The Board of Health for the Peterborough
County-City Health Unit
Agenda
Board of Health Meeting
4:45 p.m. Wednesday, February 8, 2012
(Boardroom, 10 Hospital Drive, Peterborough)

1. Call to Order

1.1 Recognition of Service – Dr. Dick Ito, Dental Consultant

2. Declaration of Pecuniary Interest

3. Confirmation of the Agenda

4. Delegations and Presentations

4.1. **A Day In The Life – Secretarial Support Staff**
Presenter: Wendy Freeburn, Administrative Assistant

4.2. **PCCHU Web Site Redevelopment**
Presenters: Brittany Cadence, Communications Supervisor
Kerri Tojcic, Computer Technician Analyst

5. Confirmation of the Minutes of the Previous Meeting

5.1. **January 11, 2012**

6. Business Arising From the Minutes

6.1. Electronic Agendas
Brent Woodford, Director, Corporate Services

7. Correspondence

8. Program Reports

8.1. **Q4 2011 Program Report**
Presenter: Larry Stinson, Director, Public Health Programs
(Presentation Link)

8.2. **Q4 2011 Financial Report**
Brent Woodford, Director, Corporate Services

9. New Business

9.1. **Staff Report: Grant Writing Assignment Retrospective**
Jennifer Chenier, Health Promoter, Planning, Evaluation & Grants

9.2. **Staff Report: Assessment of Lot Creation Applications**
Tom Cathcart, Manager, Inspection Services

9.3. **Staff Report: Influenza Vaccine Coverage Rates, 2011-12 Season**
Edwina Dusome, Manager, Infectious Disease Programs

9.4 **Staff Report: Approval of 2011-12 Budget – Healthy Communities Fund, Partnerships Program**
Bob Dubay, Accounting Supervisor

10. Committee Reports

10.1. **Governance Committee**

- Minutes, October 14, 2011
- Policy 2-361, Staff Reports and Presentations to the Board of Health
- Board of Health Staff Report Template

11. In Camera to Discuss Confidential Property and Health Protection Matters

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

March 14, 2011, Board Room, 10 Hospital Drive

13. Adjournment

c: All Members, Board of Health
Medical Officer of Health
Directors

Peterborough County-City Health Unit

A Day in the Life of …. a Secretary

Wendy Freeburn, Administrative Assistant
February 8, 2012

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SUBSTANCE MISU

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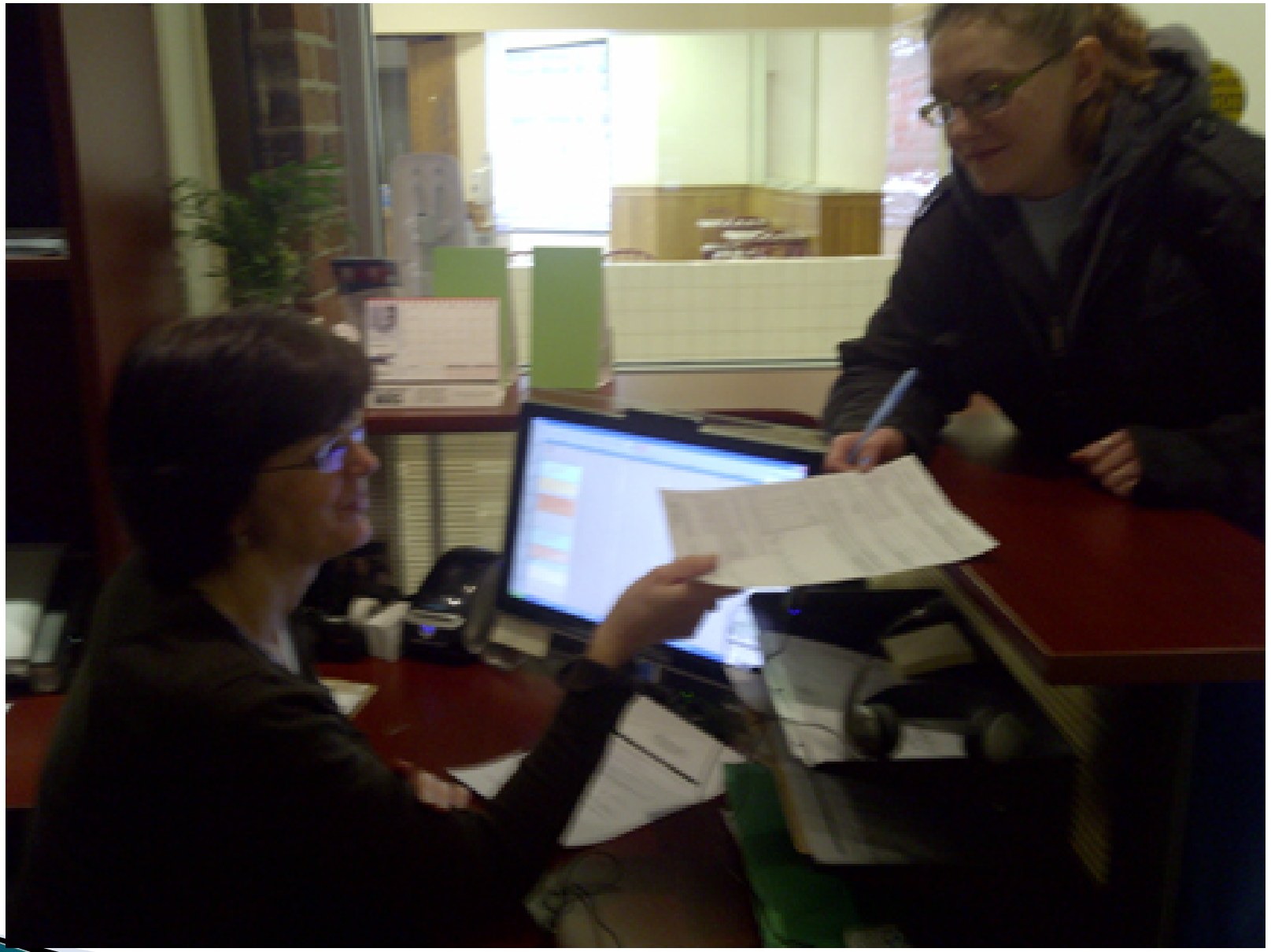

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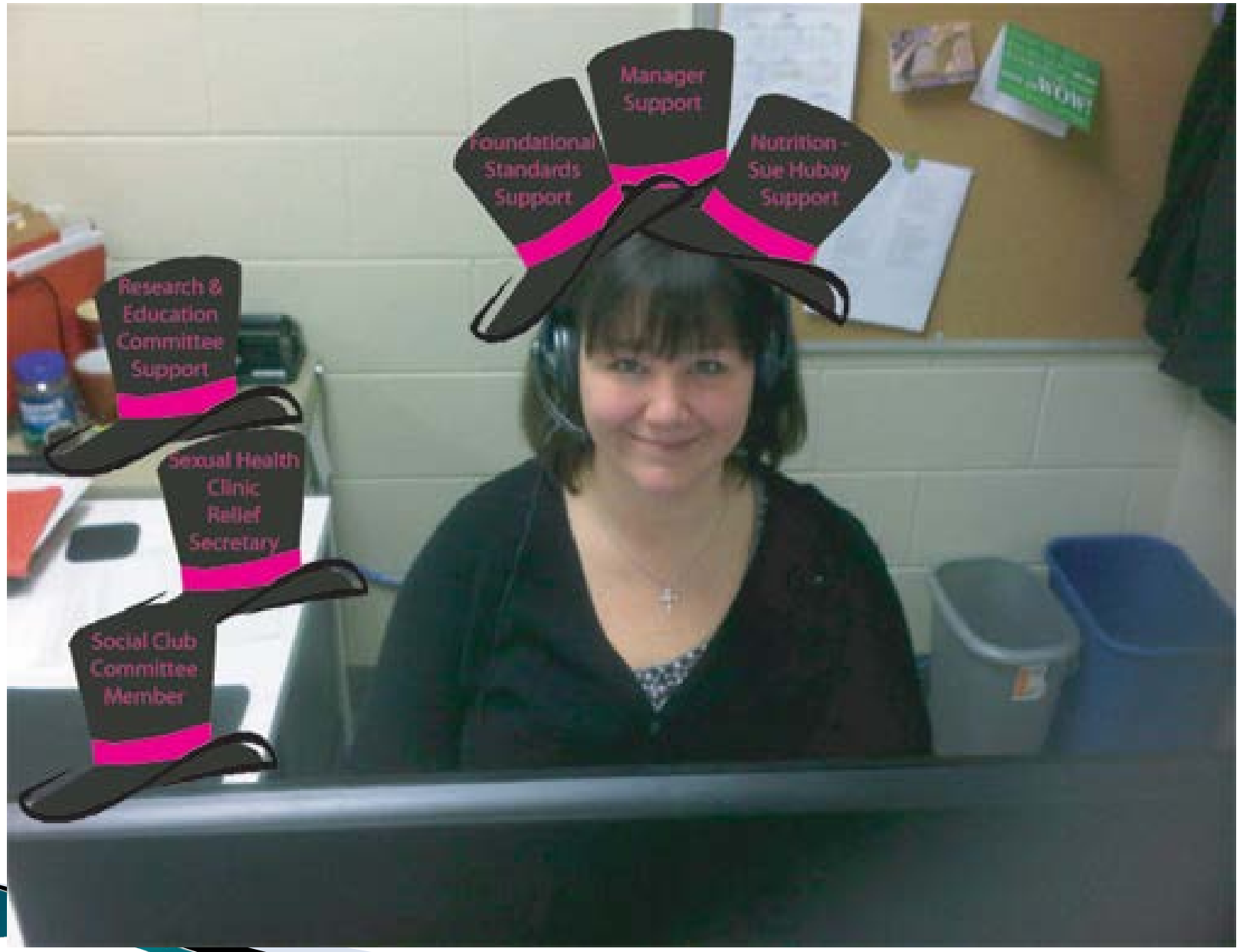

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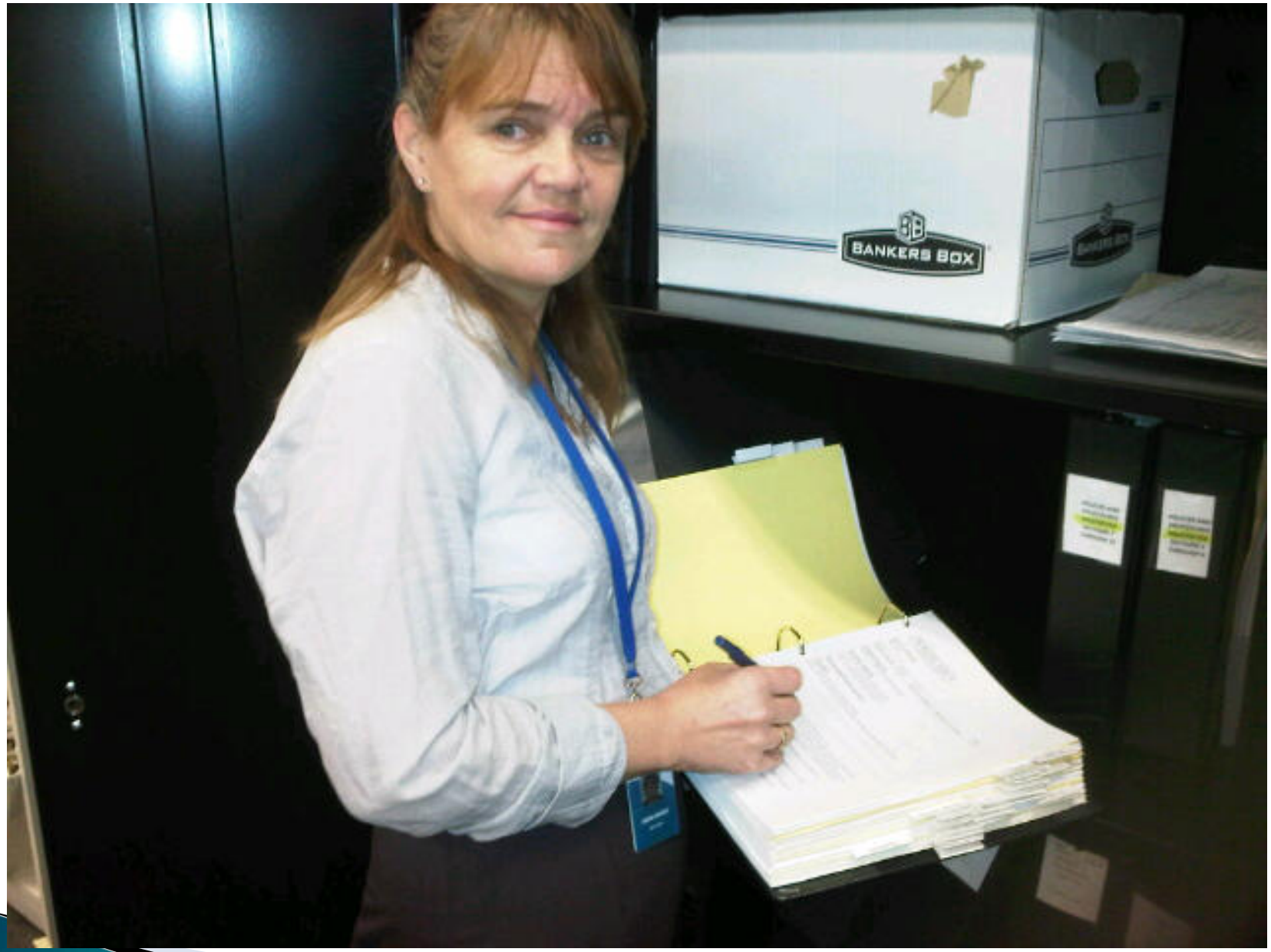

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One Step


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Website Redevelopment Update

www.pcchu.ca

February 8, 2012

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Why a New Website?

- Last updated in 2008
- 25% of our visitors not finding the information they were looking for
- Not synchronized with social media

Peterborough County-City HEALTH UNIT
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Website Vision

- Audience-focused
- Easy to find information
- Fresh design we can all be proud of!
- Local imagery reflecting our communities
- Better integrated with social media 

- Basic content updatable by staff (content management system - CMS)

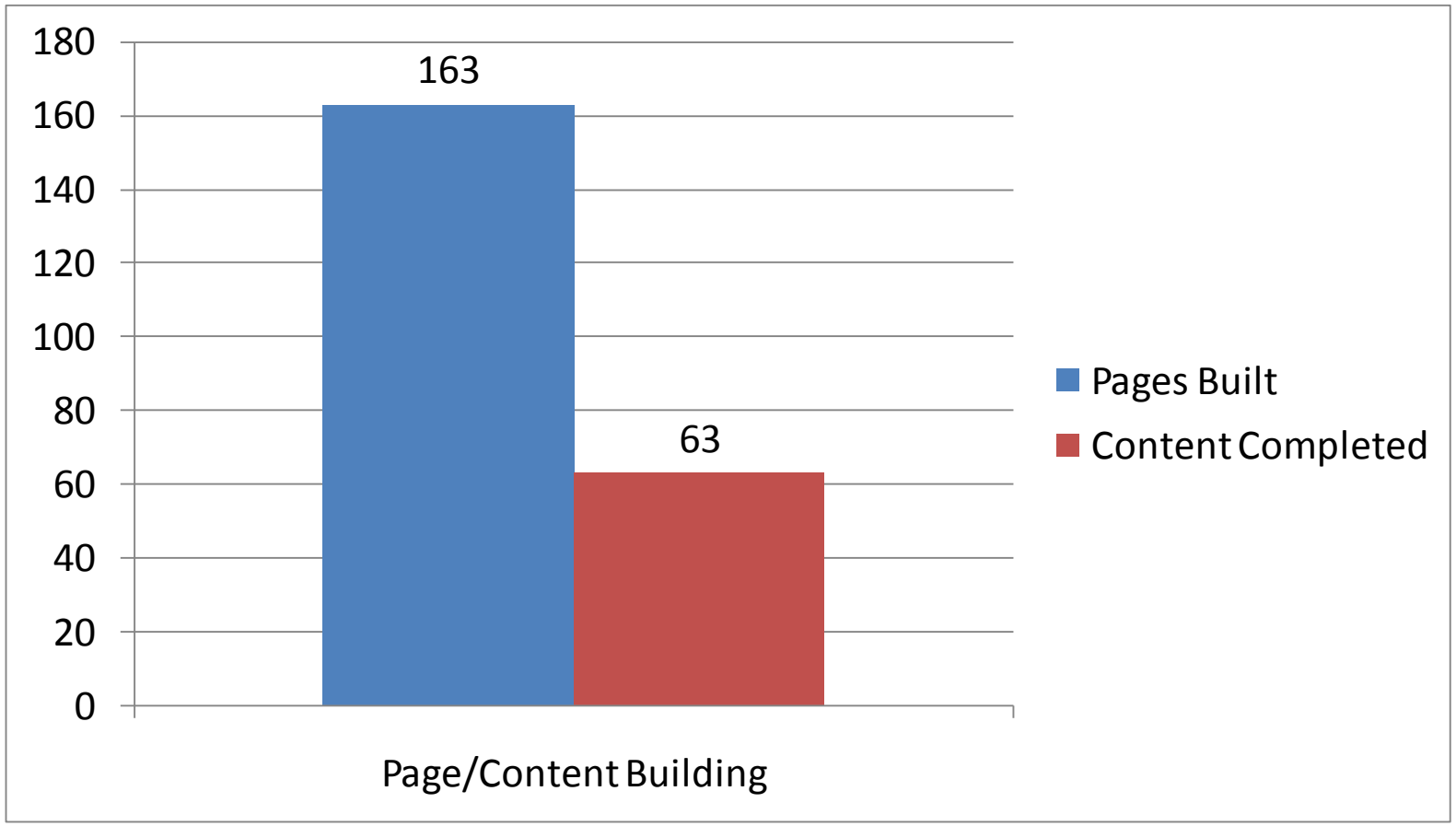
Project Overview – 2011

- Planning, developed terms of reference, established budget ($15,000) (February)
- RFP/supplier selection (March/April)
- Struck Website Working Group (May)
- Completed site navigation (July)
- Finalized design concept (September)

Project Overview – 2011 (cont'd)

- Initial programming (September/October)
- Test site went live October 28
- Re-programming to refine on-screen design and functionality (November – December)
- Page building commenced December 28

Page Completion as of January 25/2012
(Goal: approx 350 pages)



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What's Next

- Webpage content building and approvals (February/March)
- Site migration (February)
- Audience testing and accessibility screening (March/April)
- CMS training for staff (April)
- **Site Launch: May 1, 2012**

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Audience Testing

- Register now to help us test drive www.pcchu.ca
- Participants will receive an online survey to complete in March/April

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Sneak Preview!

(drum roll please)

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Board of Health for the
Peterborough County-City Health Unit
Minutes
Wednesday, January 11, 2012
Board Room, 10 Hospital Drive

Present:

Board Members: Deputy Mayor Andy Sharpe, Chair
Councillor Andrew Beamer
Councillor Henry Clarke
Mr. Jim Embrey
Mayor John Fallis
Mr. Paul Jobe
Chief Keith Knott
Councillor Lesley Parnell
Reeve Mary Smith
Mr. David Watton

Regrets: Councillor Jill Smith

Staff: Mrs. Brittany Cadence, Supervisor, Communications Services
Ms. Karen Chomniak
Mrs. Barbara Matwey, Administrative Assistant, Recorder
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant
Mr. Brent Woodford, Director, Corporate Services

1. Call to Order

1.1 Welcome and Introductions

Deputy Mayor Sharpe welcomed everyone back to the first meeting of 2012 and turned the meeting over to Dr. Pellizzari. Dr. Pellizzari acknowledged the work of the Chair and Vice-Chair.

1.2 Proceedings at Meetings

By-Law #3, Calling of and Proceedings at Meetings, was included in the agenda for reference. An IT survey was given to each board member for completion to inform move to an electronic agenda format.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Elections

3.1 Chairperson

Prior to calling for nominations for the position of Chairperson of the Board of Health for 2012, Dr. Pellizzari recognized outgoing Chairperson, Deputy Mayor Sharpe for his leadership and assistance during 2011.

Dr. Pellizzari called for further nominations from the floor for the position of Chairperson of the Board of Health for 2012.

Moved by	Seconded by
Mr. Embrey	Councillor Clarke

That Deputy Mayor Sharpe be nominated Chairperson of the Board of Health for 2012.

-Carried – (M-12-01)

Deputy Mayor Sharpe agreed to let his name stand for the position of Chairperson.

Dr. Pellizzari asked again if there were any further nominations for the position of Chairperson.

There being no further nominations for the position of Chairperson, Dr. Pellizzari declared nominations closed.

Deputy Mayor Sharpe was acclaimed to the position of Chairperson of the Board of Health for the year 2012.

Deputy Mayor Sharpe thanked Dr. Pellizzari for chairing the first part of the meeting and assumed the Chair.

Deputy Mayor Sharpe stated that he considered it an honour to be acclaimed Chair of the Board of Health. He stated that he was looking forward to the Board continuing to make significant headway in the coming year.

3.2 Vice Chairperson

Deputy Mayor Sharpe called for nominations for the position of Vice-Chairperson of the Board of Health for 2012.

Moved by	Seconded by
Chief Knott	Reeve Smith

That Councillor Jill Smith be nominated Vice-Chairperson of the Board of Health for 2012.

-Carried – (M-12-02)

Deputy Mayor Sharpe verified that Councillor Jill Smith was agreeable to letting her name stand for the position of Vice-Chairperson.

Deputy Mayor Sharpe asked again if there were any further nominations for the position of Vice Chairperson.

There being no further nominations for the position of Vice-Chairperson, Deputy Mayor Sharpe declared nominations closed.

Councillor Jill Smith was acclaimed to the position of Vice Chairperson of the Board of Health for the year 2012.

4. Appointments to Committees

4.1 Governance

Moved by	Seconded by
Councillor Clarke	Reeve Smith

That the Board of Health approve the following appointments to Committees:

Governance:
Mr. Jim Embrey, Reeve Mary Smith, Mr. David Watton

Property:
Councillor Henry Clarke, Councillor Andrew Beamer, Chief Keith Knott

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

- Carried – (M-12-03)

5. Establishment of Date and Time of Regular Meetings

Moved by Councillor Clarke — Seconded by Mayor Fallis

That the regular meetings for the Board of Health be held on the second Wednesday of each month (excluding July and August) starting at 4:45 p.m. in the Board Room, 10 Hospital Drive, Peterborough, or at the call of the Chairperson.

- Carried - (M-12-04)

It was noted that there may be a conflict for the September meeting as some Members might attend the Ontario East Municipal Conference. Members will be polled regarding this potential conflict, if quorum is expected to be at risk, a new date might be proposed. Dates in July and August will be held in the event a meeting is necessary.

6. Establishment of Honourarium for 2012

Moved by Chief Knott — Seconded by Mr. Embrey

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

- Approve $145.61 as the honorarium for 2012;
- Request a report from the Governance Committee on whether any further adjustments to policy or rates are required based on their upcoming review and preliminary projections for 2012.

- Carried - (M-12-05)

7. Confirmation of the Agenda

Moved by Mayor Fallis — Seconded by Councillor Clarke

That the agenda be approved as circulated.

- Carried - (M-12-06)

8. Delegations and Presentations

8.1 A Day in The Life – Infant Toddler Development Worker
Osk Jenkins

Ms. Jenkins, Development Worker went through a typical day involving the four development workers who support families who have children with developmental delays. All premature infants born 35 weeks or earlier are screened and followed until three years of age to ensure their development is on track. Ms. Jenkins also shared feedback from a recent program evaluation which revealed how strongly local families value the ITDP.

9. Confirmation of the Minutes of the Previous Meeting

Moved by Mr. Jobe — Seconded by Reeve Smith

That the minutes of the Board of Health meeting held on December 14, 2011 be approved subject to the following changes. Item 12, remove "regular". Item 9.1, change to read "insurance".

- Carried - (M-12-07)

10. Business Arising From The Minutes

Nil.

11. Correspondence

Moved by Mr. Embrey — Seconded by Mr. Watton

That the following documents be received for information.

- Carried - (M-12-08)

1. Letters dated December 19, 2011 from Dr. Rosana Pellizzari, to local Members of Provincial Parliament regarding water pipes.
2. Email dated December 23, 2011 from Laura Pisko-Bezruchko (Director, Standards, Programs & Community Development, Ministry of Health Promotion and Sport) and Sylvia Shedden (Director, Public Health Standards, Practice and Accountability Brand, Public Health Division, Ministry of Health and Long-Term Care), to Chairman Sharpe, regarding performance targets for indicators included in the 2011-13 Public Health Accountability Agreement.
3. Email dated January 5, 2012 from the Association of Local Public Health Agencies (alPHa) regarding the 2012 Winter Symposium.

12. Program Reports

Nil.

13. New Business

13.1 Staff Report: Infant Toddler Development Program
Karen Chomniak, Program Manager

Moved by
Mr. Watton

Seconded by
Councillor Parnell

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

1. continue to administer the Infant and Toddler Development Program for 2012/13; and
2. review the funding status and program direction for the 2013/14 fiscal year in consultation with MCSS/MCYS representatives.

-Carried – (M-12-09)

13.2 Staff Report: Report on Summary of Selected Cancers: Peterborough County and City
Andrew Kurc, Epidemiologist

Moved by
Chief Knott

Seconded by
Mr. Embrey

That the Board of Health for the Peterborough County-City Health Unit receive this staff report for information, and, endorse the recommendations outlined in the technical report, Summary of Selected Cancers in Peterborough County-City 2012.

-Carried - (M-12-10)

13.3 Performance Management Working Group, Ministry of Health And Long-Term Care: Public Health Accountability Agreement Indicators
Presenter: Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari presented the Ministry of Health and Long-Term Care's (MOHLTC) baseline targets for health unit performance to be included in the new accountability agreements that the Board of Health signed in 2011. The MOHLTC will evaluate the performance of each health unit against these indicators to determine future funding.

Moved by
Councillor Parnell

Seconded by
Mr. Jobe

That the Board of Health for the Peterborough County-City Health Unit authorize the Medical Officer of Health to negotiate performance indicator targets to be approved by the Board Chair.

-Carried – (M-12-11)

Moved by
Councillor Parnell

Seconded by
Mr. Embrey

That the Board of Health for the Peterborough County-City Health Unit request the Ministry of Health and Long-Term Care administer the HPV vaccine at an earlier grade, discuss the issue of consent with the Minister of Education, and support health units with a provincially funded and organized campaign.

-Carried – (M-12-12)

13.4 2010 Annual Report of the Chief Medical Officer of Health
Presenter: Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari presented an overview of Dr. Arlene King's 2010 Annual Report, Health, Not Health Care – Changing the Conversation. Dr. King highlighted the important role of non-health care players in improving public health, such as Ontario's transportation sector which reduced the number of traffic injuries and fatalities since the introduction of mandatory seat belts and child restraints.

13.5 Board/Management Planning Session

Potential dates for this session were discussed. The date confirmed for this meeting was February 15, 2012 from 4:30 – 8:30 p.m.

14. In Camera to discuss Confidential Personnel and Property Matters

Moved by Councillor Clarke — Seconded by Reeve Smith
That the Board of Health go In Camera to discuss confidential property and personnel matters.
- Carried - (M-12-13)

Moved by Mr. Embrey — Seconded by Councillor Clarke
That the Board of Health rise from In Camera.
- Carried – (M-12-14)

Moved by Councillor Clarke — Seconded by Mr. Embrey
That the Board of Health ratify the Memorandum of Settlement with the Canadian Union of Public Employees.
- Carried – (M-12-15)

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

February 8, 2012, Board Room, 10 Hospital Drive

_____ _____

Chairperson Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: February 8, 2012

Recommendation:

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

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1. Letter dated January 19, 2012 (received via email) from Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHa), to all alPHa Members regarding a fee increase proposal.

2. Letter dated January 23, 2012 from the Honourable Bob Chiarelli, Minister of Transportation, to Chairman Sharpe, in response to his original letter dated November 2, 2011, regarding a provincial policy framework for cycling infrastructure.

3. Email dated January 30, 2012 from the Kawartha Safe Technology Initiative to Board of Health Members, regarding microwave radiation levels from routers in Kawartha Pine Ridge District Schools.

4. Letters/Resolutions from other Health Units:

   Norfolk County
   - Support of Provincial Policy Framework for Cycling Infrastructure

Original signed by

Rosana Pellizzari, M.D.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa's members are the 36 public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

ANDSOOHA - Public Health Nursing Management

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Society of Nutrition Professionals in Public Health

25 YEARS
1986 – 2011

www.alphaweb.org

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

January 19, 2012

Dear alPHa Member:

Re: alPHa Membership Fee Increase Proposal

I am writing to you on behalf of your colleagues on alPHa's Board of Directors.

We have thoroughly reviewed the comments that have come forward from member Boards of Health and Medical Officers of Health regarding the alPHa membership fee increase proposal. While we have received expressions of support from many member health units, it is clear that a fee increase will not be supported by all alPHa members at this time. As a result, it is with great disappointment that the Board has decided to post-pone the vote on the fee increase at the alPHa Winter Symposium in February. We will, however, review incremental approaches to funding the additional support that alPHa needs in this time of system change and growth.

We have worked hard in the past to secure alPHa's position as the respected "go to" voice of local public health. Our ability to maintain this reputation and influence will be challenged in the face of an increasingly complex and dynamic provincial public health system. The following are but two examples of pressing needs anticipated in the near future.

1. The release of the Drummond Report in February will undoubtedly include many recommendations (more than 400 recommendations are expected in total) for scaling back government programs that will have impacts on the goals and work of public health, as well as the overall health of the populations we serve.

2. An all-Party review of the Local Health Integration Networks (LHINs) is required by the current LHIN legislation. The government has stated publicly that the review will start in June. Our best information is that the review could take up to a year and could possibly result in some structural changes, i.e., the total number of LHINs and assignment of which parts of the health system are planned and funded through the LHINs.

Without additional resources alPHa will be challenged to complete an in depth review of the Drummond Report from a policy perspective to inform its members and to develop a strategic response to the report. We will also be hard pressed to follow the LHIN review closely and make sure public health has a strong, unified voice in the review process. We expect to call on member health units to contribute policy expertise to work groups that can support this essential work.

I would like to thank you for your candid feedback and ongoing commitment to alPHa. Please accept my assurance that alPHa's Board remains committed to providing the best support possible to its members given our existing resources.

Sincerely,

Paul Roumeliotis,
President

cc: Linda Stewart, Executive Director

Ministry of Infrastructure

Ministry of Transportation

Office of the Minister

Ferguson Block, 3rd Floor
77 Wellesley St. West
Toronto, Ontario
M7A 1Z8
416-327-9200
www.ontario.ca/infrastructure
www.mto.gov.on.ca

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Ministère des Transports

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www.mto.gov.on.ca

Ontario

M2011-6657

Deputy Reeve Andy Sharpe
Chair, Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Deputy Reeve Sharpe:

Thank you for your letter informing me that the Board of Health for the Peterborough County-City Health Unit supports provincial investments in bicycling. I am pleased to respond.

My ministry is committed to encouraging more people to use bicycles and other forms of active transportation while ensuring that our transportation network is safe and accessible for all road users.

To that end, we are reviewing our internal bicycle policy, which defines the ministry's role in supporting and integrating bicycling into the provincial highway network. We intend to update the policy to better reflect current priorities, such as promoting healthier and safer communities. Examining innovative approaches in other jurisdictions, including Quebec and British Columbia, as well as working with organizations such as Share the Road Cycling Coalition, is part of the process.

In recent months, the ministry launched a number of initiatives that will support the implementation of a new ministry bicycle policy. For example, we are updating our bikeway planning and design guidelines to provide a consistent approach to accommodating cycling within our infrastructure. The new guidelines will draw on a recently completed study of the safety and capacity impacts of different highway interchange designs on pedestrians, bicyclists and motorists. We have also begun gathering information on the location of major local and regional bicycling routes across the province to better understand where the gaps are between them.

.../2

Thank you again for your support in investing in a healthier Ontario and for raising the various benefits cycling can have on our province. As we continue our work on understanding how best to support cycling in the province, we will take into account the issues you have raised.

Sincerely,

Bob Chiarelli
Minister

From: Kawartha Safe Technology Initiative [mailto:kawarthasafetechnology1@yahoo.ca]
Sent: Monday, January 30, 2012 11:58 PM
To: Alida Tanna
Subject: Health and Safety Information

Dear Board of Health Member,

Please find attached new Health and Safety information regarding microwave radiation levels from routers in Kawartha Pine Ridge District Schools.

Regardless of one's stance on the safety issues, it is compelling information, which counters the common perception that radiation from school routers is very low.

We urge you to review this information urgently and take necessary public precautions, as per our letter to you of Dec. 2, 2011.

Sincerely,

Kawartha Safe Technology Initiative
www.kawarthasafetechnology.org

NEWSLETTER

January 2012

KSTI Investigation Reveals: Wi-Fi Radiation Levels in many KPRDSB Classrooms Exceed Radiation Levels Found Within 100 m of Large Cell Towers

In this first issue of our information Newsletter, the members of Kawartha Safe Technology Initiative (*KSTI)* http://tinyurl.com/7jshe4r bring you an important update on the issue and concerns surrounding Wi-Fi in our local schools.

KSTI strongly opposed the planned implementation of Wi-Fi in schools since we first became aware of the plan in June 2010. Despite parental protests, and written warnings from medical experts, the KPR District School Board (*KPR*) forged ahead and installed Wi-Fi in all schools. KSTI members then made formal presentations to City Council regarding the proposed siting of cell towers (same type of radiation) near homes and schools and were well received by city councillors who demonstrated genuine concern for their constituents. More recently, KSTI presented to our local Peterborough Board of Health about the possible health concerns of EMF radiation exposure (Wi-Fi) on vulnerable schoolchildren. Board of Health members were provided with a Reference List of over 180 Reseach Studies http://tinyurl.com/72yhcb2 linking health effects to EMF radiation exposure.

CURRENT CONCERNS: A recent KSTI investigation has revealed that Wi-Fi radiation levels in many KPR classrooms exceed radiation levels recorded within 100m of large cell towers (see table on page 2). This is very concerning due to the fact that numerous health studies http://tinyurl.com/6vxltk9 indicate higher incidences of poor health in people who live within *400 m of a large cell tower.*

The following page shows a table that compares radiation levels currently found in many KPR classrooms to radiation levels found near large cell towers in Peterborough and surrounding area.

Of note:

In 2007, Toronto adopted a Prudent Avoidance Policy http://tinyurl.com/73nht32 for the siting of cell towers in order to minimize EMF radiation levels in Toronto. This policy (which also applies to Wi-Fi) sets upper acceptable limits for EMF radiation levels that are 100X LOWER than Health Canada's Safety Code 6.

KSTI believes it is reasonable and prudent to expect that the School Boards and our City adopt the Toronto guidelines as their own. Certainly the citizens of Peterborough deserve the same level of protection as Torontonians. After all, our own Medical Officer of Health, Dr. Rosanna Pellizzari, was in agreement back in 2007 when she signed this Toronto policy. (It should be noted that many other countries have adopted similar and *even stricter* guidelines.)

Most Common Symptoms of EHS
Electromagnetic HyperSensitivity to wireless devices

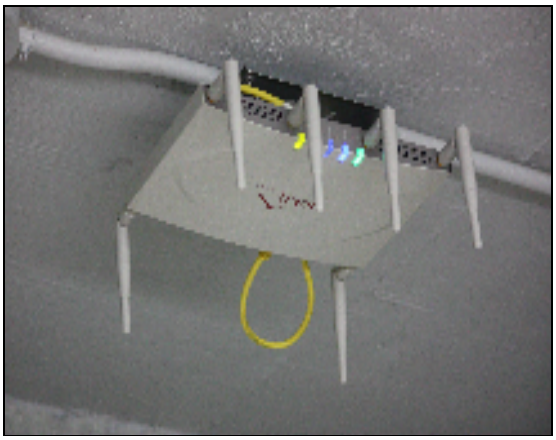
Symptoms can develop over time in sensitive individuals and include any of the following:

- headaches
- anxiety
- foggy thinking
- weakness
- heart palpitations
- rashes
- increase in allergies/asthma
- dizziness
- exhaustion
- attention deficit issues
- blood sugar fluctuations
- night sweats

Long-term effects may include cancer, DNA damage and reproductive disorders.

Comparing Levels of Electromagnetic Radiation

Cell Phone Tower Antennas and Wi-Fi Routers (Wireless Access Points) in KPR Schools



KSTI data collection reveals maximum radiation values at the following locations to be:

LOCATION	mV/m	W/m^2
Rural residential setting	**7.6**	0.000000152
200 m from a cell tower, inside a home	**275**	0.0002
100 m from a cell tower, outside	**777**	0.0016
Under a Wireless Router: 2600 uW/m^2 * as shown on **Global's 16:9 Program**	**990***	0.0026*
Inside KPR Classroom: Wi-Fi on; wireless computers not operating (KPR-posted values)	**1,942 - 3,785**	0.010 – 0.038
Toronto Prudent Avoidance Policy (2007) (cell tower and Wi-Fi emissions not to exceed these levels).	**6,140**	**0.1**
Inside KPR Classroom: Wi-Fi on; a *single* computer using Wi-Fi , streaming video**	**5,137 – 8,238****	0.07 – 0.18**
Inside KPR classroom: *multiple* computers streaming video***	KPR not yet posted***	KPR not yet posted***

Note: The two columns represent the same data converted to different units of measurement. The KPR School Board posts values in **W/m2,** which requires the use of decimal values. This can give the false impression that values are low. The values in the **highlighted column** provide an easier method for comparing radiation levels. Values in this column are in **mV/m** (millivolts per metre).

* Industry tester on Global TV's 16:9 'Health Risks of Wi-Fi in Schools' calls this level "**very high**".
** Values taken from health proposal submitted to ETFO.
*** Levels will increase as additional computers access the internet wirelessly (up to 30 devices/classroom).

Global's 16:9 Program: **http://tinyurl.com/7cwjz9j**
Toronto Prudent Avoidance Policy (2007): **http://tinyurl.com/73nht32**

MORE NEWS:

Aurora School Removes WiFi to Protect Children's Health

AURORA, ON, Jan. 19, 2012 /CNW/ - Another school has removed its Wifi, following warnings that the system emits potentially harmful microwave radiation.

"Schools are in the business of helping children, not hurting them so we shouldn't be taking chances," said Brenda Glashan, principal of the Aurora Montessori School, a private elementary school of 350 students north of Toronto.

Last May the World Health Organization warned that radiation from WiFi, cell phones and other wireless devices may cause cancer. Researchers have since reported that WiFi from laptop computers causes damage to human sperm.

Several Ontario private schools have since removed their wifi systems, but many public schools continue to install them despite the health warnings. Aurora Montessori school is known for its advanced computer lab, and now hardwires all of its internet connections.

Physician's Group (American Academy Of Environmental Medicine) Adopts Resolution Against Wireless Smart Meters January 23, 2012

The American Academy of Environmental Medicine has adopted a resolution calling for a halt to wireless smart meters. The full text of the resolution may be obtained on the AAEM website at: www.aaemonline.org

This represents the first national physician's group to look in-depth at wireless health risks; and to advise the public and decision-makers about preventative public health actions that are necessary.

It is pertinent here because smart meters emit the same type of rf-emf radiation as Wi-Fi.

Tips on Living with Wi-Fi

If you are having difficulty sleeping, experience regular headaches, foggy thinking or heart palpitations, try the following:

- Do not place your wireless router near your sleeping quarters as it continuously emits pulsed radiation. Unplug your router when not in use - especially before bedtime.
- Remove your cordless phone from your bedroom. Better yet – replace your cordless phone with a corded phone.
- Make sure your bed is not against the wall directly opposite the location of your Smart Meter. Some meters pulse radiation every 60 seconds.

Catholic school parents: Levels identified in this document may also apply to the schools in the Peterborough Victoria Northumberland and Clarington Catholic District School Board. During the last school year, the same Meru Wi-Fi system used in KPR schools was installed in the Catholic Board schools. It is our understanding that **the exact same** industrial strength routers replaced home-style routers found previously in many PVNC classrooms. You may wish to clarify installation information and dates with your school board officials.

Please visit our website for more information: **www.kawarthasafetechnology.org.** It will provide updates on our continuing efforts to reduce and eliminate our children's daily (and cumulative) school exposure to electromagnetic radiation, now deemed by the World Health Organization to be a **Class 2b Possible Carcinogen**.

Yours in health and safety,

Kawartha Safe Technology Initiative

Play it safe. Plug it in.

Norfolk COUNTY

January 11, 2012

The Honourable Bob Chiarelli
Ministry of Transportation
3rd Floor, Ferguson Block
77 Wellesley Street West
Toronto, Ontario M7A 1Z8

Dear Honourable Minister,

Re: Support of Provincial Policy Framework for Cycling Infrastructure

Please be advised of the following resolution passed by the Norfolk County Board of Health regarding the above noted at its meeting on Tuesday, January 10, 2012:

> "THAT the Norfolk County Board of Health supports the communication from Peterborough County – Board of Health regarding a Provincial Policy Framework for Cycling Infrastructure to be forwarded to the Minister of Transportation."

Trusting you will give this support its due consideration.

Yours truly,

Beverley D. Wood, AMCT, CMC, CMMIII
Clerk/Manager of Council Services
519-426-5870, Ext. 1228
519-426-8573 - Fax
bev.wood@norfolkcounty.ca – Email

p.c.: Peterborough Board of Health

Corporate Services
Governor Simcoe Square
50 Colborne Street South, Simcoe, Ontario N3Y 4H3
519-426-5870 Fax: 519-426-8573
www.norfolkcounty.ca

2011 Quarter 4
Program Report

Larry Stinson
Director of Public Health Programs

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

Strictly Numbers

2011:
- 139 compliant
- 8 partially compliant

2010:
- 135 compliant

Changes:
- 6 partial to full
- 2 full to partial

Areas of Partial Compliance

New: Injury Prevention

Vaccine Preventable Diseases

Continued: Healthy Babies, Healthy Children

Food Safety

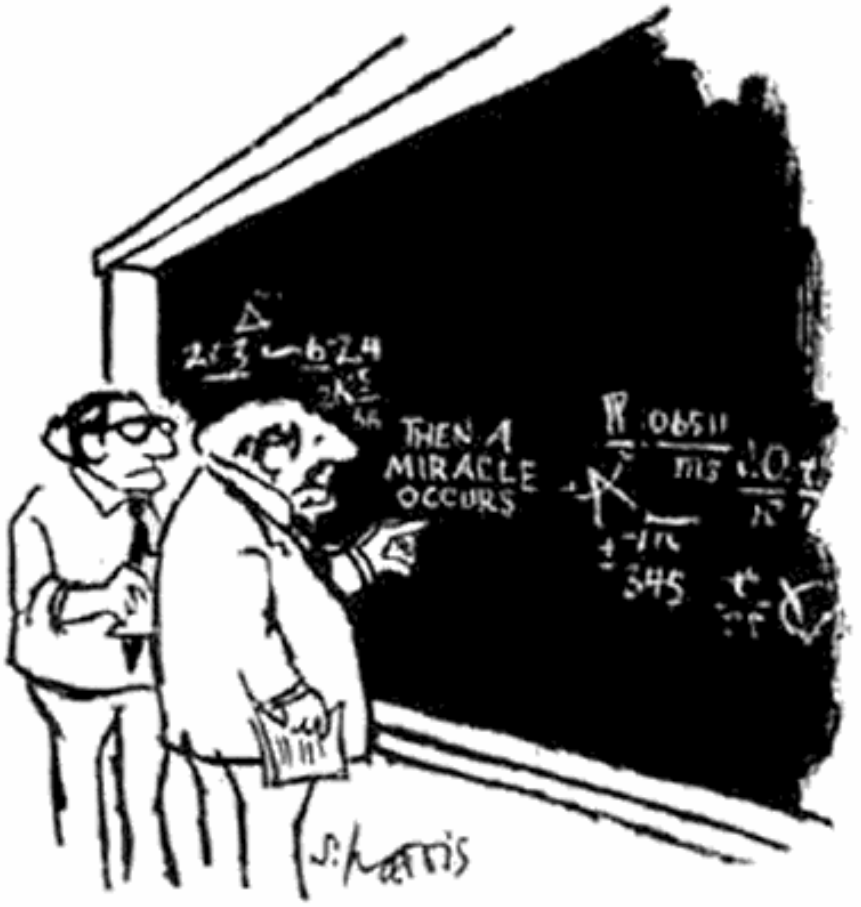
Substance Misuse Prevention

Health Hazards

Evaluation

Evaluation Requirement

- new interventions
- unexpected operational issues
- to understand linkages



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

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

Evaluation Should:

- show you that you have achieved what was intended
- identify what contributed to the success/ failure

Will Lead to Decisions of:

- program improvement
- resource allocation
- continue or not

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

Process vs Outcome

Challenges:

1. Data collection analysis

2. Demonstration of cause

2012 Evaluation Plan

- shift in interpretation and approach
- how much is enough?
- strategic criteria

Conclusion

Compliance - high

Performance – continually improving

PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q4 2011 PROGRAM REPORT
(October 1 – December 31, 2011)

Board of Health Quarterly Reporting Definitions

✓ = **Compliant**	Have met the requirements of this standard for the operating year. No further action required.
↑ = **On Target**	Completion of operational plans will result in full compliance. Some activities may have taken place, but not all have been completed. Applies to requirements that do not have quarterly expectations.
Ø = Partially Compliant	Completion of operational plans will result in partial compliance of requirements. Some elements within this requirement have been achieved.
🗓 = **Compliant to Date**	Completion of operational plans will result in full compliance. For requirements that have quarterly expectations, these expectations have been met.
✗ = **Not Compliant**	Not able to meet most elements within this requirement.

Frequently Used Acronyms

BOH	Board of Health
CE-LHIN	Central East Local Health Integration Network
CINOT	Children In Need of Treatment
CFK	Care For Kids
CME	Continuing Medical Education
GIS	Geographic Information Systems
HBHC	Healthy Babies, Healthy Children
HCF	Healthy Communities Fund
HCO	Healthy Communities Ontario
HKPR	Haliburton, Kawartha, Pine Ridge
iPHIS	Integrated Public Health Information System
KPRDSB	Kawartha Pine Ridge District School Board
MCYS	Ministry of Children and Youth Services
MHP	Ministry of Health Promotion
MOE	Ministry of the Environment
MOH	Medical Officer of Health
MOHLTC	Ministry of Health and Long-Term Care
NBP	Nobody's Perfect
NRT	Nicotine Replacement Therapy
OAHPP	Ontario Agency for Health Protection and Promotion
PCCHU	Peterborough County-City Health Unit
PHAC	Public Health Agency of Canada
PHI	Public Health Inspector
PHN	Public Health Nurse
PRHC	Peterborough Regional Health Centre
PVNCCDSB	Peterborough Victoria Northumberland and Clarington Catholic District School Board

Child Health Q4 2011

(Managers: Karen Chomniak for Child Health, Nobody's Perfect; and Healthy Babies Healthy Children; Ann Keys for Oral Health)

Goal: To enable all children to attain and sustain optimal health and developmental potential.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	↑ ↑ ↑ ↑ ↑ 🗓	↑ ↑ ↑ ↑ ↑ 🗓	↑ Ø ↑ ↑ ↑ ✓	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	The Health Unit has become a partner in the International Parent Survey-Canada, which will be conducted through the University of Ottawa in 2012. The breastfeeding 48 hour and two week surveillance system was reviewed by the Epidemiologist and a briefing note was prepared. The evaluation plan for the Community and Mobile Dental Health Centres has been finalized, and implementation of Phase 1 will begin in January of 2012. A report on initial evaluation findings will be prepared and presented to the Board in the Spring of 2012. Refer to Requirement #3 for information on oral health surveillance.
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	🗓	🗓	✓	Ø	See Requirement # 10. A mobile application for the Oral Health Information Support System (OHISS) - Module III was implemented during the 2011-2012 school year, but as yet, is not being used to capacity pending approval to electronically populate student information from Board of Education databases.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
3. The board of health shall report oral health data elements in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	✓	✓	✓	Ø	Automated electronic reporting of oral health screening data to the Ministry is completed routinely through the Oral Health Information Support System (OHISS) database. Findings from oral health screening in the 2010-2011 school year reflects improvement in the percentage of students found to be caries-free, as compared to the previous school year: 79% in Junior Kindergarten (versus 72%); 71% in Senior Kindergarten (versus 63%); and 51% in Grade 2 (versus 47%).
4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	↑ ↑ ↑ ↑ ↑ 🗓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	A one-day workshop on *Perinatal Parental Depression: Infant Mental Health and Developmental Outcomes* was held with members of the local Perinatal Mood Disorder (PMD) Collaborative and several Family Health team members in attendance. Information pertaining to a University of Toronto study offering telephone-based interventions to women with PMD was shared with the PMD Collaborative and local health care providers. The World Breastfeeding Week "latch-on" event was held at Galaxy Cinemas and attended by numerous breastfeeding women and their families. A Child Health Public Health Nurse is chairing the provincial committee to support Baby-Friendly implementation across community health services in Ontario. Staff held an information session for parents and mentored Warsaw Public School teachers to implement the Care for Kids (CFK) Healthy Sexuality Program in their classrooms. Staff attended a Fathering Conference, and meetings and teleconferences for parenting programs, including Strengthening Families, Triple P (TP) and Nobody's Perfect. Staff conducted an internal mapping exercise to identify the scope of strategies and activities offered through the Health Unit for children and their parents. Site tests to verify functional electrical connections, facilities, and set up and take down requirements for the Mobile Dental Clinic were completed in all but one outreach location. The mobile is scheduled to launch treatment services in the townships and First Nations communities beginning January 2012. Promotional materials have been

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
						produced, and the staffs of municipalities and First Nations are being consulted regarding logistics and local promotion strategies.
5. The board of health shall increase public awareness of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑ ↑ ↑ ↑ ↑ 🛈	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	Staff discussed implementation of positive parenting campaigns throughout the province during the *Health Services and Triple P* networking teleconference call. TP parenting program seminars were advertised and provided in partnership with the Peterborough Family Resource Centre. To recognize Child Abuse Prevention Month, an art contest for local grade four to eight students, depicting "a time when you felt safe and cared for," was held in collaboration with the Kawartha Haliburton Children's Aid Society. Staff provided a media interview with CHEX TV to outline how the Family Health programs work to prevent child abuse. Staff provided a display on PMDs at the Prenatal Health Fair, and arranged for a Social Worker from the Women's Health Care Centre to provide information on recognizing risk factors, symptoms of mood disorders, and care available. Redevelopment of the Oral Health Program web content is progressing.
6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	↑	↑	↑	✓	✓	Five group series and five one-on-one series of NBP parent education and support programs were provided in collaboration with community partners. Staff provided 15 TP consultation sessions and two TP seminars. An update with information on PCCHU's oral health programs and dental clinics was prepared and disseminated to community dental care providers in December 2011. Staff provided consultation to expectant women on how to manage oral health during pregnancy, as well as the oral health of their newborn, and information on Early Childhood Tooth Decay to participants in the Teen Prenatal Supper Club. One thousand bookmarks were disseminated to families through the Community Christmas Hamper program, serving as a reminder to brush two times each day, for two minutes each time.

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Requirement	Status 2011 1st	2nd	3rd	4th	Status 2010 4th	Comments
7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	There were a total of 109 calls to the Family HEALTH*line* on a variety of child related topics. See also #6, re NBP, which includes information provision about community services and referrals. Since October of 2010, eligibility cards for dental treatment and preventive services under *Healthy Smiles Ontario* (HSO) have been issued to 285 children and youth (44 in fourth quarter); along with 16 renewals; $88,964.36 in HSO claims have been processed. Treatment for HSO clients is provided by community dentists and at the Community Dental Health Clinic (CDHC).
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	↑	↑	↑	✓	✓	Staff assisted with on-site support for the weekly series of Young Moms Working Out at the YMCA. YWCA food boxes were purchased to share with participants. A meeting was held with YMCA staff to review surveys and determine future plans. A 12-week enhanced NBP series was sponsored by the Children's Aid Society. All those who attended face economic hardship. The NBP newsletter provided information for facilitators on making NBP groups a "Positive Space" (open and welcoming, equitable and accessible to participants of all sexual and gender diversities). By the end of the fourth quarter, 373 clients had been seen for treatment in the CDHC, many requiring more than one appointment; 104 individuals are on a waiting list for appointments. Priority is given to clients eligible for dental benefits under the *Healthy Smiles*, *Children In Need of Treatment* program (CINOT), *Ontario Works*, and *Ontario Disability Support* programs. Arrangements are also being made to submit claims under *Federal Non-Insured Health Benefits* for First Nations. The Dental Treatment Assistance Fund (DTAF) provides financial assistance up to the amount of $200 for individuals who have no dental benefits and require emergency treatment; 19 individuals were assisted through DTAF in Q4. A total of 75 people received dental treatment through DTAF in 2012. A proposal for $10,000 was submitted to the *Drummond Foundation* to support DTAF in

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Requirement	Status 2011 1st	Status 2011 2nd	Status 2011 3rd	Status 2011 4th	Status 2010 4th	Comments
						meeting the needs of older adult clients with dental issues related to pain, trauma and infection who cannot afford to seek dental treatment.
Disease Prevention						
9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø	Ø	Ø	Ø	See Reproductive Health report.
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	1	1	1	✓	✓	Based on the findings of oral health screening of Grade 2 students (i.e. levels of decay), each school is assigned a 'risk level' which determines the intensity of further screening. Thus far in the 2011/2012 school year, the Oral Health staff has screened a total of 781 children in Peterborough County and City schools.
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	↑	↑	↑	✓	✓	The Nipissing District Developmental Screen (NDDS) for early identification of developmental delay is disseminated through NBP. Health Care providers continue to order copies of these screening tools. The NBP newsletter provided information for facilitators on teaching parents how to use the NDSS and promote healthy child development.
12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.	1	1	1	✓	✓	To date in 2011, 316 children and youth were deemed eligible for financial assistance and referred for treatment and follow-up through the CINOT program.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).	1	1	1	✓	✓	At the time of oral health screening, eligible children are offered professionally-applied topical fluoride, pit and fissure sealants, and scaling. Preventive services are provided at the CDHC.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Health Protection						
14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).	1	1	1	✓	✓	Laleh Sadeghi who joined the Oral Health team as a Dental Consultant in the Fall, has developed a presentation on the fluoridation of drinking water systems for presentation to municipal and First Nations councils in 2012. Monthly reports are received from Peterborough Utilities Water Treatment Plant, and reviewed by the Dental Consultant to ensure that levels of fluoride remain within the approved range.

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Chronic Disease Prevention Q4 2011

(Manager: Hallie Atter; Donna Churipuy; Ann Keys)

Goal: To reduce the burden of preventable chronic diseases of public health importance.

Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	**Nutrition** Participated in Community Food Program Mapping project meetings for the County of Peterborough with County Staff, the PCCHU Epidemiologist and Community Social Services staff. Contributed to survey development of sodium reduction initiatives at Health Units in Ontario lead by Simcoe-Muskoka Health Unit. Conducted an environmental scan of local, provincial and national sodium reduction initiatives. Conducted nutrition program interviews with community partner agencies for 2012 Operational Planning including Canadian Diabetes Association, the Registered Dietitian Network, the Peterborough Family Resource Centre (PFRC) and the Victorian Order of Nurses (VON) 360 Nurse Practitioner Led Clinic. **Cancer Prevention** A draft Summary of Cancers was completed by the Health Unit Epidemiologist.
2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	**Nutrition** Responded to Health Units in Ontario requiring assistance with the Nutritious Food Basket Case Scenario Worksheet.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 🛈 = Compliant to Date × = Non Compliant

Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Health Promotion and Policy Development						
3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ✓ ↑ ↑	↑ ↑ ↑ ✓ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	**Nutrition** Provided a Training session in partnership with the Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNCCDSB) and the Kawartha Pine Ridge District School Board (KPRDSB) for local food vendors highlighting School Board Nutrition Policies. Presented an overview on the nutrition policy to the PVNCCDSB New Teacher Induction Program participants. In partnership with the Haliburton, Kawartha Pine Ridge District Health Unit (HKPRDHU) and Durham Region Health Unit, developed a Professional Activity Day in-service and resources for PVNCCDSB Secondary School Physical and Health Educators discussing the nutrition policy and curriculum support. Provided ongoing support to school boards, schools and local vendors to be compliant with the local School Board Nutrition Policy. Participated in the organization (including acting as moderator and co-presenter) of a provincial webinar, supported by the Nutrition Resource Centre, entitled "Nutrition Tools for Schools © and the Comprehensive Health Promotion Approach". Continued to support and follow-up with local elementary schools with Healthy Schools Grants including participation at Healthy Schools Committee Meetings. Promoted student nutrition programs. Assisted with development of Food for Kids (FFK) promotional resources, and implementation of FFK communication plan. Wrote and arranged an annual FFK recognition ad for publication. Secured community funding for student nutrition programs. **Physical Activity Promotion/Built Environment** Staff attended school council meetings to explore a walking school bus initiative at one area school. Staff worked with stakeholders on the design and implementation of the multi-level School Travel

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Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
						Planning Project in local schools to increase students' active routes to school. Components of the plan include car-free school days, a Photovoice Project and the City of Peterborough transit quest campaign. Staff supported schools with physical activity grants, such as the Swim to Survive Grant from the Lifesaving Society and Green Communities Canada Grant for the School Travel Planning Project. **Healthy Schools** Staff supported the development and implementation of the Secondary Healthy Schools Grants process. Various projects were initiated in secondary and elementary school. An intramural workshop was held at Trent University in partnership with schools and other community partners. Staff provided a resource showcase for PVNCCDSB New Teacher Induction Program participants and completed regional resource for PVNCCDSB kindergarten registration packages in collaboration with HKPRDHU. A PCCHU staff workshop on child/youth resiliency was held. The School Liaison Health Promoter coordinated resources to be included in KPRDSB kindergarten resource packages and completed resource coordination for ten school open house events. **Cancer Prevention** Staff mentored Trent University Nursing Students in Community Health and Political Action in projects related to Ultra Violet (UV) radiation and youth, the built environment and tobacco cessation. **Tobacco Use Prevention** Staff engaged public school board in planning for a school tobacco cessation project in four area schools and provided cessation support and resources to youth involved in the public school board Suspension/Expulsion program.
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: • Healthy eating;	↑	↑	↑	✓	✓	**Workplace Health** Distributed one Workplace Health e-Bulletin inviting workplaces to participate in the Public Review of the draft Canadian Standards Association (CSA) Standards on Psychological Health and Safety in the Workplace. Produced and distributed the December 2011 issue of the Workplace Health Matters e-Newsletter containing information on the Ontario Health Study, getting a wellness committee started at work, promotion of smoking cessation programs and newsletter evaluation feedback.

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Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
• Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Work stress; and • Exposure to ultraviolet radiation. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ✓ ↑ ↑ ↑	↑ ↑ ✓ ✓ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	Uploaded new content to the Health at Work website on managing emotions in the workplace, Ontario Health Study, communication in the workplace and travel immunizations. Distributed packages promoting the Health at Work website to all 718 businesses in the City, County and First Nations of Peterborough. Provided consultative support to three workplaces interested in getting workplace wellness committees started (Five Counties Children's Centre, PFRC and the Peterborough Regional Health Centre). Assisted City of Peterborough Workplace Wellness Committee in the development of a healthy lifestyle challenge that will address healthy weights, healthy eating, physical activity, sleep and stress. **Nutrition** Prepared an evaluation report of the What's for Supper workplace cooking program. **Tobacco Use Prevention** Staff promoted a Smoking Cessation program for General Electric in 2012. **Cancer Prevention** Staff promoted workplace toolkits for sun safety.
5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.	↑	↑	↑	✓	✓	**Nutrition** The Healthy eating policy work with food premises is focused on secondary school cafeterias (see #3). **Tobacco Use Prevention** The Smoke Free Ontario Act was enforced at local food premises**.**
6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings						**Nutrition** Presented issues raised in the Community Food Network's *Plant-It: Food Security Response* at a meeting of the City of Peterborough Official Plan review. Chaired the Trillium Project Management Committee bi-weekly meetings for the Peterborough

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Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
and the built environment regarding the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ✓ ↑ ↑	↑ ↑ ↑ ✓ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	Community Garden Network. Participated in the hiring of the Project Coordinator for the Peterborough Community Garden Network. Drafted a letter for the Medical Officer of Health (MOH) and the Board of Health (BOH) advocating for Trans Fat Monitoring to the federal Minister of Health. **Tobacco Use Prevention** Staff provided enforcement services in support of bylaw 07-126 (as amended). **Physical Activity/Built Environment** Staff participated in PCCHU Built Environment Working Group to support collaboration with municipalities. Staff drafted and submitted policy documents to ensure that the built environment is conducive to active and safe travel. Documents include Recommendations for the County and City Transportation Master Plan Updates and the City's Official Plan Update. Staff participated in planning for a Sustainable Peterborough and a Natural Heritage System for the Kawarthas. Staff attended meetings with City and County planners to prioritize built environments that promote optimal resident health outcomes, including sidewalks, cycling lanes and off-road trails. **Youth and Schools** The Peer Leaders presented their "This is My Ontario" art project (collection of youth voices expressed through art) at the provincial All Candidates Meeting. The Peer Leaders developed and hosted a smoke-free movies and advocacy night at Showplace for ACTION Week. They also developed and produced "YOUth Talk" photo book; stories and recommendations from the 2010 Photo Voice campaign.
Disease Prevention						
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to:						**Nutrition** Worked with Sustain Ontario to provide supports to the provincial Bring Food Home Conference. This included planning and hosting a downtown tour of Community Food Programs; linking community resources and providing a workshop to over 40 conference registrants on local cooking

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Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
• Healthy eating, including community-based food activities; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Mobilizing and promoting access to community resources; b. Providing skill-building opportunities; and c. Sharing best practices and evidence for the prevention of chronic diseases	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓	initiatives called *Kitchens Connect Us All*. Worked with food security community partners to provide reports, budgets and evaluation results for the Ontario Ministry of Agriculture and Rural Affairs and City of Peterborough. Participated on local committees working on improving access to food including the Peterborough Community Food Network, Kawartha Food Share, Community Food Hub Subcommittee, Peterborough Community Garden Network, FFK Peterborough, HC, Centre for Social Innovation and Peterborough Gleans. Collaborated with the YWCA on a Trillium application for development funding for a community food hub in Peterborough City and County. Participated on provincial committees working on issues related to healthy eating/healthy weights including the Provincial Good Food Box Action Group, Ontario Society of Nutrition Professionals in Public Health (Nutrition Tools for Schools, Secondary Schools Environmental Support and School Nutrition Workgroup) and the Ontario Public Health Association (OPHA) Food Security Work Group. Provided an orientation to new VON 360 Nurse Practitioner led Clinic Registered Dietitian on community food programs, special diet forms and community nutrition resources. Prepared draft speaking notes for the Medical Officer of Health for her introductory remarks at Kawartha World Issue Centre AGM, *Eating at the Casino*. Presented to the YMCA Peterborough After-school Program staff about role modeling and teaching to positively impact the children. Provided resources/links related to healthy eating programming. Created two displays and resources to promote sodium reduction using national messages developed and consumer tested by Dietitians of Canada. Updated, with City of Peterborough Social Services staff, information on the Food in Peterborough website, Food For All and the Community Meal program calendar.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🛈 **= Compliant to Date** × **= Non Compliant**

Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
						Physical Activity Continued to support the Healthy Communities Partnership's Access to Recreation Policy Work Group. Provided support in the collection of baseline local data in regards to subsidies offered by recreation and sporting organizations. Staff participated in Active and Safe Routes to School (ASRTS) Committee. **Tobacco Use Prevention** *Echo Project: Improving Women's Health In Ontario Smoking Cessation Project for Pregnant Women* Staff facilitated the fourth quarter steering committee meeting with project community partners, including: Partners in Pregnancy Clinic, PFRC, Hiawatha First Nation and Curve Lake First Nation. A *Fundamentals of Tobacco Interventions* training was held for area dental health professionals. Staff continued to receive referrals from community partners for the *Choose to be…Smoke Free* clinic (specifically through Peterborough Integrated Vascular Management Clinic, the Canadian Mental Health Association (CMHA) and Family Health Teams (FHTs)). Staff held meetings with Family Health Team representatives to support implementation of systems to increase access to Nicotine Replacement Therapy (NRT). **Youth and Schools** The Peer Leaders facilitated training for over 75 youth at the Regional iThink YOUth Think Conference in York Region and for over 100 youth at Peel Region's 1L2L (One Life to Live) Conference. The Peer Leaders facilitated, organized and implemented the provincial social media initiative on Facebook for iThink for ACTION Week. They also developed and produced the iThink manual that is now being used in 36 Public Health Units. The Peer Leaders maintained the iThink Facebook page with relevant posts.
8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy	↑	↑	↑	✓	✓	**Nutrition** Led 71 Come Cook with Us classes for youth, parents, and single adults in the City of Peterborough and Peterborough County.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant**

Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
eating practices for priority populations.						Supported ten Collective Kitchens in the City and County of Peterborough. Participated weekly at the Canada Prenatal Nutrition Program (CPNP) – Babies First by conducting nutrition assessments, answering nutrition questions, and conducting Lunch n Learn sessions on *Feeding Your Baby*. Developed and delivered four workshop series for the Live Healthy Live Well project in Millbrook with nutrition education and food skill development for parents of preschool-aged children.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	↑	↑	↑	✓	✓	**Tobacco Use Prevention** Staff participated in the Maternal Physical Activity Working Group to enhance programs and services available for priority populations. *Echo Project: Improving Women's Health In Ontario Smoking Cessation* Collaboration with community partners in planning, implementing and evaluating fall smoking cessation eight week series. **Health Canada Smoking Cessation Project** Staff provided ongoing cessation counselling to priority clients.
10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the early detection of cancers.	↑	↑	↑	✓	✓	**Cancer Prevention** Collaborated with the Canadian Cancer Society in promotion campaign. Met with candidates in the provincial election regarding introducing legislation to ban indoor tanning for youth under the age of 18.
11. The board of health shall increase public awareness in the following areas: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Exposure to ultraviolet radiation;	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑	 ✓ ✓ ✓ ✓ ✓ ✓	 ✓ ✓ ✓ ✓ ✓ ✓	**Nutrition** Updated and promoted Food in Peterborough website which highlights all food programs in Peterborough City and County. Worked with Communications on the development of a new template for Nutrition Matters newsletters, including field testing the lay-out and content of a sample newsletter, "So You Don't Drink Milk". Updated the Nutrition Services Directory for Registered Dietitians in Peterborough.

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Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
• Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and • Health inequities that contribute to chronic diseases. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑ ↑	↑ ↑	↑ ↑	✓ ✓	✓ ✓	Provided support to the *Health@Work* web site by reviewing and submitting nutrition information. Delivered supermarket tours providing information on healthy eating, label reading and chronic disease prevention. Delivered lifeskills-based supermarket tour to Youth Wise Group, employment training program in Havelock. Developed content for new PCCHU website for areas including healthy eating adults, community programs and services; factsheets for people, topics and places. Developed framework for PCCHU sodium reduction campaign including components for - Education/awareness & skill building; Capacity building and consultation; Advocacy and policy change; Supportive environments; and Surveillance planning and evaluation. **Tobacco Use Prevention** Staff promoted tobacco cessation services and resources. **Cancer Prevention** Staff worked with community partners and networks to promote screening for early detection of cancer and prevention of exposure to ultraviolet radiation.
12. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Screening for chronic diseases and early detection of cancers; and	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑	✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓	**Nutrition** Responded to telephone inquiries regarding nutrition. Referred community members to community programs and services that promote healthy eating, healthy weights, including Eat Right Ontario, Family Health Team Dietitians, Family and Youth Clinic, VON 360 Degrees Clinic and Women's Health Care Centre. **Physical Activity Promotion** Staff supported individuals and organizations with physical activity programs by distributing resources, such as pedometers and Canadian Physical Activity Guidelines, as well as providing links to credible websites.

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Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
• Exposure to ultraviolet radiation.						**Tobacco Use Prevention** Staff promoted access to tobacco cessation services to clients in receipt of Ontario Works.
13. The board of health shall implement and enforce the Smoke-Free Ontario Act[8] in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	**Tobacco Use Prevention** Smoke-free Ontario compliance and enforcement inspections were completed.

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Food Safety Q4 2011 (Manager: Tom Cathcart)

Goal: To prevent or reduce the burden of food-borne illness.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
Assessment and Surveillance						
1. The board of health shall conduct surveillance of: • Suspected and confirmed food-borne illnesses; and • Food premises in accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Surveillance of Emergency Department visits conducted and analyzed bi-weekly, to identify unreported clusters of illnesses which could be food-related.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø	Ø	Ø	Ø	Reports from our existing database reviewed for statistical data. This requirement needs additional IT and reporting capacity. This will be accomplished in 2012.
3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	The Ministry of Health and Long-Term Care (MOHLTC) is altering its reporting template, and to date has not requested any data submission.
Health Promotion and Policy Development						
4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Eleven Foodhandler Certification courses were presented in the fourth quarter, with 296 successful attendees certified. Year-to-date: 73 courses, 1,738 certified. This is a record for the Food Safety program, and brings the program's total to over 10,000 since the Health Unit began providing foodhandler certification courses in 1997.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current) by: a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑	↑	↑	✓	✓	The Health Unit's online food premises inspection results were accessed 149 times in the fourth quarter. Public Health Inspectors (PHI) are also distributing report cards for display in restaurants. Two media releases were issued in the fourth quarter: 1) " Health Unit Reminds Residents to Handle Holiday Leftovers Safely"; and 2) "Make Sure Your Thanksgiving is a Safe One!"
Disease Prevention/Health Protection						
6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Seven food complaints were investigated in the fourth quarter. Year-to-date: 56.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.	↑	↑	↑	✓	✓	High risk: 148 compliance inspections and 47 re-inspections in the fourth quarter. Year-to-date: 555 compliance inspections and 143 re-inspections. Moderate risk: 218 compliance inspections and 35 re-inspections in the fourth quarter. Year-to-date: 949 compliance inspections and 170 re-inspections. Low risk: 67compliance inspections and 15 re-inspections in the fourth quarter. Year-to-date: 254 compliance inspections and 40 re-inspections.

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Foundational Standard Q4 2011 (Manager: Larry Stinson)

Goal: Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being.

Requirement	Status 2011 1st	Status 2011 2nd	Status 2011 3rd	Status 2011 4th	Status 2010 4th	Comments
Population Health Assessment						
1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø	Ø	✓	Ø	Initiated and completed analyses on (also applies to Requirement 2, 3, 6): • emergency department (ED) visits among motor vehicle occupants; • ED visits among pedestrians; • ED visits for substance misuse; • National Pollutant Release Inventory emissions update; • ED visits due to exposure to extreme cold; and • internal breastfeeding surveillance database which included duration of breastfeeding, maternal age and its relationship to breastfeeding duration, supplementation rates, and reasons for stopping breastfeeding. In collaboration with a contract epidemiologist, staff conducted preliminary analyses of falls data among seniors including the nature of injury and place of occurrence of injury (also applies to Requirement 2, 3, 6). The PCCHU Cancer Summary Report, which includes analysis of incidence and mortality rates of the ten most common cancers among Peterborough residents between 1986 and 2007, was completed (also applies to Requirement 2, 3, 6).
2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø	Ø	✓	Ø	See Requirement #1 – all epidemiological analyses conducted involve the assessment of trends.
3. The board of health shall use population health, determinants of health and health	↑	↑	↑	✓	✓	The first Poverty Report Card was launched for Peterborough City and County. The Report Card is aligned with the indicators of the Provincial Poverty Reduction Strategy as much as

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).						possible, and provides baseline information on poverty and related statistics for the region. Excellent media coverage was obtained. The document was widely circulated electronically and in hard copy.
4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.	↑	↑	↑	✓	✓	Two new Public Health Nurses (PHN's) and the Health Promoter in Poverty and Health met with 16 Health Unit programs and with all PCCHU managers to assess the needs of priority populations and identify opportunities for future support. A summary consultation report was prepared. All PCCHU 2012 Operational Plans were reviewed and specific requests for support from Poverty and Health, Epidemiology, and Evaluation staff were identified and discussed with managers or relevant program staff. The Peterborough Health Services Directory was updated and 10,000 copies were printed. A Home Response Team subcommittee of the Peterborough Homelessness Coordinating Committee was approved to start in 2012 with PCCHU staff acting as Chair.
5. The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Over the year, there were 4,000 hits to the social determinants of health component of the PCCHU web site. Poverty and Health staff were interviewed for a 'Peterborough This Week' article on homelessness and shelter services and for a CHEX television segment on child poverty in Peterborough. The following population health information was provided to the public and/or community partners: bi-weekly surveillance data examining emergency department visits, school absenteeism due to illness, and community and facility outbreaks. Monthly communicable disease reports were distributed internally.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Surveillance						
6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* or as current).	↑	↑	↑	✓	Ø	Surveillance activities conducted by the Health Unit included the following activities: • ongoing use of a syndromic surveillance system to monitor visits to local hospital emergency departments; • in conjunction with local school boards, monitored absences due to illnesses; • contacted sentinel physician for reports on visits due to selected symptoms; • reviewed emergency department admissions for reportable communicable diseases; and • monitored outbreaks of communicable diseases in the community, region, province, and across the country. Statistics Canada, the Public Health Agency of Canada (PHAC), and academic journal newsfeeds were monitored for pertinent surveillance and research information which is then distributed to appropriate staff.
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	On an ongoing basis, the Health Unit interprets and uses surveillance data related to chronic disease, health behaviours and risk factors, health outcomes, health hazards and infectious diseases, and communicates any risks to relevant audiences. The Health Unit produced bi-weekly syndromic surveillance reports which were distributed to community partners and health care providers; monthly communicable disease reports were reported internally.
Research and Knowledge Exchange						
8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers,	↑	↑	↑	✓	✓	Provided leadership on the development of a social determinants of health PHN provincial list- serve and teleconference and participated in an on-line networking tool. Attended Public Health Ontario's training on the Virtual Library to support evidence-based

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation.						public health practice. Attended the Ontario Public Health Association (OPHA) Fall Forum on Engaging Priority Populations. The Epidemiologist updated an electronic inventory on the intranet with up-to-date reports and data for sharing with other Health Unit staff. The Epidemiologist engaged in discussions with the Association of Public Health Epidemiologists of Ontario (APHEO), the APHEO subgroup: Capacity Building for Small, Rural, and Northern Health Units Working Group, local Health Units, Cancer Care Ontario, the Ministry of Health and Long Term Care (MOHLTC), and local school boards regarding: • parenting data/indicators; • Accountability Agreements; • sexual health surveillance; • substance misuse analysis; • time and resources management among small Health Units; • cancer incidence and mortality surveillance; • cancer screening; • GIS; • spatial data; • syndromic surveillance; and • absenteeism due to illness
9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.	↑	↑	↑	✓	✓	Completed an application to act as a 'Knowledge User' for a University of Manitoba Canadian Institutes of Health Research (CIHR) proposal on 'Strengthening Organizational Capacity for Public Health Equity Action'. Through the internal Research and Education Committee, attended a Collaborative Research meeting with several Trent University Faculty members to promote and explore potential research collaboration on issues of mutual interest.
10. The board of health shall engage in public health research activities, which may include those conducted by the board of	↑	↑	↑	✓	✓	Reviewed and commented on one external use survey (School Travel Plan Photovoice).

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Requirement	Status 2011				Status 2010	Comments
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health alone or in partnership or collaboration with other organizations.						The Health Unit activity engages its partners to collaborate on research projects as they occur including (but not limited to): • Youth Smoking Survey; • International Parenting Survey; • No Tan is Worth Drying for Campaign; and • Youth Resiliency.
Program Evaluation						
11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.	↑	↑	↑	✓	✓	Ryerson Practicum students assisted with Emergency Preparedness, Health Hazard and Food Safety short-term outcome evaluation tasks.
12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes.	Ø	Ø	Ø	Ø	Ø	Given the activity planned related to this requirement in 2012 operational plans, it is expected that the status for this requirement will shift from partially compliant to compliant in 2012 reporting.
13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.	↑	↑	↑	✓	✓	Ryerson Practicum Students presented the results of their evaluation projects.

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Requirement	Status 2011				Status 2010	Comments
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FOUNDATIONAL STANDARDS PRINCIPLES: **In addition to the Requirements outlined under the Foundational Standard, some health unit activities are guided by the principles of "Impact," "Capacity," and "Partnership and Collaboration." These activities are outlined below:**						
Impact: The Board of Health shall strive to influence broader societal changes that reduce health disparities and inequities.	↑	↑	↑	✓	✓	Met with city planners as part of the PCCHU Built Environment Work Group to provide input on the City of Peterborough Official Plan from a social determinants of health perspective. Met with an external consultant to provide input on the City of Peterborough Transit Plan from a social determinants of health perspective. Helped plan and facilitate community consultations on the Registered Disability Saving Plan. Input was provided by 40 people. Staff contributed to a summary report.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-building related to public health competencies.	↑	↑	↑	✓	✓	Coordinated a visit to the Health Unit from Dennis Raphael, a social determinants of health expert from York University. Presentations were made to the Board of Health, and to interested staff from PCCHU. "Safe Talk" suicide prevention training was organized for PCCHU staff and was delivered by the Canadian Mental Health Association (CMHA). 56 staff attended two separate sessions.
Partnership and Collaboration: The Board of Health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services.	↑	↑	↑	✓	✓	Supported the transition of the Ontario Disability Support Program (ODSP) from the Victorian Order of Nurses (VON) Outreach Nurse to the 360 Degree Nurse Practitioner Clinic. Prepared a letter of support for the Homelessness Partnering Strategy for funding from the United Way of Peterborough. Provided input to the Housing Division of Peterborough Social Services on the development of coordinated community services and supports. Participated in a strategic planning session for the Peterborough Poverty Reduction Network. Attended a community information session on shelter services in the City of Peterborough. Continue to support the Healthy Communities (HC) Partnership Steering Committee (15 community partners) to move forward with planning and development of the Partnership.

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Requirement	Status 2011				Status 2010	Comments
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						Non-compliant on HC Partnership workplans and policy working group initiatives due to the delay in funding and communication from the Ministry of Health Promotion and Sport (MHPS) in regards to the direction of the HC Fund: Partnership Stream. Organized a Policy Development Workshop,"*Demystifying Policy: Moving Our Policy Agenda Forward in Peterborough"* for members of the HC Partnership and internal staff.

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Evaluation Activities 2010-2011 Summary

In early 2010, logic models and operational plans were being developed for an 18-month time-frame. At that time, direction was given by the Medical Officer of Health that a short-term outcome evaluation plan should be developed and carried out in this time period for each of the 14 Ontario Public Health Standards. The intent of this direction was to gain experience and confidence across the organization with this type of evaluation which focuses on the direct results of a program on the intended audience expected to occur within the first year after a program is implemented (e.g., increased awareness, increased knowledge, change in attitudes or values, improved skills). The information in the following table provides a summary of these short-term outcome evaluation activities as well as other types of evaluation activities that took place during 2010/2011.

Program Area	Description of Evaluation Activity	Evaluation Results
Foundational Standard	The purpose of this evaluation was to enhance the utility of syndromic surveillance to community health care partners. In April 2011, a short evaluation survey, focused on the utility, timeliness, and available data in the Bi-Weekly Syndromic Surveillance Reports, was sent to partners.	• Most participants reviewed the reports frequently and reviewed all of the data being presented (Emergency Department graphs most frequently). • Participants found the data being presented easy to understand/interpret. • A number of respondents felt that showing a longer time interval on Emergency Department graphs and previous year's trends would be beneficial. This suggestion has been incorporated into the reporting process. • It was also suggested that highlighting future trends using the previous year's data could be beneficial for predicting Emergency Department case load. This suggestion has been incorporated into the reporting process. • Plotting outbreaks on a map using Geographical Information Systems technology was also suggested. This has not yet been implemented due to current human resource and technological capacity. This will be further explored in 2012.
Chronic Disease Prevention	***Cancer Prevention*** An evaluation was carried out on the Be a Breast Friend Salon Project. This was a partnership initiative between Peterborough Regional Health Centre, Ontario Breast Screening Program (both sites), Canadian Cancer Society and PCCHU. Building on a Central West Ontario project, the Peterborough version promoted the concepts that salons can be a comfortable environment for women to discuss breast health in the company of other women	• As a result of the surveys, a number of recommendations were developed to guide future projects with respect to supports to stylists and how to recruit other establishments to participate. • This project has served as an excellent partnership-building experience. • These results have encouraged the group to develop other projects that integrate similar cancer prevention messaging and screening in non-conventional settings.

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Program Area	Description of Evaluation Activity	Evaluation Results
	and that stylists are in a unique position to serve as lay health educators sharing information about breast health and the importance of regular breast screening. The evaluation component focused on increasing our understanding of the effectiveness of lay health educators sharing health information in a non-traditional setting. Data was collected using paper surveys to hair stylists and their clients.	
	Choose to be Smoke Free An audit of 110 randomly selected Smoking Cessation Program clients was conducted.	• There is evidence to suggest that a little over 1/3 of clients who participated in the program benefitted from direct support in order to quit smoking. • Males were more likely to advance through the stages of change than females. However, females tended to have smoked longer and were more likely to live with another smoker – factors which may have been detrimental to their successful advancement.
	Nutrition This evaluation focused on the Come Cook With Us Drop-In program. The intent was to assess the effectiveness and usefulness of this program and more specifically, to assess whether or not the programs were having an impact on the participants' day-to-day lives in regards to food security (having access to healthy, nutritious food. As a result of a collaboration between Trent University, Trent Centre for Community-Based Education and PCCHU, this evaluation was carried out by Trent University students. A variety of evaluation tools were used in the collection of data and included: participatory observation, a survey, and one-on-one interviews.	• The strengths of the program were discovered to reside primarily in the following: good facilities coupled with a qualified, hard-working cooking instructor; the distribution of recipes to take home that are easy to follow; a ten-dollar voucher that allows participants the ability to purchase essential foods; and the provision of a comfortable environment where participants are able to network, make friends, and engage with the community. • Limitations of the program related to some participants not being able to retain or use the knowledge and skills taught through the program. • Evaluators did not see the above limitations as a failure of the program, but rather as a frame for the realistic and tangible outcomes it is providing. • The final report advocates for the continuation of the program and recommends increased program funding; initiating a new advertising campaign; and consideration of the possibility of safe food handling certification. These recommendations are part of the considerations for ongoing program planning.
	Physical Activity/Built Environment	• Response to the survey was very limited and could be due in part

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Program Area	Description of Evaluation Activity	Evaluation Results
	The aim of this evaluation was to uncover methods to increase the overall participation in the Transit Quest Challenge. This is a project of Active and Safe Routes to School – a partnership between public health, school transportation services, municipal transportation planning, environmental educators and local school boards. Transit Quest, which began in 2008, provides every Grade 8 student in the City of Peterborough with a free bus pass over March Break that includes access to one swim and one skate at municipal facilities. In 2009, the transit pass was expanded to two weeks and an on-line survey of users was created.	to some technical problems with the hosting website. Those who did participate, however, indicated that they liked the campaign and that it made them more likely to use public transit. • As a result of this evaluation work, the partnership is considering the following to increase the reach of the project: offer passes at a different time or for a longer period; improve tracking of swim and skate passes; and support pass distribution with more marketing such as in-class presentations to students.
	Physical Activity/Built Environment This work was intended to identify ways to increase participation in the Shifting Gears Workplace Active Transportation Campaign (a joint initiative of PCCHU, Peterborough Green-Up, and City of Peterborough with Wild Rock Outfitters as a local corporate partner). Those participating in the challenge were asked to register online and record their trips on-line or on paper. At the end of the challenge a survey link was sent to all participants.	• Issues with the web-based nature of registration and tracking were identified. • Workplace Coordinators who responded had a number of concrete ideas about marketing, incentives and timing of the campaign. • The campaign did influence participants to choose walking, cycling, carpooling or busing to work more often. • All of the feedback received was used by the partners to refine and enhance the 2011 campaign.
	Workplace Health This program evaluated the conference on organizational culture held in 2010 in order to inform future planning and promotion of other conferences/symposiums/workshops. Feedback was gathered at the event using an evaluation form. Four months following the conference an e-mail follow up asked participants what was their most important take away from attending.	• Overall, participants were satisfied with the presentations and the administrative functioning of the conference. For the most part, they indicated that: they learned something valuable; they had clear ideas of what they might implement at work; they had opportunities to learn from other participants; and they would attend other workplace wellness workshops. • Four months after the conference, participants indicated that their take aways about organization culture related to resources, learning from experience, philosophy, change in approach, and the role of senior management.
Prevention of Injury and Substance Abuse	***Injury Prevention*** Working in partnership with a number of other health units, program staff utilized a survey developed by	• All of the survey responses were directed to Durham's weblink and then were communicated back to PCCHU. Unfortunately, there were numerous staff changes in both PCCHU and

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Reproductive Health	A joint evaluation project was carried out between the Reproductive Health and Sexual Health Programs. For details, please refer to Sexual Health, Sexually Transmitted Infections and Blood Borne Infections (Including HIV) section below.	
	Teen Prenatal Supper Club (TPSC) An evaluation report of the TPSC was completed in 2010. Components of this evaluation included: determining the best electronic format to store and retrieve TPSC data over the long-term; developing a set of pre and post survey questions to be used with groups; and developing a set of evaluation questions to ask participants at the end of a TPSC series.	• This work resulted in a 67 page report that is regularly utilized in program planning by the Reproductive Health Program. Recommendations are being addressed where possible in the areas of: promoting awareness, access and participation; access to local data for planning and evaluation; access to provincial and federal data; fostering linkages with community supports; continuing to modify and expand curriculum; further integrating technology into the teaching process; and continuing to invest program resources in advocacy on the social determinants of health.
Child Health	***Nobody's Perfect*** The goal of this evaluation project was to find ways to increase the monitoring of parenting programming effectiveness. Data to inform this work was collected through the development of a system to track participant satisfaction and book usage by child age; facilitator feedback surveys; pre/post surveys; and focus groups.	• This work was published as a paper in the Journal of Child and Family Studies outlining that as a result of participating in the parenting programs, significant improvements over time were observed for parenting confidence satisfaction, knowledge about community resources, and parenting resourcefulness, with general learned resourcefulness skills approaching significance. • The Children's Aid Society has sponsored an enhanced group based on this information. • A proposal was developed to the Canada Post Foundation in 2011 to enhance the mental health component of this program, but our request for funds was unsuccessful. • The data collection system continues to be utilized.
	Care for Kids A modified program assessment of the Care for Kids (a sexual abuse prevention program aimed at young children) was initiated in 2010 with a draft report completed in 2011. The following components were part of this assessment: literature review; incidence rates; key informant interviews; and a summary of 8 years of parent, teacher, and training participant	• The draft report was given careful consideration during the 2012 planning process. This is a labour-intensive program to deliver that reaches a small audience. As a result, staff time dedicated to this program has been scaled back in 2012. CFK resources will be made available to educators through the Board of Education and Health Unit website. The Public Health Nurse will still provide consultation to educators and conduct parent information sessions, but in-class instruction will not be

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Infectious Disease Prevention and Control	An audit of outbreaks investigated between January 1, 2010 and June 30, 2010.	• Overall, the outbreak investigators complied with the PCCHU outbreak procedure. • Recommendations as a result of this audit include: storing all documents in a shared directory and a hard copy in folder; use appropriate forms as directed in the procedure; ensure documentation is complete and detailed; and ongoing review and monitoring of the outbreak management procedure.
Rabies Prevention and Control	The MOHLTC provides anti-rabies vaccine and rabies immune globulin to individuals who may have been exposed to the rabies virus. All suspected incidents must be reported to the local Medical Officer of Health, whose staff investigate the potential exposures and provide a written risk assessment to the exposed individuals' attending physician. It is the attending physician who makes the decision to provide post-exposure prophylaxis. Details in 47 files about animal bite incidents were reviewed for the period October-December 2011 to assess whether the vaccine and globulin are being utilized in accordance with the MOHLTC guidelines.	• Generally, physician response either in providing or not providing post-exposure prophylaxis (PEP) was consistent with the MOHLTC guidelines, and consistent with the recommendations in the risk assessments provided by the Health Unit. There was one incident where PEP was initiated, but was suspended following receipt of the Health Unit's risk assessment stating that PEP was not indicated by the MOHLTC guidelines. • Inconsistencies were found in the provision of written risk assessments to physicians where there was no need for intervention and this has been resolved. This process will also be clarified in the procedure which is currently being revised to include instructions on the use of the Healthspace data collection program.
Sexual Health, Sexually Transmitted Infections and Blood Borne Infections (Including HIV)	PCCHU piloted a new strategy called IN TOUCH that involved interactive educational workshops that provided students with the opportunity to identify and clarify their assumptions about human development, healthy sexuality and readiness for pregnancy and parenthood. Pre and post workshop feedback tools as well as participant and teacher feedback questionnaires were developed and implemented.	• Teachers were very positive about this new format and its curriculum links. • The pre/post testing showed that new information was communicated during these sessions and that learning was evident. • Student feedback forms indicated that they found this a very enjoyable way to learn and a comfortable environment to ask their questions. • Based on this feedback additional modules are being developed using this approach.
Tuberculosis Prevention and Control	The goal of this evaluation activity was to improve capacity to manage TB. In June 2010, PCCHU staff	• Money was received from the World TB Day Project and was well spent with the exception of the practice injection arm which

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Vaccine Preventable Disease	An audit of cold chain investigations between January 1, 2010 and July 31, 2010 was carried out. The purpose of this audit was to determine if cold chain incident investigations are being performed according to the procedure.	• The cold chain investigation procedure was followed 100% of the time. • It was determined that in this 6 month period, 43 cold chain incidents were reported. Also, 49% of the cold chain incidents and 74% of the value of vaccine lost can be attributed to human error in this time period. • Recommendations to prevent these incidents have been developed.
Food Safety	The objective of this evaluation, carried out by a Ryerson Practicum student, was to examine the effectiveness of the food safety program through the examination of critical infraction rates, compliance factors and the type of response from the health unit in relation to non-compliance. This was achieved through a retrospective examination of electronic food premises inspection reports from February-May 2011.	• Inspection rates and critical incident rates for PCCHU were similar to the rates established in the literature. • Overall the health unit's response to non-compliance is effective.
Safe Water	The program was evaluated to determine: if the health unit responds to adverse drinking water incidents in an appropriate amount of time (within 24 hours of notification of the report); the number of people who have been affected by adverse drinking water incidents; and the number of adverse health impacts that have been reported related to an adverse drinking water incident. Sixteen adverse water incidents were reviewed and represented all incidents which were reported to the health unit during October-December 2011.	• The response time to adverse drinking water incidents ranged from as quickly as 1 minute to 5 hours with the majority occurring within a two to three hour period. • The number of people that were affected in these sixteen incidents was zero and there were no adverse health effects reported. • Additional training for Public health Inspectors (PHI) in this area would be beneficial as would ensuring all have access to the most recent guidance document. • Consideration may need to be given to having a PHI regularly assigned to the office to allow for prompt response to adverse drinking water quality incidents.
Health Hazard Prevention and Management	A joint evaluation project was carried out with the Health Hazards Prevention and Management Programs and Public Health Emergency Preparedness. For details, please refer to the Public Health Emergency Preparedness section below.	
Public Health Emergency Preparedness	An evaluation, with the help of a Ryerson Practicum student, was carried out on the Extreme Heat Response	• The findings indicate that heat notifications and de-activations were issued as per the protocol four times out of five when

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	Plan that was initiated in 2011. The objectives of the evaluation were to: assess if the heat notifications, de-activations, and downgrades were issued as per the protocol; determine if staff, community stakeholders/partners were able to implement the plan; determine if staff, community stakeholders/partners were satisfied with the program implementation; and assess if there was dissemination of information to the public. This was achieved through a retrospective qualitative review of the implementation data and surveys administered to staff, community stakeholders/partners.	compared against actual temperatures. • The majority of staff, community stakeholders/partners were satisfied with the plan and it was effective in disseminating information to the public. • Additional improvements to enhance the plan for subsequent years include: improving communication both within PCCHU and with the messages issued by PCCHU based on new guidelines from Health Canada; provide tools to community stakeholders/partners who have limited resources to disseminate information; and perform a vulnerability assessment to ensure the plan is meeting the needs of high risk groups. • Improvements for administration of the plan with regards to maintaining records and capturing hits to the website will be valuable in tracking the effectiveness of the program annually and gauging public interest in heat related information the PCCHU posts.
Non-Mandatory Programs ***(Although not required, evaluation activities were also carried out in programs outside of the Ontario Public Health Standards)***		
Genetics	No evaluation activities were planned or carried out in 2010/2011.	
Infant and Toddler Development Program	This program has implemented a client satisfaction survey.	• Client feedback about the program was very positive and has served to validate the approach being utilized by program staff in the delivery of services to this client group.
Sewage Disposal Program	The program was evaluated to determine if the applications and permits are accessible, properly identified, and properly stored. A total of 1796 files between 2008 and 2011 were manually reviewed to identify: if any files were missing from the folders which are filed by year, by municipality or ward, and by application number; if any files were deemed open when they should be closed and vice versa; and if there were any errors in the numbering system.	• It was determined as a result of this file review that this exercise should be conducted annually to identify human errors. • A listing of files in the possession of inspection staff should be maintained by the program secretary. • The manual list of permits should be amended so that clear, detailed notes can be made about permits which have been withdrawn, renumbered or relocated.

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Evaluation Activities 2010-2011 Summary

In early 2010, logic models and operational plans were being developed for an 18-month time-frame. At that time, direction was given by the Medical Officer of Health that a short-term outcome evaluation plan should be developed and carried out in this time period for each of the 14 Ontario Public Health Standards. The intent of this direction was to gain experience and confidence across the organization with this type of evaluation which focuses on the direct results of a program on the intended audience expected to occur within the first year after a program is implemented (e.g., increased awareness, increased knowledge, change in attitudes or values, improved skills). The information in the following table provides a summary of these short-term outcome evaluation activities as well as other types of evaluation activities that took place during 2010/2011.

Program Area	Description of Evaluation Activity	Evaluation Results
Foundational Standard	The purpose of this evaluation was to enhance the utility of syndromic surveillance to community health care partners. In April 2011, a short evaluation survey, focused on the utility, timeliness, and available data in the Bi-Weekly Syndromic Surveillance Reports, was sent to partners.	• Most participants reviewed the reports frequently and reviewed all of the data being presented (Emergency Department graphs most frequently). • Participants found the data being presented easy to understand/interpret. • A number of respondents felt that showing a longer time interval on Emergency Department graphs and previous year's trends would be beneficial. This suggestion has been incorporated into the reporting process. • It was also suggested that highlighting future trends using the previous year's data could be beneficial for predicting Emergency Department case load. This suggestion has been incorporated into the reporting process. • Plotting outbreaks on a map using Geographical Information Systems technology was also suggested. This has not yet been implemented due to current human resource and technological capacity. This will be further explored in 2012.
Chronic Disease Prevention	***Cancer Prevention*** An evaluation was carried out on the Be a Breast Friend Salon Project. This was a partnership initiative between Peterborough Regional Health Centre, Ontario Breast Screening Program (both sites), Canadian Cancer Society and PCCHU. Building on a Central West Ontario project, the Peterborough version promoted the concepts that salons can be a comfortable environment for women to discuss breast health in the company of other women	• As a result of the surveys, a number of recommendations were developed to guide future projects with respect to supports to stylists and how to recruit other establishments to participate. • This project has served as an excellent partnership-building experience. • These results have encouraged the group to develop other projects that integrate similar cancer prevention messaging and screening in non-conventional settings.

Program Area	Description of Evaluation Activity	Evaluation Results
	and that stylists are in a unique position to serve as lay health educators sharing information about breast health and the importance of regular breast screening. The evaluation component focused on increasing our understanding of the effectiveness of lay health educators sharing health information in a non-traditional setting. Data was collected using paper surveys to hair stylists and their clients.	
	Choose to be Smoke Free An audit of 110 randomly selected Smoking Cessation Program clients was conducted.	• There is evidence to suggest that a little over 1/3 of clients who participated in the program benefitted from direct support in order to quit smoking. • Males were more likely to advance through the stages of change than females. However, females tended to have smoked longer and were more likely to live with another smoker – factors which may have been detrimental to their successful advancement.
	Nutrition This evaluation focused on the Come Cook With Us Drop-In program. The intent was to assess the effectiveness and usefulness of this program and more specifically, to assess whether or not the programs were having an impact on the participants' day-to-day lives in regards to food security (having access to healthy, nutritious food. As a result of a collaboration between Trent University, Trent Centre for Community-Based Education and PCCHU, this evaluation was carried out by Trent University students. A variety of evaluation tools were used in the collection of data and included: participatory observation, a survey, and one-on-one interviews.	• The strengths of the program were discovered to reside primarily in the following: good facilities coupled with a qualified, hard-working cooking instructor; the distribution of recipes to take home that are easy to follow; a ten-dollar voucher that allows participants the ability to purchase essential foods; and the provision of a comfortable environment where participants are able to network, make friends, and engage with the community. • Limitations of the program related to some participants not being able to retain or use the knowledge and skills taught through the program. • Evaluators did not see the above limitations as a failure of the program, but rather as a frame for the realistic and tangible outcomes it is providing. • The final report advocates for the continuation of the program and recommends increased program funding; initiating a new advertising campaign; and consideration of the possibility of safe food handling certification. These recommendations are part of the considerations for ongoing program planning.
	Physical Activity/Built Environment	• Response to the survey was very limited and could be due in part

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Health Hazard Prevention and Management Q4 2011 (Manager: Donna Churipuy)

Goal: To prevent or reduce the burden of illness from health hazards[32] in the physical environment.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	↑	✓	✓	✓	✓	Mosquito monitoring of West Nile Virus was completed. Ticks found on people and submitted by members of the public were sent to the Public Health Lab for identification and testing.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	✓	✓	✓	✓	Completed in first quarter.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Health Promotion and Policy Development						
3. The board of health shall increase public awareness of health risk factors associated with the following health hazards: • Indoor air quality; • Outdoor air quality; • Extreme weather; • Climate change; • Exposure to radiation; and • Other measures, as emerging health issues arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ↑ ✓ ↑ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	During the late fall, messaging about the health effects of extreme cold were communicated to the general public and service providers.
4. The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to: • Indoor air quality; • Outdoor air quality; • Extreme weather; and • Built environments.	✓ ↑ ↑ ↑	✓ ↑ ✓ ↑	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	The extreme cold response plan was implemented. Staff provided comments to the City of Peterborough to be considered in the amended Official Plan. Staff participated in development of the Sustainable Peterborough plan and a scenario planning session for a Natural Heritage Strategy for the Kawarthas.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Disease Prevention/Health Protection						
5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	1	1	1	✓	✓	Public Health Inspectors and Managers provided 24/7 coverage to respond to and manage identified health hazards.
6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	Ø	Ø	Ø	Ø	Ø	The Ministry of Health and Long-Term Care has not yet provided the *Operational Standards for Risk Assessment and Inspection of Facilities*.
7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current) and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	1	1	1	✓	✓	There were 403 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the fourth quarter.
8. The board of health shall develop a local vector-borne management	↑	✓	✓	✓	✓	Completed in the second quarter.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant**

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
strategy based on surveillance data and emerging trends in accordance with the *Infectious Diseases Protocol, 2008* (or as current).						
9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.	↑	↑	✓	✓	✓	A contact list for health care and community partners was maintained.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Infectious Diseases Prevention and Control Q4 2011 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of infectious diseases of public health importance.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff entered reportable disease data into the Integrated Public Health Information System (iPHIS) as per the protocol.
2. The board of health shall conduct surveillance of: • Infectious diseases of public health importance, their associated risk factors, and emerging trends; and • Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	1	1	1	✓	✓	Infection prevention and control practices were reviewed for selected premises by Public Health Inspectors (hair salons, tattoo and body piercing parlours, group homes, etc.). Monthly surveillance reports were prepared by the Epidemiologist for diseases risk factors.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	1	1	1	✓	✓	Epidemiological analysis of surveillance data was prepared and distributed by the Epidemiologist.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Health Promotion and Policy Development						
4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	1	1	1	✓	✓	Staff responded to telephone inquiries and conducted inservices where needed. Staff consulted, upon request, with community partners: long-term care facilities, schools, hospital, day nurseries, pharmacies, and primary care practices on infectious disease or vaccine related issues. Staff supported communication strategies on influenza (website, telephone consultations, distribution of promotional material, media releases). Staff introduced a new vaccine texting line for students and parents to use to increase immunization coverage rates for routine and school based vaccinations for grade 7, 8 and high school students. Social media was also used to promote this line. Staff prepared information on safe tattooing and body piercing for distribution and posting on the website. Staff prepared an outbreak checklist for long term care facilities to post in nursing stations.
5. The board of health shall participate on committees, advisory, bodies, or networks that address infection prevention and control practices of, but not limited to, hospitals and LTCHs, which shall include consultation on the development and/or revision of:	↑	↑	↑	✓	✓	Staff attended infection control meetings in long-term care homes, and infection control meetings at the hospital. They assisted organizations with the preparation of response plans for infectious diseases and offered, upon request, information to local school boards. Staff conducted an inservice for long term care facilities on outbreak control and hand hygiene.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant**

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
• Infection prevention and control policies and procedures; • Surveillance systems for infectious diseases of public health importance; and • Response plans to cases/outbreaks of infectious diseases of public health importance.						
6. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of: • The local epidemiology of infectious diseases of public health importance; • Infection prevention and control practices; and • Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act.	1	1	1	✓	✓	Staff provided information to local partners on communicable diseases and the requirement to report diseases. They provided information on infectious disease and infection and prevention and control via the For Your Information newsletter. Staff worked with partners (long-term care, day nurseries, hospital, schools, etc.) to monitor and reduce the incidence of communicable diseases through regular inspections.
Disease Prevention						
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and the *Public Health Emergency*	1	1	1	✓	✓	The PCCHU has a 24/7 response plan in place.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Preparedness Protocol, 2008 (or as current).						
8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.	1	1	1	✓	✓	Staff provided management of outbreaks. The total number of outbreaks investigated this year is: 52.
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff received and responded to infection prevention and control complaints regarding infection prevention and control practices to appropriate regulatory bodies. The total number of complaints received this year is: 0.
10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff received and responded to infection prevention and control complaints in settings where no regulatory bodies exist. The total number of complaints received this year is: 13.
11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting	1	1	1	✓	✓	Staff adapted programs as directed by the Ministry of Health and Long-Term Care (MOHLTC), such as providing more detailed follow-up for selected diseases such as influenza B, E.coli 0157:H7 and legionella.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
programs and services.						
12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information.	1	1	1	✓	✓	Staff provided telephone consultation, presentations, and media releases to supplement provincial risk communication efforts. The For Your Information newsletter was distributed to health care providers.
13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.	1	1	1	✓	✓	Staff disseminated information to health care providers through alerts, surveillance reports and the For Your Information Newsletter.
Health Protection						
14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Staff inspected day nurseries and personal service settings as directed in the protocol. The number of day nurseries inspected this year: 30. The number of personal service settings inspected this year: 115.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant**

Prevention of Injury and Substance Misuse Q4 2011

(Managers: Hallie Atter - Substance Misuse Prevention; Injury Prevention)

Goal: To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

Requirement	Status				Status 2010	Comments
	1st	4th	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and • Other areas of public health importance for the prevention of injuries.	Ø ↑ ↑ ↑	Ø ↑ ↑ ↑	Ø ↑ ↑ ↑	Ø ✓ ✓ ✓	Ø ✓ ✓ ✓	**Injury Prevention** Undertook analysis of fall related information for older adults. Developed draft falls data report and recommendations. Distributed Health Canada product recalls through relevant Health Unit programs. Acquired local data related to collisions. **Substance Misuse** Given the challenges inherent in obtaining reliable data on alcohol and substance use, the lack of local data to support planning and evaluation, and limitations in our organization's capacity to conduct original research, partial compliance has been achieved for this standard. Despite these constraints, the Substance Misuse Prevention staff has: • Analyzed on-line surveys completed by the public, a part of the Peterborough Drug Strategy (PDS) community consultation process. • Analyzed local substance use data newly obtained from the Youth Smoking Survey. • Attended the Peterborough Landlord Association Meeting to learn what substance misuse they are seeing. • Contacted provincial partners regarding the Ontario Narcotics Strategy and other opioid prevention initiatives.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status				Status 2010	Comments
	1st	4th	3rd	4th	4th	
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	**Injury Prevention** IP staff facilitated the Partners in Ageing Well Coalition to prepare a response to the Central East Local Health Integration Network (CELHIN) falls Strategy Tool Kit report. IP staff worked with The Peterborough Risk Watch Network to develop new program plans for 2012. IP staff have developed an agreement with Durham Region to produce and distribute the Simply Safer resource locally. Staff presented to the Ontario Association of Law Enforcement Planners to share lessons learned about building partnerships between prevention and enforcement. Staff hosted meetings of an advisory group to oversee the implementation of a youth intervention project. **Substance Misuse** In order to foster a multi-sectoral approach to reducing the harms from substance use, staff has: • co-facilitated meetings of PDS Steering Committee; • shared information and best practice with the Municipal Drug Strategy Coordinators Network through teleconference meetings; and • hosted four networking meetings to reflect on outcomes from PDS consultation and to strategize on priority actions Staff met with the City Planning department to raise awareness of alcohol outlet density and related injury/violence. Staff provided comment on a report to City Council regarding Hookah lounges. Staff drafted letters to County and City Councillors to accompany distribution of the Alcohol Report.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status				Status 2010	Comments
	1st	4th	3rd	4th	4th	
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by: a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	**Injury Prevention** Also see Partners in Aging Well project above. Delivered three workshops to Community Care Access Centre (CCAC) clients and volunteers (Train the Trainer) related to falls prevention and remaining active. An FYI Newsletter article was written related to falls prevention activities being undertaken by the Health Unit. Staff evaluated the pilot of the *Challenges, Beliefs and Changes* program and presented findings to a debrief meeting for all involved including the Youth Advisory Committee. Staff supported the Centre for Independent Studies in implementing their Healthy Schools Grant. Staff met with community partners in Havelock to explore opportunities for injury prevention initiatives. **Substance Misuse** In order to reduce the harm from prescription opioids, staff hosted a Medical Working Group on Opioid Safety; work this quarter included developing conversion materials for area-physicians. Staff also advocated with Centre for Addiction and Mental Health (CAMH) to coordinate the opioid initiative at a provincial level. Staff attended the Youth Gambling Awareness Program Advisory Committee meeting to network with community partners. Staff wrote a school health newsletter article regarding the Peterborough Drug Strategy's Youth Consultation report. Staff attended two teleconferences with other health unit representatives to strategize on municipal alcohol policy.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 🗓 **= Compliant to Date** × **= Non Compliant**

Requirement	Status				Status 2010	Comments
	1st	4th	3rd	4th	4th	
						Staff attended meetings with internal and external partners to explore possible projects on cannabis prevention messaging, overdose protocol development, family-based and workplace-centred substance misuse prevention and early youth intervention protocols.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑ ↑ ↑ ↑	Ø ↑ ↑ ↑	↑ ↑ ↑ ↑	✓ Ø Ø Ø	✓ ✓ ✓ ✓	**Injury Prevention** Partial compliance with respect to public awareness of IP is a result of recent staffing challenges. A car seat presentation was completed at the Teen Prenatal Supper Club. IP display and information were distributed at the Prenatal Health Fair. Two articles were submitted for the school newsletter. Media releases were written related to Halloween safety in collaboration with nutrition and for Fire Prevention Week in partnership with Fire Services. **Substance Misuse** Staff showed drug prevention films to youth in Havelock. Staff undertook media relations regarding the Alcohol Report.
Health Protection						
5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas:						**Injury Prevention** Partial compliance with respect to public awareness of IP is a result of recent staffing challenges. Consulted regularly via telephone with caregivers on their specific concerns and requests related to car seat safety. Distributed resources as needed.

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Requirement	Status				Status 2010	Comments
	1st	4th	3rd	4th	4th	
• Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑ ↑ ↑ ↑	Ø ↑ ↑ ↑	↑ ↑ ↑ ↑	✓ ✓ Ø Ø	✓ ✓ ✓ ✓	

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Public Health Emergency Preparedness Q4 2011 (Manager: Donna Churipuy)

Goal: To enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	The Health Unit Hazard Identification and Risk Assessment was updated.
Health Protection/Emergency Planning						
2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	The 2010 Continuity of Operations Plan was reviewed and updated. The Essential Activities Outline was updated.
3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will	✓	✓	✓	✓	✓	The Extreme Cold Response Plan was completed and implemented

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant**

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
have a lead role in responding to, consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
Risk Communications and Public Awareness						
4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	✓	✓	✓	✓	The protocol for emergency notification was updated.
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.	↑	↑	✓	✓	✓	The Extreme Cold Response Plan was implemented December 1, 2011.
Education, Training, and Exercises						
6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	New staff were oriented to the Incident Management System and the PCCHU Emergency Response Plan.
7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	✓	✓	✓	✓	The Board of Health was oriented to the Extreme Cold Response Plan thresholds.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant**

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	✓	✓	✓	✓	Completed in the first quarter.

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Rabies Prevention and Control Q4 2011 (Manager: Tom Cathcart)

Goal: To prevent the occurrence of rabies in humans.

Requirement	Status 2011 1st	2nd	3rd	4th	Status 2010	Comments
Assessment and Surveillance						
1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species.	↑	↑	↑	✓	✓	Year-to-date: no rabid animals reported in the PCCHU's geographic area.
2. The board of health shall report rabies data elements in accordance with the Health Protection and Promotion Act and the *Rabies Prevention and Control Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Information on three incidents where post-exposure prophylaxis was provided was entered into the Ministry of Health and Long Term Care (MOHLTC) database.
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	The Ministry of Natural Resources (MNR) will not release fourth quarter information about rabid animals until mid-February. However, there have been no rabid animals reported in this Health Unit, and none reported by the neighbouring Health Units in this quarter. There were four rabid bats detected in the neighbouring Health Units in the first nine months of 2011.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	There have been no cases of human rabies in this area.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status 2011 1st	2nd	3rd	4th	Status 2010	Comments
Health Promotion and Policy Development						
5. The board of health shall work with community partners to improve public knowledge of rabies and its prevention in the community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[24] based on local epidemiology.	↑	✓	✓	✓	✓	Completed in second quarter.
Disease Prevention/Health Protection						
6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure.	↑	↑	↑	✓	✓	Letters sent to the Peterborough Regional Health Centre (PRHC), the Ontario Provincial Police (OPP), Peterborough-Lakefield Police, and all local veterinarians. Primary care providers were notified in the fourth quarter.
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Fifty-three incidents of possible transmission of the rabies virus were investigated. Year-to-date: 252. Three series of anti-rabies vaccine and globulin were distributed in the fourth quarter.
8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	MOHLTC has not requested development of a Rabies Contingency Plan.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Reproductive Health Q4 2011 (Manager: Karen Chomniak)

To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) in the areas of: • Preconception health; • Healthy pregnancies; • Reproductive health outcomes; and • Preparation for parenting.	↑	↑	↑	✓	✓	No activity in fourth quarter.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Preconception health; • Healthy pregnancies; and • Preparation for parenting. These efforts shall include: a. Conducting a situational assessment in	↑	↑	↑	✓	✓	Staff reviewed the new Baby Friendly (BFI) standards as they relate to the prenatal education requirement. An intensive review of the Adult Prenatal and Teen Prenatal curricula and supporting resources was completed and recommendations were documented. This work will guide activity in 2012, so prenatal classes will be compliant when submission for recertification in 2013 takes place. Staff participated in three teleconferences of the Ontario Public Health Association Supporting Normal Birth task group. The objective of this group is to develop a position paper to promote, support and protect normal birth by health care providers across the province.

Status Legend: ✓= Compliant ↑ = On Target Ø = Partially Compliant × = Non Compliant NA = Not Applicable

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						
3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑	↑	↑	✓	✓	Staff participated in the Health Unit Website Committee and have worked to review and revise program content. An ad was placed on Facebook to promote the Prenatal Health Fair and to raise awareness about the importance of physical activity in pregnancy. Resources were added to adult prenatal classes to enhance knowledge and skills to increase physical activity during pregnancy and to cope with normal birth.
4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	↑	↑	↑	✓	✓	The Prenatal Health Fair was held at the Holiday Inn with 38 displays staffed by Health Unit and community partners. New to the fair was the provision of flu vaccine to expectant women and their families. Thirty-two adult prenatal classes were held in 2011. A total of 451 expectant mothers and fathers or their support person attended. 204 *Your First Prenatal Visit* packages were delivered to health care providers to give to women in their first trimester of pregnancy. A total of 868 were distributed in 2011.
5. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.	↑	↑	↑	✓	✓	A list of alternative prenatal education initiatives was developed for Secretaries to share with clients who are unable to access the Health Unit's face-to-face prenatal education series.

Status Legend: ✓= Compliant ↑ = On Target Ø = Partially Compliant × = Non Compliant NA = Not Applicable

<table>
<tr><th rowspan="2">Requirement</th><th colspan="4">Status 2011</th><th>Status 2010</th><th>Comments</th></tr>
<tr><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th><th>4th</th><th></th></tr>
<tr><td>6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.</td><td>↑</td><td>↑</td><td>↑</td><td>✓</td><td>✓</td><td>Staff coordinated and delivered a series of six Teen Prenatal Supper Club (TPSC) classes with seven pregnant teens and their support people attending (23 women were registered, 11 attended at least one class of the series). Staff met with a representative from the Maternal Child Unit, Peterborough Regional Health Centre, to determine the dates of hospital tours for participants in the Teen Prenatal Supper Club. A hospital tour was audited to ensure that key messages taught in our prenatal education classes were consistent.

Staff also worked with staff of the School for Young Moms to promote attendance at the TPSC.</td></tr>
<tr><td colspan="7">Disease Prevention/Health Protection</td></tr>
<tr><td>7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2008 (or as current) (Ministry of Children and Youth Services).</td><td>Ø</td><td>Ø</td><td>Ø</td><td>Ø</td><td>Ø</td><td>
<table>
<tr><th>Healthy Babies, Healthy Children (HBHC)
Program Activities</th><th>Q4 2011*</th><th>2011* Year to Date</th><th>2010 Year to Date</th></tr>
<tr><td>Number of prenatal screens received</td><td>139</td><td>492</td><td>542</td></tr>
<tr><td>Number of postpartum screens received</td><td>250</td><td>1053</td><td>1072</td></tr>
<tr><td>Number of postpartum contacts</td><td>242</td><td>1046</td><td>1058</td></tr>
<tr><td>Number of families receiving postpartum home visits</td><td>32</td><td>166</td><td>332</td></tr>
<tr><td>Number of In Depth Assessments completed</td><td>29</td><td>152</td><td>180</td></tr>
<tr><td>Number of new families in home visiting program</td><td>20</td><td>103</td><td>142</td></tr>
<tr><td>Number of home visits provided</td><td>273</td><td>1194</td><td>1054</td></tr>
<tr><td>Number of home visits provided – PHNs</td><td>129</td><td>508</td><td>395</td></tr>
<tr><td>Number of home visits provided – FHVs</td><td>144</td><td>684</td><td>657</td></tr>
</table>
</td></tr>
</table>

Status Legend: **✓= Compliant ↑ = On Target Ø = Partially Compliant × = Non Compliant NA = Not Applicable**

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
						Director, Larry Stinson, attended the HBHC Provincial Directors and Manager Meeting. Ministry representatives reviewed proposed changes to the HBHC program to be implemented in 2012: revised prenatal/postpartum screening tool; elimination of universal postpartum follow-up; increased emphasis on follow-up with at-risk families; training for Public Health Nurses on the use of feeding and teaching scales; and the revision of the HBHC protocol document.

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Safe Water Q4 2011 (Manager: Tom Cathcart)

Goal: To prevent or reduce the burden of water-borne illness related to drinking water
To prevent or reduce the burden of water-borne illness and injury related to recreational water use.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
Assessment and Surveillance						
1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Monthly reports on small drinking water systems risk assessments were provided to Ministry of Health and Long Term Care (MOHLTC). Adverse notifications are reported in the Ministry of Environment (MOE) database.
2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	Ø	✓	✓	Earlier in the year, the Health Unit was able to obtain additional funding from the MOHLTC for work in the Small Drinking Water Systems (SDWS) portion of the Safe Water program. The Health Unit has met the provincial target of 100% for completion of SDWS risk assessments. No clusters of illnesses related to drinking water were identified.
3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).	↑	↑	✓	✓	✓	The Health Unit monitors 16 public beaches. Routine monitoring began in June and concluded on Labour Day weekend. No clusters of illness related to beach water use have been identified.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in	↑	↑	↑	✓	✓	No clusters of illnesses related to drinking water, recreational water, or beach use were identified.

Status Legend: ✓ = Compliant ↑ = On Target Ø = Partially Compliant 1 = Compliant to Date × = Non Compliant

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Twenty-four inspections of pools and spas were conducted in the fourth quarter. Year-to-date: 176.
Health Promotion and Policy Development						
6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems.	↑	↑	↑	✓	✓	Inspectors provided 278 consultations with the public about sample result interpretation, maintaining and improving well water quality. Year-to-date: 887.
7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Inspectors provided informal training and guidance to operators during Small Drinking Water System inspections. The Health Unit's website content for Small Drinking Water System operators was rewritten in the first quarter.
8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by: a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑	↑	↑	✓	✓	"How Well Is Your Well" and "Water Wells: Best Management Practices" are distributed through municipal offices, the Public Health Lab, and the Health Unit.
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	↑	↑	✓	✓	✓	45 copies of the pool operator's manual and 14 copies of the pubic spa operator's manual were distributed to local operators and facilities.

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Requirement	Status 2011 1st	2nd	3rd	4th	Status 2010	Comments
Disease Prevention/Health Protection						
10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act; • Reports of water-borne illnesses or outbreaks; • Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and • Safe water issues relating to recreational water use including public beaches in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Staff responded to 18 adverse drinking water reports. Year-to-date: 77.
11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol,*	↑	↑	↑	✓	✓	As noted above, the Health Unit has met the Provincial target for the completion of SDWS inspections.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th		
2008 (or as current) to protect the public from exposure to unsafe drinking water.						
12. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Drinking Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	Eight Boil Water Advisories were issued in the fourth quarter. Year-to-date: 21.
13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current).	↑	↑	✓	✓	✓	
14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	As noted above, there were 24 inspections of pools and spas in the fourth quarter, and manuals were distributed to operators of public spas and Class B pools. Year-to-date: 176.

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Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q4 2011 (Manager: Ann Keys)

Goals: To prevent or reduce the burden of sexually transmitted infections and blood borne infections and to promote healthy sexuality.

Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	🗓	🗓	🗓	✓	✓	Reported cases of sexually transmitted (STI) and blood-borne (BBI) infections electronically, on a monthly basis, to the Ministry of Health and Long-Term Care (MOHLTC) via the Integrated Public Health Information Surveillance (iPHIS) system.
2. The board of health shall conduct surveillance of: • Sexually transmitted infections (STI); • Blood-borne infections (BBI); • Reproductive outcomes; • Risk behaviours; and • Distribution of harm reduction materials/equipment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	↑	↑	↑	✓	✓	The staff have provided case management for 117 Cases of STI's and BBI's and provided follow-up for 58 contacts of reported cases. Staff performed 436 clinical assessments related to STIs/BBIs (2,141 year to date). PCCHU continues to ensure the distribution of evidenced-based harm reduction materials to prevent the transmission of blood-borne infections by funding needles and safe disposal for *Harm Reduction Works,* the local Exchange program hosted by the PARN – Your Community AIDS Resource Network, in partnership with neighbouring Health Units and community agencies.

Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant 🗓 = Compliant to Date × = Non Compliant**

Requirement	Status				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	↑	↑	✓	✓	✓	Analysis of surveillance data on STIs and BBIs is available in Reportable Disease in Peterborough County and City (2010) now posted on the PCCHU website. The report on findings of the Youth Outreach survey has been finalized, and will be presented to the Board of Health in the Spring of 2012. A report on the findings of the Teacher Survey has also been finalized, although challenges in recruiting participants and the small sample size have limited the utility of findings. Results of the survey will be shared with participating Boards of Education in 2012.
Health Promotion and Policy Development						
4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	↑	↑	↑	✓	Ø	Staff provided consultation, resources and incentives to post-secondary students during a display to promote condom use and STI prevention.
5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by:	↑	Ø	↑	✓	✓	Staff continue to provide consultation to health care professionals to ensure that cases of STI/BBIs are managed and treated as per current guidelines. Staff provided training to new Health Unit staff to increase awareness and to build skills in managing incidents of Intimate Partner Violence. Classroom presentations to support educators in delivering the Ontario Physical and Health Education curriculum have been deferred this Fall

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Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
a. Collaborating with and engaging community partners and priority populations; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence.						during the orientation and training for new staff. A waiting list of teachers' requests was established, and requests are now being prioritized for delivery in the Spring of 2012. Teaching kits are available to assist teachers of Grades 5 and 6 with the maturation and sexuality content, and priority for presentations will be given to Grades 7 and 8 in addressing the contraception and STI prevention content of the curriculum.
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.	↑	↑	↑	✓	✓	Sexual Health staff attended a meeting of the Rainbow Youth Coalition to discuss with representatives of other community agencies what resources and supports could be leveraged to support Rainbow Youth initiatives. The Rainbow Youth Drop-in, for lesbian, gay, bisexual and transgendered youth, is hosted at PARN. Staff attended the opening of the new NP-led 360 clinic, and received orientation to facilitate referrals to and from our program.
Disease Prevention/Health Protection						
7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).	↑	↑	↑	✓	✓	PHNs and physicians conducted 220 clinical assessments related to contraception and pregnancy; 436 clinical assessments related to testing and treatment for STI/BBIs. PHNs also investigated and followed-up all reported community cases of STI/BBIs (see # 2).
8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol,*	1	1	1	✓	✓	The Emergency Service Worker (ESW) Protocol provides for risk assessment, advice and follow-up following potential occupational exposures to blood-borne infections. One reported exposure in this quarter resulted in an application being processed under the Mandatory Blood Testing Act.

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Requirement	Status 1st	Status 2nd	Status 3rd	Status 4th	Status 2010 4th	Comments
2008 (or as current).						
9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Provincially-funded medications for the treatment of STIs are dispensed at the Sexual Health Clinic; an additional 33 individuals received no-cost medications through a pilot project to distribute these through community physicians and nurse practitioners (NP). The VON 360 clinic has been set up to participate in the project.
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections.	1	1	1	✓	✓	PHNs continue to work collaboratively with community MDs/Nurse Practitioners (NPs) to ensure cases of STI/BBIs are managed and treated appropriately as per current guidelines.
11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.	↑	↑	↑	✓	✓	A draft partnership agreement for the operation of Harm Reduction Works has been finalized with the PARN which operates the local exchange for needles, and other evidence-based equipment and supplies, to prevent the transmission of BBIs.
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.	↑	↑	↑	✓	✓	More than 25,000 condoms were distributed in 2011 to prevent STIs. See also, requirement #2 and 11 related to prevention of BBIs.

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Tuberculosis Prevention and Control Q4 2011 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of tuberculosis.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff entered data into the Integrated Public Health Information System (iPHIS).
2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff investigated all reports of active or latent TB infections.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	1	1	1	✓	✓	All suspected and confirmed cases were entered into iPHIS. Due to the few staff investigating and the few cases of active TB occurring, staff are cognizant of the mode of transmission and closely monitor for trend and priority populations.
Health Promotion and Policy Development						
4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations	↑	↑	↑	✓	✓	World TB Day funds were used to promote TB awareness to the community and health care providers.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
based on local epidemiology.						
Disease Prevention/Health Protection						
5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff responded to reports of active TB and immigration medical surveillance reports, provided follow-up and made recommendations to minimize public health risk (i.e. isolation, medication, Mantoux testing).
6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff distributed anti-tuberculosis medication to individuals and/or health care providers for distribution to appropriate clients.
7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers.	1	1	1	✓	✓	Staff conducted follow-up of active tuberculosis.
8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1	1	1	✓	✓	Staff conducted follow-up of latent TB infections.
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.	1	1	1	✓	✓	Staff adapted programs as required based on epidemiology of disease.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	1	1	1	✓	✓	Staff responded to reports of active TB and immigration medical surveillance reports.

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Vaccine Preventable Diseases Q4 2011 (Manager: Edwina Dusome)

Goal: To reduce or eliminate the burden of vaccine preventable diseases.

Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Assessment and Surveillance						
1. The board of health shall assess, maintain records and report, where applicable, on: • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and • Immunizations administered at board of health-based clinics as required In accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol, 2008* (or as current).	1	1	1	✓	✓	The percent of day nursery attendees adequately immunized for their age is 64%. The percent of students in elementary and secondary schools adequately immunized for their age is 90%. The number of immunizations administered at the PCCHU Immunization Clinic was 328.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	1	1	1	✓	Ø	Staff reviewed monthly reports of communicable diseases and identified risk factors. Priority population data was analyzed for influenza vaccination coverage in the fourth quarter of 2011.
Health Promotion and Policy Development						
3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs by:	1	1	1	✓	✓	Staff offered telephone consultation on immunization to the general public and health care providers. Immunization information was posted on the PCCHU web site. Immunization information on selected vaccines was distributed to parents of students in

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
a. Supplementing national and provincial health communications strategies, and/or b. Developing and implementing regional/local communications strategies. Topics to be addressed shall include: • The importance of immunization. • Diseases that vaccines prevent. • Recommended immunization schedules for children and adults and the importance of adhering to the schedules; • Introduction of new provincially funded vaccines; • Promotion of childhood and adult immunization, including high-risk programs; • The importance of maintaining a personal immunization record for all family members; • The importance of reporting adverse events following immunization; • Reporting immunization information to the board of health as required; • Vaccine safety; and • Legislation related to immunizations.						Grades 7 and 8. Staff visited health care providers to offer information on immunization and vaccine safety during cold chain inspections and sent information to parents of students and day care attendees. Information was included in the school newsletters and the *For Your Information* newsletter for health care providers. Information on the new immunization schedule was promoted to parents and health care providers through the Health Unit website, interviews with the local media, distribution of information to health care providers and a presentation to health care providers. A pilot project titled, Vaccine Texting Line, was introduced in September 2011, to improve vaccine coverage rates for students in Grades 7, 8 and high school.
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act.	1	1	1	✓	✓	Health care workers were reminded, via the *For Your Information* newsletter, to report adverse vaccine reactions.
5. The board of health shall provide a comprehensive information and education strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and*	↑	Ø	Ø	Ø	✓	The number of cold chain inspections conducted this year to date: 44. On-going support is offered through telephone consultations. Due to staffing issues, inspections are not on track to date. All cold chain incidents are being investigated.

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
Handling Protocol, 2008 (or as current). This shall include: • One-on-one training at the time of cold chain inspection; • Distributing information to new health care providers who handle vaccines; and • Providing ongoing support to existing health care providers who handle vaccines.						
6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.	1	1	1	✓	✓	Based on request.
Disease Prevention						
7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including: • Board of health-based clinics; • School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization); • Community-based clinics, and • Outreach clinics to priority populations.	1	1	1	✓	✓	NOTE: The data below is for the current year and not by school year: Staff immunized Grade 7 students with Hepatitis B: first dose 794; second dose 21; third dose 0 (Note: the schedule was changed from three doses to two doses to complete the series). Staff immunized Grade 7 students with the Meningitis vaccine: 827 Staff immunized Grade 8 females with the human papilloma virus vaccine: first dose 446; second dose 208, and third dose 13.
8. The board of health shall, as part of the Public Health Emergency Preparedness Program Standard, have a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management control such as mass immunization in the event of a community outbreak.	1	1	1	✓	✓	The Health Unit mass vaccination plan (as part of the PCCHU Pandemic Plan) was updated in 2010 to include lessons learned from the pandemic response. It is available on the Health Unit website. The Peterborough Interagency Outbreak Planning Team will be planning an information session on pandemic influenza scheduled for May 2012.
9. The board of health shall provide or ensure the availability of travel health clinics.	1	1	1	✓	✓	Travel clinic services were offered on Tuesdays, Wednesdays and Thursdays by appointment. The following provides the statistics on the clinic (year-to-date):

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Requirement	Status 2011				Status 2010	Comments
	1st	2nd	3rd	4th	4th	
						# of clients seen: 561 # of phone consults: 1,295 – no record for second quarter due to computer issues # of yellow fever immunizations: 46 # hep A and hep B high risk: 0 # immunizations covered by OGP: 155 # other immunizations: 928 Total immunizations administered: 1,083
Health Protection						
10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	1	1	1	✓	✓	Distributed vaccines to community partners and facilities. Total amount of doses of government funded vaccine distributed: 9,634.
11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	1	1	1	✓	✓	Promotion conducted during inspection of premises through telephone consultation, For Your Information newsletter, and through investigation of cold chain incidents. All premises storing these vaccines are inspected once yearly.
12. The board of health shall health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria and promptly report all cases	1	1	1	✓	✓	The number of adverse events reported this year is: 34.
13. The board of health shall comply with the Immunization Management Protocol, 2008 (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.	1	1	1	✓	✓	In January, staff initiated the collection of immunization information for children/students in day nurseries and schools and suspended, if necessary, for those with no or inadequate immunization information on file. During the summer, letters were sent to parents of students with no or inadequate immunization information on file requesting follow-up. The suspension process for school-age students was initiated mid-October.

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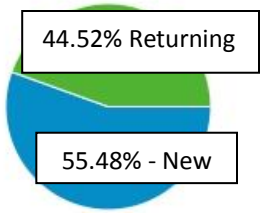
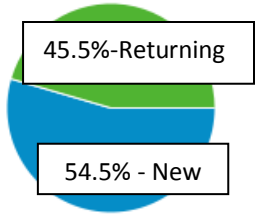
Communications Q4 2011 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q4		Year To Date	
	2011	2010	2011	2010 (whole year)
Press releases issued	18	28	86	107
Media interviews	17	38	118	158
Number of media stories directly covering PCCHU activities (print and TV only, radio not captured in media monitoring)	36	78	208	320

Website Statistics:

Q4 Comparisons	2011	2010	Year To Date	
			2011	2010
Website Traffic	**26,616** visits	**25,527** visits	92,805 visits	85,843 visits
% change in website traffic	+4.1%	--	--	--
New/Returning visitors				

PCCHU Website Redevelopment Project:
This project is progressing well and is it is now in the final phase. Phase five involves content writing and page building, testing and troubleshooting of the remote test site, browser compatibility checks and audience testing, as well as server setup and site migration. An update on this project will be given to the Board of Health in February and the new site is set to launch in the second quarter of 2012.

Graphic Design Projects

PCCHU Corporate:
- PCCHU Brochure Insert – Update Effective until February 2012
- Advisory - Legionella

Dental:
- Dental Display
- Dental Clinic – Appointment Cards
- Dental Mobile Launch Poster - DRAFT

Family/Child Health:
- The Breastfeeding Woman: Work and School – Brochure
- Child Abuse Prevention Month, Art Contest – Poster
- Breastfeeding Challenge – Poster
- Breastfeeding Challenge – ¼ Page Flyer
- Breastfeeding Support Services – Brochure Update
- PMD Health Care Provider's Guide to Community Resources - Revised

Tobacco
- Are you pregnant or thinking about it? - Booklet
- Tobacco Cessation Program – Fax to HCP's
- Drive to Quit Campaign – Paystub Inserts

Cancer Prevention
- Cancer Prevention Display - DRAFT

Health Hazards
- Bed Bug – Transit Ads (x2)

Youth Engagement
- Nightmare Before Christmas - Movie Poster
- iThink Manual – Format and Finalize

Infant Toddler Development
- Tummy Time - Brochure

Infectious Diseases
- FYI (x2)
- Tattoo & Piercing – Transit Ads (x2)

Inspection Services
- Wading Pool Operator's Manual – Update

Injury Prevention
- Home Safety Checklist
- Simply Safer is Simply Smarter – CD Cover

Genetics
- Genetic Display - DRAFT

Nutrition
- Sodium Reduction – 3 Panel Display
- Sodium Reduction – Zap Banner
- Sodium Reduction – Wipe Off Boards

School Health
- School Health Matters Newsletter – DRAFT
- Building Healthy Schools… A Healthy Start to Kindergarten
- Crossing Guard Contest - Poster

Physical Activity
- Photovoice – Posters (x2)

Poverty
- Health Services Directory
- Peterborough Poverty Reduction Strategy: Report Card

Genetics Q4 2011 (Manager: Ann Keys)

Program Activity	October 2011	November 2011	December 2011	2011 Year-to-Date	2010 Year-to-date
Total # referrals:	22	36	24	309	273
• Prenatal	3	4	3	48	40
• cancer	13	17	8	148	124
• other (general)	6	15	13	113	109
Total # counselling sessions	19	17	13	219	234
• # clients attending	20	19	14	217	250
• # others attending	7	3	7	85	98
Total # clinic attendance	-	23	-	97	95
• # clients	-	11	-	44	48
• # others	-	12	-	53	47
# Consultations to health care providers*	2	1	1	27	19
# Consultations to other individuals/agencies*	2	1	0	38	59
# Promotional activities	1	0	0	3+	6

* does not include consultations on specific clients

\+ consultation and information for expectant parents attending Prenatal Health Fairs

The Medical Officer of Health convened and facilitated a meeting with representatives of the Peterborough Regional Health Centre (PRHC) to discuss and plan for transfer of the administrative host agency for the Genetics Program. The meeting was attended by PRHC Vice President, Jane Parr, Medical Advisor for the program, Dr. Cynthia Forster Gibson, and Genetic Counsellor, Jeanette Wilkins.

As is evident from statistics provided above, referrals to the program, and demands on the Genetic Counsellor continue to grow in spite of the limitations in program resources since 2002. Staff members have done an outstanding job in an effort to maintain counselling services, however it is clear that these cannot be sustained indefinitely. A thorough review of service priorities, deferred in 2011 in light of the planned transfer, is needed in 2012.

Providing adequate storage and retrieval facilities for genetic records is an ongoing challenge, given that records are archived indefinitely as a source of future reference for clients and affected family members. In preparation for transfer of the program, records of clients for the Peterborough Genetics Program Client have now been scanned and archived electronically.

Infant and Toddler Development Q4 2011 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q4 2011	2011 Year-to-Date	2010 Year-to-Date
New referrals	30	102	114
Children discharged from program	18	93	133
Children on current caseload	102	102	89
Home/agency visits	241	825	900
Visits provided in group settings	35	58	10

The Infant and Toddler Development Program (ITDP) completed 2011 with four Infant Development Workers (IDWs) working at 2.2 full-time equivalents (FTEs). The IDWs remained busy with regular home visits, a steady rate of new referrals, facilitation of the monthly Multiples Group at the Ontario Early Years Centre (OEYC), consultation at other OEYC parenting groups, and completion of the ITDP Operational Plan.

ITDP also partnered with the Sir Sandford Fleming College Massage Therapy Program to run an infant massage parenting education session. This collaboration was a success for both agencies: the massage therapy students had a rare opportunity to enhance their understanding of infant and child massage; and 12 ITDP client families took advantage of the free and personalized opportunity to learn strategies to comfort their children, read their cues, and build a stronger attachment. The program will run again for two sessions in March.

An IDW attended the Ontario Association for Infant and Child Development (OAICD) Annual General Meeting and Movement Workshop in November 2011.

Sewage Disposal Program Q4 2011 (Manager: Tom Cathcart)

	October 2011	November 2011	December 2011	Total Q4 2011*	2011* Year-to-Date	2010 Year-to-Date
Applications for Sewage System Permits	45	35	13	93	388	443
Permits Issued	41	35	10	86	375	421
Applications for Severance	1	6	13	20	96	74
Applications for Subdivision (# of Lots)	-	-	-	-	-	-
Existing Systems and Complaints	10	7	4	21	116	123

*figures calculated up to December 31/2011

Financial Update Q4 2011 (Accounting Supervisor: Bob Dubay) *Subject to Year-End Adjustments*

Programs funded January 1 to December 31, 2011	Type	2011	Approved By board	Approved By Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	6,833,221	10-Nov-10	2-Aug-11	6,833,221	100.0%	MOHLTC	Operating budget spent in full.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	10-Nov-10	2-Aug-11	37,248	48.9%	MOHLTC	Control measures by City and County reduced. Adjustments made to larvacide budget based on 2010 overages. Actual costs for 2011 were less.
One-time cost request	Cost Shared	331,527	13-Apr-11	2-Aug-11	283,827	85.6%	MOHLTC	Capital expenditures under budget.
Infectious Disease Control	100%	222,233	10-Nov-10	2-Aug-11	222,233	100.0%	MOHLTC	Operating budget spent in full.
Infection Prevention and Control Nurses	100%	84,872	10-Nov-10	2-Aug-11	81,559	96.1%	MOHLTC	Expenditures within budget.
Small Drinking Water Systems	100%	104,300	10-Nov-10	2-Aug-11	100,894	96.7%	MOHLTC	Expenditures within budget.
Healthy Smiles Ontario	100%	402,329	13-Apr-11	2-Aug-11	427,329	106.2%	MOHLTC	**According to Provincial rules, Dentists have until February 28th to submit 2011 claims for anyone who qualifies for the program. As there is no pre-determination, overage is an estimate of potential outstanding claims (first year of operation, therefore no basis for projection of outstanding claims).**
One-time cost Healthy Smiles Ontario	100%	674,137	13-Apr-11	2-Aug-11	674,137	100.0%	MOHLTC	Capital budget spent in full.
Enhanced Food Safety	100%	43,750	13-Apr-11	2-Aug-11	43,750	100.0%	MOHLTC	Operating budget spent in full.
Enhanced Safe Water	100%	27,125	13-Apr-11	2-Aug-11	27,125	100.0%	MOHLTC	Operating budget spent in full.
Needle Exchange Initiative	100%	27,146	13-Apr-11	2-Aug-11	27,146	100.0%	MOHLTC	Operating budget spent in full.
Infection Prevention and Control Week	100%	8,000	13-Apr-11	2-Aug-11	6,810	85.1%	MOHLTC	Infection Control Week was in October
Nurses Commitment	100%	170,040	14-Sep-11	10-Mar-11	86,874	51.1%	MOHLTC	Two Full Time Equivalent Nurses hired during the year, the budget is annualized.

Programs funded January 1 to December 31, 2011	Type	2011	Approved By board	Approved By Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	8-Jun-11	19-Sep-11	100,000	100.0%	MHPS	Operating budget spent in full; **Budget approved as One-time only.**
Smoke Free Ontario - Enforcement	100%	120,724	8-Jun-11	19-Sep-11	114,025	94.5%	MHPS	Under budget; **Budget approved as One-time only.**
Youth Engagement	100%	80,000	8-Jun-11	19-Sep-11	74,622	93.3%	MHPS	Under budget; **Budget approved as One-time only.**
CINOT Expansion	Cost Shared	49,000	13-Apr-11	2-Aug-11	25,954	53.0%	MHPS	Dentist can still submit 2011 claims an estimate of outstanding claims is included in expenditures.
Genetics Program	100%	237,266		NA	243,895	102.8%	PRHC	Paid by PRHC - no submission required; Deferred revenue will be used to cover off overage.
Healthy Babies, Healthy Children	100%	828,413	8-Jun-11	submitted	828,413	100.0%	MCYS	Operating budget spent in full.
Chief Nursing Officer Initiative	100%	29,175			0	0.0%	MOHLTC	Position not filled in 2011.
One-Time Healthy Babies, Healthy Children	100%	55,500	11-May-11	27-Mar-11	31,700	57.1%	MCYS	Due to staff changes, were unable to complete NCAST project. Unused portion of budget was returned.
Ontario Works		1,000,000	##	NA	967,452	96.7%	CITY OF PTBO	Expect to be within City staff request to limit dental service expenditure to approximately $1,000,000 whereas the 2010 actual expenditure was $1,200,872. Dentist can still submit 2011 claims an estimate of outstanding claims is included in expenditures.

Programs funded April 1, 2011 to March 31, 2012	Type	2011	Approved By Board	Approved By Province	Expenditures to Dec. 31	% of Budget	Funding	Comments
Echo: Improving Women's Health in Ontario	100%	28,000		30-Dec-10	21,415	76.5%	ECHO	Operating within budget
Healthy Communities Partnership	100%	34,850		submitted Jan\2012	0	0.0%	MHPS	**Province recently asked Health Unit to submit budget for the period Sept 2011 to March 31, 2012.**
Infant Toddler and Development Program	100%	242,423	14-Sep-11	Nov\2011	180,480	74.4%	MCSS	Operating within budget
Medical Officer of Health Compensation	100%	70,259		23-Dec-11	43,879	62.5%	MOHLTC	Operating within budget
Bed Bug Support Fund	100%	46,408		26-Apr-11	31,188	67.2%	MOHLTC	Operating within budget
Tobacco Control	100%	157,500		30-Jun-11	88,657	56.3%	FEDERAL	Operating within budget
Speech		13,084		28-Nov-11	10,613	81.1%	FCCC	Operating within budget

Funded Entirely by User Fees January 1 to December 31, 2011	Type	2011	Approved By Board	Approved By Province	Expenditures to Sept. 30	% of Budget	Funding	Comments
Sewage Program		343,388	13-Apr-11	NA	321,204	93.5%	FEES	Expenditures are within budget; **Revenue from User Fees are under budget by $52,278 resulting in a net deficit for the year of $30,094. Staff are looking at options to eliminate the deficit for 2011 prior to audit.**

Staff Report

Grant Writing Assignment Retrospective

Date:	February 8, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original signed by	**Original signed by Larry Stinson for**
_____	_____
Rosana Pellizzari, M.D.	Jennifer Chenier, Health Promoter

Purpose

To provide a summary of the grant writing functions supported by the Health Promoter assigned to Planning, Evaluation and Grant Writing created as a result of the Board of Health's 2008-2012 Strategic Plan.

Decision History

At its April 13, 2011 meeting, the Board of Health requested that a report be prepared for the Board of Health on the achievements since the inception of the Health Promoter - Planning, Evaluation and Grant Writing assignment. As a result of discussions following this meeting, it was agreed that this report would focus on the grant writing portion of this position's assignment and would be a retrospective report that encompassed the time period from commencement of the position in 2007 to December 31, 2011.

Financial Implications and Impact

Since 2007, $1,344,818.00 has been generated for Peterborough County-City Health Unit and its program partners with the assistance (at varying levels) of the Health Promoter in the Planning, Evaluation, and Grants assignment. Over this four year span, PCCHU was successful in securing funds from 1/3 of the proposals it submitted.

Recommendations

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

- receive the staff report, *Grant Writing Assignment Retrospective,* for information; and,
- that the content of the report be considered during upcoming Board/Management meetings regarding strategic plan redevelopment.

Background

As a result of discussion during the development of the 2008-2012 strategic plan, a Health Promoter position was reassigned in mid-2007, to support the Planning, Evaluation, and Grant Writing functions of the organization. Jennifer Chenier has functioned in this role since its inception and continues to support these three areas as part of the Foundational Standards Team.

In the fall of 2007, the health unit made a significant investment ($6,300.00) in a five-year subscription to BIG Online and FoundationSearch accounts to assist with exploring new funding avenues. BIG Online is the only searchable, North American database of online corporate, foundation, and government grant making information. This unique service also supports users through the provision of detailed grant writing resources and electronic tools. FoundationSearch is North America's leading source of fundraising information for non-profits and charities. This online resource includes more than 120,000 foundations, representing billions of dollars in annual granting, and includes tools to locate grants by type, value, year, recipient, donor and historical giving trends.

There have been revisions to the Policies and Procedures related to Soliciting Funds and Funding Proposals. These revisions focused on ensuring that internal sign-off had been given to all funding requests and that one person (Health Promoter – Planning, Evaluation and Grants) was aware and able to track all of these requests on an annual basis.

During the 2007-2011 period, the following grant proposals have been supported by the Health Promoter assigned to Grant Writing. Please note that this list by no means represents all of the grant proposals that have been developed by the organization in this time frame. In many cases, these proposals involved extensive partnerships with other community agencies and organizations which means we are leveraging funds for both PCCHU and the community.

Year and Funding Source	Description of Funding Request	Amount of Request	Amount Received
2007 Federal Tobacco Control Strategy – Health Canada	Request was for funding to support the development and implementation of an intensive tobacco cessation service in Peterborough.	$452,019.32	$566,018.00
2008 Freedonia	Were seeking support for the Breaking Down the Barriers component of the Food Security Community Partnership Project (child care, food vouchers, transportation).	$5,000.00	0
2008 Ministry of the Environment	This request was for funds to support establishing a voluntary septic reinspection program on Jack Lake during the summer of 2008.	$34,950.00	0
2008 Ontario Stroke Strategy – Priority Populations	A letter of intent was developed to request funds to prevent stroke in low income populations by supporting food security and homelessness initiatives in the community.	$1,168,497.00	0
2008 Ontario Stroke Strategy – Primary Care	A letter of intent and full proposal was developed to fund a project aimed at establishing a coordinated process within the Family Health Team structure in Peterborough to apply stroke prevention best practices.	$385,000.00	$386,000.00
2008 Jeff Leal – Anti-Idling	Funds were requested to support an education and awareness campaign to support the introduction and early implementation of the anti-idling by-law.	$45,000.00	0
2008 Public Health Agency of Canada – Cancer Prevention and Screening	A project to engage young adults in risk awareness and early detection of cancer was proposed in this request.	$300,000.00	0
2008 Interprofessional Care Fund	Funds requested for this project were intended to be used to understand outbreak risk factors that	$429,712.30	0

Year and Funding Source	Description of Funding Request	Amount of Request	Amount Received
	are most prevalent in long-term care facilities.		
2008 Canadian Tobacco Control Research Initiative Workshop Grant	Funds were requested to support a workshop on the Reward/Reminder approach to tobacco control.	$14,498.57	0
2009 HTM Insurance Company	This proposal requested funds to support peer-led and peer driven projects that reduce health risks for youth.	$10,000.00	$10,000.00
2009 Healthy Communities Fund Local Stream	Submitted on behalf of the Health for Life partnership, funds were requested to support the Prince of Wales Healthy School Projects, the Food Security Partnership Project, "Working Toward a Healthy Community Project," and Youth Development.	$135,000.00	$115,000.00
2009 Community Futures Development Corporation	Funds were requested to hire an Intern to be a Youth Development Worker.	$15,000.00	0
2009 Ontario Ministry of Agriculture and Food and Rural Affairs	These funds were requested to allow two components of the Food Security Partnership Project to focus on to locally and Ontario produced foods.	$100,000.00	$100,000.00
2009 Central East Local Health Integration Network – First Nation and Aboriginal Health Advisory Circle	This request for funds was to assist the CELHIN with engaging First Nations and Aboriginal communities/persons in the planning, delivery, and coordination of health care services.	$25,355.00	0
2010 Registered Nurses Association of Ontario	Funds were requested to develop and pilot woman-centred, pregnancy specific smoking cessation kits.	$300.00	$300.00
2011 Public Health Agency of Canada – Cancer	This extensive project is aimed at addressing cancer screening barriers for women aged 50-69 years.	$893,645.00	Still in review.

Year and Funding Source	Description of Funding Request	Amount of Request	Amount Received
Screening/Early Detection			
2011 Health Canada – Funding Extension Tobacco	Request was to extend funding for the intensive tobacco cessation service in Peterborough.	$157,500.00	$157,500.00
2011 Canadian Health Services Research Foundation	This project was aimed at supporting pregnant women, postpartum women and women of childbearing age to reduce or quit using tobacco products.	$100,000.00	0
2011 Canada Post Foundation for Mental Health	These funds were to support parent education programs for parents with mental health concerns or addictions.	$65,000.00	0
2011 Canadian Cancer Society Research Initiative	This funding was to soundly research the effectiveness of partner support in a quit smoking attempt even though “quit buddies” are a common element of quit smoking programs.	$599,701.00	0
2011 Peterborough Poverty Reduction Network	This request was for the Dental Treatment Assistance Fund.	$10,000.00	$10,000.00
2011 Drummond Foundation	This was a request for the Dental Treatment Assistance Fund to meet the needs of older adults who experience pain, trauma and infection, but who are unable to afford dental treatment.	$10,000.00	Still under review.
TOTALS		**$4,956,178.19**	**$1,344,818.00**

When the totals for proposals still under review were removed from the calculation, 1/3 (33%) of the proposals submitted during the 2007-2011 period were successful.

Comments

It is clear from the information presented above that there is potential to enhance our fiscal capacity through pursuit of community grants and foundations. Although we do not have baseline information to demonstrate the specific added value of the additional staff time dedicated to coordination and support of grant writing, it is evident that there has been value in the staff investment made (approximately 0.3 FTE). It is also important to highlight some limitations to the current system of grant writing support. First, the grant writing assignment is shared with roles in Planning and Evaluation. All of three of these responsibilities have significant fluctuations in time demands, making it difficult to balance the workload and respond quickly when deadlines are short. Second, the amount of time dedicated to support grant writing does not allow for proactive searches, providing only enough staff resource to respond to calls for proposals and opportunities identified by program staff. And third, there is currently no system to identify strategic areas for funding proposals or criteria for determining suitability. On this last note, it is critical that the funding include adequate support for all costs and that any impact on mandated public health programs be fully assessed.

Conclusion

The capacity to meet our mandate and more importantly to meet local needs has been, and continues to be, a challenge. The attainment of additional capacity through successful grant applications has served an important role in addressing this challenge. In moving forward, the Board of Health and Health Unit Management will need to consider the most appropriate mix of core funding and supplementary grants and respond to the limitations raised in this report.

Priority Populations

The following priority populations* are relevant with respect to this staff report:

✓	**Priority Population**		
✓	Adults	✓	People with Disabilities, Chronic Conditions
✓	Children	✓	People with Lower Education and Literacy Levels, English as A Second Language
✓	First Nation	✓	People with Mental Health Issues and Addictions
✓	General Public	✓	Pregnant Women
✓	Older Adults/Seniors	✓	Rural Residents
✓	Parents	✓	Youth

*The Priority Populations are based on a list originally developed in April 2010 as part of the Foundational Standards Requirements under the Ontario Public Health Standards.

Strategic Direction

This report relates primarily to the strategic direction entitled Continue to Meet Our Mandate and the concept of "aggressively pursuing funding to meet the mandate and strategic directions." The activities outlined in this report have also served to advance the following additional strategic directions: Build on Our Leadership Role, Expand Existing and Build New Strategic Partnerships, and Leverage Information and Technology.

Contact:

Jennifer Chenier, MPl, MCIP, RPP
Health Promoter, Foundational Standards
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Staff Report

Assessment of Lot Creation Applications

Date:	February 8, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original signed by	**Original signed by**
_____	_____
Rosana Pellizzari, M.D.	Tom Cathcart, Manager, Inspection Services

Purpose

To inform the Board of Health of a change the Health Unit's practice in its assessment of land severance and subdivision applications, effective March 1, 2012

Decision History

This issue has not been previously considered by the Board.

Financial Implications and Impact

It is anticipated that there will be no additional cost to the Board or to the Sewage Disposal Program.

Recommendations

That the Board of Health for the Peterborough County-City Health Unit, receive the staff report, *Assessment of Lot Creation Applications*, for information.

Background

Since the early 1970's, the Health Unit has assessed lots in compliance with a Ministry of the Environment standard which required that lots be suitable for the installation of a Class 4 (absorption trench) sewage system. This was interpreted to mean that the lot, when created through the stamping of the deed, was suitable in all aspects. If the earth

layer was too shallow, but could be improved through the importation of sand fill, the fill requirement was recommended to the Land Division Committee where it was imposed as a condition for lot creation. The severance applicant was allowed one year to place the fill on the property. As an option, the applicant could enter into an agreement with the municipality wherein both parties agreed that there would be no development of the site until the fill conditions had been satisfied. The Health Unit was required to inspect the fill when it was finally installed, and confirm its approval.

There have been a number of problems associated with this policy:

- Property owners often placed fill on a lot before it was sold, without knowing where the ultimate owner of the property wanted the sewage system;
- Developments in sewage disposal have lead to increased use of smaller sewage disposal beds with the result that large amounts of fill were imported for a sewage system, but only a small area was used for the sewage system;
- Large areas of the lot were cleared of trees so that fill could be placed, and then a different area was selected for the sewage system;
- After the fill was placed and approved, there was no requirement to save it for the sewage system. Imported fill was often used as backfill around the building, to supplement landscaping or a beach area.

The Sewage Disposal Program intends to alter its application response process to simply ensure that there is a sufficient "improveable" area for an absorption trench sewage system, without requiring that improvements such as the importation of fill actually be done in advance of lot development. At the time of lot development, specific lot improvements would be included as part of the building permit for the sewage system.

Applicants for creation of a new, undeveloped lot smaller than 4 hectares will be asked to provide a drawing or site plan showing the following:

- A potential building location which complies with municipal zoning and setback and separation requirements;
- 3000 square foot area proposed as a potential sewage system location which complies with municipal and provincial setback and separation requirements;
- Distances in feet or metres between the proposed sewage system location and wells (existing or proposed), structures (existing or proposed), watercourses, property lines, surface water bodies.

The applicant will still be asked to provide two test holes, six feet deep, in the area identified as a potential sewage system location.

The Health Unit will determine if the area which has been proposed for a sewage disposal system is suitable for the installation of a Class 4 absorption trench sewage system, sized to service a 3-bedroom residence, or could be made suitable through grading or importation of soil fill. If the area is suitable or could be made suitable, this will be reported to the Land Division Committee as an unconditional approval.

If the examination of the onsite soil conditions reveal that a larger area is required, the applicant will be advised to show the appropriate area on the drawing submitted in

support of the application. If there is insufficient area to meet that requirement, this will be reported to the Land Division Committee for their consideration.

If there is insufficient area for the applicant to designate a 3,000 square foot area for the sewage system, the Health Unit will inspect the site to determine if onsite soil conditions would allow a smaller area to be approved. The applicant would be advised to show the appropriate area on the drawing submitted in support of the application, and this will be reported to the Land Division Committee as an unconditional approval.

The applicant's submission of a site plan showing building and sewage system locations does not commit the owner to use those actual sites. However, it does ensure that if needed, there are appropriate sites for each.

This change will also eliminate the need for municipal tracking of fill agreements, and monitoring of lots where they have agreed that development cannot take place without fill placement.

Comments

This process has already been presented to the Land Division Committee for their review and comments, and the Committee supports the proposal.

There are properties throughout the County which are already subject to agreements requiring the placement of fill. It is intended that a process also be developed which would allow a property owner to apply to have this new standard applied to his property, replacing the existing fill requirement.

Strategic Direction

Through improvements to the operation of the Sewage Disposal Program, the Health Unit will build on its leadership role and preserve its credibility and the trust which the community has in this organization. Program improvements which are of value to both the environment and the community will continue to build the Health Unit's record of cooperation and collaboration with its municipal partners.

Contact:

Tom Cathcart, Manager, Inspection Services
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tcathcart@pcchu.ca

Staff Report

Influenza Vaccine Coverage Rates, 2011-12 Season

Date:	February 8, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original signed by	**Original signed by**
_____	_____
Rosana Pellizzari, M.D.	Edwina Dusome, Program Manager

Purpose

The purpose of this report is to update the Board of Health on the 2011-12 influenza vaccine coverage rates for nursing homes, retirement homes, hospital and Health Unit in Peterborough County and City.

Decision History

The Board of Health was provided with 2010-11 influenza vaccine coverage rates for health care workers (HCW) in Peterborough County and City at its meeting on March 9, 2011.

At that meeting, the Board passed the following motion (M-11-33):

That the Board of Health for the Peterborough County-City Health Unit write a letter to the Honourable Deb Matthews, Minister of Health and Long-Term Care, urging that the Ministry:

a) *explore options to make annual influenza immunization mandatory for health care workers (HCW) if coverage rates for health care institutions do not improve over the next three years; and*

b) *include annual institutional HCW influenza immunization rates as an indicator within publicly reported Ontario Patient Safety Initiatives.*

Subsequently, a letter was sent to Minister Matthews on March 23, 2011, to which a response was received from Ms. Nina Arron, Director, on April 28, 2011. The correspondence was provided to the Board for information.

Recommendations

That the Board of Health for the Peterborough County-City Health Unit write a letter to the Honourable Deb Matthews, Minister of Health and Long-Term Care, reaffirming its request that the Ministry:

a) explore options to make annual influenza immunization mandatory for health care workers (HCW) if coverage rates for health care institutions do not improve over the next two years; and

b) include annual institutional HCW influenza immunization rates as an indicator within publicly reported Ontario Patient Safety Initiatives.

Background

Influenza can result in widespread illness, including outbreaks and pandemics. It is associated with complications such as bacterial pneumonia and death. Annual immunization of persons at high risk, and of HCWs and others, who are capable of transmitting influenza to those at risk, is the most effective measure for reducing the impact of influenza.

The National Advisory Committee on Immunization (NACI) considers the provision of influenza vaccination for HCWs who have direct patient contact to be an essential component of the standard of care for the protection of their patients. HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination.

Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Studies have demonstrated that HCWs who are ill with influenza frequently continue to work, thereby potentially transmitting the virus to both patients and co-workers. In one study, 59% of HCWs with serologic evidence of recent influenza infection could not recall having influenza, suggesting that many HCWs experience subclinical infection. These individuals continued to work, potentially transmitting infection to their patients. In two other studies, HCWs reported four to ten times as many days of respiratory illness as days absent from work due to respiratory illness, suggesting that many HCWs worked while they were ill and were potentially able to transmit infection. In addition, absenteeism of HCWs who are sick with influenza results in excess economic costs and, in some cases, potential endangerment of health care delivery because of the scarcity of replacement workers. Four randomized controlled trials conducted in long-term care settings have demonstrated that vaccination of HCW staff is associated with substantial decreases in mortality in the residents. Potter et al. found that vaccination of HCWs in geriatric medical long-term care sites was associated with reductions of total patient mortality from 17% to 10% and in influenza-like illness.[1]

The College of Physicians and Surgeons of Ontario states, "All health care workers are strongly encouraged to be vaccinated annually against influenza. For those with a contraindication to vaccination (e.g., anaphylactic egg allergy), antiviral medications can be taken after close, unprotected contact with an infected individual."[2] Ontario's College of Nurses recognizes that immunization is a key measure in reducing nurses' susceptibility to certain diseases, including influenza and hepatitis.[3]

The Epidemiology of Influenza

A total of 111 influenza cases have been reported for the 2011-12 surveillance season to date. The majority of influenza cases reported to date were subtyped as influenza A(H1N1)pdm09 (29 cases) or influenza B (42 cases), which together account for 64.0% (71/111) of cases this season. The majority of influenza cases this season have been children under 5 years old (43 cases) and adults 65 years of age and older (22 cases), which together account for 58.6% (65/111) of cases reported to date. The highest number of cases (31) occurred in the 1 to 4 year old age group, which represents 27.9% of cases. Among influenza cases that have been hospitalized, 31.8% (14/44) were children under 5 years old and 29.5% (13/44) were in adults over the age of 65. [4]

Since the start of this season, the National Microbiology Laboratory (NML) has antigenically characterized 107 influenza viruses (40 A/H3N2, 24 A/H1N1 and 43 B). Eighty-three percent (89) are related to strains in the current vaccine. The remaining 18 are antigenically related to the reference virus B/Wisconsin/01/2010-like, which belongs to the Yamagata lineage.[5]

In Peterborough County and City, one case of laboratory-confirmed influenza has now been reported, to date, for the 2011-12 season.

The Ministry of Health and Long-Term Care requires the collection of influenza vaccine coverage rates from nursing homes, retirement homes and hospitals. The data were collected as of November 15, 2010 and then recently validated with each facility. The data are included in the following table:

Table 1: Influenza Immunization Rates for Peterborough Health Care Facilities, 2011-12 Season

Facility	% Residents Immunized	% Staff* Immunized	% Facility Immunized
Princess Gardens (RR)	96%	92%	94%
Canterbury Gardens (RR)	92%	94%	93%
St. Joseph's at Fleming (HFA)	93%	89%	91%
Empress Gardens (RR)	90%	87%	89%
Pleasant Meadow Manor (NH)	84%	93%	89%
Royal Gardens (RR)	91%	83%	88%
Peterborough Manor (RR)	90%	82%	87%
Springdale Country Manor (NH)	96%	77%	86%
Maple View (RR)	91%	72%	85%

Riverview Manor (NH)	91%	79%	85%
St. Joseph's - The Mount (RR & NH)	95%	75%	84%
Applewood (RR)	93%	58%	83%
Centennial Place (NH)	89%	75%	81%
Jackson Creek (RR)	92%	53%	80%
Extendicare Peterborough (NH)	94%	68%	79%
Fairhaven Home for Seniors (HFA)	85%	54%	68%
Rubidge Hall (RR)	84%	16%	67%
Extendicare Lakefield (NH)	90%	40%	63%
PRHC Interim LTC (Hosp)	84%	24%	57%
Church Hill (RR)	67%	8%	36%
TOTALS	**90%**	**72%**	**81%**
PRHC (only staff # required)	n/a	**40%**	**40%**

*Staff data includes volunteer staff.
NOTE: Retirement Residence (RR); Nursing Home (NH); Home for the Aged (HFA)

The Board of Health has required annual immunization against influenza for all of its employees since 2002. This year, the influenza vaccination coverage rate for eligible active staff (without medical exemptions) at the Peterborough County-City Health Unit is 94%.

Financial Implications and Impact

HCW immunization is a proven effective strategy to reduce illness and mortality in vulnerable institutionalized populations. It also helps to reduce absenteeism, which can be critical in facilities with small staff cohorts, or staff that work across several facilities. With adequate HCW influenza immunization, it is expected that there would be significant savings in health care expenditures due to the number of cases that would be averted.

Conclusion

The Medical Officer of Health will share this report with local health care facilities and recommend to all Chief Executive Officers (CEO) of nursing homes, retirement homes and hospitals that influenza vaccine coverage rates of staff and residents be an annual priority. It is important that immunization occur early in the flu season in order to offer the best protection for residents and patients. One approach that will be recommended is that nursing homes, retirement homes and hospitals require influenza immunization for all new hires.

The Medical Officer of Health will continue to report annually on the influenza immunization coverage rates among HCWs in Peterborough City and County facilities.

Strategic Direction

The delivery of influenza immunization programs supports the Board of Health Strategic Direction: Continue to Meet Our Mandate.

Priority Populations

The following priority populations* are relevant with respect to this staff report:

✓	Priority Population		
✓	Adults	✓	People with Disabilities, Chronic Conditions
	Children		People with Lower Education and Literacy Levels, English as A Second Language
	First Nation		People with Mental Health Issues and Addictions
	General Public	✓	Pregnant Women
✓	Older Adults/Seniors		Rural Residents
	Parents		Youth

*The Priority Populations are based on a list originally developed in April 2010 as part of the Foundational Standards Requirements under the Ontario Public Health Standards.

Contact:

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

References

[1] Statement on Seasonal Trivalent Inactivated Influenza Vaccine for 2011-2012, National Advisory Committee on Immunization (CCDR, Volume 37, September 2011), http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/11vol37/acs-dcc-5/index-eng.php#a7

[2] Infection Control in the Physician's Office, College of Physicians and Surgeons, 2004, (http://www.cpso.on.ca/policies/guidelines/default.aspx?id=1766)

[3] Influenza Vaccinations, Practice Guidelines, College of Nurses of Ontario, June 2009, (http://www.cno.org/Global/docs/prac/41053_fsInfluenza.pdf)

[4] Ontario Influenza Bulletin, Ministry of Health and Long Term Care, February 6 to February 12, 2011, (http://www.oahpp.ca/resources/flubulletin.html)

[5] Flu Watch, Public Health Agency of Canada, January 15 to 21, 2012, http://www.phac-aspc.gc.ca/fluwatch/11-12/index-eng.php

Staff Report

2011/12 Healthy Communities Fund – Partnerships Budget

Date:	February 8, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by _____ Rosana Pellizzari, M.D.	**Original signed by Brent Woodford for** _____ Bob Dubay, Accounting Supervisor

Purpose

To present a 2011/12 Healthy Communities Fund - Partnerships Program budget to the Board of Health for approval.

Recommendation

That the Board of Health approve the 2011/12 budget for the Healthy Communities Fund - Partnerships Program in the total amount of $34,850.

Background

The Health Unit was informed in January of 2012 that funds for the Healthy Communities Fund - Partnerships Program were available to be spent before March 31, 2012. The Healthy Communities Fund - Partnerships Program is funded 100% by the Ministry of Health and Long-Term Care. The program documentation indicates that the period of funding is September 1, 2011 to March 31, 2012, however in practical terms, approval is expected in mid February 2012 and the Health Unit should have approximately six weeks to complete the work by March 31, 2012.

Comments

The budget would allow two studies to be funded that are exploratory in nature and will allow the partnership to gather essential background information about Access to Recreation and Healthy Eating. This critical background information will help determine policy opportunities that will benefit many individuals and families in our community.

Conclusion

That the Board be requested to approve the 2011/12 budget in the total amount of $34,850.

Strategic Direction

Approval of the budget will enable Health Promotion programs to better meet our mandate.

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

To: All Members
Board of Health

From: Mr. David Watton, Chair, Governance Committee

Subject: **Governance Committee**

Date: February 8, 2012

Recommendation:

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

- receive for information, meeting minutes of the Governance Committee for October 14, 2011, approved by the Committee on January 27, 2012; and

- approve the following documents referred by the Committee at the January 27, 2012 meeting:
    - New Policy #2-361, Staff Reports and Presentations to the Board of Health
    - Revised Template, Board of Health Staff Report

Please refer to the attached.

Original signed by

Rosana Pellizzari, M.D. *on behalf of*
Mr. David Watton, Chair,
Governance Committee

The Board of Health
for the
Peterborough County-City Health Unit
Minutes
Governance Committee Meeting
October 14 – 3:30 p.m. to 5:30 p.m.
(Board Room - 10 Hospital Drive, Peterborough)

Present: Mr. David Watton, Chair
Mr. Jim Embrey
Deputy Reeve Andy Sharpe
Reeve Mary Smith
Dr. Rosana Pellizzari, Recorder

1. Call To Order

Mr. Watton called the meeting to order at 3:35 p.m.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Delegations

Nil.

4. Approval of the Agenda

Moved by	Seconded by
Deputy Reeve Sharpe	Mr. Embrey

That the Agenda be approved as circulated.

Carried

5. Approval of the Minutes

Moved by	Seconded by
Mr. Embrey	Reeve Smith

That the minutes of June 9, 2011 be approved as circulated.

Carried

6. Business Arising from the Minutes

6.1 Provincial Appointment Process

This procedure was approved by the Board of Health at its September meeting. **ACTION: As per the procedure, Alida Tanna, Administrative Assistant to the Board, will track expiry dates of all provincial appointments and advise the Board Chair.**

6.2 Hiawatha Agreement

ACTION: Dr. Pellizzari will follow up with Chief Sandra Moore regarding the execution of the amended agreement which requires her signature.

6.3 Presentation to the Board on Board Liability

Cost for the proposed webinar would be seven hundred and fifty dollars ($750.00). There was consensus among Committee members that this would be worthwhile. **ACTION: Dr. Pellizzari will confirm whether the budget can accommodate this in 2011, otherwise it will be booked in 2012. Dr. Pellizzari will invite the Haliburton, Kawartha Pine-Ridge Board of Health as well.**

Moved by	Seconded by
Reeve Smith	Deputy Reeve Sharpe

That a webinar on Board Liability be scheduled for the Board when convenient, and that an invitation be extended to members of the Board of Health for the Haliburton, Kawartha Pine Ridge Health Unit.

Carried

6.4 Terms of Reference – Amalgamated Committee to Board

Chief Keith Knott, as Chair of the former Policy and Procedures Committee, should be invited to join the Governance Committee. **ACTION: Deputy Reeve Sharpe will contact Chief Knott to discuss his intention and availability to join this Committee.**

Committee members also discussed scheduling a 360° performance review for the Medical Officer of Health. **ACTION: Deputy Reeve Sharpe will strike a subcommittee to conduct this review. Two former Board Chairs, Mr. Embrey and Councillor Clarke, will be approached to participate.**

Moved by	Seconded by
Reeve Smith	Deputy Reeve Sharpe

That the request for a Medical Officer of Health Performance Review Subcommittee be brought forward to the November 9, 2011 Board of Health meeting.

Carried

6.5 Work Plan for Governance Committee

Mr. Watton reviewed the Organizational Standards and identified the recurrent activities that the Governance Committee will need to address.

6.6 alPHa Risk Management Update

Ms. Linda Stewart from the Association of Local Public Health Agencies (alPHa) has been researching this. The Governance Committee requested details on the Health Unit's risk management plan.

Moved by	Seconded by
Reeve Smith	Deputy Reeve Sharpe

That the new Director of Corporate Services present on risk management at the next Governance Committee meeting.

Carried

6.7 Review of the Board of Health's Current Procurement Policy

Moved by	Seconded by
Reeve Smith	Deputy Reeve Sharpe

That the new Director of Corporate Services recommend any revisions required to the Board of Health's current procurement policy to proceed with its new facility updating.

Carried

7. New Business

7.1 Board Composition and Recruitment

Selected excerpts of the Ontario Hospital Association's Guide to Good Governance were discussed. It was suggested that the Health Unit use an adapted version of 'form 17' to do the Board of Health needs assessment required in the procedure for recruitment of a new provincial appointee. It was noted that diversity could be incorporated into the matrix as well. **ACTION: This item will be brought forward to the next Governance Committee meeting.**

7.2 Debrief of meeting with non-union staff

Committee members discussed next steps from a meeting held earlier in the day with non-union staff, Chaired by Mr. Watton. A follow up meeting with the group will be scheduled for December 2011.

7.3 Workplace Violence Prevention Policies

The Committee reviewed three workplace violence policies:

i. 2-90, Policy - Human Rights and Discrimination;
ii. 2-92, Policy - Workplace Harassment; and
iii. 2-94, Policy - Workplace Violence.

The Board may require some training on the violence prevention policy.

Moved by Reeve Smith — Seconded by Deputy Reeve Sharpe

That the following policies be brought forward to the November 9, 2011 Board of Health meeting:

i. 2-90, Policy - Human Rights and Discrimination;
ii. 2-92, Policy - Workplace Harassment; and
iii. 2-94, Policy - Workplace Violence.

Carried

7.4 Board Member Remuneration

This item was deferred.

7.5 Youth Representation on the Board

ACTION: Reeve Smith will enquire with the school board on how they manage youth representation on their Board. Deputy Reeve Sharpe will enquire about the Township process. Dr. Pellizzari will follow up with the United Way. This item will be brought forward to the next Governance Committee meeting.

8. In Camera/Closed Session

Nil.

9. Items to be referred to:

9.1 Board of Health

- Medical Officer of Health Performance Review Sub-Committee

9.2 Other

- Nil

10. Agenda Items for Next Meeting

- Status: Hiawatha Agreement, Presentation on Board Liability
- Governance Work Plan Review
- Risk Management Presentation by Director, Corporate Services
- Procurement Policy Revisions
- Board Composition and Recruitment

- Non Union Negotiations
- Board Member Remuneration
- Youth Representation

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

The next meeting for the Governance Committee will be scheduled for February 2012, or at the call of the Chair.

12. <u>Adjournment</u>

Moved by	Seconded by
Reeve Sharpe	Mr. Embrey

That the meeting be adjourned.

The meeting adjourned at 5:30 p.m.

c: Mr. Jim Embrey
Dr. Rosana Pellizzari, Medical Officer of Health
Reeve Mary Smith
Deputy Reeve Andy Sharpe
Mr. David Watton

Procedure

Section: **Board of Health**	Number: **2-361**	Title: **Staff Reports and Presentations to the Board of Health**	**Page: 1 of 2**
Approved by: **Date:** **Housekeeping Revision** **Approved by: _____** **On: _____**		**Original** **Approved by:** **Revision** **Approved by:** **On:** **Reviewed by: Board of Health Governance Committee, Jan. 27, 2012**	
Reference:			

Staff Reports

1. All staff reports for Board of Health agendas should follow the Board of Health Report Template, and all sections of the report should be completed. The template located in the 'Forms' section on the Intranet contains additional details on how to complete the required information.

2. An initial meeting involving the staff, their Director, and the Medical Officer of Health (MOH) is recommended to determine the content and direction of the report. At a minimum all recommendations should be vetted through these parties in advance to ensure that the report provides the supporting background, comments, and conclusions.

3. Revisions to the report will be done collaboratively. The MOH is responsible for signing off on the report before it goes to her Administrative Assistant (AA).

   Suggested timelines for report submission:

3 weeks prior to BOH meeting:	Draft submitted to the Director for review.
2 weeks prior to BOH meeting:	Report submitted to MOH for approval.
1 week prior to BOH meeting:	Final copy provided to the AA by the MOH for inclusion in the Board agenda package.

A schedule for each calendar year will be posted on the Intranet in the 'Reports' section for reference. Accommodations will be made for statutory holidays.

4. Authors of the report or their Manager must be available to answer enquiries by Board of Health Members, prior to, and at the meeting. If the author is unable to attend the meeting, the Manager must identify a designate, and advise the AA to the MOH no later than one week prior to the BOH meeting.

5. Any materials to be distributed at a Board of Health meeting (related to a report or presentation) are the responsibility of the staff or their supervisor to produce and organize. A copy should accompany the report submitted to the MOH so it can be approved for distribution. These materials should be provided to the AA to the MOH in advance of the meeting.

<u>Presentations</u>

1. Staff presentations to the Board must not exceed 10 minutes in length. These are general interest presentations which are normally slated as part of the 'Presentations and Delegations' section of the agenda.

2. Presentations which accompany staff reports can exceed 10 minutes in length, however the content and length should be discussed with the MOH in advance.

3. All presentations are to be submitted to the MOH for review no later than one week prior to the BOH meeting.

4. Approved presentations will be provided to the AA to the MOH in advance of the meeting.

Staff Report

Title of report

Date:	Board Meeting Date
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
_____ Rosana Pellizzari, M.D.	_____ Name of Author, Title

Recommendations

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

- indicate action(s)
- if no action is necessary, note that the report should be received by the Board for information.

Financial Implications and Impact

Provide financial implications and impact. If none, note there are no financial implications arising from this report.

~~**Purpose**~~

~~Note the purpose of the report. Text for the entire report should be single spaced, Calibri font, 12 pt. font size.~~

Decision History

Provide decision history on the report. For example:

- The Board of Health has not previously made a decision with regards to this matter
- At its ____ meeting, the Board of Health requested that staff prepare a report…

~~Financial Implications and Impact~~

~~Provide financial implications and impact. If none, note there are no financial implications arising from this report.~~

~~Recommendations~~

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

- ~~indicate action(s)~~
- ~~if no action is necessary, note that the report should be received by the Board for information.~~

Background

Provide relevant background information:

- Provide context
- Comment on how priority populations are impacted (if applicable)

Rationale

Provide rationale and evidence for the recommendations.

~~Conclusion~~

~~Conclude the report.~~

~~Priority Populations~~

~~The following priority populations[*] are relevant with respect to this staff report:~~

~~✓~~	~~**Priority Population**~~		
	~~Adults~~		~~People with Disabilities, Chronic Conditions~~
	~~Children~~		~~People with Lower Education and Literacy Levels, English as A Second Language~~
	~~First Nation~~		~~People with Mental Health Issues and Addictions~~
	~~General Public~~		~~Pregnant Women~~
	~~Older Adults/Seniors~~		~~Rural Residents~~
	~~Parents~~		~~Youth~~

~~[*]The Priority Populations are based on a list originally developed in April 2010 as part of the Foundational Standards Requirements under the Ontario Public Health Standards.~~

Strategic Direction

Reference the strategic direction(s) the report applies to (and how if applicable):

- Continue to Meet Our Mandate
- Invest in Human Resource Excellence
- Build on Our Leadership Role
- Expand Existing and Build New Strategic Partnerships
- Leverage Information and Technology
- Pursue One Facility

Contact:

Name, Title
Program
(705) 743-1000, ext. ###
email@pcchu.ca

References:

Remove section if not applicable.

Attachments:

Remove section if not applicable.

If applicable, they should appear as follows:
Attachment A – Name of Document
Attachment B – Name of Document