program Enhancement

The Harm Reduction Program Enhancement is divided into three components:

1) Local Opioid Response

- PHUs will implement, maintain and/or expand local opioid-related programming based on an assessment of local data and community needs.

2) Naloxone Distribution and Training

- PHUs, or their designated organization, will act as naloxone distribution leads for community organizations in order to increase dissemination of naloxone kits to priority populations by agencies where individuals are already receiving services.

3) Opioid Overdose Early Warning and Surveillance

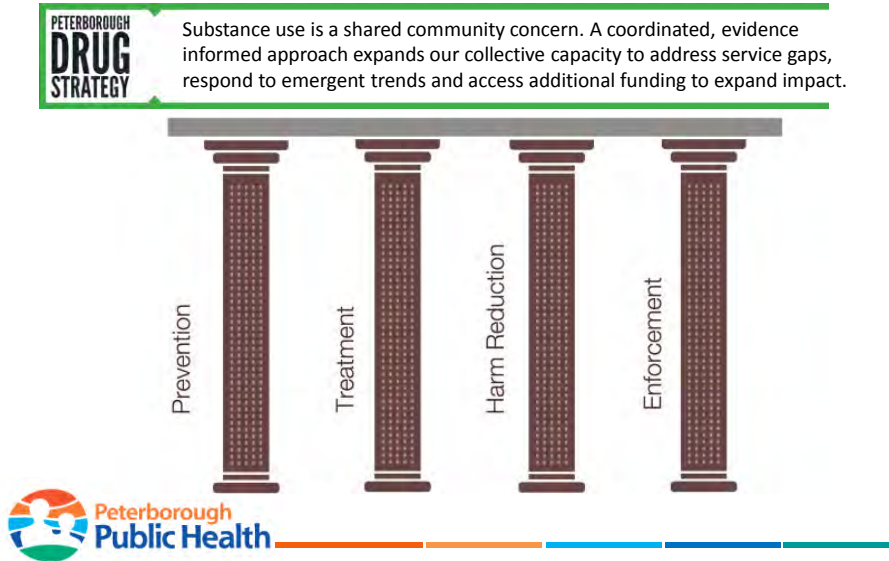
- PHUs will support the implementation and/or enhancement of early warning systems in their catchment areas to ensure the timely identification of, and response to, a surge in opioid overdoses.



Peterborough
Public Health

1. Local Opioid Response

A Comprehensive Approach Using The Four Pillars



2. Naloxone Distribution & Training

Peterborough Overdose Prevention Program

Save a Life with Naloxone

1. Unresponsive
2. Call 911
3. Give Naloxone
4. First Aid
5. Is it working?

FREE Kits Available at:

Peterborough Public Health 705-743-1000 185 King St.	PARN YOUR COMMUNITY AID RESOURCE NETWORK 705-749-9110 159 King St.	FOURCAST 705-876-1292 130 Hunter St., W.
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2013 – 9
 2014 – 21
 2015 – 19
 2016 – 24
 2017 - ~600



3. Surveillance & Early Warning

- Initial talks with partners to share data
- Piloted Peterborough 'Drug Early Warning System' previously – gained lessons learned
- Limited epidemiologist time specifically for opioid surveillance



Next Steps

Provincially

- Co-ordinated resources
- Multiple committees established – e.g. Opioid Emergency Task Force, ISOPRAC, etc

LHIN Level

- Opioid Action Working Group
- Coordinate services
- Support Community Withdrawal Management & RAAM Clinics

Locally

- Some increased staff capacity
- Build on success of Peterborough Drug Strategy
- Expand Naloxone distribution
- Enhance surveillance



To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Ontario Public Health Standards: Requirements for Programs, Services and Accountability**

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, Ontario Public Health Standards: Requirements for Programs, Services and Accountability, for information.

Ontario Public Health Standards

Requirements for Programs, Services, and Accountability

Public Health Summit
November 16, 2017



Key Highlights – Modernized Standards



Sets the policy foundation for public health programs and services

- Core public health functions maintained
- Informed by best practices and evidence
- Strengthened accountability
- Provides greater consistency in "how" standards are implemented to demonstrate impact



Policy alignment with government priorities

- Public health's role in population health assessment and decreasing health inequities
- Operationalization of engagement with LHINs
- Strengthened relationship with Indigenous communities



Outcomes focused

- Program outcomes vs. compliance outputs
- Public health's contribution to population health outcomes



Takes a systems approach

- Delineation of service delivery responsibilities by public health vs. other system partners



Enablers for implementation

- Flexibility to re-allocate dollars across programs
- Funding extension to March 31
- Increased flexibility to respond and adapt to local needs
- Evidence informed risk-based approaches, where appropriate, to assist with capacity management
- Centralized data collection; beginning with population health assessment
- Leveraging current accountability tools and information used for reporting to boards of health
- Reduction in number of program requirements from 148 to 90

5

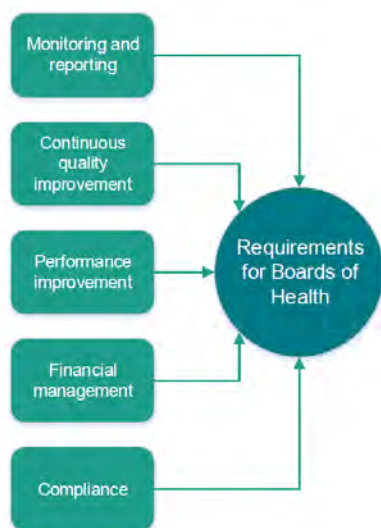
“Protecting and Promoting the Health of Ontarians”

- Ontario Public Health Standards: Requirements for Programs, Services, and Accountability released November 16th
- 8 of the 23 protocols released
- 1 of the 14 guidelines released
- Public Health Accountability Framework
- Still awaiting information on proposed vision screening, to begin in September 2018 (KG students)
- Not all programs will be impacted and there will be varying impact on individual staff
- Communications Strategy being developed at high level, to be customized for partners and stakeholders as more is known, and created as part of program planning

Public Health Accountability Framework

The Accountability Framework is composed of four Domains				
Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Organizational Requirements incorporate on or more of the following functions:



The Accountability Framework is supported by:

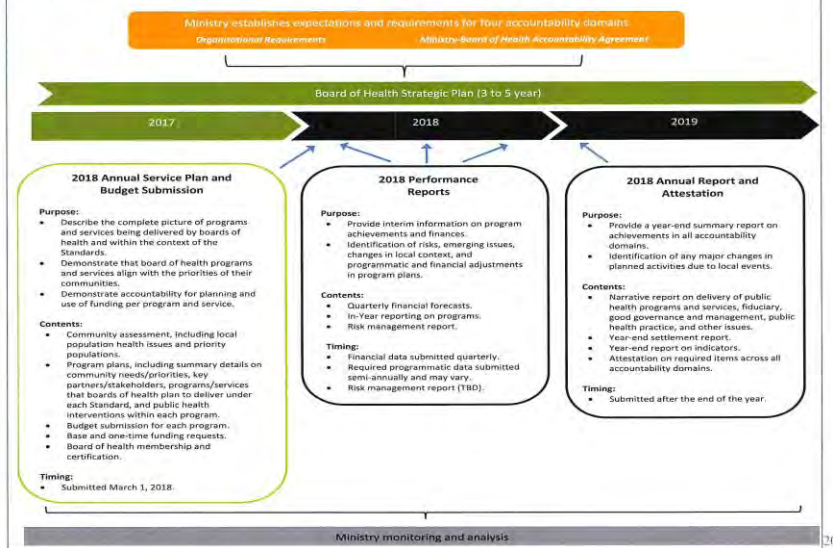
Accountability Documents	<ul style="list-style-type: none"> • Organizational Requirements: Set out requirements against which boards of health will be held accountable across all four domains. • Ministry-Board of Health Accountability Agreement: Establishes key operational and funding requirements for boards of health.
Planning Documents	<ul style="list-style-type: none"> • Board of Health Strategic Plan: Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health. • Board of Health Annual Service Plan and Budget Submission: Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards.
Reporting Documents	<ul style="list-style-type: none"> • Performance Reports: Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes. • Annual Report: Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.

Common to all Domains

- annual service plans
- action plans as requested to address performance issues
- “formal risk management framework” in place
- annual reporting
- comply with legal and statutory requirements



Annual Accountability Reporting Cycle



Transparency and Demonstrating Impact

Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes (draft)



- Describes the indicators that are used to:
- Monitor progress in the delivery of public health programs and services;
- Measure achievement of program outcomes, and;
- Assess public health's contributions to population health outcomes

Transparency Framework: Disclosure & Reporting Requirements (draft)





- Reflects the ministry commitment to improve transparency and ensure Ontarians have access to information that is relevant, timely, useful and accurate and improves their ability to make informed decisions
- To support enhanced transparency in the public sector and promote public confidence in the public health system, boards of health are required to ensure public access to pertinent information through disclosure

2018 is expected to be a ...



Implementation Supports and Enablers

A number of processes and tools will continue to be developed to enable the implementation of the Standards:

<div>Surveillance and Monitoring Strategy</div> <div></div> <div><ul style="list-style-type: none">•Support planning, implementation, monitoring and evaluation of public health programs and services•Facilitate efficient utilization of resources and effective, coordinated actions through the identification of common measures and centralized coordination of data access, collection, analysis, and distribution</div>	<div>Central Repository for Evidence, Best Practices, Tools, and Data</div> <div></div> <div><ul style="list-style-type: none">•Assist with analytics required at the provincial, regional and local levels•Assist boards of health with managing their governance, administration and effective program and service planning•Assist with demonstrating the value of public health and impact of public health on the overall health and wellness of the population•Training and Development and Capacity Planning</div>
---	--

26

Next Steps:

- A clearer vision will begin to emerge over the next several months
- Management team is reviewing the information available to make appropriate decisions
- All Staff Meetings occurring monthly
- Planning has begun for locally responsive requirements
- Training on the annual service plan submissions done
- Just breathe



2018 Travel Clinic Pilot Program

Date:	December 13, 2017	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		Original approved by
Rosana Salvaterra, M.D.		Dale Bolton, Manager, Finance and Property

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *2018 Travel Health Clinic Pilot Program*, for information; and
- approve the 2018 budget for the Travel Health Clinic Pilot Program in the total amount of \$149,900.

Financial Implications and Impact

Under the new Ontario Public Health Standards, effective January 1, 2018, local public health agencies are no longer mandated to deliver travel health clinic services.

Based on our review, it was determined that there continues to be a need for this service locally and that there is potential to continue to offer travel health clinics as a cost-recovery program. To minimize financial risk, a pilot of program has been proposed. The program will be piloted for a period of six months beginning January 2018. After the each quarter, the operations will be evaluated to determine whether continuation of the pilot is feasible.

Decision History

Peterborough Public Health was mandated under the existing Ontario Public Health Standards (2008), to deliver the travel health clinic program. Program staff and resources were funded through the Ministry of Health and Long-Term Care. The clinic currently operates three days per week and is supported by two nursing staff and an administrative assistant.

Background and Rationale

Program budgets over \$100,000.00 require Board approval. The proposed budget is balanced and minimizes risk to the organization. The program is expected to operate as a full cost-recovery program, as fees generated by consultations and immunizations, will be used to offset operational expenses. The budget reflects an increase in fees (based on comparative fees across the province) and a decrease in appointment times (and therefore more revenue per service day), as well as a decrease in clinic operation from three days to two days per week.

The draft budget is as follows:

Travel Health Clinic Pilot Program Budget - Annualized

Expenses

Salaries and benefits	\$60,920
Vaccines	67,485
Program supplies	3,500
Communication and Promotion	3,000
Administration and Occupancy	<u>14,990</u>
Total Program Expenditures	<u>\$149,900</u>

Revenue

Consultation and Fees for Service	<u>\$149,900</u>
--	-------------------------

The above budget reflects nursing staff (.40 FTE) and an administrative assistant (.20 FTE) working two days per week in the program.

The pilot is based on an expected increase in the number of client consultations and immunizations by approximately 1½ times by reducing the average appointment time compared to current time. In addition, consulting and immunization rates have been increased to similar fees charged by other travel health clinics in the area.

Strategic Direction

Although this program is not required under the new Ontario Public Health Standards 2018, approval of the budget will contribute to Peterborough Public Health's ability to continue to meet its mandates of:

- Community-Centred Focus; and
- Determinants of Health and Health Equity

Contact:

Dale Bolton, Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Edwina Dusome, Manager, Infectious Diseases
(705) 743-1000, ext.271
edusome@peterboroughpublichealth.ca

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Direction – Report of the Rowan’s Law Advisory Committee,
Durham / alPHa

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- *receive for information, the letter dated November 1, 2017 from Dr. Robert Kyle, Commissioner and Medical Officer of Health, copied to Ontario Boards of Health endorsing a position from the Association of Local Public Health Agencies (alPHa) regarding implementation of the recommendations of the Rowan’s Law Advisory Committee; and,*
- *support their positions and communicate this support to the Premier of Ontario with copies to the Minister of Tourism, Culture and Sport, Minister of Health and Long-Term Care, Minister of Education, Dr. David Williams, Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Background:

Ontario passed the Rowan’s Law Advisory Committee Act, on June 7, 2016 as a result of the Coroner’s inquest into the death of 17-year-old high school rugby player Rowan Stringer.

The mandate of the Rowan’s Law Advisory Committee was to review the jury recommendations, as well as the broader concussion landscape, and to provide advice to government on how to implement the jury’s recommendations. In addition, the Committee was empowered to make other recommendations intended to prevent, mitigate and create awareness of head injuries in sport in Ontario.

In addition to Dr. Salvaterra who was approached by the Ministry of Tourism, Culture and Sport to serve on the Committee, membership was comprised of parents, researchers, medical experts and sport leaders.

The Committee was required to submit a report to the Minister of Tourism, Culture and Sport by September 9, 2017. The report (Attachment C) contains twenty-one recommended actions directed to all organized amateur sports, both school-based and non-school-based, in Ontario.

Attachments:

[Attachment A - Durham Letter](#)

[Attachment B - alPHa Letter](#)

[Attachment C - Report of the Rowan's Law Advisory Committee \(web hyperlink\)](#)



The Regional
Municipality
of Durham

Corporate Services
Department
Legislative Services

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
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Matthew L. Gaskell
Commissioner, of
Corporate Services

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NOV 14 2017

Peterborough Public Health

November 9, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

COPY

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: Report of the Rowan's Law Advisory Committee Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on November 8, 2017, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from the Association of Local Public Health Agencies (alPHA) expressing support for the implementation of the recommendations contained in the Report of the Rowan's Law Advisory Committee be endorsed; and
- B) That the Premier of Ontario, Minister of Tourism, Culture and Sport, Minister of Health and Long-Term Care, Minister of Education, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated November 1, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

If this information is required in an accessible format, please contact
1-800-372-1102 ext. 2009.

"Service Excellence
for our Communities"

- c. The Honourable Eleanor McMahon, Minister of Tourism, Culture and Sport
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
The Honorable Mitzie Hunter, Minister of Education
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
N. Wellsbury, Clerk, Town of Ajax
A. Greentree, Clerk, Municipality of Clarington
D. Shields, City Clerk, City of Pickering
D. Leroux, Clerk, Township of Uxbridge
T. Gettinby, CAO/Clerk, Township of Brock
A. Brouwer, Clerk, City of Oshawa
J.P. Newman, Clerk, Township of Scugog
C. Harris, Clerk, Town of Whitby
Dr. R.J. Kyle, Commissioner and Medical Officer of Health
-



The Regional
Municipality
of Durham

HEALTH
DEPARTMENT

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605 Rossland Rd.E.
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Canada

Mailing Address
P.O. Box 730
Whitby ON
Canada L1N 0B2

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Fax: 905-666-6214
1-800-841-2729

www.durham.ca

An Accredited
Public Health Agency

MEMORANDUM

To: Committee of the Whole
From: Dr. Robert Kyle
Date: November 1, 2017
Re: Report of the Rowan's Law Advisory Committee

In June 2016, the Rowan's Law Advisory Committee was established to review the jury recommendations made as a result of the Coroner's inquest into the death of high school rugby player Rowan Stringer. The Rowan's Law Advisory Committee Act, 2016 required the Committee to provide advice to the government with respect to head injury prevention and treatment. The Report of the Rowan's Law Advisory Committee was submitted to the Minister of Tourism, Culture and Sport in September 2017. The report contains 21 recommended actions directed to all organized amateur sports, both school-based and non-school based, in Ontario, grouped into five themes: surveillance, prevention, detection, management and awareness.

On October 6, 2017, the Association of Local Public Health Agencies (aLPHa) sent a letter to the Minister of Tourism, Culture and Sport expressing support for the implementation of the recommendations of the Rowan's Law Advisory Committee.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

- a) The correspondence from aLPHa as regards the Report of the Rowan's Law Advisory Committee is endorsed; and
- b) The Premier of Ontario, Minister of Tourism, Culture and Sport, Minister of Health and Long-Term Care, Minister of Education, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

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for our Communities"

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 PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Hon. Eleanor McMahon
Minister of Tourism, Culture and Sport
9th Floor, Hearst Block
900 Bay Street
Toronto, Ontario M7A 2E1

October 6 2017

Dear Minister McMahon,

Re: Report from Advisory Panel on Concussion Safety

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to express our support for the implementation of the recommendations of the Rowan's Law Advisory Panel on Concussion Safety.

Under the Ontario Public Health Chronic Disease and Injury Prevention Standard, our members are required to take actions to reduce the incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths. This includes direction to influence the development of healthy public policy.

On September 29 2017, alPHA's Board of Directors reviewed the Advisory Panel's recommendations, and strongly endorsed their implementation. We were very pleased to note that you have already pledged to take comprehensive action to improve safety in sport for students and amateur athletes based on the Panel's report.

We look forward to providing input to the development of healthy public policy aimed at preventing concussions and to making our own contributions as part of our mandate in preventing injuries in our communities.

Yours sincerely,



Carment McGregor,
alPHA President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Mitzie Hunter, Minister of Education
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care,
Population and Public Health Division

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:

- a. Letter dated November 15, 2017 from Minister Couteau to the Board Chair regarding the Healthy Babies, Healthy Children Program.
- b. Letter dated November 23, 2017 from the Board Chair to Minister Hoskins regarding the Smoke-Free Ontario Strategy Modernization.*
- c. Letter dated November 29, 2017 from the Board Chair to Sony Perron, Health Canada, regarding the Truth and Reconciliation Commission's Call to Action #89.*
- d. Letter dated November 29, 2017 from the Board Chair to Premier Wynne regarding child care worker immunization.*
- e. Letter dated December 1, 2017 from Debbie Thompson, Ministry of Education to the Board Chair, in response to her initial letter dated October 31, 2017 regarding energy drinks.
- f. News release from the Office of the Auditor General dated December 6, 2017, regarding public health and preventing chronic disease.
(NOTE: The full chapter relating to public health and chronic disease prevention from the Auditor General's report can be viewed here ([web hyperlink](http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_310en17.pdf)):
http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_310en17.pdf)

Correspondence from the Association of Local Public Health Agencies (alPHA):

- g. E-mail, November 1, 2017 - Summary of Board of Health Section Meeting, November 3, 2017
- h. E-mail, November 23, 2017 - Municipal Package on Expert Panel on Public Health Report*
(NOTE: All Peterborough Public Health obligated municipalities and First Nations have endorsed the [Board's position on the Expert Panel report](#))

**Enclosures available upon request.*

**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 du ministre

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



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NOV 17 2017

CSS5111C-2017-2056

NOV 15 2017

Peterborough Public Health

Mayor Mary Smith
Chair
Board of Health
Peterborough Public Health
185 King Street
Peterborough, Ontario
K9J 2R8

Dear Mayor Smith:

Thank you for your letter regarding the Healthy Babies Healthy Children (HBHC) program, which was shared with me by the Honourable Jeff Leal, Member of Provincial Parliament for Peterborough. I am pleased to respond.

I appreciate Peterborough Public Health's commitment to delivering the HBHC program to families at risk for compromised child development.

As you may know, Ministry of Children and Youth Services' Assistant Deputy Minister Darryl Sturtevant wrote to all Medical Officers of Health in early September. His letter provided details about the next steps for HBHC in the context of the modernization of the Ontario Public Health Standards for Health Programs and Services.

The modernization process provides an opportunity to move forward with key changes to the HBHC program. These will be informed by a recently completed third party review and will address improving the quality, efficiency and delivery of the program, focusing on:

- Improving effectiveness of the response to screening results;
- Introducing streamlined processes for consent and the use of technology;
- Strengthening the program's ability to support the complex needs of some families; and
- Streamlining data requirements and targeted efforts toward outcome measurement.

Ministry staff are working closely with public health units to support these efforts aimed at strengthening the HBHC program to meet the needs of Ontario families. Initial steps have already begun with the goal of a revised protocol to be in effect by January 1, 2018.

.../cont'd

I want to assure you that we are committed to supporting programs that provide early identification and intervention, such as Healthy Babies Healthy Children.

Again, thank you for writing, and for your continued partnership and engagement in helping to improve the health and well-being of children and families in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to be 'MC', written over a horizontal line.

Michael Coteau
Minister

c: The Honourable Jeff Leal, Minister Responsible for Small Business,
Minister of Agriculture, Food and Rural Affairs, and MPP, Peterborough
Mr. Darryl Sturtevant, Assistant Deputy Minister, Strategic Policy and Planning

November 23, 2017

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

Dear Minister Hoskins:

Re: Smoke-Free Ontario Strategy Modernization

At its meeting held on November 8, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Simcoe Muskoka District Health Unit regarding the ["Smoke-Free Ontario Modernization Report" of the Executive Steering Committee.](#)

The Board of Health for Peterborough Public Health is very encouraged by the comprehensive and progressive nature of the Executive Steering Committee's October 10th report and recommendations to modernize the Smoke-Free Ontario Strategy and reduce commercial tobacco use in Ontario. The enhanced focus on the tobacco industry strikes at the root cause of the epidemic of tobacco-related illness in Ontario. Ontario's modernized strategy must move beyond incrementally increasing restrictive measures to changing how the tobacco industry operates in Ontario.

Substantial tax increases and efforts to reduce availability and supply of tobacco products are the strong measures needed to prevent tobacco use and motivate and support quit attempts. Additional policies to prevent youth from initiating tobacco use such as raising the minimum age required to purchase tobacco to 21 years old and investing in sustained mass media campaigns will be critical to achieving targets in tobacco control.

Prevention strategies alone will not achieve a substantially reduced smoking prevalence in Ontario. Ontarians addicted to tobacco products must receive evidence-based cessation help. Certainly, there is substantial evidence to support strengthening the tobacco cessation system so that there is equitable access to cessation resources for all Ontarians who use tobacco products. In addition, new approaches are needed to specifically target populations with the highest smoking rates. The Board of Health also supports engagement with Indigenous peoples to further develop and implement Indigenous specific strategies.

The recommendations proposed by the Executive Steering Committee are the range of strategies that are critical to meeting Ontario's goal of the lowest rates of tobacco use in Canada and the tobacco endgame target of less than 5% of the population using tobacco products by 2035. Let's work together to implement

these strategies to eliminate the 13,000 preventable deaths from tobacco use annually and achieve the end goal of tobacco-free living.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

November 29, 2017

Sony Perron,
Senior Assistant Deputy Minister
First Nations and Inuit Health Branch,
Health Canada
Jeanne Mance Building, Tunney's Pasture
Postal Locator 1921A
Ottawa, ON K1A 0K9
info@hc-sc.gc.ca

Dear Mr. Perron:

We are in receipt of your letter dated September 28, 2017, written on behalf of Minister Philpott in response to our request for information concerning the Truth and Reconciliation Commission (TRC) Call to Action #89. This call to action requests that the federal Physical Activity and Sport Act be amended to promote physical activity for Indigenous peoples, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build the capacity within Canadian sports and recreation to be more inclusive. In our letter, we referenced the objects of the existing legislation and then asked whether the federal government had initiated a process to review the legislation in collaboration with representatives of Indigenous peoples in the light of TRC Call to Action #89. If so, we asked for information regarding your progress.

With the greatest of respect, we are contacting you to express both our disappointment and our concerns that our questions were not addressed by your letter. What we received from you was a list of funded activities that are currently being provided to First Nation and Inuit communities and absolutely nothing specific in regards to the Physical Activity and Sport Act. The board of health did not find the response to be acceptable and has asked that I contact you in follow-up.

Since we first wrote on May 30, 2017, we have become aware that the Prime Minister has mandated at least two of his Cabinet Ministers with specific responsibility regarding Indigenous youth and sport.

To Minister Hehr, he has mandated:

"Lead work in co-operation with the Minister of Indigenous Services to leverage investments in Indigenous youth and sport and ensure the promotion of culturally relevant sport as an important means to strengthen Indigenous identity and cultural pride." (<https://pm.gc.ca/eng/minister-sport-and-persons-disabilities-mandate-letter>)

To Minister Philpott, he has mandated:

"Support the Minister of Sport and Persons with Disabilities to leverage investments in Indigenous youth and sport and ensure promotion of culturally relevant sport as an important means to strengthen Indigenous identity and cultural pride." (<https://pm.gc.ca/eng/minister-indigenous-services-mandate-letter>)

In addition to what has been explicitly mandated, we would like to receive the federal government's response to TRC Call to Action #89's requests regarding legislative amendments. We would appreciate receiving a relevant and meaningful response from the most appropriate person on the matters we have raised.

We remain, sincerely yours,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: The Hon. Kent Hehr, Minister of Sport and Disabilities
The Hon. Jane Philpott, Minister of Indigenous Services
Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock

November 29, 2017

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

Re: Vaccine Recommendations for Child Care Workers

Dear Premier Wynne:

At its meeting held on November 8, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Regional Municipality of Durham regarding the above noted matter.

We echo their recommendations that all child care workers receive vaccines recommended by the National Advisory Committee on Immunization (NACI). Two of these vaccines are not currently publicly funded in Ontario (unless they meet high-risk eligibility criteria). The Canadian Immunization Guide recommends:

1. vaccination for all child care workers with hepatitis B vaccine since children with hepatitis B are usually asymptomatic and the hepatitis B status of children in child care settings is generally unknown; and,
2. vaccination for all varicella-susceptible child care workers with varicella vaccine since outbreaks can occur in child care and educational settings where there are unimmunized children.

By increasing the eligibility criteria for these two vaccines to include child care workers, both the protection of young children as well as the occupational health and safety of the worker will be enhanced.

Thank you for your consideration.

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: The Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
The Hon. Charles Sousa, Minister of Finance
Local MPPs
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

Ministry of Education
Safe and Healthy Schools
Branch
15th Floor, Mowat Block
Queen's Park
Toronto ON M7A 1L2
Telephone (416) 325-7645
Facsimile (416) 325-2664

Ministère de l'Éducation
Direction de la sécurité et de la santé dans
les écoles
15^e étage, édifice Mowat
Queen's Park
Toronto ON M7A 1L2
Téléphone 416 325-7645
Télécopieur 416 325-2664



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DEC 06 2017

December 1st, 2017

Peterborough Public Health

Mayor Mary Smith
Chair, Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough ON K9J 2R8

Dear Mayor Smith,

Thank you for your letter about the sale of caffeinated energy drinks (CEDs) to children and youth and the School Food and Beverage Policy (P/PM 150) in Ontario schools. I appreciate the opportunity to respond on behalf of the Minister.

The government takes seriously the well-being of students and is committed to helping all Ontario students succeed and lead healthy, productive lives. *Achieving Excellence*, Ontario's renewed vision for education, has elevated promoting well-being to one of four interconnected goals for the education system. This goal emphasizes the need to focus on the whole child - their cognitive, emotional, social, and physical development- in which healthy eating plays a critical role.

As you know, since September of 2011, all publicly-funded schools in Ontario that offer food and beverages for sale have had to meet the requirements of the School Food and Beverage Policy (SFBP). The SFBP promotes the sale of healthy food and beverages, which contributes to a learning environment where the healthiest choices are the easiest choices for students to make. The SFBP restricts the sale of products high in fat, sugar and sodium. In addition, food and beverages containing caffeine are not permitted for sale in elementary and secondary schools.

We are currently in the process of reviewing the SFBP. During this review process, your recommendations for continuing to restrict the sale of CEDs will be taken into consideration along with the research you shared.

Thank you again for writing and for your interest in the well-being of Ontario students.

Sincerely,



Debbie Thompson
Director
Safe and Healthy Schools Branch

C: The Honourable Eric Hoskins, Minister of Health and Long-Term Care
The Honourable Deborah Matthews, Minister of Advanced Education and Skills
Development



News Release

For Immediate Release

December 6, 2017

Success of Public Health Programs in Preventing Chronic Diseases Unknown: Auditor General

(TORONTO) The Province does not know whether Ontario's 36 public health units are making progress in the fight against preventable chronic diseases, Auditor General Bonnie Lysyk says in her *2017 Annual Report*, tabled today in the Legislative Assembly. Ontario has no overarching chronic disease prevention strategy to guide overall program planning and development.

"The Province spends an average of \$1 billion a year on public health, including about \$190 million on preventing chronic diseases, but it does not measure the performance of public health units in this area," Lysyk said after her Report was tabled. "As a result, we don't really know how effective the units have been in this area."

The audit found that although the Ministry of Health and Long-Term Care (Ministry) has made progress in reducing smoking, a chronic disease risk factor, more work is needed to address the other risk factors such as physical inactivity, unhealthy eating and heavy drinking.

A 2016 research report from the Ontario-based Institute for Clinical Evaluative Sciences, says that four modifiable risk factors that contribute to chronic diseases—physical inactivity, smoking, unhealthy eating and excessive alcohol consumption—cost Ontario almost \$90 billion in health-care costs between 2004 and 2013. One of public health's functions is to prevent chronic diseases, such as cardiovascular and respiratory diseases, cancer and diabetes. In Ontario, the number of people living with these diseases has been rising.

Other findings of the audit include:

- Current provincial performance indicators do not fully measure public health units' performance in preventing chronic diseases and promoting health. At some public health units, program evaluations were not performed to determine whether their programs had a positive impact.
- Public health units have undertaken research and developed local solutions independently, resulting in significant duplication of effort and instances of variation in the depth of the research and type of information gathered.
- Public health units have not all been able to access complete and current epidemiological data to study the patterns, causes and effects of health and disease within populations. Even in instances where the data is available, some public health units did not have the required time and/or staff expertise to review and analyze it.
- The ability of public health units to influence healthy behaviours among children is limited by a lack of coordination at the provincial level between the Ministry of Education and the Ministry of Health and Long-Term Care. As a result, the units spend resources on persuading schools to participate in health programming rather than on actual service delivery.

....2

- Provincial funding for public health units is not approved until the last quarter of the year. A survey of Medical Officers of Health and CEOs at public health units noted that 80% of the respondents identified that timeliness of funding approvals poses a problem to them for program planning

-30-

For more information, please contact:

Bonnie Lysyk
Auditor General
(416) 327-1326

Visit www.auditor.on.ca to read the Report.

 @OntarioAuditor

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From: Susan Lee [mailto:susan@alphaweb.org]
Sent: Tuesday, November 21, 2017 11:25 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Summary of BOH Section Discussion Nov. 3, 2017

ATTENTION:

All Board of Health Members

All Members of Health & Social Services Committee

At the alPHa Boards of Health Section meeting held on November 3 in Toronto, attendees participated in a facilitated workshop on transformation and governance. Attached for your information is a cover letter and a summary of Section members' discussion on this topic.

Regards,

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
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Please visit us at <http://www.alphaweb.org>

November 21, 2017

Dear Board of Health Chair,

The alPHa Boards of Health Section Executive Committee is pleased to provide you and the members of your board with the enclosed document *Summary of Transformation and Governance Discussion at the alPHa Boards of Health Section Meeting on November 3, 2017*.

The November 3rd discussion was part of a workshop for boards of health that focused on managing transformational change from an organizational perspective. The topic was chosen to help boards of health prepare for the changes that are currently affecting the public health sector, including the new Accountability Framework, updated Standards for Public Health Programs and Services, and the revised Municipal Act. Please note, the Report of the Expert Panel on Public Health (July 2017) and its recommendations were not the focus of this session.

I hope that the enclosed will be of interest and use to your board of health and health unit. Please ensure that the enclosed is circulated to your board of health colleagues for their information.

If you have any questions on the November 3rd session or the summary document, please feel free to contact alPHa's Executive Director, Loretta Ryan, at 416-595-0006 ext. 22, email: loretta@alphaweb.org

Sincerely,

A handwritten signature in blue ink, appearing to read 'Trudy'.

Trudy Sachowski
Chair, Boards of Health Section

Attached

Summary of Transformation and Governance Discussion at the alPHA Boards of Health Section Meeting on November 3, 2017

The presentation and discussion on Transformation and Governance was initiated in order to share information and solicit feedback regarding transformational change.

The focus of the presentation and discussion was the substantial public health change currently in play regarding the Municipal Act, the Accountability Framework and updated Standards for Public Health Programs and Services. The Report of the Expert Panel on Public Health (July 2017) and its recommendations were not the focus of this session.

Following a presentation highlighting current evidence and experience regarding successful transformational change, attendees at the meeting discussed and summarized their thoughts on the key drivers that could leverage transformational change in public health and the key barriers that might get in the way of transformational change in public health.

Key Themes

Beyond recognizing the costs of transformational change, the majority of the feedback focused on the people component of transformational change. The following barriers and drivers were the most reported in Board of Health small-group discussions on transformational change in public health.

Barriers

1. Costs
2. Resistance
3. Fear and uncertainty

Drivers

1. Ensuring input from all staff impacted by transformational change
2. Public Health Goodwill

The following table represents the summary of the feedback that was recorded during the session. There is no priority to the barriers and drivers listed in the table.

Transformational Change Barriers	Transformational Change Drivers
<ul style="list-style-type: none"> • Lack of resources • Lack of Education • Lack of Space • Lack of Participation • Resistance to Change • Fear of the Unknown • Insecurity about Future • Are the savings seen as realistic? • BOH changeover creating lack of tenure and lack of knowledge base • Boards are not micro-managers • Staff potentially leaving • Resistance because “buy in” has not been ensured • Chief Transformation Officer (CTO) role could get in way if not well executed • Extra dollars • General barriers to change • Attachment to current state • Change fatigue in play • May lose key people not up for the change • Fear of job loss in rank and file • Low morale • Cost of a CTO • Poor planning and unclear vision • Previous experience with failed transformations creating pain avoidance • Poor leadership and lack of support from Board, MOH and senior team • Limited resources • Lack of direction and motivation • Comfort with status quo • Resistance to the process • Poor communication • Great is the enemy of good enough • Entrenched with idea of doing everything right • Ineffective consultation and stakeholder input 	<ul style="list-style-type: none"> • Including Front Line workers • Youth and Experience • Demonstrated need for change • Common vision • Respected enthusiasts (champions) • Demonstrated need • People understanding the “why” of transformational change • Input from those impacted • Paying attention to local considerations • Fiscal restraint • Proactive not reactive • External forces – legislative change, responses to vision/mission and to change • Inspiration from staff – building from the ground up • Varied Board experience • Goodwill to improve lives and population health • Good policies and procedures that are understandable and inspirational • Infrastructure • Leverage relationships • Diverse Board membership • Niche for public health to take on unpopular issues that may otherwise fall through tracks • Skilled staff who can prove through stats that that are “moving the needle” • Leverage cross PHU relationships to avoid duplication of effort and focus • Passion for public health • Everyone has input • Leveraging best practices elsewhere

Prepared by:

Glen Paskiw, Managing Director, Enterprise Inc., November 15, 2017

From: Susan Lee [mailto:susan@alphaweb.org]
Sent: Thursday, November 23, 2017 11:57 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Trudy Sachowski <trudski@hotmail.com>
Subject: FOR ACTION: Municipal Package on Expert Panel on Public Health Report

ATTENTION: All Boards of Health

As a follow up to alPha's November 3rd Boards of Health Section Meeting, the Executive Committee discussed how the Boards of Health can further express concern regarding the recommendations in *Public Health Within an Integrated Health System - A report from the Minister's Expert Panel on Public Health* (attached). It was decided that a request for support from Boards of Health to their respective municipality(ies) for alPha's, COMOH's and the Association of Municipalities of Ontario's (AMO) responses would be an effective means to move forward.

Attached is a template letter that your board can send electronically to the mayor(s) and council(s) of the municipality(ies) in your Public Health Unit along with a template letter of support/resolution that the municipality(ies) can in turn send to the Minister. Please ensure that you fill in the text in both letters prior to sending this request to the Mayor(s) and Council(s).

Attachments in this email for Board of Health Action:

1. Template Letter – BOH to Municipality
2. Template Letter – Municipalities to Minister Hoskins
3. Template Municipal Resolution Expert Panel Response to Minister Hoskins

Attachments in this email that can be attached to your letter from the Board of Health to the municipality(ies):

4. Expert Panel Report
5. alPha Expert Panel Response
6. COMOH Expert Panel Response
7. AMO Expert Panel Response

If you have any questions, please feel free to contact alPha's Executive Director, Loretta Ryan, at 416-595-0006 ext. 22, email: loretta@alphaweb.org

Susan

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Amended 2017 Budget Approval – Cost-Shared Budget from the Ministry of Health and Long-Term Care

Date:	December 13, 2017		
To:	Board of Health		
From:	Dr. Rosana Salvaterra, Medical Officer of Health		
Original approved by		Original approved by	
Rosana Salvaterra, M.D.		Dale Bolton, Manager, Finance and Property	

Proposed Recommendation

That the Board of Health for Peterborough Public Health approve the amended 2017 provincial share of cost-shared budget for public health programs and services per summary below:

Programs Funded Jan. 1 to Dec. 31, 2017	2017 Provincial Share of Budget Request	2017 Provincial Share of Approved Budget	Comments
Cost-Shared Budget* – Provincial Share	\$5,915,900	\$5,915,900	Approved as submitted.

**The Cost-Shared Budget above includes Mandatory Public Health Programs, Small Drinking Water Program, Mandatory Program Building Occupancy and the Vector Borne Diseases Program.*

Financial Implications and Impact

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

Early communication from the MOHLTC indicated that the Board should not expect to see a funding increase in 2017 for Mandatory Programs. No increase was requested from the Province as the budget was balanced through the Occupancy and Program Reserves. Similar to 2016, the Province did not approve cost-shared one-time budgets, but instead approved one-time budget requests as 100% funded (refer to Staff Report: Amended 2016 Budget Approval – 100% Funded Programs and One-Time Funding from the MOHLTC, for details).

In 2015, the Province approved new funding to support the increased occupancy costs relating to the purchase of 185 King Street. The Province previously required the expenditures relating to this budget to be reported separately from Mandatory Base Programs. In the 2017 budget approval the Province has been consolidated in the occupancy line of \$388,700 within the Mandatory Program budget.

The Provincial approval will allow existing programs and services to be maintained for the current year as anticipated.

Decision History

On November 9, 2016 the Board approved the 2017 cost-shared budgets in the amount of \$7,975,438, including Mandatory Public Health, Small Drinking Water, Mandatory Program Building Occupancy and Vector Borne Diseases. The Provincial share of the cost-shared budget was \$5,915,900.

Year-to-date operations indicate Mandatory Programs are operating within the budget approval for 2017.

Background

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

The 2017 budget is prepared on the basis of 75% funding grant from the MOHLTC, and 25% from Curve Lake and Hiawatha First Nations, the County of Peterborough and the City of Peterborough. The County and City fund Peterborough Public Health based on census population data, while Curve Lake and Hiawatha First Nations contribute based on funding agreements with the Board of Health.

Rationale

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

Strategic Direction

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

Contact:

Dale Bolton

Manager, Finance and Property

(705) 743-1000, ext. 302

dbolton@peterboroughpublichealth.ca

Amended 2017 Budget Approval – 100% Funded Programs and One-Time Funding from the Ministry of Health and Long-Term Care

Date:	December 13, 2017		
To:	Board of Health		
From:	Dr. Rosana Salvaterra, Medical Officer of Health		
Original approved by		Original approved by	
Rosana Salvaterra, M.D.		Dale Bolton, Manager, Finance and Property	

Proposed Recommendation

That the Board of Health for Peterborough Public Health approve the amended 2017 budgets funded 100% by the Ministry of Health and Long-Term Care, and one-time funding as follows:

100% Ministry of Health and Long-Term Care (MOHLTC) Funded Programs

Programs Funded Jan. 1 to Dec. 31, 2017	Type	2017 Budget Request	2017 Approved Budget	Comments
Healthy Smiles Ontario	100%	\$763,100	\$763,100	Approved as submitted.
Chief Nursing Officer	100%	\$126,250	\$121,500	No increase approved. Overage will be covered through approved cost- shared budget.
Infection Prevention and Control Nurses	100%	\$94,300	\$90,100	No increase approved. Overage will be covered through approved cost shared budget.
Infectious Diseases Control	100%	\$228,345	\$222,300	No increase approved. See "Financial Implications and Impact"

Programs Funded Jan. 1 to Dec. 31, 2017	Type	2017 Budget Request	2017 Approved Budget	Comments
				section.
Social Determinants of Health - Public Health Nurses	100%	\$190,675	\$180,500	No increase approved. Overage will be covered within program budget due to change in staffing mix.
Enhanced Safe Water	100%	\$15,500	\$15,500	No Increase requested.
Enhanced Food Safety – Haines	100%	\$25,000	\$25,000	No Increase requested.
Needle Exchange	100%	\$60,000	\$45,000	No increase approved. See “Financial Implications and Impact” section.
Smoke-Free Ontario	100%	\$388,800	\$388,800	Approved as submitted.
Electronic Cigarettes Act: Protection and Enforcement	100%	\$30,500	\$29,300	No increase approved. Overage will be covered through approved other Smoke-Free Ontario budgets.

One-Time Funding Approvals – April 1, 2017 to March 31, 2018 – 100% MOHLTC Funded

	Type	Budget Request	Approved Budget	Comments
Enforcement of Healthy Menu Choices Act	100%	\$50,300	\$12,500	Request not approved as submitted. Sufficient funding provided to support hiring Public Health Inspector to meet program requirements.
Radon Home Testing Promotion	100%	\$10,000	\$10,000	Approved as submitted
AODA Website Compliance	100%	\$26,500	\$26,500	Approved as submitted
Healthy Smiles Ontario: Outreach Program	100%	\$15,000	\$15,000	See “Financial Implications and Impact” Section.
Public Health Inspector Practicum Program	100%	\$30,000	\$10,000	Approval for one student.
Needle Exchange Initiative	100%	\$0	\$15,000	See “Financial Implications and Impact”

	Type	Budget Request	Approved Budget	Comments
				section.
Panorama	100%	\$0	\$75,000	See “Financial Implications and Impact” section.
Smoke-Free Ontario: Expanded Smoking Cessation	100%	\$30,000	\$30,000	Approved as submitted.

Financial Implications and Impact

The Ministry did not approve requested funding increases for the 100% Ministry-funded programs. The excess expenditures in these programs can be managed through mandatory programs and other related programs due to savings projected in the current year. Unfortunately, without increases in the 100% Funded programs it is becoming increasingly difficult to balance these budgets. Without additional funding, existing programs and services will be impacted. The Board will need to continue to communicate with the Province about the funding shortfalls and the potential impact this will have on program operations if funding levels continue to be frozen.

The Ministry approved \$15,000 to purchase equipment to support the delivery of the Healthy Smiles Ontario (HSO) Outreach initiative required under the HSO Program Protocol, in both schools and the community. The equipment will be used to provide preventative treatment services including scaling, sealants and fluoride treatment to those who qualify under the new standards.

The Needle Exchange Program is funded 100% by the MOHLTC. The budget request was \$60,000 as program expenditures have continued to increase over the past few years. The base funding approved by the MOHLTC for 2017 was \$45,000. Although no increase was received in base funding, the Ministry approved one-time funding of \$15,000 to support the program until March 31, 2018. These funds will provide the needed financial support to support the increasing demand for the program.

The Panorama Initiative is funded 100% by the MOHLTC. A request for funding was not required as part of the 2017 budget submission. The approved MOHLTC one-time funding for 2017 is \$75,000. This funding will continue to support the ongoing implementation and operations, including staffing and upgrades to the previously implemented Panorama System which supports our immunization programs (immunization registry and vaccine inventory).

The Province approved one-time requests as 100% for 2017, similar to 2016. As a result, funding from local partners or reserves will not be required to fund these initiatives and can therefore be used to maintain operations at existing levels until the end of the year.

Decision History

In the past, we have not asked the Board to approve adjusted budgets to reflect the MOHLTC approval. It is beneficial for the Board to approve the amended budgets to help simplify the provincial budget approval and request process for the following year. The approval will allow the Board to work with current budget information, in order to make more accurate funding requests to support operations for the next year.

Background and Rationale

The Board approves annually 100% MOHTLC funded and one-time request budgets.

Strategic Direction

The HSO Program will contribute to the strategic goal of *Determinants of Health and Health Equity* by addressing the oral health needs for identified priority populations, including the needs of children. In particular, it will ensure dental access for members of the community who would not be able to afford treatment.

The Smoke-Free Ontario Programs and Electronic Cigarettes Act will help to contribute to the strategic goal of *Determinants of Health and Health Equity* by providing access to programs and services and addressing the needs of community residents.

The 100% funded programs help to enhance the organization's strategic goals of *Capacity and Infrastructure* as well as *Quality and Performance* to achieve public health goals for the community through our programs and services.

Contact:

Dale Bolton
Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Low Income in Peterborough City and County: A Report on Low Income and its Impact on Health

Date:	December 13, 2017	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		Original approved by
Rosana Salvaterra, M.D.		Christine Post, Health Promoter

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Low Income in Peterborough County and City: A Report on Low Income and its Impact on Health* for information; and direct staff to:
- distribute the report widely in the community, including incorporating the information into upcoming community presentations which will describe the new Ontario Public Health Standards and the expanded health equity focus of Peterborough Public Health.

Financial Implications and Impact

There is no direct cost to Peterborough Public Health (PPH) as a result of this report.

Decision History

The Board of Health has undertaken a variety of actions related to income-based responses to address health equity, including support for local, provincial and federal initiatives by the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health, the Nourish Project, and the Limited Incomes: Nutritious Food Basket initiative.

Background

The new Ontario Public Health Standards direct public health to assess and report on the health status of populations at risk of negative health outcomes, and to use this information to inform the design and implementation of programs and services and the development of healthy public policy.

Peterborough Public Health has created and disseminated a number of health status reports in the past which have highlighted the special risks for low income populations related to food insecurity, child health outcomes, oral health, and tobacco use, for example. The purpose of the *Low Income in Peterborough County and City* report is to highlight income as a key determinant of health in a format which is accessible and useful to the general public and a wide variety of community organizations. The report also provides practical suggestions for how individuals can take action to create conditions for health equity, where everyone has the opportunity and resources they need to have a fair chance to reach their full health potential.

Rationale

The Board of Health has been an effective and credible advocate for income security and health equity in Peterborough. PPH staff continue to play leadership roles in addressing income security issues through initiatives of the Peterborough Poverty Reduction Network, the Basic Income Peterborough Network, and the Nourish Project, among others.

The *Low Income in Peterborough County and City* report will contribute to public education and awareness-building about significant health inequities experienced by low income people in our community.

A more comprehensive presentation on the expanded role of health equity in the new Ontario Public Health Standards and the expanded role for PPH will take place at the Board of Health meeting in February, 2018.

Strategic Direction

This report applies to Community-Centered Focus, Determinants of Health and Health Equity, as well as Quality and Performance by providing current local evidence related to the impacts of low income on health outcomes.

Contact:

Christine Post, Health Promoter
Poverty and Health, Foundational Standards
(705) 743-1000, ext. 293

References:

A Technical Report has been prepared which provides detailed information on references and data sources used in the *Low Income in Peterborough County and City* report. See Attachment B.

Attachments:

[Attachment A – Low Income in Peterborough County and City: A Report on Low Income and its Impact on Health.](#)

[Attachment B – Low Income Health Status Report: Technical Report on Data Sources.](#)



“Low Income and its Impact on Health in Peterborough County and City” Technical Report on Data Sources December, 2017

This report provides details on the data used in the Peterborough Public Health report titled “Low Income in Peterborough County and City: A Report on Low Income and Its Impact on Health”, released in December, 2017. It provides access to data sources which are available on-line, or presents data and explanatory notes for results calculated in-house from a variety of sources.

Who Lives in Low Income in Peterborough:

Source of Peterborough Data: Statistics Canada. 2017. *Peterborough, CY [Census subdivision], Ontario and Peterborough, CTY [Census division], Ontario* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25, 2017.

<http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=3515014&Geo2=CD&Code2=3515&Data=Count&SearchText=Peterborough&SearchType=Begins&SearchPR=01&B1=All&TABID=1>

Source of Ontario Data: Statistics Canada. 2017. *Ontario [Province] and Canada [Country]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25, 2017.

<http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.

For the 2016 Census, the reference period is the calendar year 2015 for all income variables.

For the purposes of this report, low income is based on the Statistics Canada variable Low Income Measure After-Tax (LIM-AT). The LIM is defined as half the median household income, after taxes. A person whose income is below that level is said to be in low income. The LIM is adjusted for household size. Thresholds for specific household sizes are presented in Table 4.2 Low-income measures thresholds for private households of Canada, 2015, Dictionary, Census of Population, 2016.

Lone parents LIM-AT:

Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016124.

<http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1235703&GK=0&GRP=1&PID=110263&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=119&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0>

Social and Health Impacts of Low Income

Life Expectancy at Birth:

Income Quintiles: Quintile of Annual Income Per Person Equivalent (QAIPPE)

Statistics Canada calculates the average income per person by dissemination area (DA). Twenty-percent of DAs with the lowest incomes have a QAIPPE of '1'. This continues up the scale with 20% of DAs with the next highest incomes given a QAIPPE of '2', then '3', then '4', and finally 20% of the dissemination areas with the highest incomes are given a QAIPPE of '5'. The result is that each quintile/QAIPPE score represents 20% or one fifth of all households sorted according to their gross income. This calculation was last done based on the 2006 Census, with reference tables distributed in the Postal Code Conversion File (PCCF). This reference table was obtained from Public Health Ontario upon request.

Population estimates by Dissemination Area for income calculation:

Statistics Canada, 2011 Census of Population, Statistics Canada Catalogue no. 98-311-XCB2011018.

Deaths:

Vital Statistics: Mortality Data [2010-2012], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: August 2017.

Life Expectancy at Birth:

This South East Public Health Observatory (SEPHO) MS Excel template was used to calculate life expectancy with confidence intervals using an abridged life table using 5 year age intervals with a final age interval of 85+. The methodology used in this spreadsheet are described in full in the paper:

Eayres DP, Williams ES, Evaluation of methodologies for small area life expectancy estimation, J Epidemiol Community Health 2004;58:243-249.

QAIPPE	# of DAs	Population	% of Total	% of Valid	# Deaths: 2010-2012	% of Total	% of Valid	Life Expectancy from Birth Males	Life Expectancy from Birth Females
Q1 - LOWEST	47	25,760	19%	21%	1,027	27%	28%	72.8 (70.2-75.4)	79.6 (77.2-82.1)
Q2	53	29,770	22%	24%	935	25%	26%	80.3 (77.6-82.9)	83.8 (81.5-86.1)
Q3	41	24,110	18%	19%	985	26%	27%	75.6 (72.6-78.6)	82.8 (80.7-84.9)
Q4	37	22,245	16%	18%	276	7%	8%	88.6 (83.5-93.6)	96.8 (88.2-105.4)
Q5 - HIGHEST	39	23,180	17%	19%	405	11%	11%	86.6 (83.1-90.1)	88.4 (85.5-91.3)
Missing	3	10,145	8%		187	5%		83.6 (78.3-88.9)	95.4 (86.4-104.5)
Total	220	135,210	100%		3,815	100%	100.0%	82.3 (81.5-83.1)	

Social and Health Impacts of Low Income – Overall Health Status, Mental Health, Smoking, and Diabetes

Source: Canadian Community Health Survey (CCHS), conducted by Statistics Canada. The CCHS is a national survey designed to provide health information at the regional and provincial levels and collects health determinants, health status and health

system utilization data from people aged 12 years or older living in households across Canada. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; fulltime members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James.

Data for the CCHS indicators have been age-standardized to account for potential difference in age structure of each income group.

**Peterborough Public Health, Summary Indicators, Canadian Community Health Survey (CCHS), Annual Content: 2007-2014
Combined**

Label Heading	Group Heading	Group	Label	P	LCL	UCL	Releasnt
Age-Standardized Self-Rated Health 12+	Overall	Population 12+	Excellent/Very Good	63.3%	60.4%	66.1%	
	Income Quintile	Q1 - Lowest	Excellent/Very Good	45.9%	41.1%	50.8%	
	Income Quintile	Q5 - Highest	Excellent/Very Good	77.0%	70.8%	82.2%	
Age-Standardized Self-Rated Mental Health 12+	Overall	Population 12+	Excellent/Very Good	69.2%	66.9%	71.5%	
	Income Quintile	Q1 - Lowest	Excellent/Very Good	56.9%	51.1%	62.4%	
	Income Quintile	Q5 - Highest	Excellent/Very Good	75.9%	69.8%	81.1%	
Age-Standardized Current Smoking Status 20+	Overall	Adults 20+	Current Smoker	27.4%	24.0%	30.9%	
	Income Quintile	Q1 - Lowest	Current Smoker	42.9%	36.7%	49.3%	
	Income Quintile	Q5 - Highest	Current Smoker	13.3%	9.1%	19.1%	* Interpret with caution, high variability among high income group.
Age-Standardized Self-Reported Diabetes 50+	Overall	Adults 50+	Yes Diabetes	13.2%	10.9%	15.9%	
	Income Quintile	Q1 - Lowest	Yes Diabetes	17.8%	12.8%	24.2%	
	Income Quintile	Q5 - Highest	Yes Diabetes	7.6%	4.1%	13.8%	* Interpret with caution, high variability among high income group.

Canadian Community Health Survey (CCHS), Statistics Canada; Annual Content (2007-2014), Ontario Share File, Distributed by the MOHLTC.

Statistical significance determined by non-overlapping 95% confidence intervals. Statistical testing was conducted where a p-value is command to test for the difference between estimates (null hypotheses= zero % difference).

All health-related data presented on pages 2 and 3 of the report illustrate statistically significant differences between low (Quintile 1) and high (Quintile 5) income groups.

Social and Health Impacts of Low Income – Oral Health – Dental Visits:

Source: Canadian Community Health Survey (CCHS) 2013/2014.

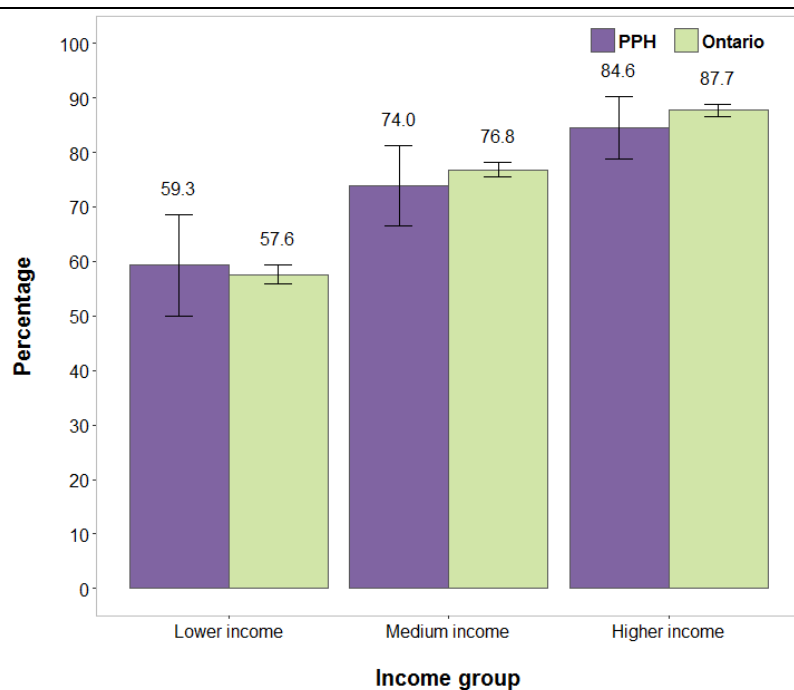


Figure 1: The proportion of Peterborough and Ontario residents who visit the dentist at least once a year by income level; 2013/14

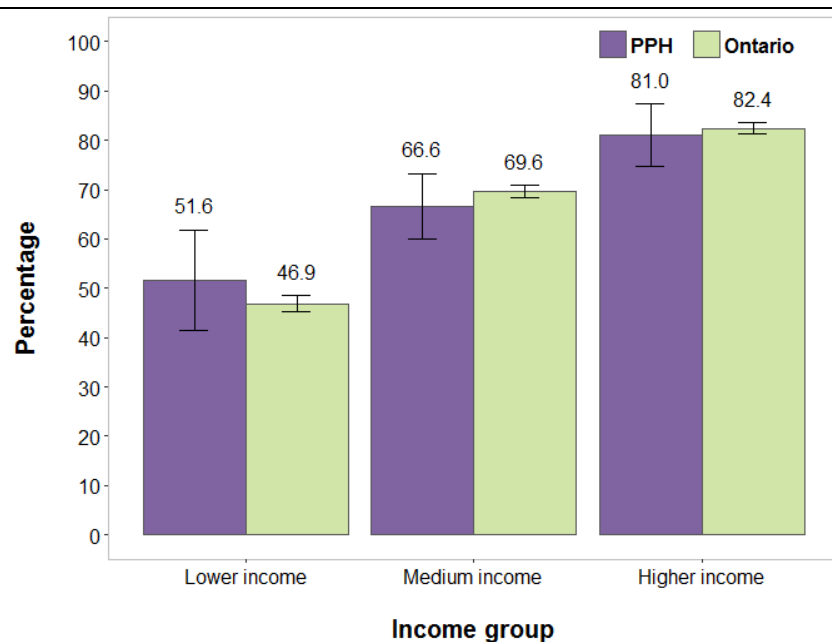


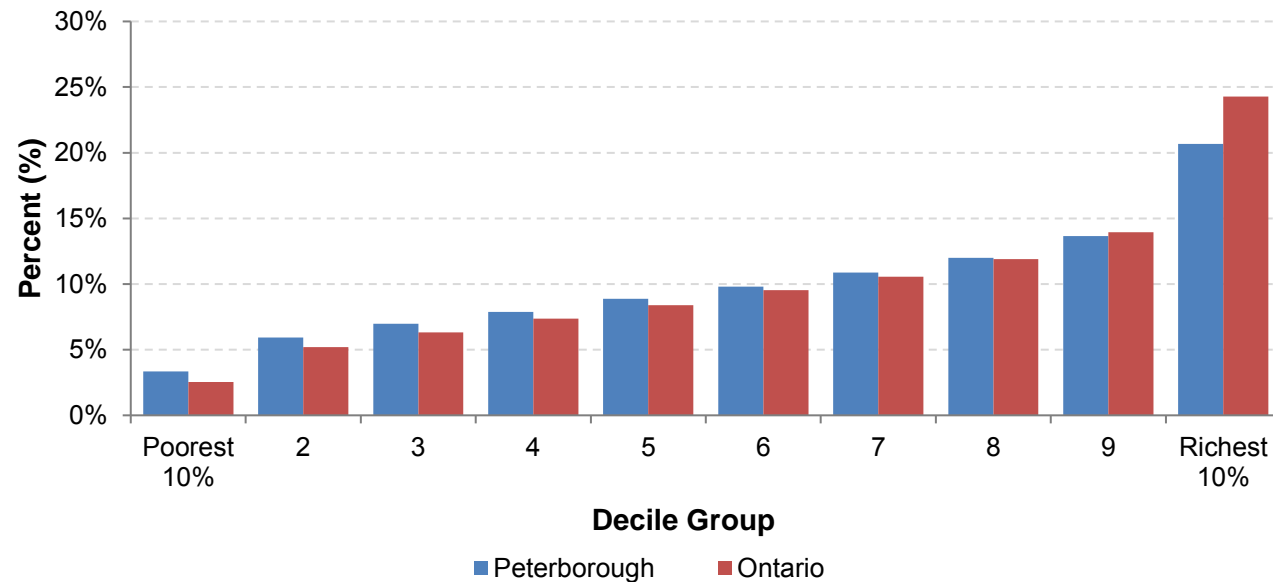
Figure 2: The proportion of Peterborough and Ontario residents who have dental insurance by income; 2013/14

Income Inequality:

Source: Statistics Canada, Income Statistics Division, T1 Family files, 2013. Reference 16092.

Aggregate After-tax Income (\$000)		Poorest 10%	2	3	4	5	6	7	8	9	Richest 10%
Ontario	2013	3%	5%	6%	7%	8%	10%	11%	12%	14%	24%
Peterborough	2013	3%	6%	7%	8%	9%	10%	11%	12%	14%	21%

**Percent of Income by Decile Group,
Peterborough and Ontario, 2013**



Data Source: Statistics Canada, Income Statistics Division, T1 Family File 2013

The attached custom data is for (Reference # 16092). Please note that the data is provided for use in accordance with the terms and conditions of the Statistics Canada Open Licence Agreement. Statistics Canada makes no representation or warranty as to, or validation of, the accuracy of any Postal CodeOM data.

Housing Affordability:

Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016229.

“Shelter-cost-to-income Ratio (5A), Tenure Including Presence of Mortgage Payments and Subsidized Housing (7) and Household Type Including Census Family Structure (9) for Owner and Tenant Households in Non-farm, Non-reserve Private Dwellings of Canada, Provinces and Territories, Census Divisions and Census Subdivisions, 2016 Census - 25% Sample Data”

Shelter-cost-to-income ratio (5A)	Tenure including presence of mortgage payments and subsidized housing (7)						
	Total*	Owner	With mortgage	Without mortgage	Renter	Subsidized housing	Not subsidized housing
Total - Shelter-cost-to-income ratio	56,445	41,035	23,180	17,855	15,415	2,555	12,860
Spending less than 30% of income on shelter costs	41,415	34,080	17,430	16,655	7,335	1,380	5,955
Spending 30% or more of income on shelter costs	14,955	6,905	5,725	1,185	8,045	1,175	6,870
30% to less than 100%	13,350	6,205	5,170	1,035	7,145	1,110	6,040
Not applicable Footnote3	75	45	25	15	30	0	30

***Tenure including presence of mortgage payments and subsidized housing** [Footnote 2](#)

Number of renter households spending more than 30% **8,045**

Percentage of total renters spending more than 30% **52%**

Food Insecurity:

Peterborough Public Health. 2017. *Limited Incomes: A Recipe for Food Insecurity*, October, 2017. Data from Canadian Community Health Survey CCHS data, 2014.

Childhood Outcomes:

Peterborough Public Health. 2015. *Child Health Summary Series 2015/2016, Report #1, In Summary: Family Demographics*. Companion document to Report on Child Health, PPH, 2015, p 14 - 16.

For additional details on data sources and calculations, please contact Christine Post, Health Promoter, at cpost@peterboroughpublichealth.ca, or call 705-743-1000, Extension 293.

Finding Solutions

Research shows that health is affected by a person’s socio-economic position, including their level of education, occupation and income. In general, the lower a person’s socio-economic status, the greater their risk of poor health. This gradient creates health inequities that not only affect people with little income, but crosses the whole spectrum of society.

Living in low income is not a personal choice. Systems, structures and policies can impact a person’s income and earning potential starting from the time they are born. Creating supportive and fair policies and developing systems that improve the social factors affecting health can give everyone an opportunity to be healthy.

Taking Action

What can we do to create communities where everyone is able to afford the basics of life and has a fair chance to be healthy? Here are some suggestions:

Educate yourself.

- Gain an understanding about what it’s like to live in poverty. Spend time with people who experience it every day.
- Learn more about the root causes of poverty and find out more about the impact of various social determinants of health (www.nccdh.ca).

Advocate for change. Speak up. Your voice can make a difference.

- Write or speak to your municipal council member, local MPP or MP. Let them know what improved social assistance rates, increased minimum wage, affordable housing, childcare and public transit, and a national drug plan would mean for people in our community. Consider income and health when you vote.
- Work with others to take action. Join a group or coalition working on issues related to poverty. There are many active and effective groups in Peterborough, including Work Groups of the Peterborough Poverty Reduction Network focussed on food, housing, employment, income and basic needs (www.ptbopovertyreduction.com), as well as the Basic Income Peterborough Network (www.nourishproject.ca/basic-income-peterborough-network).

Contribute Locally.

- Support local programs and services that meet people’s immediate needs and provide skill-building opportunities. This might include volunteering, donating or helping with fundraising, while work continues on longer-term strategies (www.foodinpeterborough.ca; www.211.ca and search to identify services or organizations).

Data Sources

Canadian Community Health Survey (CCHS) (2007-2014). Statistics Canada. Share File. Distributed by the Ontario Ministry of Health and Long-Term Care.
Statistics Canada, 2016 Census Profile, Peterborough County.
Vital Statistics: Mortality Data [2010-2012], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: August 2017.

Notes

Data anaylsis support provided by Simcoe Muskoka District Health Unit (SMDHU). Report format adapted with permission from SMDHU.
Data for the CCHS indicators have been age-standardized to account for potential difference in age structure of each income group.
All health-related data presented on pages 2 and 3 illustrate statistically significant differences between low (Quintile 1) and high (Quintile 5) income groups.
*In the CCHS Data, smoking among high income groups, and diabetes among high income groups had high variability, interpret with caution.
Peterborough refers to the geographical area of Peterborough County, including the City of Peterborough and surrounding municipalities.
For the purposes of this report, low income is based on the Statistics Canada variable Low Income Measure After-Tax (LIM-AT). The LIM is defined as half the median household income, after taxes. A person whose income is below that level is said to be in low income. The LIM is adjusted for household size.

An electronic version of this report, as well as a Technical Report on data sources can be found at www.peterboroughpublichealth.ca or contact info@peterboroughpublichealth.ca, or 705-743-1000, ext. 293

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LOW INCOME and its IMPACT on HEALTH in Peterborough County and City

Peterborough
15%
living in
low income

How Does Low Income Affect Health?

Our health is determined by a variety of factors. While biology and health care account for about 40 per cent of our health status, it is other factors in our daily life that have a far greater impact on our health. Where and how we live, the education, job and income we have, the impact of our gender, race and culture, our social networks and sense of connectedness are the major determinants of health. Income often has the most impact on health as it influences our living conditions and affects our overall quality of life and general well-being.

Individuals living in low income have higher rates of chronic diseases and are more likely to die earlier than individuals who are better off financially. Growing up and living in low income can also contribute to food and employment insecurity, lower levels of education, being poorly housed or homeless, social isolation, stress and difficulty accessing quality health care. In turn, some of these factors – in particular a lack of education and employment – further perpetuate low income.

This report provides local data to help us understand these systematic differences in health outcomes related to income. As a community we can then move forward to create conditions for health equity, where everyone has the opportunity and resources they need to have a fair chance to reach their full health potential.

Special Concerns for Children

The impacts of low income are felt particularly strongly among children. Inadequate income reduces parents’ ability to provide material necessities, safe neighbourhoods and good quality services for their children. As a result, children who grow up in low income families experience more developmental delays and behavioural difficulties, poorer health in childhood and adulthood, lower school achievement and higher school dropout rates.

And the challenge is particularly great for lone parent families. Among the almost 9,000 people living in lone parent families (8,965) with children 0 to 17 years of age in Peterborough County and City, 42% (3,660 people) are living with low incomes after tax.

Who lives in low income in Peterborough County and City?

- **15%** of the overall Peterborough population (or about 20,265 people). The rate varies by age group:
 - **22%** (1,690) of children 0 – 5 years live in low income.
 - **19%** (4,540) of all children 0 - 17 years live in low income.
 - **16%** (12,575) of adults (between 18 and 64 years) live in low income.
 - **11%** (3,150) of seniors (65 years and older) live in low income.

- **19%** (14,645) of the population in just the City of Peterborough live in low income households.

▪ Median Total Household Income 2015:	
Peterborough City and County	\$64,437
Peterborough City only	\$58,127
Ontario	\$74,287

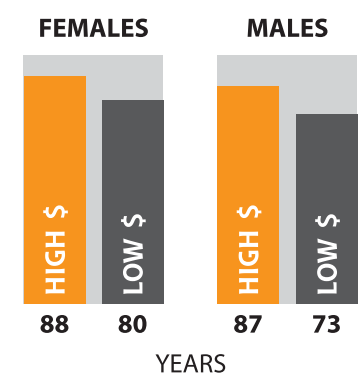


Peterborough
Public Health

Serving the residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough

The social and health IMPACTS of LOW INCOME in Peterborough County and City

LIFE EXPECTANCY



Life expectancy is lower for people in lower income groups. Females in the highest income quintile live eight years longer (88 years) than females in the lowest income group (80 years). Males in the highest income group live 14 years longer (87 years) than males in the lowest income group (73 years).

OVERALL HEALTH STATUS



Self-rated health status increases with higher levels of income. Over three-quarters (77%) of the population ages 12 years and over in the highest income group rate their health as excellent or very good compared to less than half of the population (46%) in the lowest income group.

MENTAL HEALTH



Perceived mental health status increases with higher levels of income. Only 57% of the population ages 12 years and over in the lowest income group rate their mental health as excellent or very good, compared to 76% of the population in the highest income group.

SMOKING



Locally, 43% of the adult population (ages 20+) in the lowest income group report to be current smokers, compared to 13% in the highest income group*.

DIABETES



The prevalence of self-reported diabetes in Peterborough adults (aged 50+) in the lowest income group (18%) is more than double that of the highest income group (8%)*.

ORAL HEALTH - Dental Visits



Eighty-five percent of higher income people visit the dentist at least once a year (81% have dental insurance). Only 59% of low income people visit the dentist at least once a year (only 52% have dental insurance).

INCOME INEQUALITY

Income is not distributed equally in Peterborough County and City. Of the total income of local residents, about one-fifth (21%) goes to those who make up the richest 10% of the population, while just 3% of income goes to the population who make up the poorest 10%.

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HOUSING

To be considered affordable, housing should cost less than 30% of total before-tax household income. Over half (52%) of all renters in Peterborough County and City (8,045 households) spend more than that on shelter costs (rent and utilities).

FOOD INSECURITY

People who are food insecure cannot afford to buy the food they want or need for good health. One in six households (16.5%) experience food insecurity in Peterborough County and City. Being food insecure makes people more vulnerable to chronic diseases and results in higher annual health care costs.



To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Medical Officer of Health - Coverage Request**

Date: December 13, 2017

Proposed Recommendation:

That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of January 20 – 28, 2017.

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

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

To: All Members
Board of Health

From: Greg Connolley, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: December 13, 2017

Proposed Recommendations:

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from August 17, 2017, for information*
 - b. That the Board of Health for Peterborough Public Health approve 2-251 Orientation for Board of Health Members (revised);*
-

Background:

The Governance Committee met last on August 17, 2017. At that meeting, the Committee requested that these items come forward to the Board of Health.

Attachments:

- [a. Governance Committee Minutes, August 17, 2017](#)
- [b. 2-251 Orientation for Board of Health Members](#)

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Thursday, August 17, 2017 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

Present: Deputy Mayor John Fallis
Mr. Greg Connolley, Chair
Councillor Gary Baldwin

Regrets: Mayor Rick Woodcock

Staff: Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder

1. Call to Order

Mr. Connolley called the Governance Committee meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be amended by adding item 6.1 "Update on Legacy Funding" and item 9.2 "Expert Panel Report".

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-023-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 May 23, 2017 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-024-GV)

6. Business Arising from the Minutes

6.1 Oral Report: Legacy Funding Update

Mr. Larry Stinson, Director of Operations, provided an update on the issue of Legacy Funding.

MOTION:

That the oral update on Legacy Funding matters be received for information by the Governance Committee.

Moved: Councillor Baldwin

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-025-GV)

7. Staff Reports

7.1 By-laws, Policies and Procedures for Review

MOTION:

That the Governance Committee recommend 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 (revised).

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-026-GV)

MOTION:

That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:

- 2-140, By-law #5 – Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health (revised).

Moved: Councillor Baldwin

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-027-GV)

MOTION:

That the Governance Committee recommend that the Board of Health for the Peterborough County-City Health Unit approve the following:

- 2-280, Complaints (revised)
- 2-342, Medical Officer of Health Selection (revised).

Moved: Deputy Mayor Fallis

Seconded: Councillor Baldwin

Motion carried. (M-2017-028-GV)

8. Consent Items

9. New Business

9.1 Board Member Self-Evaluation

MOTION:

That the Governance Committee replace the Board of Health Member Self-Evaluation Form, with a revised version starting on January 1, 2018.

Moved: Councillor Baldwin

Seconded: Deputy Mayor Fallis

Motion carried. (M-2017-029-GV)

9.2 Oral Report: Expert Panel Update

Dr. Salvaterra, Medical Officer of Health and Mr. Larry Stinson, Director of Operations, provided an update on the Expert Panel Report on Public Health.

10. In Camera to Discuss Confidential Matters

11. Motions from In Camera for Open Session

12. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on Wednesday, November 15, 2017 at 5:00 p.m. in the Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough.

13. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Deputy Mayor Fallis

Seconded by: Councillor Baldwin

Motion carried. (M-2017-030-GV)

The meeting was adjourned at 5:35 p.m.

Chairperson

Medical Officer of Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-251	Title: Orientation for Board of Health Members
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 1984-09-01
Signature: _____		Author: Governance Committee
Date (YYYY-MM-DD): 2013-09-30		
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.

Objective

To provide new Board members with appropriate orientation to ~~the Health Unit~~ Peterborough Public Health, and its programs and services, ~~and,~~ to ensure that all returning members are provided with ongoing education to enhance their potential contribution and to the capacity of the Board as a whole.

Procedure

1. A letter will be sent welcoming the new Board member and advising of the date ~~s~~ of ~~the next upcoming~~ Board meetings, as well as Committee meeting dates should the member wish to attend as an observer.
2. The new Board member will be invited to visit ~~the Health Unit~~ Peterborough Public Health (PPH) to meet with the Medical Officer of Health ~~(MOH) and the Directors,~~ The MOH will provide an overview of PPH's programs and services; answer any questions the new member may have; and, provide the member with a ~~and to~~ tour of the building office and introduce them to Management staff.
- ~~3. The Medical Officer of Health and Directors will describe the programs and services of the Health Unit and answer any questions of the new Board member.~~
- ~~4.~~ 3. The new Board member will be provided with the following information:
 - Association of Local Public Health Agencies Board of Health Orientation Manual
 - History of ~~the Peterborough County City Health Unit (PCCHU)~~ Peterborough Public Health (PPH)
 - History of Public Health Units of Ontario
 - ~~PCCHU~~ PPH Strategic Plan

- Current Organizational Chart
- ~~Most recent PCCHU-PPH~~ Annual Report
- Medical Officer of Health Job Description
- Board of Health By-Laws, Policies and Procedures
- Ontario Public Health Standards
- Ontario Public Health Organizational Standards
- Health Protection and Promotion Act and applicable Regulations
- Municipal Conflict of Interest Act
- Information on Related Organizations (e.g., Ministry of Health and Long-Term Care, Public Health Ontario, etc.)
- Names and contact information of current Board of Health Members

This list may be supplemented with any reports/documents pertaining to major developments or issues of current interest to the Board.

~~5.4.~~ The new Board member will be required to sign a Declaration of Confidentiality Form prior to attending their first Board of Health meeting. Returning Members will be required to sign the same form at the first regular Board of Health meeting of each calendar year.

~~6.5.~~ Beyond the initial orientation program, the Board of Health will provide ongoing professional development to ensure that its members maintain or improve their skills, and that they continue to deepen their understanding of ~~the Health Unit's~~ Peterborough Public Health's services, related community matters and governance.

~~7.6.~~ Ongoing education may take place as part of a regular or special Board meeting, or in a separate educational session. Additional opportunities may include attendance with external organizations at meetings, workshops and conferences.

Review/Revisions

On (YYYY-MM-DD): 2015-12-09 (Board review/no changes)

On (YYYY-MM-DD): 2013-09-30 (Board)

On (YYYY-MM-DD): 2007-10-30 (MOH)

On (YYYY-MM-DD): 1989-07-12 (MOH)