Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, February 10, 2016 – 5:00 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. Call to Order

Opening Statement
We would like to acknowledge that we are meeting on the traditional territory of the Mississauga First Nations.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. **January 13, 2016 (p. 4)**

6. Business Arising From the Minutes

6.1. **Operational Name Change (p. 11)**
Brittany Cadence, Manager, Communications Services

6.2. **Staff Report: Herpes Zoster Vaccine (p. 12)**
Dr. Rosana Salvaterra, Medical Officer of Health

7. Staff Reports

7.1. **Staff Report: Budget Approval - Ministry of Health and Long-Term Care 100% Funded Programs (2016) (p. 18)**
Bob Dubay, Manager, Accounting

8. Consent Items

All matters listed under Consent Items are considered to be routine, housekeeping,

information or non-controversial in nature and to facilitate the Board's consideration can be approved by one motion.

Board Members: *For your convenience, circle the items you wish to consider separately:*
8.1b 8.2a 8.2b 8.2c 8.2d 8.2e 8.2f 8.3a

8.1. **Correspondence**

a. Correspondence for Direction

b. Correspondence for Information (p. 21)

8.2. **Staff Reports**

a. Staff Report: 2015 Complaints (p. 43)
Dr. Rosana Salvaterra, Medical Officer of Health

b. Staff Report: 2015 Donations (p. 46)
Bob Dubay, Manager, Accounting

c. Staff Report: Summary of Research Activities (2015) (p. 50)
Andrew Kurc, Epidemiologist

d. Staff Report: Auditor Letter of Engagement (p. 56)
Larry Stinson, Interim Director, Corporate Services

e. Staff Report: Q4 2015 Public Health Programs Report (p. 64)
Patti Fitzgerald, Acting Director, Public Health Programs

f. Staff Report: Q4 2015 Corporate Services Report (p. 67)
Larry Stinson, Interim Director, Corporate Services

8.3. **Committee Reports**

a. First Nations Committee (p. 75)
Dr. Rosana Salvaterra, Medical Officer of Health

9. New Business

10. In Camera to Discuss Confidential Matters

11. Motions for Open Session

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12. Date, Time, and Place of the Next Meeting
Date: March 9, 2016
Time: 5:30 p.m.
Location: Council Chambers, Selwyn Township Office, 1310 Centre Line Smith Ward, Selwyn

13. Adjournment

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

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Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 13, 2016 – 5:30 p.m.
Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit
185 King Street, Peterborough

In Attendance:

Board Members:
- **Mr. Scott McDonald, Chair**
- **Mayor Mary Smith, Vice Chair**
- **Councillor Lesley Parnell**
- **Deputy Mayor John Fallis**
- **Mr. Gregory Connolley**
- **Ms. Kerri Davies**
- **Councillor Henry Clarke**
- **Councillor Gary Baldwin**
- **Councillor Art Vowles**
- **Mayor Rick Woodcock**
- **Mr. Andy Sharpe**
- **Chief Phyllis Williams**

Staff:
- **Mr. Larry Stinson, Interim Director, Corporate Services**
- **Ms. Natalie Garnett, Recorder**
- **Ms. Brittany Cadence, Manager, Communication Services**
- **Ms. Patti Fitzgerald, Acting Director, Public Health Programs**
- **Dr. Rosana Salvaterra, Medical Officer of Health**
- **Ms. Alida Tanna, Executive Assistant**

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1. Call to Order

Dr. Salvaterra, Medical Officer of Health called the meeting to order at 5:30 p.m.

Outgoing Chair Councillor Parnell was thanked for her service.

2. Elections

2.1 Chairperson

Dr. Salvaterra called for nominations for the position of Chairperson for the Board of Health for the Peterborough County-City Health Unit for the year 2016.

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MOTION:
That Scott McDonald be named Chairperson of the Board of Health for 2016.
Moved: Councillor Parnell
Seconded: Councillor Clarke
Motion carried. (M-2016-001)

Mr. McDonald assumed the Chair.

2.2 **Vice-Chairperson**
Mr. McDonald called for nominations for the position of Vice Chair for 2016.

MOTION:
That Mayor Mary Smith be named Vice-Chairperson of the Board of Health for 2016.
Moved: Deputy Mayor Fallis
Seconded: Councillor Baldwin
Motion carried. (M-2016-002)

3. Appointments to Committees

3.1 **Fundraising Committee**
3.2 **Governance Committee**
3.3 **Property Committee**

MOTION:
That the Board of Health for the Peterborough County-City Health unit appoint members to its Committees as follows:
- *Fundraising Committee: Councillor Baldwin, Ms. Davies, Mr. Sharpe*
- *Governance Committee: Mr. Connolley, Deputy Mayor Fallis, Mayor Smith, Mayor Woodcock*
- *Property Committee: Councillor Clarke, Councillor Parnell, Mr. Sharpe*

Moved: Councillor Clarke
Seconded: Mr. Connolley
Motion carried. (M-2016-003)

4. Establishment of Date and Time of Regular Meetings

MOTION:
That the regular meetings for the Board of Health be held on the second Wednesday of each month (excluding July and August) starting at 5:30 p.m., or at the call of the

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Chairperson.
Moved: Councillor Parnell
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-004)

5. Establishment of Honourarium for 2016

MOTION:
That the Board of Health for the Peterborough County-City Health Unit:
- *receive the staff report, Board Remuneration Review, for information; and,*
- *approve an increase of $0.73 to the current honourarium for 2016 representing a final amount of $147.09.*

Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2016-005)

6. Confirmation of the Agenda

MOTION:
That the Agenda be approved as circulated.
Moved: Councillor Baldwin
Seconded: Councillor Parnell
Motion carried. (M-2016-006)

7. Declaration of Pecuniary Interest

8. Delegations and Presentations

9. Confirmation of the Minutes of the Previous Meeting

9.1. December 9, 2015

MOTION:
That the minutes of the Board of Health meeting held on December 9, 2015, be approved as circulated.
Moved: Mr. Sharpe
Seconded: Councillor Parnell
Motion carried. (M-2016-007)

10. Business Arising From the Minutes

11. Staff Reports

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11.1. **Staff Report and Presentation: Operational Name Change Recommendations**

Ms. Brittany Cadence, Manager, Communication Services provided a presentation on the proposed name change.

MOTION:

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

- *receive the staff report, Operational Name Change Recommendations, for information for a decision to be made at its February 10, 2016 meeting; and*
- *consider approving the recommendation at their next meeting to change the organization's operational name to Peterborough Public Health effective June 1, 2016; and*
- *direct staff to ensure there is an appropriate communication plan in place with stakeholders and partners to support a smooth transition to the new name.*

Moved: Councillor Parnell
Seconded: Mr. Connolley
Motion carried. (M-2016-008)

12. Consent Items

MOTION:

That items 12.2b and 12.3a be approved as part of the Consent Agenda.

Moved: Mr. Sharpe
Seconded: Councillor Clarke
Motion carried. (M-2016-009)

MOTION:

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

- *receive the staff report, Mental Health Promotion in Ontario Local Public Health Units, for information; and*
- *send a letter to the Minister of Health and Long-Term Care requesting that the imminent review of the Ontario Public Health Standards clarify and articulate a clear and consistent mandate for mental health promotion for local boards of health.*

Moved: Mr. Sharpe
Seconded: Councillor Clarke
Motion carried. (M-2016-009)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Fundraising Committee for June 23, 2015.

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Moved: Mr. Sharpe
Seconded: Councillor Clarke
Motion carried. (M-2016-009)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit:
- *receive correspondence for the Sudbury and District Health Unit regarding cannabis regulation and control for information;*
- *utilize a public health framework on psychoactive substances and their regulation as defined by the Centre for Addiction and Mental Health as an "approach that treats substance abuse as a health issue – not a criminal one. Such an approach is based on evidence-informed policy and practice, addressing the underlying determinants of health and putting health promotion and the prevention of death, disease, injury and disability as its central mission. It seeks to maximize benefit for the largest number of people through a mix of population-level policies and targeted interventions. This philosophy guides Canadian approaches to alcohol and tobacco, and it should guide our approach to cannabis as well."; and*
- *that the Board of Health apply this framework to future resolutions.*

Moved: Councillor Parnell
Seconded: Mr. Connolley
Motion carried. (M-2016-010)

MOTION:
That the following document be received for information:
1. *Letter dated December 2, 1025 from the Hon. Tracey MacCharles, in response to the Board Chair's original letter dated November 6, 2015, regarding the 2015 Nutritious Food Basket results.*
2. *E-newsletter dated December 8, 2015 from the Association of Local Public Health Agencies.*
3. *Letter dated December 17, 2015 from the Hon. Dr. Eric Hoskins to the Board Chair regarding Patients First, a discussion paper outlining proposed changes for the Ontario health system.*
4. *Letter dated December 21, 2015 from the Hon. Helena Jaczek, in response to the Board Chair's original letter dated November 6, 2015, regarding food security and the transformation of social assistance in Ontario.*
5. *E-newsletter dated December 22, 2015 from the Association of Local Public Health Agencies.*
6. *Letter dated January 5, 2016 from Roselle Martino, Assistant Deputy Minister, to Ontario Board of Health Chairs regarding anticipated amendments to the Ontario Public Health Standards (OPHS) and related Protocols.*
7. *Feedback submitted January 8, 2016 from the PCCHU to alPHa in response to*

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their request for feedback on the Patients First discussion paper/
8. *Resolutions/Letters from other local public health agencies:*
    a. *Basic Income Guarantee*
    Leeds, Grenville and Lanark
    b. *Public Health Funding Model*
    Algoma
    Elgin St. Thomas
    Sudbury
    c. *Smoke-Free Multi-Unit Housing*
    Sudbury

Moved: Mayor Woodcock
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-011)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Conference of the Parties, Twenty-First Session: Adoption of the Paris Agreement, for information.
Moved: Councillor Clarke
Seconded: Mayor Smith
Motion carried. (M-2016-012)

Mayor Smith requested that staff explore potential emission reduction targets for the organization.

MOTION:
That the verbal update from the First Nations Working Group, be received for information.
Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2016-013)

13. New Business

MOTION:
That staff prepare an information report on the Herpes Zoster Vaccine.
Moved: Councillor Parnell
Seconded: Mayor Smith
Motion carried. (M-2016-014)
MOTION:
That Mr. David Watton be recognized for his efforts assisting the Peterborough County-City Health Unit with the selection of, and relocation to, 185 King Street.

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Moved: Mr. Sharpe
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-015)

14. In Camera to Discuss Confidential Personal and Property Matters

MOTION:
That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss one item under Section 239(2)(a) The security of the property of the municipality or local board; one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees, at 6:20 p.m.
Moved: Mr. Connolley
Seconded: Councillor Clarke
Motion carried. (M-2016-016)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 7:11 p.m.
Moved: Councillor Clarke
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-017)

15. Motions from In Camera for Open Session

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

The next meeting will be held February 10, 2016 in the J. K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, 5:30 p.m.

17. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Councillor Clarke
Seconded by: Councillor Baldwin
Motion carried. (M-2016-018)

The meeting was adjourned at 7:12 p.m.

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Chairperson Medical Officer of Health

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To: All Members
Board of Health

From: Brittany Cadence
Manager, Communications Services

Subject: *Operational Name Change*

Date: February 10, 2016

The Board of Health considered a staff report on this topic on January 13, 2016 (ref. item 11.1). At that meeting, the Board was asked to approve the following recommendation at its next meeting:

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit change the organization's operational name to Peterborough Public Health effective June 1, 2016.

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Staff Report

Herpes Zoster Vaccine

Date:	February 10, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health
Original approved by	
Rosana Salvaterra, M.D.	

Proposed Recommendations

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

- receive the staff report, *Herpes Zoster (HZ) Vaccine,* for information; and
- consider advocating to the Province for publicly funded HZ vaccine to ensure equitable access for all persons for whom it has been recommended once a better vaccine has been licensed for use in Canada.

Financial Implications and Impact

There are no financial implications to the local board of health arising from this report. Expanding Ontario's public funded immunizations to include HZ vaccine would have cost-implications, however the vaccine is considered to be cost-effective in comparison to other health care treatments and interventions.

Decision History

At its January 12, 2016 meeting, the board requested that staff prepare a report on this vaccine.

Background

(Excerpted and adapted from the National Advisory Committee on Immunization (NACI) 2010 statement)[1]

The varicella-zoster virus (VZV) is an enveloped double-stranded DNA virus of the Herpesviridae family. This virus causes two distinct clinical syndromes: varicella (chickenpox) and zoster (shingles).

Chickenpox is usually a primary systemic infection characterized by a generalized rash. Mainly a childhood disease, chickenpox is highly contagious. In the pre-vaccine era, 90% or more of Canadian children were infected by 12 years of age.

Herpes zoster infection is characterized by pain and a unilateral vesicular eruption, usually in a single area supplied by a sensory nerve. It arises from the reactivation of latent VZV from sensory ganglia present from previous chickenpox infection. Ontario estimates for annual incidence, using administrative databases between 1992 and 2010, is about 3.2 per 1,000[2] for a lifetime risk of 30%. The incidence for persons over 80 years in Ontario increased to 8.4/1,000. Hospitalization increases with age as well.

Complications of acute zoster are potentially severe and may include sight-threatening eye infections, central nervous system infection, nerve palsies including the Ramsay-Hunt Syndrome, neuromuscular disease including Guillain-Barre Syndrome, and secondary bacterial infections. The most frequent complication is post-herpetic neuralgia (PHN), which is characterized by prolonged (usually defined by presence of greater than 90 days) and often debilitating neurogenic pain that either persists from or follows the acute zoster infection. This complication occurs in approximately 20% of adults overall but in one-third or more of octogenarians. Treatment options are of limited effectiveness. Post-herpetic neuralgia frequently has a major adverse impact on quality of life, especially in elderly persons.

In August 2008, a live, injectable, attenuated herpes zoster vaccine (Zostavax™, Merck Frosst Canada, Inc.) was authorized for use in Canada for the prevention of herpes zoster (shingles) infection in adults aged 60 years and older. Zostavax™ contains the same components as the varicella vaccine Varivax™ (Merck) but with an approximately 14-fold or higher virus concentration. Zostavax™ is given as a single dose by subcutaneous injection in the deltoid region of the upper arm. A new formulation, Zostavaz II™, is now able to be stored in a refrigerator, rather than freezer, and must be injected within 30 minutes of reconstitution.

The price of the vaccine, if PCCHU was going to administer it, is approximately $200.00 per dose ($173.30 cost for the vaccine and $26.70 cost of nursing services to deliver the vaccine). Costs for members of the public purchasing the vaccine from a pharmacy would be similar, depending on retail mark up and dispensing fees.

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Canadians who have private coverage for prescription drugs may be able to access the vaccine at no or little cost, The vaccine is not currently included as an Ontario Drug Benefit for those who have reached 65 years of age. (www.drugcoverage.ca, accessed 18 January 2016).

In those aged 60 and older, vaccination with Zostavax™ reduces the occurrence of zoster and its complications by approximately 60%. Zostavax™ is not intended for the prevention of chickenpox or for the treatment of shingles or post-herpetic neuralgia and is intended for individuals aged 60 and older who are not immunocompromised. The duration of protection beyond 4 years and the need for repeat booster dosing is not known.

The prevention of the re-activation of HZ in adults is not considered to be a public health problem as risk of transmission is very low. However, this can be viewed as a significant and preventable illness which has implications for the rest of the health care system and the quality of life for a significant number of the general public.

NACI is Canada's national panel of experts charged with making recommendations on immunizations licensed for use. The following recommendations for the use of Zostavax™ are from its 2010 statement and are presented below. For each group, the level of evidence given is based on research design rating and recommendation grades for specific clinical preventive action as described elsewhere.[3]

- **Zostavax™ is recommended for the prevention of herpes zoster and its complications in persons 60 years and older without contraindications (NACI recommendation A, good).**
  NACI makes no recommendation for Zostavax™ immunization of individuals with a past episode of zoster. Although patients who have had a previous episode of zoster are at risk for further episodes, individuals with a prior history of zoster were excluded from the pivotal efficacy trial (SPS) and therefore the efficacy of Zostavax™ in this population was not demonstrated. In a small study of 101 subjects ≥ 50 years of age with a previous history of herpes zoster, no safety concerns were identified.

- **Zostavax™ should be administered to patients indicated for vaccine irrespective of a prior history of chickenpox or documented prior varicella infection (NACI recommendation A, good)**. Given that nearly all Canadians indicated for immunization will have had prior chickenpox exposure even if a prior diagnosis of VZV cannot be recalled, routine testing for varicella antibody is not recommended. There is no known safety risk associated with vaccination of healthy individuals who are susceptible.

- **Booster (repeat) doses of Zostavax™ are not recommended for healthy individuals (NACI recommendation I, insufficient)**. The efficacy of protection has not been assessed beyond 4 years and it is not known whether booster doses of vaccine are beneficial. This recommendation may need to be revisited as further information becomes available.

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- **Zostavax™ may be used in patients aged 50 and older (NACI recommendation B, fair)**. Although Zostavax™ has been demonstrated to be safe and immunogenic in patients 50 years of age and older, effectiveness has been studied only in those aged ≥60 years. The incidence and severity of herpes zoster begins to increase with age after 50 to 60 years. While all patients aged ≥50 years may be expected to receive some benefit, the greatest benefit will be seen in those 60 years and older. As the duration of protection is unknown beyond 4 years, it is uncertain whether vaccination at younger ages (such as between 50 and 60) will provide ongoing protection at older ages when the incidence of zoster is higher.

Rationale

Since the above recommendations from NACI were published in 2010, additional research has been conducted. A long-term persistence study funded by the manufacturer[4] continued to follow 6,687 vaccinated subjects from year 7 through year 10 after vaccination. As all subjects, whether in the vaccine group or the placebo group had been vaccinated, no concurrent control group was available for comparison. Instead, a statistical model estimated a vaccine effectiveness of 21.1% (CI = 10.9%–30.4%) for prevention of herpes zoster and 35.4% (CI = 8.8%–55.8%) for prevention of PHN over years 7 to 10 combined. The lack of a concurrent control group seriously diminishes the strength of evidence for duration of vaccine protection from years 7 through 10. In addition, although some vaccine protection is demonstrated during the combined years 7–10 using this methodology, there is a high degree of uncertainty about trends in vaccine effectiveness over this time frame. For these reasons, effectiveness of herpes zoster vaccine administered to persons aged ≥60 years for preventing herpes zoster beyond 5 years remains uncertain.

At its October 2013 meeting, the U.S. Advisory Committee on Immunization Practices (ACIP) reviewed results from an updated cost-effectiveness analysis comparing health outcomes, health care resource utilization, costs, and quality-adjusted life years (QALYs) related to herpes zoster, PHN, and non-pain complications among unvaccinated persons and persons vaccinated at either age 50, 60, or 70 years.[5] The 2013 ACIP review found that vaccinating at age 60 years carries the highest benefit in projected number of cases prevented. That same review found that, from a societal perspective, vaccinating at age 70, 60, and 50 years would cost $37,000, $86,000, and $287,000 per QALY saved, respectively. Considering that the burden of herpes zoster and its complications increases with age and that the duration of vaccine protection in persons aged ≥60 years is uncertain, ACIP maintained its current recommendation that herpes zoster vaccine be routinely recommended for adults aged ≥60 years.

Also in 2013, the Provincial Infectious Diseases Advisory Committee (PIDAC) in Ontario conducted an economic evaluation of herpes zoster immunization[6]. Most of the studies reviewed found the vaccine to be cost-effective, using the World Health Organization's threshold values that are based on a country's GDP. The most cost-effective age group for immunization appeared to be adults aged 65-70 years. Only three studies, all industry-

sponsored, considered younger age groups and two of the three found that the vaccine was "highly cost-effective" in 50 year olds (less than 1 times GDP/capita per QALY gained).

GSK is currently in phase 3 testing for a new Herpes Zoster vaccine that can be used in immunocompromised patients. So far, the results are very promising and indicate that this may be a much more effective and longer lasting option. The availability of this new vaccine would only enhance the economic evaluations that have already been applied to this topic and could be the tipping point that determines whether or not it becomes publicly funded.

No provinces or territories in Canada currently provide Herpes Zoster vaccination as part of their publicly funded immunizations. The decision to include Zostavax™ in universal, publicly funded provincial and territorial programs will depend upon a number of other factors, such as detailed cost-benefit evaluation and assessment of other elements of the Erikson and DeWals analytic framework for immunization programs in Canada (See appendix A).

Although the Herpes Zoster vaccine can be given as early as 50 years, both U.S. and Canadian expert bodies have recommended that it be given at 60 years of age, when risk of illness is higher, given the lack of knowledge so far on the length of protection conferred by the vaccine.

The PIDAC options report, done in 2013, recommended three options for a publicly funded HZ program, starting at either 60 years of age, or at 65 years. Consistent with the current NACI and ACIP recommendations, although a publicly funded program starting at age 60 years would be the most expensive, it is still shown to be cost-effective and is the most equitable. The government could make the vaccine available by listing it on its Ontario Drug Benefits formulary, which becomes universally accessible to all Ontarians when they reach 65 years of age. The availability of a better and more longer-lasting vaccine may help strengthen the argument for public funding.

Strategic Direction

This report was produced at the request of the Board of Health for educational purposes and does not intentionally reflect any of the board's current strategic directions.

Contact:
Dr. Rosana Salvaterra
Medical Officer of Health
(705) 743-1000, ext. 264
atanna@pcchu.ca

Appendices:
Appendix A - Erickson, De Wals and Farand's Analytical Framework for Immunization Programs in Canada

APPENDIX A

Criteria and key questions outlined in the Erickson, De Wals, and Farand framework

Criteria	Key Questions
1 Burden of disease	Does the burden of disease justify a control program?
2 Vaccine characteristics	Do the characteristics of the vaccine permit implementation of an effective and safe immunization program?
3 Immunization strategy	Is there an immunization strategy which allows goals of the control program as well as sanitary and operational objectives to be attained?
4 Cost-effectiveness	Is it possible to obtain funding for the program and are cost-effectiveness indices comparable to those of other health care interventions?
5 Acceptability	Does a high level of demand or acceptability exist for the immunization program?
6 Feasibility	Is program implementation feasible given existing resources?
7 Ability to evaluate	Can the various aspects of the program be evaluated?
8 Research questions	Have important research questions affecting implementation of the program been adequately addressed?
9 Equity	Is the program equitable in terms of accessibility of the vaccine for all target groups?
10 Ethical considerations	Have ethical considerations regarding implementation of the immunization program been adequately addressed?
11 Legal considerations	Have legal concerns regarding implementation of the immunization program been adequately addressed?
12 Conformity of programs	Does the planned program conform to those planned or implemented elsewhere (other regions, countries)?
13 Political considerations	Will the proposed program be free of controversy and/or produce some immediate political benefits?

References:

[1] NACI. Statement on the Recommended Use of Herpes Zoster Vaccine. Volume 36. ACS-1. January 2010. Accessed January 27, 2016 at http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-1/index-eng.php.

[2] PHO, PIDAC. Herpes zoster vaccine: options for consideration. Toronto, ON: Queen's Printer for Ontario; 2013

[3] National Advisory Committee on Immunization (NACI). Evidence-based recommendations for immunization—methods of the National Advisory Committee on Immunization. An Advisory Committee Statement (ACS). Can Commun Dis Rep 2009, 35(ACS-1):1-10.

[4] Merck Sharp & Dohme Corp. Zostavax: European public assessment reports—product information. London, UK: European Medicines Agency; 2013. Available at: http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000674/WC500053462.pdf.

[5] ACIP. Update on recommendations for Use of Herpes Zoster Vaccine. MMWR Weekly August 22, 2014 63(33);729-31. Accessed January 28, 2016 at ww.cdc.gov/mmwr/preview/mmwrhtml/mm6333a3.htm.

[6] See reference 2

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Staff Report

Budget Approval - Ministry of Health and Long-Term Care 100% Funded Programs (2016)

Date:	February 10, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Salvaterra, M.D.		Bob Dubay, Manager, Accounting

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve the 2016 budgets for Ministry of Health and Long-Term Care 100% funded programs as follows:

- Chief Nursing Officer - $128,923
- Infection Prevention and Control Nurses - $91,867
- Infectious Diseases Control - $247,300
- Social Determinants of Health Nurses - $185,530
- Enhanced Safe Water - $15,500
- Enhanced Food Safety (Haines) - $25,000
- Needle Exchange Initiative - $45,000
- Electronic Cigarettes Act - $29,300
- Smoke-Free Ontario - $388,800

Financial Implications and Impact

When the Province does not provide adequate funding to cover actual costs of 100% programs, the excess cost is picked up by mandatory cost shared programs funded 25% by local partners. While many of the 100% funded programs help the PCCHU to meet the objectives of public health programs and services, the effect of the enhancement needs to be offset the budget

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shortfall if the program is not fully funded by the province. Please refer to Table 1 for an overview of these programs, budget comparisons and comments.

Table 1: 100% Funded Programs – 2016/2015 Comparison

Programs Funded January 1 to December 31, 2016	2016 Budget Request	2015 Approved Budget	Comments
Chief Nursing Officer	$128,923	$121,500	6.1% increase, did not receive 2% request in 2015
Infection Prevention and Control Nurses	$91,867	$90,100	1.96% increase
Infectious Diseases Control	$247,300	$222,300	Increase to hire 0.5 FTE Administrative Assistant
Social Determinants of Health Nurses	$185,530	$180,500	2.8% increase, did not receive 2% request in 2015
Enhanced Safe Water	$15,500	$15,500	No increase
Enhanced Food Safety – Haines	$25,000	$25,000	No increase
Needle Exchange Initiative	$45,000	$34,100	31.2% increase – See below
Electronic Cigarettes Act	$29,300	$29,300	No increase required
Smoke-Free Ontario	$388,800	$388,800	No increase required

The instructions for the 2016 budget for the Infectious Diseases Control Initiative indicated that support staff would now be eligible for funding. As a result, we are requesting a 0.5 Full Time Equivalent Administrative Assistant position. If approved, the Infectious Diseases Control Administrative Assistant would be required to be available for redeployment when requested by the Ministry, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

The Needle Exchange program is administered on behalf of the Board of Health by Peterborough AIDS Resource Network (PARN). In 2015 the program spent $39,742. Costs in this harm reduction program have increased over the last two years in excess of 20% per year. One significant factor contributing to the additional cost in 2014 was the obligatory switch to safer needles which are more expensive than traditional needles. The increased cost in 2015 is the result of dispensing 83,100 more needles than in the previous year.

Not included in the table above for Board approval is the Healthy Smiles Ontario (HSO) program. The 2016 HSO program continues to be one of the greater financial risks to the Board of Health. While it is considered to be a 100% funded program, the financial model requires that the dental clinic earn a substantial amount of additional revenues from other sources including Ontario

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Works, Ontario Disability Support Program and others to balance the budget. For 2016, the province has informed staff that each Board of Health will receive a dollar allocation for the year as part of the provincial approvals without a proposed budget submission. This change is a result of the province's implementation effective January 1, 2016 to create one (1) seamless program for children and youth aged 17 and under from low-income families. 2016 is considered to be a transition year; until the Board is provided with a budget we have little choice but to continue operating without knowledge of the amount of funding allocated to the program. Once the budget amount is provided, management will bring a report to the Board identifying the impact on our ability to deliver provincial program requirements and details of a plan to live within the funding approved.

The Healthy Babies, Healthy Children (HBHC) program is not a MOHLTC funded program, and as such, is not included in this report. Funded by the Ministry of Children and Youth Services (MCYS), it operates on a calendar year from January 1 to December 31, 2016. Budget direction and information has not yet come forward from the Province, this will be brought forward to the Board when information becomes available. As the Board is well aware, no funding increases have been received from the MCYS since 2008 for program operations. To maintain existing levels of service, the HBHC program will require an increase in provincial funding.

Decision History

In 2015, the Province provided an unsolicited generous infusion of $88,000 into the Smoke-Free Ontario protection and enforcement program. An additional $29,300 was granted as part of a new initiative to enforce the new Electronic Cigarette Act. At the same time, effective January 1, 2016, the Province has taken the Children In Need of Dental Treatment (CINOT) programs from the Board of Health and integrated the CINOT program as part of the Province's new dental initiative.

Strategic Direction

The 100% funded programs help to enhance the PCCHU'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.

The Smoke-Free Ontario programs will help the Board of Health to meet its mandate to better achieve the Ontario Public Health Standards.

Contact:
Bob Dubay
Manager, Accounting
(705) 743-1003, ext. 286
bdubay@pcchu.ca

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To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Information**

Date: February 10, 2016

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1. E-newsletter dated January 20, 2016 from the Association of Local Public Health Agencies. (p. 22)

2. E-mail dated January 22, 2016 from alPHa regarding an update on activities related to the *Patients First* discussion paper. (p. 25)

3. Letter dated January 29, 2016 from the Board Chair to the Hon. Navdeep Bains regarding the mandatory long form census. (p. 28)

4. Email dated February 1, 2016 from alPHa regarding notice of the 2016 Annual General Meeting. (p. 29)

5. Letter dated February 5, 2016 from the Board Chair to the Hon. Eric Hoskins regarding mental health promotion in Ontario Public Health Agencies. (p. 30)

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

   a. Food Security
   Grey Bruce (p. 32)
   Huron County (p. 38)

   b. Smoke-Free Multi-Unit Housing
   North Bay Parry Sound District (p. 39)

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Wednesday, January 20, 2016 1:27 PM
To: Alida Tanna
Subject: alPHa Information Break - Jan. 20, 2016

January 20, 2016

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

Patients First Discussion Paper

Following the December 17, 2015 release of the Minister of Health's discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, alPHa has been busy behind the scenes developing its response plan to the consultation document. A first step was the circulation of a survey of members' reactions to the ministry's proposal. Thank you to those who took the time to share your thoughts and comments in the survey. In the coming weeks, the alPHa Executive Committee and Board of Directors will be reviewing these comments as it develops the association's response to the paper. Please check this space in the near future for the survey results and ongoing updates on our response plan.
Read the Patients First discussion paper here
Read alPHa's news release here

Registration Open for February 24 & 25 alPHa Events

alPHa is holding a follow up session to its well-regarded November 2015 session on risk management. The full-day Risk Management Workshop II will be held on February 24, 2016 at the Novotel Toronto Centre Hotel in downtown Toronto, and will build on the November session. Board of health members and senior health unit staff will want to attend. Please note seating is limited. Online registration is now open, so click here to reserve a seat. Program details to be announced shortly.

On the following day of February 25, at the same Novotel hotel location, alPHa will be

concurrently holding a full-day Boards of Health (BOH) Section meeting and a full-day COMOH Section meeting for Medical and Associate Medical Officers of Health. The BOH Section meeting will be an opportunity for board of health members to collectively discuss the proposals for public health changes in the Patients First paper, among other items. Register now to reserve your seat. Meeting agendas to be available in the coming weeks.
Click here to register for the Boards of Health Section meeting
Click here to register for the COMOH Section meeting

IMPORTANT: A very limited block of guestrooms at the Novotel hotel has been reserved for these events. Call 416-367-8900 and request "Association of Local Public Health Agencies". Click here for more hotel and registration information.

Ministry of Health Mandate Letter Progress Reports

The government of Ontario has made public the progress reports on its mandate letters to various ministers.
Read the mandate letter progress report for Health & Long Term Care
Read the mandate letter progress report for Long-Term Care & Wellness

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Support Public Health Nutritionists' Position on Food Insecurity Responses

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) has issued its Position Statement on Responses to Food Insecurity, which identifies a basic income guarantee as an effective way to address the urgent issue of household food insecurity. OSNPPH is asking Boards of Health in Ontario to endorse this position by passing a motion at their next meeting (if they haven't already). On December 4, the alPHa Board of Directors endorsed the statement.
Read the OSNPPH position statement on food insecurity here

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alPHa Website Feature: Recent Correspondence

alPHa recently wrote Sharon Lee Smith, Assistant Deputy Minister - Policy & Transformation, MOHLTC, who met with the alPHa Board in December to discuss public health matters. alPHa also sent a letter to ministry officials regarding the review of the Ontario Public Health Standards and Organizational Standards.
View alPHa's recent correspondence here

Upcoming Events

February 24, 2016 - alPHa Risk Management Workshop II, Novotel Toronto Centre, 45 The Esplanade, Toronto. Click here to register.

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February 25, 2016 - Boards of Health Section Meeting (full day) & COMOH Meeting (full day), Novotel Toronto Centre, 45 The Esplanade, Toronto.
Click here to register for the Boards of Health Meeting
Click here to register for the COMOH Meeting

April 4-6, 2016 - TOPHC 2016, Collaborate.Innovate.Transform, Allstream Centre, Toronto, Ontario. **Registration now open!** Click on this brochure to learn about Early Bird rates and more.
Click here for TOPHC program information.

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference - 30th Anniversary, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario.

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

This email was sent to atanna@pcchu.ca from the Association of Local Public Health Agencies (info@alphaweb.org).
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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHa.

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Linda Stewart
Sent: Friday, January 22, 2016 7:53 PM
To: 'All Health Units'
Subject: [allhealthunits] alPHa Update on Patients First

Please forward to BOH Members. Thank you.

Patients First Activity Update

January 22, 2016

It has been a busy couple of weeks at alPHa as we work on gathering input and developing a response to the Patients First discussion paper. The following summary and linked documents are intended to keep you up-to-date on alPHa's activities.

Summary of Activities - December 17 to January 22

December 17, 2015 - Attended a morning pre-release briefing meeting and an afternoon release meeting of the Patients First discussion paper.

December 17, 2015 - Issued a news release.

December 22, 2015 - Provided alPHa members with a survey through which to provide feedback to the proposals for local public health and to inform the development of alPHa's response. Organizations have been asked to provide responses by the end of February 2016.

January 8, 2016 - This was the response deadline for alPHa's membership survey. **The initial survey results have been compiled** and can be read by clicking here. The initial report focuses on the responses from board of health members, MOHs, AMOHs and senior management. The final report will add in responses from managers and front line staff.

January 11, 2016 - alPHa staff met with staff in Minister Hoskins' office to review the discussion paper and clarify the intent for proposals regarding public health.

January 12, 2016 - COMOH Executive Meeting

January 13, 2016 - alPHa Executive Meeting with COMOH Executive. The Executive groups developed a set of recommendations to alPHa's Board of Directors. alPHa's Board supported the recommendations via email over the next few days. The approval of the recommendations established that alPHa would:

- contract with a consultant to support the development of the alPHa response
- assign a sub-group of its Board of Directors members to work with the consultant and focus on the work forward
- put forward names for possible appointment to the Public Health Expert Panel

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discussed in *Patients First*
- develop a response to the discussion paper by the end of February deadline
- establish regular communications with its members regarding activities related to *Patients First*

January 14, 2016 - Meeting of alPHa's Conference Planning Committee. The theme of the June 2016 AGM and Annual Conference will focus on health system transformation and the role of local public health. The conference will reflect the need to develop further responses to evolving questions and information.

Week of February 18, 2016

- Boards of Health Section Executive teleconference
- alPHa released the initial report summarizing member survey responses - click here to access the report
- alPHa contracted consultants Brent Moloughney and Karen Singh to support the development of the Association's response to *Patients First*.
- alPHa Staff attended a LHIN System Strategy Council (SSC) Meeting that focused on the *Patients First* discussion paper. The LHIN SSC is made up of Associations the represent organizations that fall under the LHINs as well as key partners. alPHa has been part of the LHIN SSC for 2 years as a key partner. From the most recent meeting: all associations are working on their responses to *Patients First*; LHINs saw the discussion paper for the first time on December 17th along with everyone else and are also working on their responses; where possible, associations and LHINs will share their responses as they are completed and approved by Boards of Directors. The next meeting is in April.
- alPHa Staff attended an OPHA Board Meeting that included a discussion of *Patients First* with ADM Roselle Martino

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Coming Up

alPHa's President, Dr. Valerie Jaeger and Executive Director, Linda Stewart will be meeting with the consultants to plan the way ahead and to plan a face-to-face all-day meeting with alPHa's Board's Patients First Sub-Committee to take place in early February. At a high level the expected way forward is:

- identify alPHa's key messages at the early February Sub-Committee meeting
- draft response document by February 17
- review response with membership at the February 25th BOH Section and COMOH meetings
- finalize the response at the alPHa Board meeting on February 26th

Click here to register for the Boards of Health Section meeting

Click here to register for the COMOH Section meeting

IMPORTANT: A limited block of guestrooms at the Novotel Toronto Centre (45 The Esplanade, Toronto) have been reserved. Book today to avoid disappointment.

What Else is Happening?

alPHa staff is also working to stay on top of the activities related to *Patients First* among our members and the broader health sector. We will endeavour to keep our members up to date and share the most significant materials. Here's what we've collected so far:

Toronto Public Health's background paper written by Dr. Brent Moloughney and recommendations to their Board of Health

Durham Region's Recommendations

Ontario Primary Care Council (description of membership can be found in the first pages of the Framework for Primary Care document below)

- Framework for Primary Care (includes some thoughts on planning for primary care)
- Position on Primary Care Coordination

Northwest LHIN

- Blueprint for Patient Care Groups presentation - note that LHINs have been asked to start defining the sub-LHIN geography. Some are calling the geographical regions Patient Care Groups. Some LHINs have their initial thinking for sub-LHINs posted on their websites.

I hope you found this update helpful. alPHa will endeavour to keep its members informed on Association activities, opportunities for input and information as it becomes available.

alPHa is the provincial association for Ontario's local public health units. You are receiving this update because you are a member of a board of health, a medical officer of health or a medical officer of health.

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January 29, 2016

The Honourable Navdeep Bains
Minister of Innovation, Science and Economic Development
356 Confederation Building
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Bains:

RE: Mandatory Long Form Census

The Board of Health for the Peterborough County-City Health Unit welcomes the Government's decision to restore the Mandatory Long Form Census.

Under the Ontario Public Health Standards we are mandated to undertake population health assessment and surveillance, however since the removal of the Mandatory Long Form Census in 2011 it has been very challenging for us to provide evidence-informed population health programs and services. The voluntary National Household Survey which replaced the Mandatory Long Form Census, did not produce reliable data due to low responses both overall and within selected populations.

The Mandatory Long Form Census is a proven, cost effective way to meet the critical data needs of public health decision makers. It provides detailed information on specific sub-populations, including those with special needs, those living in poverty and new immigrants with language barriers, among others. We will use this current data to better understand population needs and to plan relevant local health promotion and protection programs and services.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org] **On Behalf Of** Susan Lee
Sent: Monday, February 01, 2016 3:01 PM
To: All Health Units
Subject: [allhealthunits] 2016 alPHa Annual Conference - Notice of 2016 AGM & Calls

ATTENTION:

All Board of Health Members & Members of Regional Health/Social Committees
All Health Unit Directors/Senior Managers

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alPHa is pleased to announce it will be holding its 2016 Annual General Meeting and Conference, which marks our 30th anniversary as an association, on June 5, 6 and 7 at the Novotel Toronto Centre, 45 The Esplanade, downtown Toronto, Ontario.

Click on the link below to download the following:

- Notice of the 2016 alPHa Annual General Meeting
- Call for 2016 alPHa Resolutions
- Call for 2016 alPHa Distinguished Service Awards
- Call for Board of Health Nominations to the 2016-17 and 2017-18 alPHa Board of Directors.

June 2016 alPHa AGM Notice and Calls

We will have further details on registration and program in the coming weeks, so stay tuned!

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at http://www.alphaweb.org

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February 5, 2016

The Honourable Dr. Eric Hoskins
Ministry 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: Mental Health Promotion in Ontario Public Health Agencies

At its meeting held on January 13, 2016, the Board of Health for the Peterborough County-City Health Unit received a report on the status of Mental Health Promotion in Public Health Agencies across the Province of Ontario.

Local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to reduce the risk of a variety of injury and diseases.[1] Local public health agencies are well positioned in the field to lead mental health promotion initiatives given their focus on population health.

Both the *Connecting the Dots* Report[2] released in 2013 and the *Pathways to Promoting Mental Health* Report[3] released in 2015 revealed that Ontario public health agencies are involved in a wide range of mental health activities, initiatives, services and programming. However, despite responding to local mental health needs where possible, public health stakeholders in Ontario desire an enhanced and clearly articulated role in mental health promotion.

The recently released Locally Delivered Collaborative Project[4], *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health,* identified a strong need at a community level for mental health promotion, and that public health has the skill set in health promotion, public education, community development, capacity building, collaboration, and facilitation to be a key player in this work. The report also indicated that mental health service providers see that public health agencies have a role in mental health promotion leadership. We know that the Centre for Addiction and Mental Health (CAMH) is leading a provincial group of stakeholders to create mental health promotion guidelines for all mental health stakeholders as part of the *Open Minds Healthy Minds Strategy Stage Two*. However, for public health's role to be validated and properly resourced there is a need for explicit and strategic direction for mental health promotion through the Ontario Public Health Standards.

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Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

We are requesting that the Ministry of Health and Long-Term Care use the imminent review of the Ontario Public Health Standards to clarify and articulate a clear and consistent mandate for mental health promotion for local boards of public health to allow a coordinated and comprehensive public health approach with clear outcomes and indicators.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at

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

References:

[1] Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto: Queen's Printer for Ontario. 2008. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

[2] Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. *Connecting the Dots: how Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. 2013.

[3] CAMH Health Promotion Resource Centre. *Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units.* Toronto, ON: Centre for Addiction and Mental Health; 2015.

[4] Murphy, Pavkovic, Sawula,and Vandervoort. *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health*. Thunder Bay, ON: 2015.

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Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

January 27, 2016

The Honourable Helena Jaczek
Ministry of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 1E9

The Honourable Jean-Yves Duclos
Minister of Families, Children and Social Development
House of Commons
Ottawa ON K1A 0A6

The Honourable MaryAnn Mihchuk
Minister of Employment, Workforce and Labour
House of Commons
Ottawa ON K1A 0A6

The Honourable Jane Philpott
Minister of Health
House of Commons
Ottawa ON K1A 0A6

The Honourable Kevin Daniel Flynn
Minister of Labour
14th Floor, 400 University Avenue
Toronto ON N7A 1T7

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

The Honourable Tracey MacCharles
Minister ofChildren and Youth Services
14th Floor, 56 Wellesley Street West
Toronto ON M7A 1W3

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

Dear Ministers Jaczek, Duclos, Mihychuk, Philpott, Flynn, Hoskins, MacCharles and Matthews:

Re: Basic Income Guarantee, Food Security and the Transformation of Social Assistance in Ontario

On January 22, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Leeds, Grenville and Lanark District Health Unit regarding Basic Income Guarantee as well as correspondence from Huron County Health Unit regarding Food Security and the Transformation of Social Assistance in Ontario. The following motion was passed:

Motion No: 2016-07

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Moved by: Mike Smith Seconded by: David Inglis

"That the Board of Health for the Grey Bruce Health Unit support the recommendations from Leeds, Grenville and Lanark District Health Unit supporting a joint federal-provincial (Ontario) investigation into a basic income guarantee for Ontarians and all Canadians; and further, that the Board of Health support the request from Huron County regarding food security and the transformation of social assistance in Ontario."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health
Larry Miller, MP Bruce-Grey-Owen Sound
Benn Lobb, MP Huron-Bruce
Kellie Leitch, MP Simcoe-Grey
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey

Encl.

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Your Partner in Public Health

December 21, 2015

The Honourable Jean-Yves Duclos
Minister of Families, Children and
Social Development
House of Commons
Ottawa, Ontario K1A 0A6

The Honourable MaryAnn Mihychuk
Minister of Employment, Workforce and Labour
Ministry of Labour
House of Commons
Ottawa, ON K1A 0A6

The Honourable Jane Philpott
Minister of Health
Ministry of Health
House of Commons
Ottawa, ON
K1A 0A6

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

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

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

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

Dear Minister Duclos, Minister Mihychuk, Minister Philpott, Minister Flynn, Minister Hoskins, Minister MacCharles, and Minister Matthews:

Re: Basic Income Guarantee

I am writing today to express our support for a joint federal-provincial (Ontario) investigation into a basic income guarantee for Ontarians and all Canadians.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.[1,2] The relationship between income and health has also been well established; countless analyses have consistently and clearly shown that as income rises, health outcomes improve. In doing so, they also demonstrate that lower income people are at far greater risk from a range of preventable medical conditions, including cancer, diabetes, heart disease and mental illness.[3] From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, the extent of income inequality in a society, and a range of adverse health and social outcomes. It is, therefore, reasonable to conclude that improving incomes would be an effective public health intervention.

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Given that 16.5% of people in Leeds, Grenville and Lanark live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

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

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.[4,5] Mincome, in particular, a pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, demonstrated several improved health and educational outcomes.[4] Basic income concepts which are already present in our current system of progressive taxation, credits and benefits for families with children and income guarantee for seniors have contributed to health and social improvements in those age groups. [6,7] While these measures are undoubtedly important and valuable to those who benefit from them, we are convinced that there would be great merit in a serious exploration of the arguments that favour a basic income guarantee as a simpler solution that would benefit more people.

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

Advocating for improved income security policies is supportive of the Leeds, Grenville and Lanark District Health Unit's strategic direction on Health Equity, which states that the health unit 'strives to address the challenges that prevent all residents from having the opportunity to reach their optimal health.'

We hope that you will respond favourably to our request for joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity.

Sincerely,

Anne Warren, Chair
Leeds, Grenville and Lanark District Health Unit

c. The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Kathleen Wynne, Premier of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Linda Stewart, Association of Local Public Health Agencies
Pegeen Walsh, Ontario Public Health Association
Ontario Boards of Health
Leeds, Grenville and Lanark Members of Parliament
Leeds, Grenville and Lanark Members of Provincial Parliament
Champlain and South East Local Health Integration Network
Gary McNamara, President, Association of Municipalities Ontario
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities
Leeds, Grenville and Lanark Municipalities

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2. Conference Board of Canada. How Canada Performs: A Report Card on Canada. 2013. Accessed April 27, 2015. http://www.conferenceboard.ca/hcp/details/society/incomeinequality. Aspx

3. Auger, N and Alix, C. Income, Income Distribution, and Health in Canada. In: Raphael, D (Ed). Social Determinants of Health, 2nd edition. Toronto: Canadian Scholars Press Inc, 2009.

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6. Emery, J.C.H., Fleisch, V.C., and McIntyre, L. How a Basic income guarantee Could Put Food Banks Out of Business. University of Calgary School of Public Policy Research Papers 6 (37), 2013. http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-foodbankfinal.pdf

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

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January 7, 2016

The Honorable Helena Jaczek
Ministry of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 1E9
hjaczek.mpp@liberal.ola.org

Re: Food Security and the Transformation of Social Assistance in Ontario

Dear Minister Jaczek,

As the Minister of Community and Social Services, we are writing to you to request an update on the transformation of social assistance in Ontario. The results of the 2015 Nutritious Food Basket Costing for the Huron County Health Unit were accepted at the December 3, 2015 Board of Health meeting. The report demonstrates an urgent need to address the financial barriers that people living with low income experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Huron County in May 2015 for a family of four (male between 31-50 years of age, female between 31-50 years of age, 14 year old boy, 8 year old girl) is $883. This is a 17% increase in food costs since 2009. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do NOT have enough money to pay for their basic needs such as shelter and food. This issue poses serious health risks for our community.

We look forward to receiving a response detailing next steps towards Social Assistance Reform as supported by Ontario's Poverty Reduction Strategy. People in Huron County living on income from Ontario Works or the Ontario Disability Supoprt Program are unable to make ends meet. Your urgent attention is required to ensure people living with low incomes have access to healthy food.

Sincerely,

Tyler Hessel
Chair, Huron County Board of Health

cc. MPP Lisa Thompson, Huron-Bruce, lisa.thompson@pc.ola.org
Association of Local Public Health Agences
Ontario Boards of Health

Huron County Health Unit
77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA
Tel: 519.482.3416 Confidential Fax: 519.482.9014 www.huronhealthunit.ca

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6th Floor, Hepburn Block
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January 20, 2016

Smoke-Free Housing Ontario Coalition
Co-Chairs

Sent Electronically

Lorraine Fry
Executive Director
Non-Smokers' Rights Association
720 Spadina Avenue, Suite 221
Toronto, ON M5S 2T9

Donna Kosmack
Manager
South West Tobacco Control Area Network
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

Dear Lorraine Fry and Donna Kosmack:

Subject: Board of Health Resolution #BOH/2015/11/04 - Smoke-Free Multi-Unit Housing

As part of an ongoing effort to protect the health of our community by reducing exposure to second-hand smoke, the Board of Health for the North Bay Parry Sound District Health Unit has passed a resolution to sign the Smoke-Free Housing Ontario Coalition's letter of Endorsement of Action for Smoke-Free Multi-Unit Housing. At the November 25, 2015 regular meeting, the Board of Health passed the following resolution:

Now Therefore Be It Resolved*, that the Board of Health for the North Bay Parry Sound District Health Unit endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:*

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;
(2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;
(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;
(4) All future public/social housing developments in Ontario should be smoke-free from the onset; and
(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

Furthermore Be It Resolved*, that a copy of this resolution be forwarded to the Smoke-Free Housing Ontario Coalition, the Ontario Minister of Municipal Affairs and Housing, the Ministry of Health and Long-Term Care, member municipalities within the North Bay Parry Sound District Health Unit service area, Ontario Boards of Health, Ontario Medical Officers of Health, and the Association of Local Public Health Agencies.*

Thank you for your attention to this issue.

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Respectfully yours,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Attachment (1)

Copied to:
Honourable Ted McMeekin, Minister of Municipal Affairs and Housing
Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
Ontario Boards of Health
Ontario Medical Officers of Health
Member Municipalities
Linda Stewart, Executive Director, Association of Local Public Health Agencies

SMOKE-FREE HOUSING ONTARIO

October 10, 2014

Dear colleague,

Re: Act now to reduce the impact of second-hand smoke exposure in multi-unit housing in Ontario

As you are aware, tobacco use is the number one cause of preventable disease and death in Ontario. Every year, more than 13,000 people in Ontario die because of tobacco use – one person almost every 40 minutes. Tobacco is the only legal product that, when used as intended, kills half of its users prematurely. It can also kill others through involuntary exposure to second-hand smoke (SHS).

Approximately one third of Ontarians living in multi-unit housing (MUH) report regular exposure to SHS that originates in neighbouring units,and 80% of Ontarians would choose a smoke-free building if the choice existed.[1] However, many stakeholders in the housing sector erroneously believe that no-smoking policies are illegal, unenforceable or discriminatory and so many Ontarians continue to be involuntarily exposed to SHS in their home.

Studies have demonstrated that there is no safe level of exposure to SHS—all exposure is harmful and should be eliminated. According to the U.S. Department of Health and Human Services, exposure to SHS among children and adults causes a range of adverse health effects, including premature death and disease.[2] Second-hand smoke is a serious problem for many Ontario residents living in apartments and condominiums, especially those who suffer from chronic health conditions such as heart disease, asthma, allergies, diabetes, and respiratory illnesses. Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported. For many forced to breathe their neighbour's smoke, the only remedy is to move; however, moving is not always an option for people with disabilities, older adults or those with limited incomes. This is why we need to work toward making smoke-free housing in Ontario the norm, not the exception.

The 2010 Tobacco Strategy Advisory Group (TSAG) report[3] regarding Ontario's renewed Smoke-Free Ontario Strategy contains a number of recommendations pertaining to MUH. First and foremost, the report recommends continuing and intensifying a voluntary approach to smoke-free MUH. **The primary goals of the Smoke-Free Housing Ontario Coalition are to facilitate the adoption of no-smoking policies within the housing sector and to create a favourable environment to foster the adoption of those policies. We seek your endorsement in helping us achieve this end.**

Please submit a letter of endorsement of the Smoke-Free Housing Ontario Coalition to either of co-chairs Lorraine Fry at lfry@nsra-adnf.ca or Donna Kosmack at donna.kosmack@mlhu.on.ca. Endorsements are being compiled online the Smoke-Free Housing Ontario website.www.smokefreehousingon.ca. A sample statement of endorsement, and a space for your endorsement signature is attached.

Sincerely,

Lorraine Fry
Executive Director, Non-Smokers' Rights Association

Donna Kosmack
Manager, SW Tobacco Control Area Network

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[1] Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8 December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-co-ops-want-to-live-smoke-free.

[2] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006.

[3] *Building on our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016*. Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, October 18, 2010. http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf.

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ENDORSEMENT OF ACTION FOR SMOKE-FREE MULTI-UNIT HOUSING

Tobacco use is the number one cause of preventable disease and death in Ontario. Leaders in public health units, local boards of health, non-governmental organizations and health charities in Ontario have a history of speaking out in favour of actions to reduce the harmful impact of tobacco use.

Whereas tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;[4]

Whereas Second-hand smoke kills 1,000 Canadians annually.[5],[6]

Whereas Approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed.[7]

Whereas Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported.

Whereas Indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building[8] and no one should be unwilling exposed or forced to move due to unwanted second-hand smoke exposure.

Whereas second-hand smoke in multi-unit housing can lead to third-hand tobacco exposure as semi-volatile and volatile organic chemicals like nicotine and polycyclic aromatic hydrocarbons (carcinogens, also known as PAHs) are oily or waxy and more likely to stick to surfaces than be removed by ventilation.

Therefore be it resolved that the North Bay Parry Sound Dist. Health Unit **[name of organization] endorses the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:**

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;

(2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;

(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;

(4) All future public/social housing developments in Ontario should be smoke-free from the onset.

(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

Rick Champagne, Board Chair — Signatory Official (please print name and title)

North Bay Parry Sound District Health Unit — Organization/Agency/Institution

Signature: [signature]

Date: 2015/11/25

[4] http://www.mhp.gov.on.ca/en/smoke-free/default.asp Accessed August 17 2010

[5] Health Canada, 2004. "Cigarette Smoke: It's Toxic." Second-hand Smoke: FAQs & Facts. 2004. www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index_e.html (Accessed Jan. 2006)

[6] Makomaski-Illing EM and Kaiserman MJ, 1999. Mortality attributable to tobacco use in Canada and its regions- 1998. *Canadian Journal of Public Health* 1999; 95(1):38-44. www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44 (Accessed Dec. 2005)

[7] Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-coops-want-to-live-smoke-free.

[8] "Second-hand smoke in Multi-Unit Dwellings." Non-Smokers' Rights Association (2011). Available from http://www.nsra-adnf.ca/cms/page1433.cfm.

Smoke-Free Housing Ontario's membership includes the Canadian Cancer Society, Ontario Division; Heart and Stroke Foundation of Ontario; Non-Smokers' Rights Association; Ontario Lung Association; Ottawa Public Health exposé; Physicians for a Smoke -Free Canada; Tobacco Control Area Networks—Central East, Central West, South West... HEALTH UNITS etc, Modify list as needed.

Staff Report

2015 Complaints

Date:	February 10, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	
Rosana Salvaterra, M.D.	

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *2015 Complaints,* for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health's policy and procedure (2-280, Complaints) requires the Board be advised annually about complaints received.

Background

During the 2015 calendar year, the Health Unit received a total of five complaints, all were responded to within the fourteen days of receipt. A summary of the complaints has been included below:

No.	Nature of Complaint	Comments	Status
1	Complaint regarding the notice of sale for Hospital	The complainant expressed concern that notice of sale of Hospital Drive specified	Resolved.

No.	Nature of Complaint	Comments	Status
	Drive.	that the Board would not pay a real estate commission with respect to the sale, and that related Ontario Real Estate Association forms would be used in this process. In response, the complainant was advised that the Board was operating under legal advice, and that it was not its intention to minimize the role of realtors in any transaction. If the request for offers were to be reissued, their expressed concerns would be taken into consideration.	
2	Complaint regarding parking costs.	The complainant came to the Health Unit and was redirected to another provider, however was not provided with a token to exit and paid the full parking fee. It was not clear whether the complainant had interacted with reception or not, however, they were reimbursed by cheque and advised that reception would be reminded that all visitors must be provided with a token.	Resolved.
3	Health hazard complaint.	The complainant requested further investigation on a potential health hazard near his property. The adjacent property was investigated by a Public Health Inspector and the Medical Officer of Health, and no health hazard was identified.	Ongoing.
4	Complaint regarding a food premise inspection.	The complainant took issue with the conduct of a Public Health Inspector (PHI) which was assigned to the premise. The complaint was investigated, and it was determined that the actions of the PHI were within the scope of their duties.	Resolved.

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No.	Nature of Complaint	Comments	Status
5	Rabies investigation complaint.	The complainant expressed frustration with the requirements surrounding an animal bite investigation. The response provided an explanation of the protocols surrounding a reported animal bite incident, which is provincially mandated under the Health Protection and Promotion Act.	Resolved.

Comments

The PCCHU strives to respond to all complaints in a timely and respectful manner.

Strategic Direction

This staff report applies to the Board of Health strategic direction of *Quality and Performance.*

Contact:
Dr. Rosana Salvaterra
Medical Officer of Health
(705) 743-1000 x264
atanna@pcchu.ca

Staff Report

2015 Donations

Date:	February 10, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Bob Dubay, Manager, Accounting

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *2015 Donations,* for information.

Financial Implications and Impact

For the year ending December 31, 2015 the Health Unit received a total of $61,817 in charitable donations.

Decision History

Organizational policy requires the Board of Health be advised annually about donations received.

Background

The Peterborough County-City Health Unit (PCCHU) received its charitable status in 2010 and is able to issue charitable receipts.

To provide the Board with information on donations, an analysis was completed for the last two years comparing the number of external donations, donations by designation and donations by donor type.

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An “external” donation is defined as the donor writing a cheque to the Health Unit and receiving a Health Unit receipt.

In addition to external donations we also receive internal charitable donations from our employees through payroll deduction, which are receipted through their T4. In 2015, eighty employees made charitable donations through payroll deductions, with donations being directed to PCCHU programs and/or the United Way. A total of $14,853 was donated by Health Unit employees through payroll contributions to the United Way and our own public health programs. If an employee wrote a cheque to the PCCHU, rather than making a payroll deduction, it is actually counted as an external donation through our reporting software.

It should be noted several Board members have also made significant donations to the organization (which are included in the Individual Donations table).

In 2015, the PCCHU received $2,225 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

Table 1: Donations Year over Year

Year	2014	2015
Total Cheques / Cash Received	$26,079 (*80 donors*)	$54,468 *(44 donors)*
Total On-Line Canada Helps	$2,917 (*66 donors*)	$2,225 *(49 donors)*
Total Payroll Deductions	$4,081 (*69 donors*)	$5,124 *(47 donors)*
Total Donations	**$33,077**	**$61,817**

Table 2: External and Payroll Donations by Designation

Program	2014	2015
Collective Kitchens	$6,890	$3,919
Community Kitchen	$ -	$41,761
Contraceptive Assistance Fund	$102	$529
Dental Treatment Assistance Fund (DTAF)	$3,453	$3,962
Food for Kids (FFK)	$20,810	$10,725
Food Security	$472	$380
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$913	$379
Nobody’s Perfect	$324	$30
Prenatal Classes for Young Parents *(formerly the Teen Prenatal Supper Club)*	$113	$32
Undesignated	$ -	$ 100

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Table 3: Donations by Donor Type

Donor Type	2014	2015
Business	$5,441	$23,283
Church	$9,020	$6,015
Individual	$7,189	$20,745
Payroll Deduction	$4,081	$5,124
Service Clubs/Foundations	$7,346	$ 6,650

Comments

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK received some larger donations from a local service club and food supply businesses, however donations were down $10,085 from the year prior. Although donations for both FFK and HBHC Equipment fund have decreased, both programs have existing funding from the previous year's generous donations to continue through 2016.

In November 2015, the Health Unit initiated a fundraising campaign to raise money for the new Community Kitchen, named Myrtle's Kitchen, located in new building. The kitchen will support a wide range of community programs to create food security for residents in the community. The PCCHU received significant support from local businesses, community partners, community members and staff raising $41,761.

The Contraceptive Assistance Fund (CAF) was established in 2014 and provides access to low-cost or no-cost contraception which is an ongoing issue for many of our clients who attend the Sexual Health Clinic. Cost is often cited as the main reason for not initiating and/or discontinuing contraceptives by our young clients. The CAF will be used to subsidize those clients as we continue to advocate provincially for better access to low-cost/no-cost contraception.

Conclusions

As the above donations indicate, community residents, our employees and Board members are very generous and are willing to provide financial support to programs that positively impact their neighbours.

The PCCHU will continue to:

- inform the public we are a charitable organization and welcome donations;
- use www.canadahelps.org as a convenient way to make donations; and
- profile these specific programs/funds on the Health Unit's website, and in applicable PCCHU publications and resources.

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Strategic Direction

Donations enable the Board to achieve the strategic goals of *Capacity and Infrastructure* and *Determinants of Health and Health Equity* by enhancing program resources and improving access to programs, services and resources for those individuals and families in the community.

Contact:

Bob Dubay
Manager, Accounting
(705) 743-1000, ext. 286
bdubay@pcchu.ca

Staff Report

Summary of Research Activities (2015)

Date:	February 10, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by		***Original approved by***
Rosana Salvaterra, M.D.		Andrew R. Kurc, Epidemiologist

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Summary of Research Activities (2015),* for information

Financial Implications and Impact

Nil.

Decision History

No decision needed.

Background

Local Public Health Agencies (LPHAs) in Ontario are guided by the Ontario Public Health Standards (OPHS) established in 2008 by the Ministry of Health and Long-Term Care (MOHLTC) and the Organizational Standards developed by the MOHLTC and the Ministry of Health Promotion and Sport. The OPHS establish requirements for fundamental public health programs and services which include assessment and surveillance, research and knowledge exchange, health promotion and policy development, disease and injury prevention, and health protection. The Organizational Standards communicate the government's expectations for

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governance and administrative practices that are based on generally accepted principles of good governance and management excellence. Specific to Research, LPHAs are guided by two Foundational Standards and three Organizational Standards:

9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange

10. The board of health shall engage in public health research activities which may include those conducted by the board of health alone or in partnership or collaboration with other organizations

3.1 The board of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following …research and evaluations, including ethical review...

6.11 The board of health shall ensure that the administration develops an overall communication strategy that is complementary to the program specific communication strategies required in the OPHS and its Protocols, and addresses both external and internal audiences. The communication strategy shall include:

- *Dissemination plans to disseminate relevant research findings for each approved research project proposal;*

6.13 The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.

As such, a Research Committee (prev. Research and Education Committee) was formed at the PCCHU with the purpose of meeting these objectives.

Strategic Direction

This report supports the following strategic directions:

- *Capacity and Infrastructure*
- *Quality and Performance*

Contact:
Andrew R. Kurc, Epidemiologist
Foundational Standards
(705) 743-1000, ext. 358
akurc@pcchu.ca

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References:

Ministry of Health and Long-Term Care. 2008. Ontario Public Health Standards. Available: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

Ministry of Health and Long-Term Care. Ministry of Health Promotion and Sport. 2008. Ontario Public Health Organizational Standards. Available: http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf

Attachments:

Attachment A – Summary Table of Research, 2015

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Summary of Research Activities, 2015

With the purposes of meeting the Foundation and Organizational Standards, a Research and Education Committee was formed at the Peterborough County-City Health Unit (PCCHU) in 2008. In 2014, after reviewing the Committee's objects, Terms of Reference, and operational plan, it was decided to focus on Research activities at PCCHU and to advocate for, plan and implement on-going staff development and skill building related to research. One of the major goals for the Research Committee in 2015 was to revise the current policies and procedures related to research and evaluation in order to ensure that evidence generating activities conducted at PCCHU are subject to risk screening and ethical considerations. The revised evidence generating activity policies and procedures include: research, evaluation, and surveillance. Staff are being trained on these policies and procedures as well as the affiliated risk-screening documentation.

In addition to developing policies and procedures around research activities, the Research Committee also works to build relationships with local agencies such as Trent Centre for Aging and Society and the Trent Centre for Community Based Education as well as maintains an active list of researchers who are interested in partnering with PCCHU.

Please see "Attachment A" for a high-level summary of research projects PCCHU participated in, or led in 2015.

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Attachment A – Summary Table of Research, 2015

Principle Investigator Organization (s)	Project Title	Summary	Status
Hamilton Public Health Services; Middlesex-London Health Unit; Thunder Bay District Health Unit	Supporting Ontario public health units to promote mental health of children and youth	This Locally Driven Collaborative Project (LDCP) aims to gain a better understanding of the focus areas in public health for mental illness prevention and positive mental health promotion. The findings from this research will be used to identify the areas of focus for mental health promotion and clarify the role of public health in promoting positive mental health in children and youth.	A report was completed in August, 2015
Steve Manske; Propel Centre for Population Health Impact; University of Waterloo	CSTADS (Canadian Student Tobacco, Alcohol and Drugs Survey)	CSTADS is a survey conducted in grades 6-12 every other year and collects data on youth substance use, and other areas identified by schools as priorities, such as bullying, mental health and how connected students feel to their school. PCCHU purchased an oversample of five schools for the 2014/2015 school year	School profiles and data have been delivered to PCCHU. Meetings with schools are being scheduled for 2016 to review data and discuss next steps.
Eastern Ontario Health Unit PCCHU role: Survey Respondent (Objective #1) and Knowledge User	Building Evaluation Capacity in Ontario Public Health Units	The goal is to improve evaluation capacity across Ontario Public Health Units. The objectives are to: (1) assess baseline of current program evaluation capacity across public health units in Ontario; (2) identify effective strategies/techniques for capacity building; and (3) develop a repository of practice for effective Evaluation Capacity Building (ECB) strategies	Objectives #1 and #2 have been met. Reports are available on Public Health Ontario's website. PCCHU's Planning and Evaluation Health Promotor has the findings from survey results that can inform a baseline measure of our capacity. Additional funding has been secured from for Objective #3.

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Principle Investigator Organization (s)	Project Title	Summary	Status
PCCHU	Develop and Test Indicators of Ontario local public health agency work to address the social determinates of health to reduce health inequities	The project is aimed at determining the best evidence-based indicators that boards of health could use to monitor and guide their work to fulfill public health roles to address the social determinants of health and reduce health inequities.	A report on the literature was completed in July 2015. Current objectives are to: (1) establish face validity of the indicators, according to inequity experts; and (2) test the indicators for feasibility, understandability, relevance, validity, reliability and comparability
PCCHU, Trent University, Peterborough Family Resource Centre	Breaking Down Barriers to Breastfeeding for Women with Low Incomes In Peterborough	The goal of this project was to understand the breastfeeding experiences of low income women Peterborough. Three focus groups were held with low income mothers who had recently given birth, breastfed any amount, and wanted to share their experiences. From a review of the transcripts, the themes of loss of control, feeling disempowered, and voicelessness/being silenced were identified.	Findings were shared with low income breastfeeding mothers who provided insight and ideas into graphic design materials that address their experiences. As a result, a twelve month, thirty bus internal ad campaign and poster campaign began February 1, 2015. Plans to share the project findings with local service providers and agencies in 2016.

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Staff Report

Auditor Letter of Engagement

Date:	February 10, 2016
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Larry Stinson, Interim Director, Corporate Services

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit:
- receive the staff report, *Auditor Letter of Engagement*, for information; and
- engage the auditing services of Collins Barrow Kawarthas LLP and authorize the Chair and Vice-Chair to sign the Letter of Engagement.

Financial Implications and Impact

Agreement will result in the annual audit fees. If the Letter of Engagement is not signed, the auditor will not be able to carry out the annual audit. Audit expenses are part of the approved budget.

Decision History

Approval of the Letter of Engagement is required annually.

Background

Before the turn of this century auditors required their clients to sign a “Letter of Engagement” appointing the auditor, directing the auditor to audit the books of account and committing the

organization to pay for the audit once the work was done. Then due accounting scandals (such as Worldcom or Encon) the audit societies increased the responsibilities and requirements of auditors, including reporting to the Board any relationships they may have with the Board. These relationships include:

- Holding a financial interest, directly or indirectly, in the Board;
- Holding a position, directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of the Board;
- A personal or business relationship with immediate family, close relatives, partners or retired partners of the Board;
- Having an economic dependence on the work of the Board;
- Providing services to the Board other than auditing (for example: consulting services).

The auditors have not identified any relationship.

The auditors have committed to expressing an opinion on whether our Financial Statements fairly represent, in a material way, the financial position of the Board.

The auditors note that their obligation is to obtain reasonable, but not absolute assurance that the financial statements are free of material misstatement. That is: the auditor will examine our records but will not guarantee they will find a misstatement, if one is present. This also means that there may be small misstatements but the misstatement will not have a significant bearing on our Financial Statements.

The auditors will:

- Assess the risk that the financial statements contain misstatement(s) that are material to the Financial Statements;
- Examine on a test basis the evidence supporting amounts and disclosures to the financial statements (for example: compare invoices to cheque amounts, lease commitments, etc);
- Assess the accounting principles used and their application;
- Assess the estimates made;
- Examine internal controls in place.

The Board is required to:

- Meet with the auditors prior to the release and approval of the financial statements to review audit, disclosure and compliance issues;
- If necessary, review matters raised by the auditors with management, and if necessary report back to the auditors on the Board's findings;

- Make known to the auditors any issues of fraud or illegal acts or non-compliance with any laws or regulatory requirements known to the Board that may affect the financial statements;
- Provide direction to the auditor on any additional work the auditor feels should be undertaken in response to issued raised or concerns expressed;
- Make enquiries into the findings of the auditor with respect to corporate governance, management conduct, management cooperation, information flow and systems of internal control;
- Review the draft financial statements; and
- Pre-approve all professional and consulting services to be provided by the auditors. In our case, there are none.

Rationale

This is a standard letter as required by the Canadian Institute of Chartered Accountants (CICA). An annual audit by external auditors is required by legislation and under Board Policy 2-130.

Contact:

Larry Stinson
Interim Director, Corporate Services
(705) 743-1000, ext. 255
lstinson@pcchu.ca

Attachments:

Attachment A: Collins Barrow Kawarthas LLP Letter of Engagement

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Collins Barrow Kawarthas LLP
272 Charlotte Street
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K9J 2V4

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January 4, 2016

Members of the Board of Health
Peterborough County - City Health Unit
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Re: Audit of the consolidated Financial Statements of the Peterborough County - City Health Unit

Dear Members of the Board of Health:

This report is intended solely for the use of the Board of Health and should not be distributed without our prior consent. We accept no responsibility to a third party who uses this communication.

We have been engaged to express an audit opinion on the consolidated financial statements of the Peterborough County - City Health Unit ("the Health Unit") for the year ended December 31, 2015. Canadian Auditing Standards ("CAS") require that we communicate the following information with you in relation to your audit.

Management is responsible for establishing and maintaining an adequate internal control structure and procedures for financial reporting. This includes the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error.

Auditor Independence

CAS require communications with audit committees, or other appropriate parties responsible for governance, at least annually, regarding all relationships between the Health Unit and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We will, through our planning process, identify any potential independence threats and will communicate any concerns we identify. The Health Unit, management and the Board of Health have a proactive role in this process, and are responsible for understanding the independence requirements applicable to the Health Unit and its auditor. You must also bring to our attention any concerns you may have, or any knowledge of situations or relationships between the Health Unit, management, personnel (acting in an oversight or financial reporting role) and our Firm, its partners/principals and audit team personnel that may reasonably be thought to bear on our independence.

In determining which relationships to report, these standards require us to consider relevant rules and related interpretations prescribed by the Chartered Professional Accountants of Ontario (registered name of The Institute of Chartered Accountants of Ontario) and applicable legislation, covering such matters as:

(a) holding a financial interest, either directly or indirectly, in a client;

(b) holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client;

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(c) personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client;

(d) economic dependence on a client; and

(e) provision of services in addition to the audit engagement.

In accordance with our professional requirements, we advise you that we are not aware of any relationships between the Health Unit and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

Accordingly, we hereby confirm that our audit engagement team, our Firm and the other Collins Barrow offices are independent with respect to the Health Unit within the meaning of the Rules of Professional Conduct Rule 204 of the Chartered Professional Accountants of Ontario (registered name of The Institute of Chartered Accountants of Ontario).

Our Responsibilities as Auditor

As stated in the engagement letter, our responsibility as auditor of your Health Unit is to express an opinion on whether the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the Health Unit in accordance with Canadian Public Sector Accounting Standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- Assessing the risk that the financial statements may contain material misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements;
- Assessing the accounting principles used, and their application; and
- Assessing the significant estimates made by management.

As part of our audit, we will obtain a sufficient understanding of the business and internal control structure of the Health Unit to plan the audit. This will include management's assessment of:

- The risk that the financial statements may be materially misstated as a result of fraud and error; and
- The internal controls put in place by management to address such risks.

The engagement team must undertake a documented planning process prior to commencement of the audit to identify concerns, address independence considerations, assess the engagement team requirements, and plan the audit work and timing. It may be necessary to contact members of the Board of Health if significant matters arise from planning procedures.

An audit does not relieve management or those responsible for governance of their responsibilities for the preparation of the Health Unit's financial statements.

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Board of Health Members' Responsibilities

The Board of Health's role is to act in an objective, independent capacity as a liaison between the auditor and management to ensure the auditors have a facility to consider and discuss governance and audit issues with parties not directly responsible for operations.

The Board of Health's responsibilities include:

- Being available to assist and provide direction in the audit planning process when and where appropriate;
- Meeting with the auditors as necessary and prior to release and approval of financial statements to review audit, disclosure and compliance issues;
- Where necessary, reviewing matters raised by the auditor with appropriate levels of management, and reporting back to the auditors their findings;
- Making known to the auditor any issues of disclosure, corporate governance, fraud or illegal acts, non-compliance with laws or regulatory requirements that are known to them, where such matters may impact the financial statements or the Independent Auditors' Report;
- Providing guidance and direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Making such enquiries as appropriate into the findings of the auditor with respect to corporate governance, management conduct, cooperation, information flow and systems of internal controls; and
- Reviewing the draft financial statements prepared by management, including the presentation, disclosures and supporting notes and schedules, for accuracy, completeness and appropriateness, and .

Audit Approach

Outlined below are certain aspects of our audit approach which are intended to help you in discharging your oversight responsibilities. Our general approach to the audit of the Peterborough County - City Health Unit is to assess the risks of material misstatement in the financial statements and then respond by designing audit procedures.

Illegal Acts, Fraud, Intentional Misstatements and Errors

Our auditing procedures, including tests of your accounting records, will be limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts, fraud, intentional misstatements or errors should any exist. We will conduct the audit under CAS, which include procedures to consider (based on the control environment, governance structure and circumstances encountered during the audit), the potential likelihood of fraud and illegal acts occurring.

These procedures are not designed to test for fraudulent or illegal acts, nor will they necessarily detect such acts or recognize them as such, even if the effect of its consequences on the financial statements is material. However, should we become aware that an illegal or possible illegal act or an act of fraud may have occurred, other than one considered clearly inconsequential, we will communicate this information directly to the Board of Health.

It is management's responsibility to detect and prevent illegal actions. If such acts are discovered or the Board of Health becomes aware of circumstances under which the Health Unit may have been involved in fraudulent, illegal or regulatory non-compliance situations, such circumstances must be disclosed to us.

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Related Party Transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management, members of Council and their immediate family members and companies with which these individuals have an economic interest.

We will ensure that any related party transactions that are identified during the audit have been represented by management to have been disclosed in the notes to financial statements, recorded in accordance with Canadian Public Sector Accounting Standards, and have been reviewed with you. Management is required to advise us if any related party transactions have occurred that have not been disclosed to us. The Board of Health is required to advise us if they are aware of or suspect any other related party transactions have occurred which have not been disclosed in the financial statements.

Significant Accounting Principles and Policies

The Health Unit's financial statements will be prepared by management using various accounting principles, which have been incorporated into the Health Unit's accounting policies and disclosed in the notes to the financial statements. Where accounting policies have changed from one period to the next, such changes will be noted and the effect of these changes will be disclosed.

The accounting policies adopted may be acceptable policies under Canadian Public Sector Accounting Standards; however, alternative policies may also be acceptable under Canadian Public Sector Accounting Standards. The Health Unit and the Board of Health have a responsibility to not adopt extreme or inappropriate interpretations of Canadian Public Sector Accounting Standards that may have inappropriate or misleading results. Alternative policies, if adopted, may produce significant changes in the reported results of the operations, financial position and disclosures of the Health Unit.

The Board of Health has a responsibility to review the accounting policies adopted by the Health Unit, and where alternative policies are available, make determinations as to the most appropriate policies to be adopted in the circumstances. If members of the Board of Health are concerned that the adoption or change of an accounting policy may produce an inappropriate or misleading result in financial reporting or disclosure, this concern must be discussed with management and the auditors. If the Board of Health believes that a policy or policies adopted are inappropriate or produce a misleading result in the circumstances, these concerns should be discussed with us directly, either privately or in Board of Health meetings.

Risk-based

Our risk-based approach focuses on obtaining sufficient appropriate audit evidence to reduce the risk of material misstatement in the financial statements to an appropriately low level. This means that we focus our audit work on higher risk areas that have a higher risk of being materially misstated.

Materiality

Materiality is defined as:

Materiality is the term used to describe the significance of financial statement information to decision makers. An item of information, or an aggregate of items, is material if it is probable that its omission or misstatement would influence or change a decision. Materiality is a matter of professional judgement in the particular circumstances.

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We plan to use an overall materiality of $365,000 and a performance materiality of $310,000. The overall materiality for last year's audit was $370,000 and the performance materiality was $314,500.

Materiality is used throughout the audit and in particular when:

a) Identifying and assessing risk of material misstatement;

b) Determining the nature, timing and extent of further audit procedures; and

c) Evaluating the effect of uncorrected misstatements, if any, on the financial statements and in forming an opinion on the auditors' report.

Audit Procedures

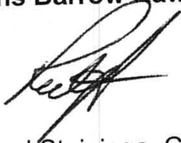
In responding to our risk assessment, we will use a combination of tests of controls, tests of details and substantive analytical procedures. The objective of the tests of controls is to evaluate whether certain controls operated effectively. The objective of the tests of details is to detect material misstatements in the account balances and transaction streams. Substantive analytical procedures are used to identify differences between recorded amounts and predictable expectations in larger volumes of transactions over time.

Should any member of the Board of Health wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time.

To ensure there is a clear understanding and record of the matters discussed, we ask that two members of the Board of Health sign their acknowledgement in the spaces provided below.

Yours very truly,

Collins Barrow Kawarthas LLP



Richard Steiginga, CPA, CA

Acknowledgement of the Board of Health:

We have read and reviewed the above disclosures and understand and agree with the comments therein:

Peterborough County - City Health Unit

Are you aware of any frauds, illegal acts or management override of internal controls at the Health Unit?

Yes / No (please circle one)

If yes, please contact our office immediately

______________________ Name	______________________ Position
______________________ Name	______________________ Position

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To: All Members
Board of Health

From: Patti Fitzgerald, Acting Director, Public Health Programs

Subject: **Q4 2015 Public Health Programs Status Report**

Date: February 10, 2016

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the Q4 2015 Public Health Programs Status Report for information.

Please see the attached.

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Quarter 4 2015 Status Report (Oct 1 – Dec 31, 2015)

Overall Compliance Status

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

ME: Meeting Expectations   PME: Partially Meeting Expectations

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Chronic Disease Prevention
Hallie Atter, Manager, Community Health;

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

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

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

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Public Health Emergency Preparedness
Donna Churipuy, Manager of Environmental Health Programs

Program Compliance:
The exercise of the Continuity of Operations Plan was not completed due to the move to Jackson Square and the unavailability of IT staff participation.

Rabies Prevention and Control
Atul Jain, Manager, Inspection Services

Program Compliance:
In 2015, we were non-compliant in the requirement to respond 100% within 24 hours of notification of a rabies incident that was sent from mostly the Peterborough Regional Health Centre (PRHC) or other agencies (e.g., other health care providers, veterinarians, etc.). As the table indicates, we achieved 93% compliance which is similar to what was achieved in 2014 (92%).

Some of the reasons that attributed to non-compliance in this requirement include:
- Technical difficulties in the virtual software program that prohibited the emailing notification to the weekend on-call inspector. This is being remedied by purchasing new hardware and software.
- Among the 36 health units, there is a lack of consensus on how to interpret the requirement for 24 hour response. This has been brought to the attention of the Public Health Division and we are awaiting any further direction. Depending on how the MOHLTC defines this requirement, we may actually be in 100% compliance with this requirement.
- We will continue to provide education to PRHC and other agencies to always call the Health Unit when they fax the reporting form.

Vaccine Preventable Diseases
Edwina Dusome, Manager, Infectious Diseases

Program Compliance:
Due to the move to King Street, two program standards were not met. These program standards involved the enforcement of the *Immunization of School Pupils Act* (ISPA) and the immunization component of *the Child and Early Years Act*. The enforcement for the ISPA will be initiated in January 2016 and the immunization component of the *Child and Early Years Act* in June 2016.

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To: All Members
Board of Health

From: Larry Stinson, Interim Director, Corporate Services

Subject: **Q4 2015 Corporate Services Status Report**

Date: February 10, 2016

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the Q4 2015 Corporate Services Status Report for information.

Please see the attached.

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Quarter 4 2015 Status Report
Corporate Services
(October 1 to December 31, 2015)

Communications Services
Brittany Cadence, Manager

Media Relations:

Activity	Q4 comparison *new metrics added in 2015	
	2015	2014
Press releases (accompanied by seven audio files*), letters to the editor*, Medical Officer of Health (MOH) Examiner columns*, Board of Health (BOH) meeting summaries* issued	33	33
Media interviews	28	26
Number of media stories directly covering Peterborough County-City Health Unit (PCCHU) activities (print and TV only, and some radio when stories posted online)	81	121

Activity	Yearly Totals		
	2015	2014	2013
Press releases issued	165	111	141
Media interviews	82	109	118
Number of media stories directly covering PCCHU activities	540	475	427

Top Stories of Fourth Quarter: *(number of stories)*

- PCCHU move to Jackson Square (13)
- Food insecurity (9)
- Myrtle's Kitchen campaign (7)
- Influenza, flu shot (6)
- Name for PCCHU
- Sexual health (chlamydia rates) (3)
- Septic services (3)
- Refugee supports (3)
- 2014 Annual Report video – 586 views as of January 29, 2016

Website Statistics Q4 2015 - Top Pages (# of page views):

Page	Views
Homepage	7415
Employment	3142
Contact Us	1887
Flu Clinics	1757
Social Determinants of Health	1707

Sexual Health Clinic	1462
Food Handler Course	1435
influenza	848
Clinics and Classes	780
Food Handler Class Dates	677

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

Activity	**Q4 2015**	**Q4 2014**
Twitter (@PCCHU)		
Tweets	64	109
New Followers	63	59
Total followers as of the end of this quarter	1424	1092
Engagement Summary: (new analytics for 2015)		
Impressions *(number of times PCCHU info appeared on a screen)*	58,404	n/a
Mentions	161	n/a
Re-tweets	64	n/a
Profile Visits	1439	n/a
Link Clicks	268	n/a
Favourites	47	n/a
Replies	19	n/a
Facebook (search: Peterborough County-City Health Unit)		
Total Likes	375	n/a
Events Promoted	1	1
Posts	40	28
Most Viewed post – "HU Arrives at Jackson Square"	560	334
Ad Campaigns	4	1

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

PCCHU Health Unit @PCCHU
AON Smith Family Honours Matriarch Myrtle Smith with Lead Gift for Community Kitchen @PCCHU http://ow.ly/V6HvT pic.twitter.com/uJW7LNI9N4

Promote your Tweet
Your Tweet has 10 total link clicks so far. Get more link clicks on this Tweet!
Promote your Tweet

Impressions	579
Total engagements	26
Link clicks	10
Media engagements	8
Detail expands	4
Retweets	2
Likes	2

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Social Media Content – Q4 2015:

PCCHU Move	Myrtle's Kitchen
Dr Salvaterra's name change	PCCHU Branding
Workplace - workshop	Chlamydia
Food Insecurity	Radon
Influenza	Food Safety
HPV	Love My Life - Tobacco
Food For Kids	World Breastfeeding Week

Graphic Design Projects:

The ***Jackson Square Reference Guide*** was created as part of the move plan to help staff transition to the new building and it will continue to be used as a resource for both current staff and new employees. It was designed as an electronic file and can be found on the HUB.

Information Technology

Brittany Cadence, Manager

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

System Status in the Fourth Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0 mins	0 mins	100%
Phone server	90 mins/ 0.07%	0 mins	99.93%
File server	90 mins/0.07%	0 mins	99.93%
Backup server	90 mins/0.07%	0 mins	99.93%

Project Highlights in Fourth Quarter

- Completed installation of MS Office 365 for all users
- Successfully moved all IT services over to Jackson Square on November 20, 2015, with only 90 minutes of planned down time.
- Completed set up of new workstations for all staff, PODS and most AV equipment for meeting rooms.
- Completed purging of old technology at Hospital Drive and O'Carroll locations

Helpdesk Tickets Served:

- 2015: Q1 (268), Q2 (139), Q3 (234), Q4 (304); 945 total for the year.

Finance
Bob Dubay, Accounting Manager

Financial Implications and Impact:
This report compares the approved budgets and results from the fourth quarter financial operations of 2015. The status of the Board's financial operations for 2015 and any significant variances are provided in the comments column.

Most programs have operated within approved budgets. The report (Attachment A) is not audited and is presented given the most up-to-date information and estimates of accruals available.

The Healthy Smiles Ontario program reflects a deficit of approximately $58,000. A request for a one-time grant to cover the costs has been submitted to the province. As 2015 was a transition year, it is anticipated that part if not all of the deficit will be funded. Management has earmarked deferred revenues to cover off the deficit if needed to avoid a deficit in 2015.

Background:
The Board of Health approved a budget last February in the amount of $465,460 for the Healthy Smiles Ontario program. As per provincial guidelines the board submitted the budget to the province by the end of February. In September the Province approved only $427,300. In 2014, the province provided and the program spent $437,386 ($427,260 plus a one-time operating grant of $10,126).

In addition, there is a level of uncertainty regarding the Healthy Smiles Ontario program operations as the Province transitions to an integrated dental system. As of January 1, 2016, the Ontario government has integrated six (6) existing publicly-funded dental programs and/or benefits including the Healthy Smiles Ontario (HSO) and Children In Need Of Treatment (CINOT) Program. The Ministry will create one (1) seamless program for children and youth aged 17 and under from low-income families. The new program will provide eligible children with a simplified enrolment and renewal process and access to a full range of oral health services. The new program will also streamline administration and delivery of services. The Province did indicate that one-time funding will be available to fund transition costs and possibly financial pressures on the program.

Attachments:
Attachment A – Financial Update December 31, 2015

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Financial Update Q4 2015 (Accounting: Bob Dubay)

Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to Dec 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,275,733	14-Jan-15	9-Sep-15	7,275,733	100.0%	MOHLTC	Operated within budget for the year.
Mandatory Public Health Programs - Occupancy	Cost Shared	390,000	14-Jan-15	9-Sep-15	390,000	100.0%	MOHLTC	Operated within budget based on Ministry approved $390,000 pro-rated for 9 months.
Small Drinking Water Systems	Cost Shared	90,800	11-Feb-15	9-Sep-15	90,800	100.0%	MOHLTC	Operated within budget.
CINOT Expansion	Cost Shared	45,600	11-Feb-15	9-Sep-15	38,856	85.2%	MOHLTC	Operated within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,133	11-Feb-15	9-Sep-15	45,876	60.3%	MOHLTC	Operated within budget. Anticipated being underspent for 2015.
Infectious Disease Control	100%	222,300	11-Feb-15	9-Sep-15	222,300	100.0%	MOHLTC	Operated within budget.
Infection Prev. and Control Nurses	100%	90,100	11-Feb-15	9-Sep-15	90,100	100.0%	MOHLTC	Operated within budget.
Healthy Smiles Ontario	**100%**	**427,300**	**11-Feb-15**	**9-Sep-15**	**485,506**	**113.6%**	**MOHLTC**	**Operating above budget as Ministry did not approve funding request of $465,460. Asked Ministry to cover deficit of $58,206. We expect that the Ministry will cover off a portion of the deficit. Whatever is not funded, program will be balanced through deferred funds in 2015.**
Enhanced Food Safety	100%	25,000	11-Feb-15	9-Sep-15	25,000	100.0%	MOHLTC	Operated within budget.
Enhanced Safe Water	100%	15,500	11-Feb-15	9-Sep-15	15,500	100.0%	MOHLTC	Operated within budget.
Nurses Commitment	100%	180,500	11-Feb-15	9-Sep-15	180,500	100.0%	MOHLTC	Operated within budget.
Chief Nursing Officer	100%	121,500	11-Feb-15	9-Sep-15	121,500	100.0%	MOHLTC	Operated within budget.
Needle Exchange Initiative	100%	34,100	11-Feb-15	9-Sep-15	34,100	100.0%	MOHLTC	Actual program expenditures were $39,742. Excess program expenditures were covered through public health cost shared funds.

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Programs funded January 1 to December 31, 2015	Type	2015	Approved By board	Approved By Province	Expenditures to Dec 31	% of Budget	Funding	Comments
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Feb-15	9-Sep-15	100,000	100.0%	MOHLTC	Operated within budget.
SFO - Enforcement	100%	202,100	11-Feb-15	9-Sep-15	200,816	99.4%	MOHLTC	Operated within budget.
SFO - Youth Prevention	100%	80,000	11-Feb-15	9-Sep-15	80,000	100.0%	MOHLTC	Operated within budget.
SFO - Prosecution	100%	6,700	11-Feb-15	9-Sep-15	2,541	37.9%	MOHLTC	Operated within budget.
SFO - Electronic Cigarettes Act - Protection & Enforcement	100%	21,975	11-Feb-15	9-Sep-15	14,476	65.9%	MOHLTC	Operated within budget. Anticipated program savings as funding not approved until September and staff hired in October.
Healthy Babies, Healthy Children	100%	928,413	08-Apr-15	2-Mar-15	937,381	101.0%	MCYS	Funded $8,968 through public health cost shared funds to avoid a deficit.
Ontario Works - Dental Administration	100% from City	NA	NA	NA	542,247		CITY OF PTBO	Effective August 1, 2015 the City of Peterborough has contracted the administration of the Dental portion of Ontario Works to Accerta Claim Service Corporation. The Board of Health, will no longer administer the program.
One Time Programs funded to March 31, 2016	**Type**	**2015 - 2016**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31**	**% of Budget**	**Funding**	**Comments**
One-time Facilities Renewal IV	Cost Shared	2,000,000	11-Feb-15	9-Sep-15	927,573	46.4%	MOHLTC	Operating within budget. Balance of funds will be used before March 31, 2016 for final purchase of King Street building.
One-time Phone Server	Cost Shared	30,000	11-Feb-15	9-Sep-15	23,246	77.5%	MOHLTC	Operating within budget. Balance of funds will be used before March 31, 2016.
One-time Asset Protection - Dental	Cost Shared	260,000	11-Feb-15	9-Sep-15	0	0.0%	MOHLTC	Budget approved as submitted. Funds must be used to construct a custom built garage for the mobile unit before March 31, 2016. The purchase and construction will not be completed. Funds have been recovered by the Ministry.
One Time - Vaccine Refrigerator	100%	19,000	11-Feb-15	9-Sep-15	19,000	100.0%	MOHLTC	Operated within budget. Two new refrigerators purchased for new building.
Public Health Inspector Practicum Project	100%	10,000	11-Feb-15	9-Sep-15	0	0.0%	MOHLTC	PHI Student hired Janaury 2016. Expenditures will be incurred during January through March 2016.

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One Time Programs funded to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Dec 31	% of Budget	Funding	Comments
SFO - One time - Cessation	100%	22,500	11-Feb-15	9-Sep-15	0	0.0%	MOHLTC	Funding will be spent between January and March 2016.
SFO - One Time Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	11-Feb-15	9-Sep-15	0	0.0%	MOHLTC	New Ministry funding to enforce the Electronic Cigarettes Act. Plans are in place to start using funds between Jan. and the end of Mar. 31/16 within Ministry guidelines.
Programs funded April 1, 2015 to March 31, 2016	**Type**	**2015 - 2016**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31**	**% of Budget**	**Funding**	**Comments**
Infant Toddler and Development Program	100%	244,345	Mar 11, 2015	8-June-15	179,274	73.4%	MCSS	Operating within budget.
Panorama	100%	97,000	NA	30-Oct-15	0	0.0%	MOHLTC	Program funds will be used by March 31/16 within the provincial rules.
Medical Officer of Health Compensation	100%	53,816	NA	6-Oct-15*	52,609	97.8%	MOHLTC	Operating within budget. *Submission date as required by Province.
Speech	100%	12,670	NA		9,503	75.0%	FCCC	Operating within budget. (FCCC - Five Counties Children's Centre)
Locally Driven Collaborative Project	100%	51,437	NA		32,800	63.8%	PHO	Operating within budget. (PHO - Public Health Ontario)
Funded Entirely by User Fees January 1 to	**Type**	**2015**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31**	**% of Budget**	**Funding**	**Comments**
Sewage Program		382,389	12-Nov-14	NA	387,096	101.2%	FEES	Program is funded entirely by user fees (UF). Expenditures are above budget however revenue from UF are also above budget resulting in a surplus of approx. $15,000 for the year.
Programs funded through donations and other revenue sources January 1 to December 31, 2015	**Type**	**2015**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31**	**% of Budget**	**Funding**	**Comments**
Food For Kids, Breakfast Program & Collective		57,228	NA	NA	39,085	68.3%	Donations	Budget based on 2014 actuals. Operated within budgets.
Breaking Down Barriers to Breastfeeding		24,100	NA	NA	22,235	92.3%	Health Nexus - BS	Operated within budget. Approval by Best Start (BS) to spend balance of funds, $1,865, before end of Jan. 2016.
Climate Change		25,000	NA	NA	25,000	100.0%	PHAC	Operated within budget. (PHAC - Public Health Agency of Canada)
Other Programs		12,570	NA	NA	11,063	88.0%		Operated within budget. Other programs include Love My Life and eHealth.

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To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **First Nations Committee**

Date: February 10, 2016

The First Nations Working Group met last on January 8, 2016. At that meeting, the Working Group requested that the following item come forward to the Board of Health for approval.

First Nations Committee, Terms of Reference

Proposed Recommendation:

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

- *establish a Board of Health First Nations Committee;*
- *appoint Board Members to the Committee; and*
- *approve the Terms of Reference for this Committee as circulated.*

Please see the attached.

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

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-352	**Title:** First Nations Committee, Terms of Reference
Approved by: Board of Health **Signature:** ____________________ **Date** (YYYY-MM-DD)**:**		**Original Approved by Board of Health On** (YYYY-MM-DD)**:** **Author:** First Nations Working Group
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.

NEW

Goal

To deepen awareness, sensitivity and meaningful actions on issues that are of relevance and public health importance to indigenous people living within the Peterborough County-City Health Unit (PCCHU) catchment area.

Objectives

The First Nations Committee will:

1. provide a forum for Committee Members to brainstorm, explore and propose public health-related agenda items for the Board of Health (BOH) to consider that are of importance to indigenous people living within the PCCHU catchment area. In particular, this includes a review of the Calls to Action from the Truth and Reconciliation Commission, which redress the legacy of residential schools and advance the process of reconciliation.

2. advise and support the BOH to become a stronger and more effective ally and advocate with respect to its two First Nation (FN) Communities and on matters that impact on the health and well-being of their members and environment;

3. advise and support the BOH and its staff on ways to strengthen relationships with Curve Lake First Nation (CLFN) and Hiawatha First Nation (HFN);

4. collaborate with CLFN and HFN on strategies and initiatives that will benefit their communities and the well-being and future of indigenous populations living in the PCCHU catchment area; and

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5. advise staff on organizational strategies to address and improve indigenous public health.

Membership

The Committee will be composed of a minimum of three Board Members in addition to the Chair. This membership must include representation from both CLFN and HFN.

In addition, the Board will seek community members representing the broader indigenous stakeholder community (e.g., Nogojiwanong Friendship Centre, Nijijkiewenidaa).

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

Internal staff resources will be provided for the Committee through the Medical Officer of Health or his/her designate.

Quorum

A majority of Committee members constitute a quorum.

Reporting

The Committee will provide its minutes, once approved, to the Board of Health at the next scheduled meeting.

The Chair will take motions and/or recommendations deemed appropriate by the Committee forward to the Board of Health at the next scheduled meeting.

Meetings

The Committee will meet quarterly, at a minimum, and may meet more frequently as needed.

Minutes

The Executive Assistant to the Board of Health, or designate, will record the proceedings at meetings and provide secretarial support to the Committee.

The minutes are circulated in draft to Committee members prior to the next Committee meeting. Minutes are corrected and approved at the next meeting of the Committee.

The approved minutes are signed by the recorder and the Chairperson. Original copies of the approved minutes are kept in a binder in the Administration office.

Agendas

Agendas will be prepared and distributed according to the format set forth in Section 4 – Agenda and Order of Business, as written in Board of Health By-Law #3, Calling of and Proceedings at Meetings.

Terms of Reference

The Terms of Reference will be reviewed and updated at the first meeting of each new year or more often as needed.

Review/Revisions

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

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

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

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

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