The Board of Health for the Peterborough
County-City Health Unit
Agenda
Board of Health Meeting
4:45 p.m. Wednesday, March 14, 2012
(Boardroom, 10 Hospital Drive, Peterborough)

1. Call to Order

2. Declaration of Pecuniary Interest

3. Confirmation of the Agenda

4. Delegations and Presentations

4.1. **A Day In The Life – Nutrition Program**
Presenters: Erica Diamond, Public Health Nutritionist
Carolyn Doris, Public Health Nutritionist
Susan Hubay, Public Health Nutritionist
Kristine Roberts, Health Promoter

5. Confirmation of the Minutes of the Previous Meeting

5.1. **February 8, 2012**

6. Business Arising From the Minutes

7. Correspondence

8. Program Reports

Vice Chair Councillor Jill Smith will assume the Chair for this portion of the meeting*

9. New Business

9.1. **Staff Report: Small Drinking Water Systems Program Update**
Tom Cathcart, Manager, Inspection Services

9.2. **Staff Report: One-Tine Funding Requests**
Brent Woodford, Director, Corporate Services

9.3. **Sustainable Peterborough Partnership**
Presenter: Donna Churipuy, Manager, Environmental Health Programs

9.4. **Natural Heritage Strategy**
Presenter: Donna Churipuy, Manager, Environmental Health Programs

9.5. **Risk Management**
Presenter: Brent Woodford, Director, Corporate Services

9.6. alPHa Winter Symposium (February 2012) – Oral Update
David Watton, Reeve Mary Smith, Dr. Pellizzari

10. Committee Reports

10.1. **Governance Committee**

Board Chair Deputy Mayor Andy Sharpe will resume the Chair for the remainder of the meeting*

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

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

Wednesday, April 11, 2011, 4:45 p.m.; Board Room, 10 Hospital Drive

13. Adjournment

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

A Day in the Life…
Real Food. Real Flavour. Really Healthy.

Nutrition Promotion

Public Health Nutritionists (RD)

Health Promoter

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

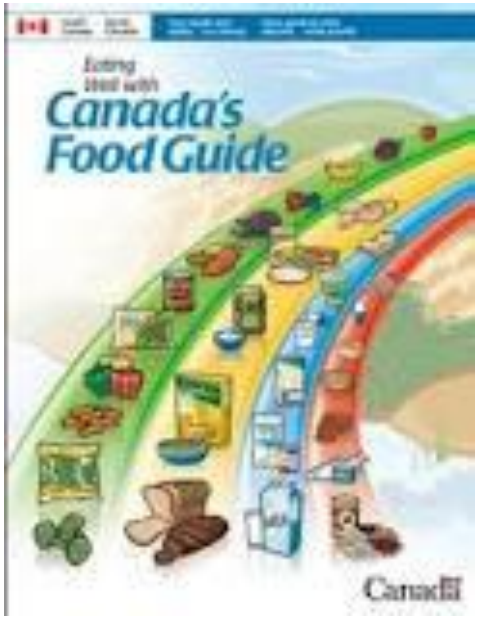
A Day in the Life…span

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

Prenatal Nutrition

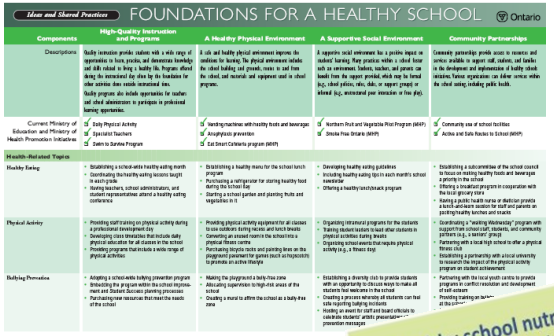
Peterborough County-City HEALTH UNIT
...because health matters!

Infant/Toddler Nutrition

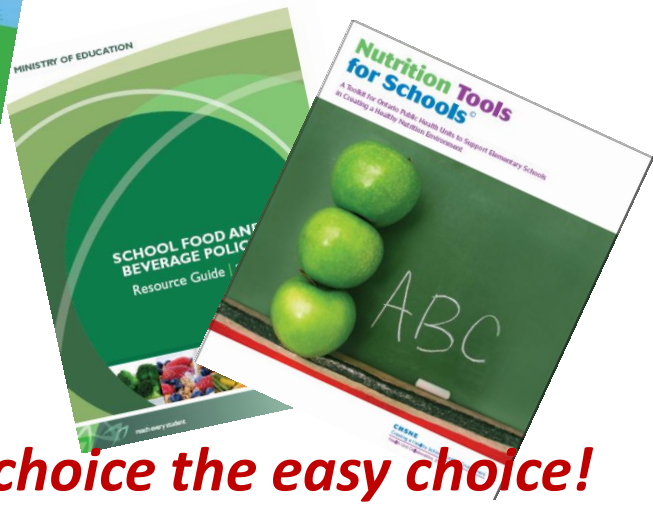


Peterborough County-City
HEALTH UNIT
...because health matters!

School-Aged Children and Youth


Ideas and Shared Practices FOUNDATIONS FOR A HEALTHY SCHOOL Ontario

Components	High-Quality Instruction and Programs	A Healthy Physical Environment	A Supportive Social Environment	Community Partnerships
Descriptions	Quality instruction provides students with a wide range of opportunities to learn, practice, and demonstrate knowledge and skills related to living a healthy life. Programs offered during the instructional day often by the foundation for other activities done outside instructional time. Quality programs also include opportunities for teachers and school administrators to participate in professional learning opportunities.	A safe and healthy physical environment improves the conditions for learning. The physical environment includes the school building and grounds, items in and from the school, and materials and equipment used in school programs.	A supportive social environment has a positive impact on students' learning. Many practices within a school frame such as environment. Students, teachers, and parents can benefit from the support provided, which may be formal (e.g., school policies, rules, clubs, or support groups) or informal (e.g., unstructured peer interaction or free play).	Community partnerships provide access to resources and services available to support staff, students, and families in the development and implementation of healthy school initiatives. Various organizations can deliver services within the school setting including public health.
Current Ministry of Education and Ministry of Health Promotion Initiatives	✓ Daily Physical Activity ✓ Specialist Teachers ✓ Swim to Survive Program	✓ Vending machines with healthy foods and beverages ✓ Anaphylaxis prevention ✓ Eat Smart! Cafeteria program (MHP)	✓ Northern Fruit and Vegetable Pilot Program (MHP) ✓ Smoke Free Ontario (MHP)	✓ Community use of school facilities ✓ Active and Safe Routes to School (MHP)
Health-Related Topics				
Healthy Eating	• Establishing a school-wide healthy eating month • Coordinating the healthy eating lessons taught in each grade • Having teachers, school administrators, and student representatives attend a healthy eating conference	• Establishing a healthy menu for the school lunch program • Purchasing a refrigerator for storing healthy food during the school day • Starting a school garden and planting fruits and vegetables in it	• Developing healthy eating guidelines • Including healthy eating tips in each month's school newsletter • Offering a healthy lunch/snack program	• Establishing a subcommittee of the school council to focus on making healthy foods and beverages a priority in the school • Offering a breakfast program in cooperation with the local grocery store
Physical Activity	• Providing staff training on physical activity during a professional development day • Developing class timetables that include daily physical education for all students in the school • Providing programs that include a wide range of physical activities	• Providing physical activity equipment for all students to use outdoors during recess and lunch breaks • Converting an unused room in the school into a physical fitness centre • Purchasing bicycle racks and painting lines on the playground pavement for games (such as hopscotch) to promote an active lifestyle	• Organizing intramural programs for the students • Training student-leaders to lead other students in physical activities during breaks • Organizing school events that require physical activity (e.g., a fitness day)	• Coordinating a "walking Wednesday" program with support from school staff, students, and community partners (e.g., a seniors' group) • Partnering with a local high school to offer a physical fitness club • Establishing a partnership with a local university to research the impact of the physical activity program on student achievement
Bullying Prevention	• Adopting a school-wide bullying prevention program • Embedding the program within the school improvement and Student Success planning processes • Purchasing new resources that meet the needs of the school	• Making the playground a bully-free zone • Allocating supervision to high-risk areas of the school • Creating a mural to affirm the school as a bully-free zone	• Establishing a diversity club to provide students with an opportunity to discuss ways to make all students feel welcome in the school • Creating a process whereby all students can find safe reporting bullying incidents • Holding an event for staff and board officials to celebrate students' artistic presentations	• Partnering with the local youth centre to provide programs in conflict resolution and development of self-esteem • Providing training on [illegible] at the school



Together we can make the healthy choice the easy choice!

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

Food for Kids

PETERBOROUGH AND COUNTY
Student Nutrition Programs

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

General Public

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

Food Security

Dietary Reference Intakes

Label reading

Media

Workplace Nutrition

Iron

Sports nutrition

Partnerships

Fad Diets

Infant feeding

Portion Distortion

Cafeterias

Antioxidants

Daycares

Local food systems

Calcium & vitamin D

Allergies/Intolerances

Body Image

Food Security

Healthy Weights

Added sugars

Food Policy

Dietary Fibre

Energy Drinks

Trans fats

Meal planning

Sodium reduction

Prenatal nutrition

Vegetables & Fruits

Cyber-chondriacs

Breastfeeding

School Nutrition

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

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Minutes of Board of Health Meeting, February 8, 2012**

Date: March 14, 2012

Recommendation:

That the minutes of the Board of Health meeting held on February 8, 2012 be adopted as circulated.

Please refer to the attached.

Original signed by Larry Stinson for

Rosana Pellizzari, M.D.

Board of Health for the
Peterborough County-City Health Unit
Minutes
Wednesday, February 8, 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
Chief Keith Knott
Councillor Lesley Parnell
Councillor Jill Smith
Reeve Mary Smith
Mr. David Watton

Regrets: Mr. Paul Jobe

Staff: Mrs. Brittany Cadence, Supervisor, Communications Services
Mrs. Wendy Freeburn, Administrative Assistant
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
Mrs. Kerri Tojcic, Computer Technician Analyst
Mr. Brent Woodford, Director, Corporate Services

1. Call to Order

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

Deputy Mayor Sharpe thanked Dr. Ito for his 5 years of service with the Peterborough County-City Health Unit. He was presented with a framed print.

Deputy Mayor Sharpe introduced the new Vice-Chair, Councillor Jill Smith, who was absent at the last meeting. Deputy Mayor Sharpe stated that Vice-Chair Councillor Smith and Chair, Deputy Mayor Sharpe will be making a few changes this year and will share details at a later date.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Confirmation of Agenda

Moved by Councillor Clarke — Seconded by Councillor Parnell

That the agenda be approved as circulated with the addition of item 4.3, Delegation, Kawartha Safe Technology Initiative.

- Carried - (M-12-16)

4. Delegations and Presentations

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

Mrs. Freeburn provided an overview of the multi-faceted roles of the secretarial staff who offer support to over 100 program staff, management and 28 programs.

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

Ms. Cadence and Ms. Tojcic gave a brief overview of plans for the new website that is scheduled to launch May 1, 2012. The Board was given a preview of the new look and format. Staff and area residents will be invited to take part in an on-line survey to provide feedback on the new site prior to the launch.

4.3 Delegation - Kawartha Safe Technology Initiative
Presenter: Mrs. Kathy McDermid

Mrs. McDermid, a parent and member of the Kawartha Safe Technology Initiative (KSTI), spoke to the Board about the KSTI January newsletter that was included in correspondence. Mrs. McDermid asked the Board of Health to:

1. Advise School Boards to continue with hard-wired internet connections in all schools, and desist from the use of wireless technology, until such time as radio frequency electromagnetic radiation has been reclassified by the World Health Organization and IARC as "Class 4 – Probably not Carcinogenic", to safeguard the health of our students and teachers.
2. Advise the general public through an education campaign about the precautionary use of wireless devices to minimize microwave radiation

exposure; for instance, beginning by issuing a public precaution that wireless laptops not be placed on laps during operation.

3. Advise the City and County of Peterborough member municipalities, school boards and hospitals to adopt a precautionary approach with respect to the use of wireless technology, and reconsider its use in the context of all public places.

5. Confirmation of the Minutes of the Previous Meeting

Moved by
Councillor Parnell

Seconded by
Chief Knott

That the minutes of the Board of Health meeting held on January 11, 2012 be approved as circulated.

- Carried - (M-12-17)

6. Business Arising From the Minutes

6.1 Electronic Agendas
Brent Woodford, Director, Corporate Services

Mr. Woodford provided results of a survey that was previously sent out to Board Members requesting feedback on moving to electronic agendas. Mr. Woodford explained that a secure website would be set up for Members to access, however, those that preferred paper copies would be provided with them. Members will be provided with both electronic and paper copies for the March meeting, printed copies will be reduced for April. Mr. Woodford will send out an email informing Board members how to access the site.

7. Correspondence

Moved by
Mayor Fallis

Seconded by
Reeve Smith

That the following documents be received for information.

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

- Carried (M-12-18)

Moved by Mr. Embrey
Seconded by Reeve Smith
That the Peterborough County-City Health Unit write another letter to Dr. Paul Roumeliotis to re-iterate our concerns with the increased membership fees and for alPHa to speak with the OPHA.

- Carried (M-12-19)

Moved by Mayor Fallis
Seconded by Councillor Clarke
That Dr. Pellizzari inquire about the results of Dr. Cope's findings, and to send a letter to the Board of Education to find out the rationale for proceeding with Wi-Fi versus continuing with existing hard-wired connections in its schools.

- Carried (M-12-20)

8. Program Reports

8.1 Q4 2011 Program Report
Presenter: Larry Stinson, Director, Public Health Programs

Mr. Stinson gave an overview of the Health Unit's activities during the fourth quarter of 2011.

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

Mr. Woodford gave an overview of the Health Unit's financial status for the fourth quarter of 2011, and stated that we were meeting our financial obligations.

Moved by Councillor Clarke
Seconded by Mayor Fallis
That the Board of Health for the Peterborough County-City Health Unit receive the Q4 2012 Program Report and Financial Update for information.

- Carried (M-12-21)

9. New Business

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

Moved by Mr. Watton — Seconded by Councillor Clarke

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Grant Writing Assignment Retrospective, for information. This report will be used during the Board of Health's strategic planning.

- Carried (M-12-22)

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

Moved by Mayor Fallis — Seconded by Mr. Embrey

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

- Carried (M-12-23)

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

Moved by Mayor Fallis — Seconded by Mr. Watton

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.

- Carried (M-12-24)

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

Moved by Councillor Clarke — Seconded by Councillor Parnell

That the Board of Health for the Peterborough County-City Health Unit approve the 2011/12 Healthy Communities Fund – Partnerships Program budget.

- Carried (M-12-25)

Moved by Mr. Watton — Seconded by Chief Knott

That the Board of Health for the Peterborough County-City Health Unit write a letter to the Ministry expressing concern for the local impact of the indecision, unrealistic timelines, and lack of consistent direction that been associated with this program.

- Carried (M-12-26)

10. Committee Reports

10.1 Governance Committee

Moved by Mayor Fallis — Seconded by Mr. Embrey

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

- Carried (M-12-27)

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

Moved by Councillor Clarke — Seconded by Councillor Parnell

That the Board of Health go In Camera to discuss confidential Property and Health Protection matters.

- Carried - (M-12-28)

Moved by Councillor Parnell — Seconded by Councillor Clarke

That the Board of Health rise from In Camera.

- Carried – (M-12-29)

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

March 14, 2011, Board Room, 10 Hospital Drive

13. Adjournment

Moved by
Councillor Clarke

Seconded by
Councillor Parnell

That the meeting be adjourned.

- Carried – (M-12-30)

The meeting adjourned at 7:20 p.m.

_____
Chairperson

_____
Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: March 14, 2012

Recommendation:

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

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1. Correspondence related to Wi-Fi:

    a. Email dated February 14, 2012 from Dr. Pellizzari to Mr. Rusty Hick, Director, Kawartha Pine Ridge District School Board (KPRDSB) regarding wireless connections as KPRDSB schools. ***(REF. P. 3)***
    b. Letter dated March 5, 2012 from KPRDSB in response to correspondence item 1a. ***(REF. P. 4-6)***
    c. Emails dated February 21 and 25, 2012, from Mr. P. Stumpf. ***(REF. P. 7-8)***
    NOTE: Delegation request to the Board was referred by the Board Chair to internal staff. A meeting has been scheduled with Mr. Stumpf and PCCHU staff.
    d. Form letter response provided to correspondence items 1e-j. ***(REF. P. 9-10)***
    e. Email dated February 21, 2012 from Mr. and Mrs. H. Lunn. ***(REF. P. 11)***
    f. Letter dated February 21, 2012 from Mr. C. Niziolek. ***(REF. P. 12-16)***
    g. Email dated February 22, 2012 from Ms. L. McColl. ***(REF. P. 17-18)***
    h. Email dated Feburary 24, 2012 from Ms. M. Welch. ***(REF. P. 19)***
    i. Email dated February 26, 2012 from Mr. C. Niziolek. ***(REF. P. 20-28)***
    j. Email dated March 5, 2012 from Ms. M. Nuen. ***(REF. P. 29)***

2. Correspondence related to the Drummond Report:

    a. Letter dated February 23, 2012, from the Ontario Public Health Association (OPHA), to Minister Matthews, Ministry of Health and Long-Term Care (MOHLTC). ***(REF. P. 30-31)***
    b. Staff Report dated February 24, 2012 for the Toronto Board of Health. ***(REF. P. 32-42)***
    c. Letter dated March 1, 2012 from the Association of Local Public Health Agencies (alPHa), to Premier McGuinty, Government of Ontario. ***(REF. P. 43-45)***

3. Letter dated February 2, 2012 from Minster Aglukkaq, Ministry of Health, to Chairman Sharpe, in response to his original letter dated May 30, 2011, regarding the advertisement of breast-milk substitutes. ***(REF. P. 46-47)***

4. Letter dated February 15, 2012 from Dr. Pellizzari to Minster Hoskins, Ministry of Children and Youth Services, regarding funding for the Infant and Toddler Development Program. ***(REF. P. 48-49)***

5. Email dated February 22, 2012 from Dr. Pellizzari to Linda Stewart, Executive Director, alPHa, regarding the status of explorations with the OPHA for shared resources. ***(REF. P. 50)***

6. Letter dated February 23, 2012, from Minister Matthews, MOHLTC, regarding funding for Panorama. ***(REF. P. 51-52)***

7. News release from the Ministry of Education regarding new concussion legislation, forwarded by email from Linda Stewart, alPHa, on March 6, 2012. ***(REF. P. 53-54)***

8. Email received March 6, 2012 from alPHa regarding the 2012 alPHa Annual Conference (June 10-12, 2012, Niagara, ON). ***(REF. P. 55-65)***

9. Letter dated March 7, 2012 to Minister Matthews, MOHLTC, from Chairman Sharpe, regarding influenza vaccination rates for health care workers. ***(REF. P. 66)***

10. Letter dated March 7, 2012 to Minister Matthews, MOHLTC, from Chairman Sharpe, regarding HPV vaccination. ***(REF. P. 67)***

11. Letters/Resolutions from other Health Units:

    Durham Region
    - Nutritious Food Basket ***(REF. P. 68-69)***

Original signed by Larry Stinson for

Rosana Pellizzari, M.D.

From: Rosana Pellizzari
Sent: Tuesday, February 14, 2012 9:53 AM
To: rusty_hick@kprdsb.ca
Cc: Andy Sharpe
Subject: Request from the Board of Health

Dear Mr. Hicks,
At last week's Board of Health meeting, a delegation from the Kawartha Safe Technology Initiative made a deputation. Kathy McDermott wished to bring the Board's attention to their January Newsletter which included a table which alleged levels of 0.07 – 0.18 W/m² in a KPR classroom with only one computer streaming video. Ms. McDermott warned that RF exposures could be dramatically higher in a classroom that had several computers using WiFi. She also made the comment that it would be more prudent for the Board of Education to use an alternative approach, such as "hard wiring".

In November, Dr. Ray Copes spoke to the Board of Health about the safety of wireless technology. He addressed the concerns that have been raised from a recent reclassification of the IARC that has categorized radiofrequency electromagnetic fields as a "possible carcinogen" by reminding the Board of Health that this classification refers to emissions from cell phones and not to environmental exposures. To quote the IARC report: "In reviewing studies that addressed the possible association between environmental exposure to RF-EMF and cancer, the Working Group found the available evidence insufficient for any conclusion." The Board of Health is aware that the exposures from WiFi are extremely low and only a fraction of exposures from mobile phones.

However, given the ongoing concerns of a small number of parents, the Board has requested additional information in order to fully understand your situation. Would it be possible for you to comment on the table that was provided to the Board of Health (page 2 of the KSTI January 2010 newsletter) and also to explain your rationale for not accommodating the wishes of these concerned parents to offer a WiFi-free alternative? We understand that there are probably many factors contributing to your decision.

The Board of Health will be meeting again on March 14th. I would be happy to include your written response as part of the Board's agenda package that night. The Board of Health meets monthly and there will be additional opportunities if the March dates do not work for you.

Thank you for your consideration of this request. I look forward to hearing from you and will be certain to direct your response to the Board.

Rosana Pellizzari, MD, CCFP, MSC, FRCPC
Medical Officer of Health,
Peterborough County-City Health Unit

KAWARTHA PINE RIDGE
DISTRICT SCHOOL BOARD

March 5, 2012

Dr. Rosana Pellizzari
Medical Officer of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON K9J 8M1

Dear Dr. Pellizzari:

On behalf of the Kawartha Pine Ridge District School Board, we would like to thank you for this opportunity to share why the use of wireless technology is a crucial component of 21st Century learning.

As you may know, in June 2010 our Board approved a $5.4M instructional technology plan that established a framework to guide the expanded use of technology in our schools.

Set out in three phases, the plan links both the use and provision of instructional technology (wireless networking, interactive White or 'Smart' boards, teacher and student computers, assistive technology, desktop video, email for students) with student achievement goals.

The plan addresses the growing need to equip our students with the technological tools to develop the 21st Century skills necessary in our modern society. Wireless networking, and the fluidity and connectivity to global learning resources, is a key component of this plan.

Through wireless technology, teachers and students can engage with the world in new and innovative learning environments, through modern classroom tools, that help students to grow and experience success in a way that is just not possible through hard-wired classrooms.

In practical terms, WiFi enables a teacher to roll in a cart of netbooks and distribute them around the class without having 24 ethernet cables running from the cart to the student desks. This mobility allows students to move around the classroom, the school, and work in various groups again without cables strewn across the floor. WiFi also allows the teacher and their laptop to roam freely around the classroom. Last, but not least, WiFi allows students to bring in their own technology (laptops, netbooks, iPods, etc.) and connect to the internet without using cables. In fact many of the new, smaller portable devices do not even have ethernet ports on them and the only way they can connect to the internet is through WiFi or 3G data networking.

This anywhere/anytime access to the global world is a key tool in not just consuming information – but creating knowledge.

EDUCATION CENTRE
1994 Fisher Drive
P.O. Box 7190
Peterborough, Ontario
K9J 7A1

(705) 742-9773
1 (877) 741-4577
Fax: (705) 742-7801

Website: www.kprschools.ca

It is also important to note that wireless technology is an indispensable component of assisted technology devices that support some of our most vulnerable and medically fragile students.

Our schools, students and teachers are excited with the connectivity we are providing. We also know that it is being used extensively: in the month of January alone we had over 15,000 personal device connections from our students and staff.

We use the same technology that people are using in their own homes. Wireless technology is commonplace and prevalent throughout society, within all aspects of modern life: places of work, schools, hospitals, libraries, cafes, and in many, many homes. It is a fact of modern life.

Similar wireless signals for AM/FM radio and television have been present everywhere in our school board jurisdiction for many years, as have cellular phone signals.

We also know that the technology is safe. Health Canada, the World Health Organization, numerous international, provincial and local health authorities have all concluded that the use of wireless technology does not pose a public health risk.

Wireless technology has been in place in school boards, universities and other public institutions, including hospitals, such as The Hospital for Sick Children, for years. Our education partners at the Peterborough Victoria Northumberland and Clarington Catholic District School Board have had wireless classrooms in some schools since November 2006.

To further alleviate any possible concerns on behalf of our parents and community, we established a testing protocol to ensure that all WiFi equipment deployed within our buildings is safe for our students and staff, and well within the standards established by Health Canada. We make the results of this testing for each school available on our website (www.kprschools.ca)

Although we cannot comment specifically on the readings found in the KSTI Newsletter dated January 2012, we can assure the board that of the 94 schools we have tested, our highest reading noted was 0.041 W/m2. Although we have yet to roll-out our mobile devices for teachers and students as part of the instructional technology plan, our initial testing with 15 laptops streaming video at the same time resulted in a reading of 0.015 W/m2 or 0.15% of the limit established by Health Canada.

What is misleading in the KSTI Newsletter is that there is no reference made to the limit set by Health Canada Safety Code 6, which is 10.0 W/m2. Furthermore, the Newsletter fails to highlight the fact that their own readings 0.07-0.18 W/m2 are still well below the limits established by Health Canada so although we are not able to produce the same results, we see no cause for concern given the low readings shown in this newsletter.

To date, our testing results have shown electromagnetic readings 1,000 to 10,000 times lower than national safety standards.

As you can understand, in areas of public health we rely on the guidance and direction established by experts in the field. In this case, Health Canada, the World Health Organization, and provincial health authorities including the Peterborough County-City Health Unit have all concluded that the use of wireless technology does not pose a public health risk.

The board believes strongly in its commitment to providing equitable learning opportunities to all students and providing the tools necessary to teach in the 21st Century.

Sincerely,

Diane Lloyd
Chairperson of the Board

W.R. (Rusty) Hick
Director of Education

From: changescape@sympatico.ca [mailto:changescape@sympatico.ca]
Sent: Wednesday, February 22, 2012 12:54 PM
To: Alida Tanna; Rosana Pellizzari
Cc: ray.copes@oahpp.ca; changescape@sympatico.ca
Subject: Delegation to PCCHU Board of Health, February or March meeting

Hello Ms. Tanna and Dr. Pellizzari:

Could you please advise if it is possible for me to speak on the topic of "Risk Management: Wifi-field studies in schools" at the next upcoming Peterborough Board of Health meeting.

I would require 15 minutes to explain the RF-measurement specifications described in Safety Code 6 and describe a recommended procedure to complete RF-exposure measurements compliant to SafetyCode 6 specifications.

I would be more than happy to answer any questions on this subject matter.

It might be of particular interest to invite the following decision makers in order to answer any questions they might have and discuss steps for risk mitigation of the issue on hand.
* Dr. Ray Copes (OAHPP)
* Mr. Rusty Hick (KPRDSB)
* Mr. Greg Kidd (KPRDSB)
* Mr. John Lawrence (KPRDSB)
* Mrs. Jody Whetung (KPRDSB)

Please advise if you can allocate time for a presentation and date of the meeting.

Please let me know if you have any questions.

Best regards, Peter Stumpf, P.Eng.
phone: 705 931 1488 (mobile) or 705 740 7091 (bus.)

From: changescape@sympatico.ca [mailto:changescape@sympatico.ca]
Sent: Saturday, February 25, 2012 8:56 AM
To: Alida Tanna
Subject: Follow up: Request for delegation to PCCHU Board of Health at March meeting

Hello Ms. Tanna:

In addition to my request for delegation at the March PCCHU Board of Health Meeting from February 22nd, I would like to provide the following presentation material for consideration and approval by the Chair:

Purpose of Presentation:
* Assess the risk of exposing the general public to RF-radiation without adhering to the requirement of verifying that RF-exposure levels are below maximum allowable limits when measured in compliancy with Safety Code 6 specifications.
* Review Safety Code 6 specification published by Health Canada with focus on *section* 2.2 (pg. 18) *"Exposure of Persons Not Classed as RF and Microwave Exposed Workers (including the General Public)"* and required RF-exposure measurements outlined in Appendix V of Safety Code 6.
* Review the fact that the RF-exposure measurement procedure specified in Safety Code 6 does not exclude or exempt the school environment.
* Require KPRDSB to have a RF-field study compliant to Safety Code 6 completed by an accredited third party as already presented at the Peterborough Board of Health Meeting in November 2011.

Presentation material:
* Copy of Safety Code 6 (attached)*
* Measurement procedure for RF-exposure in compliancy to Safety Code 6 (attached in e-mail from Dec. 21, 2011)

Additional material which will be consulted during the presentation
* E-mail to Mr. Rusty Hick from February 21, 2012 (attached)*
* E-mail from Dr. Pellizzari supporting the requirement for RF-exposure measurements compliant to Safety Code 6 from December 21, 2011 (attached)*
* Installation instructions of Merun Router
* Introduction to Risk Management Process

Presentation Format:
* I would require 15-20 minutes to explain the RF-measurement specifications described in Safety Code 6 and describe the procedure to complete RF-exposure measurements compliant to SafetyCode 6 specifications.
* I would be more than happy to answer any questions on this subject matter.

Note: It might be of particular interest to invite the following decision makers in order to answer any questions they might have and discuss steps for risk mitigation of the issue on hand.
* Dr. Ray Copes (OAHPP)
* Mr. Rusty Hick (KPRDSB)
* Mr. Greg Kidd (KPRDSB)
* Mr. John Lawrence (KPRDSB)
* Mrs. Jody Whetung (KPRDSB)
* Mr. Dave Wing (ETFO)
* Mr. Valence Young (ETFO)

Please let me know if you have any questions.

Best regards, Peter Stumpf, P.Eng.
phone: 705 931 1488 (mobile) or 705 740 7091 (bus.)

NOTE: Attachments (*) available upon request.

RESPONSE FROM PCCHU:

Dear _____,

Thank you for your correspondence received by Dr. Pellizzari on _____, it will be provided to the Board of Health at its March 14th meeting.

Recently there have been concerns raised about possible adverse health effects from radiofrequency energy emitted from wireless communication systems (Wi-Fi), particularly with regard to students. Many parents are trying to educate themselves about this issue and it can be difficult to get a clear answer. This can be very unsettling when it involves something as dear to us as the health and safety of our children.

The radiofrequency band has widespread use and the public has been exposed to these frequencies for decades however Wi-Fi is a relatively new application of the radiofrequency (RF) band. Many other technologies use the RF band, including cell phones, television and radio, home cordless phones, and microwave ovens. Exposure to RF from Wi-Fi represents only a small proportion of a person's exposure to RF. Research indicates that exposure to RFs from Wi-Fi is very low - 1000 times or more below exposure guidelines in Safety Code 6.

The spectrum of electromagnetic frequencies is divided into non-ionizing and ionizing bands. The ionizing bands and ultraviolet radiation frequencies are of most concern as they are known to be carcinogenic. The RF band is a band of non-ionizing radiation that ranges from 3 kilohertz to 300,000 megahertz and lacks sufficient energy to break chemical bonds. Wi-Fi exposure research demonstrates that a child typically using a laptop with a wireless router receives less than 1% of the specific absorption rate for a typical mobile phone. In addition, the maximum and median Wi-Fi exposures are significantly below limits set by the International Commission on Non-Ionizing Radiation Protection.

It is reassuring to know that extensive reviews conducted by the Health Protection Agency in the United Kingdom, Health Canada, the Royal Society of Canada and Public Health Ontario on the potential effects of Wi-Fi conclude that there is no evidence of health risks associated with exposure to Wi-Fi.

While those who claim Wi-Fi is dangerous say evidence about its safety is inconclusive, it is important to understand that inconsistency and, in some cases, conflict between the results of individual scientific studies often happens in health research. However, good public health decisions can still be made. That is why public health officials such as Health Canada and Public Health Ontario take into account *the entire body* of scientific research when considering the potential health effects of a certain issue instead of selecting specific studies to support a particular opinion.

There has been some confusion related to the classification by the International Agency for Research on Cancer (IARC) of cellular phone use as a possible carcinogen. The IARC did not

make this classification for wireless devices like Wi-Fi which are of much lower power densities. Resolution 1815, which was passed by the Parliamentary Assembly of the Council of Europe in 2011, recommends that preference be given to wired Internet connections in schools however the Council does not provide a weight of evidence approach for its recommendations.

Research on potential health effects from Wi-Fi exposure is an active field of investigation. For this reason, up-to-date reviews of scientific research which follow a weight of evidence approach are far more useful for informing debate and sound policymaking than reliance on individual studies.

I want to reassure you that the use of Wi-Fi does not pose a public health risk. The weight of evidence abundantly shows that as long as exposure to radiofrequency energy emitted from Wi-Fi equipment in schools is below the safety limits established by Health Canada, there is no convincing scientific proof that this equipment is dangerous to students. In fact, there is profuse research concluding that Wi-Fi exposure is not only well within recommended limits, but is only a small fraction (less than 1%) of what is received during typical use of cellular phones.

As you continue to study the health effects of Wi-Fi it is important to seek out resources that consider the full scope of credible research into this area. Many of these can be found on the Health Unit's website at www.pcchu.ca. If I can be of further assistance please contact me at (705)743-1000.

Sincerely yours,

Shawn Telford-Eaton
Public Health Inspector
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON K9J 8M1
PH: 705-743-1000 x 287
Fax: 705-743-2897
Email: stelford@pcchu.ca

From: Lunn [linternet@cogeco.ca]
Sent: Tuesday, February 21, 2012 6:30 PM
To: Info Mail
Subject: Thank you to Board of Directors

Please forward this email to the Board of Directors. We would like it to be included in the correspondence section of the next board meeting.

21 February 2012

To Whom It May Concern:

The purpose of this letter is to thank the PCCHU Board of Directors for taking notice of such high levels of electromagnetic radiation in the KPR schools at the February board meeting.

We are parents of children in a KPR school, and we do not wish for our children to be exposed to any electromagnetic radiation while at school. This exposure is unnecessary and we encourage the Peterborough County City Board of Health to advise the Kawartha Pine Ridge District School Board to use the precautionary approach regarding the use of wi-fi in their schools.

It is true that exposure to electromagnetic radiation is all around us. However, we choose not to have wi-fi at home. We choose not to give our children cellphones (or us, either). We choose not to live in a high density urban area where there is stray radiation. We have had our home tested and cleaned up for dirty electricity. We choose to live a healthy lifestyle (not giving our children six or more cups of coffee a day or feed them a constant diet of fermented pickles as their only source of vegetables). We are choosing not to have our children exposed to this radiation while they are out of our care and at school. Sadly, though, that choice has been taken away from us as parents. If we want our children educated, we must either let them be radiated on a daily basis or pay to send them to a private school without wi-fi. And no, home schooling is not an option.

So, to the Board of Directors for the PCCHU, we would like to say thank you for taking action on the wi-fi issue and questioning the school board as to why they need wi-fi in the first place. We thank you for sending your questions to Dr. Ray Copes for further consideration. We thank you for considering the safety of our children, and for taking the first steps towards removing wi-fi from our local schools so they can spend their days free from radiation exposure. We look forward to staying abreast of this issue and learning what the school board has to say, and what action Dr. Ray Copes will recommend.

Sincerely,

Howard and Louise Lunn

Alida Tanna
Administrative Assistant to Dr. Rosana Pellizzari, Medical Officer of Health and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1

Please enter into the record for correspondence

Dear Members of the Peterborough Board of Health.

I am glad to hear of the Board of Health's decision to take action and protect the school children of Peterborough County. This demonstrates a genuine concern for the community as well as a responsibility for the safety of its most vulnerable citizens; the children.

What I think I know

I haven't heard of any doctor, director, minister or anyone in a position of authority to provide concerned parents a written and signed letter confirming that consistent long term exposure to WiFi is safe for children. No document like this exists in the world. The reason for this would most likely be because no scientist could ethically experiment on children. Therefore WiFi in schools appears to be the single largest experiment ever conducted on children. Unfortunately this experiment is totally useless because no data (i.e. health, behavior, marks, etc.) prior or during the process is being collected. It is also my understanding that insurance companies do not insure cell phone company providers. This may explain why I haven't received the name of any insurance company that ensures our children have 3rd party medical indemnity against any damage caused by microwave radiation

WiFi operates at the exact same frequency as a microwave oven which was originally called the radar range 2.4 GigaHertz. Radar and microwave phone technology was developed for the military and many radar operators in WWII died of cancer. Statistics show military personnel and their families in countries all over the world, living and/or working near base station transmitters experience higher levels of cancer. Basically below around 100 Mega Hertz the wave length is too long to be absorbed by mammals but frequencies above 100MHz have shorter wave lengths which can be absorbed by mammals.

Regarding the reason that in 2011 - IARC a division of WHO (World Health Organization) listed wireless radiation as a possible carcinogen in the face of opposition from the telecommunications industry and government stems from a study done by the U.S. AIR Force in 1984. This study was HIDDEN for 27 years before becoming public in 2011. That seemed to be just enough time to take mobile phones from scarcity to about a 5 billion cell phones habit in the World today. Here's a reference to that study.

The U.S. Air Force sponsored a study of rats exposed to pulsed microwaves at 2.45 GHz. Note that K band traffic radars operate at around 2.4025 – 2.4250 GHz (475 - 250 MHz lower); also the

study used pulsed microwaves and traffic radar is continuous (not pulsed). The research cost 54 million dollars and was conducted by the University of Washington School of Medicine in Seattle and published in 1984. The study showed a significant increase in malignant tumors and noted affects in the adrenal glands and the entire endocrine system. This investigation suggests the maximum allowable exposure for humans set by the ANSI (American National Standards Institute) and IEEE (Institute of Electrical and Electronic Engineers) are too high; human exposure limits should be more stringent.

There are many countries around the world that have regulated much lower levels of microwave exposure than Canada & the U.S. I have numerous documents, studies and reports that clearly demonstrate a relationship between a variety of physical and mental illness from constant exposure to even low levels of microwave radiation. I have attached 2 letters from medical doctors and can readily share any more of these statements with the Board upon request. The amount of dementia, sleeplessness and heart problems that is occurring nowadays, I suspect may be a toxic mixture of chemicals, heavy metals and microwaves. The public already has to deal with over a 110,000 man made chemicals in the water, air and food but now with the influx of cell towers and mobile phones this may be why Cancer has become the #1 killer in the World.

This is why a precautionary principle must be used when exposing children EVERY DAY at school to another form of cancer causing radiation The PRECAUTIONARY PRINCIPLE states when there are indications of possible adverse effects, though they remain uncertain, THE RISKS FROM DOING NOTHING may be FAR GREATER than the RISKS OF TAKING ACTION TO CONTROL THESE EXPOSURES. Children are especially vulnerable because their young bodies are still developing. How do you know which child will be sensitive to this type of radiation?

My story

I was educated in electrical/electronic engineering technology. I have worked as a technologist for over 23 years as a technical representative. I was responsible for emergency/repair/maintenance as well as design/install computer systems for building automation and controls for heat/cool/energy management/fire & security. I developed sensitivities over time working with and near RF transmitters but being in electrical and mechanical rooms along with extensive work on computers; I was also exposed to electromagnetic fields. I need to say that the fibre optic systems that I have worked with rarely if ever failed and they are virtually maintenance free. The first noticeable damage occurred to my nerve endings in my upper back near my shoulders. Whenever I am stressed (i.e. rush hour traffic, under hydro lines while golfing, etc.), it would feel like something was trying to scratch its way out of my back. Medical doctors recommended proper posture but starting massage about 10 years ago was the most effective treatment for me. Today one side of my back seems to be healed and the other side seems to have faded and very seldom activates. I did stop working about 4 years ago due to numerous reasons and I still continue to get headaches when near radio frequency transmitters like WiFi routers, cell towers and mobile phones. It feels like my temples are in a vice and it takes hours for the headache to dissipate provided I minimize my exposure by promptly distancing and/or protecting myself from the transmitter.

UNIVERSITY AT ALBANY
State University of New York

Institute for Health and the Environment
and
Department of Environmental Health Sciences
School of Public Health

28 January 2011

WiFi Committee of School District 61
Victoria, British Columbia

Dear Sirs/Madams:

This is concerning potential adverse health effects associated with exposure to radiofrequency (RF) radiation, specifically that from wireless routers. I am a public health physician who has been involved in issues related to electromagnetic fields (EMFs) for a number of years. I served as the Executive Secretary for the New York Powerline Project in the 1980s, a program of research which showed that children living in homes with elevated magnetic fields coming from powerlines suffered from an elevated risk of developing leukemia. I have edited two books on effects of EMFs, including RF radiation. I served as the co-editor of the Bioinitiative Report (www.bioinitiative.org), a comprehensive review of the literature on this subject. The public health chapter from this report was subsequently published in a peer reviewed journal, and that is attached. Also I testified before the President's Cancer Panel on this subject in 2009, and a publication coming from that testimony is also attached. Thus this is a subject which I know well, and one on which I take a public health approach that has as a fundamental principle the need to protect against risk of disease even when one does not have all the information that would be desirable.

There is clear and strong evidence that intensive use of cell phones increases the risk of brain cancer, tumors of the auditory nerve and cancer of the parotid gland, the salivary gland in the cheek by the ear. The evidence for this conclusion is detailed in the attached publications. WiFi uses similar radiofrequency radiation (1.8 to 5.0 GHz), although the intensity of exposure in the immediate environment is much lower than what one gets from holding a cell phone close to your head. The difference between a cell phone and a WiFi environment, however, is that while the cell phone is used only intermittently a WiFi environment is continuous. In addition WiFi transmitters are indoors, where people (and in this case, children) may be very close to them. There is evidence from Scandinavian studies of cell phone usage that children who use cell phones are about five times more likely to develop brain cancer than if use starts as an adult. Thus it is especially important to protect children.

To my knowledge there has not been any health investigation of individuals living or working in WiFi environments as compared to others who are not. However, because the radiation is the same as those for cell phones, there is every reason to assume that the health effects would be the same, varying only in relation to the total dose of radiation. Wired facilities do not generate any RF radiation. While there is not specific proof that WiFi increases risk of cancer, there is certainly no evidence that it is safe. I urge you to not put WiFi in any school. Children should not be put at increased risk of developing cancer.

Yours sincerely,

David O. Carpenter

David O. Carpenter, M.D.
Director, Institute for Health and the Environment
University at Albany

East Campus, 5 University Place, Room A217, Rensselaer, NY 12144-3429
PH: 518-525-2660 FX: 518-525-2665
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STEPHEN T. SINATRA M.D., F.A.C.C.
F.A.C.N., C.N.S., C.B.T.,
Integrative Metabolic Cardiology

April 15, 2011

Chairman and Trustees
Kawartha Pine Ridge District School Board Education Centre
1994 Fisher Drive
Peterborough, Ontario
K9J7A1

RE: WiFi in Schools

Dear Chairman and Trustees:

The heart is a delicate and complex electromagnetic organ that can be adversely affected by exogenous signals from wireless technology and microwave radiation. For this reason it is unwise to expose students and teachers to WiFi radiation for internet access, especially when safer alternative wired options are available.

Children are particularly vulnerable to this radiation and the incidents of cardiovascular events including sudden cardiac arrest, seems to be increasing, especially among young athletes (up to the age of 19). In some cases this is due to undetected heart defects, blunt trauma to the heart in contact sports, and heat stress during strenuous exercise, but in other instances these irregularities may be exacerbated by or due to microwave signals interfering with the autonomic nervous system that regulates the heart.

I know this because I am a board certified cardiologist and have been a Fellow of the American College of Cardiology since 1977. At the Manchester Memorial Hospital in Connecticut, I served in several roles, including Chief of Cardiology, Director of Cardiac Rehabilitation, and Director of Medical Education.

In both Canada and the United States a large number of students are complaining that they feel unwell in classrooms that have WiFi technology. These complaints have been investigated and what emerges is the following:

1. Symptoms common among these students include headaches, dizziness, nausea, feeling faint, pulsing sensations or pressure in the head, chest pain or pressure, difficulty concentrating, weakness, fatigue, and a racing or irregular heart accompanied by feelings of anxiety. These symptoms may seem diverse but they indicate autonomic dystonia or dysfunction of the autonomic nervous system.

The Optimum Health Building • 257 East Center Street • Manchester, CT 06040 • TELEPHONE: 860-647-9729 • FAX: 860-643-2531
www.opthealth.com

2. Symptoms do not appear in parts of the school that do not have this technology (WiFi-free portables) and they do not appear in homes that do not have wireless technology.
3. One student, scheduled for heart surgery, was able to avoid surgery by reducing exposure to microwave radiation.
4. We know that the heart is sensitive to and can be adversely affected by the same frequency used for WiFi (2.4 GHz) at levels a fraction of federal guidelines (less than 1%) and at levels that have been recorded in two Ontario schools with WiFi technology.
5. The incidence of sudden cardiac arrests (SCA) among young athletes is increasing and doctors don't know why. In one small Ontario community, the number of students experiencing SCA is disturbingly high. Whether WiFi and nearby cell phone antennas exacerbate SCA needs to be investigated further before students are subjected to these fields.

In conclusion it is unwise to install wireless technology (WiFi) in schools. We do not know what the long-term effects of low-level microwave radiation are on students and teachers. The safety of this technology on children has not been tested and I would advise that you follow the precautionary principle that states the following:

> "*In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.*" (Rio Conference 1992).

The principle implies that we have a social responsibility to protect the public from exposure to harm, when scientific investigations have found a plausible risk. That "plausible risk" exists for microwave radiation at very low levels. These protections can be relaxed only if further scientific findings emerge that provide sound evidence that no harm will result. In some legal systems the application of the precautionary principle has been made a statutory requirement.

Sincerely,

Stephen T. Sinatra, M.D., F.A.C.C., F.A.C.N., C.N.S.

-----Original Message-----
From: Laurie Mccoll [mailto:lmccoll@flemingc.on.ca]
Sent: Wednesday, February 22, 2012 7:22 PM
To: Alida Tanna
Subject: WiFi in Schools

Hello Alida,

Please see my attached letter as correspondence for our Chief Medical Officer, Rosana Pellizzari and the Health Unit's Board Members regarding the removal of WiFi in our children's schools.

I appreciate your time and consideration in this matter.

Sincerely,
Laurie

Laurie McColl

lmccoll@flemingc.on.ca
1-705-874-1303

1831 Mapleridge Drive
Peterborough, Ontario
K9K 1R1

February 22, 2012

Peterborough County-City Health Unit
Attention: Alida Tanna, Administrative Assistant

Dear Alida:

I am a concerned parent writing on behalf of many parents who are extremely concerned with the installation of WiFi in our children's schools.

I was very pleased to read the article in the Peterborough Examiner regarding the Health Unit's position to question the Kawartha Pine Ridge District School Board regarding the installation of WiFi in our children's schools. I sincerely hope the Health Unit's Board members and our Chief Medical Officer will continue to pursue this issue and help parents/local citizens in making a change to improve our schools by having WiFi removed which will ultimately protect our children.

The potential risks of WiFi in our children's schools far outweighs any benefits the school board has purposed; in fact the school board can accomplish the same technological benefits by simply hardwiring the schools…..unfortunately they decided to install wireless as it is more cost effective. This decision has been done without any consideration for our children's health. I feel cost should not come before safety!

WiFi comes with a long list of health concerns. Exposing our children to microwave radiation will be detrimental to their health. This radiation is absorbed directly into our children's bodies with reported short-term side effects being headaches, nausea, dizziness, and heart palpations. Long-term effects include cancer and infertility.

There is not enough evidence to support the safety of using WiFi especially in the long-term. Our local school board needs to take a precautionary approach; this states that when an "activity raises potential threats of harm to human health, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically." The precautionary principle puts the burden of proof on the companies to prove wireless technology is safe, not on the concerned parents, teachers, and public to prove it is harmful. There is just not enough evidence at this time to ensure safety!

My family has already experienced great hardship with the school board's decision to install WiFi in schools. With our concern of the potential risks associated with WiFi, my husband and I decided to remove our daughter from school in April 2011 the first day WiFi was activated at her school. Our daughter continues to be absent from school due to the health related risks associated with WiFi. This has been a huge adjustment and personal comprise for our family in order to ensure she receives the necessary education to meet all the grade 1 requirements according to the Ministry of Education. This had been very challenging to say the least. I had no choice by to resign from my profession as a nurse in order to spend the required time each day to teach my daughter the grade 1 curriculum. This has been a huge emotional and financial sacrifice! My husband and I would absolutely love the opportunity to make a different choice next school year. We would be so grateful if the Health Unit's Board Members and our Chief Medical Officer would continue to help in the removal of WiFi from our children's schools so that our daughter and many other children can return to a safe school environment for the 2012 school year.

Please forward this letter as correspondence to all of the Board Members as well as Dr. Rosana Pellizzari to thank them for all of their support regarding this issue.

We are looking forward to WiFi free schools!

Kindest Regards,

Laurie McColl

From: Mattea Welch [mailto:mattea.welch@gmail.com]
Sent: Friday, February 24, 2012 5:31 PM
To: Alida Tanna
Subject: Wireless internet in Schools

Dear Members of the Peterborough Board of Health,

I am writing you because of the concern I have regarding wireless internet in public schools. I am a computing major at Queen's University and work with many students and professors who are researching this area. It is true that electomagnetic fields are all around us, no matter where you live, and that is why it is important to limit exposure where possible.

However, WiFi is a kind of radio wave that operates at either 2.4 or 5 gigahertz – slightly higher than your cell phone. Since they're designed to allow for transmission of very large amounts of data, WiFi radio waves also emit greater amounts electromagnetic radiation. I do not see any need for WiFi to be available in schools where students skulls are not fully developed and hard-wired internet is an option. Please, practice the precautionary principal. There have been no long term studies, so there is no way to know for sure that this technology is safe.

Mattea Welch

From: Craig Niziolek [mailto:craigniziolek@gmail.com]
Sent: Sunday, February 26, 2012 9:39 AM
To: Alida Tanna
Subject: Ontario English Catholic Teachers Association

Alida Tanna

Administrative Assistant to Dr. Rosana Pellizzari, Medical Officer of Health and the Board of Health

Peterborough County-City Health Unit

Hi Alida

Here is an electronic copy of the OECTA's position paper.

Please enter into the record for correspondence

Thanks.

Take care,

Craig Niziolek
469 Hopkins Ave
Peterborough, Ontario
K9H 2R9

A position regarding the use of Non-Ionizing Electromagnetic Radiation, including WiFi, in the workplace

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OECTA Provincial
Health and Safety Committee

ONTARIO ENGLISH
Catholic
Teachers
ASSOCIATION

www.oecta.on.ca

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Introduction
There are growing health and safety concerns regarding the widespread use of technology, such as cellular phones and wireless computer networking (WiFi), which produce non-ionizing electromagnetic radiation. It is estimated that at least 3 percent of the population has an environmental sensitivity to the radiation that is emitted by these devices and, as a result, experience serious immediate physical/biological effects when exposed. As has been the case with other known societal health and safety issues, such as exposure to cigarette smoke or asbestos, the health effects of unprecedented long term exposure to this radiation may not be known for some time. Widespread use of, or exposure to, wireless communication devices and WiFi technology in Ontario schools, can be positioned as a potential workplace hazard.

This paper examines what is currently known about the impact of non-ionizing electromagnetic radiation, reviews the implications it can have for Ontario schools, including OECTA members, and makes recommendations to the Ontario English Catholic Teachers' Association on the issue.

What is Non-ionizing Electromagnetic Radiation?
Non-ionizing electromagnetic radiation is part of the low frequency/energy and longer wavelength electromagnetic spectrum. The subset of the non-ionizing electromagnetic radiation spectrum that is discussed in this paper occurs below the visible light spectrum and is created by human technological intervention and is not usually created to any major extent by natural processes. Non-ionizing radiation was traditionally thought to be of no harm because it is of low enough energy that an ionizing effect, a process known to cause immediate damage to the human tissue and DNA (cancer causing), does not occur. Familiar forms of non-ionizing electromagnetic radiation are; the visible spectrum, infrared (heat), radio/television and radar/microwave. Most of our wireless communications devices including cellular/home wireless (DECT) phones and WiFi use non-ionizing electromagnetic radiation in the microwave frequency band.

Health Canada's Position
Health Canada has deemed that the low levels of this microwave radiation, which are emitted through such vehicles as cell phones and WiFi, are safe because they are below the threshold limit values (TLV) that have been set in their standard called Safety Code 6 (SC6) Guideline of 1000 $\mu W/cm^2$, (pronounced micro watts per centimetre squared) for microwave radiation. As long as exposure is below the SC6 threshold, Health Canada considers the radiation to be 'safe'.

The SC6 guideline is based on a short-term (6-minute average) exposure in an adult male. As such, it does not take into consideration longer-term exposure or effects on slighter individuals and young children. SC6 considers only thermal (heat based) tissue effects and does not consider other biological effects of this radiation to assess safety. Furthermore, SC6 Guidelines are also only intended for federal buildings and do not necessarily apply to schools.

The World Health Organization and Other Jurisdictions
On May 31, 2011, the World Health Organization's (WHO) International Agency for Research on Cancer (IARC) classified radiofrequency electromagnetic fields as a class 2b carcinogen (possibly carcinogenic or cancer causing to humans). They citied biological effects recognized in adult cellular telephone studies for their decision. This categorization by the WHO prompted Health Canada to issue an advisory calling for prudent avoidance of cellular phone use among children and youth. No long term studies have been done regarding mobile phones on children or regarding WiFi on adults or children.

Other countries have more stringent guidelines than Canada. For example in Russia, exposure to 1000 μW/cm^2 (SC6 Guideline for microwave radiation, which includes WiFi) is only allowed for 15 minutes per day. In Canada, children can be exposed all day and every day to this level. The Czech guidelines for pulsed microwave radiation, which is known to be more harmful than non-pulsed radiation, allow exposure to 4 μW/cm^{2}for a 6-hour day (school day) which is only 0.4 percent of the SC6 Guideline.

Switzerland, China, Hungary and Poland also all have stricter guidelines than Canada. Their guidelines are stricter because they are not solely being based on heating of the body. They also include consideration of other biological, such as changes in calcium flux, changes in the permeability of the blood-brain barrier and damage to DNA.

Exposure Increases With Use

When a WiFi network is turned on, any radiation exposure would be only due to the radiation emitted from the wireless transmitter's beacon signal, with little or no use of clients on the wireless network. Each wireless device that connects to the network is a new non-ionizing radiation emitter that opens a new exposure stream over and above the beacon signal strength, which will add to the overall exposure of anyone in the nearby field. Often, testing done to measure the impact of the radiation from the wireless network is done based on the transmitter's beacon signal only, and does not take into consideration the impact of having multiple clients on the network at the same time. If the long-term goal is to encourage widespread use of the wireless network by personal electronic devices such as IPads, IPods, smartphones as well as notebooks or laptop computers, then exposure levels to this radiation will be unpredictable and higher than simple measurements would imply.

If 'safe' implementation is based on emissions being lower than Health Canada's SC6 TLV of 1000 μW/cm^2 then employers must ensure that this limit is not breached through a hazard control program that should include periodic field monitoring. This type of monitoring program is the jurisdiction of the JHSC as described in the OHSA S. (9)(18).

Effects from Exposure

There are reports of a number of immediate biological effects that are experienced with exposure, such as; headaches, nausea, dizziness, difficulty concentrating, weakness, pressure in the head, and a racing or fluttering heart (tachycardia). Moreover, students are considered to be more susceptible to microwave radiation because of their age and their earlier stages of development.

Implementation of WiFi technology in schools will produce unprecedented exposure to microwave radiation of approximately 6 hours each school day, 5 days a week, for 40 weeks each year. This will be without any studies being done to determine the effects of either the short-term or long-term effects of this microwave exposure on adults as well as children.

Electromagnetic Hypersensitivity

A portion of the population are estimated to be affected in some way by an environmental sensitivity called electro-hypersensitivity, which is an increased sensitivity to non-ionizing radiation, and may become ill when WiFi is initialized.

> "Approximately 3 percent of the population (over 1 million Canadians) has been diagnosed with environmental sensitivities (ES) which include multiple chemical sensitivities (MCS) and electromagnetic sensitivity."[1]

[1] Park J and Knudson S. *Medically Unexplained Physical Symptoms*. Statistics Canada. 12-1-2007.

Some studies show that adults who are electrically sensitive react to this frequency (2.4 GHz) at levels 0.3 percent of SC6 Guidelines.[2]

The reactions include heart irregularities, a rapid heart rate and changes to the regulation of both the sympathetic and parasympathetic nervous system. These are biological effects and do not involve microwave heating to the body.

Unlike with other forms of hypersensitivity, peanuts for example, the general public may not yet associate any of these symptoms with exposure to non-ionizing radiation such as WiFi. Sufferers feel unwell and attribute their state to some other cause. Currently our workplaces are smoke-free and nut-free regardless of the minority of the population being affected.

Environmental Sensitivity is a Disability

Environmental Sensitivity, including electro-hypersensitivity, is recognized as a disability under the Canadian Human Rights Code. As such, all workplaces, including educational institutions (schools) have a duty to accommodate students and staff diagnosed with environmental sensitivities.[3,4]

Employers have a duty to accommodate persons with environmental sensitivities under the Canadian Human Rights Code as well as the Accessibility for Ontarians with Disabilities Act (AODA).[5]

Role of the Joint Health and Safety Committee

Any potential hazard in the workplace falls under the power and the jurisdiction of the Joint Health and Safety Committee(s) (JHSC), as established in S. 9(18) of the Occupational Health and Safety Act (OHSA) – see appendix A. It is within the powers of the Joint Health and Safety committee for each workplace to identify potential hazards and make recommendations for the establishment of hazard control programs to address hazards in the workplace.

Joint Health and Safety Committees have the ability to include all potential hazards, such as non-ionizing electromagnetic radiation, in a hazard control program developed for the workplace. These hazard control programs are developed locally to oversee the application and monitoring of appropriate control measures to minimize worker injury.

Hazards are required to be eliminated where possible or at least have the risk of injury reduced by the application of controls. A hazard control program can be established to address the potential for injury from non-ionizing radiation, including WiFi.

Hazard Control and Prudent Avoidance

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[2] Havas et al, "Provocation Study Using Heart Rate Variability Show Microwave Radiation from 2.4 GHz Cordless Phone affects autonomic nervous system," Eur. J. Oncol. Library Vol. 5.
[3] Canadian Human Rights Commission. *Legislation and Policies: Policy on Environmental Sensitivities*. June 15, 2007. www.chrc-ccdp.ca/legislation_policies/policy_environ_politique-en.asp
[4] Ontario Human Rights Commission (OHR): *Guidelines on Accessible Education* at www.ohrc.on.ca/en/resources/Guides/AccessibleEducation?page=AccessibleEducation-CREATING.html#Heading262 (see "Accounting for Non-Evident Disabilities").
[5] Wilkie, C. & Baker, D., "Accommodation for Environmental Sensitivities: Legal perspective," Canadian Human Rights Commission, May 2007

Administrative and physical controls are most effective when applied at the source of the hazard. Controls gradually decrease in effectiveness as you move along the path of the hazard, with the least effective being at the worker level (wearing personal protective equipment). Controls for WiFi would best be guided by the ALARA principle (As Low As Reasonably Achievable), as well as by applying the concept of prudent avoidance (of non-ionizing radiation). Section 25 (2)(h), of the OHSA states "An employer shall take every precaution reasonable in the circumstances for the protection of a worker".

Examples of prudent avoidance control measures may include, but need not be limited to:

- The continued use of wired technology as most existing buildings are currently wired with Ethernet.
- Ensuring new buildings/construction includes a fully wired Ethernet infrastructure.
- Where new network connections are required, add to the existing wired network by running new wiring to that location. It is still less expensive to add the odd Ethernet drop each year than to add a completely redundant wireless system to the entire facility.

- Where new wired locations are not practical, consider using a PowerLine HD Ethernet Adapter (or similar technology) to pass a network signal through existing electrical lines.

  D-Link® is just one manufacturer that offers PowerLine Ethernet Adapters that allow the use of existing electrical wiring to act as Ethernet wires to create or extend a network by turning every power outlet in to a potential ethernet port.

- Where a wireless connection is required, use single application wireless routers (similar to home use wireless routers) which can be temporarily connected to an existing Ethernet port within the room/area, eliminating the need to permanently wire a router. A classroom or conference room can be made wireless for only the class/conference time period.

- Pre-plan the deployment of permanently installed wireless routers such that they can be easily recognized and turned on or off, either manually or electronically, to provide access only when necessary.

- Consider placing wireless routers to service smaller zones so that use in one area does not produce undue exposure in others. Create 'WiFi enabled areas' (and therefore 'WiFi disabled areas') such as in libraries or cafeterias that provide limited scheduled access to the network if necessary.

Other components of a control program may include but need not be limited to:

- Labelling of all transmitter locations - Workers have the right to know about potential hazards.

- A maintenance/monitoring program for the wireless access points to ensure no over powering or excessive emissions occur. The JHSC has a duty to monitor exposure of existing WiFi installations because exposure during peak use, with most clients connected, should not exceed the SC6 TLV of 1000 $\mu W/cm^2$.

Summary

1. We do not know what the long-term effects of low-level non-ionizing radiation are on those who are exposed (workers and students). No form of radiation can be deemed 'safe' as it depends on the constitution of the individual exposed, the amount of exposure as well as a sufficient amount of time to pass to observe any health effects that have a long latency period (i.e. cancer).

2. The WHO has classified low-level non-ionizing radiation in the microwave band associated with celluar phones as a class 2b carcinogen (possible carcinogen) and Health Canada has warned about limiting the use of handheld personal electronic equipment such as cellular phones among youth. Initializing WiFi for personal electronic equipment will result in an unpredictable exposure as use varies.

3. A segment of the population are environmentally sensitive (a disability according to the Canadian Human Rights Commission) to low level non-ionizing radiation and may experience immediate physical/biological reactions when exposed.

4. Employers including School Boards have the duty to accommodate persons with disabilities including that of electro-hypersensitivity. A widespread investment in a redundant WiFi network may limit the ability to reduce WiFi exposure thereby accommodating workers with an electro-hypersensitivity disability.

5. The safety of this technology has not thoroughly been researched and therefore the precautionary principle and prudent avoidance of exposure should be practiced.

6. The purposeful introduction of non-ionizing radiation transmitters, such as WiFi, into the work place is considered to be the introduction of new equipment that presents a potential health and safety hazard for workers. As such, it is the duty of the Joint Health and Safety Committee to develop a hazard control program to; assess the risk of injury from the potential hazard, recommend controls to be applied to address the hazards, and to monitor the effectiveness of the applied controls.

7. Administrative and physical control methods to address the hazards of non-ionizing radiation, such as WiFi, in the workplace are readily available and relatively easy to apply. Application of controls would be completely consistent with the ALARA (As Low As Reasonably Achievable) approach and the precautionary principles as well as the general duty clause, Section 25 (2)(h) of the *Occupational Health and Safety Act.*

Recommendations

I. OECTA recognizes that there is a growing concern regarding the potential adverse health effects of the use of wireless technology which requires the broadcasting of non-ionizing electromagnetic radiation, typically in the radio/microwave frequency band.

II. OECTA recognizes that the installation of WiFi microwave transmitters and the expanded use of wireless devices in Catholic schools and educational facilities across the Province of Ontario may present a potential Health and Safety risk or hazard in the workplace.

III. OECTA recognizes the need to provide information to the Joint Health and Safety Committee(s) at the local Unit level regarding the potential hazards and prudent avoidance control measures regarding the presence of non-ionizing radiation (WiFi) in the workplace such that they may exercise their powers as established under S. 9(18) the Occupational Health and Safety Act (OHSA).

IV. OECTA post this position paper on the OECTA website.

Appendix

Occupational Health and Safety Act **[**R.S.O. 1990, c. O.1, s. 9 (18)]

Powers of committee S (9)(18)

(18) It is the function of a committee and it has power to,

(a) identify situations that may be a source of danger or hazard to workers;

(b) make recommendations to the constructor or employer and the workers for the improvement of the health and safety of workers;

(c) recommend to the constructor or employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health or safety of workers;

(d) obtain information from the constructor or employer respecting,

(i) the identification of potential or existing hazards of materials, processes or equipment, and

(ii) health and safety experience and work practices and standards in similar or other industries of which the constructor or employer has knowledge;

(e) obtain information from the constructor or employer concerning the conducting or taking of tests of any equipment, machine, device, article, thing, material or biological, chemical or physical agent in or about a workplace for the purpose of occupational health and safety; and

(f) be consulted about, and have a designated member representing workers be present at the beginning of, testing referred to in clause (e) conducted in or about the workplace if the designated member believes his or her presence is required to ensure that valid testing procedures are used or to ensure that the test results are valid. R.S.O. 1990, c. O.1, s. 9 (18).

From: mille nuen [mailto:nuenm@yahoo.com]
Sent: Monday, March 05, 2012 10:14 AM
To: Alida Tanna
Subject: letter to the board of health members/ entered into the record for correspondence

Alida Tanna
Administrative Assistant to
Dr. Rosana Pellizzari, Medical Officer of Health
and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive, Peterborough, ON K9J 8M1

e. atanna@pcchu.ca

Dear PCCHU Board of Directors;

It has come to my attention that, at the February 8th board meeting, you received documentation regarding the levels of electromagnetic radiation emitted from the newly installed routers in the Kawartha Pine Ridge District School Board schools.

Hundreds of studies exist showing that electromagnetic radiation exposure is harmful to humans, however, these studies have been largely ignored because Health Canada uses the 'weight of evidence' approach. Sadly, the studies that the telecommunications industry funds (and ironically the ones that tend to show 'no effects' from wireless radiation) far outweigh the independently funded research. Even Industry Canada does not dismiss that negative biological effects are occurring from exposure to electromagnetic radiation.

I am extremely pleased that the Board of Directors for the PCCHU has decided to seek further guidance from Dr. Ray Copes on this issue, and has requested that the KPR school board explain to the directors why wireless internet access is needed. This is a good first step in responding to concerns brought forward by community members with the only intention being to protect the children who attend these schools.

Thank you, again, for looking into this matter in more depth. It is my hope that the wi-fi is removed from our schools in the near future.
I would like to have this letter **entered into the record for correspondence**

Sincerely,

Mille Nuen

Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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February 23, 2012

Hon. Deborah Matthews, Minister of Health
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Re: Commission Report on *Public Services for Ontarians: A Path to Sustainability and Excellence*

Dear Minister Matthews:

We are taking this opportunity to congratulate you on the release of your Action Plan and also to outline some key issues of interest in regards to last week's release of *Public Services for Ontarians: A Path to Sustainability and Excellence*. As you may be aware, the Ontario Public Health Association is a member-based not-for-profit association representing 10 public health disciplines within the province all focused on advancing public health. The contents of both your report and the Drummond Report are extremely relevant to public health.

The Report by Commissioner Drummond has been much discussed amongst the OPHA membership. OPHA is pleased to see Commissioner Drummond state that one of the key answers to 'bending' the health care spending curve is to focus on prevention. OPHA believes that the public health and community health sectors have a significant role to play in further enhancing disease and injury prevention and health promotion efforts. In particular, we look forward to supporting your Ministry in address the obesity epidemic in the province.

OPHA welcomes Commissioner Drummond's recommendation that the provincial government develop a 20-year action plan for the health system. We urge the Government of Ontario to follow through with this recommendation and to place disease and injury prevention, and health promotion and protection at the centre of any plan it drafts. Again, OPHA would be happy to assist your Ministry in the development of this plan.

We appreciate the Commission's acknowledgement of the complexity surrounding the current public health sector funding arrangement in Ontario, but we would like to reiterate that this would require a thoughtful and thorough exploration into the recommendation to upload funding to the province. The need to balance enhanced efficiency, health system integration and funding sustainability and stability, with the need to ensure that the sector's strong ties to municipalities in local policy development, services planning, delivery and integration must be considered in all funding discussions.

Further, Commissioner Drummond recommended that LHINs' mandates should include public health as a component of integrating care across the system. OPHA agrees that greater system integration is required across the health system. However, an in-depth analysis and investigation of the necessary critical structural and process changes will be required in order to ensure that the integrity of the public health sector is maintained and that it is able to function optimally and effectively in accordance with the Ontario Public Health Standards. Experience from other Canadian jurisdictions has revealed some of the successes and failures in the area of public health integration into regional heath authorities. Our Association has spent considerable time investigating this issue and would be delighted to support the Ministry in reviewing this recommendation.

Congratulations again on your Action Plan. We were delighted to see the focus on prevention and look forward to supporting your efforts. OPHA would be happy to discuss further our perspectives and views on Drummond's recommendations in relation to public health and prevention. You may contact me at president@opha.on.ca.

Sincerely,

Susan Makin

Susan Makin
President, Board of Directors

PS. I have enclosed our media release and a letter of congratulations to Commissioner Drummond on the release of his report.

c.c. A. King, Chief Medical Officer of Health, Ministry of Health and Long Term Care, Government of Ontario.

TORONTO

STAFF REPORT
ACTION REQUIRED

Commission on the Reform of Ontario's Public Services (Drummond Report): Implications for Public Health

Date:	February 24, 2012
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

The report of the Commission on the Reform of Ontario's Public Services (Drummond Report) was issued by the Province of Ontario on February 15, 2012. The report contains over 360 recommendations. The Commission was established by the Province of Ontario in early 2011 with the objective of identifying cost-saving and efficiency measures across all major areas of provincially funded programs and services.

This report to the Board of Health provides an initial overview of a number of the key recommendations directly relating to the organization and funding of public health in Ontario.

The Commission report proposes a series of measures aimed specifically at achieving cost savings, greater integration and efficiency in the Ontario health system. Almost one third of the 362 recommendations in the report pertain to the health sector. Included in these are a series of recommendations specifically regarding the funding and structure of public health in Ontario including; the need to explore 100% provincial funding for public health, the need for greater coordination between public health and other sectors, the need for enhanced emphasis on health promotion, and a recommendation to "integrate public health into the broader health system (i.e. LHINs)".

The legal and administrative strengthening of the provinces 14 Local Health Integration Networks (LHINs) forms a key part of the report recommendations on health care, with a strong set of recommendations advocating that greater power and control over funding decisions be vested in the LHIN structure as a vehicle to achieve savings based upon advancing integration. In addition, the report highlights the need for Ontario to place greater emphasis on a range of health promotion measures, develop a chronic disease

prevention strategy, and take greater action on childhood obesity to improve longer term health outcomes and reduce hospital expenditures.

This report contains an initial assessment of the implications of the recommendations directed at the public health sector and outlines issues to be considered by the provincial government if it should pursue these recommendations. This report also proposes that the Medical Officer of Health actively monitor and report to the Board on any provincial government responses to the Commission report with direct implications for public health or the health of the population of Toronto.

RECOMMENDATIONS

The Medical Officer of Health recommends:

1. That the Board of Health recommend to the Minister of Health and Long-Term Care, that the following steps be undertaken prior to considering implementation of any recommendation pertaining to public health funding, organization or governance:

    a. A comprehensive assessment of the implications of the public health recommendations of the Commission report in light of the detailed recent third party reviews of the Ontario public health system previously commissioned by the government of Ontario and the federal government. Specifically, this assessment should review the prior recommendations of the three volume independent SARS Commission report chaired by the late Justice Archibald Campbell; the report of the Expert Panel on SARS and Infectious Disease Control chaired by Dr. David Walker; the report of the National Advisory Committee of SARS and Public Health, chaired by Dr. David Naylor; and the final report of the Ministry of Health and Long-Term Care commissioned Capacity Review Committee.

    b. A full and open consultation process including Boards of Health, the Council of Ontario Medical Officers of Health, the Association of Local Public Health Agencies, the Ontario Public Health Association and other key public health stakeholders.

2. That the Medical Officer of Health monitor the provincial government response to all recommendations contained within the Commission report with the potential to impact upon the health of the population of Toronto and to report to the Board as appropriate.

3. The Board of Health forward this report to the Ontario Boards of Health; the Association of Local Public Health Agencies; and the Ontario Public Health Association.

Financial Impact
There are no financial implications arising from this report.

ISSUE BACKGROUND
The Commission on the Reform of Ontario's Public Services was established by the Government of Ontario in March 2011 with a five point mandate to advise the Government of Ontario on the measures to be considered for the Province to be able to balance expenditures and revenues on or before the fiscal year 2017/18.

The background to the Commission's mandate is the stated intent of the Province of Ontario to eliminate the provincial deficit on or before 2017/18 and to make sustainable progress in addressing the approximately $14 billion provincial deficit (2011). In summary form, the five point mandate of the Commission was stated as follows;

1. Advise on how to balance the budget earlier than the 2017/18 fiscal year.

2. Once the budget is balanced, ensure a sustainable fiscal environment.

3. Ensure that the government is getting value for money in all its activities.

4. Do not recommend privatization of health care or education.

5. Do not recommend tax increases.

The Commission report is comprised of 20 chapters and 362 specific recommendations covering virtually all aspects of Ontario public expenditures including social programs, environmental programs, the health system and other areas with potential implications for the health of the public. This report focuses on the recommendations with direct implications for the structure and funding of the public health system. The full Commission report can be found at http://www.fin.gov.on.ca/en/reformcommission/

The Current Model: Public Health in Ontario
Currently the public health services provided to Ontarians according to the Ontario Public Health Standards under the Health Protection and Promotion Act are delivered through 36 Boards of Health across Ontario.

While the governance model of local public health agencies varies somewhat between local jurisdictions depending on the structure of local government, overall the public health structures are aligned directly or indirectly with municipalities. The municipal linkage in public health has been a fact of public health delivery since the creation of the first Board of Health over 128 years ago in Toronto.

The municipal linkage of public health in Ontario is now unique in Canada. In all other jurisdictions, public health functions are integrated into varying forms of provincially funded regional health authorities which also deliver other health services, such as hospitals and long-term care.

The Current Model: Local Health Integration Networks (LHINs)

LHINs were introduced in Ontario between 2005 and 2006 under the previous Liberal government. LHINs were established with the goal of decentralizing decision making in health care to the local level and promoting improved planning, coordination and integration among health care service providers within a given region.

The 14 LHINS are currently organized on planning boundaries derived from hospital catchment areas, which, for the most part do not align well with municipal boundaries. One practical implication of the LHIN regions is that the City of Toronto is currently dissected by five separate LHIN planning areas, making operational coordination for Toronto Public Health (TPH) with the broader health system considerably more complex than if the planning boundaries were congruent with the City.

The LHINs are established by legislation and are governed by Boards of Directors appointed by the Minister of Health and Long-Term Care through order-in-council. While the LHINs currently have a mandate to promote integration, their efforts to achieve this goal have, the Commission report argues, been constrained by limitations in their legal power to require service amalgamation, and a funding role which has largely been dictated by the Ministry of Health and Long-Term Care (MOHLTC). These factors, combined with inadequate staffing levels and a power imbalance between the boards of LHINs and the boards of major hospitals and other health care organizations, have, the commission argues, impeded the pace of integration and reform in Ontario health care.

Currently the LHINs flow funding allocated by the Ministry of Health and Long-Term Care through to hospitals, Community Health Centres, Community Care Access Centres (CCACs) and a host of community agencies. Public health is currently funded and enters into accountability agreements directly with the provincial government, primarily with the Ministry of Health and Long-Term Care.

The Commission on Health Care

The Commission recommendations pertaining to health care emphasize greater integration and reform, not simply to reduce costs, but also to improve service delivery and to reduce fragmentation of health services. It is in this context that a number of recommendations are made regarding the need for greater local control through LHINs and specifically for increasing the legal authority and power of LHINS and expanding those areas of the health care under LHIN governance or funding.

The Commission Vision: A 20 Year Plan for Health Care

The Health chapter of the Commission report advocates for Ontario to adopt a 20 year plan for health care in Ontario. This plan, the commission recommends, should be grounded in eight basic principles. These proposed principles include a number of frequently stated goals for the health care system and include the following points:

- The system should be centred on the patient, not on the institutions and practitioners in the health care system;

- The plan should focus on the coordination of services for patients in a fully integrated, system wide approach;

- There should be a heightened focus on preventing health problems, including the role of public health in meeting this goal;

- The quality of care can and should be enhanced despite the need to restrain increased spending; the objectives of quality care and cost restraint must go hand in hand;

- Policies should be based on evidence that provides guidance on what services, procedures, devices and drugs are effective, efficient and eligible for public funding.

Within the context of the proposed 20 year plan, the commission then lays out a series of proposals designed to create a more efficient and more integrated health care system. At the heart of these proposals is "(T)he Commission's intent to further strengthen the existing system, moving forward with the original intent of integrated regional health delivery." Essentially what is proposed is a regional health authority based model within which all health care providers/organizations are brought under the planning, funding and potentially governance domain of the LHIN.

According to the Commission, LHINs should be reduced in number from the existing 14 (though no desired number is specified) and strengthened in terms of legal powers, degree of autonomy for the Ministry of Health and Long-Term Care, resourcing and mandate. Of specific note is an observation made in the report that consideration be given to realigning the boundaries of the Toronto LHIN to make it correspond to the boundaries of the City of Toronto.

In the body of the report, the Commission notes that "three quarters of the influences that account for health outcomes barely register in the health care debate" and considerable emphasis is placed upon the need for greater investments in health promotion and disease prevention as a means to both improve outcomes and reduce long-term cost pressures on the system.

In addition to a wide range of cost saving or efficiency measures such as increasing the use of telemedicine, decreasing reliance on physicians in favour of other (lower cost) providers, increasing the use of collective purchasing and consolidation of back office functions in hospitals, the report proposes a number of fundamental changes with large implications for public health if adopted.

Key Commission Recommendations with Potential Implications for Public Health:

The Commission report notes that "In our Status Quo Scenario … Ontario's health care budget rises from $44.77 billion in 2010-11 to $62.46 billion by 2017-18, for an average

annual increase of 4.9 per cent." The Commission comments that such growth is unsustainable and results in a 3.5% increase per year in the proportion of total government spending taken up by health care. In short, the Commission argues, health care costs are unsustainable and are, over time, eroding all other areas of program spending by the Province.

The Ontario health care system is depicted in the Commission report as not a system but a set of service delivery silos which are inefficient and disjointed. The impact of this lack of integration, the report states, is felt most keenly, by those with multiple chronic conditions requiring interaction with multiple service providers. System reform is therefore seen as essential not only to ensure that the health care system is sustainable, but to improve patient experience, care and health outcomes.

The key Commission recommendations with direct or indirect implications for public health are summarized below:

Health Care Funding:

- Overall health care program spending should be capped at a maximum annual increase of 2.5% a year until 2017/18.
- *Explanatory:* Total health expenditures would be capped at 2.5% a year, all other areas of program expenditure outside health would be capped at a maximum 0.8% increase. Given the current rate of annual increase is 4.9% and traditionally has ranged from 5-6%, this goal would represent a considerable tightening of the MOHLTC budget. It is also important to note that areas of high growth in health (e.g. Provincial Drug Program) will impact upon the available transfer payment funds for all health care providers.

Governance and Structures:

- "Grant Local Health Integration Networks the authority, accountabilities and resources necessary to oversee health within the region, including allocating budgets, holding stakeholders accountable and setting incentive systems. The LHINs should have clear powers to deal with all aspects of the health system's performance in their area, including primary care (physicians), acute care (hospitals), community care and long-term care. This would include setting budgets and/or compensation for all players." (Recommendation 5-27)

Toronto LHIN:

- "Attention could be paid to the confusion caused by the five LHINs in the Greater Toronto Area; the boundaries of some cut across those of the municipalities they must deal with, especially on matters of public health." (Recommendation 5-11)

Consolidation of Agencies and Boards:

- "Consolidation of health service agencies and/or their boards should occur where appropriate, while establishing any new consolidated agencies as separate legal entities to limit major labour harmonization and adjustment costs." (Recommendation 5-13)

- "Establish a Commission to guide the health reforms … There is a precedent for this approach; the Health Services Restructuring Commission was given power from 1996 to 2000 to expedite hospital restructuring …"
(Recommendation 5-104)

Integration of Public Health

- "Integrate the public health system into the other parts of the health system (i.e., Local Health Integration Networks). Much public health work is done outside the primary health care sector, for example, in matters of settlement and housing. The potential impacts of budget integration should be taken into consideration as the funding sources for public health are strongly linked to municipal budgets." (Recommendation 5-78)

Public Health Funding

- "Review the current funding model that requires a 25 per cent match from municipalities for public health spending. Many municipalities are now considering reducing their funding, which puts public health units at risk of losing provincial support as a result of the municipal cuts." (Recommendation 5-79)

- "Consider fully uploading public health to the provincial level to ensure better integration with the health care system and avoid existing funding pressures." (Recommendation 5-80)

Public Health Service Coordination

- "Improve co-ordination across the public health system, not only among public units, but also among hospitals, community care providers and primary care physicians. With the advent of LHINs, hospitals refocused on acute care and core services, but as an unintended result, they began pulling back on public health functions such as diabetes counselling." (Recommendation 5-81)

Chronic Disease Prevention

- "Replicate British Columbia's Act Now initiative, which has been identified by the World Health Organization (WHO) as a best practice for health promotion and chronic disease prevention, in Ontario. There appears to be some correlation between health outcomes and the amount provinces spend on public health … This apparent correlation between public health spending and health outcomes needs to be further explored through research to determine the benefit-cost ratios." (Recommendation 5-82)

- "Do more to promote population health and healthy lifestyles and to reverse the trend of childhood obesity, especially through schools. In addition, the government should explore regulatory options for the food industry. This would require the integration of health promotion activities with municipalities and school boards, among others. It will be important to take a whole of government

approach to population health and include population health in planning considerations." (Recommendation 5-84)

- "Work with the federal government on nutrition information and, where appropriate, regulation … Ontario should act alone in areas such as restricting the amount of trans fat and sodium permissible in restaurant and manufactured foods, and establishing a provincial chronic disease prevention strategy, including nutrition, tobacco, alcohol and physical activity measures." **(**Recommendation 5-85)

COMMENTS

The public health system in Ontario was extensively reviewed and recommendations were made in numerous reports in the aftermath of the 2003 SARS outbreak. Comprehensive and detailed studies of the system included the three SARS Commission Reports produced by the late Justice Archibald Campbell, the interim and final reports of the Expert Panel on SARS and Infectious Disease Control, chaired by Dr. David Walker and Expert Panel report at the Federal level chaired by Dr. David Naylor.

All of these prior reports concluded that major strengthening was required in the Ontario public health system, in terms of funding levels, independence, organization and structure. None of these reports advocated an integrated regional model of public health service delivery along the lines of the Commission report.

In response to the post-SARS reports the Ontario government in 2004 launched a major series of reforms to public health. Grouped under a framework entitled Operation Health Protection, significant legislative changes were undertaken, new public health program standards put in place, a new provincial public health agency was created, and a significant change was made in the funding formula for public health from 50% to 75% Provincially funded.

The Commission on the Reform of Ontario's Public Services, in crafting the recommendations pertaining to the "integration of public health into the broader health system" appears not to have taken into consideration the findings of these extensive and detailed independent reviews, or indeed government policy initiatives in public health over the past decade.

Public Health and LHINs

Very limited data currently exists to adequately determine the superiority of one form of organization of public health governance over another; not only is the form of organization hard to objectively evaluate, the programs and services provided by each province and territory vary based both upon population need and organizational history.

In the integrated regional delivery systems in place in other jurisdictions, such as the regional health authorities in British Columbia; a case can be made that coordination and linkages between public health and other health care services is potentially enhanced by

having the public health governance, management leadership and staffing for a region integrated into the regional health care management structure.

However, only a relatively small portion of the full range of public health services benefit from closer integration with hospital and other treatment services. These include some aspects of communicable disease control and early childhood interventions. An effective working partnership with other major sectors, such as education, municipal services and social services is arguably equally if not more important for the effective delivery of a wide range public health interventions and the achievement of public health objectives.

A commonly noted concern regarding the integration of public health into a regional health authority is the loss of proximity and engagement with municipally based services such as school boards, economic and social services, housing, parks and recreation, and urban planning. Missing in the analysis undertaken in the Commission report is how these important relationships could be retained in an integrated regional health model.

It is also important to note that Toronto Public Health already has numerous collaboration and service initiatives underway with the broader health care sector including community health centres, hospitals, long-term care and family health teams, the vast majority of which existed prior to the creation of LHINs and have not been dependent upon LHINs for success.

The Ministry of Health and Long-Term Care sponsored Capacity Review Committee (CRC) established in early 2005, specifically included in its mandate a detailed examination of the optimal number and better geographic alignment of public health units with the emerging LHIN structures.

The final report of the CRC, issued by the Ministry of Health and Long-Term Care in May 2006 contained detailed recommendations for the amalgamation of a number of the smaller public health units in the province which would allow for critical mass of public health capacity across Ontario and improved geographic alignment between LHINs. The CRC supported recommendations would also have strengthened the public health system as a whole by addressing ongoing concerns regarding a lack of capacity at smaller health units - while retaining the critical non health care related linkages (municipal structures, school boards etc.) that constitute the majority of public health linkages.

Toronto Public Health has experienced the impact of the multi-year City of Toronto amalgamation process and is uniquely aware of the major direct and opportunity costs, service disruption and destabilization that arises with major organizational and structural change. Given the risks inherent in this form of major structural reorganization in an area such as public health, it is critically important that a clear and convincing case be made, with appropriate evaluative criteria, that the reorganization itself would benefit the programs and services provided to the population of Toronto.

The proposals contained in the Commission report do not build on the extensive and detailed body of previously commissioned provincial work on public health in Ontario, and critically, do not provide a sufficiently detailed analysis to make clear how

integrating public health into the LHINs would actually improve public health services and outcomes in Toronto or the province as a whole.

Public Health Funding in the Regional Model

The Commission proposal for 100% provincial funding of public health through the LHIN system is couched as a way of protecting public health funding at a time when municipal budget reductions are impacting the ability of public health to access provincial funding, due to the current cost sharing arrangement being dependent upon the municipally approved contribution.

The concern about the impact of municipal budget constraint on provincial funding and public health service levels is relevant. The Board of Health has repeatedly identified the considerable provincial revenues foregone in recent years as a result of budgetary constraints imposed at the municipal level.

However, 100% provincial funding also carries with it associated risks.

In the current Provincial economic climate, it is unclear whether 100% provincial funding would deliver more predictable and sustainable funding for public health services than the current cost-sharing arrangement. As the Board of Health has repeatedly pointed out to the provincial government, several large 100% provincially funded public health programs have had funding frozen at levels insufficient to meet mandated service levels and community needs.

A second important concern is that, without appropriate protection of the public health budget within a regional structure, there is a considerable risk that the more visible and apparently urgent public cost-pressures of the Acute Care and Primary Care sectors may over time erode the funding and resources available to public health to focus on longer term prevention and health promotion. There is some evidence of this trend in other Canadian jurisdictions where public health is part of a regional system. As the Commission report accurately notes, in times of fiscal constraint, certain hospitals in the system have already constrained areas of more preventive care such as diabetes counselling.

Finally, there is the issue of “pay for say”. Removing municipal funding for public health carries the risk of severing the municipality from active engagement and influence of public health services and initiative which help make them more relevant to local community needs and priorities.

~~Chronic Disease Prevention~~

The recommendation made by the commission regarding the importance of increasing expenditures in chronic disease prevention and for the Province to develop a chronic disease prevention strategy are broadly consistent with positions previously taken by the Board of Health.

The recommendations made by the commission regarding the need for federal regulation of trans fat and sodium in manufactured foods are also consistent with positions

previously taken by the Board. From the perspective of many food processors, the natural preference would be that any regulation in these areas be undertaken nationally, for reasons of a national market. However, given the burden of risk posed, particularly by elevated sodium levels, there is merit in the Province taking action in the absence of federal movement.

CONCLUSION

The public health system in Ontario has benefited from at least four major reviews in the past decade. These reviews, commissioned by the Province of Ontario and the federal government, have provided comprehensive and detailed analysis of the public health system and approaches to strengthening and enhancing the functioning of the system. Each of these reviews has been led by external experts in their field and has built upon extensive consultation, research and literature reviews. The provincial government has made significant progress in acting upon these recommendations to strengthen public health.

The mandate of the Commission on the Reform of Ontario's Public Services was exceedingly broad in terms of the areas of provincial expenditures to be examined, and the timeframe was short. Given these challenges it is not surprising that some recommendations are insufficiently developed and fail to sufficiently recognize an extensive body of prior work.

If the provincial government should decide to pursue any of the Commission recommendations concerning the structure and function of Ontario's public health system, it should conduct a comprehensive review of the implications of the recommendations in light of the previous extensive work described in this report. The province should also ensure that all major public health system stakeholders are effectively consulted prior to any decisions being considered.

CONTACT

Phil Jackson
Director, Strategic Support
Toronto Public Health
Tel: 416-392-1390
Email: pjackso2@toronto.ca

SIGNATURE

_____

Dr. David McKeown
Medical Officer of Health

Hon. Dalton McGuinty 01/03/2012
Premier of Ontario
Legislative Bldg - Rm 281
Queen's Park
Toronto, ON M7A 1A1

Dear Premier McGuinty,

Re: Drummond Report – alPHa Response

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to provide our initial views on recommendations made in the report of the Commission on the Reform of Ontario's Public Services, *Public Services for Ontarians: a Path to Sustainability and Excellence.*

We recognize the fiscal challenges that Ontario is currently facing, and commend you for commissioning a comprehensive review to inform efforts to deliver excellent public services while ensuring the best value for public money. As Mr. Drummond himself notes however, this is much more than a simple cost-cutting exercise. Nowhere is this more evident than in the sections of the report that deal with health promotion and disease prevention, where there is a clear recognition of their potential as a foundation for health system reform.

As part of its call for a comprehensive plan to address looming health care challenges in recommendation 5-1, the Commission calls for a "heightened focus on preventing health problems, including the role of public health in meeting this goal". It also calls on the Government to "do more to promote population health and healthy lifestyles" (recommendation 5-84). alPHa's members are strongly supportive of these directions.

That said, we have significant concerns about the recommendations aimed at Ontario's public health system specifically. They do not appear to reflect a keen understanding of public health's role in the above directions, its fundamental structural and functional differences from the other parts of the health sector, or its potential contributions to the meaningful health care reform that is called for in the report.

As you know, an extensive review of Ontario's public health system has already been undertaken by the Capacity Review Committee. We strongly recommend that the substantial analysis and well-informed recommendations of its 2006 report (*Revitalizing Ontario's Public Health Capacity*) be used instead as the basis for decisions about how the public health system should fit into the broad reforms that the Commission is urging.

We would nevertheless like to provide our views on the eight recommendations made by the Commission in the Health Promotion and Prevention section. Of these, four call for changes to integration and funding structures for public health without making clear how they are expected to yield cost efficiencies or improve its health protection and promotion, disease prevention and surveillance functions. The remaining four are more focused on this public health mandate, but are silent on the central role of the local public health agencies.

Recommendation 5-5, 5-78 and 5-81

Taken together, these three recommendations call for enhanced integration of public health with other parts of the health sector. We agree that coordination among all health sector stakeholders and relationships between the prevention and treatment sides of the health equation called for in Recommendation 5-81 should be strengthened. We do not however believe that structural integration is necessary to achieve this, as the functions of public health are complementary but otherwise distinct from those of the health care system.

Recommendation 5-5, which is made in the earlier *Overall System Planning* section, includes public health in a list of health services that should be integrated regionally to improve the co-ordination of patient care. Public health is neither involved in "patient care" nor is it a primary provider of clinical services. Its job is not to treat sickness in the individual, but to protect the health of the community through vital and often unseen work that is aimed at detecting and reducing exposure to health risks at the community level.

Public health also has a range of close working relationships outside of the health sector, including the Ministries of Children and Youth Services; Education; Environment; and Tourism, Culture and Sport. We therefore believe that public health falls more appropriately into the list of exceptions to this recommendation, as characterized by our "quite unique roles and relationships with the provincial government".

Recommendation 5-78 repeats this call for integration despite recognizing that much public health work is done outside of the primary care sector. Indeed, nearly all of our work is done outside of that sector and is aimed at reducing demands on it by keeping Ontarians healthy through a wide range of health protection and promotion programs and services. No rationale is presented for how integration of Public Health into the acute care system would save money or further their respective and disparate mandates. Evaluations of regional health authorities elsewhere have concluded that such integration actually erodes public health resourcing and de-emphasizes the population health focus of its work. We therefore question the suggestion that Ontario's public health units should be structurally, financially or administratively integrated with the Local Health Integration Networks (LHINs).

Recommendations 5-79 and 5-80

The Commission goes on to make two recommendations on the current funding model for Public Health, which is shared by the Province (75%) and municipalities (25%). The first calls for a review of the model and the second presumes the outcome of such a review by suggesting fully uploading public health funding to the Province.

This shared funding model has already been the subject of extensive analysis and discussion. Both the 2006 Capacity Review and the 2008 Provincial Municipal Fiscal and Service Delivery Review confirmed support for this model following comprehensive examinations of provincial-municipal roles, responsibilities and relationships. The model reflects a general agreement that the 25% municipal share underwrites stronger local political engagement in decisions that improve health. It also reflects concerns that 100% provincial funding may in fact put public health resources at risk given the Ministry of Health and Long-Term Care's heavy emphasis on the primary care sector, contrary to the assumed outcome of Recommendation 5-80. These concerns are reinforced by the fact that in many health units, municipalities are in fact paying more than their 25% share to subsidize shortfalls on the Province's side, contrary to the explanatory note that accompanies Recommendation 5-79.

Recommendation 5-82

Recommendation 5-82 is the one that aligns most closely with the business of public health. It calls on Ontario to replicate British Columbia's "Act Now" initiative as a best practice for health promotion and chronic disease prevention. The initiative addresses physical activity, healthy eating, healthy schools, healthy communities,

healthy work environments and tobacco. These are important public health interventions, and would be very pleased to assist your Government in examining its applicability here in Ontario.

We took particular interest in the explanatory note that accompanies this recommendation, i.e. that "there appears to be some correlation between health outcomes and the amount provinces spend on public health" and that "this apparent correlation […] needs to be further explored through research to determine the benefit-cost ratios". We would be equally pleased to assist your Government in undertaking this exploration.

Recommendations 5-83, 5-84, 5-85

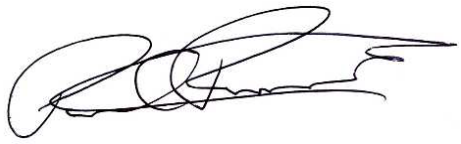
We are supportive in principle of the remaining recommendations in this section as they better reflect the heightened focus on preventing health problems that the Commission calls for. Most importantly, recommendation 5-84 includes the vital observation that "it will be important to take a whole of government approach to population health and include population health in planning considerations." Indeed, we hope that the Government will apply this lens to account for the potential health impacts of the primarily fiscal recommendations throughout the report.

To illustrate, recommendation 17-2 calls for an aggressive pursuit of LCBO store expansion. While this may increase one revenue stream for the Province, it does not consider the significant consequential costs related to health care, law enforcement and economic productivity to name but three. Increased access to alcohol is strongly associated with increased rates of consumption, which in turn increase alcohol-related crime, property damage, illness, injury, disability and death.

Outside of the Health Promotion and Prevention section of the report, we are very supportive of two broad recommendations that direct us all to engage in the collaborative discussions that need to occur prior to implementing the specific ones. Taken together, recommendations 5-1 and 5-103 call for the involvement of all stakeholders in a conversation on the future of health care and the development of a 20-year plan to address health care challenges. We look forward to participating fully in that conversation, where we can provide the focus on preventing health problems and the role of public health as urged by the Commission.

In closing, we are very pleased to see that the Commission recognizes the significant value of health promotion and disease prevention. Your Government has demonstrated a similar understanding through its commitments to such important initiatives as the Smoke Free Ontario strategy, Operation Health Protection and the Capacity Review. We look forward to working with you to ensure that advancing the aims of the Commission's report builds on these foundations and contributes to our shared goal of making Ontario the healthiest place in North America.

Yours truly,



Dr. Paul Roumeliotis, alPHa President

Copy: Hon. Deb Matthews, Minister of Health and Long-Term Care
Hon. Dwight Duncan, Minister of Finance
Saad Rafi, Deputy Minister, Health and Long-Term Care
Dr. Arlene King, Chief Medical Officer of Health
Kate Manson-Smith, Assistant Deputy Minister, Ministry of Health and Long-Term Care, Health Promotion Branch

Minister of Health | Ministre de la Santé

Ottawa, Canada K1A 0K9

FEV FEB 0 2 2012

RECEIVED
FEB 8 2012
PETERBOROUGH COUNTY CITY HEALTH UNIT

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

Dear Mr. Sharpe:

The office of the Prime Minister has forwarded to me a copy of your correspondence of May 30, 2011, concerning the advertisement of breast-milk substitutes and the violation of the *International Code of Marketing of Breast-milk Substitutes*. I regret the delay in responding.

The Government of Canada supports and promotes breastfeeding as the optimal means to provide nutritional, immunological and emotional nurturing of infants. Our initiatives related to breastfeeding have historical roots in the *International Code of Marketing of Breast-milk Substitutes* adopted by the World Health Assembly in 1981. Canada, as a member state of the World Health Organization (WHO), recognized the significance of this marketing Code and, with unanimous support from the provinces and territories, agreed to implement the Code through health promotion, education and collaboration.

Breastfeeding promotion is a key objective of the Canada Prenatal Nutrition Program, which is delivered through the Public Health Agency of Canada (PHAC) and Health Canada's First Nations and Inuit Health Branch.

PHAC also supports breastfeeding through its promotional booklets, *10 Great Reasons to Breastfeed your Baby* and *10 Valuable Tips for Successful Breastfeeding*. These booklets were developed to assist parents in making informed decisions regarding infant feeding, and are widely distributed by public health units, hospitals and health professionals. The booklets are also available for downloading or ordering free of charge from the PHAC website at http://www.publichealth.gc.ca/breastfeeding.

.../2

Canada

PHAC and Health Canada actively support the efforts of the many organizations, such as your own, that support and promote breastfeeding as the optimal choice for infant nutrition. My officials are currently working with key partners and experts to review and update infant feeding recommendations to ensure that the most current information is available to health professionals to assist them in providing advice to parents and caregivers.

Since the Canadian Food Inspection Agency has responsibility for compliance and enforcement issues related to foods, including their safety, nutritional quality, labelling and advertising, I have taken the liberty of forwarding a copy of your correspondence to the Honourable Gerry Ritz, Minister of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, for consideration.

I appreciate having had the opportunity to respond to your concerns.

Sincerely,

Leona Aglukkaq

c.c. Office of the Prime Minister
The Honourable Gerry Ritz, P.C., M.P.
Mr. Dean Del Mastro, M.P.
Mr. Barry Devolin, M.P.

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

February 15, 2012

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

Dear Minister Hoskins,

I am writing to you on behalf of the Board of Health for Peterborough County-City who would like to welcome you to your new portfolio as Minister of Children and Youth Services. The board has asked that I bring your attention to the ongoing underfunding of your Ministry's Infant and Toddler Development program. We appreciated the update, last week at the alPHa Winter Symposium, from your Assistant Deputy Minister, Darryl Sturtevant. I had an opportunity to meet with him following his presentation and appreciated having his ear for a moment on this very important issue.

It is probably too soon for you to have an in-depth understanding of the various programs funded by MCYS. The Infant Toddler Development Program (ITDP) targets children from birth to 36 months who are vulnerable or "at risk" for developmental delays because of prematurity, congenital conditions, birth injury or social and economic concerns. Peterborough is one of four Boards of Health to house the program for our area. The others are Algoma, Durham and Niagara. Our experience in Peterborough has been that there is a good fit between the ITDP and Healthy Babies, Healthy Children, another MCYS program that we deliver. We understand that there are 49 agencies across the provinces that deliver these services to vulnerable infants and their families. Since 2002, none have received an increase in funding.

Ten years of a stagnant budget have eroded the staffing of this important program and seriously jeopardized its delivery and impact. Ironically, this has occurred at the same time that emerging medical research has emphasized the critical early years in a child's development and the lifelong impact of effective interventions. As a medical doctor, you are well aware that windows of opportunity for neuro and cognitive development open for various lengths of time and then close as part of a child's growth and development.

It is highly unlikely that our board will be able to deliver this program with the allocated funds without a renewed investment by the province. And yet, we recognize the value-added of this program to our own Healthy Babies Health Children services that all boards of health are mandated to deliver across the province. Many of the families are clients of both programs. Staff are able to complement and support the work of the other. It is a good fit with our work to support the healthy growth and development of children and it is a good program. We certainly believe that it is making a difference in the infants who are referred.

The Peterborough County-City Board of Health urges you to address this problem with the priority that it deserves. We would be happy to meet with your ADM Darryl Sturtevant and the other three Boards of Health to discuss this further, if you like, and would be happy to do so at your earliest convenience. We are copying our colleagues in public health and in infant toddler development for this purpose.

On behalf of the Board of Health, I thank you for your consideration of this matter and look forward to hearing from you.

Sincerely,

Original signed by

Rosana Pellizzari, MD, CCFP, MSC, FRCPC
Medical Officer of Health, Peterborough County-City Health Unit

/at

c: Boards of Health: Algoma, Durham Region, Niagara Region
Association of Local Public Health Agencies Board of Directors
Ontario Association for Infant and Child Development
Jeff Leal, MPP Peterborough
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock

From: Rosana Pellizzari
Sent: Wednesday, February 22, 2012 11:55 AM
To: Linda Stewart
Cc: Andy Sharpe
Subject: alPHa and OPHA collaboration

Dear Linda,

At the Peterborough County-City Board of Health meeting on February 15, 2012, the Board passed a motion directing me to enquire about the status of your explorations with OPHA for shared resources or other efficiencies that would enhance alPHa's capacity to achieve its mandate and objectives. This is in response to the letter dated January 19, 2012 from Dr. Paul Roumeliotis regarding the postponement of the vote to increase membership fees.

Our board remains committed to alPHa and recognizes the efforts and contributions of both the staff and volunteers. We value our membership and look to alPHa for leadership and support on a number of public health issues and matters. The Board Chair, Andy Sharpe, wrote to alPHa to express the board's desire to see a stronger collaboration between alPHa and OPHA as one way to share existing resources and strengthen our provincial public health voice.

The Peterborough board of health would appreciate receiving a response from either the alPHa Board or staff on whether its request has been investigated. We would appreciate hearing the outcome of any meetings between the two organizations.

Thank you very much for considering this request. I will ensure that the board of health members are made aware of your reply.

Rosana Pellizzari, MD, CCFP, MSC, FRCPC
Medical Officer of Health,
Peterborough County-City Health Unit

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.health.gov.on.ca

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

10e étage, édifice Hepburn
80, rue Grosvenor
Toronto ON M7A 2C4
Tél 416-327-4300
Téléc 416-326-1571
www.health.gov.on.ca

Ontario

HLTC2969FL-2012-65

FEB 2 3 2012

Mr. Andrew Sharpe
Chair
Peterborough County-City Board of Health
10 Hospital Drive
Peterborough ON K9J 8M1

Dear ~~Mr. Sharpe~~: Andrew

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Peterborough County-City Board of Health up to $6,590 in one-time 100% funding for the 2011-2012 funding year to support the preparation for implementation of Phase 1 of Panorama.

Roselle Martino, Executive Director (A) of the Public Health Division, and Lorelle Taylor, Assistant Deputy Minister and Chief Information Officer of the Health Services I&IT Cluster, will write to Dr. Rosanna Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit, shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to the Panorama project, which will contribute greatly to the improvement of public health in Ontario.

Sincerely,

Deb Matthews

Deb Matthews
Minister

.../2

c: Dr. Rosanna Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit
Jeff Leal, MPP, Peterborough
Dr. Arlene King, Chief Medical Officer of Health

Protecting Student Athletes

McGuinty Government Launches New Concussion Strategy

NEWS March 6, 2012

Ontario is taking strong action to address concussions inside and outside of the classroom.

New legislation, to be introduced later today, would help protect students engaging in school sports and health and physical education classes from the potentially serious, long-term and harmful effects of concussions. It would also ensure that students who sustain concussions are not returning to play or learn too soon, risking further complications.

The *Education Amendment Act (Concussions), 2012* is part of a new concussion strategy that will:

- provide resources to parents, teachers and school staff about the seriousness of concussions
- build awareness beyond schools about the dangers of concussions and how they should be managed
- establish a committee to provide advice on concussion prevention, identification and management in schools and to study how evidence-based resources can be best used.

Creating safer schools is part of the McGuinty government's plan to support student success while securing a brighter future for all Ontarians.

QUOTES

"Everyone — students, parents, teachers, coaches and volunteers — has a role to play to help prevent and manage concussions. To ensure our students succeed, we all need to be aware of how to prevent and identify a possible concussion."
— Laurel Broten, Minister of Education

"As a brain surgeon who sees many school kids and youths with concussions and other brain injuries in my practice, I am very proud that the government of my province will be the first in Canada to introduce legislation designed to improve the recognition and management of concussions in schools. This legislation would help to prevent some concussions from happening, and would also improve the management of those who have had a concussion."
— Charles H. Tator, Professor of Neurosurgery, University of Toronto, and
Toronto Western Hospital, Founder, ThinkFirst Foundation

QUICK FACTS

- Ontario is the first province in Canada to introduce comprehensive legislation on concussions in schools.
- Since 2003-04, emergency room visits for concussions have increased by 58 per cent.
- In 2010-11, 19,880 Ontario residents visited an emergency room for a concussion, with children accounting for nearly 38 per cent of those visits.
- Concussion symptoms can appear right away or several hours after an incident and can last from days to months.

LEARN MORE

- Learn more about concussions by taking ThinkFirst's online concussion education course.
- Find out more about Ophea's current concussion protocols for teachers and coaches.

Grahame Rivers, Minister's Office, 416-325-0122
Gary Wheeler, Communications Branch, 416-325-2454
Public Inquiries, 416-325-2929 or 1-800-387-5514
TTY 1-800-263-2892

ontario.ca/education-news
Disponible en français

Changing the Conversation

A conference on moving to a new way of thinking and talking about health

Add your voice – join the conversation at alPHa's annual conference in June!

For years, much of the attention in this country has been squarely on the health care system where the emphasis is on treating the sick and injured. When talking about health care, much mention is made of medicare, hospitals, doctors, disease, illness, access, and wait times, to name but a few. Now, however, there is growing recognition that society can no longer afford to limit its thinking and conversation to these downstream concepts and that it must embrace a more encompassing, positive concept of health in which the complete physical, mental and social well-being of the population is considered.

Building on the rising acknowledgement of health promotion within government and beyond, alPHa's conference will examine ways in which public health can participate in steering the conversation away from health care and illness toward one that focuses on health and prevention. Join us in Niagara Falls where we will hear from speakers who can guide us in changing the conversation and where you can add your voice.

Other conference highlights include:

- Annual General Meeting
- Resolutions Session
- Distinguished Service Award presentations
- Business meetings for COMOH and the Boards of Health Section

Extend your stay in Niagara Falls – there's lots to see and do

For more information, please visit Tourism Niagara at www.tourismniagara.com

alPHa Association of Local PUBLIC HEALTH Agencies 25 YEARS

2012 alPHa Annual Conference
June 10, 11 & 12, 2012
Hilton Hotel & Suites Niagara Falls
6361 Fallsview Boulevard
Niagara Falls, Ontario
L2G 3V9

Guestroom Information:

2-Queen beds room, US/Cdn Fallsview:	$149/night
Deluxe 2-bedroom Suite, Fallsview:	$169/night

(rooms subject to applicable taxes)

To receive the special conference rates, book accommodations by MAY 11, 2012 using one of the four ways below:

ONLINE:	**Click here**
PHONE:	**1-866-873-9829**
E-MAIL:	**ecomm@fallshotels.com**
FAX:	**1-905-353-7112**

When booking, please quote the group name "Association of Local Public Health Agencies" or the group code "LPH"

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

Providing leadership in public health management

N O T I C E

2012 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2012 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES** will be held at the Hilton Niagara Falls Hotel, 6351 Fallsview Boulevard, Niagara Falls, Ontario on Monday, June 11, 2012 at 8:00 AM at the alPHa Annual Conference for the following purposes:

1. To consider and approve the minutes of the 2011 Annual General Meeting in Cornwall, Ontario;

2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others as appropriate;

3. To consider and approve the Audited Financial Statement for 2011-2012;

4. To appoint an auditor for 2012-2013; and

5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, March 1, 2012.

BY THE ORDER OF THE BOARD OF DIRECTORS.

Linda Stewart
Executive Director

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

Providing leadership in public health management

Call for Resolutions

alPHa members are invited to submit resolutions for consideration at the upcoming June 2012 alPHa Annual Conference.

It is important that resolutions are drafted using the "**Procedural Guidelines for alPHa Resolutions**" found at **http://www.alphaweb.org/resolutions.asp**

We request that resolutions be limited to ***one*** operative clause per issue (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

Who may submit?

- a member board of health
- a Section Executive Committee, or general meeting of a Section
- the alPHa Board of Directors, its Executive Committee or a Standing Committee of the Association; or
- an Affiliate member organization

What is required?

- resolutions must first be endorsed by a properly constituted body, i.e. a board of health, a Section of alPHa, etc.
- a covering letter specifying your submission must accompany the resolution(s)
- proper formatting according to procedural guidelines, including clearly-worded introductory and operative clauses
- any concise background material to help prepare members voting on the issue

When is the deadline to submit?

- ***Thursday, April 19, 2012, 4:30 PM***
- Taking into account that a late resolution may be necessary in response to a current event, you may bring a late resolution to the Resolutions Session of the June 2012 conference. These late resolutions, however, will not have the benefit of being reviewed by alPHa's Executive Committee and there will be a vote during the Resolutions Session to determine ***if*** the membership will consider late resolutions. If the vote is successful, your resolution will be brought forward and considered.

When will resolutions be debated by the alPHa membership?

- There will be a special session to consider resolutions on June 11 at the 2012 annual conference.

How may I submit the resolutions?

- only electronic submissions will be accepted
- e-mail to: Karen Reece, Administrative Assistant, alPHa
  karen@alphaweb.org

alPHa
Association of Local
PUBLIC HEALTH
Agencies

CALL FOR NOMINATIONS
alPHa Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

How many awards are given yearly?

- One award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside alPHa for their contributions to public health.

Who is eligible to receive the DSA?

- Members of alPHa who fall under the following categories are eligible:
  - an elected/appointed member of a local board of health or regional health committee;
  - a medical officer of health or associate medical officer of health;
  - one of alPHa's seven affiliated organizations (i.e. ANDSOOHA, AOPHBA, APHEO, ASPHIO, HPO, OAPHD, OSNPPH).
- An individual outside the alPHa membership who has made outstanding contributions to public health in Ontario.

Who deserves the DSA?

- Eligible recipients have:
  - demonstrated exceptional qualities of leadership in his/her own milieu;
  - achieved tangible results through lengthy service and/or distinctive acts; and
  - displayed exemplary devotion to public health at the provincial level.

What are the eligibility criteria for nominees?

- Nominees:
  - currently hold a position of significant responsibility in one of alPHa's member agencies (i.e. board of health/local public health unit/affiliated organization) and have been a member in alPHa for at least three years; and
  - have been nominated by at least three voting members from the **nominee's Section or Affiliate organization** who are in good standing of alPHa.

Note:
1. good standing refers to members who have paid their membership dues;
2. voting members are individuals representing a member health unit. These individuals include board of health chairs, medical and associate medical officers of health, representatives appointed to the alPHa Board of Directors by the seven alPHa Affiliate organizations.

continued on next page

alPHa DSA Call for Nominations cont'd

Who can nominate?

- Any member of alPHa including Board of Health members, medical and associate medical officers of health, and Affiliate representatives may nominate. Please note that three Section or Affiliate members of alPHa must sign the nomination form.
- In the case of nominations of *non-members of alPHa*, nominations must come from any three active members of alPHa; only alPHa members may nominate potential candidates.
- The Award is presented on behalf of each of alPHa's various membership groups, i.e. the Boards of Health Section, Council of Ontario Medical Officers of Health (COMOH), and the seven Affiliate organizations of alPHa. **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e. nominations of Board of Health members must come from the Board of Health Section; nominations of medical/associate medical officers of health must come from the Council of Ontario Medical Officers of Health; and nominations of senior public health staff must come from the nominee's respective Affiliate organization). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.

What material must accompany the nomination form?

- Include signatures of the nominator and two other supporting voting members of alPHa.
- Include a **cover letter explaining why the nominee is deserving of this award** must be included with the form. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
- A service record or curriculum vitae must also accompany the nomination form and could include the following:
    - personal achievements at the local level;
    - special or distinctive services on behalf of public health provincially;
    - leadership and contributions on behalf of alPHa and/or one of its Sections; an affiliated organization; or a provincial public health organization

Where should I send the nominations to?

- Nomination forms along with all relevant accompaniments should be e-mailed to Karen Reece, Administrative Assistant, alPHa, at karen@alphaweb.org

When is the deadline to submit nominations?

- **Thursday, April 19, 2012, 4:30 PM**

Who selects the DSA recipients?

- All nominations are reviewed by the Executive Committee of alPHa.
- In the event of a tie, the alPHa Board of Directors will determine the Award recipient.

How are Award recipients notified?

- Award recipients are notified in writing by alPHa approximately one month prior to the conference date.
- Award recipients are invited to attend as guests of the association at the Annual Awards Banquet, which is held in conjunction with the Annual Conference.

Who can I contact if I have further questions on the Awards?

- Susan Lee, Manager, Administrative and Association Services, alPHa
  - tel: (416) 595-0006 ext. 25
  - e-mail: susan@alphaweb.org

alPHa
Association of Local
PUBLIC HEALTH
Agencies

2012 NOMINATION FORM

Distinguished Service Award

I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE alPHa DISTINGUISHED SERVICE AWARD:

Nominee:	
Title:	
Health Unit/Agency/Org'n:	
Mailing Address:	
Telephone:	

NOMINATOR'S SIGNATURE:

Name (please print):	
Title:	
Health Unit/Agency/Org'n:	
Date:	

SUPPORTING SIGNATURES:(1st)

Name (please print):	
(2nd)	
Name (please print):	

This completed form **must** be accompanied by a **cover letter** and **service record** or curriculum vitae to at least include a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPHa and/or one of its Sections, affiliated organizations or a provincial health organization.

Please forward by April 19, 2012, 4:30 PM to:

Karen Reece, Administrative Assistant
Association of Local Public Health Agencies
E-mail: karen@alphaweb.org

alPHa
Association of Local PUBLIC HEALTH Agencies

CALL FOR BOARD OF HEALTH NOMINATIONS TO 2012-13 alPHa BOARD OF DIRECTORS

*alPHa is accepting nominations for **four** Board of Health representatives on its 2012-2013 Board of Directors, i.e. one representative from each of the following regions: **North East, North West, Central East** and **Central West**. See the attached appendix for boards of health in these regions.*

Each position is for a 2-year term, beginning June 2012 and ending June 2014, and will fill a seat on the Board of Health Section Executive and a seat on the alPHa Board of Directors.

Qualifications:

- *Active member of an Ontario Board of Health or regional health committee;*
- *Background in committee and/or volunteer work;*
- *Supportive of public health;*
- *Able to commit time to the work of the alPHa Board of Directors and its committees;*
- *Familiar with the 2008 Ontario Public Health Standards.*

An election to determine the four representatives will be held at the 2012 alPHa Annual Conference, June 10-12, 2012, Hilton Niagara Falls Hotel, Niagara Falls, ON.

*Nominations close **4:30 PM, Monday, June 4, 2012**.*

Why stand for election to the alPHa Board?

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

What is the Board of Health Section Executive Committee of alPHa?

- This is a committee of the alPHa Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.

- Members of the Section Executive attend all alPHa Board meetings and participate in teleconferences throughout the year.

How long is the term on the Board of Health Section Executive/alPHa Board of Directors?

- Two (2) years with no limit to the number of consecutive terms.

How is the alPHa Board structured?

- There are 22 directors on the alPHa Board: 7 from the Board of Health Section, 7 from the Council of Ontario Medical Officers of Health (COMOH), 1 from each of the 7 Affiliate Organizations of alPHa, and 1 from the Ontario Public Health Association Board of Directors.
- There are 4 committees of the alPHa Board: Executive Committee, Board of Health Section Executive, COMOH Executive, and Advocacy Committee.

What is the time commitment to being a Section Executive member/Director of alPHa?

- Full-day alPHa Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Board of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Board of Health Section Executive participates on alPHa Executive Committee teleconferences, which are held 5 times a year.

Are my expenses as a Director of the alPHa Board covered?

- Any travel expenses incurred by an alPHa Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

How do I stand for election on the alPHa Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alPHa by **June 4, 2012**.
- Attend the alPHa conference where the election will be held and prepare a 2-minute speech outlining your statement of position in an address to the Board of Health delegation at the June annual conference.

When does the election take place? Who may vote?

- The election takes place during the Board of Health Section General Meeting at the alPHa Annual Conference. The exact date and time will be announced.
- Only members of the Board of Health Section will be eligible to vote for Board of Health Section nominees to the alPHa Board of Directors. Proxy voting will not be permitted.

Who should I contact if I have questions on any of the above?

- Susan Lee, alPHa, Tel: (416) 595-0006 ext. 25, E-mail: susan@alphaweb.org

Board of Health Vacancies on alPHa Board of Directors

*alPHa is accepting nominations for **four** Board of Health representatives to fill positions on its 2012-2013 Board of Directors, i.e. one representative from each of the following regions: **North East, North West, Central East** and **Central West**. See below for boards of health in these regions.*

Each position is for a 2-year term, beginning June 2012 and ending June 2014, and will fill a seat on the Board of Health Section Executive and a seat on the alPHa Board of Directors.

An election will be held at alPHa's annual conference in June to determine the four new representatives (one from each of the regions below).

If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consult the list below to determine which region you belong to:

1. **Central East Region**
   Boards of health in this region include:

   DURHAM REGION
   HKPR
   PEEL
   PETERBOROUGH
   SIMCOE MUSKOKA
   YORK REGION

2. **Central West Region**
   Boards of health in this region include:

   BRANT
   HALDIMAND-NORFOLK
   HALTON
   HAMILTON
   NIAGARA
   WATERLOO
   WELLINGTON DUFFERIN

3. **North West Region**
   Boards of health in this region include:

   NORTHWESTERN
   THUNDER BAY

4. **North East Region**
   Boards of health in this region include:

   ALGOMA
   NORTH BAY PARRY SOUND
   PORCUPINE
   SUDBURY
   TIMISKAMING

alPHa
Association of Local PUBLIC HEALTH Agencies

FORM OF NOMINATION AND CONSENT

alPHa Board of Directorship 2012 - 2013

_____ , a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHa Board of Directors for the following Board of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous page)*:

❑ **Central East** ❑ **Central West**
❑ **North East** ❑ **North West**

SPONSORED BY: 1) _____
(Signature of a Member of the Board)

2) _____
(Signature of a Member of the Board)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a Director **of the alPHa Board** if elected.

Date: _____

IMPORTANT:

1. Nominations close 4:30 PM, June 4, 2012 and must be submitted to alPHa by this deadline.

2. A biography of the nominee outlining their suitability for candidacy, as well as a motion passed by the sponsoring Board of Health (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate sheets of paper by the deadline.

3. Fax or e-mail the completed form, biography and copy of Board motion by **4:30 PM, June 4, 2012** to: **416-595-0030,** Attention: SUSAN LEE or e-mail susan@alphaweb.org

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

March 7, 2012

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

I am writing on behalf of the Peterborough County-City Board of Health. On Wednesday February 8, 2012, the Peterborough County-City Health Unit provided our Board of Health with the enclosed report on Influenza Vaccination Coverage Rates for Health Care Providers in Peterborough for the 2011/2012 Season. The report includes a table with the names of both acute and long term care facilities and their staff and resident influenza vaccine coverage rates.

The immunization of health care workers against influenza is recommended to protect vulnerable patients and residents. And yet, only 72% of staff in Peterborough long term care facilities and 40% of hospital staff received the vaccine this past season.

A similar letter was sent to you last year and the Board of Health continues to be very concerned about the low coverage rates for health care providers in the Peterborough area and we urge you to explore options to make annual influenza immunization mandatory for all health care workers if coverage rates for health care institutions do not improve over the next three years.

In addition, the Board of Health urges the Ministry of Health and Long-Term Care to include annual institutional HCW influenza immunization rates as an indicator within publicly reported Ontario Patient Safety Initiatives. We believe the immunization of health care workers is a critical component in the infection prevention measures necessary to minimize the risk of influenza for patients of Ontario's hospitals. For this reason, we have posted the rates for facilities in our area on our website at www.pcchu.ca.

We look forward to your leadership on this important patient safety issue.

Yours in health,

Original signed by

Andy Sharpe
Chair, Board of Health
for the Peterborough County-City Health Unit

/at
Encl.

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

March 7, 2012

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

Dear Minister Matthews:

On behalf of the Peterborough County-City Board of Health, I would like to make you aware of a recent discussion that occurred at our board meeting regarding our current provincially mandated immunization program, specifically the provision of Gardasil™, a vaccine against HPV infection, for Grade 8 females.

At the January meeting of our Board, we learned from our staff that our uptake in Peterborough of the HPV vaccine is far below the national goal of having 90% of females protected. In fact, despite all of our efforts, our latest figures indicate that only 46% of our grade 8 females are vaccinated. We understand that the provincial median is only 52%.

I am writing to request that the Ministry of Health and Long-Term Care seriously consider moving this vaccine up to an earlier grade for a number of reasons: the vaccine is indicated for children as young as 9 years of age; it may not be associated with sexual activity if given earlier; public health is already in schools immunizing grade 7 students and could incorporate the vaccine for this age group; and having younger school aged girls receive the vaccine allows more time for follow-up to ensure that coverage is completed. A problem with grade 8 is that females who don't complete their full series are much more difficult to reach after they have graduated and moved on to high school.

Another obstacle to immunization is the current requirement that boards of health use an "opt in" rather than an "opt out" consent process. This significantly reduces the number of students eligible for vaccination in a school-based setting. The Board wonders whether this issue is one that may be addressed provincially through discussions with the Ministry of Education. Certainly, any light that you can shed on how to tackle this issue would be welcomed.

We understand that your staff is about to undertake a review of the provincial immunization program. We look forward to being engaged in that process and hope that your staff will take our comments into consideration.

Yours in health,

Original signed by

Andy Sharpe
Chair, Board of Health
for the Peterborough County-City Health Unit

/at

10 Hospital Drive, Peterborough, ON K9J 8M1 · Phone: (705) 743-1000 or 1-877-743-0101 · Fax: (705) 743-2897 · www.pcchu.ca

DURHAM REGION

February 17, 2012

The Honourable Dalton McGuinty
Premier
Room 281, Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Clerk's Department

605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
CANADA
905-668-7711
1-800-372-1102
Fax: 905-668-9963
E-mail: clerks@durham.ca
www.durham.ca

Pat M. Madill, A.M.C.T., CMM III
Regional Clerk

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH DATED JANUARY 26, 2012
RE: COST OF NUTRITIOUS FOOD BASKET
OUR FILE: P00-47

Honourable Sir, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on February 15, 2012 Council adopted the following recommendations of the Committee:

"a) THAT the following resolution of The Middlesex-London Health Unit dated November 17, 2011, with respect to the Nutritious Food Basket Costing Survey Results for 2011 and the Opportunities for Action be endorsed:

'i) THAT the Board of Health petition the Premier of Ontario, the Right Honourable Dalton McGuinty, to develop a comprehensive Ontario Food and Nutrition Strategy; and further

ii) THAT Report No. 104-11 re Nutritious Food Basket Costing Survey Results for 2011 and the Opportunities for Action be forwarded to appropriate community agencies.'; and

b) THAT the Premier of Ontario, Ministers of Children and Youth Services, Community and Social Services, Education, Finance, Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health, and all Ontario boards of health be so advised."

Pat M. Madill, AMCT, CMM III
Regional Clerk

PMM/lf

c: The Honourable E. Hoskins, Minister of Children and Youth Services

c. cont.:

The Honourable J. Milloy, Minister of Community and Social Services
The Honourable L. Broten, Minister of Education
The Honourable D. Duncan, Minister of Finance
The Honourable D. Matthews, Minister of Health & Long-Term Care
T. MacCharles, MPP (Pickering/Scarborough East)
C. Elliott, MPP (Whitby/Oshawa)
J. O'Toole, MPP (Durham)
J. Ouellette, MPP (Oshawa)
L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
J. Dickson, MPP (Ajax/Pickering)
A. King, Chief Medical Officer of Health
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

Staff Report

Small Drinking Water Systems Program Update

Date:	March 14, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by Larry Stinson for _____ Rosana Pellizzari, M.D.	**Original signed by** _____ Chris Eaton, PHI

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Small Drinking Water Systems Program Update*, for information.

Financial Implications and Impact

During the start up and implementation phase of the Small Drinking Water Systems (SDWS) portion of the Safe Water Program, activities included the identification of all SDWS in our area and the initial assessment of those systems. As of January 1, 2012 the program has moved to a maintenance phase wherein SDWS are assessed on a two or four year cycle. Funding for the program has shifted from 100% provincial to the 75/25% cost-shared model, with a resultant reduction in staffing.

We are planning for full compliance with all requirements of the Ontario Public Health Standards. However it is difficult to predict the volume of work which will be associated with some of the new activities which will be carried out during this phase, such as ensuring that SDWS operators comply with the treatment and sampling requirements of the regulation.

Decision History

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

Background

On December 1, 2008 amendments to the Health Protection and Promotion Act transferred legislative oversight for most types of SDWS from the Ministry of the Environment to the Ministry of Health and Long Term Care (MOHLTC). At the same time the OPHS were revised with new requirements in the Safe Water Standard and the Drinking Water Protocol. The standard requires reporting of information, surveillance and training with respect to SDWS. The protocol requires that the board of health maintain an inventory of SDWS, conduct risk assessments and issue directives to SDWS, ensure compliance with regulation 319/08 and with the sampling requirements of the directive. It also requires that the board of health conduct reassessments of systems every two years for high risk systems and every four years for medium and low risk systems and to reassess systems upon request of the owner or following a change in the function or operation of the system. The board of health must also provide information and educational material to owners and operators of SDWS.

SDWS include arenas, community centres, libraries, motels, resorts, restaurants, churches and seasonal trailer parks, and bed and breakfasts. Public Health Inspectors (PHIs) perform site-specific risk assessments of SDWS by examining the water source and treatment systems. Using the Ministry's Risk Assessment and Categorization (RCAT) software, PHIs assign a risk category (high, medium or low) to each SDWS. The risk category determines the sampling frequency for primary parameters (total coliform and E. coli). Sampling for secondary parameters (chemical or radiological) may also be required on a case-by-case basis.

In addition to requiring that operators of SDWS sample their water on a regular basis, O. Reg 319/08 also requires that operators of SDWS provide water treatment systems where necessary and that the treatment systems be appropriate to the risk of the source water.

The MOHLTC charged health units with the task of identifying all potential SDWS in their area, confirming whether they did or did not meet the criteria to be a SDWS, and performing risk assessments of all SDWS by December 31, 2011. The original inventory provided to the Health Unit listed 460 potential SDWS, which we reviewed and reduced by almost 30%. The number of systems is very fluid, as premises change their operation or close, and as new premises open. The current status of SDWS is summarized below:

Risk Category	Number of SDWS
High	104
Medium	107
Low	97
Unassessed	4
Total	312

The Ontario Public Health Standards (OPHS) require that SDWS be reassessed once every two years for high risk and once every four years for medium and low risk. Of the 104 high risk

systems, 65 will come due for reassessment in 2012 and the balance in 2013. Since the majority of risk assessments were performed in 2010 and 2011, the bulk of the 204 medium and low risk systems will come due for reassessment in 2014 and 2015.

In addition many systems do not meet the treatment requirements of O. Reg 319/08. All high risk systems are non-compliant and the majority of medium risk systems are also non-compliant. All low risk systems are in compliance with the regulation. Follow-up with non-compliant SDWS will make up a large portion of the workload in this program over the next few years. Ideally over time, the number of high risk systems would be reduced to zero and the large majority of all systems in our inventory would be categorized as low risk.

This portion of the SDWS program workload is relatively predictable and given the staffing provided for the program, the Health Unit will be able to achieve compliance with the reassessment portion of the OPHS requirements.

The uncertainty revolves around the workload associated with monitoring sample submission and response to adverse samples. Directives issued to owners/operators of SDWS dictate the requirement for treatment, sampling, operator training and record keeping. Sampling frequency for primary parameters (total coliforms and E. coli) is based on the risk category and whether treatment is provided as follows:

Risk Category	Treatment Provided	Frequency of Sampling
High	Yes	Every two weeks
	No	Every week
Medium	Yes	Every two months
	No	Every month
Low	Yes	Every three months
	No	Every three months

Additional samples for secondary parameters (chemical or radiological) may be required. Distribution samples are also required in a SDWS with distribution to one or more separate buildings or trailers.

The OPHS requires that health units carry out ongoing compliance monitoring of drinking water samples submitted by owners/operators of SDWS. Based on the current number of SDWS and their current risk categorization, the Health Unit is responsible for ensuring that approximately 5000 water samples are submitted annually by owners/operators of SDWS. This monitoring will be facilitated by the Laboratory Results Management Application which is an online database where sampling results are recorded by licensed laboratories. Health Unit staff will access the database, review sample submission records, identify areas of non-compliance, and begin proceedings with the operator.

Prior to January 1, 2012 the SDWS program was 100% funded for 1.3 FTE Public Health Inspectors assigned to identify all SDWS and perform the initial risk assessments. Currently the program is funded for 1.0 FTE Public Health Inspector on a cost-shared basis. This inspector will be responsible for all new risk assessments, reassessments on the two and four year cycle and ensuring compliance with the treatment requirements of the regulation. Monitoring sampling requirements will also require Public Health Inspector time as well as considerable secretarial support.

Over the next couple of years, many SDWS will shift to lower risk categorizations and become compliant and operators of SDWS will get into the routine of regular sampling. Follow-up by the health unit will be necessary to facilitate this process. Inevitably legal action may be required to motivate some operators to comply. Staff time and legal costs associated with this will be very difficult to anticipate.

Test results of water samples submitted by SDWS operators which are adverse must be reported to the health unit for follow-up by Public Health Inspectors. Given the increase in sampling which has and will continue to occur, other Public Health Inspectors, including those on-call, will likely experience an increase in the reporting of adverse water quality incidents.

Strategic Direction

Inspections of SDWS are a requirement in the Drinking Water Protocol of the OPHS. Conducting this program will allow PCCHU to continue to meet its mandate and will prevent or reduce the burden of water-borne illness.

With the addition of SDWS to the Safe Water Program, the Health Unit has expanded its leadership role in the community.

Contact:

Chris Eaton, Public Health Inspector
Small Drinking Water Systems Program
(705) 743-1000, ext. 225
ceaton@pcchu.ca

Staff Report

One-Time Funding Requests

Date:	March 14, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by Larry Stinson for _____ Rosana Pellizzari, M.D.	**Original signed by** _____ Brent Woodford, Director Corporate Services

Recommendations

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

Shared Cost:

	Provincial (75%)	Local (25%)	Total
Replace Standby Generator	$114,375	$38,125	$152,500
Community Engagement/Strategic Planning	$ 15,000	$ 5,000	$ 20,000
Baby Friendly Initiative Evaluation	$ 30,000	$10,000	$ 40,000
Employment Conditions: Employer Profile	$ 22,875	$ 7,625	$ 30,500
School-Based Cessation Pilot	$ 42,750	$14,250	$ 57,000
Emergency Preparedness:			
Training and Exercise	$ 14,250	$ 4,750	$ 19,000
Opioid Overdose Prevention	$ 8,138	$ 2,713	$ 10,851
Desktop virtualization	$ 20,160	$ 6,720	$ 26,880
On-Line Registration	$ 18,338	$ 6,113	$ 24,451
UPS for Computers	$ 14,888	$ 4,963	$ 19,851

100% Funded:

Leasehold Improvement	$1,500,000		$1,500,000

Financial Implications and Impact

The Ministry of Health and Long-Term Care (MOHLTC) has put out a call requesting proposals for one-time funding. There is no guarantee the MOHLTC will approve any of these requests, or if some are approved, that the MOHLTC will provide as much money as requested. With the exception of the Leasehold Improvements proposal, all proposals are funded 25% Municipal / 75% Provincial so should the Province approve one or more proposals, the Board will have to consider the following options: accepting the funding and pulling the municipal share from reserves; accepting the funding and requesting additional financing from the municipalities; or, rejecting the funding. There would be no penalties or additional costs incurred if the Board decided to reject funding.

Decision History

Budgets funded 75% Province of Ontario 25% County of Peterborough, City of Peterborough, Curve Lake First Nation, and Hiawatha First Nation

On December 14, 2011, the Board of Health approved the Health Unit's operating budget. Subsequent to the Board's approval, the Province sent out forms in February 2012 requesting proposals for one-time budget items. These are all new requests and the issues have not previously been brought to the Board. Management and staff were requested to provide suggestions and recommendations about priorities for requests, and to suggest the budget they believe necessary to complete the work.

Budgets funded 100% by the Province

During a conference call between the MOHLTC, Dr. Pellizzari, Chairman Sharpe and the writer regarding office and building requirements, the MOHLTC suggested a request for funding to undertake leasehold improvements be submitted.

None of the initiatives have received MOHLTC funding or approval to date.

Background

Due to timing differences caused by different fiscal year ends, requests for proposals from the MOHLTC frequently do not coincide with the Board's budget cycle. The MOHLTC has extremely tight timelines for staff to identify, prepare and submit proposals. The initial submissions are high level and outline the project and describe its impact. If the MOHLTC accepts the proposal, they will be brought back to the Board for acceptance or rejection prior to the final agreement being submitted to the MOHLTC.

Rationale

Approval of these budgets by the Province will enable the Board of Health to address gaps in program delivery and evaluation, and to enhance effective operation through infrastructure improvements. The additional funding, if approved, will enhance achievement of Board of Health outcomes in the Ontario Public Health Standards, as well as address local public health needs.

Strategic Direction

The funding requests in this report are applicable to the following strategic directions of the Board of Health:

- Continue to Meet Our Mandate
- Leverage Information and Technology
- Pursue One Facility

Contact:

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

sustainable Peterborough

Sustainable Community Plan

Overview

Recap

Community Engagement

The Plan

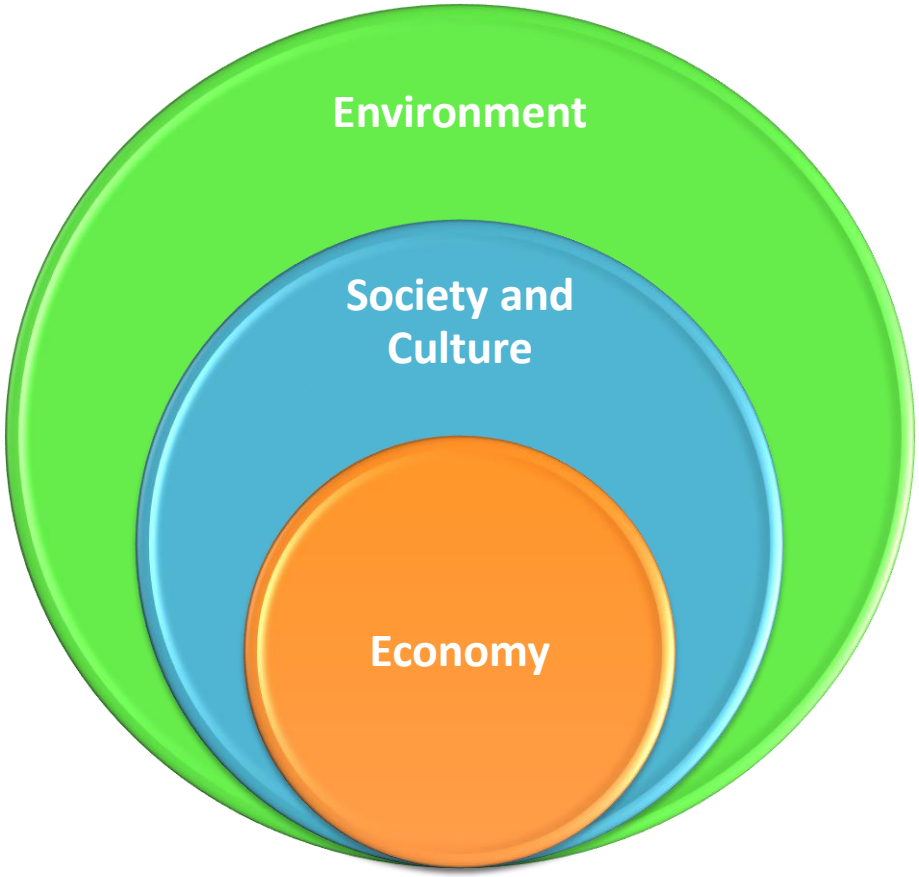
Implementation

RECAP

Why Sustainability?

"Meeting the needs of the present generation without compromising the ability of future generations to meet their needs." *-Gro Harlem Brundtland-1987*

Sustainability seeks to find a balance between environmental, socio-cultural, and economic pillars, in recognition of the fact that social and economic development is bound by environmental constraints.



COMMUNITY ENGAGEMENT

The Numbers

Mechanism	Quantity
Newspaper Articles	28
Newsletters	12
Radio stories	3
CHEX News stories	2
Mailout	11,000 Households received
Informational hand-out	2,500 given out
Municipal and First Nations Council Meetings	37
Steering and Community Committee Meetings	24
Community Events attended	49 (estimated minimum of 1,470 conversations)
Meetings/Presentations with Community Groups and Businesses	59 (estimated minimum of 1,500 conversations)

The Numbers

Mechanism	Quantity
Facebook	118 ‘likes’
Twitter	631 ‘followers’
Website	> 1,000 page views/month
Community Cafes	260 attendees (estimated)
Charrette	75 attendees
Multiple Emails Sent to	817 city staff/police recipients Approximately 600 community member recipients 60 GPA Politician recipients 50 community group/organization recipients
Number of ‘visioning’ surveys completed	1,831

THE PLAN

Caring communities balancing prosperity, well-being and nature

Vision

sustainable Peterborough

Themes

Agriculture & Local Food

Climate Change

Cultural Assets

Economic Development & Employment

Energy

Themes

Healthy Communities

Land Use Planning

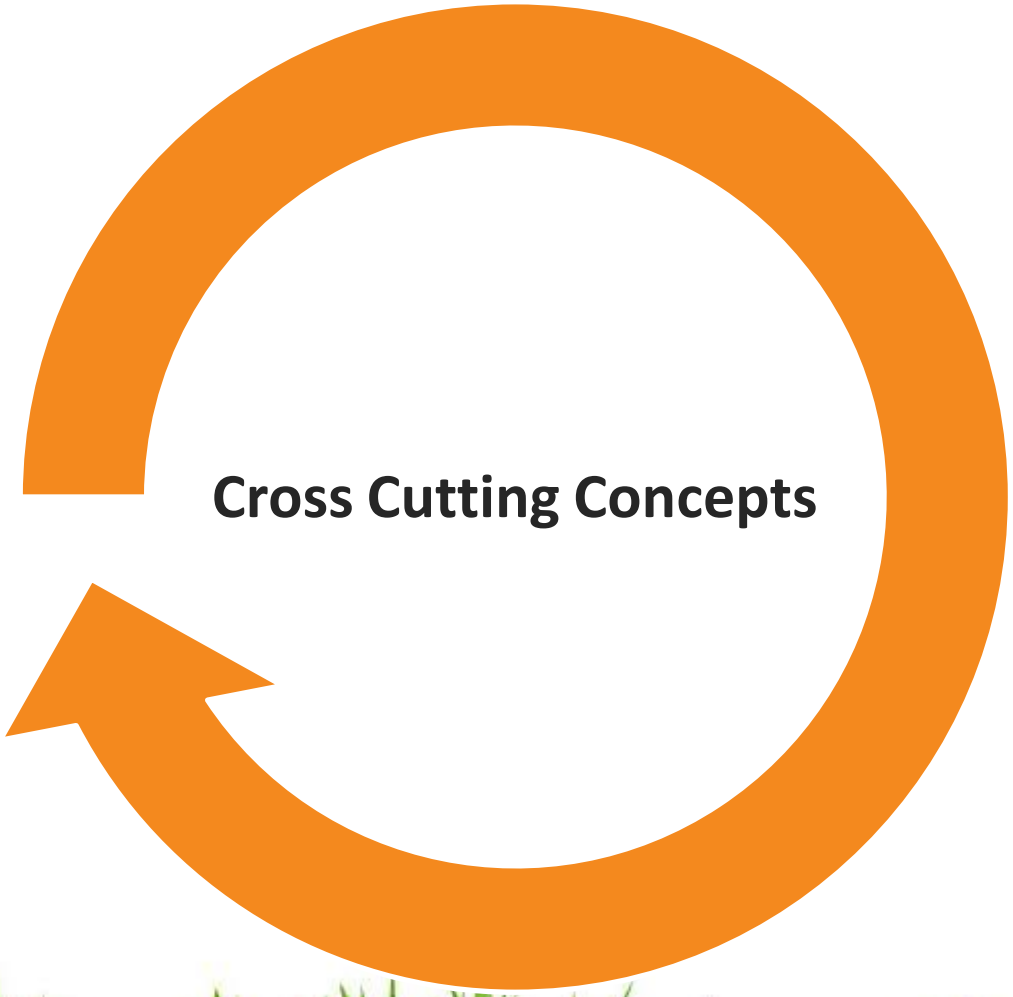
Natural Assets

Transportation

Waste

Water

Cross Cutting Concepts



- Education
- Collaboration
- Engagement
- Plan Alignment
- Integration

IMPLEMENTATION

Community Partnership

The benefits of being a Partner include:

- Become part of a broad-based campaign;
- Collective promotion of the Greater Peterborough Area;
- Information sharing; and
- Promotion of contributions to local sustainability.

Levels of Partnership:

- Individual
- Member
- Leader
- Champion

Community Partnership

Level of Commitment	Member	Leader	Champion
Support SP vision	✓	✓	✓
Include actions in the *Sustainable Peterborough Action Inventory*	✓	✓	✓
Review SP Toolbox and implement actions that are a good fit		✓	✓
Integrate Sustainable Peterborough values into organizational program		✓	✓
Assist Sustainable Peterborough by providing guidance, direction and support			✓

Action Inventory

Community Partners will be asked to link their actions to at least one Theme and one Strategic Direction. The following information will be sought for each action:

- Action name
- Description
- Lead
- Target
- Due date
- Status

Toolbox

- Collection of approaches, programs and initiatives that can be used to implement action
- Organized for
  - **Municipalities**
  - **businesses and other organization**
  - **individuals**
- Each tool is designed to help decision-makers, managers and individuals find actions that they can undertake to move closer to our Vision.

Public Health Implications

- Themes, goals and strategic directions with public health implications
  - Agriculture and Local food
    - Supports food security work
  - Climate Change
    - Mandate under Health Hazards Prevention and Management program
  - Healthy Communities
    - Supports work of Health Communities Partnership

Public Health Implications

- Land Use Planning
  - Supports work on ensuring a healthy built environment for the purposes of improved air quality, pedestrian friendly communities, and reduced environmental health impacts
- Natural Assets
  - Protects ecological services provided by the natural environment including air quality, and clean water
- Water
  - Supports work in Safe Water program

"Lets raise our eyes beyond the conventional horizon of a year and ask, What kind of world would we like to have in a generation?"

- David Suzuki

sustainable Peterborough



Kawarthas, Naturally Connected Project

Working together to sustain our landscape



Outline

- Natural Heritage Systems (NHS)
- The Value of Identifying a NHS
- Our Vision and Goals
- The Project Area
- The Partners Involved
- Our NHS Design Process
- The Products of the Project
- The Benefits of Using the NHS Products
- Opportunities for Involvement
- How to Connect



Natural Heritage Systems

- **"…*a system made up of natural heritage features and areas linked by natural corridors which are necessary to maintain biodiversity…can include lands that have been restored and areas with potential to be restored*…" (Provincial Policy Statement (PPS) 2005)**

- **A system that maintains the health of the landscape, and the health of our communities.**

- **An essential backbone of sustainability, including economic.**

- **A system of green infrastructure providing critical ecosystem services.**



The Value of Identifying a NHS

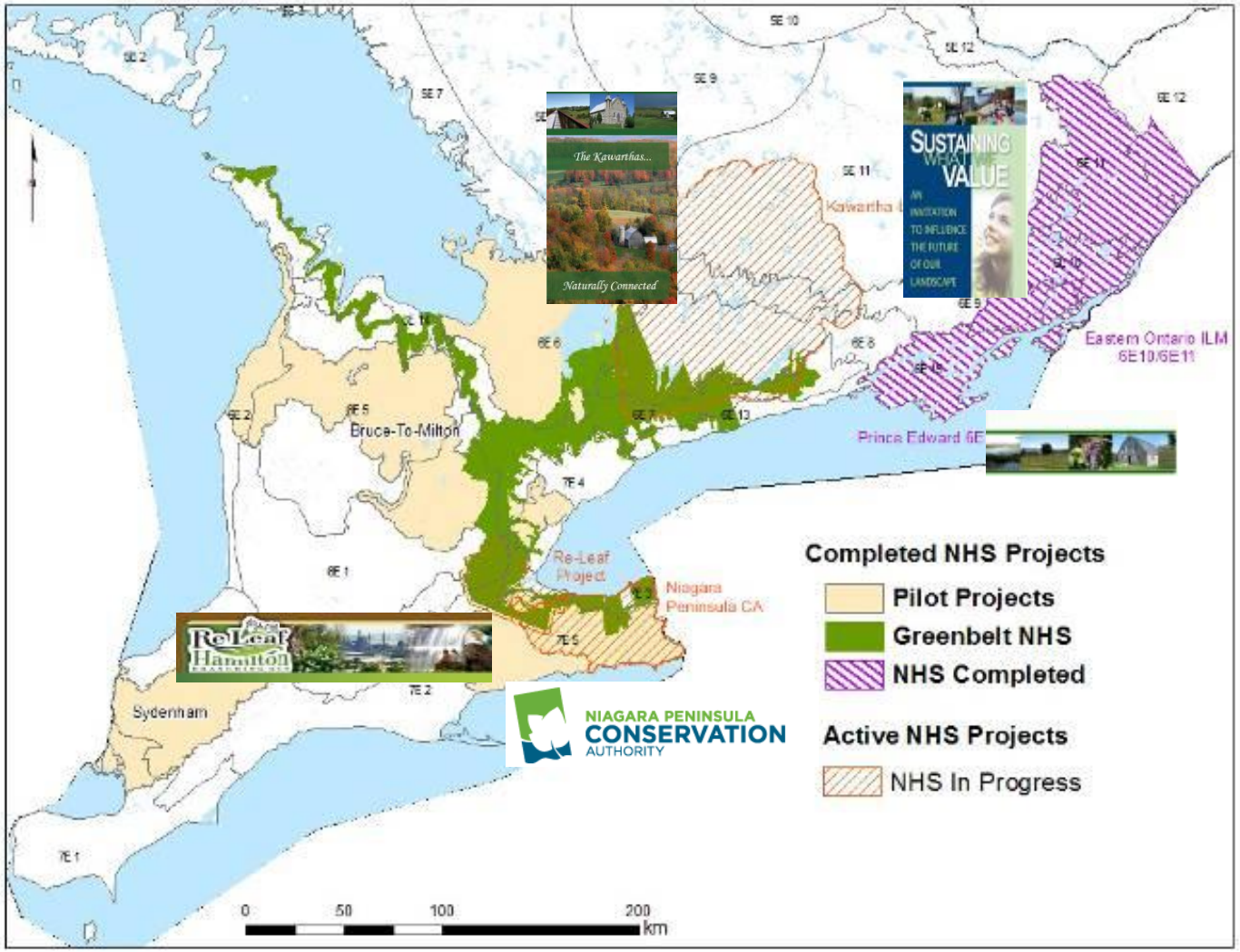
Some of the many ecosystem services (nature's benefits) provided by healthy natural areas include:

- **Maintaining good air and water quality**
- **Supporting the health of humans and our communities**
- **Providing habitat for Ontario's native species**
- **Preventing soil erosion**
- **Reducing flooding**
- **Providing pollination of crops**
- **Reducing the effects of climate change**
- **Production of medicines, biofuels and forest products**
- **Providing recreational opportunities**

*** Individual natural areas are healthiest when they are connected to other natural areas – when they are part of a "system".**



NHS Projects in Southern Ontario





Our Vision and Goals

Vision: A landscape that supports the needs of people and nature in a way that preserves and enhances the unique character of the Kawarthas.

Goal: Identify and map a connected system of natural areas that can help:

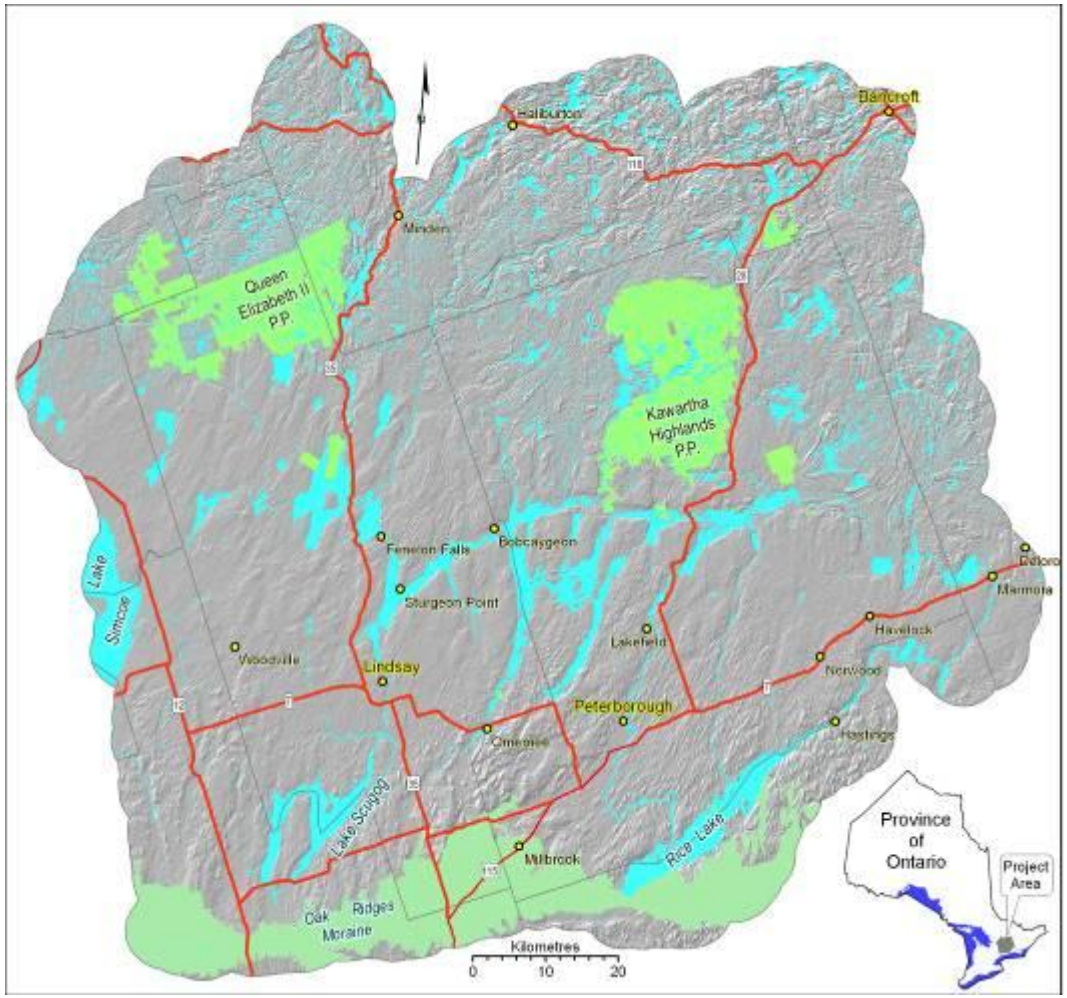
- sustainable land use planning and resource management decision-making
- determine the best areas for stewardship and restoration projects
- set priorities for conservation land purchases
- identify what further information and inventories we need to improve our efforts.



The Project Area

The core area of interest includes:

- **the 8 lower tier municipalities in Peterborough County, the City of Peterborough and the City of Kawartha Lakes.**
- **both jurisdictions of Otonabee Conservation and Kawartha Conservation.**
- **33 quaternary watersheds**
- **a 5 kilometre buffer zone**





The Partners Involved

- Agricultural Advisory Board: City of Kawartha Lakes
- Alderville First Nation
- City of Kawartha Lakes
- City of Peterborough
- Clear/Stoney/White Lakes Environment Council
- County of Peterborough
- Ducks Unlimited Canada
- Havelock-Belmont-Methuen Lake Association
- Kawartha Conservation
- Kawartha Heritage Conservancy
- Kawartha Lake Stewards Association
- Kawartha Trans Canada Trail
- Ontario Federation of Anglers and Hunters
- Ontario Ministry of Natural Resources
- Ontario Ministry of Tourism, Culture and Sport

- Ontario Stone, Sand & Gravel Association
- Ontario Woodlot Association
- Otonabee Region Conservation Authority
- Parks Canada, Trent-Severn Waterway
- Peterborough County-City Health Unit
- Peterborough Historical Society
- Trans-Canada Trail
- Trent University
- Victoria Stewardship Council



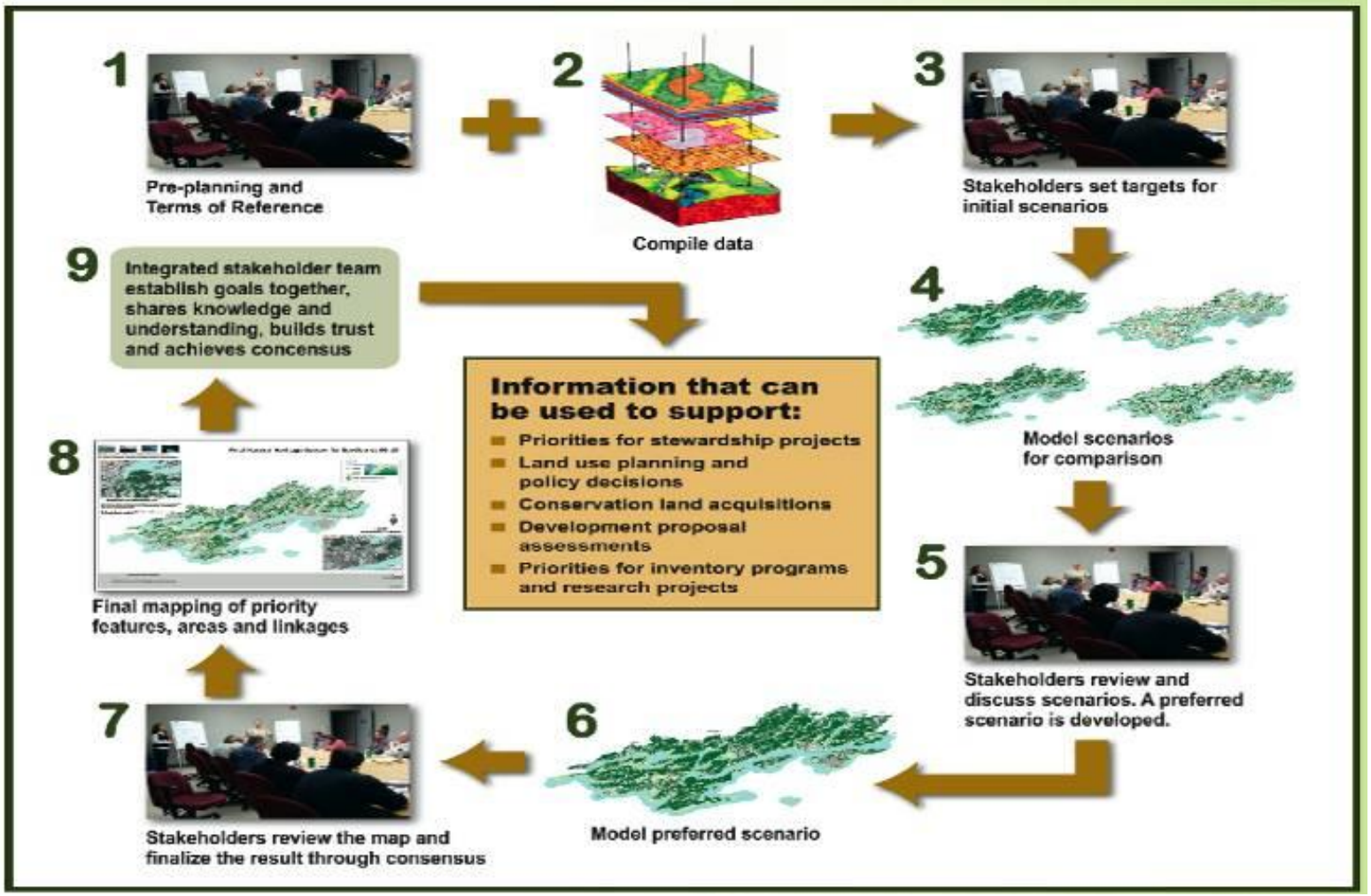
Our NHS Design Process

Objective: To design a natural heritage system made up of connected areas that will help to maintain our ecological, social, and economic values.

- Collaborate on setting of goals, objectives and targets by local stakeholders.
- Identify natural features and areas based on their contribution to the objectives and targets set by stakeholders.
- Examine the different viewpoints of the team members and look at different options for a system.



NHS Design Process





System Design Goals

- **The design goals outline the types of features and areas that the team will try to include in the final system they identify.**
- **The natural heritage system for the study area will consist of a network of natural core areas, regional connections and local linkages, and include where possible:**
  - The diversity of ecological communities and native species found in our area
  - Potential areas for restoration and recovery
  - Significant natural heritage features and areas, as defined in the Provincial Policy Statement
  - Sensitive surface water and groundwater features and other aquatic habitats
- **The process will respect the land uses that already exist in this area.**



The Products of the NHS Project

- A package of digital information and electronically mapped layers that can be used to help stakeholders with their project planning.
- A map outlining the selected Natural Heritage System
- The NHS products can be used to:
  - Set priorities for stewardship projects
  - Understand the impact of our land use decisions
  - Make decisions about land purchases for conservation purposes
  - Help us understand the information we are missing about natural areas to help us make a better product.



The Benefits of Using the NHS Products

- The NHS provides a common vision for our landscape that is developed collaboratively by a variety of people from the area.
- Allows all the users to collaborate and use the same information for their planning and project needs - saving time, money and effort.
- Sharing of the effort to create the NHS can lead to shared efforts around future projects.



Opportunities for Involvement

- **Provide input to a representative of the Scenario Planning Team about the natural heritage values that are important to you.**
- **Learn more about the information contained in the final NHS products and the condition of our landscape.**
- **Inform your contacts and colleagues about the project and the anticipated benefits.**
- **If you are a landowner of property with natural features, continue to sustain your natural heritage values and learn more about how your land contributes to the health of our community.**



How to Connect

- Visit the project's website at: www.kawarthasnaturally.ca
- Subscribe to the project's e-newsletter.
- For specific questions and more information, contact either:
  - Doug van Hemessen, Victoria Stewardship Council at: dougvanhemessen@kawarthaheritage.org
  - Mike Hendren, Kawartha Heritage Conservancy at: mhendren@kawarthaheritage.org



Questions?

Risk Management at PCCHU

Brent Woodford,
Director, Corporate Services
BOH Meeting, March 14, 2012

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

Definitions

- **Risk**
  - A chance or possibility of danger, loss, injury or other adverse consequences
- **Mitigate**
  - To lessen or make less severe
    - Some risks cannot be mitigated eg: “Act of God”
- **Contingent**
  - Dependant on something else occurring
    - Our plan(s) for managing if risk does occur

Risk Management

- Some risks identified nationally, some unique to PCCHU
- In preparing for risk, identify risk then assign probability of risk happening
    - Graded as “likely”, “possible” “unlikely” “not applicable”
- Part of risk management is to develop partnerships, networks, linkages
    - Depending on event PCCHU may play lead or supportive role

Public Health Emergencies

Risk

- "Atmospheric" Events
  - Extreme heat/cold
  - Fog
  - Hail
  - Ice/sleet
  - Lightening
  - Snowstorm/blizzard
  - Tornado, windstorm
  - Wild fire
  - Earthquake
  - Landslide

Mitigation/Contingency

- Work with municipalities
- Surveillance/detection
- Public education/ advice
- Issuing orders/advisories
- Work with media
- Inspection
- Orders for remedial work
- Evacuation centres

Public Health Emergencies

Risk

- Human Health Emergencies and Epidemics

Mitigation/Contingency

- Surveillance
- Immunization clinics and Anti-viral distribution
- Assessment centres
- Advise/support primary care
- Public education/advice
- Work with media
- MOH recommendations/ orders
- Work with municipalities/ province

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

Public Health Emergencies

Risk

- Hydrologic Hazard
  - Drought/low water
  - Erosion
  - Flooding (storm surges, river flooding)
  - Water quality

Mitigation/Contingency

- Surveillance/detection
- Public/Municipal education/advice re: impact, risk, abatement, potable water distribution
- Issue orders or advisories
- Work with media
- If illness, investigate cases
- Work with municipalities

Public Health Emergencies

Risk

- Agriculture and Food Emergencies (Plant Disease and Pest Infestations, Food Emergencies, Animal Disease)

Mitigation/Contingency

- Surveillance/detection
- Public education/advice
- Issue orders or advisories
- Work with media
- If illness, investigation of cases
- Work with municipalities

Public Health Emergencies

Risk

- Technological
  - Building/structure collapse
  - Critical infrastructure failure
  - Energy Emergency (supply)
  - Fire/explosion
  - Hazardous material (fixed)
  - Hazardous material (road, rail, air, marine)
  - Transportation emergency
  - Nuclear incident

Mitigation/Contingency

- Inspection of impacted premises?
- Environmental testing?
- Orders for remedial work?
- Work with municipalities
- Public education and advice incl. inquiry line
- Potential for evacuation and reception centres

Public Health Emergencies

Risk

- Host Community
  - hazards occurring elsewhere that would result in hosting evacuees

Mitigation/Contingency

- Assessment/ evacuation/ reception centres
- Public education/ advice
- Work with media
- MOH recommendations/ orders
- Work with municipalities

Financial

Risk

- Not enough/too much money at end of year
- Normal risks of handling money

Mitigation/Contingency

- Annual budget (prepared by management and approved by Board)
- Monthly monitoring and reporting
- Internal P&P and controls
- Annual external audit
- Insured against theft, counterfeit, etc

Staffing

Risk

- Improper staffing

Mitigation/Contingency

- Job descriptions
- Structured interviews
- Reference checking
- Credentials checked
- Probationary period
- Performance appraisals
- Developing Succession Plan for key positions

Errors & Omissions

Risk

- Omit to do something that is required or do something that shouldn't be done

Mitigation/Contingency

- Job descriptions
- Standards
- Policies and Procedures
- Briefings and education
- Clinical/professional supervision
- Annual credentials check
- For Board, carry insurance

Damage to Property

Risk

- Property damage
  - Fire, theft, vandalism, injury…

Mitigation/Contingency

- Inspections (inc. Joint Occupational Health Committee)
- Burglar/fire/fridge alarms
- Standby power
- Mtnce and contracts (eg: snow plowing)
- Drivers must carry own business inse.
- Insurance

Damage to Data

Risk

- Computer data damaged/lost

Mitigation/Contingency

- Scheduled maintenance
- Data backed up
- Back up stored off site

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Governance Committee**

Date: March 14, 2012

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Governance Committee for January 27, 2012, approved by the Committee on February 29, 2012.

Please refer to the attached.

Original signed by

Larry Stinson *on behalf of*
Mr. David Watton, Chair,
Governance Committee

The Board of Health
for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
January 27, 2012 – 2:00 p.m. to 4:00 p.m.
(Board Room - 10 Hospital Drive, Peterborough)

Present: Mr. David Watton, Chair
Mr. Jim Embrey
Deputy Mayor Andy Sharpe
Reeve Mary Smith
Dr. Rosana Pellizzari
Mr. Brent Woodford
Mrs. Alida Tanna, Recorder

Guests: Ms. Brittany Cadence
Mr. Tom Cathcart

1. Call To Order

The meeting was called to order at 2:03 p.m. by Mrs. Alida Tanna, on behalf of Dr. Pellizzari, who was slightly delayed joining the meeting.

Mrs. Tanna called for nominations for the position of Chair for the Governance Committee for the Board of Health for 2012.

Moved by	Seconded by
Reeve Smith	Mr. Embrey

That Mr. David Watton be nominated Chairperson for the Governance Committee of the Board of Health for 2012.

Carried

Mr. Watton agreed to let his name stand for the position of Chairperson. Mrs. Tanna asked again if there were any further nominations for the position of Chairperson.

There being no further nominations for the position of Chairperson, Mrs. Tanna declared nominations closed.

Mr. Watton was acclaimed to the position of Chairperson of the Governance Committee of the Board of Health for the year 2012.

Mr. Watton thanked Members for their continued support and assumed the Chair.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Delegations

Nil.

Dr. Pellizzari joined the meeting at 2:10 p.m.

4. Approval of the Agenda

The following items were moved to the closed session as they pertained to personnel matters:
- 6.2a, Review of action items from Dec. 9 meeting with Non-Union staff
- 6.2b, Discussion of Non-Union staff Dec. 9 proposal

Moved by	Seconded by
Deputy Mayor Sharpe	Mr. Embrey

That the Agenda be approved as amended.

Carried

5. Approval of the Minutes

Moved by	Seconded by
Mr. Embrey	Reeve Smith

That the minutes of the Governance Committee for October 14, 2011 be approved as written, and brought forward to the February 8, 2012 Board of Health meeting.

Carried

6. Business Arising from the Minutes

6.1 **Priority items:**

a. Status: Hiawatha Agreement

Dr. Pellizzari advised that both Chief Moore, and Band Council Clerk Ms. Darla Blodgett, were contacted regarding the status of the agreement, however, an executed contract has not been provided to the Health Unit. **ACTION: If the contract has not been received by the February 8, 2012 Board of Health (BOH) meeting, Members encouraged Dr. Pellizzari will seek Councillor Jill Smith's assistance.**

b. Funding for Webinar Presentation to the Board on Board Liability

Dr. Pellizzari recommended that due to budgetary restrictions, the Committee should consider waiting until 2013 to schedule this presentation which would cost the Board $750.00. There was general consensus from Members to wait until next year. It was also noted that any unspent funds from the budget line for Conferences for Board Members could be reallocated for the development of the Board's new strategic plan, this work will take place later this year.

Mr. Woodford advised that he could offer a presentation to the Board on this topic. **ACTION: Mrs. Tanna to provide Mr. Woodford with the presentation by James LeNoury from the February 2011 Association of Local Public Health Agencies (alPHa) symposium. This item will be brought forward to a future Governance Committee meeting, and later to the Board for information.**

c. Risk Management Update

Mr. Woodford presented an overview of areas of potential risk to the Health Unit. Risk Management is a requirement within the Ontario Public Health Organizational Standards under Management Operations (item. 6.2):

> ***Risk management***
> *The board of health shall ensure that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a timely and effective manner. Risk management is expected to include but is not limited to: financial risks, HR succession and surge capacity planning, operational risks, and legal issues.*

Mr. Woodford discussed various public health emergencies (e.g. environmental, infectious disease epidemics, agricultural contamination and/or infestations) as well as risks associated with internal operational functions (e.g. finance, staffing, errors and omissions, damage to property/data), and noted how the Health Unit plans and mitigates these situations.

With respect to contingency plans, Dr. Pellizzari updated Committee Members on other issues the Health Unit was currently addressing. The generator which provides backup power for the 10 Hospital Drive site only supports limited areas with power. The Health Unit is pursuing alternate options, and will apply for Joint Emergency Preparedness Program (JEPP) funding in the fall, however, the maximum amount of funding available is $10,000, and the cost of a generator which will meet our needs is at least ten times that amount.

With the brief blackout that occurred last month, the Health Unit is also developing a plan to address and ensure we are prepared for similar events.

Moved by	Seconded by
Reeve Smith	Deputy Mayor Sharpe

That a presentation on Risk Management be provided to the Board of Health at an appropriate time.

Carried

d. Board Composition and Recruitment

A skills matrix and inventory checklist was provided to the Committee. It was recommended that the checklist be appended to the current Board of Health procedure related to Provincial Appointments, and that the checklist should be completed prior to recruitment to identify skill sets that might be valuable to the Board. For example, with the current focus on site unification, it would be relevant and beneficial to have a member with experience in real estate and/or finance. **ACTION: Alida to append.**

Since Municipal and First Nation Members are appointed by their respective Councils, it was noted that the Governance Committee should consider Board skill sets prior to any stakeholder election, and again shortly after elections, to identify assess potential candidates to enhance gender/age/racial representation on the Board. **ACTION: Alida to flag this for the Governance Committee as a task during upcoming elections.**

It was noted that Council Members are provided with a summary of Committees and Boards which require representation, it is normally a very brief description which includes meeting times. It would be important to update this information to ensure it is up-to-date and relevant. **ACTION: Dr. Pellizzari to follow-up with the Clerks for both the County and the City to ensure that Board of Health information is accurate and up-to-date.**

e. Youth Representation on the Board

Deferred.

6.2 **Time Permitting:**

a. Review of action items from Dec. 9 meeting with Non-Union staff

This item was moved to the closed session.

b. Discussion of Non-union staff Dec. 9 proposal

This item was moved to the closed session.

c. Governance Work Plan for 2012
The work plan (updated in October 2011) was circulated for information, however no further revisions were made at the meeting.

d. Review of the Board of Health's Current Procurement Policy
Mr. Woodford provided Members with recommendations to revise By-Law Number 9, Procurement of Goods and Services. In addition to minor housekeeping changes, Mr. Woodford suggested increasing spending limits on credit cards to $50,000. It was recommended that Mr. Woodford ensure that the By-Law and limits are in line with the City's procurement practices.

Mr. Woodford also suggested that in the case of tenders, once analysis is completed and tenders are ranked, if the highest ranking tenders are determined to be equal, priority could be given to one if they are a local supplier/vendor. Again, it was suggested that Mr. Woodford consult with the City (potentially Mary Gallop) to obtain their input.

ACTION: Mr. Woodford to follow-up with the appropriate City staff to obtain information related to these items.

On a related note, Mr. Woodford advised that he was looking into implementing electronic signatures for cheques issued by the Health Unit, and possibly electronic transfers (direct deposits) for various payments. In addition, he was also obtaining details regarding credit cards which offer cash-back rebates, with the intent that these cards could be used as a purchasing option rather than issuing a cheque. Members agreed these items would both increase efficiencies and achieve cost-savings.

ACTION: Once background work is completed, proposed changes to the By-Law will be brought forward to the Committee by Mr. Woodford for consideration.

e. Board Member Remuneration
Deferred.

7. New Business

7.1 Review By-Law #3 (Calling of Meetings)
There were no changes made at this time. With respect to elections, as the By-Law applies to Board Committee meetings as well, staff will ensure that agendas for the first meeting of each year for Board Committees follow the By-Law.

7.2 Review New Procedure: Board Staff Reports and Presentations

A new procedure regarding reports and presentations to the Board of Health was reviewed, no revisions were noted. A template for reports was appended, the template included proposed revisions to the current template used by staff. The proposed changes were approved by Committee Members.

Reeve Smith noted that staff should ensure the 12 point font size and font type (Calibri) used in Board policies and procedures meets standards set out in the Ontarians Accessibility for Ontarians with Disabilities Act (AODA). **ACTION: Mrs. Tanna to follow up on this item.**

Moved by	Seconded by
Deputy Mayor Sharpe	Mr. Embrey

That Procedure 2-361, Staff Reports and Presentations for the Board of Health, and the accompanying Report Template, be brought forward to the February 8, 2012 Board of Health meeting.

Carried

7.3 Develop Property Committee Terms of Reference

Deferred.

8. In Camera/Closed Session

Mrs. Brittany Cadence and Mr. Tom Cathcart joined the meeting at 3:00 p.m. to discuss matters related to the Non-Union group.

Moved by	Seconded by
Mr. Embrey	Reeve Smith

That the Governance Committee go In Camera to discuss confidential personnel matters. Carried

Mrs. Cadence and Mr. Cathcart departed the meeting at 3:30 p.m., the Committee continued with the closed session.

Moved by	Seconded by
Reeve Smith	Jim Embrey

That the Governance Committee rise from In Camera

Carried

9. Items to be referred to:

9.1 Board of Health

Next Meeting:
- Minutes, October 14, 2011
- Procedure, Staff Reports and Presentations to the Board of Health (New)
- Template, Board of Health Staff Reports (Revised)

Future Meeting:
- Risk Management Presentation

9.2 Other
Nil.

10. Agenda Items for Next Meeting:

- Status, Hiawatha Agreement
- Youth Representation
- Non-Union Discussions
- Board Member Remuneration
- Develop Property Committee Terms of Reference

Agenda items to be considered for future meetings:

- Board Liability Presentation
- Revisions to By-Law # 9, Procurement of Goods and Services

11. Date, Time and Place of Next Meeting

The next meeting for the Governance Committee will be scheduled for February 29, 2012, 1:00 – 4:00 p.m., at the Health Unit.

12. Adjournment

Moved by	Seconded by
Mr. Embrey	Deputy Mayor Sharpe
That the meeting be adjourned.	
	Carried

The meeting adjourned at 4:00 p.m.

Chair

Recorder