

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, January 11, 2017 – 5:30 p.m.  
Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor  
Jackson Square, 185 King Street, Peterborough**

**PLEASE NOTE: Sacred smudging of 185 King Street to occur at 4:30 p.m.**

**1. Call to Order**

1.1. Welcome and Opening Statement

Dr. Rosana Salvaterra, Medical Officer of Health

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

**2. Elections**

Dr. Rosana Salvaterra, Medical Officer of Health

2.1. Chairperson

2.2. Vice-Chairperson

**3. Appointments to Committees (p. 5)**

**4. Establishment of Date and Time of Regular Meetings (p. 9)**

**5. Establishment of Honourarium for 2017 (p. 10)**

**6. Confirmation of the Agenda**

**7. Declaration of Pecuniary Interest**

**8. Delegations and Presentations**

- 8.1. [Peterborough Regional Health Centre Update](#) (p. 11)  
Dr. Peter McLaughlin, President and CEO  
Mary Ferguson-Paré, Chair, Board of Directors

## 9. Confirmation of the Minutes of the Previous Meeting

- 9.1. [November 9, 2016](#) (p. 32)

## 10. Business Arising From the Minutes

### 11. Staff Reports

### 12. Consent Items

*All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board's consideration can be approved by one motion.*

**Board Members:** For your convenience, circle the items you wish to consider separately:

12.1a 12.1b 12.2a 12.2b 12.2c 12.3a

#### 12.1. Correspondence

##### a. Correspondence for Direction

Attachments:

- [Cover Report](#) (p. 39)
- [North Bay Parry Sound – Gambling](#) (p. 41)
- [Middlesex London - Opioids](#) (p. 43)

##### b. Correspondence for Information

Attachments:

- [Cover Report](#) (p. 46)
- [Letter to Minister Philpott – Marketing to Children / Bill S-228](#) (p. 48)
- [Letter from Dr. Gregory Taylor – WHO Code](#) (p. 50)
- [Letter from Paulina Salamo – OPHS Modernization](#) (p. 52)
- [Letter from Hasan Hutchinson – School Nutrition Programs](#) (p. 53)
- [Letter from Sally Saunders – Septics](#) (p. 55)
- [Alcohol Policy - Northwestern](#) (p. 56)
- [HPV – Durham](#) (p. 59)

- [HPV – Grey Bruce](#) (p. 61)
- [Lyme Disease – Durham](#) (p. 62)
- [Marijuana Controls / Bill 178 – Simcoe Muskoka](#) (p. 64)
- [Marketing to Children / Bill S-228 - Durham](#) (p. 66)
- [Marketing to Children / Bill S-228 – Huron](#) (p. 68)
- [Nutritious Food Basket – Durham](#) (p. 70)
- [Nutritious Food Basket – Sudbury](#) (p. 72)
- [OPHS Modernization – Grey Bruce](#) (p. 74)
- [Public Health Approach to Cannabis Legalization – Algoma](#) (p. 75)
- [School Nutrition Programs - Durham](#) (p. 77)

## 12.2. Staff Reports

- a. **Staff Report: Advocacy for Bill 6: Advocacy for Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission**

Carolyn Doris, RD, Public Health Nutritionist

Attachments:

- [Staff Report](#) (p. 79)
- [Bill 6, 2016](#) (*web hyperlink*)
- [PPH Limited Incomes Report, 2016](#) (*web hyperlink*)

- b. **Staff Report: 2016 Complaints** (p. 84)

Dr. Rosana Salvaterra, Medical Officer of Health

- c. **Medical Officer of Health – Coverage Request** (p. 86)

Dr. Rosana Salvaterra, Medical Officer of Health

## 12.3. Committee Reports

- a. **Committee Report: First Nations**

Chief Phyllis Williams, Chair, First Nations Committee

Attachments:

- [Committee Report](#) (p. 87)
- [Meeting Minutes, Sept. 13, 2016](#) (*web hyperlink*)
- [Jordan’s Principle, Middlesex London Policy](#) (p. 89)

## 13. New Business

13.1. **Oral Update: November 2016 alPHa Conference**

Kerri Davies, Board Member

Deputy Mayor John Fallis, Board Member

13.2. **Volunteers for Planning February 11<sup>th</sup> Board / Management Session**

Dr. Rosana Salvaterra, Medical Officer of Health

14. **In Camera to Discuss Confidential Matters (nil)**

15. **Motions for Open Session**

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

Date: February 8, 2017

Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor,

Jackson Square, 185 King Street, Peterborough

17. **Adjournment**

**To:** All Members  
Board of Health

**From:** Greg Connolley, Chair, Governance Committee

**Subject:** **Appointments to Board of Health Committees**

**Date:** January 11, 2017

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**Proposed Recommendation:**

That the Board of Health for Peterborough Public Health appoint Members to its Committees as follows:

**First Nations Committee**

Kerri Davies  
Deputy Mayor John Fallis  
Chief Phyllis Williams  
Liz Stone, Executive Director, Nijkiwendidaa Anishnaabekwewag Services Circle\*  
Lori Flynn, Executive Director, Nogojiwanong Friendship Centre\*

**Governance Committee**

Councillor Gary Baldwin  
Greg Connolley  
Deputy Mayor John Fallis  
Mayor Rick Woodcock

**Stewardship Committee**

Councillor Henry Clarke  
Andy Sharpe  
Mayor Rick Woodcock

Note: The Board Chair for 2017 will be an ex-officio member of all Committees. The individuals marked with an asterisk are community volunteers continuing their 2016 appointments.

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The Governance Committee met last on November 1, 2016. Prior to that meeting, the Committee polled Board Members to identify interest in serving on various Board of Health Committees as per the procedure established in 2015.

Supporting documentation has been included (and linked) where available, please see below.

- [Board Leadership and Committee Membership Selection Procedure](#) (*web hyperlink*)

- [2017 Board of Health Members](#)
- [2016 Committee Appointments](#)
- Committee Terms of Reference
  - [First Nations](#) (*web hyperlink*)
  - [Governance](#) (*web hyperlink*)
  - [Stewardship](#) (*web hyperlink*)

**2017 Board of Health**  
**for Peterborough Public Health**

Councillor Gary Baldwin, City of Peterborough

Councillor Henry Clarke, City of Peterborough

Mr. Gregory Connolley, Provincial Appointee

Ms. Kerri Davies, Provincial Appointee

Deputy Mayor John Fallis, County of Peterborough

Councillor Lesley Parnell, City of Peterborough

Mayor Mary Smith, County of Peterborough

Chief Phyllis Williams, Curve Lake First Nation Representative

Mayor Rick Woodcock, County of Peterborough

*NOTE: There are currently two Board Member vacancies - a Provincial Appointment position (currently under consideration at the Ministry) and a representative from Hiawatha First Nation (expected shortly after Council elections occur on January 18, 2017).*

## **2016 Appointments to Committees**

The Board Chairperson is an ex-officio member of all committees.

First Nations:	Chief Phyllis Williams (Chair) Councillor Art Vowles Ms. Kerri Davies Deputy Mayor John Fallis Liz Stone (Community Volunteer) Lori Flynn (Community Volunteer)
Fundraising (retired):	Ms. Kerri Davies (Chair) Councillor Gary Baldwin Mr. Andy Sharpe
Governance:	Mr. Gregory Connolley (Chair) Deputy Mayor John Fallis Mayor Mary Smith Mayor Rick Woodcock
Property (retired):	Mr. Andy Sharpe (Chair) Councillor Henry Clarke Councillor Lesley Parnell



**To:** All Members  
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Establishment of Date and Time of Regular Meetings

**Date:** January 11, 2017

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**Proposed Recommendation:**

That the regular meetings for the Board of Health in 2017 be held on the second Wednesday of each month (excluding July and August) starting at 5:30 p.m., or at the call of the Chairperson.

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A listing of the Board of Health meeting dates with locations for 2017 is as follows:

**Location: Dr. J. K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough**

Dates:

January 11

February 8

March 8

May 10

September 13

October 11

December 13

**Location: Lower Hall, Administration Building, 123 Paudash St., Hiawatha First Nation**

Date: April 12

**Location: North Kawartha Community Centre, 340 McFadden Rd., Apsley**

Date: June 14

**Location: Council Chambers, Administration Building, 22 Wiinookeedaa Rd., Curve Lake First Nation**

Date: November 8

**To:** All Members  
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Establishment of Honourarium for 2017**

**Date:** January 11, 2017

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**Proposed Recommendation:**

That the Board of Health for Peterborough Public Health approve an increase of \$0.77 to the current honourarium representing a final amount of \$147.86 for 2017.

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Policy requires the Board to confirm, at its first meeting of the year, which members shall be remunerated for attending meetings and determine the amount of the remuneration. Policy also requires Governance to review the Board honourarium rate at the end of each calendar year and that the Committee considers the increase granted to staff during the current year and to consider the Consumer Price Index (CPI) increase in making a recommendation.

This item was not brought forward to Governance at their last meeting on November 1, 2016, however, members were later polled and there was support for the increase recommended.

For 2016, two bargaining units were given a 3% increase. The most recent annual Canadian CPI rate was 1.2%. As per Board policy, compensation adjustments should be “equal to staff increases or to the Consumer Price Index, whichever is lower.”

[Remuneration of Members, Policy](#) (*web hyperlink*)  
[Board Remuneration Review, Procedure](#) (*web hyperlink*)

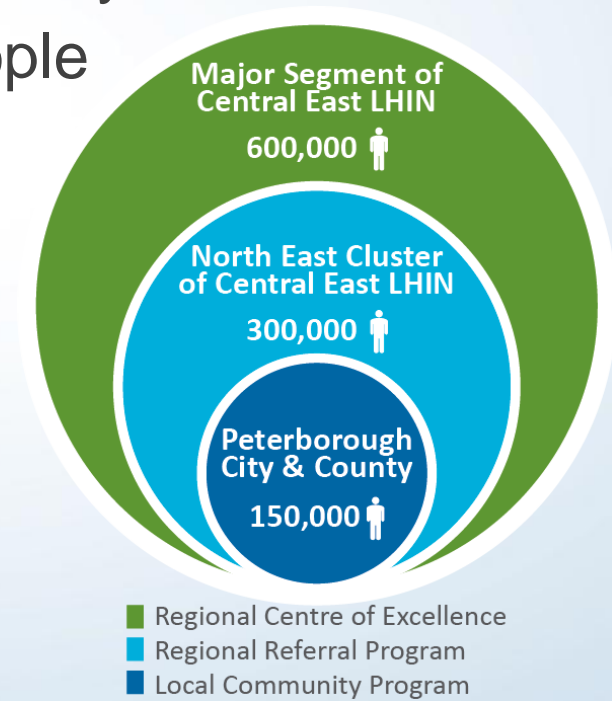
# Delivering exceptional care as a Regional Health Centre

Mary Ferguson-Paré  
Chair, Board of Directors

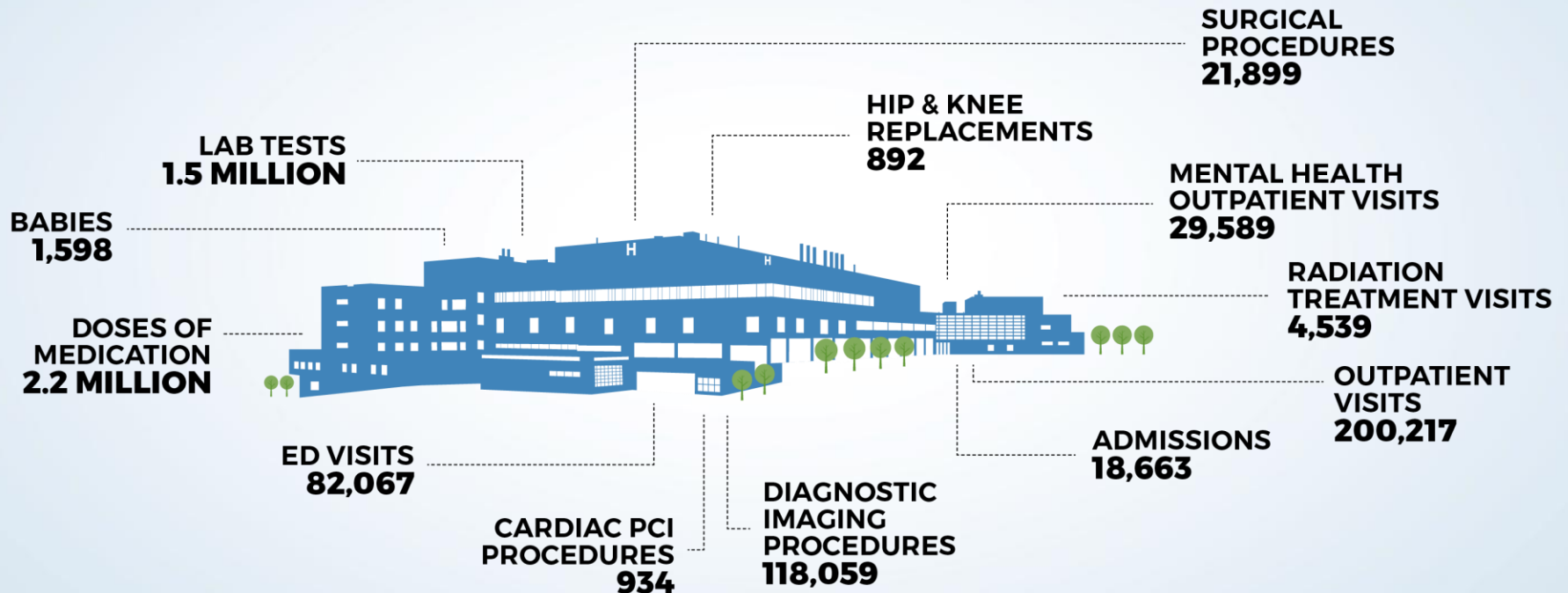
Dr. Peter McLaughlin  
President & CEO

# PRHC by the numbers

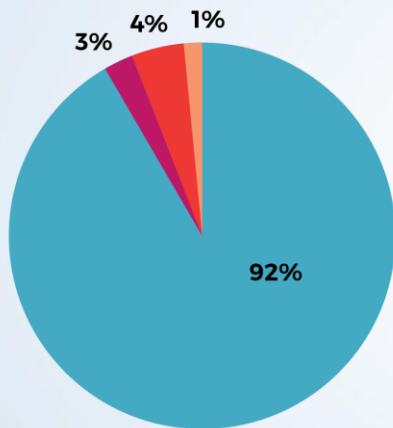
With an operating budget of \$290 million and a capacity of 494 beds, PRHC serves Peterborough and Peterborough County, a referral population of 300,000 people in four counties, and a regional population of 600,000 in the Central East LHIN.



# PRHC by the numbers

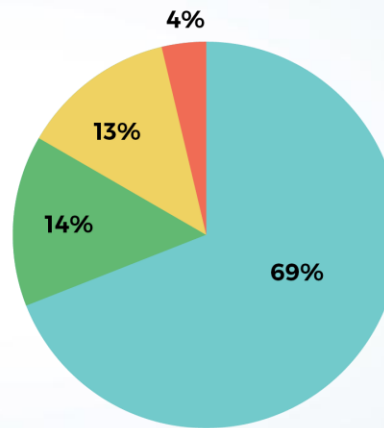


# PRHC by the numbers



## REVENUES (\$ THOUSANDS)

- **Ministry of Health/LHIN**  
(\$265,167)
- **Other insurers and self pay**  
(\$7,422)
- **Other revenue**  
(\$12,443)
- **Grant amortization**  
(\$4,189)



## EXPENSES (\$ THOUSANDS)

- **Salaries, wages and benefits**  
(\$176,070)
- **Supplies and other expenses**  
(\$36,837)
- **Drugs and other expenses**  
(\$32,820)
- **Amortization of equipment**  
(\$9,385)

SOURCE: PRHC 2016 AUDITED FINANCIAL STATEMENTS

# Financial outlook

- Being in a solid financial position allows us to focus on providing and investing in exceptional patient care
- We are working continuously to find innovative ways to keep the Health Centre in this position
- We have a great many investments to make in the coming years to keep us on the leading edge of healthcare in Ontario and across the country
- The support of our community, and the work of our Foundation, has always been and will continue to be crucial to our ongoing success

# Emergency Department

- **PRHC's Emergency Department (ED) had more than 82,000 patient visits in 2015/16, an increase of 12% from 2013/2014.**
- Over the past several years, we have seen a steady increase in the number of ambulances to the ED – from 27 ambulances in 24 hours (2010) to 37 in 24 hours (2015)
- This summer, we had our highest-ever patient volumes in the months of July and August – about 250 patient visits per day, representing an increase of more than 400 visits per month.
- Despite these unprecedented increases, we have met or exceeded all of our ED targets.



Ministry of Health  
and Long-Term Care

Assistant Deputy Minister

Health System Quality and  
Funding Division

5th Floor, Hepburn Block  
80 Grosvenor St.  
Toronto ON M7A 1R3

Telephone: 416 327-8533  
Facsimile: 416 327-5186

Ministère de la Santé  
et des Soins de longue durée

Sous-ministre adjointe

Division de l'amélioration de la  
qualité et du financement du  
système de santé

Édifice Hepburn, 5e étage  
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Téléphone : 416 327-8533  
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PRHC

Peterborough Regional  
Health Centre

HLTC5965IT-2016-25

JUL 12 2016

Dr. Peter McLaughlin  
Interim President and Chief Executive Officer  
Peterborough Regional Health Centre  
1 Hospital Drive  
Peterborough ON K9J 7C6

Dear Dr. McLaughlin:

Re: Outstanding Emergency Department Performance at Peterborough Regional Health Centre

On behalf of the Ministry of Health and Long-Term Care, I'm pleased to recognize the outstanding Emergency Department (ED) performance that has been achieved at Peterborough Regional Health Centre. Your hospital has shown the greatest improvement in the 90<sup>th</sup> percentile ED Length of Stay (LOS) for all patients within the High-Volume Community Hospital Group in 2015 compared to the previous year.

Peterborough Regional Health Centre's performance improved by 11.0 per cent compared to its performance in 2014. By continuously reducing the time people spend in the ED, your hospital supporting Ontario's *Patients First: Action Plan for Health Care* by ensuring that the people of Ontario receive faster access to the right care. The outstanding ED performance of Peterborough Regional Health Centre also supports the Central East (CE) Local Health Integration Network (LHIN) in achieving its Ministry-LHIN Accountability Agreement targets. Thank you for your commitment to reducing provincial wait times and improving emergency care for the people of Ontario.

Your Emergency Room/Alternate Level of Care (ER/ALC) LHIN Performance Lead, Wendell Mak will continue to have ongoing discussions with you regarding how the strategies that contributed to this achievement can be leveraged to help improve ED performance at other hospitals across the province.

“Peterborough Regional Health Centre’s [Emergency Department] performance improved by 11 per cent compared to its performance in 2014...[We] will continue to have ongoing discussions with you regarding how the strategies that contributed to this achievement can be leveraged to help improve ED performance at other hospitals across the province.”

- Ministry of Health & Long-Term Care

# In the news

## Naloxone distribution program

- In November 2016, PRHC and Peterborough Police Service jointly announced \$95K in funding from the Ministry of Community Safety & Correctional Services to support the distribution of naloxone – a lifesaving opioid overdose treatment – through the Emergency Department

THE EXAMINER A3

### Support for overdose survivors

Peterborough Regional Health Centre now offering take-home naloxone kits to overdose patients in ER

JESSICA NYZNIK  
EXAMINER STAFF WRITER

The city hospital's emergency department is about to start giving out take-home kits of the opioid antidote naloxone to patients who've survived an overdose. It's among the first hospitals in Ontario to launch a program of this kind.

Naloxone is currently administered to patients who go to the emergency department for overdose treatment.

Opioids are pain-relieving drugs such as oxycodone and fentanyl. An overdose of opioid drugs can cause a person's breathing to stop. Naloxone can reverse this, so the person can breath again.

The new program will provide nasal-ingested kits for emergency department patients at risk of overdosing in the future.

Dr. Mark Troughton, chief and medical director of emergency department, thinks take-home naloxone has been needed for



CLIFFORD SKARSTEDT/EXAMINER

Manager Stella Johnson of emergency department with a naloxone kit on Wednesday at Peterborough Regional Health Centre after the hospital and city police announced a \$95,544 provincial grant from the Ministry of Community Safety and Correctional Services allowing the launch of a life-saving drug-overdose treatment for at-risk patients. See more photographs from the announcement in the online gallery at [www.thepeterboroughexaminer.com](http://www.thepeterboroughexaminer.com).

The program was announced at the hospital Wednesday morning. It will be funded by a \$95,544 grant

Rosanna Salvaterra, Peterborough Public Health's medical officer of health, has been

Prescribing rates for opioids in Peterborough are among the highest in the province and the city's

# In the news

## Surgical Department

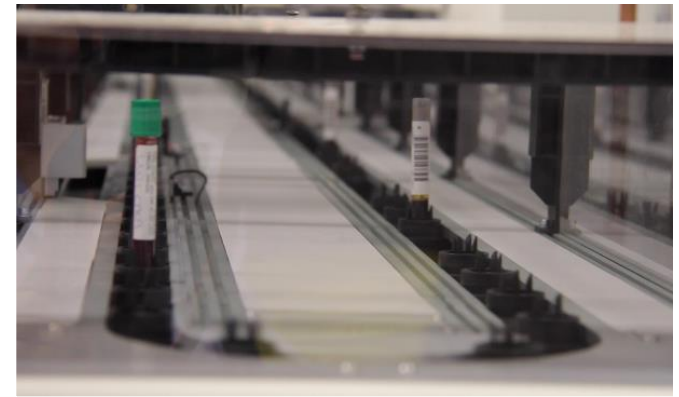
- PRHC recently welcomed three new surgical specialists to the Health Centre, bringing our total number of surgeons to 40.
- Dr. Stephen Preston, Orthopedic Surgeon
- Dr. Jennifer Klok, Plastic Surgeon
- Dr. Jacob Hassan, Urologist



# Recent milestones

## Medical Laboratory

- In February 2016, we launched our automated and upgraded lab, featuring leading-edge “one-touch” automation technology
- New and enhanced service integrations will now see PRHC providing a number of lab services for our partner hospitals in the Central East LHIN



# Recent milestones

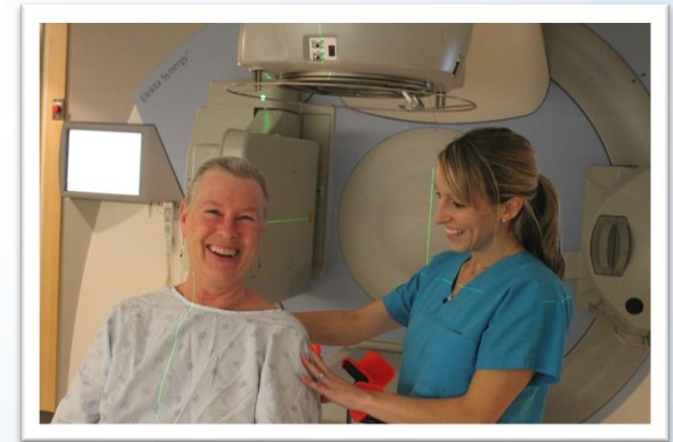
## Cardiac Care

- Last year, we expanded our Cardiac Care program to include on-site Cardiac Rehabilitation
- In partnership with the Peterborough Family Health Team and the Integrated Vascular Management Clinic at Kawartha Cardiology, we jointly launched the Regional Congestive Heart Function Management Program in November 2015

# Recent milestones

## Norm & Jessie Dysart Radiation Centre

- Through the Closer Campaign, the PRHC Foundation and our generous community donors were pivotal in bringing the radiation centre to Peterborough
- Since opening three years ago, our patients have made more than 12,000 visits for radiation treatment closer to home



# Recent milestones

## Bedside Shift Reporting

- PRHC is among the first hospitals in Ontario to launch Bedside Shift Reporting – a best-practice standard in hospital care
- This organization-wide initiative enhances patient safety and involves patients and families more directly in their care
- Bedside Shift Reporting is expected to be fully implemented by March 2017



# Recent milestones

## 24-Hour Patient Visiting

- In November 2015, we launched 24-hour patient visiting
- Response from patients and families has been excellent
- Family presence helps patients feel more comfortable and speeds up their recovery
- Many additional efforts are underway to involve patients and families more directly in the care they receive (e.g. Bedside Shift Reporting; patient/family participation on hospital committees and working groups)





# Strategic priorities

## Senior-Friendly Hospital

- PRHC has opened 24 specialized beds in two new inpatient units and recruited two new geriatricians and other specialized staff to enhance the care we provide for older adult patients
- We continue to work with our community partners to explore opportunities for alternative housing/living for senior patients who no longer require hospital-level care

# Strategic priorities

## Cultural Competence Plan

- Over the past two years, we have been engaging and collaborating with First Nations leaders and populations in the region
- These relationships have contributed substantially to the development and goals of our Cultural Competence Plan
- Launched in 2015, the objective of this plan is to ensure the people of PRHC are educated and equipped to serve patients from diverse cultural and socioeconomic backgrounds
- We are committed to ongoing education, training, outreach and engagement to create a more inclusive, welcoming and culturally safe environment

# Strategic priorities

## Becoming a Learning Organization

- In support of our organizational commitment to learning, the PRHC Foundation has made a \$2.7 million commitment toward the construction of a new Learning Centre at PRHC over the next several years
- In July 2016, we launched the PRHC Learning Fund in order to further support our people in pursuing ongoing professional education and training

# Vision for PRHC

- Committed to a positive patient journey, a friendly, healing environment and outstanding patient satisfaction
- Exemplary, evidence-based care producing positive patient outcomes
- Excellent quality of life at work for staff and physicians
- A learning organization
- Open, collaborative relationships with our community and regional partners in healthcare
- Efficient and effective organization operating from a solid financial position

# The future of patient care

## In the coming years, we will continue to invest in:

- Our regional Centres of Excellence, including Cardiac Care, Cancer Care and Surgery
- Technology, infrastructure and equipment hospital-wide
- Ongoing collaborative efforts with our healthcare partners to improve programs and services for patients

The generous support of Foundation donors will continue to play a critical role in making great care possible at PRHC.

# Coming soon

- We are now seeking the input of our internal and external stakeholders as part of a Strategic Plan “refresh” in 2017
- As part of this process, we will conduct a common environmental scan with our hospital partners in the North East Cluster (RMH, NHH, CMH, HHHS)
- For more information and to provide feedback, visit [www.prhc.on.ca](http://www.prhc.on.ca) and search “Strategic Plan”

Thank you.



[www.prhc.on.ca](http://www.prhc.on.ca)

**Board of Health for  
Peterborough Public Health  
DRAFT MINUTES  
Board of Health Meeting  
Wednesday, November 9, 2016 – 5:30 p.m.  
Dr. J.K. Edwards Board Room  
Jackson Square, 185 King Street**

**In Attendance:**

**Board Members:**

**Deputy Mayor John Fallis  
Ms. Kerri Davies  
Councillor Henry Clarke  
Councillor Gary Baldwin  
Councillor Lesley Parnell  
Mr. Gregory Connolley  
Chief Phyllis Williams  
Mayor Mary Smith, Vice Chair  
Mr. Andy Sharpe**

**Staff:**

**Mr. Larry Stinson, Director of Operations  
Ms. Natalie Garnett, Recorder  
Dr. Rosana Salvaterra, Medical Officer of Health  
Ms. Alida Gorizzan, Executive Assistant  
Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy  
Officer  
Ms. Brittany Cadence, Supervisor, Communication Services  
Ms. Dale Bolton, Manager, Finance**

**Regrets:**

**Mayor Rick Woodcock**

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**1. Call to Order**

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

**1.2. Acting Board of Health Chair**

Dr. Salvaterra provided an overview of Board of Health By-law 5 and noted that Mayor Smith is currently the Acting Board of Health Chair.

Acting Chair Mayor Smith assumed the Chair.



## 2. Confirmation of the Agenda

### 2.1 Confirm Agenda for November 9, 2016

MOTION:

*That the agenda be approved as circulated.*

Moved: Councillor Clarke

Seconded: Mr. Connolley

Motion carried. (M-2016-116)

### 2.2 Consent Items to be Considered Separately

MOTION:

*That the following items be passed as part of the Consent Agenda: 8.1a, 8.2a, 8.2b, 8.2c, 8.2d and 8.3a.*

Moved: Mr. Sharpe

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-117)

MOTION:

*That the Board of Health for Peterborough Public Health:*

- *receive the correspondence dated September 27, 2016 from Sylvia Jones, M.P.P., Dufferin-Caledon, to the Board of Health regarding Bill 5—the Greater Access to Hepatitis C Treatment Act, 2016*
- *write a letter of support for the adoption of this legislation to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, with copies to MPP Jones, local MPPs, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health.*
- *send a letter to municipal Councils in Peterborough County and City requesting that if approached by the tobacco industry and/or its front groups, they reject motions to lobby against higher tobacco taxes increases and other regulations; and,*
- *copy the Association of Local Public Health Agencies and the Ontario Campaign for Action on Tobacco (OCAT) on this correspondence.*

Moved: Mr. Sharpe

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-117)

MOTION:

*That staff report Q3 2016 Public Health Programs Report, be received for information.*

Moved: Mr. Sharpe

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-117)

MOTION:

*That staff report Q3 2016 Corporate Services Report, be received for information.*

Moved: Mr. Sharpe  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-117)

MOTION:

*That staff report Guarding minds at Work Update, be received for information.*

Moved: Mr. Sharpe  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-117)

MOTION:

*That staff report Renewal of County By-laws – Mandatory and Non-Mandatory Re-Inspections of On-site Sewage Systems, be received for information; and,*

- *recommend to the County of Peterborough that the attached (Attachment A and B) draft five year by-laws (with fee schedule) be approved, confirming that Peterborough Public Health:*

- o *will be the principal authority;*
- o *will conduct mandatory re-inspections of on-site sewage systems; and*
- o *will conduct non-mandatory re-inspections of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.*

Moved: Mr. Sharpe  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-117)

MOTION:

*That Board of Health for Peterborough Public Health receive for information, meeting minutes of the Governance Committee for August 2, 2016;*

*That the Board of Health for Peterborough Public Health approve the following:*

- *2-152 Board Leadership and Committee Membership Selection (revised)*
- *2-270 Conduct of Board Members (revised)*
- *2-300 Medical Officer of Health (revised)*
- *2-345 Medical Officer of Health Absence (revised); and*  
*2-400 Naming Rights (revised).*

Moved: Mr. Sharpe  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-117)

3. **Declaration of Pecuniary Interest**

4. **Delegations and Presentations**

5. **Confirmation of the Minutes of the Previous Meeting**

5.1. **October 12, 2016**

MOTION:

*That the minutes of the Board of Health for the Peterborough Public Health meeting held on October 12, 2016, be approved as amended.*

Moved: Councillor Baldwin

Seconded: Councillor Parnell

Motion carried. (M-2016-118)

6. **Business Arising From the Minutes**

7. **Staff Reports**

7.1 **Presentation: 2015 Peterborough Public Health Annual Report**

This item was deferred to the next Board of Health meeting.

7.2 **Presentation: Medical Officer of Health Compensation**

MOTION:

*That staff presentation, Medical Officer of Health Compensation, be received for information.*

Moved: Councillor Baldwin

Seconded: Mr. Connolley

Motion carried. (M-2016-119)

7.3 **Staff Report: 2017 Cost-Shared Budget Approval**

Dale Bolton, Manager, Financial, provided an overview of the 2017 Cost-Shared Budget Approval.

MOTION:

*That the Board of Health for Peterborough Public Health approve the 2017 cost-shared budget for public health programs and services in the amount of \$7,975,438. The cost-shared budget includes Mandatory Public Health Programs, Small Drinking Water Program, Mandatory Program Building Occupancy and the Vector Borne Diseases Program*

Moved: Councillor Clarke  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-120)

## 8. Consent Items

### 8.1 Correspondence

#### b. Correspondence for Information

**MOTION:**

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

- *Letter dated October 11, 2016 from MPP Laurie Scott, in response to the Board Chair's letter dated September 20, 2016, regarding Lyme Disease.*
- *Letter dated October 14, 2016 from Minister Bennett, in response to the Board Chair's original letter dated August 2, 2016, regarding drinking water at Curve Lake First Nation.*
- *Letter dated October 13, 2016 from MPP Leal to Minister Hoskins regarding the timing of the release of public health budgets.*
- *Letter dated October 31, 2016 from Minister McMahon to Dr. Salvaterra, regarding her appointment to the Rowan's Law Advisory Committee.*
- *Email dated November 2, 2016 to Municipal and First Nation Clerks regarding the 2016 Nutritious Food Basket costing.*
- *Letter dated November 4, 2016 from the Board Chair to Ministers Ballard, Hoskins and Jaczek regarding the 2016 Nutritious Food Basket costing.*
- *Letter dated November 4, 2016 from the Board Chair to the Executive Steering Committee for the Standards Modernization regarding food literacy.*
- *Letter dated November 4, 2016 from Dr. Salvaterra to Minister Philpott regarding Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children).*
- *Letters/Resolutions from other local public health agencies:*
  - a. *Universal Hot Meal Program*  
*Chatham Kent*

Moved: Chief Williams  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-121)

9. **New Business**

MOTION:

*That the Board of Health recommend that the Smudging of 185 King Street take place on December 14, 2016 at 4:30 p.m.*

Moved: Chief Williams  
Seconded: Mr. Connolley  
Motion carried. (M-2016-122)

10. **In Camera to Discuss Confidential Matters**

MOTION:

*That the Board of Health for Peterborough Public Health go In Camera to discuss one item under Section 239(2)(b) Personal matters about an identifiable individual, including municipal or local board employees, and one item under Section 239(2)(d) Labour relations or employee negotiations, at 6:10 p.m.*

Moved: Councillor Clarke  
Seconded: Deputy Mayor Fallis  
Motion carried. (M-2016-123)

MOTION:

*That the Board of Health for Peterborough Public Health rise from In Camera at 6:52 p.m.*

Moved: Mr. Connolley  
Seconded: Councillor Parnell  
Motion carried. (M-2016-124)

11. **Motions from In Camera for Open Session**

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

The next meeting will be held December 14, 2016 in the Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

13. **Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Councillor Parnell  
Seconded by: Deputy Mayor Fallis  
Motion carried. (M-2016-125)

The meeting was adjourned at 6:54 p.m.

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Chairperson

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Medical Officer of Health

DRAFT

**To:** All Members  
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Direction

**Date:** January 11, 2017

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**1. Letter dated December 5, 2016 from Dr. James Chirico, Medical Officer of Health, North Bay Parry Sound District Health Unit to all Ontario Boards of Health regarding the health hazards of gambling.**

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive the correspondence dated December 5, 2016 from Dr. James Chirico, Medical Officer of Health, North Bay Parry Sound District Health Unit to all Ontario Boards of Health regarding the health hazards of gambling;*
- *endorse the resolution and communicate this support to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, with copies to local MPPs, local municipalities, the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health; and,*
- *specify in correspondence to local municipalities that the Board of Health recommends the implementation of gambling expansion initiatives that municipalities:*
  - o *collaborate with Peterborough Public Health to develop and employ strategies as outlined that prevent or mitigate gambling-related harm and protect vulnerable populations at risk of gambling addiction, those least able to recover from the consequences of problem gambling, and*
    - *to set aside an adequate portion of gambling revenues to:*
      - *undertake a baseline study to determine the prevalence of problem gambling within our community;*
      - *undertake a future study to determine the impact of a local casino on problem gambling; and,*
      - *establish a responsible and problem gambling program to help prevent and reduce the harmful impacts of excessive or uncontrolled gambling and which provides education, free support and treatment services.*

**Rationale:**

Staff recommends that the board consider calling for a public health strategy of prevention and harm reduction to address the expansion of gaming across the province. This would complement past board efforts on this issue. In addition, the board may wish to consider following the lead of

the North Bay Parry Sound board of health in asking municipal partners in receipt of gaming revenues to set aside a portion of those to fund local strategies to mitigate harm and protect vulnerable populations. The three components described in this correspondence, those of a baseline study, a future study to determine impact, and a program to address harms would all be relevant for the Peterborough area.

**2. Letter dated December 8, 2016 from Dr. Christopher Mackie, Medical Officer of Health, Middlesex London Health Unit to all Ontario Boards of Health regarding opioid addiction and overdose.**

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive the letter dated December 8, 2016 from Dr. Christopher Mackie, Medical Officer of Health, Middlesex London Health Unit to all Ontario Boards of Health regarding opioid addiction and overdose;*
- *endorse the letter and communicate this support to the College of Physicians and Surgeons of Ontario, with copies to the Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health; and,*
- *send an additional letter to Dr. David Williams, Ontario Chief Medical Officer of Health requesting a copy of the Provincial Opioid Action Plan, with copies to the Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

**Rationale:**

Peterborough Public Health staff are engaged both provincially and locally with partners to address the current opioid overdose crisis. Staff supports MLHU's advocacy on this issue. Naloxone should be easily accessed by all patients prescribed high doses of opioids. Staff recommends that the board endorse the MLHU action and also write to the CPSO to express its support. In addition, staff recommends that the board write to CMOH David Williams, and copy Minister Hoskins, to request a copy of the provincial action plan in order to review and discuss further for any additional board and municipal drug strategy response.



December 5, 2016

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

Dear: Minister Hoskins

Subject: Health Hazards of Gambling – BOH Resolution #BOH/2016/11/10

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On November 30, 2016, at a meeting of the Board of Health for the North Bay Parry Sound District Health Unit, the Board approved the following motion #BOH/2016/11/10:

***Whereas**, a casino development is likely to occur within the Nipissing region due to provincial gambling expansion, and*

***Whereas**, gambling expansion has been identified as a significant public health issue in Ontario and internationally due to its links to the prevalence of problem gambling, and*

***Whereas**, increased availability and accessibility of gambling, including new casinos or slot machines, is strongly associated with increases in the prevalence of problem gambling, and*

***Whereas**, problem gambling has serious adverse health impacts on individuals, families and communities, and*

***Whereas**, the impacts of problem gambling are not evenly distributed in the community - males, youth, older adults, Aboriginal peoples, individuals and families with low income are disproportionately affected, and*

***Whereas**, an estimated 35 percent of Ontario gambling revenue is derived from people with moderate and severe gambling problems, and*

***Whereas**, a broad range of policies and strategies that focus on prevention are needed to minimize the probability of problem gambling occurring and to reduce health and social impacts for problem gamblers and their families, and*

***Whereas**, healthy gambling builds on the World Health Organization (WHO) definition of health and involves informed choice on the probability of winning, a pleasurable gambling experience in low-risk situations, and wagering in sensible amounts of money for sensible amounts of time.*

***Now Therefore Be It Resolved**, the Board of Health endorse a North Bay Parry Sound District Health Unit Position Statement that:*

- *gambling expansion has adverse health impacts on individuals, families and communities, and*

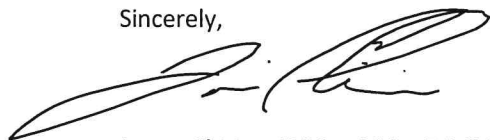
- a public health strategy of prevention and harm reduction be recommended, and

**Furthermore Be It Resolved**, the Board of Health recommend to municipalities within our district implementing gambling expansion initiatives that municipalities:

- collaborate with the Health Unit to develop and employ strategies as outlined herein that prevent or mitigate gambling-related harm and protect vulnerable populations at risk of gambling addiction, those least able to recover from the consequences of problem gambling, and
- to set aside an adequate portion of gambling revenues to:
  - undertake a baseline study to determine the prevalence of problem gambling within our community, and
  - undertake a future study to determine the impact of a local casino on problem gambling, and
  - establish a responsible and problem gambling program to help prevent and reduce the harmful impacts of excessive or uncontrolled gambling and which provides education, free support and treatment services.

**Furthermore Be It Resolved**, that the Board of Health for the North Bay Parry Sound District Health Unit provide correspondence of this resolution to member municipalities, Premier Kathleen Wynne, Deputy Premier Deb Matthews, the Honourable Dr. Eric Hoskins (Minister of Health and Long-Term Care), the Association of Local Public Health Agencies (ALPHA) and Ontario Boards of Health.

Sincerely,



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

C: Hon. Kathleen Wynne, Premier of Ontario  
Hon. Deb Matthews, Deputy Premier of Ontario  
Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Ontario Boards of Health

Attention: Registrar  
College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, Ontario  
M5G 2E2

December 8, 2016

Re: Opioid Addiction and Overdose

Dear Registrar,

I noted with interest your articles in the most recent issue of Dialogue Magazine. With the expanding availability of naloxone in Ontario, there seems to be an opportunity and perhaps an imperative for physicians to be speaking about the risks of opioids with their patients, and also ensuring that each patient who uses opioids has access to naloxone.

The risk of overdose is high and climbing, and is not limited to those who use opioids recreationally. People who are legally prescribed these medications and their families are at risk as well. Actions to address overdose should include focusing on better informing Canadians about the risks of opioids, supporting better prescription practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. It is imperative to ensure that Ontario health care providers have the tools, resources and information necessary to provide the highest-quality care to patients.

As the Medical Officer of Health for Middlesex and London, I brought this issue to the November 17, 2016 meeting of the Middlesex-London Board of Health. The Board voted unanimously to endorse [Report No. 062-16 re: "Opioid Addiction and Overdose"](#) and the recommendations contained within this report, which included contacting CPSO to ask for guidance to enhance counselling around opioid risks and prescription of naloxone to each patient using opioids.

Patients look to their health care providers for leadership and guidance. Improved access to naloxone for all patients who are prescribed opioids will help decrease the life-threatening risks associated with overdose. Regulatory changes which include making naloxone more easily available will provide a greater opportunity to ensure that opioid users have access to it when needed.

Would you consider issuing guidance that Ontario physicians have a conversation with each patient that receives opioids about the risk of both addiction and overdose for themselves and their families, and also prescribing naloxone to have in the home of each such patient?

I look forward to a follow up meeting with you to further discuss this recommendation.

Sincerely,



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

cc: Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care  
Association of Local Public Health Agencies, All Health Units



TO: Chair and Members of the Board of Health  
FROM: Christopher Mackie, Medical Officer of Health  
DATE: 2016 November 17

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## OPIOID ADDICTION AND OVERDOSE

### **Recommendation**

#### ***It is recommended that the Board of Health***

- 1. Endorse Report No. 062-16 Re: “Opioid Addiction and Overdose” and***
- 2. Recommend to The College of Physician and Surgeons of Ontario (CPSO) that when prescribing opiates, patients should also be prescribed and counselled on use of naloxone to help prevent potentially fatal complications associated with opioid overdose.***

### **Key Points**

- Between 2010 and 2014, the number of prescription opioids legally dispensed in Canada climbed almost 24 percent. More than 21.7 million prescriptions for opioids were dispensed last year in Canada.
- Opioid misuse is the third leading cause of accidental death in Ontario.
- Improved access to naloxone for all patients prescribed opioids is recommended to decrease life-threatening risks associated with overdose. Regulatory changes making naloxone more easily available mean there is greater opportunity to ensure that opioid users have it available if needed.

### **Background**

Narcotic pain medications, also known as opioids, are prescribed by physicians for the treatment of pain and their distribution is tightly regulated through the Controlled Drug and Substances Act. Between 2010 and 2014, the number of prescription opioids legally dispensed in Canada climbed almost 24 percent with more than 21.7 million prescriptions dispensed last year. However, opioid misuse is the third leading cause of accidental death in Ontario.

An overdose of opioid drugs - such as fentanyl, morphine, heroin, methadone or oxycodone - can cause a person's breathing to slow or stop. Naloxone is a medication that can temporarily reverse this effect so that the person can breathe more normally and potentially regain consciousness. Timely administration of naloxone can provide precious time to seek emergency medical attention and treat the overdose.

Beginning in June 2014, emergency naloxone kits and training have been made available to people who inject drugs in Middlesex-London as a harm-reduction response to overdoses occurring in the community attributed to the recreational use of opioids. To ensure accessibility, client training and naloxone kit distribution is provided through several locations including the Needle Syringe Program at the Health Unit, Needle Syringe Program at the Regional HIV / Aids Connection and Hepatitis C Program at the London Intercommunity Health Centre.

Since implementation, there have been 163 people trained and provided with naloxone kits. These kits have been used in 13 successful resuscitations. Further to the resuscitations associated with naloxone kit use, Emergency Medical Services (EMS) in London-Middlesex administered 47 doses of naloxone last year and 31 doses as of October this year when responding to 9-1-1 calls for overdoses.

## **Recent Regulatory Changes**

Last month, in recognition that opioid addiction and overdose is a serious public health concern, the Ministry of Health lifted restrictions on who could be provided with naloxone kits and allowed for sites that provide naloxone kits to begin training and providing kits to friends and family members, as well. Previously, the kits were available only to those who were at risk for overdose and were also clients of the needle exchange or Hepatitis C programs.

In response to calls from Ontario and other provinces and territories for Health Canada to remove the prescription status of naloxone, the National Association of Pharmacy Regulatory Authorities (NAPRA) also recently reclassified naloxone as a Schedule II drug when used in an emergency opioid overdose situation outside of hospital settings. This change was effective immediately in Ontario. As a result, naloxone can now be kept behind the counter in Ontario pharmacies and dispensed without a prescription or charge to those who are at risk of an overdose (as well as their concerned family members or peers). Additionally, pharmacists are able to provide training on how to safely administer the drug. There are currently forty-nine pharmacies in Middlesex-London that can dispense naloxone.

## **Next Steps**

The Minister of Health has announced a comprehensive strategy to address opioid misuse and addictions. Risk of overdose is not limited to those who use opioids recreationally, but the risk is also quite present to those who are legally prescribed these medications. Actions will be focused on better informing Canadians about the risks of opioids, supporting better prescribing practices, reducing easy access to unnecessary opioids, supporting better treatment options, and improving the national evidence base. Part of this strategy aims to ensure Ontario health care providers have the tools, resources and information needed to provide the highest-quality care to patients. Patients look to their health care providers for leadership and guidance.

As part of the strategy, we believe it would be helpful for the Board of Health to recommend to the CPSO that, as a matter of best practice when physicians are prescribing opiates, they also provide the patient with a prescription for and information about how to access and use naloxone.

This report was prepared by Shaya Dhinsa, Manager of Sexual Health.



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

**To:** All Members  
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Information

**Date:** January 11, 2017

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**Proposed Recommendation:**

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

1. Letter dated November 4, 2016 from Dr. Salvaterra to Minister Philpott regarding Bill S-228, *An Act to amend the Food and Drugs Act* (prohibiting food and beverage marketing directed at children).
2. Letter dated November 14, 2016 from Dr. Gregory Taylor, Canada Chief Public Health Officer, in response to the Board Chair's original letter dated April 27, 2016, regarding violations of the International Code of Breastmilk Substitutes.
3. Email dated November 15, 2016 from Paulina Salamo, Ministry of Health and Long-Term Care, in response to the Board Chair's initial letter dated November 4, 2016, regarding the Ontario Public Health Standards Modernization review and advocacy for food literacy.
4. Email dated December 13, 2016 from Hasan Hutchinson, Health Canada, in response to the Board Chair's initial letter dated September 30, 2016, regarding school nutrition programs.
5. Letter dated December 22, 2016 to the Board Chair from Sally Saunders, County of Peterborough, regarding septic inspections.
6. Letters/Resolutions from other local public health agencies:
  - a. Alcohol Policy  
Northwestern
  - b. Human Papillomavirus  
Durham\*  
Grey Bruce\*
  - c. Lyme Disease  
Durham\*

- d. Marijuana Controls / Bill 178  
[Simcoe Muskoka](#)
  
- e. Marketing to Children / Bill S-228  
[Durham\\*](#)  
[Huron](#)
  
- f. Nutritious Food Basket  
[Durham\\*](#)  
[Sudbury\\*](#)
  
- g. Ontario Public Health Standards Modernization  
[Grey Bruce](#)
  
- h. Public Health Approach to Cannabis Legalization  
[Algoma](#)
  
- i. School Nutrition Programs  
[Durham\\*](#)

*\*Enclosures available upon request.*

November 4, 2016

The Honourable Dr. Jane Philpott  
Health Canada  
70 Colombine Driveway  
Tunney's Pasture  
Ottawa, ON K1A 0K9  
[Jane.Philpott@parl.gc.ca](mailto:Jane.Philpott@parl.gc.ca)

Dear Minister Philpott:

**Re: Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)**

Our board of health passed a motion three years ago (November 13, 2013) supporting marketing restrictions to children. As an Ontario physician, you will remember that in 2012, the Ministry of Health and Long-Term Care assembled a group of experts from many different sectors and walks of life to advise the government on how best to achieve its goal of reducing childhood obesity. The Healthy Kids Panel's recommendations identified "Changing the Food Environment" as one of the three pillars of a strategy and the restriction of marketing to children was identified as one of the steps. We were happy to see that Ontario was willing to consider taking action, but changes to marketing would be more effective if implemented at the federal level.

Young children cannot distinguish between truth and the claims of advertisement. Young children are still developing their palate and food preferences. Parents often complain that they feel powerless to fend off the food industry's well-funded and well positioned campaign to create a demand for their products. Ontario's schools have policies promoting healthy choices in foods and beverages, but leaving the nutritional protection of children up to schools is too little and too late. Clearly we need to do more to protect vulnerable children from the onslaught of marketing to allow families, schools and community agencies like public health to support these children in making healthy choices.

I am writing on behalf of my board of health, to express our support for your government's plan to consider marketing restrictions, similar to those imposed in Quebec, as part of your recently announced Healthy Eating Strategy. Protecting children from exposure to commercial marketing supports parents to instill healthy habits in their children. Research in this intervention has shown that effective marketing restrictions can prevent a substantial part of childhood obesity and allow children to grow up without the negative influences that powerfully shape food and beverage choices. We understand that national polling has revealed broad population support for interventions that would place limits on the advertising of unhealthy food and beverages to children.



I am also writing to express my gratitude for your government's openness to review Senator Greene-Raine's private member bill, Bill S-228, which, if passed by both Houses, would prohibit the advertisement of foods and beverages to children under the age of 13 years.

Peterborough Public Health is committed to protecting the health and wellbeing of the children who live in our communities. We commend you and your government for having the courage to think and act upstream, in order to create a healthier environment for families to raise these children.

We will eagerly follow the progress of your strategy, and will do everything within our power to support your efforts.

Sincerely,

***Original signed by***

Rosana Salvaterra, MD, MSc, CCFP, FRCPC  
Medical Officer of Health

/ag

cc: Maryam Monsef, MP, Peterborough-Kawartha  
Kim Rudd, MP, Northumberland-Peterborough South  
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock  
Association of Local Public Health Agencies  
Ontario Boards of Health



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

Chief Public  
Health Officer

Administrateur en chef  
de la santé publique

RECEIVED

NOV 21 2016

plb

PETERBOROUGH COUNTY  
CITY HEALTH UNIT

NOV 14 2016

Your file    Votre référence

Our file    Notre référence

Mr. Scott McDonald  
Chair, Board of Health  
Peterborough County-City Health Unit  
185 King Street  
Peterborough, Ontario K9J 2R8

Dear Mr. McDonald:

I am writing in response to your letter of April 27, 2016, addressed to the Honourable Jane Philpott, Minister of Health, outlining the Peterborough County-City Health Unit's concerns about formula industry violations of the *International Code of Marketing of Breast Milk Substitutes* (the Code). The Minister has requested that I respond on her behalf, and I sincerely regret the delay.

The Government of Canada recognizes the significance of the Code and works, together with the provinces/territories and other partners, to implement it through promotion, education and collaboration.

When the Code was first adopted, Health Canada and the provinces/territories unanimously agreed to take this approach to implementing it, rather than enacting legislation or regulation. This was done in consideration of the limitations of our authority to prohibit the advertising of a safe product under the *Food and Drugs Act* and the *Food and Drug Regulations*. The Government of Canada continues to support this position. At the same time, the federal Health Portfolio continues to encourage the infant formula industry to support and implement the principles of the Code.

The Public Health Agency of Canada and Health Canada also continue to promote breastfeeding as the normal and unequalled way to feed infants. We do so through a variety of initiatives, including guidelines for health professionals; promotional activities, and by supporting community programs for vulnerable populations.

As a physician, and as Canada's Chief Public Health Officer, I recognize the importance of breastfeeding and the initiatives that have been put in place to protect and promote it.

.../2

I would like to take this opportunity to congratulate the Peterborough County-City Health Unit on achieving the Baby Friendly designation – truly a testament to your commitment to creating supportive environments for breastfeeding in your communities.

Again, thank you for writing. I hope that my comments have been helpful in addressing your concerns.

Sincerely,

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

Gregory Taylor, BSc, MD, CCFP, FRCPC

**From:** Salamo, Paulina (MOHLTC) [mailto:Paulina.Salamo@ontario.ca]  
**Sent:** Tuesday, November 15, 2016 9:06 AM  
**To:** Alida Gorizzan  
**Cc:** Rosana Salvaterra; Hallie Atter  
**Subject:** RE: CORRESPONDENCE: For the Executive Steering Committee for Std. Modernization

Dear Mr. McDonald,

Thank you for your letter. We appreciate the submission by Peterborough's Board of Health and the support for the submission of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) regarding food literacy and healthy eating practices.

The letter will be shared with the Executive Steering Committee for the Standards Modernization to help inform discussions.

If you have any questions or concerns, please do not hesitate to contact us.

Sincerely, Paulina

**From:** Alida Gorizzan [mailto:agorizzan@peterboroughpublichealth.ca]  
**Sent:** November 4, 2016 12:23 PM  
**To:** Salamo, Paulina (MOHLTC)  
**Cc:** Rosana Salvaterra; Hallie Atter  
**Subject:** CORRESPONDENCE: For the Executive Steering Committee for Std. Modernization

Good afternoon Paulina,

At its meeting held on October 12<sup>th</sup>, the Board of Health for Peterborough Public Health requested that the attached correspondence be sent to the attention of the Executive Steering Committee for the Standards Modernization.

With thanks,  
Alida Gorizzan

**Alida Gorizzan**  
*Executive Assistant to  
Dr. Rosana (Pellizzari) Salvaterra, Medical Officer of Health  
and the Board of Health*



Jackson Square, **185 King St.**, Peterborough, ON K9J 2R8  
P: 705-743-1000 or 1-877-743-0101, ext. 264 | F: 705-743-1810  
E: [agorizzan@peterboroughpublichealth.ca](mailto:agorizzan@peterboroughpublichealth.ca)  
[www.peterboroughpublichealth.ca](http://www.peterboroughpublichealth.ca)

**From:** Barham, Fareen (HC/SC) [mailto:fareen.barham@canada.ca] **On Behalf Of** Hutchinson, Hasan (HC/SC)

**Sent:** Tuesday, December 13, 2016 2:19 PM

**To:** Alida Gorizzan

**Subject:** For Mr. McDonald RE: PPH Board of Health re: Universal Hot Meal Program

Mr. McDonald,

Thank you for your letter dated September 30, 2016, on school nutrition programs, in your capacity as Chair of your local Board of Health.

We are committed to helping Canadians maintain and improve their health and recognize the important role that nutrition plays in the health of children and youth. Schools, like other settings and contexts in which people live, learn and work, are recognized as a key setting to promote and support healthy eating.

The Government of Canada works in partnership with provinces and territories through the Joint Consortium for School Health (JCSH) to enhance the capacity of the education and health sectors to promote healthy development, including healthy eating and physical activity, of children and youth in the school setting. The key role of the JCSH is to act as a catalyst in strengthening cooperation among ministries, departments, agencies and others and in building the capacity of health and education systems to work together. This work was initiated in response to the Integrated Pan-Canadian Healthy Living Strategy, which identifies schools as a key setting for action. For more information on the Healthy Living Strategy, please visit <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs-eng.php>

Provinces and Territories play a critical role in promoting and supporting healthy eating at the community level. School nutrition has been an ongoing topic of importance for the provinces and territories since 2005. As the responsibility for school health lies with the provincial and territorial governments and school boards, you may wish to contact your provincial Ministry of Education or Ministry of Health with your concerns.

Thank you for taking the time to share your views with Health Canada.

Yours sincerely,

Hasan

-----  
Hasan Hutchinson, PhD ND

Director General / Directeur général  
Office of Nutrition Policy and Promotion/  
Bureau de la politique et de la promotion de la nutrition  
LCDC Building 6, 3rd floor

100 Eglantine Driveway, Tunney's Pasture  
Room/pièce 3401  
Ottawa, ON K1A 0K9  
Tel.: (613) 957-8330 Fax/télécopieur: (613) 946-8073  
Email/courriel: [Hasan.Hutchinson@hc-sc.gc.ca](mailto:Hasan.Hutchinson@hc-sc.gc.ca)

**RECEIVED**  
DEC 29 2016  
**PETERBOROUGH COUNTY  
CITY HEALTH UNIT**



December 22, 2016

Mrs. Mary Smith, Acting Chair  
Board of Health for the Peterborough Public Health  
185 King St. West  
Peterborough, ON  
K9J 2R8

Dear Mrs. Smith:

**Re: Septic Inspections**

At its meeting held the 16<sup>th</sup> day of December, 2016, Peterborough County Council passed the following resolution:

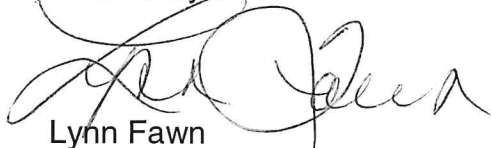
“Be it resolved that County Council:

1. Receives the Peterborough Public Health’s letter dated December 7, 2016.
2. Refers this matter to the Director of Planning.”

If you have any questions concerning the above, please contact Bryan Weir, Director of Planning at 705-743-0380, Extension 315.

Thank you for your consideration on this matter.

Yours truly,



Lynn Fawn  
Deputy Clerk/Office Supervisor  
Telephone Ext. 397  
Fax: 705-876-1730  
Email: lfawn@county.peterborough.on.ca

c: G. King, CAO, County of Peterborough  
B. Weir, Director of Planning, County of Peterborough

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470 Water Street • Peterborough • Ontario • K9H 3M3

Phone: 705.743.0380 • Toll Free: 1.800.710.9586

**NORTHWESTERN HEALTH UNIT  
BRIEFING NOTE**

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Date: November 1, 2016

Prepared by: Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit

Prepared for: Association of Local Public Health Agencies (ALPHA) Board Meeting

Title: Association of Municipalities of Ontario and Alcohol Policy

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### **Background**

#### **The Burden of Disease on Ontario**

In Ontario, alcohol consumption is the second leading cause of death, disease and disability. Alcohol consumption results in substantial health and social costs to individuals, families, communities, and society as a whole. Long-term or excessive consumption increases the risk of health harms including cancer, hypertension, stroke, and disease of the liver, pancreas, stomach, heart, and nervous system. According to Cancer Care Ontario, an estimated 1,000 to 3,000 new cancer cases in Ontario in 2010 were attributed to alcohol consumption (2016 Prevention System Quality Index).

#### **Provincial Policy**

Government decisions on alcohol should take into the account health and safety of a population. Provincial policy changes that move towards more access to alcohol, while maintaining a lower price, do not take into account the harms associated with increased consumption of alcohol. There is strong evidence to support that an increase in availability of alcohol in a community leads to increased consumption and increased alcohol-related harms. Two of the most effective policy options for reducing alcohol-related harms are pricing (as alcohol prices increase, demand declines, even for heavy drinkers), and restrictions on physical availability (government monopoly of retail sales, restrictions on retail outlet density, and limits on hours and days of sale are all associated with reductions in alcohol consumption and alcohol-related harm). Ontario has moved recently toward wider and more liberal access to alcohol. Changes to the way alcohol is distributed, sold and available in Ontario have been made to increase revenue through alcohol taxation, and to increase consumer convenience and choice (Ontario Public Health Association, 2015). These changes are counter to what we know about reducing alcohol-related harms.



## Costs of alcohol misuse

Government decisions are informed by the net costs of alcohol to society. This can be defined as alcohol revenues minus the economic and social costs to individuals, families, communities, and society. According to the Canadian Centre on Substance Abuse, the economic cost of alcohol related harm across Canada is \$14.6 billion per year. These costs include \$7.1 billion for lost productivity owing to illness and premature death, \$3.3 billion for direct health care costs and \$3.1 billion for enforcement costs (Canadian Centre on Substance Abuse, 2016). Currently, the province receives \$3 billion in dividends and taxation from alcohol sales, but the cost to taxpayers is estimated to be \$5.3 billion. This is a significant yearly loss due to a single substance. These costs are incurred at every level, including direct health care, law enforcement, our judiciary system, our social system, lost productivity, and premature deaths. In Canada this amounts to an estimated \$473 per year in cost to each and every Canadian due to alcohol (OPHA, 2015).

## Current situation

A number of municipalities under the Association of Municipalities of Ontario (AMO) are working towards an advocacy effort to request that a proportion of the provincial tax revenues from alcohol sales be reallocated to municipalities. Within Northwestern Ontario, a significant percentage of municipal budgets are dedicated to policing and emergency service costs. Billing practices for police services for some municipalities are partially based on the number of times that the police are required to respond to a call (Ministry of Community Safety and Correctional Services, 2014). The OPP servicing Northwestern Ontario have identified alcohol misuse as a contributor to most of the calls for service.

## Discussion

There are some potential opportunities and risks from a public health perspective from this municipal advocacy effort.

The social and health harms from alcohol is a common message that can be supported by both municipalities and local public health agencies and an important message to be highlighted for the provincial government. For the provincial government there may be a disconnect in their understanding of the health harms of alcohol sales as they receive the tax revenues of alcohol sales but do not pay all the social costs associated with alcohol consumption i.e. enforcement costs and emergency services.

If municipalities are successful in their advocacy effort to receive funding, they will benefit financially from the tax revenues and, like the provincial government, may support efforts to increase alcohol sales through increased convenience and availability of alcohol.

Possible next steps to utilize this opportunity and reduce the potential risks could include:

- Working with AMO in the development of their argument for the request for funding. Ensure that the argument highlights the health and social harms and costs of alcohol, the health and social harms of provincial policies, and the benefits of alcohol policies that reduce availability.
- Educate municipalities on public health considerations with respect to alcohol policy.
- Request that alcohol sales tax revenues to the province be used to fund public health efforts to prevent the misuse of alcohol, social costs of alcohol, treatment of alcohol addiction and health protection and injury prevention activities related to alcohol.

- Request that alcohol sales tax revenues to municipalities be used to fund prevention programming, in addition to police and emergency services.

### **References**

Canadian Centre on Substance Abuse (CCSA), 2016. Retrieved from:

<http://www.ccsa.ca/Eng/topics/alcohol/Pages/default.aspx>

Cancer Care Ontario, 2016, Prevention System Quality Index. Retrieved from:

<https://www.cancercare.on.ca/pcs/prevention/psqi/>

Ontario Public Health Association (OPHA), 2015. *Alcohol Availability Advocacy Package*. Retrieved from email June 15, 2015.

Ministry of Community Safety and Correctional Services, 2014. *Backgrounder. New OPP Billing Model*.

Accessible at <https://news.ontario.ca/mcscs/en/2014/08/new-opp-billing-model.html>



November 10, 2016

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PETERBOROUGH COUNTY  
CITY HEALTH UNIT

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

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The Regional  
Municipality  
of Durham

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Matthew L. Gaskell  
Commissioner of  
Corporate Services

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical  
Officer of Health, re: HPV Immunization Program  
Our File: P00**

Honourable Premier, please be advised that Committee of the Whole of the Regional Council considered the above matter and at a meeting held on November 9, 2016, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from the Peterborough Public Health dated October 6, 2016 with respect to funding for the enhanced HPV Immunization Program be endorsed; and
- B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham MPPs, Chief Medical Officer of Health and all Ontario Boards of Health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III  
Regional Clerk/Director of Legislative Services

DW/np

Attach.

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

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- c: The Honourable Charles Sousa, Minister of Finance
- The Honourable Eric Hoskins, Minister of Health and Long-Term Care
- Joe Dickson, MPP (Ajax/Pickering)
- Lorne Coe, MPP (Whitby/Oshawa)
- The Honourable Tracy MacCharles, MPP (Pickering/Scarborough East)
- Granville Anderson, MPP (Durham)
- Jennifer French, MPP (Oshawa)
- Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
- Dr. David Williams, Chief Medical Officer of Health
- Ontario Boards of Health
- Dr. R. Kyle, Commissioner and Medical Officer of Health

November 8, 2016



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

Dear Minister Hoskins:

**Re: HPV/Immunization Program Funding**

---

On October 28, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from the Board of Health for Peterborough Public Health regarding the annual funding for the Vaccine Preventable Disease Program. The following motion was passed:

Motion No: 2016-97

**Moved by: Arlene Wright**

**Seconded by: Mitch Twolan**

**“THAT, the Board of Health for the Grey Bruce Health Unit endorse the correspondence from the Peterborough Public Health Board of Health regarding the HPV/Immunization Program Funding.”**

**Carried**

Sincerely,

A handwritten signature in black ink that reads "Christine Kennedy". The signature is written in a cursive style.

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC  
Medical Officer of Health & CEO

Cc: Hon. Dr. Bob Bell, Deputy Minister, MOHLTC  
Roselle Martino, Executive Director, MOHLTC  
Dr. David Williams, Chief Medical Officer of Health, MOHLTC  
Lisa Thompson, MPP Huron-Bruce  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
All Ontario Boards of Health

Encl.

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November 10, 2016

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The Right Honourable Justin Trudeau  
Prime Minister  
House of Commons  
Ottawa ON K1A 0A6

PETERBOROUGH COUNTY  
CITY HEALTH UNIT

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, re: Lyme Disease Our File: P00**

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of Durham

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Matthew L. Gaskell  
Commissioner of  
Corporate Services

Honourable Sir, please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on November 9, 2016, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from the Peterborough Public Health dated September 20, 2016 with respect to Lyme Disease be endorsed; and
- B) That the Prime Minister of Canada, Federal Ministers of Finance and Health, Chief Public Health Officer, Durham's MPs, Premier of Ontario, Provincial Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario Boards of Health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III  
Regional Clerk/Director of Legislative Services

DW/np

Attach.

- c: The Honourable William Francis Morneau, Minister of Finance
- The Honourable Jane Philpott, Minister of Health
- Dr. Gregory W. Taylor, Chief Public Health Officer

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Mr. Erin O'Toole, MP (Durham)  
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Celina Caesar-Chavannes MP (Whitby)  
The Honourable Kathleen Wynne, Premier  
The Honourable Charles Sousa, Minister of Finance  
The Honourable Eric Hoskins, Minister of Health and Long-Term Care  
Joe Dickson, MPP (Ajax/Pickering)  
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Granville Anderson, MPP (Durham)  
Jennifer French, MPP (Oshawa)  
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)  
Dr. David Williams, Chief Medical Officer of Health  
Ontario Boards of Health  
Dr. R. Kyle, Commissioner and Medical Officer of Health

December 15, 2016

The Honourable Dr. Eric Hoskins  
Minister – Minister’s Office  
Ministry of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor St  
Toronto, Ontario  
M7A 2C4

Dear Minister Hoskins:

Re: Marijuana controls under Bill 178, Smoke-Free Ontario Amendment Act, 2016

On behalf of the Board of Health at the Simcoe Muskoka District Health Unit, I am writing to recommend the inclusion of marijuana (medicinal and recreational) as a prescribed product or substance under the auspices of Bill 178, Smoke-Free Ontario Amendment Act, 2016.

If not regulated appropriately, the likely legalization of marijuana and its use in Canada will be accompanied by significant population health risks particularly as it relates to early and frequent use with a focus on high risk groups such as youth, drivers, those at risk for addiction and mental health disorders, and pregnant and lactating women. There are many lessons that have been learned from successful implementation of comprehensive tobacco control in Ontario which can be transferred to the emerging issue of legal marijuana. This includes the coordination of prevention, cessation and protection policies which are designed to support each other, leading consistently to minimized risk and improved population health outcomes.

Bill 178, Smoke-Free Ontario Amendment Act, 2016 has received Royal Assent but has yet to come into force. It will allow for the Ontario legislature to prohibit the use of certain products and substances under the regulatory framework of the Smoke-Free Ontario Act. In particular, it will allow the legislature to prohibit the smoking of prescribed products or substances in all places where smoking tobacco is prohibited, in addition to certain other protections and requirements.

This legislation as enacted presents an opportunity to manage the emerging issue of legal marijuana use both medicinal and recreational, in our communities. The legislature has an opportunity to act expediently in the interest of public health to list marijuana as a prescribed product or substance under this act. In doing so, Ontario will be better positioned to reduce the harm that may accompany the legalization of marijuana including exposure to second-hand marijuana smoke or vapor whether medicinal or recreational and the significant problem of increased youth uptake if marijuana use is normalized by public use. Research has confirmed the presence of known carcinogens and other chemicals implicated in respiratory and cardiovascular diseases in the second-hand smoke of marijuana cigarettes.<sup>(1,2)</sup> By prohibiting the smoking of all marijuana in all places where the smoking of tobacco is prohibited, children, youth and adults in our communities will have a much lower public and second-hand exposure to the use of marijuana.

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



The Board of Health commends the provincial government on amending the Smoke-Free Ontario Act to allow for wider protections. Time is of the essence in positioning the protections available under this amendment.

The inclusion of all marijuana under the act will demonstrate the province's forward thinking on this emerging issue and will put in place one piece of the regulatory framework necessary to prevent population health harms from legalized marijuana in Ontario. Should enforcement of the amendment fall in part to health units, it is critical that long-term funding accompany the initiative to support comprehensive harm reduction, cessation, protection and prevention measures to give health units the opportunity to succeed.

In addition, the Board of Health strongly urges the commencement of workplace and public protections as enacted under the Electronic Cigarettes Act for all the above reasons. The vaping of marijuana will be effectively prohibited in all places where smoking of tobacco is prohibited once all provisions of the Electronic Cigarettes Act come into force.

Thank you for the opportunity to voice our support for the changes outlined and we look to your continued strong leadership to protect and promote the health of Ontario residents.

Sincerely,

**ORIGINAL SIGNED BY**

Barry Ward  
Chair, Board of Health

BW:HM:mk

- c. Chief Medical Officer of Health of Ontario  
Ontario Boards of Health  
Association of Local Public Health Agency  
Ontario Public Health Association  
Local Members of Provincial Parliament in Simcoe Muskoka  
Municipal Councils in Simcoe Muskoka

- 
1. Moir D, Rickert WS, Levasseur G, Larose Y, Maertens R, White P, Desjardins S. A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions. *Chem Res Toxicol* [serial online]. 2008; 21: 494–502 [Last accessed 2016 Dec 6]. Available from: <http://pubs.acs.org/doi/pdfplus/10.1021/tx700275p>
  2. Wang X, Derakhshandeh R, Liu J, Nabavizadeh P, Le S, Danforth OM, Pinnamaneni K, Rodriguex HJ, Luu E, Sievers RE, Schick SF, Glantz SA, Springer ML. One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. *J Am Heart Assoc* [serial online]. 2016; Jul 27: 5(8) [Last accessed 2016 Dec 7]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27464788>



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December 14, 2016

PETERBOROUGH COUNTY  
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The Right Honourable Justin Trudeau  
Prime Minister  
House of Commons  
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Matthew L. Gaskell  
Commissioner of  
Corporate Services

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, re: Marketing of Food and Beverages to Children**  
**Our File: P00**

Honourable Sir, please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on December 14, 2016, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from Peterborough Public Health dated November 4, 2016 supporting the Government of Canada's intent to restrict the marketing of food and beverages to children be endorsed, and to consider Bill S-228; and
- B) That the Prime Minister of Canada, Minister of Health, Durham's MPs, Chief Public Health Officer and all Ontario boards of health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III  
Regional Clerk/Director of Legislative Services

DW/np

Attach.

- c: The Honourable Jane Philpott, Minister of Health  
Mark Holland, MP (Ajax)  
Erin O'Toole, MP (Durham)

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

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Jamie Schmale MP  
Kim Rudd, MP  
Dr. Colin Carrie MP (Oshawa)  
Jennifer O'Connell, MP (Pickering/Uxbridge)  
Celina Caesar-Chavannes MP (Whitby)  
Dr. David Williams, Chief Medical Officer of Health  
Ontario Boards of Health  
Dr. R. Kyle, Commissioner and Medical Officer of Health



December 8, 2016  
The Honourable Dr. Jane Philpott  
Health Canada  
70 Colombine Driveway  
Tunney's Pasture  
Ottawa, ON K1A 0K9  
Jane.Philpott@parl.gc.ca

Dear Minister Philpott:

**Re: Children's marketing restrictions, federal Healthy Eating Strategy, and support for Bill S-228 and Bill C-313**

Our Board of Health writes this letter expressing support for the federal government's plan to consider marketing restrictions as part of their recently announced Healthy Eating Strategy. This issue requires prompt attention to support the health and well-being of our population. We applaud and offer our express support for the two current private member bills seeking to address this issue: Senator Green-Raine's private member bill, Bill S-228, which if passed, would prohibit the advertisement of food and beverages to children under the age of 13 years; and Peter Julian's private member bill C-313, National Strategy on Advertising to Children Act, which focuses on strategy about advertising to children and amending the Broadcasting Act.

Over the last 5 years, it has become clear that restrictions on marketing to children are warranted. Protecting children from exposure to commercial marketing empowers parents to instill healthy habits in their children. Research in this intervention has shown that effective marketing restrictions help prevent chronic health conditions and allow children to grow up without the negative influences that powerfully shape food and beverage choices. National polling has revealed broad population support for such interventions.

Peterborough Public Health said it well:

*Young children cannot distinguish between truth and the claims of advertisement. Young children are still developing their palate and food preferences. Parents often complain that they feel powerless to fend off the food industry's well-funded and well positioned campaign to create a demand for their products. Ontario's schools have policies promoting healthy choices in foods and beverages, but leaving the nutritional protection of children up to schools is too little and too late. Clearly we need to do more to protect vulnerable children from the onslaught of marketing to allow families, schools and community agencies like public health to support these children in making healthy choices.*

**Huron County Health Unit**

77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA

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[www.huronhealthunit.ca](http://www.huronhealthunit.ca)

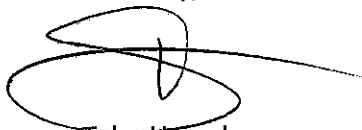
We know:

- Canada has one of the highest rates of advertising to children compared to many other developed countries. There are many different types of advertising to children including television, product packaging, branding, social media and digital technology.
- Advertisers actively target children and youth.
- Children are particularly vulnerable to advertising due to their underdeveloped cognitive and critical thinking skills. It influences preferences, perceptions, purchase requests and consumption patterns. Even adults are highly susceptible to advertising power, though we'd like to believe we're not.
- Advertising to children is essentially misleading. In 1989, the Supreme Court of Canada concluded that "advertising directed at young children is per se manipulative."
- Food and beverage advertising is a known contributor to poor food environments, purchasing and eating behaviours, and the development of chronic disease.
- Canadians diets are not meeting recommendations for nutrition and health.
- There is significant evidence that Canada's current approach to marketing to kids (voluntary regulation) is not working.
- It should be our highest priority to create an environment that supports children to grow up healthy.
- Most major health promotion and public health bodies agree that addressing advertising to children is a top priority.

The Huron County Health Unit is committed to protecting the health and well-being of our residents. We strongly believe that the implementation of federal marketing restrictions, similar to those imposed in Quebec, as part of your recently announced Healthy Eating Strategy, will help to do so.

The Huron County Health Unit can add its voice to the growing concern about the impact of advertising for children with a letter of support for Bill S-228 and Bill C-313.

Sincerely,



Tyler Hessel  
Chair, Huron County Board of Health

cc:

Ben Lobb, MP, Huron-Bruce  
Lisa Thompson, MPP, Huron-Bruce  
Association of Local Public Health Agencies  
Ontario Boards of Health

### **Huron County Health Unit**

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December 14, 2016

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

The Regional  
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of Durham

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Matthew L. Gaskell  
Commissioner of  
Corporate Services

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical  
Officer of Health, re: Nutritious Food Basket  
Our File: P00**

Honourable Premier, please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on December 14, 2016, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from Peterborough Public Health urging the Government of Ontario to continue provincial monitoring of food insecurity rates, to participate in a pan-Canadian food security strategy as proposed by the Dietitians of Canada, and to use the costs of nutritious food basket (NFB) in setting social assistance rates be endorsed; and
- B) That the Premier of Ontario, Ministers of Community and Social Services, Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III  
Regional Clerk/Director of Legislative Services

DW/np

Attach.

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

"Service Excellence  
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- c: The Honourable Helena Jaczek, Minister of Community and Social Services
- The Honourable Charles Sousa, Minister of Finance
- The Honourable Eric Hoskins, Minister of Health and Long-Term Care
- Joe Dickson, MPP (Ajax/Pickering)
- Lorne Coe, MPP (Whitby/Oshawa)
- The Honourable Tracy MacCharles, MPP (Pickering/Scarborough East)
- Granville Anderson, MPP (Durham)
- Jennifer French, MPP (Oshawa)
- Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
- Dr. David Williams, Chief Medical Officer of Health
- Ontario Boards of Health
- Dr. R. Kyle, Commissioner and Medical Officer of Health



Sudbury & District

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November 17, 2016

VIA ELECTRONIC MAIL

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

Dear Premier Wynne:

### Re: Nutritious Food Basket 2016

At its meeting on October 20, 2016, the Sudbury & District Board of Health carried the following resolution #50-16:

*WHEREAS* the Sudbury & District Board of Health has monitored the cost of healthy eating on an annual basis in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the 2008 Ontario Public Health Standards; and

*WHEREAS* the 2016 costing results continue to demonstrate that individuals and families living on low incomes cannot afford food after paying for housing and other necessities and therefore may be at risk for food insecurity; and

*WHEREAS*, within the 2016 Budget, the provincial government announced a Basic Income Pilot and has appointed the Honourable Hugh Segal to provide advice on the design and implementation of a Basic Income Pilot through a discussion paper to be delivered to the province by the fall;

*THEREFORE BE IT RESOLVED THAT* the Sudbury & District Board of Health commend the provincial government on taking steps to investigate basic income guarantee as a policy option for reducing poverty; and

*THAT* social assistance rates be increased to reflect the actual cost of nutritious food and adequate housing as informed by the current 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; and

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



The Honourable Kathleen Wynne

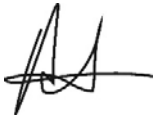
November 17, 2016

Page 2

Food insecurity is inadequate or insecure access to food because of financial constraints and has serious public health implications. It is well understood that health care costs increase as the severity of food insecurity increases. Health care costs for households experiencing severe food insecurity are 121% higher compared with total annual health care costs in food secure households<sup>1</sup>. Further, social assistance recipients are particularly vulnerable to food insecurity. In Ontario, 64.0% of the households reliant on social assistance experienced food insecurity<sup>2</sup>. A basic income guarantee has the potential to eliminate poverty and food insecurity.

The Board of Health commends the provincial government for pursuing the potential for a basic income guarantee in Ontario. We would note that an increase in social assistance rates in the meantime would be important to improve health equity across Ontario.

Thank you for your attention to this important health matter,



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

Enclosures: 2016 Nutritious Food Basket Scenarios (English and French)

cc: The Honourable Eric Hoskins, Minister of Health and Long-Term Care  
The Honourable Helena Jaczek, Minister of Community and Social Services  
Dr. David Williams, Chief Medical Officer of Health  
Dr. Gregory Taylor, Chief Public Health Officer  
Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Louise Paquette, Chief Executive Officer, North East LHIN  
Fern Dominelli, Chief Administrative Officer, Manitoulin-Sudbury District Services Board  
Joseph Leblanc, Executive Director, Social Planning Council of Sudbury  
Kristin Bickell, Child Poverty Task Force, Manitoulin Island

1. Tarasuk V, Cheng J, Oliveria C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*. 2015; 1-8. Doi:10.1503/cmaj.150234
2. Tarasuk V, Mitchell A, Dachner N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <http://proof.utoronto.ca/>



November 25, 2016

The Ontario Public Health Standards Modernization Committee  
Executive Steering Committee  
c/o Jackie Wood  
Director, Planning and Performance Branch  
College Park, 19th Floor  
777 Bay Street, Suite 1903  
Toronto ON M7A 1S5

Dear Jackie Wood:

**Re: 2016 Ontario Public Health Standards Modernization/Review**

The Board of Health for the Grey Bruce Health Unit strongly recommends that the Ministry of Health and Long-Term Care, Population Health and Public Health Division adopt a “Health in all Policy” approach when reviewing the current Ontario Public Health Standards. This evidence-based approach will assist public health leaders to work across sectors to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services (Adelaide 2000).

Modernizing the Ontario Public Health Standards using a population health and Health in all Policy framework will optimize public health resources by supporting a cross-sectoral approach to program and service delivery. As an example, we recommend that the Standards for Child Health, Chronic Disease and Injury Prevention be prepared together in order to facilitate a lifespan approach to these important issues. The Grey Bruce Health Unit have had success moving in this direction at the local level and would welcome the opportunity to share our experiences.

Complex issues such as childhood obesity, substance misuse and falls across the lifespan require unique and strategic partnerships to support system development within our communities. The modernization of the Ontario Public Health Standards allows the opportunity to place Public Health in a leadership role for this important work.

Sincerely,

A handwritten signature in black ink that reads "Kevin Eccles".

Kevin Eccles  
Chair, Board of Health

Cc: Paulina Salamo, MOHLTC  
Ontario Boards of Health  
Association of Local Public Health Agencies

*Working together for a healthier future for all.*



November 4, 2016

The Right Honourable Justin Trudeau, P.C., M.P.  
Prime Minister of Canada  
House of Commons  
Ottawa ON K1A 0A6

Dear Prime Minister:

***RE: A Public Health Approach to the Legalization of Cannabis***

At its meeting on October 26, 2016, The Board of Health for the District of Algoma Health Unit carried the following resolution #2016-94.

*WHEREAS Algoma Public Health is committed to prevent disease and promote the health of individuals and communities in the Algoma District; and*

*WHEREAS the Government of Canada has indicated the intention to legalize, regulate, and restrict access to marijuana; and*

*WHEREAS within the current criminalization context, 49.12 % of individuals in Algoma indicated that they have used cannabis in their lifetime compared to 40.22% in Ontario; and*

*WHEREAS cannabis also ranks 3rd on the list of top drugs presented at intake in both North and East Algoma according to Algoma Public Health’s Community Alcohol/Drug Assessment Program; and*

*THEREFORE BE IT RESOLVED THAT the Board of Health for the District of Algoma Health Unit continue to support staff in their alignment with the “Provincial Marijuana Collaborative” on cannabis, with the purpose of forwarding public health recommendations to the Federal Task Force reviewing the legalization, enforcement and regulation of cannabis; and*

*FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.*

**Blind River**

P.O. Box 194  
9B Lawton Street  
Blind River, ON P0R 1B0  
Tel: 705-356-2551  
TF: 1 (888) 356-2551  
Fax: 705-356-2494

**Elliot Lake**

ELNOS Building  
302-31 Nova Scotia Walk  
Elliot Lake, ON P5A 1Y9  
Tel: 705-848-2314  
TF: 1 (877) 748-2314  
Fax: 705-848-1911

**Sault Ste. Marie**

294 Willow Avenue  
Sault Ste. Marie, ON P6B 0A9  
Tel: 705-942-4646  
TF: 1 (866) 892-0172  
Fax: 705-759-1534

**Wawa**

18 Ganley Street  
Wawa, ON P0S 1K0  
Tel: 705-856-7208  
TF: 1 (888) 211-8074  
Fax: 705-856-1752

Thank you for your consideration to a comprehensive public health approach to cannabis policy in Canada.

Sincerely,



Lee Mason  
Board of Health Chair

cc: The Honourable Jane Philpott P.C., M.P. Minister of Health  
The Honourable David Oraziotti, MPP for Sault Ste. Marie  
Terry Sheehan, MP for Sault Ste. Marie  
Michael Mantha, MPP for Algoma-Manitoulin  
Carol Hughes, MP for Algoma-Manitoulin-Kapuskasing  
The Honourable Premier Kathleen Wynne  
The Honourable Eric Hoskins, Ministry of Health and Long-Term Care  
The Honourable Jody Wilson-Raybould, Attorney General of Canada  
The Honourable Yasir Naqvi, Attorney General of Ontario  
Dr. David Williams, Ontario Chief Medical Officer of Health  
Linda Steward, The Association of Local Public Health Agencies  
Ontario Medical Officers of Health  
Ontario Boards of Health  
Member Municipalities  
Ontario Public Health Association  
Centre for Addiction and Mental Health



RECEIVED

DEC 22 2016

PETERBOROUGH COUNTY  
CITY HEALTH UNIT  
COPY

December 14, 2016

The Right Honourable Justin Trudeau  
Prime Minister  
House of Commons  
Ottawa ON K1A 0A6

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, re: Student Nutrition Programs**  
**Our File: P00**

The Regional  
Municipality  
of Durham

Corporate Services  
Department  
Legislative Services

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

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

www.durham.ca

**Matthew L. Gaskell**  
Commissioner of  
Corporate Services

Honourable Sir, please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on December 14, 2016, Council adopted the following recommendations of the Committee:

- "A) That the correspondence from Peterborough Public Health dated September 30, 2016 urging the Governments of Canada and Ontario to provide student nutrition programs with enhanced and stable funding to meet the needs of all elementary and secondary students in Ontario be endorsed; and
- B) That the Prime Minister of Canada, Ministers of Families, Children and Social Development, Health and Finance, Durham's MPs, Premier of Ontario, Ministers of Children and Youth Services, Education, Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III  
Regional Clerk/Director of Legislative Services

DW/np

Attach.

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

"Service Excellence  
for our Communities"

- c: The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development
- The Honourable Jane Philpott, Minister of Health
- The Honourable William Francis Morneau, Minister of Finance
- Mark Holland, MP (Ajax)
- Erin O'Toole, MP (Durham)
- Jamie Schmale MP
- Kim Rudd, MP
- Dr. Colin Carrie MP (Oshawa)
- Jennifer O'Connell, MP (Pickering/Uxbridge)
- Celina Caesar-Chavannes MP (Whitby)
- The Honourable Kathleen Wynne, Premier
- The Honourable Michael Coteau, Minister of Children and Youth Services
- The Honourable Mitzie Hunter, Minister of Education
- The Honourable Charles Sousa, Minister of Finance
- The Honourable Eric Hoskins, Minister of Health and Long-Term Care
- Joe Dickson, MPP (Ajax/Pickering)
- Lorne Coe, MPP (Whitby/Oshawa)
- The Honourable Tracy MacCharles, MPP (Pickering/Scarborough East)
- Granville Anderson, MPP (Durham)
- Jennifer French, MPP (Oshawa)
- Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
- Dr. David Williams, Chief Medical Officer of Health
- Ontario Boards of Health
- Dr. R. Kyle, Commissioner and Medical Officer of Health

## Advocacy for Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission

<b>Date:</b>	January 11, 2017		
<b>To:</b>	Board of Health		
<b>From:</b>	Dr. Rosana Salvaterra, Medical Officer of Health		
<b><i>Original approved by</i></b>	<b><i>Original approved by</i></b>		
Rosana Salvaterra, M.D.	Carolyn Doris, RD Public Health Nutritionist		

### Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Advocacy for Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission*, for information; and,
- express support for Bill 6 by sending a letter to the Standing Committee on Social Policy, with copies to the Government House Leader, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.

### Financial Implications and Impact

There are no financial implications arising from this report.

### Decision History

The Board of Health has not previously made a decision with regards to this matter

## **Background**

Recently in the Provincial Legislature, Paul Miller, MPP (Hamilton East-Stoney Creek) introduced a private Members bill entitled *Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission*.<sup>1</sup> The bill passed first reading on September 14, 2016 and second reading on September 29, 2016. At that point, it was ordered referred to the Standing Committee on Social Policy.<sup>2</sup>

An explanatory note on Bill 6 summarizes that “the Bill amends the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. The Commission recommends social assistance rates, and makes other recommendations about social assistance policy. The Commission consists of people with expertise relevant to the Commissions’ work.”<sup>3</sup>

As introduced, Bill 6 proposes that an advisory group, to be known as the Social Assistance Research Commission, be formed including appointees with expertise in (1) socioeconomic policy and poverty research in Ontario, (2) cost of living in Ontario communities, (3) economic and financial challenges faced by individuals living with disabilities (4) economic and financial challenges faced by aboriginal individuals and individuals who are receiving income support from both Ontario Works and the Ontario Disability Support Programs.

As well, the Bill recommends that the Commission would define regions of Ontario based on economic geography and the cost of living in different parts of Ontario, and annually recommend social assistance rates based on basic necessities including, as outlined in the bill:

- a) *a nutritious food basket appropriate to the individual or family,*
- b) *shelter, basing the assessment of the cost of shelter on research into local housing costs,*
- c) *basic transportation,*
- d) *basic telephone service,*
- e) *internet access,*
- f) *clothing,*
- g) *personal needs items, including personal hygiene products,*
- h) *household cleaning supplies,*
- i) *items and services relating to the education and recreation needs of children, and,*
- j) *any other expenses that the Commission considers basic necessities.*<sup>4</sup>

The Commission would also analyze additional expenses for individuals living with disabilities for participating fully in society (i.e., education, transportation, over-the-counter medications, entertainment, modifications for rental unit to accommodate disabilities) and additional expenses for recipients of Ontario Works who face long term barriers to employment.

A similar bill, Bill 185, was previously introduced by MPP Miller in April 2016. Bill 185 had passed first and second reading and was referred to the Standing Committee on Social Policy, but died on the floor when the provincial parliament prorogued in September 2016.<sup>5</sup> Bill 6 is also similar to Bill 235, Ontario Social Assistance Rates Act, 2007 that was introduced in June



2007 by Ted McMeekin, MPP (Ancaster-Dundas-Flamborough-Westdale) who was previously the Minister of Community and Social Services.<sup>6</sup>

With Peterborough Public Health's longtime work on the importance of income as a key social determinant of health and our on-going advocacy for reducing poverty, increasing social assistance rates and implementing a basic income guarantee as ways to improve health, support for this Bill should be considered. Strengths of this Bill are that its' previous versions have been introduced by Members of two different parties, and that it suggests the importance of specifically reviewing regional living costs when determining social assistance rates. The Bill also refers to the use of nutritious food basket costing. Currently all Ontario public health agencies are mandated to conduct food costing as outlined by the Ontario Public Health Standards Nutritious Food Basket Protocol.<sup>7</sup> Specifically tasking Registered Dietitians in Public Health to provide this data as has been done and shared with the Ministry of Health and Long-term Care since 2008, will help to ensure consistent methodology and implementation on a yearly basis across the province.

It is also important for the Commission to consider additional household expenses within local communities. For instance, for rural low-income residents in Peterborough County it has been noted that hydro distribution rates are much higher than in urban areas. As well, alternative forms of heat such as propane, or oil have additional costs including inspection and maintenance and are often subject to minimum delivery requirements by providers.<sup>8</sup> It would be prudent to consider basic needs specifically for rural, First Nations and urban citizens receiving social assistance.

### **Rationale**

Past Food Security and Food Insecurity reports to the Board of Health have included advocacy requests to the Provincial government for increases to social assistance rates and raising rates by \$100 per month to recognize the true costs of nutritious food and housing.<sup>9,10,11</sup> Support for Bill 6 locally may help our most vulnerable community members by ensuring that regional living costs are considered when the province determines social assistance rates.

### **Strategic Direction**

This report applies to the strategic direction of *Determinants of Health and Health Equity* by providing an overview and advocacy on legislation currently being debated in the Ontario Legislature.

### **Contact:**

Carolyn Doris, RD  
Nutrition Promotion, Public Health Nutritionist  
(705) 743-1000, ext. 251  
[cdoris@peterboroughpublichealth.ca](mailto:cdoris@peterboroughpublichealth.ca)

Christine Post  
Poverty and Health, Health Promoter  
705-743-1000, ext. 293  
[cpost@peterboroughpublichealth.ca](mailto:cpost@peterboroughpublichealth.ca)

**Attachments:**

[Attachment A: Bill 6, 2016: An Act to Amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#) (*web hyperlink*)

[Attachment B: Limited Incomes: A Recipe for Food Insecurity. October 2016, Peterborough Public Health](#) (*web hyperlink*)

**References:**

<sup>1</sup> Bill 6, 2016. An Act to Amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission.  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=4117&detailPage=bills\\_detail\\_the\\_bill](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4117&detailPage=bills_detail_the_bill)

<sup>2</sup> Current Status of Bill 5: An Act to Amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission.  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=4117&detailPage=bills\\_detail\\_status](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4117&detailPage=bills_detail_status)

<sup>3</sup> Bill 6, 2016 An Act to Amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=4117&detailPage=bills\\_detail\\_the\\_bill](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4117&detailPage=bills_detail_the_bill)

<sup>4</sup> Ibid.

<sup>5</sup> Bill 185, 2016 An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=3896&isCurrent=false&ParlSessionID=41%3A1](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3896&isCurrent=false&ParlSessionID=41%3A1)

<sup>6</sup> Bill 235, 2007 An Act to establish the Ontario Social Assistance Rates Board  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=1681&isCurrent=false&ParlSessionID=38%3A2](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=1681&isCurrent=false&ParlSessionID=38%3A2)

<sup>7</sup> Ministry of Health and Long-term Care, Nutritious Food Basket Protocol, 2014.

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<sup>8</sup> Income Security Workgroup, Peterborough Poverty Reduction Network. Proposed Sale of Peterborough Distribution Inc (PDI) to Hydro One: Identifying and Addressing the Impacts on Low Income Households, March 30, 2016.

<sup>9</sup> Peterborough Public Health Staff Report on Food Security, October 2016.

<sup>10</sup> Peterborough County-City Health Unit Staff Report, Food Insecurity in Peterborough, October 2015

<sup>11</sup> Peterborough County-City Health Unit Staff Report, Food Security Recommendations, December 12, 2012, p 51-59 <http://www.peterboroughpublichealth.ca/wp-content/uploads/2012/01/BOH-Meeting-Package-December-12-2012.pdf>



# Staff Report

## 2016 Complaints

<b>Date:</b>	January 11, 2017	
<b>To:</b>	Board of Health	
<b>From:</b>	Dr. Rosana Salvaterra, Medical Officer of Health	
<b>Original approved by</b>		
Rosana Salvaterra, M.D.		

### Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *2016 Complaints*, for information.

### Financial Implications and Impact

There are no financial implications arising from this report.

### Decision History

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

### Background

During the 2016 calendar year, the organization received no formal complaints. In comparison, five complaints were received in 2015, and two in 2014.

### Comments

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner.

## **Strategic Direction**

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

### **Contact:**

Dr. Rosana Salvaterra

Medical Officer of Health

(705) 743-1000 x264

[agorizzan@peterboroughpublichealth.ca](mailto:agorizzan@peterboroughpublichealth.ca)

**To:** All Members  
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

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

**Date:** January 11, 2017

---

**Recommendation:**

That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of January 27 – February 3, 2017.

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

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

**To:** All Members  
Board of Health

**From:** Chief Phyllis Williams, Chair, First Nations Committee

**Subject:** Committee Report: First Nations

**Date:** January 11, 2017

---

The First Nations Committee met last on December 13, 2016. At that meeting, the Committee requested that the following items come forward to the Board of Health:

**1. Meeting Minutes**

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive for information, minutes from the September 13, 2016 meeting of the First Nations Committee.*

**2. Jordan's Principle**

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *direct the First Nations Committee to develop a Board policy related to Jordan's Principle to ensure that First Nations children do not experience denials, delays or disruptions of public services that would ordinarily be available to other children due to jurisdictional disputes;*
- *send a letter to the most appropriate recipients at County and City governments and to the Central East Local Health Integration Network, advocating for the adoption of Jordan's Principle in the payment and provision of any programs and services for children; and,*
- *send a letter to the Middlesex London Board of Health to commend them for taking action; with a copy to Ontario Boards of Health to encourage others to consider establishing similar policy in their respective jurisdictions.*

The [Truth and Reconciliation Calls to Action](#) begin with several that address the welfare of Indigenous children. The third call to action calls upon all levels of government to fully implement Jordan's Principle.

Jordan's Principle was established in response to the death of five-year-old Jordan River Anderson, a child from Norway House First Nation who suffered from Carey Fineman Ziter Syndrome, a rare muscular disorder that required years of medical treatment in a Winnipeg hospital. After spending the first two years of his life in a hospital, doctors felt he could return home. However, the federal and provincial government could not resolve who was financially responsible for the

necessary home care in order for Jordan to return to his family in his home community 800 kilometers north of Winnipeg. After spending over two years in hospital unnecessarily while governments argued over who should pay for his at-home care, Jordan died in a hospital in 2005.<sup>1</sup>

Jordan's Principle is a child first principle used in Canada to resolve jurisdictional disputes within, and between governments, regarding payment for government services provided to First Nations children. Under this principle, where a jurisdictional dispute arises between two government parties (provincial/territorial or federal) or between two departments or ministries of the same government, regarding payment for services for a Status Indian child which are otherwise available to other Canadian children, the government or ministry/department of first contact must pay for the services without delay or disruption. The paying government party can then refer the matter to jurisdictional dispute mechanisms.<sup>2</sup>

In Canada, there is a lack of clarity between the federal and provincial/territorial governments around who should pay for government services for First Nations children even when the services is normally available to other children. Too often the practice was for the governments to deny or delay the child's receipt of a service(s) pending resolution of the payment dispute. Jordan's Principle applies to all government services and states that when a jurisdictional dispute arises, the government of first contact with the child must fund the service and then resolve the jurisdictional dispute later.<sup>3</sup>

Jordan's principle is reflective of the non-discrimination provisions of the United Nations Convention on the Rights of the Child and Canadian domestic law that does not allow differential treatment on the basis of race or ethnic origin. Private Members Motion 296 in support of Jordan's Principle was passed unanimously in the House of Commons on December 12, 2007. Some provinces have partially implemented Jordan's Principle in the area of children with complex medical needs, but more work needs to be done to eliminate the impact of jurisdictional disputes on First Nations children's access to all government services.<sup>4</sup>

In December 2016, the board of health for Middlesex London Health Unit approved a policy that would ensure that all First Nations children would receive public health services without delay, regardless of jurisdictional issues. This policy is provided as an appendix.

**Attachments:**

**[Attachment A – Meeting Minutes, September 13, 2016 \(web hyperlink\)](#)**

**[Attachment B – Jordan's Principle, Middlesex London Health Unit](#)**

**References:**

<sup>1</sup> Jordan's Principle. In Wikipedia. Retrieved January 5, 2016 from:  
[https://en.wikipedia.org/wiki/Jordan's\\_Principle](https://en.wikipedia.org/wiki/Jordan's_Principle)

<sup>2,3,4</sup> Ibid.



**GOVERNANCE MANUAL**

**SUBJECT:** Jordan's Principle  
**SECTION:** Program Quality and  
Effectiveness

**POLICY NUMBER:** **G-160**  
**PAGE:** 1 of 2

**IMPLEMENTATION:** December 8, 2016  
**SPONSOR:** MOH / CEO  
**REVIEWED BY:** Governance Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** December 8, 2016

## **PURPOSE**

The Jordan's Principle policy ensures that First Nations children do not experience denials, delays or disruptions of public services that would ordinarily be available to other children due to jurisdictional disputes. This policy is fundamental in achieving equitable treatment of First Nations children relative to other Canadian children.

## **POLICY**

Jordan's Principle is an essential mechanism for protecting the human, constitutional and treaty rights of First Nations children. This policy helps to redress the legacy of residential schools and advance the process of Canadian reconciliation as outlined in the Truth and Reconciliation Commission's Call to Action. The Middlesex-London Health Unit shall ensure a child-first approach to jurisdictional funding disputes so as to not prevent or delay First Nations children from accessing available health and social services.

## **PROCEDURE**

### **Provision of Programs and Services to First Nations Children**

When Middlesex-London Health Unit programs and services are requested by First Nations children, the Health Unit shall pay for services for a Status Indian child where that service is available to other children. This service shall be provided without delay or disruption.

Matters that involve Jordan's Principle should be referred to the Medical Officer of Health / Chief Executive Officer or Associate Medical Officer of Health for appropriate follow-up, reporting and resolution.

The Health Unit has the option to refer the matter of payment to a relevant jurisdictional dispute resolution table, where appropriate.

### **Staff Awareness and Education**

All Board of Health Members and Health Unit staff should be familiar with Jordan's Principle and must keep it in mind whenever dealing with First Nations patients. By doing so, we can be more aware of the need for Jordan's Principle and the potential challenges that First Nations families face in accessing care for their children.

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Jordan's Principle  
**SECTION:** Program Quality and Effectiveness

**POLICY NUMBER:**  
**PAGE:**

**G-160**  
2 of 2

### APPLICABLE LEGISLATION

Convention on the Rights of the Child (CRC, 1989)  
Canadian Charter of Rights and Freedoms (1982)

### RELATED POLICIES

**REVISION DATES** (\* = major revision):