Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, February 11, 2015 - 4:45 p.m.
Council Chambers, City of Peterborough
500 George Street North, Peterborough

1. Call to Order

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

4.1. **Presentation: Infant and Toddler Development Program Update**
Cathy Basterfield, Infant Development Worker
Marion Habermehl, Infant Development Worker
Julie Mycyk, Infant Development Worker

4.2. **Presentation: Physical Literacy**
Deanna Moher, Health Promoter

4.3. **Presentation: Tobacco Focused Work in Schools**
Keith Beecroft, Health Promoter
Mary Pat Fasken, Health Promoter
Anne Gallant, Health Promoter/School Health Liaison

5. Confirmation of the Minutes of the Previous Meeting

5.1. **January 14, 2015**

6. Business Arising From the Minutes

7. Correspondence

8. New Business

8.1. **Q4 2014 Program Report**
Larry Stinson, Director, Public Health Programs

8.2. **Q4 2014 Corporate Services Report**
Brent Woodford, Director, Corporate Services

8.3. **Staff Report: 2015 Budget Approvals, 100% Funded Ministry of Health and Long-Term Care Programs**
Brent Woodford, Director, Corporate Services

8.4. **Staff Report: One-Time Funding Requests**
Brent Woodford, Director, Corporate Services

8.5. **Staff Report: Borrowing Resolution**
Brent Woodford, Director, Corporate Services

8.6. **Staff Report: Audit Letter of Engagement**
Brent Woodford, Director, Corporate Services

8.7. **Staff Report: Summary of Research Activities, 2014**
Dr. Rosana Pellizzari, Medical Officer of Health

8.8. **2014 Complaints**
Dr. Rosana Pellizzari, Medical Officer of Health

8.9. **2014 Donations**
Brent Woodford, Director, Corporate Services

9. In Camera to Discuss Confidential Personal and Property Matters

10. Motions for Open Session

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

March 11, 2015, 4:45 p.m.
Council Chambers, City Hall, 500 George St. N., Peterborough

12. 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.

The Infant and Toddler Development Program

Date: February 11, 2015

Presentation to: Board of Health

Presenters: Cathy Basterfield, Marion Habermehl, Julie Mycyk

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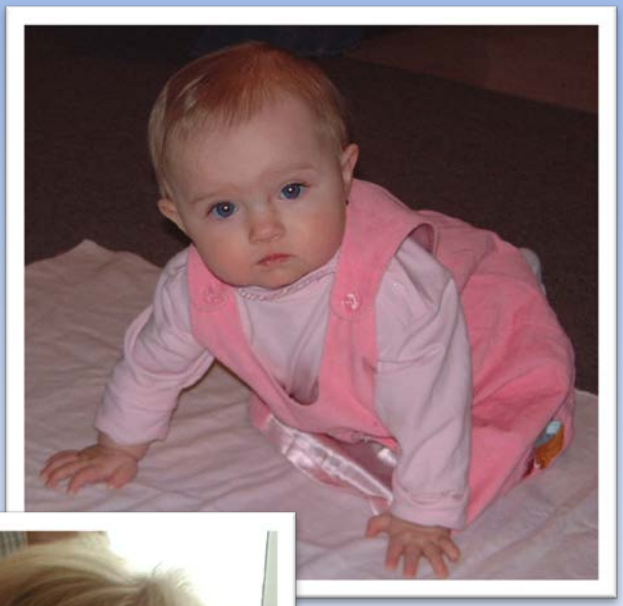
The Infant and Toddler Development Program

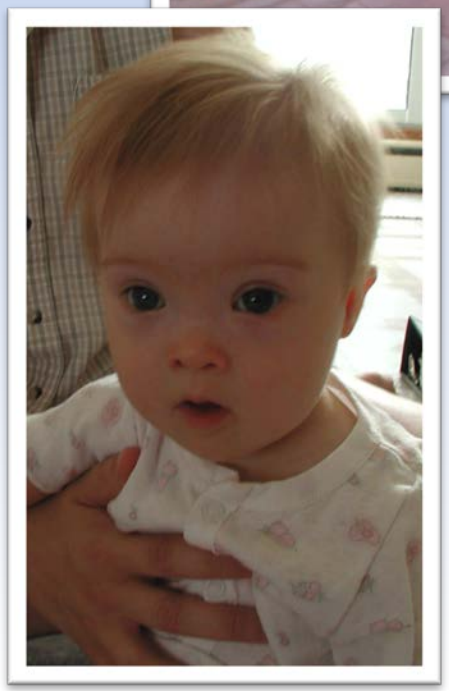
Introduction

- ITDP has been in Peterborough since 1974
- Three part-time Infant Development Workers
- University degrees in:
  - Child and Family Studies
  - Occupational Therapy

Early Intervention

- Ontario Public Health Standards identify child development as a priority
- What happens to children in the first year of life will affect learning, behaviour, and health throughout their life span

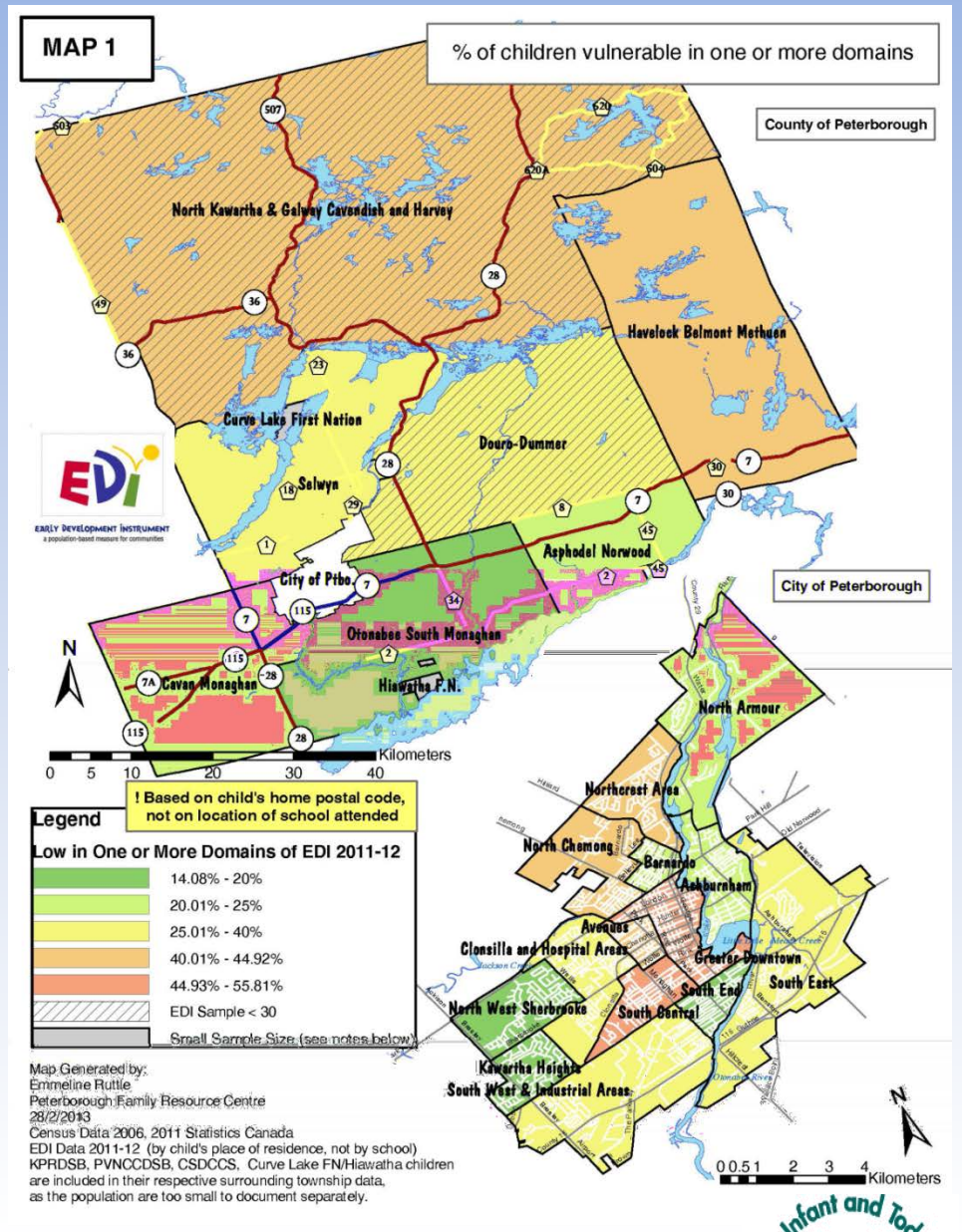




Our Community

EDI maps show that up to **55%** of children in some areas of Peterborough are vulnerable in one or more developmental domains (2012)

(www.pfrc.ca)



Early Intervention

- "… preterm children receiving early intervention … have significantly higher intelligence scores … [and] fewer behavioral issues ... than preterm children who did not receive these services" (Sajaniemi et al, 2001)

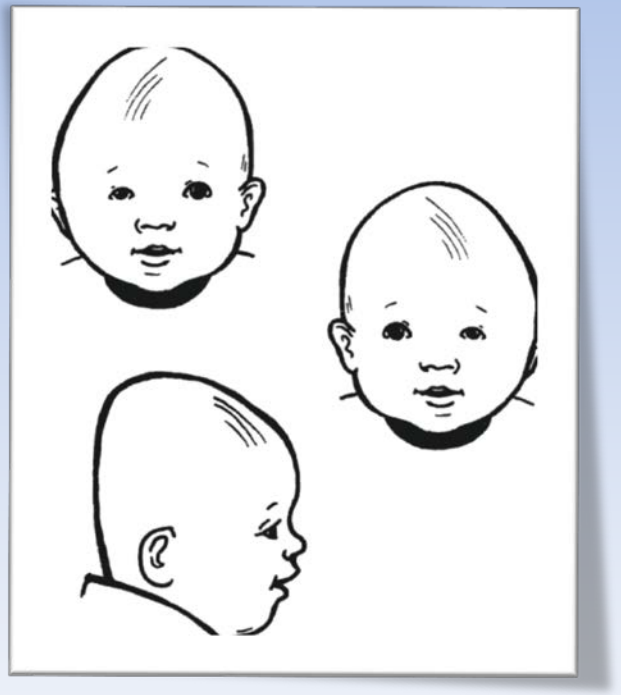
- "Programs that target not only children but also their mothers and other caregivers appear to have the most profound and persistent effects on children's health and development." (Globe and Mail, January 7, 2015)

What is the ITDP?

- Early intervention program funded by the MCYS
- Promotes optimal development of children with, or at-risk for, developmental delays
- Helps families respond to their child's developmental needs
- Home-based service delivery

Current Caseload

- Global developmental delay
- Premature infants
- Down syndrome
- Communication delays (incl. Autism)
- Feeding problems
- Positional plagiocephaly (flat head)
- Prenatal substance exposure
- Infants born to young parents
- Infants born into poverty



ITDP Services

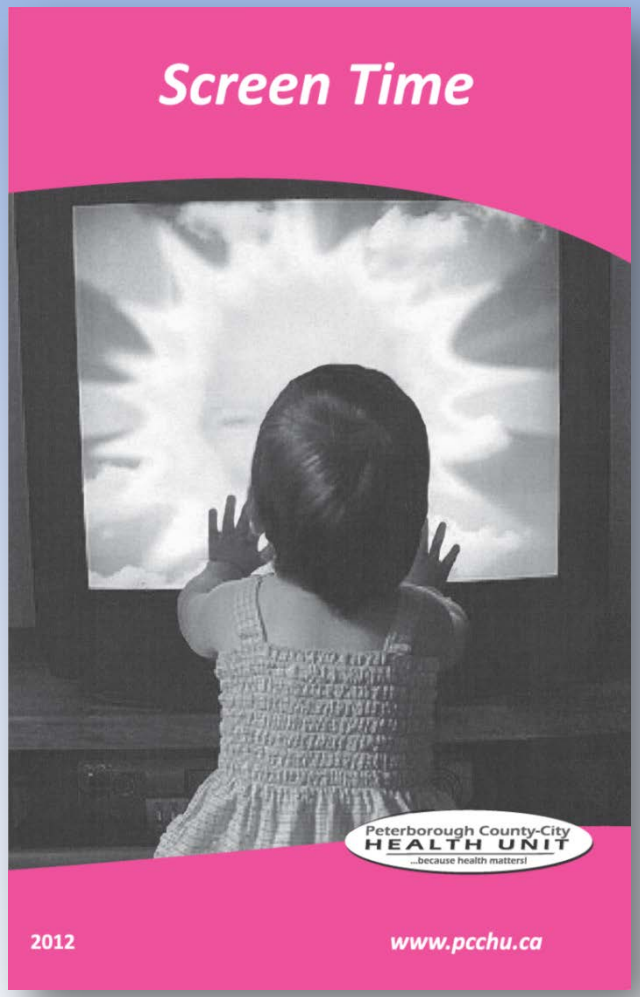
- Home visits
- Developmental assessments to identify strengths and needs
- Clinical intervention to address these needs
- Parent education and support
- Consultation to other health care providers
- Coordination of services with other agencies
- Client advocacy
- Referrals

Internal Collaboration

- Child Health
- Healthy Babies Healthy Children
- Social Determinants of Health
- Vaccine Preventable Disease
- Nutrition
- Injury Prevention
- Smoking Cessation
- Oral Health

External Collaboration

- Peterborough Regional Health Centre
- Five Counties Children's Centre
- Peterborough Family Resource Centre
- Kawartha-Haliburton Children's Aid Society
- Prenatal Health Fair
- Public Libraries
- Queen's University, Trent University and Fleming College



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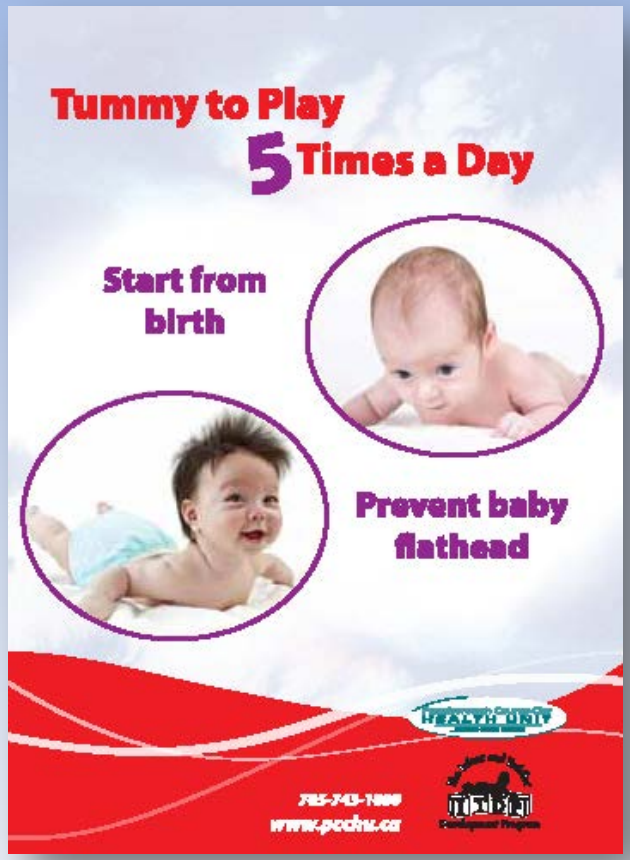
The Infant and Toddler ITDP Development Program



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The Infant and Toddler Development Program

Quotes from ITDP Survey 2014

"We're so pleased that this sort of program is available. Investing in babies and toddlers is exactly where the government should be spending. Wonderful program with excellent workers…Supportive, knowledgeable."

"The program allowed me peace of mind knowing my son was getting help to bring him to where he could be."

"[Their] assistance will forever make us better parents."

"Children do better, families do better, and countries do better when nations invest in early childhood programs."



Making Physical Literacy a Priority

Date: February 11, 2015

Presentation to: Board of Health

Presenter: Deanna Moher, MPH

Health Promoter, Physical Activity

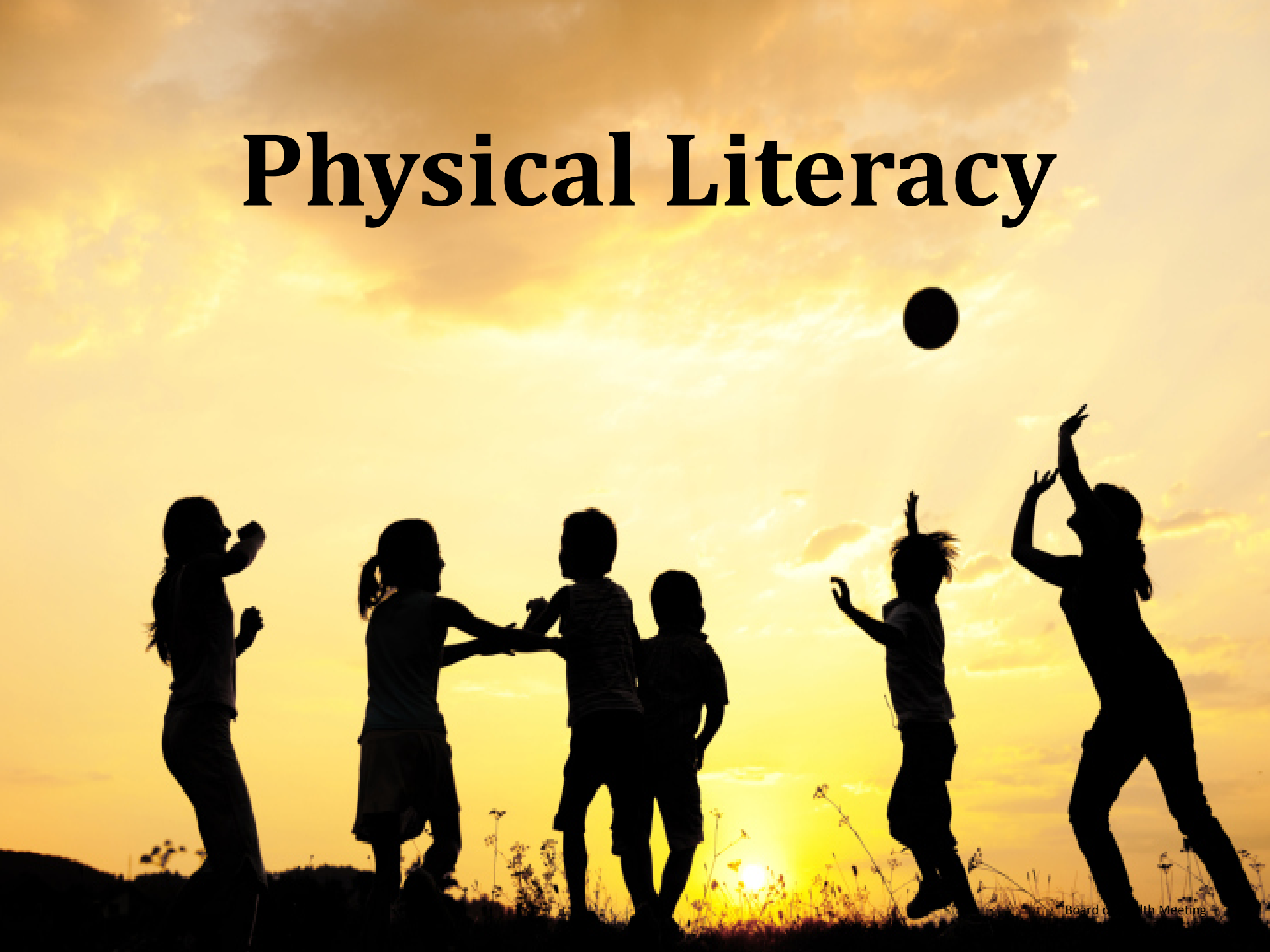
Overview

Physical literacy

- What is it?
- Why is it important to public health?
- What is happening provincially? Locally?

Physical inactivity is an important public health issue.

Physical Literacy



Physically literate individuals move with competence and confidence in a wide variety of physical activities in multiple environments that benefit the healthy development of the whole person.

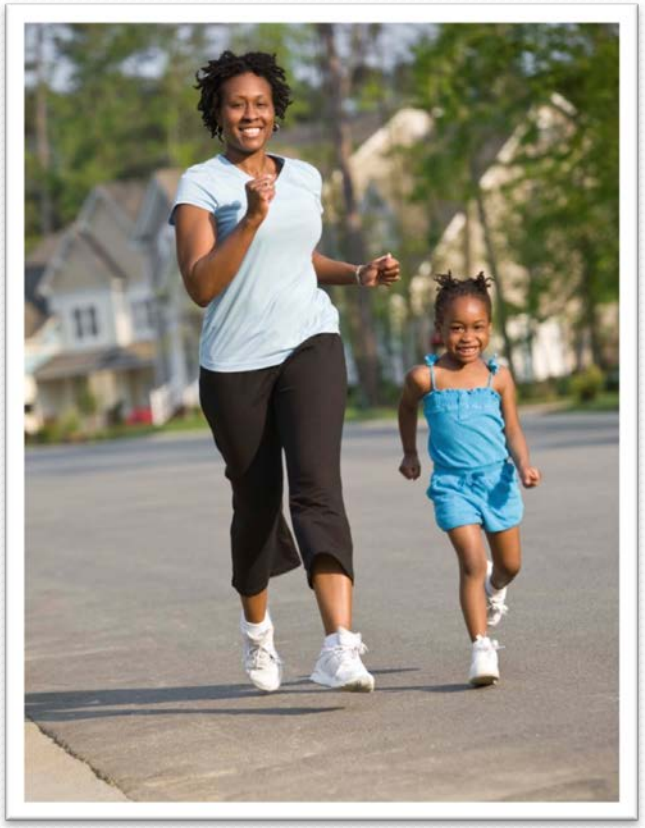
-Physical and Health Education Canada, 2012




Fundamental Movement Skills

Kicking	Swimming	Hopping
Throwing	Cycling	Crawling
Climbing	Skating	Striking
Running	Falling	Catching
Jumping	Skipping	Dodging

Physical literacy lays the foundation for an active life.



If you can't

Catch
~~Jump~~
Run
~~Swim~~
Throw

You won't take part in

Soccer
Basketball
Volleyball
Track and Field
Squash
Badminton
Rugby
Tennis

If you can't

Catch
~~Jump~~
Throw
~~Swim~~
Run

You won't take part in

Baseball
Softball
Bowling
Soccer
Goalball
Football
Rugby

If you can't

Throw
~~Jump~~
Swim
Catch
Run

You won't take part in

Swimming
Diving
Water Polo
Scuba
Kayaking
Sailing
Surfing

Source: Canadian Sport For Life

Physical Literacy Across the Lifespan

Leisure: Recreation & Sport

- *Fundamental* Movement Skills –General Movement Sequences- Performance & Participation

Performance Arts

- Circus, dance

Vocational

- Firefighter, armed services, drywaller, iron worker, underwater welder, any vocation with physicality

Activities of Daily Living

- Garden, paint, hammer, walk on slippery surfaces, etc.

Injury Prevention

- Lift, carry, transfer, lower
- Falls, stumble recovery, landing

Physical literacy is essential for optimal growth and development.

Supporting Physical Literacy

1. Evaluation
2. Quality Programs and Instruction
3. Supportive Environments
4. Opportunities for active play

What is happening provincially? Locally?

Provincially

Education and recreation sectors:

- Within the Vision of the revised (2010) Health and Physical Education curriculum
  - Expected to be included in the new 2015 curriculum
- **Assessment tools** have been developed and are available to use
  - Physical Literacy Assessment for Youth (PLAY) – Canadian Sport for Life (CS4L)
  - Passport for Life – Physical and Health Education Canada (PHE)
- PHE also sells resources for <u>teaching</u> Fundamental Movement Skills

Peterborough City and County

- Schools
  - Both school boards are aware of this topic and are awaiting guidance from Ministry of Education on how to act
  - Childcare settings
- Recreation programs
  - October 2014 – CS4L brought a PLAY workshop to Peterborough – attendees were mostly recreation leaders
- Other: Active Together, Activate Peterborough County & City, Healthy Kids Community Challenge
- Parents role?

Next Steps

1. Making physical literacy a priority in our Health Unit

2. Advocating for physical literacy to be a priority at local educational, childcare and recreation settings

Questions?

Tobacco Focused Work In Schools

Date: February 11, 2015
Presentation to: Board of Health
Presenters: Keith Beecroft,
Mary Pat Fasken,
Anne Gallant

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Foundations for a Healthy School

revised December 2014

INTEGRATED APPROACH	HEALTH-RELATED TOPICS	POSITIVE SCHOOL CLIMATE
Key to building a strong foundation is the use of an integrated approach to address a range of health-related topics.	This resource provides many sample strategies and activities related to six curriculum-linked, health-related topics. A school may choose to address these topics and related living skills in its efforts to become healthier. • Physical Activity • Healthy Eating • Personal Safety and Injury Prevention • Growth and Development • Mental Health • Substance Use, Addictions and Related Behaviours	Collectively, strategies and activities undertaken within these areas also contribute to a positive school climate, which is also key to a healthy school.

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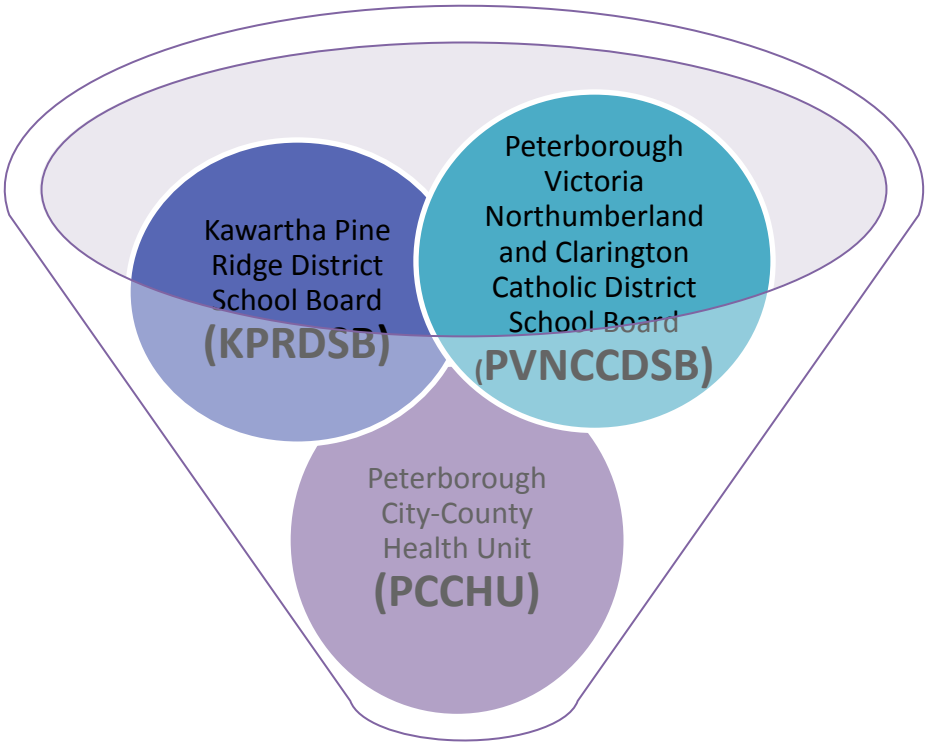
Connect-Change-Connect

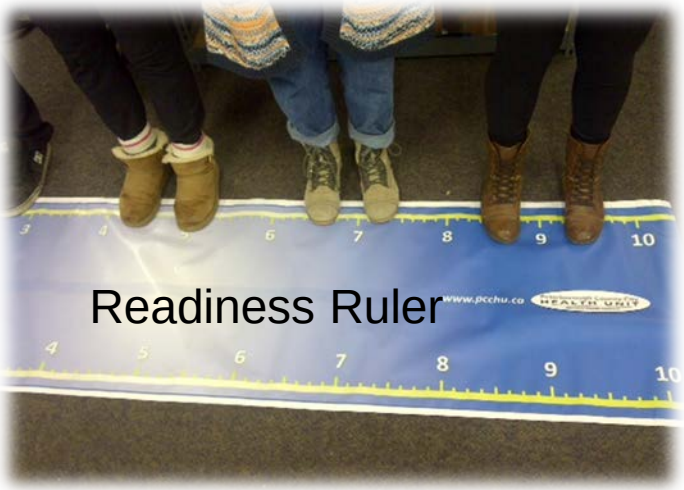


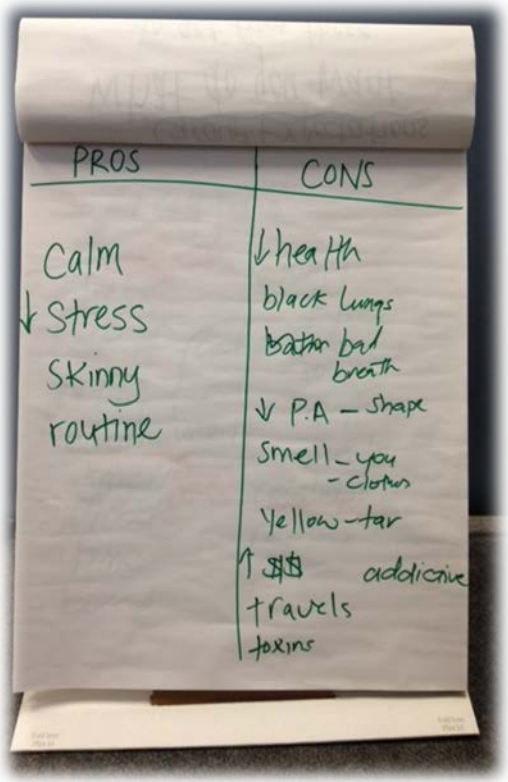
innovative in-school tobacco cessation and school connectedness pilot project

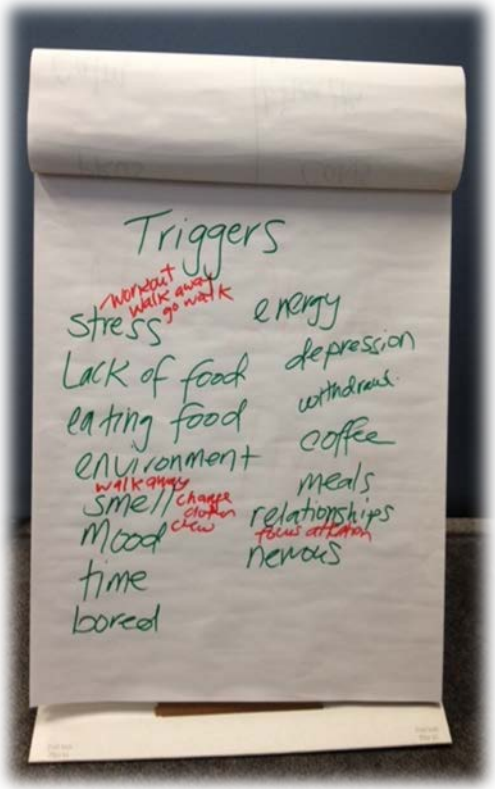
The main objectives for students:

1. to improve student sense of connectedness to their school.
2. to support behaviour change towards a tobacco-free life.

Connect-Change-Connect



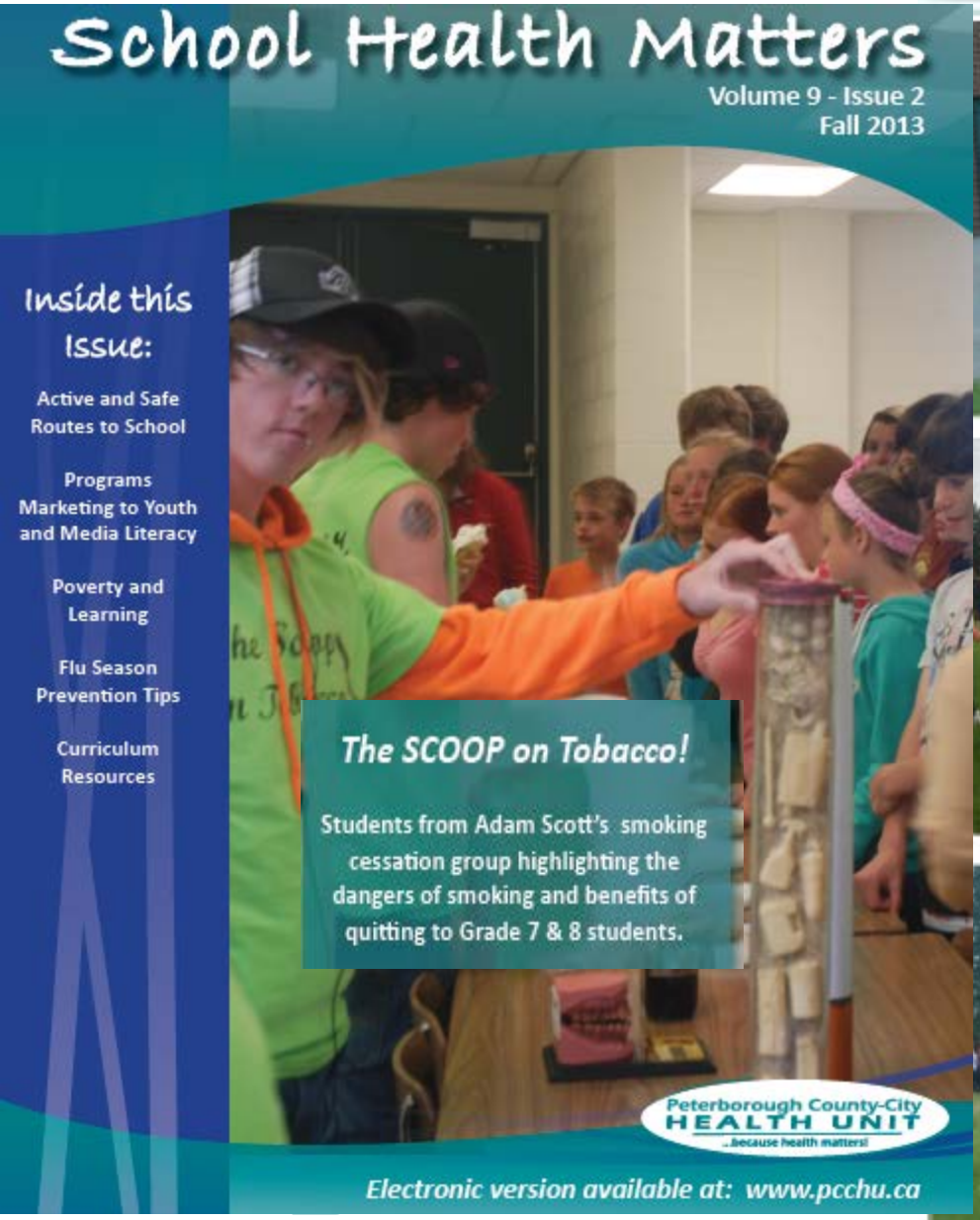




CCC Video

https://www.youtube.com/watch?v=r9cE2wRYWVA&feature=youtu.be

Scoop on Tobacco



The Scoop on Tobacco, Resources

Game
Hula Hoop Challenge

Purpose
To learn about team building and effective communication skills.

Game
What's In a Cigarette?
Giant Memory Match

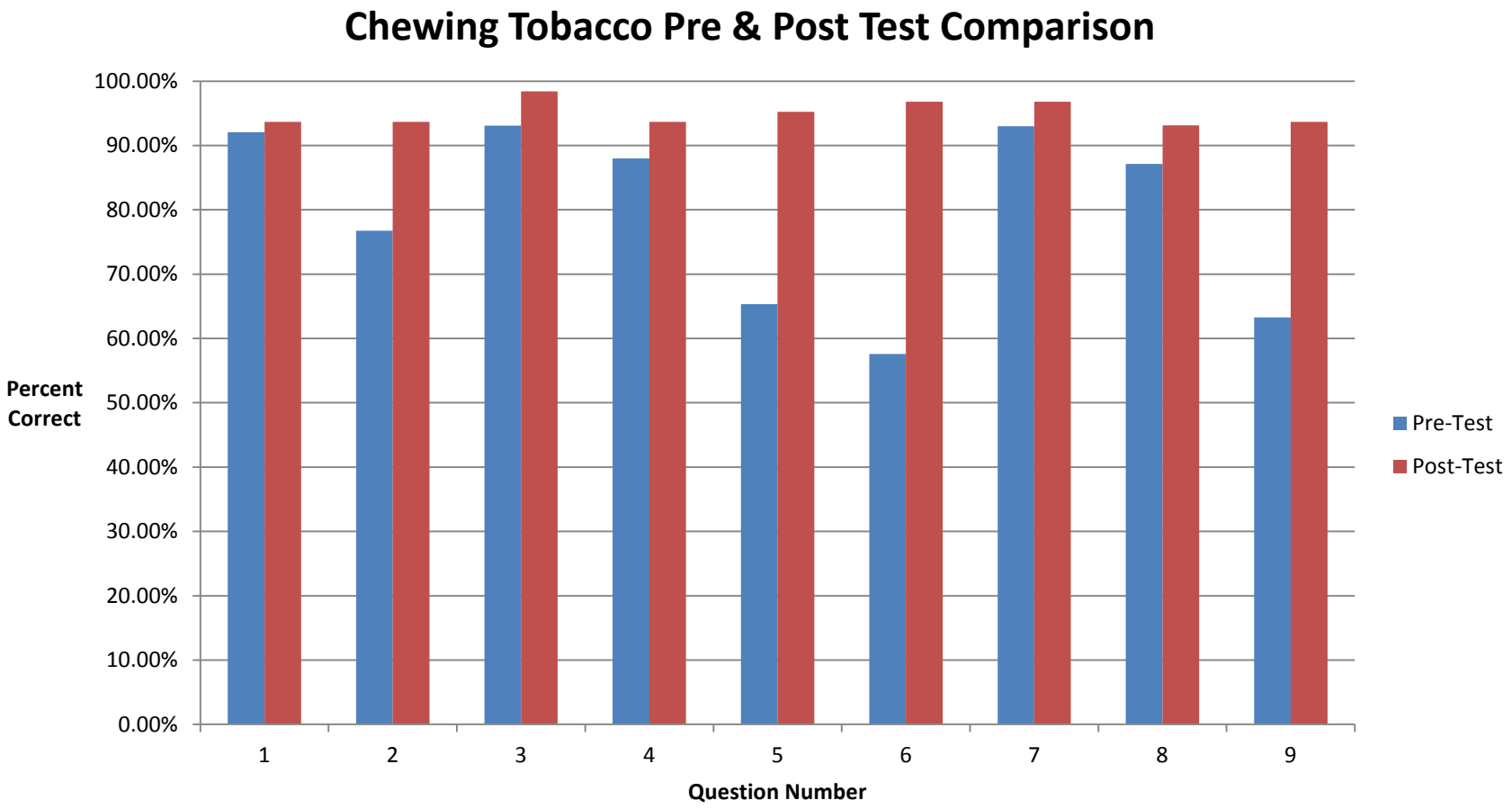
Purpose
To learn about some of the 4000+ chemicals in cigarettes.

Game
Don't Hold Your Breath

Purpose
To learn about the impact of tobacco smoke on human lungs.

Tobacco Use Prevention:
Lakefield District Secondary School

Tobacco Use Prevention: Lakefield District Secondary School



Tobacco Use Prevention: Lakefield District Secondary School

- So what did the students do with their new information?

energy 99.7 today's best music

91.9 BOB FM 80's...90's... & WHATEVER

Country 105

STAR 93.3 The Best Music ★ Less Talk

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LDSS 2.0

- Starting Connect Change Connect group
- Scoop on Tobacco at LDIS
- Nursing student placement using student engagement to collect data and promote positive self expression
- Healthy Schools in September 2015 – our first high school pilot!

Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 14, 2015 – 4:45 p.m.
Council Chambers, Peterborough County Offices
470 Water Street, Peterborough

In Attendance:

Board Members:	**Councillor Gary Baldwin**
	Councillor Henry Clarke
	Mr. Gregory Connolley
	Ms. Kerri Davies
	Deputy Mayor John Fallis
	Mr. Scott McDonald
	Councillor Lesley Parnell, Chair
	Councillor Trisha Shearer
	Mayor Mary Smith
	Mayor Rick Woodcock
Staff:	**Dr. Rosana Pellizzari, Medical Officer of Health**
	Ms. Alida Tanna, Administrative Assistant
	Mr. Larry Stinson, Director, Public Health Programs
	Mr. Brent Woodford, Director, Corporate Services
	Bob Dubay, Manager, Accounting Services
	Sarah Tanner, Supervisor, Oral Health Programs
	Ms. Natalie Garnett, Recorder
Regrets:	**Chief Phyllis Williams**

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1. Call to Order

Dr. Pellizzari, Medical Officer of Health, called the meeting to order at 4:54 p.m.

2. Elections

2.1 Chairperson

Dr. Pellizzari, Medical Officer of Health, called for nominations for the position of Chairperson.

MOTION:
That Councillor Parnell be appointed as Chairperson of the Peterborough County-City Health Unit for 2015.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-001)

Councillor Parnell assumed the Chair.

2.2 **Vice-Chairperson**

Councillor Parnell, Chair, called for nominations for the position of Vice-Chairperson.

MOTION:
That Mr. McDonald, be appointed as Vice-Chairperson of the Peterborough County-City Health Unit for 2015.
Moved: Deputy Mayor Fallis
Seconded: Ms. Davies
Motion carried. (M-2015-002)

3. Appointees to Committees

MOTION:
That the Board of Health for the Peterborough County-City Health Unit approve the following appointments to its Committees for 2015:

- *Governance: Mr. McDonald, Mayor Smith, Deputy Mayor Fallis, and Mr. Connolley.*
- *Property: Councillor Clarke, Mr. McDonald, Ms. Davies, and Mayor Woodcock. Mr. David Watton and Mr. Andy Sharpe will continue as Members-At-Large for this Committee.*
- *Fundraising: Councillor Baldwin, Councillor Shearer and Ms. Davies.*

Moved: Mr. Connolley
Seconded: Councillor Baldwin
Motion carried. (M-2015-003)

The Chairperson of the Board of Health is an ex-officio member of all Board Committees.

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 4:45 p.m., or at the call of the call of the Chairperson.
Moved: Deputy Mayor Fallis
Seconded: Mr. McDonald
Motion carried. (M-2015-004)

A listing of the approved Board of Health meeting dates and locations for 2015 is as follows:

Location: Council Chambers, County Court House, 470 Water Street
Date: January 14

Location: Council Chambers, City Hall, 500 George St. N.
Dates: February 11, March 11, April 15, June 10, October 14, November 11, December 9

Location: Council Chambers, Admin. Building, 22 Wiinookeedaa Rd., Curve Lake First Nation
Date: May 13

Location: Lower Hall, Admin. Building, 123 Paudash St., Hiawatha First Nation
Date: September 9

5. Establishment of Honourariums for 2015

MOTION:
That the Board of Health for the Peterborough County-City Health Unit:
- *Receive the staff report, Board Remuneration Review, for information;*
- *Recommend an increase of $0.75 to the current honourarium for 2015 representing a final amount of $146.36.*

Moved: Councillor Clarke
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-005)

6. Confirmation of the Agenda

MOTION:
That the Agenda be approved as circulated.

Moved: Deputy Mayor Fallis
Seconded: Councillor Clarke
Motion carried. (M-2015-006)

7. Declaration of Pecuniary Interest

8. Delegations and Presentations

9. Confirmation of the Minutes of the Previous Meeting

9.1. December 18, 2014

MOTION:
That the minutes of the Board of Health meeting held on December 18, 2014, be approved as amended.
Moved: Ms. Davies
Seconded: Mr. McDonald
Motion carried. (M-2015-007)

10. Business Arising From the Minutes

10.1 Remuneration of Board of Health Volunteers

Dr. Pellizzari, Medical Officer of Health, provided an overview of the report on Remuneration of Board of Health Volunteers.

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

- *Approve new policy 2-151, Remuneration of Board of Health Volunteers; and,*
- *Cover travel expenses for Mr. David Watton and Mr. Andrew Sharpe retroactive to January 1, 2014.*

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-008)

11. Correspondence

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

1. *Email dated November 24, 2014 from the Association of Local Public Health*

Agencies (alPHa) to Ontario Boards of Health regarding the Making Healthier Choices Act 2014.

2. *Email dated November 28, 2014 from alPHa to Ontario Boards of Health regarding Community Water Fluoridation.*
3. *Letter dated November 28, 2014 from Dr. Pellizzari to the Hon. James Moore, Minister of Industry, regarding reinstatement of the long-form census. (This letter is to be copied to the County of Peterborough)*
4. *Letter dated December 3, 2014 from Dr. Pellizzari to Mr. Brian Parks, President, Bridgenorth-Ennismore-Lakefield Rotary, regarding the 2014 Nutritious Food Basket report and request to present.*
    - *Enclosures previously circulated (November Board report)*
    - *Similar requests were also made to the Rotary Club of Peterborough-Kawartha and the Rotary Club of Peterborough*
    - *Presentation requests have been made to the Joint Services Steering Committee and City Council. County Council has not been approached since presentations have been arranged for each Township Council.*
5. *Letter dated December 5, 2014 from the Ministry of Health and Long-Term Care to all Ontario Board of Health Chairs regarding the 2015 Public Health Funding and Accountability Indicators.*
6. *Email newsletter dates December 12, 2014 from alPHa sent to all Ontario Boards of Health and Public Health Units.*
7. *Letter dated December 22, 2014 to the Hon. Charles Sousa, Minister of Finance from the Board Chair regarding the 2014 Nutritious Food Basket report. (This letter is to be copied to MPP Leal)*
8. *Letter dated December 22, 2014 to the Hon. Tracy MacCharles, Minister of Children and Youth Services/Responsible for Women's Issues from the Board of Health Chair regarding an invitation to visit Peterborough.*
9. *Letter dated December 22, 2014 from the Hon. Tracy MacCharles, Minister of Children and Youth Services/Responsible for Women's Issues, in response to her initial letter dated November 6, 2014, regarding Health Babies, Healthy Children program.*
10. *Email newsletter dated January 8, 2015 from alPHa sent to all Ontario Boards of Health and Public Health Units.*
11. *Resolutions/Letters from other local public health agencies:*

    <u>Community Water Fluoridation</u>
    - *Windsor Essex*

    <u>E-Cigarettes</u>
    - *Simcoe Muskoka District*
    - *Sudbury & District*
    - *Timiskaming*

    <u>Flavoured Tobacco</u>
    - *Sudbury & District*

Oral Health

- *Algoma*
- *Haliburton, Kawartha, Pine Ridge*
- *Northwestern*
- *Sudbury & District*

Reinstatement of the Long-Form Census

- *Haliburton, Kawartha, Pine Ridge*

Moved: Councillor Clarke
Seconded: Mr. McDonald
Motion carried. (M-2015-009)

12. New Business

12.1. Staff Report: Update on IARC Radiofrequency Monograph

Dr. Pellizzari, Medical Officer of Health, provided an update to the Board of Health on IARC Radiofrequency Monograph.

MOTION:
That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Update on IARC Radiofrequency Monograph, for information.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-010)

12.2. Staff Report: 2015 Cost-Shared Budget Approval

An overview of the 2015 Cost-Shared Budget Approval was provided by Bob Dubay, Manager, Accounting Services.

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

- *The 2015 cost-shared budget for public health programs and services in the amount of $7,626,546; and*
- *The additional budget for annual anticipated occupancy costs and mortgage payments required to operate King Street in the amount of $520,000;*

This brings the total 2015 cost-shared budget for public health programs and services, excluding one-time costs, to $8,146,546.

Moved: Mr. McDonald
Seconded: Mr. Connolley
Motion carried. (M-2015-011)

12.3. **Staff Report and Presentation: Low Income Dental Program Integration**

A presentation on the Low Income Dental Program Integration was provided by Sarah Tanner, Supervisor, Oral Health Programs.

MOTION:

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

- *Receive the staff report, Low Income Dental Program Integration, for information; and*
- *Send a letter to the Ontario Premier and Minister of Health and Long-Term Care, copied to local MPPs, calling for the Province of Ontario to retain the Preventative Oral Health Services Protocol in the 2008 Ontario Public Health Standards, and maintain access to treatment and prevention services for children with urgent dental conditions.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2015-012)

12.4. **Staff Report: Vintners Quality Alliance Wines at Famers' Markets**

MOTION:

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

- *Receive the staff report, Vintners Quality Alliance (VQA) Wines at Farmers markets, for information; and*
- *That a letter be sent to all farmers' markets and municipalities in the City and County of Peterborough, copied to MPP Leal (Minister of Agriculture), encouraging them to consider adopting harm reduction strategies to reduce the effects of the availability and accessibility of alcohol if they are participating in the VQA Wines at Farmers' Markets pilot project.*

Moved: Mayor Smith
Seconded: Ms. Davies
Motion carried. (M-2015-013)

12.5. **Committee Report: Property**

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Property Committee for November 10, 2014.

Moved: Ms. Davies
Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-014)

The meeting recessed at 6:50 p.m. and resumed at 6:59 p.m.

13. In Camera to Discuss Confidential Personal and Property Matters

MOTION:
That the Board of Health for the Peterborough County-City Health Unit go In Camera to discuss confidential personal and property matters at 7:00 p.m.
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-015)

MOTION:
That the Board of Health for the Peterborough County-City Health Unit rise from In Camera at 7:20 p.m.
Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-016)

14. Motion from In Camera for Open Session

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

February 11, 2015 – Council Chambers, City Hall, 500 George Street North, Peterborough, 4:45 p.m.

16. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Fallis
Seconded by: Mr. McDonald
Motion carried. (M-2015-017)

The meeting was adjourned at 7:22 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: February 11, 2015

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t[illegible] Recommendation:

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

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1. Letter sent via e-mail dated January 9, 2015 from Dr. Mowat, Interim Chief Medical Officer of Health to all Ontario Board of Health Chairs regarding the release of Ontario's approach to the risk categorization of food premises.
   Additional attachments available upon request.

2. Letter dated January 15, 2015 from the Hon. James Moore, in response to the Board Chair's initial letter dated November 28, 2014, regarding the reinstatement of the long-form census.

3. Letter sent via e-mail dated January 27, 2015 from the Association of Local Public Health Agencies regarding the Low Income Dental Programs Integration.

4. Letter dated February 4, 2015 to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care from Dr. Pellizzari regarding public health funding.

5. Letter dated February 4, 2015 to the Hon. Katherine Wynne, Premier of Ontario, and the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care from Dr. Pellizzari regarding the Low Income Dental Programs Integration.

6. Resolutions/Letters from other local public health agencies (sorted by topic):

   Nutritious Food Basket
   - Durham

   Oral Health
   - Durham

Smoke-Free Policies

- Windsor Essex

Ministry of Health and Long-Term Care

Chief Medical Officer of Health

Public Health Division
21st Floor, 393 University Avenue
Toronto ON M7A 2S1

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Ministère de la Santé et des Soins de longue durée

Médecin hygiéniste en chef

Division de la santé publique
393 avenue University, 21e étage
Toronto ON M7A 2S1

Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

January 9, 2015

MEMORANDUM

TO: Chairs of Boards of Health
Medical Officers of Health and Associate Medical Officers of Health

Re: Release of Ontario's Approach to the Risk Categorization of Food Premises

---

I am writing to inform you of the implementation of the provincial approach to the risk categorization of food premises.

The following documents have been developed with considerable advice from public health units to support the implementation of the new approach in Ontario:

- Guidance Document for the Risk Categorization of Food Premises
- Risk Categorization of Food Premises Template
- Risk Categorization of Food Premises: Backgrounder

The purpose of the Guidance Document for the Risk Categorization of Food Premises is to outline how the boards of health are to assign risk categories for food premises using a standard approach. Specifically, this guidance document:

- Outlines the scope and standard approach to the risk categorization of food premises to be used by the boards of health;
- Provides definitions of key terms used in the process to ensure consistent application; and
- Provides minimum requirements for the use of the accompanying Risk Categorization of Food Premises Template document.

The Risk Categorization of Food Premises Template outlines the various profile and performance factors that influence the risk level of a food premises. Each factor is weighted in such a way that gives priority to risks that contribute to foodborne illness. Boards of health are required to either use the template for the risk categorization of food premises or to integrate the content (i.e., the factors and assigned weightings) into their existing IT system. The *Food Safety Protocol, 2013* (or as current) will be updated by June 2015 to include this requirement.

…/2

The purpose of the Backgrounder is to outline the process that was undertaken to establish the new approach in collaboration with the working group representing public health units, and is attached for your reference.

The Guidance Document and the Template will be available in English and French through the Ontario Public Health Standards (OPHS) website.

I would like to express my appreciation to you and your staff for your valuable work to ensure the continued strength of the public health system in Ontario.

Original signed by

David L. Mowat, MBChB, MPH, FRCPC
Interim Chief Medical Officer of Health

Attachments:

c. Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario

Risk Categorization of Food Premises: Backgrounder

Public Health Division
Ministry of Health and Long-Term Care

January 2015

Ontario

Introduction

The revised *Food Safety Protocol*, 2013 (or as current) outlines the minimum requirements of an annual on-site risk categorization process, using a hazard identification and risk-based approach. This requirement was introduced in 1998 through the adoption of the *Hazard Analysis Critical Control Point Protocol* and continues to be a core feature of Ontario's Food Safety Program. The scope of the revised *Food Safety Protocol, 2013* (or as current) does not include specific factors to be applied when conducting a risk assessment/categorization of a food premise.

The Ministry of Health and Long-Term Care (MOHLTC) recognizes the need to develop a common approach to assist in allocating public health resources to food premises that require appropriate interventions based on their level of risk of contributing to adverse health outcomes, such as food-borne illness. A new approach, using standard factors to categorize risk also provides for consistent data to be collected among boards of health to inform evaluation activities of food safety programs and ensures common principles for reporting and accountability.

Current State

A survey of boards of health in 2013 demonstrated that a variety of processes and tools are used to assess and assign risk categories to food premises throughout Ontario. Many boards of health have developed IT tools for this purpose, while others have established operational practices to address this requirement. The MOHLTC committed to establishing a provincial approach to the risk categorization of food premises in 2014, in collaboration with boards of health, that:

- Can be applied to current public health practice;
- Provides provincial consistency for efficient allocation of public health resources; and
- Contributes to preventing or reducing the burden of food-borne illness.

Process for Establishing a Provincial Approach

Recognizing that all boards of health in Ontario use similar factors to assign risk categories to food premises, it was determined that a policy and program enhancement approach should be based on existing practices to leverage public health experience and intelligence. This would also support the implementation of the new approach with minimal impact on operational procedures and could be incorporated into existing IT applications.

Jurisdictional Review

In 2013, the MOHLTC conducted a jurisdictional scan of risk categorization tools and processes across Canada, other countries, and a survey of all boards of health in Ontario. The results of the jurisdictional review were used to consider policy options for either

developing a new approach or adapting existing practices to Ontario's context. These findings are summarized in Appendix A.

Working Group

The MOHLTC established a time limited working group comprised of environmental health directors and managers from nine Ontario boards of health to facilitate initial feedback and analysis of policy options and to assist with the development of the new recommended approach. Ongoing feedback was provided by the working group between March and September 2014, to develop both the approach and the drafting of the guidance document. Regular updates were provided to all boards of health, primarily through the regular Environmental Health Directors teleconferences.

Consensus on Key Principles

Through the ongoing collaboration with the working group, the following areas of consensus emerged that informed the establishment of the recommended approach for Ontario.

- Consensus that a simple decision making tool is preferable to a provincial IT solution.
- Incorporating a limited number of key factors and assigning weights is an appropriate method to ensure objectivity and reduce or eliminate bias by public health inspectors in completing the risk categorization process.
- The tool or template that is developed should be available in paper and electronic format with the understanding that boards of health would incorporate the factors and weightings into their own operational systems or IT applications.
- Supporting material by way of a guidance document would be necessary to establish clear expectations for use by the boards of health and to support consistent implementation.
- The assignment of risk categories would be conducted in the first scheduled on-site inspection of the calendar year and would not be changed until the following calendar year, unless a significant change in the operation occurs (e.g., change from offering limited food choices to a full service restaurant).
- The new approach consists of two types of factors that will establish risk categories:
    - Profile Factors: issues that describe operational attributes that are consistent over time (i.e., settings that serve vulnerable populations, extent of food handling/ preparation).
    - Performance Factors: metrics that may be observed over time that are indicators of food safety practices based on level of compliance with the regulations and availability of food safety plans and certified food handlers on site. Monitoring of performance factors within food premises provide an important opportunity for public health inspectors to engage with operators to improve their overall performance. Improved performance, using these

metrics, would improve food safety practices and reduce board of health resources for inspection activities over time. The performance factors referenced above and used in the process of assigning risk categories builds on the requirements of the Food Safety Protocol, 2013.

Testing and Validation

At the September 2014 meeting, the working group reached consensus on the general approach that would be applied by all boards of health in the risk categorization of food premises. Prior to implementing the new approach, various food premise scenarios were developed to test and validate the use of the profile and performance factors in assigning risk categories. Based on the feedback from the members of the working group, a number of adjustments were made to the factors and weightings to further refine the template. The list of scenarios, together with an electronic template for testing and orientation by all boards of health, will be included in the suite of documents available for implementation.

Conclusion

The MOHLTC is committed to developing and implementing a provincial approach to the risk categorization of food premises in collaboration with boards of health. This approach aims to assist in allocating public health resources to food premises that require appropriate interventions based on their level of risk of contributing to adverse health outcomes, such as food-borne illness.

The process used to develop the policy option for the risk categorization of food premises demonstrates the commitment to strong partnerships and collaboration with boards of health to improve system integration within the public health sector.

Appendix A

The key findings of the Public Health Unit Survey, as summarized in March 2014, are presented below.

- All 36 health units responded to the survey.
- All respondents incorporate the following factors in their tool and/or process:
    - The target population served,
    - The nature of food preparation, and
    - The type of food
- 86% of the respondents include confirmed or implicated as a source of a foodborne illness/outbreak within their tool and/or process.
- 69% include volume of food served.
- 67% incorporate:
    - Historical level of compliance, and
    - Food safety management program/HACCP.
    - 58% of the respondents specify food handler training/certification vs. 31% who mention some aspect of management or employee food safety knowledge.

References

1. Food Safety Protocol, 2013. Available from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/food_safety.pdf.
2. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards 2008. Toronto, ON: Queen's Printer for Ontario; 2008 [cited 2013 Jul 05]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf
3. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
4. O. Reg. 562/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900562_e.htm.

Minister of Industry | Ministre de l'Industrie

Ottawa, Canada K1A 0H5

JAN 15 2015

RECEIVED

JAN 20 2015

PETERBOROUGH COUNTY CITY HEALTH UNIT

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

Dear Dr. Pellizzari:

Thank you for your letter of November 28, 2014, regarding the support of the Peterborough County-City Health Unit for Bill C-626 and your recommendation concerning the reinstatement of the mandatory Census long-form questionnaire. I appreciate your taking the time to share your views.

I would like to explain to you why our government does not support a number of amendments proposed by Bill C-626. Primarily, many of the proposed amendments would negatively affect Statistics Canada's governance and accountability, and undermine the timeliness of its data collection activities. Furthermore, these measures would reverse steps taken by this government to reduce respondent burden on Canadians.

In addition, the proposed amendments would increase the overall costs of Statistics Canada's operations and seriously limit the Agency's ability to respond to user needs in a timely fashion. For example, under Bill C-626, Statistics Canada would be required to publish information on more than 350 surveys a year in the *Canada Gazette*. This is a costly and unnecessary measure, as Statistics Canada already publishes detailed information on all of its surveys on its website.

Furthermore, Bill C-626 attempts to change the method for appointing the Chief Statistician, shifting part of that responsibility from the Governor in Council to other players. This would blur the accountabilities of the Chief Statistician, who is currently appointed like other deputy ministers in the federal public service.

Finally, Bill C-626 does not fully remove the threat of imprisonment related to collection activities. The government believes that the bill does not go far enough in protecting the rights of Canadians.

...2

Canada

In June 2010, our government made the decision to conduct the 2011 Census using the short-form questionnaire and to collect the long-form Census questions in the new National Household Survey. In doing so, we met our commitment to strike the right balance between the need for information and the privacy rights of Canadians.

The National Household Survey data covers a wealth of reliable information on all aspects of Canadian society, such as immigration, citizenship, visible minorities, ethnic origin, Aboriginal peoples, religion, labour, education, mobility and migration, languages, commuting, income, earnings, housing and shelter costs. The 2011 National Household Survey provides information for various levels of geography, including provinces and territories, census metropolitan areas/census agglomerations, census divisions, census subdivisions and federal electoral districts.

Please be advised that Statistics Canada is currently assessing ways to more fully address user needs for data from small geographic areas and subpopulations by developing and employing state-of-the-art techniques to produce small area estimates to complement the core statistics program.

As well, Statistics Canada is currently undergoing a comprehensive review of the potential for using administrative and other alternative data sources to complement or supplement the Census. The Agency is striving to ensure that its surveys and programs continue to be both relevant and cost effective, while reducing the amount of time Canadians spend responding to surveys.

I can assure you that Statistics Canada continues to work to maintain the integrity of national data sources, as this is a key factor in decision making at all levels of government.

Please accept my best wishes.

Sincerely,

The Honourable James Moore, P.C., M.P.

alPHa
Association of Local PUBLIC HEALTH Agencies

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Toronto, Ontario M5B 1J3
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Fax: (416) 595-0030
E-mail: info@alphaweb.org

January 27, 2015

Elizabeth Walker, Director
Public Health Planning and Liaison Branch
Public Health Division
Ministry of Health and Long-Term Care
Suite 2100 - 393 University Ave
Toronto, Ontario M5G 1E6

Dear Ms. Walker,

Re. Low-Income Dental Programs Integration

On behalf of members of the Council of Ontario Medical Officers of Health (COMOH) and the 36 local public health units in Ontario that we lead, I would like to thank you for the opportunity to provide input to the Low Income Dental Integration process.

As you are aware, our members are very supportive of consolidating Ontario's six publicly-funded oral health programs into a new Healthy Smiles Ontario (HSO) program. We also appreciate the challenges in doing so given the ambitious timeline that has been set by the Province, and we have been made aware that a significant amount of work is being undertaken by at the provincial level to meet them.

We believe that the goal of the new Healthy Smiles Ontario program should be to improve public health's ability to meet the oral health needs of low-income children in their communities and expand the number that can be served. This has been a top priority for our members since the consolidation was announced, and they have been active in communicating their concerns, questions and recommendations.

Recognizing that the Low Income Dental Integration working and advisory committees are likely already addressing many of these issues and concerns, I believe that sharing what we have heard from our members will assist in confirming priorities, identifying issues for communication and ensuring that all areas of inquiry are being addressed. I hope that the following will be helpful to the development and implementation of the new program.

Program Eligibility and Purpose

Public Health Units (PHUs) have appreciated the assurances from you and your staff that a goal of the new program is to ensure that all children currently covered by one or more of the existing six programs continue to maintain their eligibility under the new one. They would however appreciate further assurances that they will retain their important role in the provision of preventative services to children in low income families and that the urgent need component of the new program will provide at least the same level of service that is currently available under the Children in Need of Treatment (CINOT) program. In its final form, we believe that HSO must continue to ensure equitable access to oral health care across the province for high risk children in urgent need of dental care due to conditions including pain, infection, trauma and neglect.

Communications

There is a fair amount of anxiety among health units owing to the rapidly approaching implementation date of the new HSO and the comparative lack of information needed to carry out the required advance planning. As a result, health units have been speculating on the possible implications of the program and service delivery changes without being able to take any kind of informed action on them.

The provision of clear communication to local public health units of the details of the planned changes well in advance of the implementation/effective date will be essential to the effective planning for the service, staffing, financial and facility changes that will be dictated by the new program. Additionally, our members have expressed strong wishes to be informed of what funding, resources and other assistance will be made available by the Province to support the transition to the new HSO.

Funding & Financial Impacts

Based on past experience, our members are anticipating that the Province will provide one-time funding to offset administrative, financial and staffing costs after the consolidated program and public health roles are clearly articulated. We would therefore ask that the next budget template include recognition of the costs to PHUs for the anticipated impacts outlined in this letter and identified during committee discussions.

As mentioned above, the ambitious timelines for the LIDI process are forcing PHUs to do their planning without key pieces of information. Due to the calendar year orientation of PHU budgeting processes, many PHUs have already completed their 2015 budgets. Some have included 7 months of CINOT funding and others have included 12 months, depending on the information available at the time budgets were completed. A concern among the former is that their municipalities may be compelled to cover 100 percent of the costs for the remaining 5 months for the elements of the current CINOT program that are incorporated into the urgent stream in the new program.

Other financial impacts may include penalties associated with cancelling leases for off-site oral health clinics and the processing of outstanding fee-for-service CINOT claims that will continue to come in for several months after August 2015. PHUs will need to maintain funding and staff to deal with these claims.

Impacts on Human Resources

This is another area that is very difficult to plan for without full information, but some PHUs have already been identifying positions that are most likely to be affected. If the final program configuration puts PHUs in the unfortunate position of having to release staff, there will be costs related to severance pay, vacation pay, and retraining and relocation where that is possible. In addition, staff notification periods are governed by collective agreements and range from 4 weeks to 3 months. In some cases there will be legal costs related to staff grievances, and special consideration will need to be given to displaced staff that are on sick or disability leave. Accounting for the additional management time to address layoffs and redesign work processes will also be important.

We have heard that the current uncertainty is already having a negative impact on staff morale, as those who feel that their positions are most vulnerable to the changes are worrying about reassignments or layoffs. We have been further informed that employees in some PHUs have already submitted resignations, unable to continue to work in such a climate of uncertainty. As a result, these PHUs have had to recruit temporary staff to carry on the existing oral health programs, including claims processing.

Inflexible Financial Eligibility Requirements

Many of our members have raised grave concerns about the replacement of the flexibility that exists for determining eligibility for treatment under the current CINOT program with a strict income-based cut off. This raises worries about how to deal with children who are clearly in urgent need of dental care are identified and the low income eligibility cut off is, ethically and morally speaking, not a good enough reason on its own to deny this care.

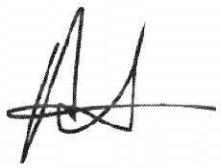
In 2013, the number of children across Ontario enrolled for urgent care in the CINOT program was 32,839. The basis of our support for streamlining Ontario's oral health programs was the potential for improvement and expansion of our oral health interventions. Withdrawing important oral health services to this many of Ontario's vulnerable children as a consequence of program redesign is therefore not something we can accept.

We strongly believe that the urgent care component of the new HSO program must ensure that any child who would qualify for treatment under the current CINOT criteria would also qualify once the consolidated program is in place. We further ask that clear guidelines be developed and communicated for the referral and treatment of such children.

Again, we appreciate that the final impacts of the new program cannot be fully assessed until we know more about its design and details of the roles for public health units and their staff. We hope that you will continue working with partners including OAPHD, AOPHBA, COMOH and alPHa to understand the full extent of the programming, administrative, financial, and client implications, both before and after its implementation. We also ask that the Ministry take the lead in communicating the new HSO program and associated implications to boards of health, service providers, and service recipients and their parents/guardians.

We look forward to continuing to work with you on this important initiative. If you would like to discuss any of the points in this letter further, please contact alPHa's Executive Director, Linda Stewart at linda@alphaweb.org or 416-595-0006 extension 22.

Sincerely,



Dr. Penny Sutcliffe,
alPHa President

cc: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care
Roselle Martino, Executive Director, Public Health Division
Martha Greenberg, Assistant Deputy Minister, Health Promotion Division
Laura Pisko-Bezruchko, Co-Chair, LIDI Implementation Technical Advisory Committee & Director, Standards, Programs & Community Development
Andrea Feller, Co-Chair, LIDI Implementation Technical Advisory Committee
Carlos Quinonez, Co-Chair, Service Schedule Review Expert Panel
Paul Allison, Co-Chair, Service Schedule Review Expert Panel
Board of Health Chairs
Ontario Medical Officers of Health
Health Unit CEOs

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

February 4, 2015

Hon. Dr. Eric Hoskins
MOHLTC, Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Thank you for the 2014 program budget approval that arrived a few months ago. We understand that there have been unforeseen events that impacted on the late approval of our public health budgets. November is unusually late for approvals and makes it impossible to end our year with a balanced budget; however, it serves to accentuate systemic challenges which we are hoping that you, as a new Minister with the public health portfolio, might be able to address during your tenure.

Your predecessors have recognized that there needs to be fundamental changes to the way in which Ontario's thirty-six boards of health are funded. During the tenure of Minister George Smitherman, in 2006, a thorough review was conducted and recommendations made in the "Revitalizing Ontario's Public Health Capacity: The Final Report of the Review Committee". Recommendation #24 stated: "*The Ministry should establish a budget process that allows for the approval of annual budgets within three-year rolling forecasts to ensure that boards of health and municipalities operate in a predictable financial environment*." Boards of health are now signing accountability agreements with three-year shelf lives. Longer funding horizons would help us avoid the anxiety and paralysis that precedes the annual provincial budget approvals.

Our board would appreciate a resolution to this uncertainty by moving to a more stable and predictable funding cycle, even if the commitment is for the same budget as the previous year it will allow us to plan our service delivery with a reasonable level of confidence.

Further examination of the 2006 document will reveal a number of equally important funding issues. We await news of any potential funding formula to address the historical inequalities that have arisen from board to board. We are encouraged to see that capital funding for boards of health will become more accessible than it has been in the past. In addition, a policy change that would give boards of health the ability to carry operating reserves would also enhance our capacity to address unforeseen costs that arise from time to time.

In your current mandate, we understand that you will be reviewing the public health sector's contribution to improving health outcomes and "value for money". We hope that this will include attention to public health funding issues such as the ones that we have highlighted in this letter.

In addition to these funding issues, we are also writing to make you aware of our current situation with regards to moving into a new facility. This work has been underway for a number of years now, with the support of our municipalities, First Nations, and local MPP, Minister Jeff Leal. Delays have meant that the purchase of the new site will now take place in the fall of 2015. We have met with Minister Leal who encouraged us to relay the most up-to-date financial information to our MOHLTC contact so that your office could be kept informed of the final numbers. We have done that, and are including this information in this letter as well. We have now received approvals and funding from a majority of our obligated municipalities. We look forward to working with members of your staff so that we are able to meet the financial conditions in our purchasing agreement by the end of this month.

In closing, we wish to thank you for your ongoing support of public health and commitment to improving the health and wellbeing of communities like Peterborough and our two neighbouring First Nations.

Sincerely,

Original signed by

Rosana Pellizzari, MD, MSc, CCFP, FRCPC
Medical Officer of Health
on behalf of
Councillor Lesley Parnell
Chair, Board of Health,
Peterborough County-City Health Unit

/at

cc: MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock

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

February 4, 2015

Hon. Kathleen Wynne
Premier of Ontario
Office of the Premier
Legislative Building, Queens Park
Toronto, ON M7A 1A1

Hon. Dr. Eric Hoskins
MOHLTC, Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Premier Wynne and Minister Hoskins:

The Board of Health for the Peterborough County-City Health Unit welcomes the Government's decision to integrate the current six dental health programs for children and youth, streamlining the administration and eligibility criteria to access dental services and reducing confusion for families and dental service providers.

We are concerned, however, that as part of this integration, the Ministry of Health and Long-Term Care plans to remove clinical preventive oral health services (currently undertaken by health unit staff) from the Ontario Public Health Standards (OPHS). The current protocol states "the board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008". By removing these services Ontario will move further away from developing a universally-funded children's' dental health service.

Currently, the Children In Need of Treatment (CINOT) program provides children with an urgent dental condition one full course of treatment to restore dental health. We are concerned that eligibility would be lost for some children with the new integrated program. We urge the province to maintain access to a full course of treatment for children with urgent needs.

We are also concerned that the changes currently proposed in the development of the integration will lead to fewer children accessing preventive oral health services and more children living with dental pain and discomfort. This will ultimately lead to a decline in the oral health of children in Ontario.

It is our respectfully submitted request that the Preventative Oral Health Services Protocol in the 2008 Ontario Public Health Standards be maintained for boards of health, and that access to treatment and prevention services for children with urgent dental conditions be protected.

Sincerely,

Original signed by

Rosana Pellizzari, MD, MSc, CCFP, FRCPC
Medical Officer of Health
on behalf of
Councillor Lesley Parnell
Chair, Board of Health,
Peterborough County-City Health Unit

/at

cc: MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

DURHAM REGION

January 22, 2015

The Honourable Kathleen Wynne
Premier and Minister of Agriculture
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services Department - Legislative Services

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Matthew L. Gaskell
Commissioner of Corporate Services

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health dated January 6, 2015 re: 2014 Nutritious Food Basket (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on January 21, 2015 Council adopted the following recommendations of the Committee:

"A) That the correspondence of Sudbury & District's Medical Officer of Health be endorsed; and

B) That the Premier of Ontario, Minister and Associate Minister of Health and Long-Term Care, Durham MPP's, Interim Chief Medical Officer of Health, alPHa, AMO, all Ontario Boards of Health, Minister of Children and Youth Services, the Cabinet Committee on Poverty Reduction and Social Inclusion and the Central East Local Health Integration Network (LHIN), be so advised."

Attached hereto for your information is a copy of the correspondence from Sudbury & District's Medical Officer of Health.

Deb Bowen

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

DB/np

Attach.

c: The Honourable Dr. Eric Hoskins, Minister of Health and Long Term Care

The Honourable Dipika Damerla, Associate Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Christine Elliott, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Dr. David Mowat, Interim Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
P. Vanini, Executive Director, AMO
Ontario Boards of Health
The Honourable Tracy MacCharles, Minister of Children and Youth Services
Cabinet Committee on Poverty Reduction and Social Inclusion
Central East Local Health Integration Network (LHIN)
R.J. Kyle, Commissioner & Medical Officer of Health

Sudbury & District

Health Unit

Service de santé publique

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: 705.522.5182

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: 705.677.9611

Chapleau
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Box / Boîte 485
Chapleau ON P0M 1K0
: 705.860.9200
: 705.864.0820

Espanola
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: 705.867.0474

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1.866.522.9200

www.sdhu.com

November 7, 2014

VIA ELECTRONIC MAIL

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

Dear Premier:

Re: 2014 Nutritious Food Basket Survey

On behalf of the Sudbury & District Board of Health, I am pleased to share information from the 2014 Nutritious Food Basket survey for the Sudbury & District Health Unit area.

Each year all Ontario public health units are required to do a local costing of healthy eating, or the Nutritious Food Basket (NFB) survey. The Sudbury & District Health Unit follows a standardized protocol to measure the cost of healthy eating in our area. The NFB survey demonstrates year after year that households on social assistance or minimum wage cannot afford a nutritious diet after paying for housing costs and other basic necessities such as transportation, clothing, and personal care items.

The NFB highlights the nutritional vulnerability of social assistance recipients and those earning a minimum wage.

To help share this message more broadly, this year we created an infographic on the 2014 NFB. This communication tool is attached for your use – we would welcome any feedback you might have.

Further, please be advised that on October 16, 2014, the Board of Health carried the following motion:

WHEREAS the Sudbury & District Board of Health annually monitors the cost of healthy eating in the Sudbury & District Health Unit (SDHU) area in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the Ontario Public Health Standards, 2008; and

WHEREAS the 2014 costing results continue to show that individuals and families living on social assistance, or low incomes, cannot afford healthy food after paying for housing and other necessities and therefore may be at higher risk for food insecurity;

WHEREAS food insecurity has serious consequences for mental, physical and social health of both children and adults;

WHEREAS although Ontario's Poverty Reduction Strategy – Realizing Our Potential makes commitments to reducing poverty, its changes to the social assistance system are inadequate to ensure individuals and families will no longer live in poverty;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health continue to urge the Province to further increase social assistance rates to reflect the actual cost of nutritious food and housing by considering the annual results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports;

FURTHER THAT the Sudbury & District Board of Health request that the Province index social assistance rates to inflation (i.e. the Ontario Consumer Price Index) to keep up with the rising cost of living;

FURTHER THAT the Sudbury & District Board of Health request the Province to include consideration of food insecurity as an indicator of deprivation to measure progress of Ontario's Poverty Reduction Strategy;

FURTHER THAT the Sudbury & District Board of Health share this motion and supporting materials with appropriate community agencies, boards, and municipalities throughout the SDHU catchment area.

The Board of Health is calling on the provincial government to further its commitment to poverty reduction by strengthening its strategy, *Ontario's Poverty Reduction Strategy – Realizing Our Potential.*

The Board is advocating for the inclusion of food insecurity as a key indicator measuring progress on poverty reduction. We anticipate the feasibility of this recommendation as food insecurity is routinely measured by the Canadian Community Health Survey. We also note that another Canadian jurisdiction has introduced extensive social assistance reform that appears to have contributed to a significant decrease in food insecurity rates.

Thank you for your interest and commitment to working on ensuring individual and household food security. The Sudbury & District Board of Health looks forward to continuing to work in partnership with you on these and other issues to support health for all in our communities.

Sincerely,

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

Enclosure

cc: Dr. Eric Hoskins, Minister of Health and Long-Term Care
Dipika Damerla, Associate Minister of Health and Long-Term Care (and Wellness)
Dr. David Mowat, Interim Chief Medical Officer of Health
Joe Cimino, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
John Vanthof, Member of Provincial Parliament, Timiskaming-Cochrane
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Alan Spacek, President, Federation of Northern Ontario Municipalities
Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario
Ontario Boards of Health

DURHAM REGION

The Regional Municipality of Durham

Corporate Services Department - Legislative Services

605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of Corporate Services

January 22, 2015

The Honourable Kathleen Wynne
Premier and Minister of Agriculture
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health dated January 6, 2015 re: Continued Oral Health Access (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on January 21, 2015 Council adopted the following recommendations of the Committee:

"A) That the correspondence of Eastern Ontario's Medical Officer of Health be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham MPPs, Interim Chief Medical Officer of Health, alPHa and all Ontario Boards of Health be so advised."

Attached hereto for your information is a copy of the correspondence from Eastern Ontario's Medical Officer of Health.

Deb Bowen

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

DB/np

Attach.

c: The Honourable Dr. Eric Hoskins, Minister of Health and Long Term Care
Joe Dickson, MPP (Ajax/Pickering)

Christine Elliott, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP,
(Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Dr. David Mowat, Interim Chief Medical Officer of Health
L. Stewart, Executive Director, alPHa
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

Cornwall, August 29, 2014

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

Dear Hon. Minister Hoskins:

Re: *Continued Oral Health Access to Those Children with Urgent Dental Needs*

At its meeting on August 21, 2014, the Eastern Ontario Board of Health unanimously passed the following motion number 2014-1147:

***WHEREAS** beginning August 2015, it is proposed by the Ministry of Health and Long-Term Care that all six dental publicly funded programs be integrated into one common program. This new program, Healthy Smiles Ontario II (HSO II), will only have a family financial means test to determine eligibility; it will no longer consider oral health needs of the child; and*

***WHEREAS** with this current understanding and extrapolating to August 2015, 713 children in the Eastern Ontario Region will no longer have access to oral health programs as they will no longer be eligible for the new HSO II program and will not have a needs based program to cover their dental treatment; and*

***WHEREAS** with this current understanding and extrapolating to August 2015, 1500 children in the Eastern Ontario Region will no longer have access to oral health preventive services such as fluoride and sealants; and*

***WHEREAS** with the current understanding and extrapolating to August 2015, the impact on a child and its family will not only be financial but will also have a severe impact on a child's health and wellbeing;*

***THEREFORE BE IT RESOLVED THAT** the "emergency" program that has been suggested by the Ministry be based on dental needs and be adequately funded to meet the utilization rate of the three current needs based treatment programs. The current level of funding is $21 million ($17 million for CINOT and $4 million for CINOT Expansion); and*

That the current levels of funding provided through general programs budgets and Healthy Smiles Ontario budgets, be maintained for Health Units, in order to ensure equitable access to preventive oral health services for all children.

../2

FURTHERMORE THAT *copies of this motion be forwarded to local municipalities, the Association of Municipalities of Ontario (AMO), local school boards, local MPPs, the Champlain LHIN, all Ontario Boards of Health, the Association of Public Health Agencies (alPHa) in request for their support to urge the provincial Ministry of Health and Long-Term Care to take positive action to meet current needs of our population.*

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

Sincerely,

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Association of Municipalities of Ontario (AMO)
City of Cornwall
Schools Boards of Stormont, Dundas, Glengarry, Prescott & Russell
Champlain LHIN
Ontario Boards of Health
Association of Public Health Agencies (alPHa)
Chief Medical Officer of Health, Dr. Graham Pollett (Interim)
Jim McDonell, MPP, Stormont-Dundas-South Glengarry
Grant Crack, MPP, Glengarry-Prescott-Russell

January 12, 2015

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

Dear Minister Hoskins:

The Board of Health at the Windsor-Essex County Health Unit would like to congratulate the Ministry of Health and Long-Term Care on the announcement of its amendments to the *Smoke-Free Ontario Act (SFOA)* and the introduction of the *Making Healthier Choices Act*. Both the amended and proposed legislation will make it easier for Ontario families to make choices that benefit the health of their children for generations to come. Subsequently, these actions provide support to the work being done regionally and are in line with the resolutions recently passed in Windsor-Essex.

On November 20, 2014, the Board of the Windsor-Essex County Health Unit passed two resolutions. The first was to encourage further policy development in the area of smoke free outdoor spaces:

> WHEREAS outdoor sport and recreation areas, parks, beaches, trails, and playgrounds are intended to promote the health and well-being for all Windsor-Essex County residents, and
>
> WHEREAS entrances/exits of municipal buildings, transit shelters, and outdoor hospital grounds are other areas of exposure to second-hand smoke, smokeless tobacco use and the use of lighted or heated smoking equipment.
>
> NOW THEREFORE BE IT RESOLVED that the Board of Health for the Windsor-Essex County Health Unit encourages all Windsor-Essex municipalities to develop and adopt by-laws prohibiting smoking, smokeless tobacco use, and lighted or heated smoking equipment such as hookah/waterpipe, and e-cigarettes in all municipally owned outdoor sport and recreation areas, as well as parks, beaches, trails, playgrounds, 9m from entrances/exits of municipal buildings, transit shelters, and outdoor hospital grounds.

The second was to encourage further policy development in the area of indoor smoking and tobacco use prohibitions:

> WHEREAS a number of concerns have been identified about lighted or heated smoking equipment (such as hookah/water pipe, and e-cigarettes) including their safety, health risk, impact on youth smoking initiation, potential to normalize smoking behaviour, and ability to undermine existing tobacco control legislation, and

WHEREAS smokeless tobacco is not a safe substitute for smoking cigarettes, it poses similar health risks of traditional cigarettes to users, and is often used as an alternative to cigarette smoking indoors,

NOW THEREFORE BE IT RESOLVED that the Board of the Windsor-Essex County Health Unit encourages the Ontario Minister of Health and Long-Term Care (MOHLTC) to amend the SFOA and Regulations to prohibit the use of all forms of smokeless tobacco and lighted or heated smoking equipment such as hookah/water pipe, and e-cigarette use in areas where smoking is prohibited. It is also recommended that the MOHLTC further amend the SFOA and ban stores from selling e-cigarettes to those under 19 and from displaying, advertising or promoting them.

AND FURTHER, that the Board of the Windsor-Essex County Health Unit encourages all Windsor-Essex municipalities to amend existing or develop by-laws prohibiting the use of all forms of smokeless tobacco and lighted or heated smoking equipment such as hookah/water pipe, and e-cigarettes use in areas where smoking is prohibited.

The Board of Health at the Windsor-Essex County Health Unit looks forward to the passage of the *Making Healthier Choices Act* which would regulate the use of electronic cigarettes in a manner similar to that recommended in the abovementioned board resolutions. In addition, we would encourage the MOHLTC to regulate the use of hookah/waterpipe and smokeless tobacco in a similar manner by specifically prohibiting their use in indoor public places and workplaces and in outdoor spaces where existing regulations prohibit tobacco smoking.

Sincerely,

Gary McNamara
Chair, Board of Health

F:\Administration\Committees\Board\Letters\Board Resolutions\Board Resolution-Smoke-Free Policies--2015 Jan 12.docx

cc: Windsor-Essex Board of Health
Local MPPs
Ms. Monika Turner, Director of Policy, AMO
Dr. David Mowat, Interim Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Ms. Sue Makin, President, The Ontario Public Health Association
Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care
Association of Local Public Health Agencies
Ontario Boards of Health

Quarter 4 2014 Status Report
Public Health Programs
(October 1 – December 31, 2014)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Child Health (Requirements 1, 4, 5, 6, 7, 8, 11)	7/7
Chronic Disease Prevention	10/14
Food Safety	6/7
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	6/8
Rabies Prevention and Control	7/8
Reproductive Health	6/6
Safe Water	13/14
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

Program Compliance Details

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

Program Compliance:
Retirement and staff leave of absence due to illness resulted in non-compliance with Requirement #13 of the Chronic Disease Prevention standard, enforcement of Smoke Free Ontario Act (SFOA) in accordance with protocols.

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

Program Policy and Funding Issues:
Peterborough (County and City) has been chosen as one of the Ministry of Health and Long-Term Care funded *Health Kids Community Challenge* sites. It is anticipated that this funding will increase our ability to address the areas of focus in the Healthy Eating and Physical Activity Requirements.

The *Making Healthier Choices Act*, introduced in November 2014, will require fast food restaurants to post calorie content of menu items (Public Health Inspectors will be responsible for ensuring that restaurants with 20 or more locations are compliant with the new mandatory menu labelling once the Act finally becomes law). While the Health Unit will continue to advocate for sodium content to be added to the requirement, this new legislation will contribute to our work in helping consumers make healthier choices when eating out. This bill will also expand the SFOA by prohibiting flavoured tobacco products and restricting promotion and sale of e-cigarettes.

Program Statistics:

Tobacco Use Prevention - Type of Inspection	**Q4 2014**	**Q4 2013**
Workplace/ Public Places	0	50
Compliance - Vendors	0	51
Vendor – Display and promotion	9	40

Food Safety
Atul Jain, Manager, Inspection Services

Program Compliance:
Requirement #7: High risk food premises are required to be inspected three times a year, i.e., once every four months. A 100% completion rate was not achieved due to one site inspection falling outside of the time frame. A 99.4% completion rate was achieved.

As reported in the second and third quarters, all moderate risk premises should be inspected at least two times per year and at least once every six months. 100% compliance in 2014 will not be achieved. The completion rate for the last two quarters is 94%, a slight decrease from 96.4% after the second quarter.

For both the high and moderate risk premises, the reasons for the shortfall include:
- a delay in replacing a vacant Public Health Inspector position (the position was not filled until the end of the third quarter in September)
- other demands for inspection services programs, mostly seasonal work;
- no provincial program put in place for the rabies specimen collection after it was transferred from the Canadian Food Inspection Agency (CFIA) to the Ontario Ministry of Agriculture, Food & Rural Affairs (OMAFRA) in April, 2014; and
- an increase in enteric outbreaks in the fourth quarter.

Foundational Standards
Larry Stinson, Director, Public Health Programs

Program Policy and Funding Issues:
A letter was sent to the federal government requesting the reinstatement of the Mandatory Long-Form Census questionnaire.

An Active Transportation report for the Peterborough area was launched by the Health Unit, Peterborough Green Up and the City of Peterborough. It is intended that the information contained within the report will support continued development of policies that support active transportation in our communities.

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

Program Compliance:
Staff reassignment and recruiting issues resulted in non- compliance with Requirement #1 and #2, an update and review of risks and continuity of operations plan.

Rabies Prevention and Control
Atul Jain, Manager of Inspection Services

Program Compliance:
As reported in the first three quarters, the compliance rate for Requirement 2 (the Health Unit is required to conduct an initial response to animal bites within 24 hours of notification) continues to be in partial compliance. In the fourth quarter, the reporting of animal bites (the majority from the hospital) has increased to 92% from 86% in the third quarter, from 57% in the second quarter. Work with the hospital and other reporting agencies continues our movement to the goal of achieving 100% compliance in 2015.

Health Hazard Prevention and Management
Donna Churipuy, Manager of Environmental Health Programs

Statistics:
There were 440 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the fourth quarter of 2014. Specifically, the subjects of the investigations were:

Activity	Oct 2014	Nov 2014	Dec 2014	Total Q4 2014	2014 Year-to-Date	2013 Year-to-Date
Air Quality – Arenas	7	4	5	16	34	30
Air Quality – Institutional	0	0	0	0	5	6

Activity	Oct 2014	Nov 2014	Dec 2014	Total Q4 2014	2014 Year-to-Date	2013 Year-to-Date
Air Quality – Outdoor	0	0	0	0	2	8
Air Quality – Residential	2	2	1	5	26	28
Animal Excrement	0	2	0	2	18	12
Asbestos Inquiry/Complaint	1	0	1	2	7	3
Bedbug Complaints	20	10	6	36	91	91
Bird Complaints (geese, pigeons, etc.)	0	2	0	2	4	0
Chemical Inquiry/Complaint	0	1	0	1	1	1
Funeral Home Inspections	0	4	6	10	10	14
Garbage Complaints	2	4	0	6	10	2
Giant Hogweed	0	0	0	0	0	--
Grave Disinterment	0	0	0	0	0	--
Heating Complaints	7	2	3	12	57	8
House Disrepair/Sanitation Complaints	0	3	1	4	17	6
Insect Complaints	4	7	0	11	28	22
Lead Inquiry/Complaint	0	0	0	0	0	--
Migrant Farm Worker Facility Inspection	0	0	0	0	7	--
Mould Investigation	15	9	7	31	109	59
Pesticide Complaint	0	0	0	0	0	2
Playground Inspections	1	0	0	1	10	30
Rodent Complaints	0	1	0	1	4	6
RF/WIFI	0	0	0	0	0	8
Sewage Complaints	0	0	0	0	4	28
Sharps	0	1	0	1	1	12
TCE	1	0	0	1	1	3

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

Program Statistics:

	Q4 2014	To Date
Outbreaks Reported	10	37
Reportable diseases investigated by Infectious Disease program staff (suspected or confirmed)	89	493

Oral Health Programs
Sarah Tanner, Supervisor, Oral Health

Program Statistics:
122 new clients were signed up the Community Dental Health Centre and 808 appointments were scheduled in the fourth quarter.

Program Policy and Funding Issues:
Oral Health Program Integration is ongoing and the Ministry is currently working with three stakeholder groups to solicit Public Health input.

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

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

Program Policy and Funding Issues:
In November 2014, the Ministry of Health and Long Term Care announced the expansion of their Comprehensive Mental Health and Addictions Strategy, originally launched in 2011. The next phase of the strategy includes the Ministry partnering with the province's public health units to increase awareness, fight stigma and promote mental health in schools and in the workplace. We are unsure what this will look like and what impact this will have on local programming and the capacity of the health unit.

Safe Water
Atul Jain, Manager of Inspection Services

Program Compliance:
100% completion rate was not achieved for public spas inspections in the fourth quarter. A completion rate of 71.4 % was achieved.

The major reason for the shortfall was:
- a delay in replacing a vacant Public Health Inspector position (the position was not filled until the end of the third quarter in September)
- other demands for inspection services programs, mostly seasonal work;
- no provincial program put in place for the rabies specimen collection after it was transferred from the Canadian Food Inspection Agency (CFIA) to the Ontario Ministry of Agriculture, Food & Rural Affairs (OMAFRA) in April, 2014; and
- an increase in enteric outbreaks in the fourth quarter.

Sexual Health

Patti Fitzgerald, Chief Nursing Officer, Manager Sexual Health Program

Program Statistics:

	Q4 2013	Q4 2014
STI/BBI case follow up	84	146
STI/BBI contact follow up	20	28
Clinical Assessment by PHN	441	588
Clinical Assessment by MD	181	236
#Condoms distributed through clinic, youth serving agencies and organizations that interface with our priority populations	12,468	11,460

Vaccine Preventable Diseases

Edwina Dusome, Manager, Communicable Diseases

Program Statistics:

	Year to Date 2014	Year to Date 2013
Percent of day nursery attendees adequately immunized for their age	55*	78
Percent of students in elementary and secondary schools adequately immunized for their age	57**	88
Number of immunizations administered at the PCCHU Immunization Clinic	938	1166
Number of cold chain inspections	135	122
Percent of grade 7 students in the 2013/2014 school year adequately immunized with the hepatitis B vaccine (Note: to be completed in second quarter)	66	97
Percent of grade 7 students in the 2013/2014 school year adequately immunized with the meningococcal ACYW-135 vaccine	68	100
Percent of grade 8 females in the 2013/2014 school year adequately immunized with the human papillomavirus vaccine (Note: to be completed in second quarter)	60	73
Number of immunizations administered at the PCCHU Travel Clinic	2022	2,330
Number of vaccine doses distributed to health care providers	28,105	28,632

*Due to Panorama implementation, this activity will be conducted in 2015.

**57% compliant with Meningococcal; 75% compliant without Meningococcal

Also, of note: 56% 2010 birth year compliant with Varicella.

Healthy Babies, Healthy Children (HBHC)

Karen Chomniak, Manager, Family Health

Program Compliance:
Although all program components are being implemented, no activity targets have been finalized by the Ministry of Children and Youth Services (MCYS), so expectations are unknown.

Program Statistics:

Healthy Babies, Healthy Children (HBHC) Program Activities	Q4 2014	2014 Year to Date	2013 Year to Date
Number of HBHC Screens completed	241	1058	884~
Number of families identified with risk	147	584	476
Number of In Depth Assessments completed	36	158	204
Number of home visits - total	256	1076	1126
Number of home visits - PHNs	139	595	593
Number of home visits - FHVs	117	481	532

~HBHC Screen was launched March 25, 2013.

A decrease in the number of In-depth Assessments may be due to families: identifying that they do not wish to participate in HBHC (voluntary program); opting for another program or service; or re-locating to another area.

Family Home Visitor (FHV) and total home visits are lower due to a prolonged partial leave of absence.

Infant Toddler Development Program
Karen Chomniak, Manager, Family Health

Program Statistics:

Infant and Toddler Development (ITDP) Program Activities	Q4 2014	2014 Year to Date	2013 Year to Date
New referrals	25	106	102
Children discharged from program	23	97	93
Children on current caseload	94	94	100
Home/agency visits	218	900	825

Activities were maintained despite a staff reduction of 0.1 FTE Infant Development Worker in July 2014 to present.

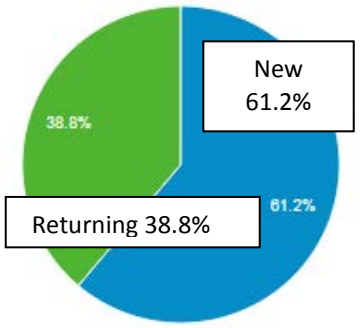
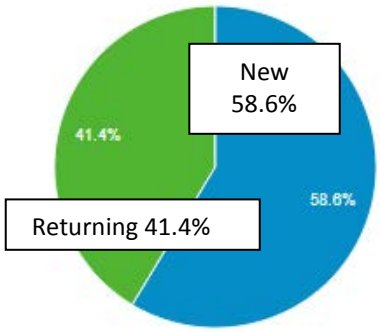
Quarter 4 2014 Status Report
Corporate Services
(October 1 to December 31, 2014)

Communications Services
Brittany Cadence, Supervisor

Media Relations:

Activity	Q4 comparison		Year-To-Date	
	2014	2013	2014	2013 (whole year)
Press releases issued	33	36	111	141
Media interviews	26	39	109	118
Number of media stories directly covering PCCHU activities (print and TV only, and some radio when stories posted online)	121	138	475	427

Website Statistics:

Q2 Comparisons	2014	2013	Year-To-Date	
			2014	2013
Website Traffic	49,786 page views	50,307 page views	208,212 page views	215,534 page views
% change in website traffic	1.04%--			
New/ Returning visitors				
Pages/Visit	2.54	2.64		N/A
Average Visit Time	1:54	2:20		N/A

Q2	2014	2013	Year-To-Date	
Visits from Mobile Phones/ tablets	**6,173** (30.38% of visits)	**3,801** (19.94)	18,718	10,705

Top Pages:

Homepage: 9685 (page views)

Employment: 2782

Flu Clinics: 2557

Contact Us: 2481

Social Determinants of Health: 1915

Food Handlers: 1644

Food Handler Course Date: 1251

Sexual Health Clinic: 767

About Us: 714

For Professionals: 624

News and Alerts: 558

My Life and Health: 453

Dental Clinic: 443

Travel Clinic: 441

Management: 386

BOH: 370

My Home and Environment: 334

Finance

Bob Dubay, Accounting Manager

Please see the enclosed attachment: Financial Update December 31, 2014

Financial Update: Year to Date December 31, 2014 (Manager: Bob Dubay)								
Programs funded Jan. 1 - Dec. 31/14	**Type**	**2014**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31/14**	**% of Budget**	**Funding**	**Comments**
Mandatory Public Health Programs	Cost Shared	7,248,043	Feb 12/14	Approved Nov. 5/14	7,167,631	98.9%	MOHLTC & Local Partners	Operated within budget for the year.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	Feb 12/14	Approved Nov. 5/14	46,183	60.7%	MOHLTC & Local Partners	West Nile Virus program finished in September. Underspent for 2014.
One-time cost - Facilities Renewal - Part I	Cost Shared	200,000	Feb 12/14	Approved Nov. 5/14	0	0.0%	MOHLTC	Funds may be used for architectural costs associated with a new facility. Province approved use of funds by March 31/15. Will need to seek provincial approval to Dec. 31/15.
One-time cost - Facilities Renewal - Part III	Cost Shared	365,000	Feb 12/14	Approved Nov. 5/14	0	0.0%	MOHLTC	Funds must only be used for costs associated with moving to a new building. The province approved use of funds by March 31/2015. Will need to seek provincial approval to Dec. 31/15.
One-time cost - Mobile Dental Unit Garage	Cost Shared	260,000	Feb 12/14	Approved Nov. 5/14	0	0.0%	MOHLTC	The purchase and construction following board purchasing policy is not feasible in 2015. May need to ask the province to direct funding in 2015 to accommodate move.
Infectious Disease Control	100%	222,233	Feb 12/14	Approved Nov. 5/14	222,233	100.0%	MOHLTC	Operated within budget for the year.
Infection Prevention and Control Nurses	100%	90,066	Feb 12/14	Approved Nov. 5/14	90,066	100.0%	MOHLTC	Operated within budget for the year.

Financial Update: Year to Date December 31, 2014 (Manager: Bob Dubay)								
Programs funded Jan. 1 - Dec. 31/14	**Type**	**2014**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31/14**	**% of Budget**	**Funding**	**Comments**
Small Drinking Water Systems	Cost Shared	90,800	Feb 12/14	Approved Nov. 5/14	90,800	100.0%	MOHLTC & Local Partners	Operated within budget for the year.
Healthy Smiles Ontario	100%	427,260	Feb 12/14	Approved Nov. 5/14	427,260	100.0%	MOHLTC	Operated within budget for the year.
Healthy Smiles Ontario One-time - Dental	Cost Shared	10,051	Feb 12/14	Approved Nov. 5/14	1,735	17.3%	MOHLTC	Operated within budget for the year.
Enhanced Food Safety	100%	25,000	Feb 12/14	Approved Nov. 5/14	22,701	90.8%	MOHLTC	Operated within budget for the year.
Enhanced Safe Water	100%	15,500	Feb 12/14	Approved Nov. 5/14	15,500	100.0%	MOHLTC	Operated within budget for the year.
Needle Exchange Initiative	100%	26,121	Feb 12/14	Approved Nov. 5/14	26,121	100.0%	MOHLTC	Spent $34,021. Cost Shared programs picked up $3,500 and PARN $4,400 of the $7,900 overage. A significant factor contributing to the additional cost of the program is safer needles.

Financial Update: Year to Date December 31, 2014 (Manager: Bob Dubay)								
Programs funded Jan. 1 - Dec. 31/14	**Type**	**2014**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31/14**	**% of Budget**	**Funding**	**Comments**
Nurses Commitment	100%	180,448	Feb 12/14	Approved Nov. 5/14	180,052	99.8%	MOHLTC	Operated within budget for the year.
Smoke Free Ontario	100%	300,800	Feb 12/14	Approved Nov. 5/14	280,160	93.1%	MOHLTC	Operated within budget for the year. Savings in programs due to staff
Smoke Free Ontario - One Time -	100%	4,220	Feb 12/14	Approved Nov. 5/14	2,438	0.0%	MOHLTC	Operated within budget for the year.
Smoke Free Ontario - One Time - Expanding	100%	30,000	Feb 12/14	Approved Nov. 5/14	30,000	0.0%	MOHLTC	Operated within budget for the year.
CINOT Expansion	Cost Shared	45,527	Feb 12/14	Approved Nov. 5/14	31,549	69.3%	MOHLTC & Local Partners	Operated within budget for the year.
Healthy Babies, Healthy Children	100%	928,413	Apr 9/14	Approved as per board	928,413	100.0%	MCYS	Operated within budget for the year. Funding from other sources to balance the budget.
Chief Nursing Officer Initiative	100%	121,414	Feb 12/14	Approved Nov. 5/14	119,948	98.8%	MOHLTC	Operated within budget for the year.
Ontario Works	100% from City	912,600	##	NA	829,198	90.9%	CITY OF PTBO	Budget based on 2013 actual expenditures.

Financial Update: Year to Date December 31, 2014 (Manager: Bob Dubay)								
Programs funded Apr. 1/14 - Mar. 31/15	**Type**	**2014**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec 31/14**	**% of Budget**	**Funding**	**Comments**
Infant Toddler and Development Program	100%	242,423	Apr 9/14	Budget not approved by Province to date	183,062	75.5%	MCSS	The annual budget has been $242,423 since 2002/03. Operating slightly above budget, outside funding in place to balance by year end.
Medical Officer of Health Compensation	100%	59,718	NA	Funds being cash flowed based on 2013/14 approval	44,789	75.0%	MOHLTC	Operating within 2013/14 approval. Still waiting for 2014/15 approval from province.
Healthy Communities Fund	100%	76,700	Feb 12/14	Approved Nov. 5/14	10,792	14.1%	MOHLTC	Budget approved as requested. All efforts will be made to use the funds to submit a Policy Development Plan and achieve the Provincial Objectives
Panorama	100%	126,307	Budget will be submitted to Board for approval	Approved Nov. 5/14	0	0.0%	MOHLTC	Program funds will be used by March 31/15 within the provincial rules.
Speech		12,670			9,503	75.0%	FCCC	Operating within budget.
Funded Entirely by User Fees Jan. 1 - Dec. 31/14	**Type**	**2014**	**Approved By Board**	**Approved By Province**	**Expenditures to Dec. 31/14**	**% of Budget**	**Funding**	**Comments**
Safe Sewage Disposal Program		352,390	2015 budget is included in the Board Agenda	NA	361,719	102.6%	FEES	Program is entirely funded on fees charged. At the end of December the program ran a deficit of $19,428 primarily due to a lawsuit settlement of $16,369. The program deficit will be offset by reserve funds available of over $105,000.

Staff Report

2015 Budget Approvals: 100% Funded Ministry of Health and Long-Term Care Programs

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Proposed Recommendations:

That the Board of Health for the Peterborough County-City Health Unit approve the 2015 budgets funded 100% by the Ministry of Health and Long-Term Care and cost-shared as follows:

- Healthy Smiles Ontario - $465,460
- Chief Nursing Officer - $123,842
- Infection Prevention and Control Nurses - $91,867
- Infectious Diseases Control - $222,233
- Social Determinants of Health Nurses - $184,057
- Enhanced Safe Water - $15,500
- Enhanced Food Safety/Haines - $25,000
- Needle Exchange Initiative - $34,021
- Vector Borne Diseases (cost-shared) - $76,101
- Smoke-Free Ontario - $300,800

Financial Implications and Impact

The 2015 Healthy Smiles Ontario program is 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 Works, Ontario Disability Support Program and others to balance the budget. The 2015

budget requires the Health Unit to earn additional clinic revenues of $290,000 to balance the budget. In 2014, $286,000 was earned. In addition, there is also an uncontrollable cost in this program. Under the provincial requirement, any clients that qualify for services under the Healthy Smile Ontario have the right to request and use a private dentist to do the needed dental work. The program is obligated to pay for these private services. In 2015 an increase in funding of 8.9% from the province is needed to cover off escalating program costs.

In 2014 the province approved a 2% increase for most 100% funded budgets. For the purposes of budgeting in 2015, a 2% increase has been added to most budgets.

When the province does not provide the total dollars required to fund 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 to enhance the Health Unit's public health programs and services, the effect is somewhat diminished if not fully funded by the province. One example is the Needle Exchange program which is administered on behalf of the Board of Health by Peterborough AIDS Resource Network (PARN). In 2014 the program spent $34,021. Mandatory cost-shared programs of the Board of Health picked up $3,500 and PARN $4,400 of the $7,900 overage. One significant factor contributing to the additional cost of the program is safer needles, required as part of a harm reduction strategy, which are more expensive than traditional needles. In 2015 we have asked the province to fund the full cost of the program.

As mentioned above, most 100% funded programs were approved a 2% increase in funding in 2014 by the province. Two of the larger programs, Healthy Smiles Ontario (HSO) and Smoke Free Ontario (SFO), received no increase in 2013 or 2014. HSO now necessitates an 8.9% increase for 2015.

The Healthy Babies, Healthy Children program is also a 100% funded program and runs from January 1 to December 31, 2015. Budget direction and information has not yet come forward from the Province. This budget will be brought forward to the Board when information becomes available. To maintain existing levels of service the program will require a significant increase in provincial funding.

The table below summarizes the requests to the Ministry and changes from 2014:

Programs Funded January 1 to December 31, 2015	**Type**	**2015 Budget Request**	**2014 Approved Budget**	**Changes/Comments**
Healthy Smiles Ontario	100%	$465,460	$427,260	8.9% increase
Chief Nursing Officer	100%	$123,842	$121,414	2.0% increase
Infection Prevention and Control Nurses	100%	$91,867	$90,066	2.0% increase
Infectious Diseases Control	100%	$222,233	$222,233	No increase req'd.
Social Determinants of Health	100%	$184,057	$180,448	2.0% increase

Nurses				
Enhanced Safe Water	100%	$15,500	$15,500	No Increase
Enhanced Food Safety – Haines	100%	$25,000	$25,000	No Increase
Needle Exchange Initiative	100%	$34,021	$26,121	30% increase
Vector Borne Diseases	Cost-Shared*	$76,101	$76,101	No increase req'd.
Smoke-Free Ontario	100%	$300,800	$300,800	Last year of fixed contract

**Due to the complicated nature of the program funding model adopted in the past by the Board of Health, the Vector Bourne Disease program is treated separately from other cost-shared budgets and as such has been included in this request.*

Background and Rationale

As of August 2015, the Ontario government will be integrating 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.

For the 2015 budget the Health Unit has been directed to budget for the full twelve (12) months of the year for HSO program and until July 31, 2015 for the CINOT programs. The Province has indicated that one-time funding will be made available for costs associated with the transfer of part or all of these programs to the new agency.

The Smoke-Free Ontario Program is funded 100% by the Ministry of Health and Long-Term Care. The Board of Health is in the second year of a two year contract with a fixed funding amount for 2015 of $300,800.

Strategic Direction

The Healthy Smiles Dental Program will contribute to the strategic goal of Dental "Health Equity" by addressing the oral health needs of identified priority populations including the needs of children. In particular, it will ensure dental access within both the City and County of Peterborough for those who would not be able to afford treatment.

The 100% funded programs help to enhance the Health Unit's strategic goals of "Capacity and Infrastructure" as well as the "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, Accounting Manager
(705) 743-1003, ext. 286
bdubay@pcchu.ca

Staff Report

One-Time Funding Requests

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve in principle the following supplemental budgets for one-time funding:

Provincial (100%)	**Total**
Smoke Free Ontario (Choose to be…)	$30,000
Meningococcal Immunization Clinics	$11,495
Routine School Immunization Clinics	$84,640
Vaccine Refrigerator Replacement	$19,000

Cost-Shared*	**Provincial 75%)**	**Local (25%)**	**Total**
Facilities Renewal	$1,500,000	$500,000	$2,000,000
Phone server	$22,500	$7,500	$30,000
Asset Protection	$195,000	$65,000	$260,000

Financial Implications and Impact

The Ministry of Health and Long-Term Care (MOHLTC) has put out a call requesting proposals for one-time funding. There is no guarantee the MOHLTC will approve any of these requests, or if some are approved, that the MOHLTC will provide as much funding as requested.

*The municipal partners have already approved their share of the Facilities Renewal request. If the phone server is approved there are sufficient funds in reserves that we will not have to ask for a municipal contribution.

100% Funded Requests

A. The Choose To Be…Smoke-free program is an ongoing component of the Tobacco Use Prevention program The Choose To Be…Smoke-free model utilizes a social capital building approaching which aligns with the Board of Health strategic plan to utilize a community-centred focus and increase the focus on vulnerable populations and those at greatest risk of poor health outcomes.
B. Meningococcal Immunization Clinics to offer catch-up clinics in high schools in Peterborough County and City.
C. Routine School Immunization Clinics would offer routine immunization clinics on-site in all schools using Panorama.
D. Vaccine Refrigerator replacement will replace two vaccine refrigerators acquired in 2004 and 2008.

Cost-Shared Requests

E. Facilities Renewal is for construction and other costs for the new building. The municipalities have approved one-time contributions of $444,141. The municipalities have already contributed $58,859 last year for the purchase of furniture. Any shortfall will be covered by reserves.
F. Our telephone server is long past its life expectancy and needs to be replaced. If the Ministry approves we will cover the municipal contribution from reserves.
G. Asset protection is to build a garage for the dental unit. The municipalities had approved their share of the garage construction and it is believed the municipalities set their share aside last year but did not give the Health Unit the funds as the garage was not build. Staff are trying to confirm the status with the municipalities. If the municipal funds are not available the issue will be brought back to the board for direction.

The Facilities Renewal request is a resubmission to the Ministry and is to cover the costs of King Street.

NOTE: the Ministry is going to be centralizing the administration of Health Smiles, Children in Need of Treatment (CINOT) and other provincially funded dental programs and has targeted August 1 for the takeover. However the Ministry is still developing its policies and processes. We have received conflicting instructions on how to budget for the program so the latest direction is to submit a budget and we will be able to submit a request for one-time funding if the Ministry does not meet its timeline.

As a result, we may come back to the board with a one-time funding request later in the year.

Decision History

The 100% one-time funded requests are new requests for funding which must be approved by the Board of Health before submitting to the Province.

Background

Due to timing differences caused by different fiscal year ends, requests for proposals from the MOHLTC frequently do not coincide with the Board's budget cycle. To further complicate things, the reality of completing a major transaction, such as the purchase of a building does not fit neatly budget approval timelines for all the funding partners. The MOHLTC has extremely tight timelines for staff to identify, prepare and submit proposals. The initial submissions are high level and outline the project and describe its impact.

Rationale

Approval of the 100% funded one-time requests will enhance the effectiveness of the programs and improve staff health and safety.

Approval of cost-shared one-time budgets by the Province will enable the Board of Health to improve the efficiency and effectiveness of operating programs and services out of one building.

Strategic Direction

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

The Board's Strategic Plan specifically refers to a strategic goal to have one facility to optimize the delivery of programs and services.

Contact:
Brent Woodford
Director, Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

Attachments:
Appendix A – SFO One-Time Request
Appendix B – Meningococcal Immunization Clinic Request
Appendix C – Routine School Immunization Clinic Request
Appendix D – Vaccine Refrigerator Replacement Request

Appendix E – Facilities Renewal Request
Appendix F – Telephone Server Request
Appendix G – Asset Protection Request

2015 One-Time Funding Request over $10,000 Business Case

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

Project Title:	Choose to be…Smoke free
Contact Name / Position Title:	Donna Churipuy, Manager
Address:	10 Hospital Dr.,
Location:	Peterborough, ON K9J 8M1
Telephone Number:	705 743 1000

- **Category of Request:**
  - ☐ Office Equipment
  - ☐ Information Technology
  - ☐ Program Costs
  - ☐ Immunization of School Pupils Act Regulatory Amendments Implementation
  - ☐ Infection Prevention and Control Lapse Transparency Reporting
  - ☐ New Purpose-Built Vaccine Refrigerators
  - ☐ Smoke-Free Ontario Enforcement Tablet Upgrade
  - ☒ Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
  - ☐ Smoke-Free Ontario Act Regulatory Amendments Implementation
  - ☐ Extraordinary Staffing costs
  - ☐ Other

- **Project Description (including programs to be included / involved).**

The project will work through the already well-established Choose To Be …Smoke Free tobacco cessation support group offered through the Peterborough County-City Health Unit and community partners for pregnant women and women of reproductive age to dispense Nicotine Replacement Therapy (NRT) to the women and their partners (when appropriate). It is anticipated that at least 100 individuals will receive NRT as it is anticipated that an average of $300 worth of NRT will be provided per person. Participants will also receive follow up counselling through the Peterborough County-City Health Unit, the Partners in Pregnancy Clinic (Family Health Team) or the Smokers' Help Line.

The Choose To Be…Smoke-free program is a tobacco cessation support group for pregnant and recently pregnant families. The program includes 8 - weekly sessions for participants followed by one booster session. One of the frequent requests made by participants is access to free nicotine replacement therapy for themselves and their partners as they are unable to purchase it themselves.

Clients are referred to the program by steering committee member organizations including Partners in Pregnancy Clinic (Family Health Team), Peterborough Family Resource Centre, Curve Lake Health First Nation, Hiawatha First Nation, Healthy Babies Healthy Children program staff, and community women.

TEACH trained Public Health Nurses and Registered Dieticians provide cessation support to the group participants and would be responsible for dispensing the NRT, providing counselling and documenting success. TEACH trained staff of the Partners in Pregnancy Clinic would be responsible for implementing cessation support to clinic clients and dispensing NRT.

A weekly debriefing template is used to document highlights of each group session and participant specific documentation would be used to record NRT dispensed and individual follow up and support results. Clients will be referred to Smoker's Helpline and their health care provider for follow up.

The established evaluation process with the Ontario Tobacco Research Unit will document quit attempts, reduction in tobacco use and quit rates of Choose To Be Smoke-free group participants. Similarly, the Partners in Pregnancy Clinic will re-establish their system to document patterns of tobacco use and provide a report to the Peterborough County-City Health Unit. Consent to participate in evaluation activities will be sought to contact participants at the end of the intervention, 3 and 6 months.

According to the evaluation completed by the Ontario Tobacco Research Unit (OTRU), the Choose To Be Smoke-free program appears to have helped participants achieve the following smoking cessation outcomes:

- reduce the number of cigarettes smoked;
- delay time until the first cigarette of the day;
- stay smoke-free over the long term (for women participating in two consecutive sessions of Choose to be…Smoke-free*)*; and
- improve knowledge/understanding of smoking cessation related issues (i.e., second hand and third hand smoke).

The OTRU evaluation also observed the following program influences, some of which were related to achieving cessation outcomes:

- creation of supportive, healthy social networks among participants;
- improved stress management;
- increased fruit and vegetable consumption and physical activity;
- connecting women to helpful community services (i.e., YWCA, employment services); and
- participant empowerment.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

Peterborough County and City has a higher than average provincial rate of smoking among pregnant women. Between 2005 and 2010, the proportion of Peterborough women who smoked throughout their pregnancy each year was just over twice that of the province (18.3% and 8.6% in 2010, respectively), with a maximum discrepancy occurring in 2006 at 10.8%. Peterborough women under the age of 20 report the highest rates of smoking during pregnancy where one third (33.9%) smoked through pregnancy in 2010; however, rates among this age cohort have been decreasing. There appears to be little change in smoking during pregnancy among those between the ages of 20 and 34, while trends are difficult to interpret among women aged 35 to 44.

In 2011, the Partners in Pregnancy Clinic, one of the partners in the Choose To Be Smoke-free program, distributed NRT to 59 prenatal clients over a 3 month period utilizing funds received through Echo: Improving Women's Health in Ontario. At the time of the report, 18% of the clients had quit smoking, 22% reduced their tobacco use and 15% continued to use NRT.

Currently, pregnant women in Peterborough County and City do not have access to free nicotine replacement therapy. According to Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women, access to nicotine replacement therapy is considered a best practice and would help local women of reproductive age and their partners achieve additional success in their quit attempts.

Women who have participated in the Choose To Be…Smoke-free project have expressed their desire to obtain access to free NRT for themselves and their partners. Lack of access reduces their potential success in quitting. See attached evaluation report from the Ontario Tobacco Research Unit which documents this information.

This project will enhance the delivery of the Choose to be Smoke free program to better meet the identified needs of the participants. If funding is not received the participants' success in their quit attempts will not be maximized. In addition, it is likely that fewer women will be engaged in the intervention and their partners will not be reached. It is also anticipated that without access to NRT relapse rates among the group participants will be high.

- **How is this project consistent with ministry and/or Government priorities?**

The provision of NRT to pregnant women and their partners in Peterborough County and City will support the delivery of mandatory programs and reach a priority population with the potential for long-term impacts on the participants, their children and family networks. The provision of NRT will increase program effectiveness and is in line with the Ministry goals of the lowest rates of tobacco use in Canada. The project will increase access to a very important tool

in tobacco cessation as it is part of an evidence based intervention that already provides individual counselling and prolonged support.

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

The Choose To Be…Smoke-free program is an ongoing component of the Tobacco Use Prevention program that was developed in partnership and with funding from Echo: Improving Women's Health in Ontario in 2011. The Choose To Be…Smoke-free model utilizes a social capital building approaching which aligns with the Board of Health strategic plan to utilize a community-centred focus and increase the focus on vulnerable populations and those at greatest risk of poor health outcomes. The program also supports development of new partnerships and capacity building (TEACH training and co-facilitation experience) with agencies who work with young women and their families e.g. Peterborough Pregnancy Support Services.

Related projects	Date submitted	How related
n/a		

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

Availability of nicotine replacement therapy through the Choose To Be…Smoke- free program will enhance the reach and potential success in efforts to reduce smoking during pregnancy and prevent relapse in the postpartum period among the program partners including the Partners in Pregnancy Clinic, the Peterborough Family Resource Centre's implementation of the Canadian Prenatal Nutrition Program and First Nations communities. Staff of the Partners in Pregnancy Clinic were consulted in support of this request.

- **Costs**

Item	Cost	Description
Nicotine replacement therapy	$30,000	Nicotine gum, lozenge, patch and inhaler
	$	
	$	
	$	
	$	
	$	
	$	

	$	
	$	
	$	
Estimated Total Cost	**$ 30,000.00**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

Not applicable

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 30,000	$	$

Project will impact operating costs ☒No ☐Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
	#	$
Accommodations	**Cost**	**Increase (%)**
	$	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
	Brent Woodford	**February 2, 2015**

Signature – Medical Officer of Health / Chief Executive Officer	Print Name	Date
	Dr. Rosana Pellizzari	
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 One-Time Funding Request over $10,000 Business Case

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

Project Title:	Meningococcal Immunization Clinics
Contact Name / Position Title:	Edwina Dusome
Address:	10 Hospital Drive
Location:	Peterborough, Ontario
Telephone Number:	705-743-1000 ext 271

- **Category of Request:**
  - ☐ Office Equipment
  - ☐ Information Technology
  - ☐ Program Costs
  - ☒ Immunization of School Pupils Act Regulatory Amendments Implementation
  - ☐ Infection Prevention and Control Lapse Transparency Reporting
  - ☐ New Purpose-Built Vaccine Refrigerators
  - ☐ Smoke-Free Ontario Enforcement Tablet Upgrade
  - ☐ Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
  - ☐ Smoke-Free Ontario Act Regulatory Amendments Implementation
  - ☐ Extraordinary Staffing costs
  - ☐ Other

- **Project Description (including programs to be included / involved).**

Offer meningococcal catch-up clinics in high schools in Peterborough County and City. This would involve the Vaccine Preventable Disease Program and Communications Supervisor.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

Offering on-site clinics would enable us to immunize those who do not have easy access to transportation and/or do not have a health care provider. It also gives us the opportunity to check the status of their other school-based vaccinations. It would result in an improved vaccine coverage rate and reduced disease transmission. If we do not receive funding, we will not conduct these clinics and students will have to go to the family physician office to be immunized. It will also increase the number of suspensions issued as per the ISPA.

- **How is this project consistent with ministry and/or Government priorities?**

• consistent with current Ministry and/or government priorities (Ontario Public Health Standards and the Immunization Process Protocol) • support the delivery of mandatory programs • ensure cost effectiveness/efficiency • impact on service delivery and programming by the board of health.

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

The project is consistent with the objectives of the Vaccine Preventable Disease operational plan.

Related projects	Date submitted	How related

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

The School Board and all Principals have been notified. Health care providers have also been notified.

- **Costs**

Item	Cost	Description
Preparation of letters to school board and school principals x 1 hour	$ 75.00	1 Manager
Photocopy and preparing of consent forms	$ 500.00	
Prepare communication plan x 30 minutes	$70.00	1 Communication Supervisor 1 Manager
Arrange clinic dates and prepare schedule for website x 5 hours	$150.00	1 Secretary
Arrange for distribution of consent forms x 5 hours	$150.00	1 Secretary
Mileage for Consent distribution	$ 500.00	

Social Media Advertising	$ 200.00	
Vaccination Supplies	$ 1,000.00	
Vaccine Administration for 10 high schools: days x 7 hours x 2 Nurses	$7,500.00	
2 Evening Clinics at Health Unit: 2 days x 3 hours x 2 Nurses	$650.00	
Mileage for Clinics	$700.00	
Estimated Total Cost	**$ 11,495.00**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 11,495.00	$	$ 11,495.00

Project will impact operating costs ☒No ☐Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
Accommodations	**Cost**	**Increase (%)**
	$	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
	Brent Woodford	
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
	Dr. Rosana Pellizzari	
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 One-Time Funding Request over $10,000 Business Case

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

Project Title:	Routine Immunization Clinics in Schools
Contact Name / Position Title:	Edwina Dusome, Manager
Address:	10 Hospital Drive, Peterborough, Ontario, K9J 8M1
Location:	
Telephone Number:	(705)743-1000 ext. 271

- **Category of Request:**
  - ☐ Office Equipment
  - ☐ Information Technology
  - ☐ Program Costs
  - ☒ Immunization of School Pupils Act Regulatory Amendments Implementation
  - ☐ Infection Prevention and Control Lapse Transparency Reporting
  - ☐ New Purpose-Built Vaccine Refrigerators
  - ☐ Smoke-Free Ontario Enforcement Tablet Upgrade
  - ☐ Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
  - ☐ Smoke-Free Ontario Act Regulatory Amendments Implementation
  - ☐ Extraordinary Staffing costs
  - ☐ Other

- **Project Description (including programs to be included / involved).**

Offer routine immunization clinics on-site in all schools using Panorama. The Vaccine Preventable Disease Program staff would prepare consent forms, assess immunization status, respond to questions and conduct the immunizations. Communication staff would assist with the preparation of a communication plan. Panorama would be used at all clinics.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

Offering on-site clinics would enable us to immunize those who do not have easy access to transportation and/or do not have a health care provider. It would result in improving immunization coverage rates. If we do not receive funding, we will not conduct these clinics and parents will have to take students to their health care provider for immunization.

- **How is this project consistent with ministry and/or Government priorities?**

  - consistent with current Ministry and/or government priorities (Ontario Public Health Standards and the Immunization Process Protocol)
  - support the delivery of mandatory programs
  - ensure cost effectiveness/efficiency
  - impact on service delivery and programming by the board of health

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

  The project is consistent with the objectives of the Vaccine Preventable Disease operational plan.

Related projects	Date submitted	How related

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

  The School Board has been notified of this request for funding.

- **Costs**

Item	Cost	Description
Preparation of Consent form x 7 hours	$850.00	1 Registered Nurse 1 Manager
Photocopy/print of consent forms	$1,000.00	
Preparing letter for School Board and for Principals x 5 hours	$340.00	1 Manager
Prepare communication plan x 1 hour	$130.00	1 Communication Supervisor 1 Manager
Arrange Clinic Dates and Prepare Schedule for Website x 14 hours	$410.00	1 Secretary
Prepare media releases x 2 hours	$ 60.00	1 Communication Supervisor
Arrange for distribution of consent forms x 10 hours	$300.00	1 Secretary

Mileage for Consent Distribution	$ 1,200.00	Estimate
Vaccination Supplies	$ 1,000.00	Estimate
Social Media Advertising	$ 500.00	Estimate
Prepare a video on school-based vaccines to use to promote immunization clinics in schools	$4,000.00	Communication Supervisor to contract
Administration of Vaccine for 59 schools and some may require additional clinic dates: 65 days x 7 hours x 3 Nurses	$72,500.00	3 Registered Nurses
2 Evening Clinics at Health Unit x 3 hours	$650.00	2 Registered Nurses
Mileage for Clinics	$ 1,700.00	Travel for Nurses
Estimated Total Cost	**$ 84,640.00**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

None

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 84,640.00	$ 0.00	$ 84,640.00

Project will impact operating costs ☒No ☐Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
		$
Accommodations	**Cost**	**Increase (%)**
	$ 0	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
	Brent Woodford	
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
	Dr. Rosana Pellizzari	
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 One-Time Funding Request over $10,000 Business Case

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

Project Title:	Vaccine Refrigerator Replacements
Contact Name / Position Title:	Edwina Dusome, Manager
Address:	10 Hospital Drive, Peterborough, Ontario, K9J 8M1
Location:	Peterborough
Telephone Number:	705-743-1000 Ext 271

- **Category of Request:**
  - ☐ Office Equipment
  - ☐ Information Technology
  - ☐ Program Costs
  - ☐ Immunization of School Pupils Act Regulatory Amendments Implementation
  - ☐ Infection Prevention and Control Lapse Transparency Reporting
  - ☒ New Purpose-Built Vaccine Refrigerators
  - ☐ Smoke-Free Ontario Enforcement Tablet Upgrade
  - ☐ Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
  - ☐ Smoke-Free Ontario Act Regulatory Amendments Implementation
  - ☐ Extraordinary Staffing costs
  - ☐ Other

- **Project Description (including programs to be included / involved).**

1. Replace 2004 Vaccine Refrigerator for Routine Immunization Clinic Room for new site.
2. Replace 2008 Vaccine Refrigerator for Storage of Vaccines.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

1. We are moving to a new site where there will be separate Routine Immunization and Travel Clinic Rooms. One of the rooms will have a 2004 Fridge unit.
2. The current refrigeration unit was purchased in 2008.

To ensure vaccines are stored appropriately, we would like to purchase new units before we lose vaccines due to possibility of malfunctioning of an older refrigeration unit.

- **How is this project consistent with ministry and/or Government priorities?**

Our health unit is required to store and distribute Ontario Government Pharmacy vaccines and thus meets the following priorities: • consistent with current Ministry and/or government priorities • support the delivery of mandatory programs • ensure cost effectiveness/efficiency • impact on service delivery and programming by the board of health • improving health and safety for staff and clients

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

The fridge will be used to store Ontario Government Pharmacy vaccines used for immunization clinics.

Related projects	Date submitted	How related

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

- **Costs**

Item	Cost	Description
1. Vaccine Refrigerator	$ 7,000.00	Refrigerator for Travel Clinic and Routine Immunization Room – PAN-MPR414F
2. Vaccine Refrigerator	$ 12,000.00	Refrigerator for Vaccine Room – BB0150-SC
	$	
	$	
	$	
	$	
Estimated Total Cost	**$ 19,000.00**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

None

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 19,000.00	$ 0	$ 19,000.00

Project will impact operating costs ☐No ☐Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
	#	$
Accommodations	**Cost**	**Increase (%)**
	$	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 Capital One-Time Funding Request over $10,000 Business Case

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

Project Title (including postal code for project):	Facilities Renewal Phase IV
Contact Name / Position Title:	Brent Woodford
Address:	10 Hospital Drive
Location:	Peterborough, ON K9J 8M1
Telephone Number:	705-743-1000, ex. 231

- **Project Description (including programs to be included / involved).**

To acquire and renovate new office and clinic space for the health unit. This will involve all programs, services and supports currently offered by the health unit.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of funding (attach supporting documentation / report as appropriate).**

Board has outgrown existing facilities. PCCHU is currently owns one building and rents a second. Neither site meets requirements under AODA and rental site not publically accessible. A facilities audit conducted in 2008 identified $1 million dollars' worth of repairs and maintenance that is required. As a result of insufficient space must rent (unsuitable) external space for some programming. Very inefficiencies moving between two buildings in different areas.
If don't receive funding, won't be able to afford to move (copy of Offer of Purchase and Sale available on request).

- **How is this project consistent with ministry and/or Government priorities?**

Project will:
Support delivery of mandatory programs;
Promote effectiveness and increase accountabilities;
Ensure cost effectiveness and efficiencies.

- **Please describe any existing health and safety, statutory, accessibility, capacity, and/or privacy issues to be addressed through this project. For example, have there been any orders from city/fire marshal/etc., to fix infrastructure?**

Building does not meet local code for parking
Not in compliance with AODA

Soundproofing and privacy in clinics lacking (privacy issue)
Lower level not accessible
Architect recommends structural engineering review (H&S)
Need to replace cooling tower ()H&S)
Need to replace rooftop HVAC Unit

- **How will this project improve access to or delivery of services to the board of health area/clients? Approximately what is the annual volume of clients visits related to this initiative?**

Near main bus terminal (accessibility)
Downtown (accessibility)
Ability to provide services to downtown (low income/high need) clients
Easily accessible by vehicle and near parking
Building will comply with AODA legislation
Estimate will increase visits by 25-50% (increased visits by 1300 per year)
Estimate total client visits of 3,900-4,000 per year

- **Will this project support linkages with other community services and organizations? Please list each organization, their mandate, and how this linkage will be beneficial to the provision of services to the board of health area.**

Too many to list, but includes:

Social Services	NOURISH
City Planning (recreation)	Primary Care
YWCA	VON Clinic
Peterborough Green-up	Children's Aid

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

Will make referrals and consultations easier and more efficient. Contacts include Planners, program staff and directors, Executive Directors

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

For two strategic plans (seven years to date) a stated goal has been to acquire suitable facilities. Parts of current operating plan assume we will move this year.

- **Provide a financial analysis that demonstrates the cost effectiveness of the proposed plan against alternatives considered and demonstrates that alternative sources of funding have been fully explored. Please provide details of alternative funding sources considered and determined inappropriate.**

Build Up – hired PricewaterhouseCoopers (PwC) to study buy vs lease options
Current location cannot be built up as building only designed as one storey
Already at maximum height for setback allowance – would require city approve new setback
On flight path for medi-vac helicopter (interfere with aircraft operations)

Build Out

Expansion limited by size, shape and topography of lot – already non-conforming for number of parking spaces – only option to build underground parking – contractor estimated cost of underground parking only $1, 824,000 plus cost of addition plus cost and inconvenience of moving staff out, renting during construction then moving back in – consultant advises not cost effective

Lease new premises

Require approx. 40,000 square feet of space – lease rates are $24/sq ft (all in) for annual lease cost of $960,000 – current total occupancy costs and lease of overflow location $237,000 – would require budget increase of $723,000

Lease existing site and use proceeds to offset additional lease costs

Existing site would lease for $18/sq ft producing annual revenue of $270,000,meaning the health unit would need a budget increase of $453,000 – it should be noted the HU has no experience as a landlord so would likely require additional staffing to manage the leasing and maintenance reducing the revenues received

Sell existing site and use proceeds to offset additional lease costs

The HU could establish an annuity with the proceeds and use the annuity to offset additional lease costs but depending on sale price and interest rates, after 4 to 6 years the annuity would be expended and the HU would be tied into a lease it could not afford

Sell existing site and use proceeds as down payment

Since the HU owns the existing building, all sale proceeds would be available as a down payment
Current low interest rates through Infrastructure Ontario can be obtained for 25 years
Most cost effective to sell existing building, use proceeds as down payment, obtain mortgage through IO and ask for small increase to operating funds.
Under the buy or lease option, the HU would be responsible for all capital costs.

Related projects	Date submitted	How related
Facility renewal phase IV	2013	Replace furniture prior to move
Standby generator	2015	Obtain standby generator for new location
Records Management	2015	Reduce storage requirements for new location
Move Costs	2015	Components for physical move

Costs (NOTE: If available, please split costs for hard construction (construction/renovation costs including labour and material) and ancillary costs (such as professional fees, project manager, inspection and testing, legal fees, permits etc.)).		
Item	**Cost**	**Description**
Due diligence	$ 200,000	Architect fees, due diligence (legal, structural, environmental, electrical, mechanical inspections) Project management, associated fees and charges
Building renovations	$ 1,800,000	Renovations to building including materials and labour, construction, demolition
Estimated Total Cost	**$ 2,000,000**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

N/A

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 1,500,000	$ 500,000	$ 0

Project will impact operating costs ☐No ☒Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
	# 0	$ 0
Accommodations	**Cost**	**Increase (%)**
	$ 511,097	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

Request made to Ministry for additional funding. Municipal partners already agreed to provide funding conditional on Ministry providing funds

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
	Brent Woodford	February 4, 2015
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
	Rosana Pellizzari	February 4, 2015
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 One-Time Funding Request over $10,000 Business Case

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

Project Title:	Phone/backup phone Server
Contact Name / Position Title:	Sam Rezai / Computer Tech Analyst
Address:	10 Hospital Drive
Location:	Peterborough, Ontario
Telephone Number:	705-743-1000 ext. 208

- **Category of Request:**
  - ☐ Office Equipment
  - ☒ Information Technology
  - ☐ Program Costs
  - ☐ Immunization of School Pupils Act Regulatory Amendments Implementation
  - ☐ Infection Prevention and Control Lapse Transparency Reporting
  - ☐ New Purpose-Built Vaccine Refrigerators
  - ☐ Smoke-Free Ontario Enforcement Tablet Upgrade
  - ☐ Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
  - ☐ Smoke-Free Ontario Act Regulatory Amendments Implementation
  - ☐ Extraordinary Staffing costs
  - ☐ Other

- **Project Description (including programs to be included / involved).**

Replacement of outdated phone server.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

PCCHU's existing phone server is eight years old and handles all incoming and outgoing phone calls and faxes. Its age presents a serious risk to PCCHU operations as a phone server failure would result in disruption of phone and fax capabilities. This will have a direct impact on the safety of our community by impeding the Health Unit's ability to respond to time-sensitive infectious disease case notifications, outbreak reports, and other public health emergencies. It would also hinder routine communications at the Health Unit. Typically phone servers are

expected to last approximately three years, and this one is almost three times past its replacement timeframe In an effort to extend the phone server's life, IT staff have replaced its motherboard and power supply in recent years. However our IT experts recommend that there is no value now in continuing to replace specific parts as the overall age of the other components are far beyond their expected lifespan, therefore the server is vulnerable to malfunction. The Health Unit does have an even older, back up phone server, however it requires manual configuration to put into service and would result in downtime of four to six hours should the existing phone server malfunction. The cost of the new phone server is almost twice the Health Unit's annual budget for all computer hardware replacements. If this funding request isn't approved, the Health Unit will not be able to afford a new phone server and will remain vulnerable to it breaking down at any time instead of replacing it during a planned outage during non-operating hours. This would compromise the Health Unit's ability to meet various time-sensitive accountability requirements, such as iGAS and rabies case responses. The cost to replace this server it would render the Health Unit unable to fund other necessary hardware and device replacements planned for 2015.

- **How is this project consistent with ministry and/or Government priorities?**

The PCCHU is required through the Ontario Public Health Standards to ensure the Medical Officer of Health or designate are available on a 24/7 basis to respond to any public health emergency. The Health Unit requires a reliable phone server to ensure phone and fax service in order to achieve this requirement. Maintaining phone and fax service is also fundamental to daily public health clinics and office work so staff are accessible to clients and partners.

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

This project directly relates to the PCCHU's 2013-2017 Strategic Plan that states the Health Unit will "use resources efficiently to ensure that equipment needed for program delivery is acquired and maintained". Every effort has been made to extend the life of the current phone server, and the new one offers considerably better functionality. For example, it offers better redundancy with a backup system that can be immediately activated should the main server go down, and it also provides better video conferencing capabilities. The new server will be equipped to handle more phone lines if needed so is expandable to meet changing needs. The new phone server is compatible with the existing desk phones used throughout the organization, that were upgraded in 2013. Purchasing the new server soon will also reduce costs as the Canadian dollar continues to fall.

Related projects	Date submitted	How related

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

This is an internal project geared to support fundamental operations of the Health Unit. The successful implementation of a new phone server will reduce the chance of an unplanned server malfunction which could impact all PCCHU staff, partners, clients and residents.

- **Costs**

Item	Cost	Description
Digium Switchvox Phone Server	$ 30,000.00	Includes 5 year warranty, spare analog card for cold swap, 2015 license fee, shipping and installation costs.
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Estimated Total Cost	**$ 30,000.00**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

none

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 22,500	$ 7,500	$ -

Project will impact operating costs ☒No ☐Yes (if yes, provide detail below)

Additional FTEs	**Number**	**Cost (including benefits)**
	#	$
Accommodations	**Cost**	**Increase (%)**
	$	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

Staff are already trained in running the new server. Annual licensing fee is the same as for the old server and already covered in the annual IT budget.

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
Signature – Chair of the Board of Health	**Print Name**	**Date**

2015 Capital One-Time Funding Request over $10,000 Business Case

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

Project Title (including postal code for project):	Asset Protection
Contact Name / Position Title:	Brent Woodford
Address:	10 Hospital Drive
Location:	Peterborough
Telephone Number:	705-743-1000, ex. 231

- **Project Description (including programs to be included / involved).**

Healthy Smiles Ontario, CINOT, other dental programs

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of funding (attach supporting documentation / report as appropriate).**

The mobile dental unit is valued at over a half a million dollars and must be protected from the elements and stored in a safe location. During summer months the unit was parked on health unit property but with the health unit relocating access to summer parking will be lost. During the winter the *Highway Traffic Act* requires the vehicle, including roof be cleared of ice and snow. Climbing on the roof is a health and safety issue that can be avoided by storing the vehicle in a covered garage.

- **How is this project consistent with ministry and/or Government priorities?**

Project will:
- Support delivery of mandatory programs;
- Promote effectiveness and increase accountabilities;
- Ensure cost effectiveness and efficiencies

- **Please describe any existing health and safety, statutory, accessibility, capacity, and/or privacy issues to be addressed through this project. For example, have there been any orders from city/fire marshal/etc., to fix infrastructure?**

Climbing on the roof of a 14 foot high vehicle in winter in snowy/icy conditions has been identified as a health and safety issue.
Not cleaning the roof can result in the driver being charged under the *Highway Traffic Act*
Not moving the vehicle will result in appointments being cancelled and clients not being served

- **How will this project improve access to or delivery of services to the board of health area/clients? Approximately what is the annual volume of clients visits related to this initiative?**

The mobile unit allows the health unit to provide services in all towns, villages and hamlets throughout Peterborough County. The unit receives over 900 client visits per year.

- **Will this project support linkages with other community services and organizations? Please list each organization, their mandate, and how this linkage will be beneficial to the provision of services to the board of health area.**

Services are offered to clients of a variety and number of non-profit and charitable organizations in the local communities. These include Social Services, Y.E.S. (youth at risk), school boards

- **Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.**

Will allow or improve access to partner agencies. Consulted program directors and supervisors

- **Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

For two strategic plans (seven years to date) a stated goal has been to acquire suitable facilities. Parts of current operating plan assume we will move this year

- **Provide a financial analysis that demonstrates the cost effectiveness of the proposed plan against alternatives considered and demonstrates that alternative sources of funding have been fully explored. Please provide details of alternative funding sources considered and determined inappropriate.**

The unit is 40 feet long, 13 feet wide and 14 feet high. The average garage overhead door is 10-12 feet high so a special building is required. We have contacted Fire and Ambulance, Hospital, every property owner with a door that large, had staff drive around the area, advertised in the local paper and used social media trying to find a location without success.

Related projects	Date submitted	How related
Facilities Update	February 2015	Move main building

Costs (NOTE: If available, please split costs for hard construction (construction/renovation costs including labour and material) and ancillary costs (such as professional fees, project manager, inspection and testing, legal fees, permits etc.)).		
Item	**Cost**	**Description**
Construction costs	$ 240,000	Construction costs
	$ 20,000	Land acquisition
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
Estimated Total Cost	**$ 260,000**	

- **How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?**

Nil

Total share requested from MOHLTC	Total municipal	Non-shareable costs
$ 195,000	$ 65,000	$

Project will impact operating costs ☐No ☒Yes (if yes, provide detail below)		
Additional FTEs	**Number**	**Cost (including benefits)**
	#	$
Accommodations	**Cost**	**Increase (%)**
	$	%
Other operating costs	**Cost**	**Increase (%)**
	$	%

- **Indicate how additional operating costs resulting from this project will be managed.**

Minimal increase in electrical costs. Will be managed internally

- **Will funds be spent by December 31, 2015? ☒Yes ☐No**

Board of Health Approvals

Signature – Business Administrator	Print Name	Date
	Brent Woodford	**February 4, 2015**
Signature – Medical Officer of Health / Chief Executive Officer	**Print Name**	**Date**
	Dr. Rosana Pellizzari	
Signature – Chair of the Board of Health	**Print Name**	**Date**

Staff Report

Borrowing Resolution

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Proposed Recommendations

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

- receive the staff report, *Borrowing Resolution,* for information; and
- approve an application for a loan (mortgage) from Infrastructure Ontario in the amount of three million dollars ($3,000,000) and authorize Brent Woodford to sign the application on the Board's behalf.

Financial Implications and Impact

The Board will require a mortgage in the amount of $3,000,000 as part of the transaction to acquire King Street. Infrastructure Ontario (IO) requires a board resolution approving the loan application.

Decision History

This is the first time the issue is coming to the Board.

Background

The business plan to acquire King Street calls for a cash down payment from the proceeds of the sale of Hospital Drive, one-time funding from the Province and municipal partners and a

mortgage in the amount of $3,000,000 obtained through IO. As part of their due diligence, IO requires a board resolution approving the application for the loan (see Attachment A).

Rationale

IO offers the best loan rate and will issue the loan at a fixed rate for twenty-five years.

Strategic Direction

This addresses the board's strategic directions of *Capacity and Infrastructure* and *Quality and Performance*.

Contact:

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

Attachments:

Attachment A – PCCHU IO Loan Application

ONTARIO INFRASTRUCTURE AND LANDS CORPORATION (OILC)
LOAN APPLICATION

Application ID: 14094 Program Year: 2014/2015

Application Submit Date: Feb-03-2015

A. GENERAL INFORMATION - Borrower

Name:	Peterborough County-City Health Unit	ID:	93154
Address:	10 Hospital Drive	City:	Peterborough
		Postal Code:	K9J 8M1
Name of Treasurer(or equivalent):	Brent Woodford	Title:	Director of Corporate Services
Telephone Number:	705-743-1000 xt 231	Fax No.:	705-743-2897
Email:	bwoodford@pcchu.ca		

B. CONTACT INFORMATION

Questions regarding the information contained in the application form should be addressed to:

Name:	Brent Woodford	Title:	Director of Corporate Services
Telephone:	704-743-1000 xt 231	Fax No.:	705-743-1810
Email:	bwoodford@pcchu.ca		

C. PROJECT SUMMARY INFORMATION

No.	Project Name	Category	Type	Loan Amount
1	185 King Street, Peterborough (office acquisition)	Other		$3,000,000.00
		Total Loan Amount		$3,000,000.00

ONTARIO INFRASTRUCTURE AND LANDS CORPORATION (OILC)
LOAN APPLICATION

Project Details - Other

Project Name	185 King Street, Peterborough (office acquisition)
Category	Other
Construction Start Date	Jan-08-2015
Construction End Date	Jun-01-2015

Please indicate below if any aspect of the project pertains to:

Energy Conservation: ☐ Yes ☑ No

Address of the project: 185 King Street, Peterborough, ON

Type of work (e.g. new construction, renovation of existing facilities, redevelopment, deferred maintenance, etc.): acquisition and renovation of existing offices

Description of the project:

Acquisition of first three floors of a condominium located at 185 King Street in Peterborough to be new location for all of PCCHU services (consolidate all services in one location). 185 King Street, Peterborough is a five story building plus underground parking garage.

Offer to purchase current premises of PCCHU at 10 Hospital Drive in Peterborough has been received and obtained for full assessed market value. The proceeds from the sale of 10 Hospital Drive will be used as a down payment for 185 King Street.

Capital funding for premises improvements and renovations will be completed through one-time funding requested from the Province (75% of cost), the City and County of Peterborough and the Hiawatha and Curve Lake First Nations (25%).

Additional comments:

- The Project Cost $9.1M
- Purchase acquisition price: $5,920,000 with $3,000,000 for interior renovations plus $180,000 for contingency.
- Client equity from sale of existing building: $4,300,000
- One-time Government Funding: $1,800,000
- AACI Appraisal is $14,000,000 for the ENTIRE building of 185 King Street.

What is the life span of the project in years? (i.e. the physical asset) 50

Please identify your Ministry contact (If applicable)

Ministry:

Contact Name:

Contact Phone:

Project Information

Project Name	185 King Street, Peterborough (office acquisition)
Category	Other

Project Cost (A) $9,100,000.00

Project Funding/Financing

List existing and expected Funding/Financing sources for the project (eg. Reserves, other cash on hand, approved grants, etc.).

Source/Description	Timing	Amount
Equity from sale of existing location	Expected	$4,300,000.00
One-time Government Funding	Existing	$1,800,000.00
	Total Amount (B)	$6,100,000.00
	OILC Loan Amount (A-B)	$3,000,000.00

Please enter your long-term borrowing requirements including the estimated date the funds are required. Only include long-term borrowing in this section. If you anticipate that you will require short-term financing during the construction phase of the project, the information will be gathered as part of the Financing Agreement.

Estimated Date Required	Amount	Term (in years)	Type
Jun-01-2015	$3,000,000.00	25	Amortizing
Total Long-Term Financing	$3,000,000.00		

D. DEBT AND REPAYMENT SUMMARY

Annual Financial Statements:

Please provide a copy of the Borrower's past 5 years annual audited financial statements.

Existing Borrowing:

Please provide the following details on the existing debt, including capital leases and unsecured debt.

Loan #	Loan Purpose	Initial Amount Borrowed	Amount Outstanding as per Most Recent Audited Financials	Annual Interest Rate (%)	Date Borrowed (mm/dd/yyyy)	Maturity Year	Summary of Existing Pledges, Conditions, Covenants	Payment Type	Periodic Amount Payable	Payment Frequency

Please elaborate on re-financing plans and options for any existing "interest only" debt, if applicable

No existing debt

Existing Encumbrances:

Does the Borrower have any existing liens, pledges and any other encumbrances on existing assets?

☐ Yes ☑ No

If yes, please provide details:

E. LITIGATION

Is there any litigation threatened or existing which would affect any projects or substantially impair the Borrower's ability to pay debt service costs on its general obligation indebtedness? Please indicate Yes or No.

☐ Yes ☑ No

Please complete the Certificate of Litigation template found under the Forms menu.

F. NON-REPAYMENT OF LOANS OR DEBENTURES

In the last 10 years has the Borrower ever failed to make a loan or debenture repayment on time to any lender, including to the Provincial Government?

☐ Yes ☑ No

If yes, please provide details. If necessary, attach details.

G. PROVINCIAL GRANTS AS SECURITY

Pursuant to OILC's enabling legislation, the Minister of Finance may deduct funds from provincial grants to the Borrower appropriated by the Legislative Assembly of Ontario for payment to OILC to satisfy any outstanding unpaid amounts owed by the Borrower to OILC.

H. ATTACHMENTS

Please ensure all required documents are submitted with the signed application. OILC requires originals as noted below to be mailed or couriered. Also, please retain a copy of all documents submitted to OILC for your records.

- Completed application signed and dated by the appropriate individuals (original)
- Past 5 years annual financial statements
- Certificate of No Litigation using the OILC template (original)
- Borrowing Resolution (originals or certified seal true copy)
- Project management letter
- Confirmation letter from governing Ministry/body confirming annual and/or capita funding contribution, as applicable

☑ I acknowledge and agree that all of the above referenced documents must be submitted in the form required by OILC and understand that the application will not be processed until such documents have been fully completed and received by Infrastructure Ontario.

Please note: OILC retains the right to request and review any additional information or documents at its discretion.

☑ I acknowledge that I have read and understood the Project Management and Best Practices Reporting Requirements

Confidential Information

OILC is an institution to which the *Freedom of Information and Protection of Privacy Act* (Ontario) applies. Information and supporting documents submitted by the Borrower to process the loan application will be kept secure and confidential, subject to any applicable laws or rules of a court or tribunal having jurisdiction.

Ontario
Infrastructure Ontario

ONTARIO INFRASTRUCTURE AND LANDS CORPORATION (OILC) LOAN APPLICATION SIGNATURE PAGE

Application ID: 14094

Printed Date: Feb-03-2015

Application Submit Date: Feb-03-2015

I/We acknowledge that a Loan Application has been submitted to Ontario Infrastructure and Lands Corporation (OILC) containing the following information.

Eligible Category	Loan Amount
Other	$3,000,000.00
Total	$3,000,000.00

Name of Borrower:	Peterborough County-City Health Unit	Name of Treasurer (or equivalent):	Brent Woodford
Address:	10 Hospital Drive Peterborough, K9J 8M1	Telephone Number: ID:	705-743-1000 xt 231 93154

The undersigned certifies that he/she has read the OILC loan program guidelines and all information provided to OILC is accurate and complete. The undersigned acknowledges that some information provided may be shared with the line ministries to provide technical expertise to OILC. Applicant agrees to provide OILC with additional information as required in order to process the loan.

Treasurer's (or equivalent's) Signature: _____ Date: _____

Staff Report

Audit Letter of Engagement

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Proposed Recommendations

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

Brent Woodford
Director Corporate Services
(705) 743-1000, ext. 231
bwoodford@pcchu.ca

Attachments:

Attachment A: Collins Barrow Kawarthas LLP Letter of Engagement

Collins Barrow
Chartered Accountants

Collins Barrow Kawarthas LLP
272 Charlotte Street
Peterborough, Ontario
K9J 2V4

T. 705.742.3418
F. 705.742.9775

www.collinsbarrowkawarthas.com

January 15, 2015

Members of the Board of Health
Peterborough County - City Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

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, 2014. 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;

(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.

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 approve same.

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.

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.

We plan to use an overall materiality of $369,000 and a performance materiality of $313,000. 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

Staff Report

Summary of Research Activities, 2014

Date:	Board Meeting Date
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Pellizzari, M.D.	Andrew R. Kurc, Title

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That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Summary of Research Activities, 2014,* for information

Financial Implications and Impact

Nil.

Decision History

Nil.

Background

Public health units 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 previous 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 provincial government's

expectations for governance and administrative practices that are based on generally accepted principles of good governance and management excellence. Specific to Research, Public Health Units 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 PCCHU with the purposed of meeting these objectives.

Summary of Research Activities, 2014

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 objectives, 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 2014 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. After completing initial drafts, the current policies, procedures, and affiliated documentation regarding risk screening are being piloted and implemented in 2015.

In addition to developing policies and procedures around research activities, the Research Committee also continues to build relationships with local agencies such as the Trent Centre for Aging and Society and the Trent Centre for Community-Based Education, as well as maintain 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 2014.

Strategic Direction

Research activities are consistent with the board's emphasis on:

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

Contact:

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

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, 2014

Attachment A – Summary Table of Research, 2014

Principle Investigator Organization(s)	Project Title	Summary	Status
Public Health Agency of Canada	Randomized Evaluation of Live Attenuated vs. Trivalent Inactivated Influenza Vaccines in Schools (RELATIVES) Pilot Study	School-based influenza immunization can effectively address accessibility barriers, but injected inactivated influenza vaccines (IIV) may not be acceptable to some children and parents in school settings. To better understand the feasibility of offering intranasal live attenuated influenza vaccines (LAIV) through schools, we assessed uptake, stakeholder acceptability, and cost of school-based delivery of LAIV compared to IIV.	Complete. Use of LAIV in school-based clinics was associated with increased vaccine uptake and the perception among immunizing staff of reduced child anxiety, but also slightly higher vaccine administration costs, compared to IIV. However, uptake was low for both groups. More effective strategies to promote influenza vaccines and to obtain parent consent may improve vaccine uptake. Results shared publicly via December 2014 news release.
Institute for Clinical Evaluative Sciences	Systematic Observational Method for Narcolepsy And Influenza Immunization Assessment (SOMNIA)	To evaluate the risk of narcolepsy associated with AS03-adjuvatned pandemic influenza vaccines in Ontario. As part of a larger multi-jurisdiction study, we will conduct a case-control study using a combination of administrative, patient chart, and public health immunization records data in Ontario. The first step will involve identification of the cases and controls (collectively, the study population).	Estimated project completion date: March 31, 2015
Eastern Ontario Health Unit	Building Evaluation Capacity in Ontario Public Health Units	The main objectives of this project are to: 1. Validate the evaluation capacity building framework and evaluation capacity assessment instrument 2. Provide an evaluation capacity diagnostic	Research activities were initiated in 2014 and the final report has been submitted. This Cycle 3 project has the choice of reapplying for another 1 or 2 years of funding. Planning to develop a

Principle Investigator Organization(s)	Project Title	Summary	Status
		instrument that is tailored to the context of Ontario Public Health Units 3. Assess the extent of evaluation capacity within a across Ontario PHUs; and 4. Identify effective strategies or techniques to build evaluation capacity in Ontario PHUs.	new proposal to continue the research will start in May with approval expected in the fall.
Peterborough County-City Health Unit	Develop and Test Indicators of Ontario Local Public Health Agency Work to Address the Social Determinants of Health to Reduce Health Inequities	Since 2008, the mandate for local boards of health in Ontario has included requirements to address the social determinants of health and contribute to improvements in health equity. This study intends to provide Ontario boards of health and their staff, those who work in local public health agencies, with a set of indicators to assess their progress on incorporating into their daily practice the wide range of activities necessary to address the social determinants of health at the local level.	Initiated 2014. Ongoing.
Niagara Region Public Health Department	Adapting Alberta's Million Messages (AMM) for Implementation in Ontario's Health and Social Services System	The goal of this research is to better understand how to effectively transfer and adapt a childhood falls prevention program (AMM) to the Ontario context. This research project utilizes qualitative and quantitative methods to identify which optimal strategies effectively engage community stakeholders for AMM integration. These stakeholders being health care professionals and early childhood educators that deliver direct services to families/caregivers of children under age five. Data will be collected from stakeholders through a combination of focus groups and key	The Ontario Child Injury Prevention Committee is working towards developing a framework to determine a common understanding of what needs to be done as a collective to ensure the sustainability of the work, i.e., to achieve collective impact. Initial work will include determining key partners to include in the collective, i.e., Parachute, CHIO, medical practitioners etc., and to create a strategy map outlining the collective's

Principle Investigator Organization(s)	Project Title	Summary	Status
		informant interviews exploring attributes such as organizational infrastructure, workforce and professional development, resources and support, shared values and mutual ownership, and communication across diverse Ontario communities.	goals and objectives.
Region of Waterloo, Public Health; Durham Region Health Department	Developing an Evidence-Informed Guide to Support Public Action on Alcohol at the Local Level.	To date there has not been a coordinated approach to address the negative effects of alcohol that incorporates both injury and chronic disease prevention. Currently, the strategies and interventions available tend to focus on high level approaches that are often difficult to implement at the local level and lack a significant public health focus. This project will involve: a systematic review of the current literature; structured stakeholder interviews, consultations and focus groups, and; an online survey of current actions taken by local public health units to address alcohol-related harms. Based on the information collected during this project, an evidence-based guide will be developed to inform and support local public health action aimed at decreasing drinking in excess of the low risk drinking guidelines (LRDG), thereby reducing alcohol-related harms in Ontario.	A report "Addressing Alcohol Consumption and Alcohol-Related Harms at the Local Level" was generated and outlined strategies to decrease drinking in excess by enacting policy in the following areas: • Pricing and taxation controls • Regulating physical availability • Marketing and advertising restrictions • Modifying the drinking environment • Drinking and driving countermeasures • Education and awareness-raising strategies • Treatment and early intervention
City of Hamilton Public Health and Social	Supporting Ontario Public Health Units to	This project aims to gain a better understanding of the focus areas in public health for mental illness prevention and positive mental health promotion.	Initiated 2014. All of the research for this project has been completed. A dissemination plan for the results is

Principle Investigator Organization(s)	Project Title	Summary	Status
Services; Middlesex-London Health Unit; Thunder Bay District Health Unit	Promote Mental Health of Children and Youth.	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.	currently being created.
Public Health Ontario	Development and Integration of Alerting Algorithms and Response Protocols for Public Health Surveillance	The overall purpose is to a) select the best statistical method for detecting aberrant events in syndromic surveillance data from the variety of existing ones, and b) develop standardized response protocols for syndromic surveillance systems using elementary school absenteeism (called "school absenteeism" from here on) and emergency department visit data.	Initiated 2014. Ongoing. Data collection ending March 11, 2015
Queen's University	Do Regional Social and Material Characteristics Influence HPV Vaccine Decision-Making? The Ontario Grade 8 HPV Vaccine Cohort Study	Population-based administrative health and immunization databases were used to identify girls eligible for Ontario's Grade 8 HPV vaccination program during the 2007/08 - 2010/11 program years. A cohort member was classified as a 'refuser' if she received no doses of the vaccine. Regional-level (i.e., health unit-level) social and material characteristics potentially associated with HPV vaccine decision-making were derived from the 2006 Canadian Census. The association between a girl's environment and vaccine refusal was assessed using generalized estimating equations with a binomial distribution and a log link to estimate a population-average effect.	Complete. There is an association between high regional deprivation and low HPV vaccine refusal may be promising in terms of the health and economic benefits of this program. Future studies incorporating both individual- and regional-level determinants are needed to further elucidate the determinants of HPV vaccine refusal in the context of publicly funded, school-based programs.

Principle Investigator Organization(s)	Project Title	Summary	Status
In addition, PCCHU participated in a number of evaluation projects with external partners including:			
Centre For Addiction and Mental Health	STOP on the Road	Ontario smokers who would like to quit smoking with the aid of the nicotine patch and who meet the other study eligibility criteria will be registered for a STOP on the Road workshop in their local community. Trained staff at a partnering health organization and/or STOP Study staff will deliver the workshop which provides 1-hour of psychoeducation (quit smoking behavioural strategies and information about nicotine replacement therapy) and a 5-week kit of nicotine replacement therapy to eligible, registered participants. Participants will complete a consent form and baseline questionnaire which asks them about their smoking history, medical history and demographic information. Participants may be followed-up by STOP staff five weeks after their quit date and again six months later to evaluate the success of the program.	Ongoing. In 2014, PCCHU held 10 workshops reaching 185 participants. Data from CAMH dating from 2011 to 2014 indicate the quit rate at 5 week follow-up is 32% and 22% at six months (data from PCCHU workshops).
Ontario Tobacco Research Unit	Evaluation of the "Know What's In Your Mouth" Campaign	The purpose of this evaluation is to support the Central East Tobacco Control Area Network (CETCAN) in evaluating participant receptivity to the campaign activities and understanding of key messages which speaks to some of the short-term objectives outlined in the program logic model. The CETCAN will monitor and analyze the campaign web-site traffic data, as well as tracking project activities of on the ground initiatives.	Complete. Despite its known risks and carcinogenic properties, chewing tobacco is often regarded as a safer alternative to cigarettes because it is not smoked. Know What's In Your Mouth is a campaign designed to raise awareness among youth about the dangers of chewing tobacco. 98% of participants in Know What's In Your

Principle Investigator Organization(s)	Project Title	Summary	Status
			Mouth activities thought the activities were good or very good, with 93% of participants indicating that they learned something about chewing tobacco as a result of those activities
Ontario Tobacco Research Unit	Evaluation of Evaluation of Central East Regional Youth Coalition's Activities to Support the "Freeze the Industry" Campaign	Ontario Tobacco Research Unit (OTRU) is conducting a study to obtain information about the Central East Regional Youth Coalition's activities to support the *Freeze the Industry* campaign. The results from this evaluation will help OTRU learn perspectives on successes, challenges and opportunities for improvements to the health promotion activities/events, as well as opinions about the youth participants' understanding of the main messages of the health promotion activities/events.	Complete. Freeze the Industry is a youth led campaign, that serves as a vehicle to raise awareness about tobacco industry marketing tactics (flavouring of tobacco to make their products appealing to youth) and concludes with an opportunity for participants sign a petition demanding that the flavoured tobacco be banned in Canada. Most survey respondents (91% of youth, and 90% of adults) were aware of reason(s) why a federal law that bans all flavoured tobacco is needed. Subsequently, at events across the Central East region, 1,257 petitions were signed in support of a flavour ban.

Staff Report

2014 Complaints

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original approved by	
Rosana Pellizzari, M.D.	

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *2014 Complaints,* for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health's procedure (2-281, Complaints) requires the Board be advised annually about complaints received.

Background

During the 2014 calendar year, the Health Unit received a total of two 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 coordination of the Low-Cost	The complainant expressed concern that promotion was done for a veterinarian	Resolved.

No.	Nature of Complaint	Comments	Status
	Rabies Clinics.	from outside the Peterborough area to hold a low-cost rabies vaccine clinic in town as it compromised the existing relationships established with local veterinarians. A letter of apology was sent with regrets expressed for not consulting with local veterinarians. However, authorization is ultimately granted by the College of Veterinarians of Ontario, and the Health Unit cannot deny a clinic. In addition, with declining vaccination numbers in recent years, the intent was to ensure accessibility and ultimately protect the health of our residents. Local veterinarians were invited to propose alternate strategies to resolve the problem of declining pet vaccination and an offer was made and accepted to promote local clinics.	
2	Complaint regarding the issuance of an order to address water concerns which posed a health hazard.	The complainant was seeking a reversal of this decision, however the order still holds pursuant to authority set out in the Health Protection and Promotion Act. The order on the property is outstanding given that it remains vacant, the Health Unit is awaiting a decision from the landlord to either demolish the building (which was being considered), or comply with the order.	Outstanding.

Comments

The Health Unit 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 Pellizzari
Medical Officer of Health
(705) 743-1000 x264
atanna@pcchu.ca

Staff Report

2014 Donations

Date:	February 11, 2015
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

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

Proposed Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *2014 Donations,* for information.

Financial Implications and Impact

For the year ending December 31, 2014 the Health Unit received a total of $57,076.66 in charitable donations.

Decision History

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

Background

While the Health Unit received its charitable status part way through 2010, 2011 was the first complete year for which the Board was 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.

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 2014, sixty-nine employees made charitable donations through payroll deductions, with donations being directed to the Health Unit and/or the United Way. A total of $13,728.00 was donated by Health Unit employees through payroll contributions to the United Way and Health Unit programs.

If an employee wrote a cheque to the Health Unit, it is counted as an external donation through our reporting software, otherwise it is recorded as a payroll deduction.

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

In 2014, the Health Unit received $2,916.73 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	2013	2014
Total Cheques / Cash Received	$60,299.39	$50,078.93 *(82 donors)*
Total On-Line Canada Helps	$864.91	$2,916.73 *(66 donors)*
Total Payroll Deductions	$5,606.00	$4,081.00 *(69 donors)*
Total Donations	**$66,770.30**	**$57,076.66**

Table 2: External and Payroll Donations by Designation

Program	2013	2014
Collective Kitchens	$3,108.14	$6,890.00
Contraceptive Assistance Fund	-	$102.00
Dental Treatment Assistance	$20,852.19	$13,443.00
Food for Kids	$30,259.84	$21,332.93
Food Security	$748.14	$472.00
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$11,361.24	$18,823.00
Nobody’s Perfect	$362.00	$324.00
Prenatal Classes for Young Parents *(formerly the Teen Prenatal Supper Club)*	$78.75	$113.00
Undesignated	$0	$0

Table 3: Donations by Donor Type

Donor Type	2013	2014
Business	$38,351.10	$29,440.53
Church	$5,400.00	$9,020.00
Individual	$7,313.91	$7,188.73
Payroll Deduction	$5,606.00	$4,081.00
Service Clubs/Foundations	$10,099.29	$7,346.40

Comments

Support for the DTAF and the HBHC Equipment and Supply Fund was strong over the past year due to the funding provided by the City of Peterborough. FFK, DTAF and Collective Kitchens activities rely heavily on donations; FFK received several large donations from a local service club and food supply business which contributed to the 2014 total, however donations for this program are down almost 30% from the year prior. Despite this, both the FFK and DTAF annual amounts in 2014 were well below the 2013 totals.

The decreases in donations were most noticeable in business donations (down $8,900), payroll deductions (down $1,500) and service clubs/foundations (down $2,800).

The Contraceptive Assistance Fund (CAF) was established in 2014 and provides access to low-cost or no-cost contraception 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 PCCHU contraceptive assistance fund 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 Health Unit 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 Health Unit publications and resources.

Strategic Direction

This staff report applies to the following Board of Health strategic directions, *Community-Centred Focus* and *Determinants of Health and Health Equity.*

Contact:

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