The Board of Health for the Peterborough
County-City Health Unit
Agenda
Board of Health Meeting
4:45 p.m. Wednesday, May 9, 2012
(Council Chambers, County Court House
County of Peterborough, 470 Water Street)

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 – Tobacco Enforcement Officer
Presenter: Ingrid Cathcart

5. Confirmation of the Minutes of the Previous Meeting

5.1. **April 11, 2012**

6. Business Arising From the Minutes

7. Correspondence

8. Program Reports

8.1. **Q1 2012 Program Report**
Presenter: Larry Stinson, Director, Public Health Programs
(Presentation Link)

8.2. **Q1 2012 Financial Report**
Presenter: Brent Woodford, Director, Corporate Services

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

9. New Business

9.1. **Food Security Update**
Presenters: Susan Hubay, Public Health Nutritionist
Joëlle Favreau, Community Development and Compass Training Centre Supervisor, YWCA Peterborough

9.2. **2009 Youth Survey - Sexual and Reproductive Health Program**
Presenter: Ruth Walker, Public Health Nurse

9.3. **Staff Report: Cycling Infrastructure in Peterborough**
Zahra Ismail, Health Promoter

9.4. **Staff Report: 2012 Supplemental Budgets**
Brent Woodford, Director, Corporate Services

9.5. **Approval of 2012/13 alPHa Membership Fee**
Dr. Rosana Pellizzari, Medical Officer of Health

9.6. **Risk Communications**
Presenter: Brittany Cadence, Supervisor, Communications Services

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 Matters

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

Wednesday, June 13, 4:45 p.m.; Lower Hall, Administration Building, 123 Paudash Street, Hiawatha First Nation.

13. Adjournment

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

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Minutes of Board of Health Meeting, April 11, 2012**

Date: May 9, 2012

Recommendation:

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

Please refer to the attached.

Original signed by

Rosana Pellizzari, M.D.

Board of Health for the
Peterborough County-City Health Unit
Minutes
Wednesday, April 11, 2012
Council Chambers, County Court House
County of Peterborough, 470 Water Street

Present:

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

Regrets:

Staff: Mr. Keith Beecroft, Youth Development Worker
Ms. Jennie Carr, Student Peer Leader
Ms. Karen Chomniak, Manager, Family Health Programs
Mrs. Donna Churipuy, Manager, Environmental Health Programs
Mrs. Barbara Matwey, Administrative Assistant, Recorder
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant
Mr. Brent Woodford, Director, Corporate Services

1. Call to Order

Deputy Mayor Sharpe called the meeting to order at 4:50pm.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Confirmation of Agenda

Moved by
Mayor Fallis
Seconded by
Reeve Smith
That the agenda be approved as circulated.

- Carried - (M-12-48)

4. Delegations and Presentations

Deputy Mayor Sharpe informed the Board of Health that a delegation had been declined regarding wireless technology.

4.1 A Day in The Life – Youth Engagement and Student Peer Leaders
Presenters: Keith Beecroft, Youth Development Worker
Jennie Carr, Student Peer Leader
Alex Stinson, Student Peer Leader

5. Confirmation of the Minutes of the Previous Meeting

Moved by
Councillor Parnell
Seconded by
Mr. Watton
That the minutes of the Board of Health be approved.

- Carried - (M-12-49)

6. Business Arising From the Minutes

Nil.

7. Correspondence

Moved by
Chief Knott
Seconded by
Mr. Jobe
That the following documents be received for information.

1. Correspondence related to Wi-Fi:
   a. Email dated March 12, 2012 from P. Stumpf.
   b. Email dated March 13, 2012 from the Kawartha Safe Technology Initiative.
   c. Email dated March 19, 2012 from C. Niziolek.
   d. Email dated March 20, 2012 from M. Manon, and response issued on Apr. 4, 2012.

e. Email dated April 2, 2012 from O. Johansson, and response issued on Apr. 4, 2012.

2. Letter dated March 14, 2012 from Chairman Sharpe to Ms. Kate Manson, Smith, Assistant Deputy Minister, Ministry of Health and Long-Term Care, regarding the delivery of the Healthy Communities Fund Partnership Stream.
3. Email dated March 16, 2012 from Linda Stewart, Association of Local Public Health Agencies (alPHa), regarding Healthy Smiles Ontario.
4. Email dated March 21, 2012 from Gordon Fleming, alPHa, regarding the Winter Symposium held in February 2012.
5. Letter dated March 21, 2012 from Minster Hoskins, Ministry of Children and Youth Services, to Dr. Pellizzari, in response to her original letter dated February 15, 2012, regarding funding for the Infant and Toddler Development Program.
6. Letter dated March 23, 2012 from Minster Gerry Ritz, Ministry of Agriculture and Agri-Food and Minister for the Canadian Wheat Board, to Chairman Sharpe, in response to his original letter dated May 30, 2011, regarding the advertisement of breast-milk substitutes.
7. Letters/Resolutions from other Health Units:
   Niagara Infant and Toddler Development Program

- Carried (M-12-50)

8. Program Reports

Nil.

9. New Business

9.1 Emergency Preparedness – Continuity of Operations Plan
Presenter: Donna Churipuy, Manager, Environmental Health Programs

Mrs. Churipuy gave a brief overview of the work in progress on the Continuity of Operations Plan.

9.2 Staff Report: Healthy Babies, Healthy Children 2012 Budget
Karen Chomniak, Manager, Family Health Programs

Moved by	Seconded by
Councillor Parnell	Mr. Embrey

That the Board of Health for the Peterborough County-City Health Unit approve the 2012 budget for the Healthy Babies, Healthy Children (HBHC) Program in the total amount of $828,413; and address the funding levels for the program with the Ministry of Children and Youth Services (MCYS) before next year end an on an on-going basis.

- Carried (M-12-51)

9.3 Staff Report: Audit Letter of Engagement
Brent Woodford, Director, Corporate Services

Moved by Councillor Clarke — Seconded by Mayor Fallis
That the Board of Health for the Peterborough County-City Health Unit sign the Collins Barrow Kawarthas LLP Letter of Engagement.

- Carried (M-12-52)

9.4 Public Health Ontario and Cancer Care Ontario Report: Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario
Presenter: Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari gave an overview of the report, Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario. The report outlined 22 recommendations to create a provincial strategy to address the health and financial burden of chronic disease.

9.5 Staff Report: 2012/13 Infant & Toddler Development Program Budget
Brent Woodford, Director, Corporate Services

Moved by Mr. Embrey — Seconded by Mayor Fallis
That the Board of Health for the Peterborough County-City Health Unit approve the 2012/13 funding request for the Infant & Toddler Development Program in the total amount of $242,423.

- Carried (M-12-53)

9.6 Staff Report: 2012 Smoke Free Ontario Budget
Brent Woodford, Director, Corporate Services

Moved by Councillor Beamer — Seconded by Chief Knott
That the Board of Health for the Peterborough County-City Health Unit approve the 2012 funding request for the Smoke Free Ontario Programs in the total amount of $300,724.

- Carried (M-12-54)

9.7 Update on First Nations Public Health in Ontario
Presenter: Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari gave an update on the progress of talks to address First Nations Public Health in Ontario which consists of the Province, Chiefs of Ontario and Health Canada to promote models for the integration and strengthening of public health services in First Nations communities.

9.8 Waterloo Region Smoke-Free Community Housing Video
Presenter: Dr. Rosana Pellizzari, Medical Officer of Health

Dr. Pellizzari showed a video to demonstrate the progress made in support of the Waterloo region community housing smoke-free initiative. It is estimated that within 10 years all community housing will be smoke-free in the Waterloo region. Councillor Parnell requested that a copy of the video be sent to Ken Doherty, Director of Community Services, City of Peterborough.

9.9 alPHa Resolutions
Dr. Rosana Pellizzari, Medical Officer of Health

Larry Stinson reviewed a resolution proposed to go forward to the alPHa June 2012 Annual General Meeting entitled "Alcohol Pricing and LCBO Revenue Generation."

Moved by Councillor Clarke — Seconded by Mr. Watton
That the Board of Health for the Peterborough County-City Health Unit approve the resolution, "Alcohol Pricing and LCBO Revenue Generation", for submission to alPHa for their Annual General Meeting in June 2012.
- Carried - (M-12-55)

10. Committee Reports

Nil.

11. In Camera to Discuss Confidential Property and Personnel Matters

Moved by Councillor Parnell — Seconded by Mr. Embrey
That the Board of Health go In Camera to discuss confidential Property and Health Protection matters.
- Carried - (M-12-56)

Moved by Mr .Watton — Seconded by Councillor Parnell
That the Board of Health rise from In Camera.
- Carried – (M-12-57)

Moved by
Councillor Clarke

Seconded by
Reeve Smith

That the Board of Health approve the Medical Officer of Health to communicate changes to non-union compensation to staff.

- Carried – (M-12-58)

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

Wednesday, May 9, 2012, 4:45 p.m. in the Council Chambers, County Court House, County of Peterborough, 470 Water Street.

13. Adjournment

Moved by
Councillor Parnell

Seconded by
Mr. Jobe

That the meeting be adjourned.

- Carried – (M-12-59)

The meeting adjourned at 7:16 p.m.

_____
Chairperson

_____
Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: May 9, 2012

Recommendation:

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

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1. Email dated March 9, 2012 from Dr. Paul Roumeliotis, President, alPHa, regarding collaboration with the OPHA. **REF. P. 3**

2. Email dated April 6, 2012 from Ms. Kathy McDermid related to wireless technologies. **REF. P. 4-5**

3. Letter dated April 5, 2012 from Nina Arron, Director, Public Health Division, Public Health Policy and Programs Branch, MOHLTC, regarding HPV immunization. **REF. P. 6**

4. Letter dated April 20, 2012 from Chairman Sharpe to Mayor Bennett, City of Peterborough, regarding water-pipes. **REF. P. 7-8**

5. Letter dated April 27, 2012 from Dr. Pellizzari to Premier McGuinty regarding the Drummond Report. **REF. P. 9-10**

6. Letter dated May 2, 2012 from Chairman Sharpe to Premier McGuinty regarding Bil 74, An Act to help prevent skin cancer. **REF. P. 11-12**

7. Email dated May 4, 2012, from Susan Lee, Susan Lee, Manager, Administrative and Association Services, alPHa, regarding resolutions for consideration for the June 2012 Annual General Meeting. **REF. P. 13-39**

8. Letters/Resolutions from other Health Units:

   Durham
   - Infant and Toddler Development Program **REF. P. 40-41**

Hastings & Prince Edward Counties

- Drummond Report **REF. P. 42-45**

Thunder Bay

- All Terrain Vehicles **REF. P. 46-55**

Timiskaming

- Drummond Report **REF. P. 56-60**

9. Report released April 27, 2012 from the Chief Medical Officer of Health, Dr. Arlene King, regarding Oral Health. Link: http://www.health.gov.on.ca/en/public/publications/ministry_reports/oral_health/oral_health.pdf

Original signed by

Rosana Pellizzari, M.D.

March 9, 2012

SENT BY EMAIL

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

Dear Mr Sharpe:

Thank you for your letter of September 22, 2011 regarding exploration of closer collaboration with OPHA as a way to reduce costs and enhance capacity for public health in Ontario. alPHa has an immediate need for additional resources to increase its focus on advocacy and policy analysis while building and supporting relationships with a growing number of stakeholders. The need for additional resources to support our members is a pressing and separate issue from the Association's relationship with OPHA.

It will interest you to know that a meeting was held in February 2011 between the Executive Committees of both associations to discuss the possible ways the organizations could benefit from working more closely together. At that time, OPHA was conducting an organizational review and the discussions that day included the topic of forming a single association in addition to identifying areas where the two associations could work more closely together. Following our meeting, OPHA wrote to us and made it clear that they planned to continue with hiring a new executive director and to take some time to build their association before considering further discussions.

At present, alPHa's Board remains open to renewed conversations with OPHA. Where possible, we are encouraging a closer working relationship between the two associations, but we also respect OPHA's wish to explore a number of options.

I hope that you find this information helpful.

Thank you again for your letter.

Sincerely,

Dr. Paul Roumeliotis, MD.CM, FRCP©
President

cc: Rosana Pellizzari, MOH, Peterborough County-City Health Unit

From: Alida Tanna
Sent: Friday, May 04, 2012 2:46 PM
To: 'mcdermid@trytel.net'
Subject: FW: Wi-fi in schools

Sent on behalf of Deputy Mayor Andy Sharpe, Board of Health Chair:

Dear Ms. McDermid

Thank you for your email of April 6, 2012. It will be included in the correspondence to the Board of Health for its next meeting in May. We do not believe that the level of radiofrequency exposure associated with the use of Wi-Fi in schools is placing children at risk. This was addressed by Dr. Ray Copes in his presentation to the Board in November. We have been advised by Dr. Copes that he will be reviewing the new IARC monograph when it becomes available and we anticipate that Public Health Ontario will be advising Dr. Arlene King, Ontario's Chief Medical Officer of Health, on any recommended policy changes based on the latest review of the evidence. Until then, the Board of Health will not be taking any action on this issue.

We anticipate that there will opportunity for you to respond to the anticipated Public Health Ontario report when it becomes available, and we will welcome deputations again at that point. In the meantime, let me assure you that our Medical Officer of Health and her staff remain vigilant on this issue.

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
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810
e. atanna@pcchu.ca

From: Alida Tanna
Sent: Tuesday, April 10, 2012 10:59 AM
To: 'Kathy McDermid'
Subject: RE: Wi-fi in schools

Hello Ms. McDermid,

The agenda is normally closed by the Friday prior to a Board meeting as that is when it is posted. Last week, with the Friday holiday, the agenda was posted on Thursday. Your correspondence will be reviewed by the Board Chair for his consideration for the next meeting agenda (May 9).

Kind regards,
Alida Tanna

From: Kathy McDermid [mailto:mcdermid@trytel.net]
Sent: Friday, April 06, 2012 5:06 PM

To: Alida Tanna
Subject: Wi-fi in schools

Hello Ms. Tanna

I was hoping the following letter would be received as correspondence for next week's Board of Health meeting. It is a follow up to the presentation I made on this topic on Feb. 8, 2012.

Many thanks,

Kathy McDermid

Dear members of the Board of Health;

As I am sure you recall, I made a presentation regarding the use of pervasive wi-fi in Kawartha Pine Ridge public schools on Feb. 8, 2012.

I note that the Board of Health followed through with a number of items on the action plan, including writing to the KPR School Board, and asking for the justification for the installation of pervasive wi-fi, despite health concerns. I was disappointed in the letter, however, as I feel it neglected to address several key points of my presentation, which dealt with the levels of microwave radiation emitted by the school board's wi-fi system. Specifically, radiation levels in schools are actually higher, relatively speaking, than we are being led to believe.

Specifically, there was no mention in Dr. Pellizarri's letter to the Board of Education of the following issues:

* Radiation levels in KPR classrooms exceed levels found within 100 m of the base of a cell tower.

*The City if Toronto Board of Health has adopted a Prudent Avoidance Policy, which recommends that Health Canada's safe exposure limits should be *lowered by one hundred times* in areas where people spend a lot of time.

* Radiation levels in KPR classrooms exceed the levels recommended in the Toronto Board of Health's Prudent Avoidance Policy.

While I recognize that KPR classroom levels fall below Health Canada's Safety Code 6 levels, the Board of Health should note that Health Canada's limits are among the least protective in the world. Many countries have safety limits hundreds, even thousands of times lower than Safety Code 6, and numerous bodies (Parliamentary Assembly of the Council of Europe, World Health Organization, to name just two) have recommended caution, based on thousands of studies that indicate potential harm.

Dr. Pellizzari is very familiar with the Toronto Prudent Avoidance Policy -- in fact, she was one of the signatories on that document. I would expect that the Peterborough Board of Health should, in fact, develop a prudent avoidance policy of its own, similar to the one in place in Toronto, and I question why this has not been done to date?

Yours truly,

Kathy McDermid

Ministry of Health and Long-Term Care

Public Health Division
Public Health Policy and Programs Branch
21st Floor, 393 University Avenue
Toronto ON M7A 2S1

Telephone: 416 314-5487
Facsimile: 416 327-7438

Ministère de la Santé et des Soins de longue durée

Division de la santé publique
Direction des politiques et des programmes de santé publique
393, avenue University, 21e étage
Toronto ON M7A 2S1

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Télécopieur : 416 327-7438

Ontario

APR - 5 2012

RECEIVED
APR 13 2012
PETERBOROUGH COUNTY CITY HEALTH UNIT

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

Dear Mr. Sharpe:

Thank you for your letter of March 7, 2012 to the Honourable Deb Matthews, Minister of Health and Long-Term Care, regarding Ontario's publicly funded Human Papillomavirus (HPV) immunization program.

The Ministry of Health and Long-Term Care (the ministry) is aware that the HPV coverage estimates in Ontario are below the national goal of having 90% of school-age females protected. Over the last few months, health units have provided the ministry with valuable information outlining the challenges as well as opportunities that exist to improve the HPV immunization program. The ministry is currently examining strategies related to communication and educational awareness and later this year will review the program delivery model. We will continue to work with health units and other stakeholders as we move forward.

Thank you for bringing your concerns to the ministry's attention.

Sincerely,

Nina Arron

Nina Arron
Director

April 23, 2012

SENT VIA EMAIL: dbennett@peterborough.ca

Mayor Darryl Bennett
City of Peterborough
500 George St. N.
Peterborough, ON K9H 3R9

Dear Mayor Bennett:

Water-pipe use is increasing dramatically in communities throughout North America especially among youth and young adults. On Wednesday, November 9, 2011, the Board of Health for the Peterborough County-City Health Unit moved to request that local municipalities with smoking by-laws amend their bylaw to create a new definition of smoke and include prohibition of the burning of substances in all indoor public spaces, workplaces and outdoor public spaces. A copy of the staff report considered at that meeting has been attached for your reference.

A water-pipe, also known as "hookah", "shisha", "sheesha", "hubbly bubbly", "hubble-bubble", "goza" and "argileh", a device that originated in India and middle-eastern countries is used to smoke tobacco and herbal products. A water-pipe consists of a "head" where the product is heated, a bowl that is filled with water or other liquid, a pipe that connects the bowl to the head, and a hose with a mouthpiece from which the smoke is inhaled. The smoke is created by indirect heat applied to the product.

A typical hookah session lasts 20-80 minutes, with users taking up to 200 puffs. Some studies show that a typical water-pipe session is comparable to inhaling the same amount of smoke from 100 or more cigarettes.[1] As a result much more second-hand smoke is produced by an individual using a water-pipe than a cigarette. The research on the health effects of tobacco use in a water-pipe, while recognizing the different form of delivery, continues to identify exposure to toxins and similar health impacts to cigarette use.[2, 3] These risks may be higher, since water pipe smoking often involves a higher frequency of puffing, deeper inhalation, and longer smoking sessions than cigarette smoking.

The air quality in water-pipe cafés, as measured by particulate matter (PM) concentrations, has been shown to be poorer than in restaurants where cigarette smoking is allowed.[4] $PM_{2.5}$ concentrations in smoking rooms of water-pipe cafés have been found to be more than three times greater on average than for smoking rooms in restaurants and more than 41 times higher than in smoke-free premises.[4] Both employees and non-smoking patrons that occupy a

premises that allows water-pipe uses will be exposed to higher $PM_{2.5}$ concentrations than in a smoke-free environments.[4] Cigarette smoking is banned in indoor public places and by extension then, it is logical to assert that these bans should include the use of water-pipes as well. The current *Smoke-Free Ontario Act* does not contain provisions to deal with the public use of non-tobacco products in water-pipes. In view of growing evidence of water-pipe uptake by youth, the health impacts of use, public misperceptions on the health risks involved, and the growth of small businesses that offer unrestricted products, policy action by municipalities is warranted.

The Board of Health respectfully requests that the City take the steps to review its current by-law and make the appropriate amendments to include water-pipes. Our health unit staff would be happy to assist your legal counsel in making the appropriate changes. Your consideration of this request is appreciated.

Yours in health,

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

Encl.

1. WHO Study Group on Tobacco Product Regulation. (2005).*Water-pipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators*. Geneva, Switzerland: World Health Organization.
2. Cobb C, Ward KD, Maziak W, Shihadeh AL, Eissenberg T. (2010). Water-pipe tobacco smoking: An emerging health crisis in the United States. *American Journal of Health Behavior,* 34(3): 275-285.
3. Akl EA, Gaddam S, Gunukula SK, Honeine R, et al. (2010). The effects of water-pipe tobacco smoking on health outcomes: a systematic review. *International Journal of Epidemiology* 2010; 39: 834-857.
4. Cobb C, Vansickel A, Blank M, Jentink, K, Travers M, Eissenberg T. (2012). Indoor air quality in Virginia water-pipe cafe´s. *Tobacco Control*. doi:10.1136/tobaccocontrol-2011-050350

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

April 27, 2012

Hon. Dalton McGuinty
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

Dear Premier McGuinty,

The Peterborough County-City Board of Health is responsible for providing public health services to the people of Peterborough County, the City of Peterborough, and our two First Nations, Curve Lake F.N. and Hiawatha F.N. We would like to express our concern about recommendations made by Mr. Don Drummond regarding public health in his report, *Public Services for Ontarians: a Path to Sustainability and Excellence*.

We certainly share Mr. Drummond's opinion that Ontario would benefit from a "heightened focus on preventing health problems, including the role of public health in meeting this goal". We agree that the government could identify ways to promote a population health approach to addressing lifestyles and choices. Included in that approach would be tools such as regulation and economic levers. That said, the Board of Health is concerned that Mr. Drummond did not fully understand the function, governance, and funding of public health and that some of his recommendations, if adopted, would harm rather that support the work and thoughtful consideration that has led to the evolution of our current public health system.

Our Board of Health respectfully asks that the Premier and the Minister of Health initiate a comprehensive assessment of the implications of the Commission report in light of the many detailed third party reviews on the Ontario Public Health system that have been commissioned by both the provincial and federal governments. Specifically, this should include 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 (Operation Health Protection).

We also respectfully ask that a full and open consultation be included, and that Boards of Health, the Council of Ontario Medical Officers of Health (COMOH), the Association of Local Public Health Agencies (alPHa), the Ontario Public Health Association (OPHA), and other key public health stakeholders, be engaged. It is unclear whether 100% provincial funding and integration within LHINs, which are hospital referral networks, would deliver a more effective, publicly accountable and robust public health system.

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

Evaluations from regional health authorities in other jurisdictions conclude that such integration usually erodes public health resourcing and de-emphasizes the population health focus of its work.

Here in Ontario, although Mr. Drummond singled out issues in municipal funding for public health, there was no mention of provincial funding issues such as the need for a fair and equitable funding formula, and the ongoing underfunding of certain public health programs such as Healthy Babies, Healthy Children. Despite the challenges, Ontario's current cost-sharing of public health services does increase both the accountability and transparency of funding, as each stakeholder holds the other accountable. Strong municipal participation in public health governance enhances the public profile of boards of health. Protected public health funding means that public health is less subject to "raiding" by the acute care system, as happens elsewhere in Canada. And Medical Officers of Health can speak with independence on matters of importance to the public's health.

In conclusion, the Board of Health was interested in one of Mr. Drummond's explanatory notes that "there appears to be some correlation between health outcomes and the amount provinces spend on public health". We believe this needs to be further explored and would hope that this would be an area of research that Public Health Ontario, and our two provincial associations, alPHa and OPHA, could address for you.

We heartily support Minister Matthews' aspirations to "make healthy change happen", and look forward to working with you and our communities to promote the best health outcomes possible.

Sincerely yours,

Original signed by

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

cc: Hon. Deb Matthews, Minister of Health and Long-Term Care
Hon. Dwight Duncan, Minister of Finance
Saad Rafi, Deputy Minister, MOHLTC
Kate Manson-Smith, Assistant Deputy Minister, MOHLTC, Health Promotion Division
Linda Stewart, Executive Director, alPHa
Siu Mee Cheng, Executive Director, OPHA
Peterborough MPPs

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Peterborough County-City
HEALTH UNIT
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May 2, 2012

Hon. Dalton McGuinty
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

RE: Bill 74 - An Act to help prevent skin cancer

Dear Premier McGuinty:

The Board of Health for the Peterborough County-City Health Unit (PCCHU) supports the Canadian Cancer Society's (CCS) call on the Government of Ontario to endorse the new Private Members' Bill tabled in the legislature by NDP MPP France Gélinas on April 26, 2012, Bill 74 - An Act to help prevent skin cancer, by restricting youth under 18 years of age from using indoor tanning equipment.

Nova Scotia bans children under 19 years of age from using tanning beds, and British Columbia will pass similar regulations in the fall for children less than 18 years of age. Enforcement of the legislation in Nova Scotia has been described as cost neutral as staff were redeployed from tobacco enforcement to enforcing compliance with the new indoor tanning legislation.

The PCCHU and the Peterborough CCS have collaborated and advocated on this important issue over the past few years because research has shown that tanning bed use before the age of 35 increases a person's risk of developing skin cancer by 75%. Melanoma skin cancer is one of the most common and deadliest forms of cancer amongst people ages 15 to 29, and is one of the most preventable. As reported in the PCCHU's Summary of Selected Cancers Report, January 2012 (http://www.pcchu.ca/Plans/Cancer-report-2012.pdf), the incidence rates of melanoma are increasing in Peterborough and Ontario, and rates in Peterborough are higher than the provincial average.

In 2009, the World Health Organization's International Agency for Research on Cancer classified Ultra Violet (UV) Radiation tanning beds as group 1 "carcinogenic in humans". Skin cancer accounts for about one-third of all cancers diagnosed in Ontario, and the economic burden of this cancer in Ontario was estimated to exceed $344 million in 2011.

On April 26, 2012, the CCS reported that 24% of youth are introduced to indoor tanning by their parents, and that 52% of the parents pay for their children to use tanning beds. By grade 12, 21% of youth are using tanning beds. Since most people receive 80% of their lifetime exposure

to UV radiation by the age of 18, it is crucial that the use of indoor tanning equipment by youth be reduced and eliminated if possible.

The Board of Health of Peterborough County-City Health Unit asks that you protect Ontario youth from this known carcinogen by ensuring that Bill 74 becomes law.

Yours in health,

Original signed by

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

cc: Hon. Heb Matthews, Minister of Health and Long-Term Care
Jeff Leal, MPP Peterborough
France Gélinas, MPP Nickel Belt
Ontario Boards of Health

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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Providing leadership in public health management

MEMO

To: Chairs and Members of Boards of Health
Medical Officers of Health
alPHa Board of Directors
Presidents of Affiliate Organizations

From: Linda Stewart, Executive Director

Subject: ***alPHa Resolutions for Consideration at June 2012 Conference***

Date: May 4, 2012

Please find enclosed a package of the resolutions to be considered at the Resolutions Session which takes place at the Hilton Hotel & Suites Niagara Falls on June 11, 2012 from 8:00 to 10:00 AM as part of alPHa's 2012 annual conference, *Changing the Conversation.*

These resolutions were received prior to the deadline for advance circulation and have been reviewed for recommendation by the alPHa Executive Committee. The Executive Committee's recommendations serve as a guide; delegates will vote on the question before them, not on the recommendations.

Sponsors of resolutions should be prepared to have a delegate present to speak to their resolution(s) during the session.

IMPORTANT NOTE FOR LATE RESOLUTIONS:

Late resolutions (i.e. those brought by the floor) will be accepted, but please note that any late resolution must come from a health unit, the Board of Health Section, the Council of Medical Officers of Health, the Board of Directors or an Affiliate Member Organization of alPHa. They may not come from an individual acting alone.

Also, in order to have a late resolution considered it must be first submitted in writing to an alPHa staff member **by 7:00 AM the day of the Resolutions Session (Monday, June 11, 2012)** so that it may be prepared for review by the membership. Before presentation to the membership, it must be reviewed by the Resolutions Chair appointed by the Executive Committee. The Chair will quickly review the resolution to determine whether or not it meets the criteria of a proposed resolution as per the "Procedural Guidelines for alPHa Resolutions" found at www.alphaweb.org/resolutions.asp. If the resolution meets these guidelines, it proceeds to the membership to vote on whether or not there is time to consider it. A successful vote will garner 2/3 majority support. If this is attained, it will be displayed on the screen and read aloud by its sponsor followed by a discussion and vote.

Each late resolution will go through this process. We value timely and important resolutions and want to ensure that there is a process to consider them.

Cont'd

IMPORTANT NOTE FOR VOTING DELEGATES:

> **Members must register to vote at the Resolutions Session**. A registration form is attached. Health Units must indicate who they are sending as voting delegates and which delegates will require a proxy vote. Only one proxy vote is allowed per person.
>
> Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their *health unit/board of health.*
>
> Delegates are asked to obtain their voting card and proxy (if applicable) from the registration desk during the conference. They will be asked to sign off verifying that they did indeed receive their card(s). This is done so that we have an accurate record of who was present and voted during the meeting.

To help us keep paper costs down, **please bring your enclosed copy of the resolutions with you** to the Resolutions Session.

Attached is a list describing the number of votes for which each Health Unit qualifies. Please note that we have updated this list based on population statistics taken from the 2011 Statistics Canada Census data "Census Profile".

If you have any questions on the above, please feel free to contact Susan Lee, Manager, Administrative and Association Services, at 416-595-0006 ext. 25 or via e-mail at susan@alphaweb.org

Enclosures:

- Resolutions Voting Registration Form
- Number of Votes Eligible for alPHa Resolutions Session Per Health Unit
- June 2012 Resolutions for Consideration

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Providing leadership in public health management

2012 alPHa Resolutions Session
June 11, 2012 – 8:00 to 10:00 AM
Grand Falls Ballroom, Hilton Hotel & Suites Niagara Falls, Niagara Falls, ON

REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered for the June 10-12 Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Fax this form to 416-595-0030 or
email it to susan@alphaweb.org **on or before** **June 4, 2012**

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

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Number of Votes Eligible for Resolutions Session Per Health Unit

HEATLH UNITS	*VOTING DELEGATES*
Toronto*	**20**
POPULATION OVER 400,000	**7**
Durham	
Halton	
Hamilton	
Middlesex-London	
Niagara	
Ottawa	
Peel	
Simcoe-Muskoka	
Waterloo	
York	
POPULATION OVER 300,000	**6**
Windsor-Essex	
POPULATION OVER 200,000	**5**
Wellington-Dufferin-Guelph	
POPULATION UNDER 200,000	**4**
Algoma	
Brant	
Chatham-Kent	
Eastern Ontario	
Elgin-St.Thomas	
Grey Bruce	
Haldimand-Norfolk	
Haliburton, Kawartha, Pine-Ridge	
Hastings-Prince Edward	
Huron	
Kingston, Frontenac, Lennox and Addington	
Lambton	
Leeds, Grenville and Lanark	
North Bay-Parry Sound	
Northwestern	
Oxford	
Perth	
Peterborough	
Porcupine	
Renfrew	
Sudbury	
Thunder Bay	
Timiskaming	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

Health Unit population statistics taken from: Statistics Canada. 2011 Census. *Census Profile.*

alPHa
Association of Local
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June 2012

RESOLUTIONS FOR CONSIDERATION

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at the

alPHa Resolutions Session, 2012 Annual Conference
Monday, June 11, 2012 – 8:00 AM
Grand Falls Ballroom, Conference Level
Hilton Hotel & Suites Niagara Falls/Fallsview
6361 Fallsview Boulevard, Niagara Falls, Ontario

DRAFT RESOLUTIONS FOR CONSIDERATION
at June 2012 alPHa Annual Conference

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A12-3	Haliburton, Kawartha, Pine Ridge District Health Unit	Taking Action to Prevent Chronic Disease	5
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alPHa DRAFT RESOLUTION A12-1

TITLE: **Paving the Way for Absentee Voting**

SPONSOR: **alPHa Board of Directors**

WHEREAS alPHa's members are the 36 local public health agencies in Ontario; and

WHEREAS changes to alPHa's Constitution must be given to alPHa's members for consideration 60 days in advance of an annual general meeting; and

WHEREAS alPHa's Constitution did not anticipate the need for absentee voting; and

WHEREAS from time-to-time a vote on an issue coming before alPHa's members may be best served by 100 percent participation by the 36 members; and

WHEREAS for that vote a number of members expressed the need to vote in absentia;

NOW THEREFORE BE IT RESOLVED that Article 15.3 of the Constitution of the Ontario Association of Local Public Health Agencies (alPHa) shall be revised from:

> *The Board shall establish rules and procedures for consideration of resolutions including a process for the consideration of resolutions between general meetings.*

to:

> *The Board shall establish rules and procedures for consideration of resolutions including a process for the consideration of resolutions between general meetings* ***that includes a process for absentee voting****.*

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa DRAFT RESOLUTION A12-2

TITLE: **Mandatory Physical Education for Ontario Secondary School Students**

SPONSOR: **Haliburton, Kawartha, Pine Ridge District Health Unit**

WHEREAS physical inactivity may diminish academic performance, and is strongly associated with chronic disease - the leading cause of death in Ontario; and

WHEREAS Ontarians have high levels of physical inactivity as 49.2 % aged 12 and older report being inactive during leisure time; and

WHEREAS during adolescence, when youth establish lifelong habits, physical activity actually declines; and

WHEREAS only one physical education credit is required to graduate from Ontario secondary schools, and enrollment in additional voluntary physical education classes is declining; and

WHEREAS participation in school-based physical education is effective in increasing physical activity levels during the school years and into adulthood;

NOW THEREFORE BE IT RESOLVED that alPHa urge the Government of Ontario to endorse the "Taking Action to Prevent Chronic Disease" report from Cancer Care Ontario and Public Health Ontario, and take immediate action towards implementation of the recommendation to require students to earn a physical education credit in every grade from 9 to 12 to achieve high school graduation;

AND FURTHER that a collaborative approach be taken to development of the curriculum that includes the Ministry of Education, Ministry of Health and Long Term Care, Boards of Education, Secondary School staff, parents and students to ensure a positive experience for Ontario's youth that will encourage healthy active living into adulthood.

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

alPHa DRAFT RESOLUTION A12-3

TITLE: **Taking Action to Prevent Chronic Disease**

SPONSOR: **Haliburton, Kawartha, Pine Ridge District Health Unit**

WHEREAS chronic disease is the leading cause of death in Ontario; and

WHEREAS the most common chronic diseases are strongly linked to health inequity, and the modifiable risk factors of tobacco, alcohol consumption, unhealthy eating, physical inactivity; and

WHEREAS evidence-informed population level interventions have the potential to reduce chronic disease and contribute to a healthy Ontario;

NOW THEREFORE BE IT RESOLVED that alPHa urge the Government of Ontario to endorse the "Taking Action to Prevent Chronic Disease" report from Cancer Care Ontario and Public Health Ontario, and take immediate action towards phased implementation of the report's twenty-two recommendations for evidence-informed actions to build capacity for chronic disease prevention, to work towards health equity, and to reduce population-level exposure to the underlying modifiable risk factors.

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

alPHa DRAFT RESOLUTION A12-4

TITLE: **Alcohol Pricing and LCBO Revenue Generation**

SPONSOR: **Peterborough County-City Health Unit**

WHEREAS the Liquor Control Board of Ontario (LCBO) will be implementing a number of measures to deliver $100 million per year in additional net revenue to the Province; and

WHEREAS research has clearly established an association between easy access to alcohol (either through low prices or physical availability) and overall rates of consumption and damage from alcohol (Barbor et al., 2010); and

WHEREAS Ontario has a significant portion of the population drinking alcohol (79.1%), exceeding the low risk drinking guidelines (27.4%), consuming 5 or more drinks on a single occasion weekly (9%), and reporting hazardous or harmful drinking (16.7%) (CAMH Monitor, 2009); and

WHEREAS the low cost of alcohol from do-it-yourself brewing and winemaking facilities can potentially lead to individuals inexpensively producing and consuming harmful levels of alcohol (Recommendations for a National Alcohol Strategy, 2007); and

WHEREAS it has been established that increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption. Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of $9.4 million last year (G. Thomas, CCSA, 2012); and

WHEREAS increased alcohol sales will reduce overall provincial revenues since direct costs from alcohol-related healthcare and enforcement already leave Ontario with a $456 million annual deficit (G. Thomas, CCSA, 2012); and

WHEREAS billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home (The Costs of Substance Abuse in Canada, 2002);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urgently request that the Premier of Ontario (Dalton McGuinty), the Minister of Health and Long-Term Care (Deb Matthews), the Office of the Attorney General (John Gerretsen), the Minister of Finance (Dwight Duncan), and the Chief Medical Officer of Health (Arlene King), only consider revenue generation from increased pricing on alcohol, not fostering increased alcohol sales. Furthermore, the leader of opposition parties NDP (Andrea Horvath) and PC (Tim Hudak) should be copied on this communication.

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

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Association of Local PUBLIC HEALTH Agencies

alPHa DRAFT RESOLUTION A12-5

TITLE: **Call for Action for the Development of an Ontario Food and Nutrition Strategy**

SPONSOR: **Ontario Society of Nutrition Professionals in Public Health (OSNPPH)**

WHEREAS a provincial food and nutrition strategy with multi-sectoral, cross-government coordination would contribute greatly to improving the health, food security, and productivity of Ontarians, as well as to lowering the health and social costs to the province; and

WHEREAS the Ontario Collaborative Group on Healthy Eating and Physical Activity[i] in collaboration with various stakeholders has initiated work towards an Ontario Food and Nutrition Strategy that focuses on the areas of childhood obesity, chronic disease prevention and food security, in preparation for having this work progressed by those invested with appropriate authority and dedicated resources; and

WHEREAS the "Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario" [ii](Chronic Disease Prevention Blueprint produced by Public Health Ontario and Cancer Care Ontario) and the Call to Action on Food Security[iii] (OSNPPH) recommend the implementation of a whole-of-government, coordinated and comprehensive food and nutrition strategy for Ontario, that may support the Ontario's Action Plan for Health Care[iv] which has set an ambitious goal to reduce childhood obesity by 20% over 5 years; and

WHEREAS it is recognized that provincial government support and collaboration is a crucial factor in developing such a strategy;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request that the Ontario government provide leadership and resourcing in a whole-of-government approach to provide the structure and processes for further coordination, development and implementation of an Ontario Food and Nutrition Strategy.

Backgrounder attached (1) – see next 2 pages

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

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[i] Ontario Collaborative Group on Healthy Eating and Physical Activity. Background documents. 2010-2011
[ii] Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Taking action to prevent chronic disease: recommendations for a healthier Ontario*. Toronto: Queen's Printer for Ontario; 2012.
[iii] OSNPPH. *A Call to Action on Food Security: Key Messages and Backgrounder*. OPHA. 2011.
[iv] Government of Ontario. *Ontario's Action Plan for Health Care*. Toronto: Queen's Printer for Ontario; 2012.

Additional Background Information:

Ontario Collaborative Group on Healthy Eating and Physical Activity. Background documents. 2010-2011. http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy/ofns-background-document

Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Taking action to prevent chronic disease: recommendations for a healthier Ontario*. Toronto: Queen's Printer for Ontario; 2012. http://www.oahpp.ca/resources/documents/5870%20CCO%20EXEC%20SUM%20ENG%20MAR%2015_12.pdf

OSNPPH. *A Call to Action on Food Security: Key Messages and Backgrounder*. OPHA. 2011. http://www.osnpph.on.ca/communications/Food_security_key_messages_background.pdf

Government of Ontario. *Ontario's Action Plan for Health Care*. Toronto: Queen's Printer for Ontario; 2012. http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

Backgrounder – alPHa DRAFT RESOLUTION A12-5

Call for Action for the Development of an Ontario Food and Nutrition Strategy

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) is the independent and official voice of registered dietitians in public health in Ontario. As an affiliate member of the Association of Local Public Health Agencies we are pleased to submit this resolution for your consideration at the June 11, 2012 Annual General Meeting.

OSNPPH is advocating for the development of an Ontario Food and Nutrition Strategy (OFNS), and has contributed to this as a member of the Ontario Collaborative Group for Healthy Eating and Physical Activity (OCGHEPHA) – a provincial collaboration of not-for-profit, public health and academic organizations dedicated to addressing population-based issues relating to healthy eating, physical activity, healthy weights and the determinants of health, including food access, availability and adequacy.

OSNPPH endorses OCGHEPA's goal of a cross-government, multi-stakeholder coordinated approach to food policy development, to be achieved through working across government and with partners to promote and support healthy eating and access to healthful food, and thus improving health and reducing health care costs, and strengthening the economy through a sustainable and environmentally sound food system.

An Ontario Food and Nutrition Strategy is in line with the recent Ontario's Action Plan for Health Care (Government of Ontario, 2012) and Taking action to prevent chronic disease: recommendations for a healthier Ontario policy report (Cancer Care Ontario and Public Health Ontario) in recognizing the need for a multi-sectoral, cross-government coordinated approach to improve the health, food security, and productivity of Ontarians and lower the health and social costs to the province.

OSNPPH will continue their work to support the OCGHEPA's development of targets and indicators, key strategic priorities and program and policy recommendations. The OCGHEPA is an appropriate body to lay the groundwork and gain momentum for an Ontario Food and Nutrition Strategy. Future advocacy efforts must address the urgent for the involvement of an adequately resourced government body invested with the mandate for this strategy to come to fruition.

As an affiliate member of alPHa we offer our support to alPHa staff, board members, affiliates and committees in the work they do to advance an Ontario Food and Nutrition Strategy as well as our continued involvement with the OCGHEPA. We are available to provide clarification and answer any questions you may have.

Regards,

Amy MacDonald, MScFN, RD
OSNPPH Co-Chair
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alPHa DRAFT RESOLUTION A12-6

TITLE: **Energy Drink Regulations**

SPONSOR: **Ontario Society of Nutrition Professionals in Public Health (OSNPPH)**

WHEREAS energy drinks provide minimum nutritional value and contain high amounts of caffeine, sugar, and other potentially harmful additives; and

WHEREAS 50% of Ontario adolescents consume energy drinks and 1 in 5 Ontario adolescents report energy drink consumption in the past week; and

WHEREAS children and adolescents consuming energy drinks may easily exceed the maximum suggested amount of caffeine for their age and are at increased risk for behavioural and physiological effects from caffeine; and

WHEREAS there are no regulations prohibiting the advertisement or sale of energy drinks to children and youth; and

WHEREAS energy drinks are not recommended for consumption during or after exercise; and

WHEREAS many consumers confuse the purpose and use of sports drinks and energy drinks; and

WHEREAS some Ontario fitness facilities sell energy drinks; and

WHEREAS caffeine in energy drinks can mask the symptoms of intoxication when energy drinks are mixed with alcohol and may lead to alcohol toxicity, impaired driving, violent behaviour, injury, increased incidence of risky behaviour, and other negative outcomes; and

WHEREAS 20 to 90% of college-aged energy drink users regularly or recently mixed energy drinks with alcohol; and

WHEREAS consuming energy drinks and alcohol increases likelihood of drinking beyond the Low-Risk Alcohol Drinking Guidelines, drinking to intoxication, and binge drinking; and

WHEREAS the 2011 to 2013 Public Health Accountability Agreement Indicators include % of population (19+) that exceeds the Low-Risk Drinking Guidelines; and

WHEREAS Health Canada prohibits the use of energy drinks as an ingredient in pre-mixed alcoholic beverages, but allows the sale of caffeinated-alcoholic beverages under the brand names of energy drinks (e.g., Rockstar™ + Vodka); and

WHEREAS Ontario bars currently advertise and sell drink combinations that include energy drinks and alcohol (e.g., Jaggerbomb made from Redbull™ and Jägermeister);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) strongly recommends and urgently requests Health Canada and the Province of Ontario to prohibit the advertising and sale of energy drinks to children and adolescents.

AND FURTHER that alPHa strongly recommends and urgently request Health Canada require the addition of a warning label to energy drink packaging that states: "*Energy drinks are not recommended for use during exercise or to rehydrate following exercise*." The space allocated for warning labels should be at least 25% of the total packaging.

AND FURTHER that alPHa strongly recommend and urgently request the Province of Ontario to prohibit the sale of all pre-mixed caffeinated-alcoholic beverages at Provincial Liquor Outlets or at a minimum require the addition of a warning label to all pre-mixed caffeinated-alcoholic beverages packaging that states: "*This product contains alcohol and caffeine. Consuming alcohol and caffeine together may increase your risk of injury*."

AND FURTHER that alPHa strongly recommends and urgently requests the Province of Ontario to prohibit the sale of energy drinks at all locations where alcohol is sold and served.

Backgrounders attached (2) – see next 6 pages

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

Backgrounder - alPHa DRAFT RESOLUTION A12-6

Energy Drink Regulations

Statement of Sponsor Commitment

In November 2011, OSNPPH submitted stakeholder feedback to Health Canada regarding their *Proposed Approach to Managing Caffeinated Energy Drinks*. OSNPPH developed this response in collaboration with the Ontario Energy Drink Work Group (OEDWG).

The OEDWG consists of health professionals from 20 Ontario health units and related organizations across Ontario. The mandate of the group is to plan and coordinate advocacy and education related to the formulation, sale, and consumption of energy drinks in Ontario.

OSNPPH and the OEDWG jointly prepared the energy drink alPHa resolution. OSNPPH will continue to support the activities of the OEDWG.

In March 2012, the OEDWG sent advocacy letters to GoodLife Fitness Facilities and the Athletic Club to encourage them to discontinue the sale of energy drinks at their clubs. Currently, the OEDWG is collaborating on education materials for parents to heighten their awareness of consumption patterns in youth, risks associated with this practice, and misperceptions regarding energy drinks. The group is also working to engage youth leaders to communicate peer to peer using youth relevant messages about why energy drink consumption is problematic to their health and safety.

Kim Leacy representing OSNPPH and the OEDWG will be able to provide clarification on this resolution at the alPHa Annual General Meeting in June.

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Backgrounder - alPHa DRAFT RESOLUTION A12-6

Background Summary - Energy Drink Regulations

The production of energy drinks is a rapidly growing industry. In 2006, the Canadian energy drink market was valued at $287.2 million and was expected to reach $375.2 million by 2011. Energy drinks are particularly popular with children (<12 years old), youth (12-18 years) and young adults (19-25 years) (Seifert et al., 2011).

Energy drinks are beverages that typically contain caffeine, taurine (an amino acid), vitamins, herbal ingredients, and sugar or artificial sweeteners. The majority of energy drinks sold in Canada contain 70 to 80 mg caffeine per 8 oz (237 ml) serving, approximately 3 times the amount in cola drinks (Seifert et al., 2011). They are marketed to improve energy and concentration, increase stamina, improve athletic performance and for weight loss.

Energy drinks are unique beverages with unique concerns. Although some energy drinks have caffeine levels similar to coffee, there is evidence to suggest that the pure caffeine often added to energy drinks, as compared to the caffeine naturally occurring in coffee beans, may have different and more potent effects (Dietitians of Canada, 2012). Consumers may also find it easier to consume energy drinks more rapidly and in greater quantities compared to hot beverages like coffee and tea (Dietitians of Canada, 2012). In addition, energy drinks contain other ingredients (e.g., gingko biloba, ginseng, taurine, and glucuronolactone) that risk interacting with certain medications and are lacking long-term safety and health impact data (Dietitians of Canada, 2012).

Sixty-one adverse drug reactions (ADRs) relating to energy drink consumption have been reported to Health Canada (Macdonald et al., 2010). Thirty-two of the ADRs were classified as serious, with 15 involving the cardiovascular system and 7 occurring in adolescents.

In October 2011, Health Canada requested feedback from stakeholders regarding their *Proposed Approach to Managing Caffeinated Energy Drinks* (Health Canada, 2011b). In November 2011, the OSNPPH submitted stakeholder feedback to Health Canada regarding their proposed approach. Submissions were also received from Dietitians of Canada, British Columbia Ministry of Health, and various Ontario health units. Health Canada has yet to release the results of the stakeholder feedback or their final energy drink regulations. Hence it is a strategic time to be advocating for regulation change related to energy drinks, as Health Canada is revising their current energy drink directive.

<u>Children, Adolescents, and Energy Drinks</u>

Although not recommended for children and teenagers (Health Canada, 2011a; Health Canada, 2011c), 50% of Ontario adolescents have consumed energy drinks in the past year and 1 in 5 have consumed them in the past week (Paglia-Boak, 2011). Children and adolescents are at increased risk of behavioural effects from caffeine (Health Canada, 2010) and may easily consume unsafe caffeine levels through the consumption of energy drinks (Reissig et al., 2009).

Energy drink companies claim they do not directly market to children and youth. However, their marketing strategies include youth appealing promotion strategies, including eye appealing packaging and product names, advertising via sporting events, athlete sponsorships, alcohol-alternative promotions, and product placement in video games (Seifert et al., 2011).

Advertisements aimed at children influence food preference, food choice, and purchasing behaviour (Dietitians of Canada, 2010). Canada's Health Ministers support the reduction of marketing of foods high in sugar to children as part of the Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (Public Health Agency of Canada, 2010). Since energy drinks are sugar sweetened beverages, addressing energy drink marketing supports this key policy priority area from the framework.

Internationally, recognizing the impact and prevalence of energy drink marketing to young people, the British Soft Drinks Association has legislated that high caffeine drinks (i.e., > 150 mg/L) may not be promoted or marketed to children less than 16 years of age (British Soft Drinks Association, 2010). The Union of European Beverages Associations restricts the marketing of energy drinks in any media with a majority audience under 12 years of age and samplings not to be conducted in the close proximity of primary and secondary schools or other institutions taking care of this age group (Union of European Beverages Association, 2010).

Exercise and Energy Drinks

Energy drinks are not recommended for use during or after exercise as they may interfere with proper hydration and cause stomach upset secondary to a high sugar content (Dietitians of Canada, 2012; Health Canada, 2005). The stimulant effects of caffeine have also been shown to increase heart rate and blood pressure, and reduce myocardial reserve (Macdonald et al., 2010).

As a result of the potential adverse effects between caffeine and exercise, Sweden requires warning labels stating the dangers of consuming high amounts of caffeine after exercise (Seifert et al., 2011). This is particularly important as consumer confusion exists about the difference between sports drinks and energy drinks. Adolescents in particular have been shown to use energy drinks as ergogenic aids (O'Dea, 2003).

Specific populations may be at increased risk for adverse reactions from energy drinks. Although some of these populations are already included on mandatory warning labels on energy drinks, others are not included (e.g., adolescents, those taking certain medications that may interact). The sale of energy drinks by fitness facilities sends the message that energy drinks are safe to use by their patrons before, during, and after exercise. This is especially concerning considering the growing number of adolescents obtaining gym memberships.

Alcohol and Energy Drinks

Energy drinks are not recommended to be mixed with alcohol (Health Canada, 2005); however, approximately 20 to 90% of college-aged energy drink users regularly mix them with alcohol (Dietitians of Canada, 2012).

Health Canada prohibits the use of energy drinks as an ingredient in pre-mixed alcoholic beverages, but allows the sale of caffeinated-alcoholic beverages under the brand names of energy drinks (e.g., RockStar™ + Vodka). Although these products do not have the same formulation as energy drinks, they contain high levels of alcohol (6.9%), added caffeine from natural sources (e.g., guarana), and elevated levels of sugar.

Caffeinated-alcoholic beverages are a public health concern due to their association with injury, high risk-behaviour and increased alcohol consumption (e.g., binge drinking) (Atlantic Collaborative on Preventative Injury, 2011). Research has demonstrated that when individuals consume caffeinated-

alcoholic beverages, as compared to alcohol alone, they experience a greater likelihood of being injured, requiring medical treatment, driving intoxicated or riding with an intoxicated driver, having alcohol poisoning, and being a victim or perpetrator of aggressive physical or sexual behaviour (Atlantic Collaborative on Preventative Injury, 2011). These outcomes are a result of the countering effects of the stimulant (i.e., caffeine) with the sedative effects of alcohol. Even though the person is impaired by alcohol, the stimulating effects of the caffeine give the subjective feeling of being more awake and having increased motor control and visual reactions. This increases the likelihood of poor decision making and risky behaviours (Atlantic Collaborative on Preventative Injury, 2011).

The 2011-2013 Public Health Accountability Agreement includes an indicator that may be impacted by energy drink consumption. The specific indicator is the "% of population (19+) that exceeds the Low-Risk Drinking Guidelines" (Ministry of Health and Long-Term Care, 2012). As described above, when alcohol and energy drinks are consumed together it increases the likelihood of drinking beyond the Low-Risk Alcohol Drinking Guidelines, drinking to intoxication, and binge drinking (Atlantic Collaborative on Preventative Injury, 2011).

An additional concern with alcohol and energy drinks occurs at bar and restaurant points of sale. Currently, energy drinks are allowed to be sold at bars and restaurants alongside, and sometimes mixed with, alcohol. As stated previously, mixing energy drinks and alcohol increases patrons' risk for injury and risk-taking behaviours (Atlantic Collaborative on Preventative Injury, 2011) and is not considered safe by Health Canada (Health Canada, 2005).

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References - Energy Drink Regulations

Atlantic Collaborative on Preventative Injury. (2011). *Caffeinated alcoholic beverages and injury*. Author.

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alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa DRAFT RESOLUTION A12-7

TITLE: **Continuation of Funding for the Healthy Communities Fund – Partnership Stream**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS Ontario's Action Plan for Health Care released by the Minister of Health and Long-Term Care, and the Drummond Report - Commission on the Reform of Ontario's Public Services and the report SEVEN MORE YEARS all speak to the need for further investment and attention to prevention of chronic diseases; and

WHEREAS the (former) Ministry of Health Promotion and Sport launched the Healthy Communities Fund - Partnership Stream "to create policies that make it easier for Ontarians to be healthy" by forming local community partnerships to address key health promotion priorities: physical activity, sport and recreation; injury prevention; healthy eating; mental health promotion; tobacco use and exposure; and substance and alcohol misuse; and

WHEREAS significant resources at the provincial and local levels have already been invested in the Healthy Communities Fund - Partnership Stream to lay the ground work for thriving partnerships and the development of comprehensive healthy public policy to support the health of Ontarians; and

WHEREAS local partnerships for Heart Health and FOCUS had been in place and very strong for over 10 years throughout the province and were one of the primary target audiences convened to form the local Healthy Community Partnerships; and

WHEREAS momentum with many local partnerships has been lost and the credibility of the health promotion system and health units is at risk;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urge the Minister of Health and Long-Term Care to take immediate steps to allocate long-term funding to health units to support the Healthy Communities Fund – Partnership Stream as a key program to make Ontario the healthiest province possible.

Backgrounders attached (2) – see next 4 pages

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

Backgrounder - alPHa DRAFT RESOLUTION A12-7

Continuation of Funding for the Healthy Communities Fund – Partnership Stream

Statement of Sponsor Commitment

The Simcoe Muskoka District Health Unit (SMDHU) will engage in the mobilization of community partners to work towards policy changes in support of chronic disease prevention and collaborate with other Ontario health units in identifying effective strategies in creating community change.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Backgrounder - alPHa DRAFT RESOLUTION A12-7

Continuation of Funding for the Healthy Communities Fund – Partnership Stream

The Healthy Communities Fund – Partnership Stream was launched by the Ministry of Health Promotion and Sport (MHPS) in April 2010, replacing the Heart Health and FOCUS Community Projects provincially. (note: MHPS has been transferred to the Ministry of Health and Long-term Care and is now referred to as the Health Promotion Division)

- With the launch, the scope of the project was expanded to include 6 health promotion priorities:
    - Injury Prevention
    - Substance and Alcohol Misuse
    - Healthy Eating
    - Physical Activity, Sport and Recreation
    - Mental Health Promotion
    - Tobacco Use and Exposure
- In 2011 funding from the Healthy Communities Fund – Partnership Stream was used by health units to complete a comprehensive needs assessment and community consultation and produce a summary document called a Community Picture. This community picture was intended to be a living document with regular updates that would be made available to the local partnerships for planning.
- This document, and the process undertaken by each health unit, represents a significant investment of resources on the part of the health unit, provincial government and community as a whole, but has not been utilized to its full potential.
- Also in 2011, health units were asked to submit a detailed funding proposal to the Healthy Communities Fund – Partnership Stream to address partnership development and the policy priorities identified through the community consultation / community picture development process. No formal agreement or funding has been received to date for any projects across the province
- A short term funding announcement was made by the Health Promotion Division mid-January of 2012. A new funding proposal was required by January 27, 2012 in order to access this funding. Ministry approval would take a minimum of four weeks. This would leave only the month of March to spend funds (if Ministry approval was received on time). Due to the short time frame, and lack of commitment to continue to fund the Healthy Communities Partnership Program past the end of March, many health units chose not to apply for this funding.
- Ontario's Action Plan for Health Care's goal is to make Ontario the healthiest place in North America to grow up and grow old. This action plan states that one way to achieve this goal is to keep Ontario healthy "Helping people stay healthy must be our primary goal and it requires partnership." Ongoing commitment to the Healthy Communities Fund – Partnership Stream is one way the government of Ontario can show commitment to achieving this goal.
- The recently released Drummond Report Commission on the Reform of Ontario's Public Services recommends that Ontario replicate British Columbia's Act Now initiative, which has been identified by the World Health Organization as a best practice for health promotion and chronic disease prevention. Ongoing commitment to the Healthy Communities Fund – Partnership Stream is an excellent concrete example of an initiative that the Government of Ontario could continue to implement that would fit within an Act Now strategy for Ontario.
- The Ontario Public Health Association and the Association of Local Public Health Agencies released statements applauding the Drummond report's emphasis on prevention of chronic disease and

health promotion. The Healthy Communities Fund - Partnership Stream shares this focus, with long term sustainable healthy public policies as the desired outcome.

- The report SEVEN MORE YEARS: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario recently released by Public Health Ontario states that an increase in life expectancy can be achieved in Ontario through healthier living. Overall, Ontarians would gain 7.5 years of life expectancy if everyone were in the healthiest category for all five behavioural risks examined (smoking, physical inactivity, poor diet, alcohol consumption and stress). The Healthy Community Fund – Partnership Stream would focus on the partnerships and policies needed to help Ontarians make the healthy choice the easy choice.

Current Facts:

- Funding for the Healthy Communities Fund – Partnership Stream is at risk.
- In April 2011, a detailed operational plan to address partnership development and the two policy priorities selected by the community was submitted to Ministry of Health Promotion and Sport. No formal agreement or funding has been received to date and no announcement for continued funding in 2012 has been released.
- Interest with many local partners remains but momentum has been lost and the credibility of the health promotion system and health units is at risk.
- Since the Health Promotion Division has made no comment on the future of Healthy Communities Partnership Program past the end of March, the health unit is concerned that the program may be at risk of being cancelled. This would have a very detrimental impact on Simcoe Muskoka partners and residents.

Background:

- Healthy Communities Fund – Partnership Stream was launched by Ministry of Health Promotion and Sport in April 2010, replacing the Heart Health and FOCUS Community Projects provincially.
- With the launch, the scope of the project was expanded to include 6 health promotion priorities:
    - Injury Prevention
    - Substance and Alcohol Misuse
    - Healthy Eating
    - Physical Activity, Sport and Recreation
    - Mental Health Promotion
    - Tobacco Use and Exposure
- With funding from the Healthy Communities Fund – Partnership Stream in 2011, SMDHU completed a comprehensive needs assessment and community consultation; this was intended to be a living document with regular updates and made available to the partnership. This document and process represents a significant investment of resources on the part of the health unit, provincial government and community as a whole, but has not been utilized to its full potential.
- Also in 2011, the health unit submitted a detail funding proposal to the Healthy Communities Fund – Partnership Stream to address partnership development and the policy priorities identified through the community consultation process. No formal agreement or funding has been received to date for any projects across the province.

- A short term funding announcement was made by the Health Promotion Division mid-January of 2012. A new funding proposal was required by January 27, 2012 in order to access this funding. Ministry approval would take a minimum of four weeks. This would leave only the month of March to spend funds (if Ministry approval was received on time). Due to the short time frame, and lack of commitment to continue to fund the Healthy Communities Partnership Program past the end of March, the health unit decided not to apply for this funding.
- *Ontario's Action Plan for Health Care's* goal is to make Ontario the healthiest place in North America to grow up and grow old. This action plan states that one way to achieve this goal is to keep Ontario healthy *"Helping people stay healthy must be our primary goal and it requires partnership."* Ongoing commitment to the Healthy Communities Fund – Partnership Stream is one way the government of Ontario can show commitment to achieving this goal.
- The recently released Drummond Report *Commission on the Reform of Ontario's Public Services* recommends that Ontario replicate British Columbia's Act Now initiative, which has been identified by the World Health Organization as a best practice for health promotion and chronic disease prevention. Ongoing commitment to the Healthy Communities Fund – Partnership Stream is an excellent concrete example of an initiative that the Government of Ontario could continue to implement that would fit within an Act Now strategy for Ontario.
- The Ontario Public Health Association and the Association of Local Public Health Agencies released statements applauding the Drummond report's emphasis on prevention of chronic disease and health promotion. The Healthy Communities Fund - Partnership Stream shares this focus, with long term sustainable healthy public policies as the desired outcome.
- The report *SEVEN MORE YEARS: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario* recently released by Public Health Ontario states that an increase in life expectancy can be achieved in Ontario through healthier living. *Overall, Ontarians would gain 7.5 years of life expectancy if everyone were in the healthiest category for all five behavioural risks examined* (smoking, physical inactivity, poor diet, alcohol consumption and stress). The Healthy Community Fund – Partnership Stream would focus on the partnerships and policies needed to help Ontarians make the healthy choice the easy choice.

Contacts:

Christine Bushey, Healthy Communities Partnership Program Manager, SMDHU Ext. 7376
Joyce Fox, Director, Healthy Living Service, SMDHU Ext. 7210

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa DRAFT RESOLUTION A12-8

TITLE: **Petition the Ontario Government to Enact an All-Ages Provincial Bicycle Helmet Legislation**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS Cycling injuries are one of the most common injuries incurred from summer sports and recreational activity for Canadians; and (Canadian Institute for Health Information, 2011)

WHEREAS Over 1200 Ontarians are admitted to hospital each year for cycling injuries and over 13,000 visit the Emergency Department; and (SMARTRISK, 2009)

WHEREAS In the past decade, 78% of the severe cycling injury hospital admissions were not wearing a helmet; and (Canadian Institute for Health Information, 2011)

WHEREAS Millions of dollars are spent each year in Canada on direct and indirect costs associated with pedal cycle injuries (illness, disability, and death) including lost productivity in the workplace and home; and (SMARTRISK, 2009)

WHEREAS A properly fitted helmet can reduce the risks of serious head injury by as much as 85%; and (Thompson et. al, 2004)

WHEREAS Ontario's bike helmet use ranks below the national average (36.5%) at 34.4%; and (Statistics Canada, 2009)

WHEREAS Ontario's current helmet legislation requires only children under the age of 18 to wear an approved bicycle helmet when cycling on a roadway or cycling; and (Ministry of Transportation, 2011)

WHEREAS Bicycle helmet legislation has been proven to increase helmet use, in some cases dramatically; and (Dennis et. al, 2010)

WHEREAS Each dollar invested in a helmet saves $30 dollars in societal costs. This amounts to approximately $400,000 dollars in medical costs in the first year of a head injury alone; and (SMARTRISK, 2009)

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to enact all-ages helmet legislation.

alPHa Executive Committee Recommendation to the Membership: This resolution to go forward for discussion at the Resolutions Session at the June alPHa conference.

April 6, 2012

RECEIVED
APR 16 2012
PETERBOROUGH COUNTY CITY HEALTH UNIT

The Honourable Dalton McGuinty
Premier
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The Regional Municipality of Durham

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

RE: MEMORANDUM FROM DR. ROBERT KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED MARCH 8, 2012 RE: INFANT AND CHILD DEVELOPMENT SERVICES
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 April 4, 2012 Council adopted the following recommendations of the Committee:

"a) THAT the correspondence dated February 15, 2012 from R. Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit, addressed to The Honourable E. Hoskins, Minster of Children and Youth Services, with respect to the ongoing underfunding of the Infant and Toddler Development Program, be endorsed; and

b) THAT the Premier of Ontario, Ministers of Children and Youth Services and Finance, Durhams MPP's, alPHa; OAICD, and the Algoma, Niagara Region and Peterborough 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
The Honourable D. Duncan, Minister of Finance
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)
L. Stewart, Executive Director, alPHa
K. Haffar, President, OAICD

c. cont.:

A. Northan, MOH, District of Algoma Health Unit
R. Williams, MOH, Niagara Region Public Health Department
R. Pellizzari, MOH, Peterborough County-City Health Unit
R.J. Kyle, Commissioner & Medical Officer of Health

Health Unit

Hastings &
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April 24, 2012

Chair
Board of Health
c/o alPHa

Dear Chair of the Board,

Attached is an analysis of the implications of the recommendations in the Drummond Report for public health, prepared by Dr. Richard Schabas for the Hastings and Prince Edward Counties Board of Health.

Sincerely,

Richard Schabas

Richard Schabas, MD MHSc FRCPC
Medical Officer of Health

RS/lc

Drummond Report: Public Health Recommendations

On behalf of the Board of Health of the Hastings and Prince Edward Counties Health Unit, I offer these comments on the recommendations of the report of the Commission on the Reform of Ontario's Public Services (Drummond Report) with respect to public health.

The Drummond Report sets itself three tasks – understanding and addressing economic challenges, establishing a balanced fiscal position and sharpening the efficiency of what government does. I will review the public health recommendations from the perspective of the latter two tasks – cutting costs and improving efficiencies.

The Drummond Report makes two critical assumptions with regard to public health. First, it assumes that public health is part of the patient care system. Second, it assumes that integration of public health services with patient care services, by regionalization under the stewardship of Local Health Integration Networks (LHINs) and by uploading all public health costs to the provincial government, would improve the efficiency of public health services. The report offers no real evidence to justify either of these assumptions. In fact, both assumptions are questionable..

Recommendation 5-5: To improve the co-ordination of patient care, all health services in a region must be integrated.

This includes primary care physicians, acute care hospitals, long-term care, CCACs, home care, public health, walk-in clinics, FHTs (which for the purposes of this chapter includes Family Health Organizations [FHOs], groups and networks), community health centres and Nurse Practitioner-Led Clinics (NPLCs).

This recommendation characterizes public health as a patient care service. While some public health services (e.g., clinics for the treatment of sexually transmitted infections) have an important patient care component, the vast bulk of public health programs are directed towards health protection (e.g., food premises inspection) and population-level health promotion (e.g., Smoke Free Ontario). There is very little overlap with the patient care services of the clinical services listed above and very little to be gained, from a public health perspective, from better integration with patient care services. Indeed, increased integration with patient care services might well serve to distract public health from its crucial and unique responsibilities for health protection and population-level health promotion.

Recommendation 5-78: 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.

This Recommendation is consistent with 5-5 (above). The supporting paragraph is confusing and, if anything, adds a note of caution because of the potentially negative impact on municipal funding of public health.

Recommendation 5-79: 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.

This Recommendation seems to reflect a flawed understanding of the legislated funding arrangements for boards of health. Under the Health Protection and Promotion Act, obligated municipalities are required to fund all of the expenses of the board of health (Section 72). In addition, the provincial government has the discretionary ability to pay grants to boards of health. By provincial government policy, public health programs are either cost-shared with a minimum of 25% municipal funding or 100% funded by the province. In practice, about one-half of boards of health receive more than 25% of their cost-shared funding from their municipalities. Public health funding is threatened by lack of provincial support not by lack of municipal support because this is non-discretionary.

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

This Recommendation is inconsistent with 5-5 and 5-78 which advocate for regional-level integration. Nor is it explained why integration with “the health care system” would enhance the efficiency of public health. Nor is it explained how this would avoid “existing funding pressures”,

Recommendation 5-81: Improve co-ordination across the public health system, not only among public health 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.

The cautions expressed above about the purported benefits of integrating public health with patient care apply to this Recommendation too. Disease-based services (e.g., diabetes counselling) are a core element of patient care and not of population-based health promotion.

Recommendation 5-82: 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. A 2009 study by Douglas Manuel and others revealed that British Columbia, which spends almost three times as much per capita on public health as Ontario, is the leading province in terms of overall population health and health behaviours (including quitting smoking, engaging in regular physical activity, choosing a healthy diet and maintaining a healthy body weight).[68] This apparent correlation between public health spending and health outcomes needs to be further explored through research to determine the benefit-cost ratios.

There is an east to west health gradient in North America with health measures being generally better as you move west. This is long-standing and, in my opinion, largely the result of the healthy-migrant effect and other demographic factors. While self-serving, it would be intellectually dishonest to accept the Drummond Report's analysis that this health gradient is the result of differential public health funding and a specific health promotion initiative. Would it were that simple!

Summary: The Drummond Reports' recommendations for public health are simplistic and fail to address the Report's goals of cost-reduction and improved efficiency. An alternative would be to set fiscal targets for public health and task us with the responsibility of driving out inefficiencies.

Sincerely

Richard Schabas, MD MHSc FRCPC
Medical Officer of Health

April 30, 2012

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

Dear Honourable Sir:

Re: Improved Legislation for ATV use Among Children and Youth

On behalf of the Thunder Bay District Health Unit I am writing to express our concerns about the alarming increase in injuries and death to children and youth resulting from riding All-Terrain Vehicles (ATVs) and the lack of stringent legislation to protect these individuals.

Public health is mandated to reduce the rate of injuries and deaths caused by motorized vehicles, including ATVs. The popularity of ATV use continues to gain ground in Ontario and of immediate concern are the increased rates of injury to children under the age of 16.

There are over one million ATVs in use in Canada. The number of serious injuries involving ATVs is growing faster than for any other major wheeled or water-based activity, states the Canadian Paediatric Society's 2012 status report. More than 1/3 of serious injuries from ATV crashes involve young people under the age of 15. According to statistics from the Ontario Provincial Police 13 children under the age of 16 died as the result of ATV fatalities in the past five years. Of the total number of deaths in all ages (94) over the past five years, 60% were not wearing a helmet.

These statistics illustrate that the province must significantly tighten its off-road vehicle legislation to protect our children. Rigorous legislation is associated with reduced mortality.

Please find enclosed a copy of Report No. 24-2012 - All Terrain Vehicle Safety and corresponding resolution passed by the Board of Health at their meeting on March 21, 2012. Attachments to the report include the public safety reminder from the Chief Coroner of Ontario: ATVs and Children, dated August 30, 2011 and an excerpt from "Are We Doing Enough? A status report on Canadian public policy and child and youth health", from the Canadian Paediatric Society (2012 Edition).

We strongly urge that the recommendations brought forth by the Canadian Paediatric Society and the Chief Coroner of Ontario be implemented by:

- increasing public education; enhance legislation and enforcement to prevent ATV injuries and death (particularly in children) through the endorsement of:

- the safety reminder issued by the Chief Coroner of Ontario that children under the age of 16 should not operate All Terrain Vehicles (ATVs) intended for adults and that all ATV riders should complete an approved rider's safety course in their area or through the Canada Safety Council;

- mandatory helmet use for all ATV riders at all times;

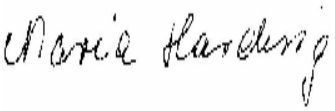
- that persons under the age of 16 be under close supervision and accompanied by an adult;

- that this legislation be enforced by a "peace officer".

The Thunder Bay District Health Unit Board of Health urges the Minister to improve legislation to ensure the protection of Ontario citizens when using ATVs.

If you require any additional information, please feel free to contact Ms. Judi Marton, Public Health Nurse at 807-625-8848.

Yours truly



Maria Harding, Chair
Board of Health
Thunder Bay District Health Unit

cc. Dr. Arlene King, Chief Medical Officer of Health
The Honourable Deb Matthews, Ministry of Health and Long-Term Care
The Honourable Eric Hoskins, Ministry of Children and Youth Services
The Honourable Michael Gravelle, Ministry of Natural Resources and MPP – Thunder Bay Superior North
Mr. B. Mauro, MPP – Thunder Bay Atikokan
Ontario Public Health Association
Association of Local Public Health Agencies
Thunder Bay District Municipalities
Northern Ontario Municipal Association (NOMA),
The Association of Chiefs of Police
Attorney General

Enclosures: Report No. 24-2012 – All Terrain Vehicle Safety and Attachments
Resolution No. 29-2012 – All Terrain Vehicle Safety

Thunder Bay District Health Unit

Issue Report

PROGRAM/ DIVISION	Prevention of Injury and Substance Misuse Health Promotion	***REPORT NO.***	24-2012
MEETING DATE	March 21, 2012	***MEETING TYPE***	Regular
SUBJECT	All Terrain Vehicle Safety		

RECOMMENDATION

THAT with respect to Report No. 24-2012 (Prevention of Injury and Substance Misuse), we recommend that a letter be sent to the Ministry of Transportation to:

- Endorse the safety reminder issued by the Chief Coroner of Ontario that children under the age of 16 should not operate All Terrain Vehicles (ATVs) intended for adults and that all ATV riders should complete an approved riders safety course in their area or through the Canada Safety Council;
- Endorse mandatory helmet use for all ATV riders at all times;
- Recommend persons under the age of 16 be under close supervision and accompanied by an adult;
- Recommend that this legislation be enforced by a “peace officer”;

AND THAT a copy of this letter be sent to the Chief Medical Officer of Health, the Minister of Health and Long-Term Care, the Minister of Children and Youth Services, local members of the Provincial Parliament, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alPHa), Ontario Boards of Health, Municipalities in the District of Thunder Bay, Northern Ontario Municipal Association (NOMA), The Association of Chiefs of Police, and the Attorney General for their support and action.

REPORT SUMMARY

The Thunder Bay District Health Unit, along with other community partners of the Snowmobile ATV Vessel Education Committee (SAVE), is concerned about the increasing number of injuries and deaths in Northwestern Ontario. The majority of these deaths and injuries is occurring with children and many are preventable.

BACKGROUND

There are over one million ATVs in use in Canada. The number of serious injuries involving ATVs is growing faster than for any other major wheeled or water-based activity. More than 1/3 of serious injuries from ATV crashes involve young people under the age of 15. On August 30, 2011, the Office of the Chief Coroner of Ontario, issued a media release reminding the public that ATVs pose dangers to children under the age of 16.

The SAVE Committee promotes awareness, education and enforcement of safe All Terrain Vehicle riding throughout Northwestern Ontario, with a goal of reducing injuries and fatalities while operating recreational vehicles. According to statistics from the Ontario Provincial Police, 13 children under the age of 16 died in Ontario as the result of

ATV fatalities in the past five years. Of the total number of deaths in all ages (94) over the past five years, 60% were not wearing a helmet.

COMMENTS

In 2004, the Thunder Bay District Board of Health passed a resolution that endorsed the Canadian Paediatric Society's position statement that "children under 16 years of age do not operate ATVs due to lack of knowledge, physical size and strength, cognitive and motor skills" (Canadian Paediatric Society, 2004).

In 1994, snowmobiles outsold ATVs 2:1. Since 2007, that trend has reversed.

Every day in 2004-2005, 19 Ontarians visited the ER for ATV-related injuries; 80% were males.

Certified safety training courses, as well as direct supervision by a responsible adult are necessary to ensure quick action in the event of a mishap while a child is operating an ATV.

FINANCIAL IMPLICATIONS

There are no financial implications related to this report.

STAFFING IMPLICATIONS

There are no staffing implications related to this report.

CONCLUSION

It is recommended that the Thunder Bay District Board of Health encourage the Ministry of Transportation to promote the safe use of ATVs to prevent ATV injuries, particularly in children, that would include increased public education, enhanced legislation and enforcement.

LIST OF ATTACHMENTS

Attachment 1 – Public Safety Reminder from the Chief Coroner of Ontario: ATVs and Children **(Distributed Separately).**

Attachment 2 – Excerpt from "Are We Doing Enough? A status report on Canadian public policy and child and youth health." Canadian Paediatric Society. 2012 Edition: cover and 20-21 **(Distributed Separately).**

PREPARED BY: Judi Marton, Public Health Nurse

THIS REPORT RESPECTFULLY SUBMITTED BY: ***DATE:***

Ken Ranta, Director – Health Promotion March 7, 2012

Chief Executive Officer Medical Officer of Health

Ontario

Public Safety Reminder from the Chief Coroner of Ontario: ATVs and Children

August 30, 2011 9:30 AM

A 10-year-old boy was recently killed while riding an adult all terrain vehicle (ATV) alone in Northern Ontario.

There have been a number of similar deaths this summer, and the Office of the Chief Coroner reminds the public that ATVs pose dangers to children under the age of 16.

A number of medical studies have found that drivers and riders of ATVs, particularly children, have high rates of injury and death compared to other off-road vehicle types. Full-size ATVs are large, heavy, and powerful machines that require strength, balance, dexterity, and judgment which children have not yet developed. Children are at risk of driving too fast or driving onto uneven ground, losing control of the machine, and being thrown from the vehicle or crushed in a rollover. The resulting grief for the family is unimaginable.

A coroner's inquest in 2005 examined the death of a seven-year-old boy who died while driving an ATV. Recommendations at that time included mandatory approved safety training, increased public education regarding the safe operation of ATVs, and permission to drive an ATV on approved trails only from age 12 - 16. These are equally applicable today.

All ATV drivers should complete a rider safety course in their area or through the Canada Safety Council, and parents, children and teens should be aware of the risk of injury or death when riding an ATV, especially in the absence of adult supervision.

These are preventable deaths. The recommendation from the Office of the Chief Coroner is that children under the age of 16 should not operate ATVs intended for adults.

CONTACTS

- Dr. Andrew McCallum
  Chief Coroner for Ontario, Ministry of Community Safety and Correctional Services
  416-314-4008

Ministry of Community Safety and Correctional Services
ontario.ca/safety

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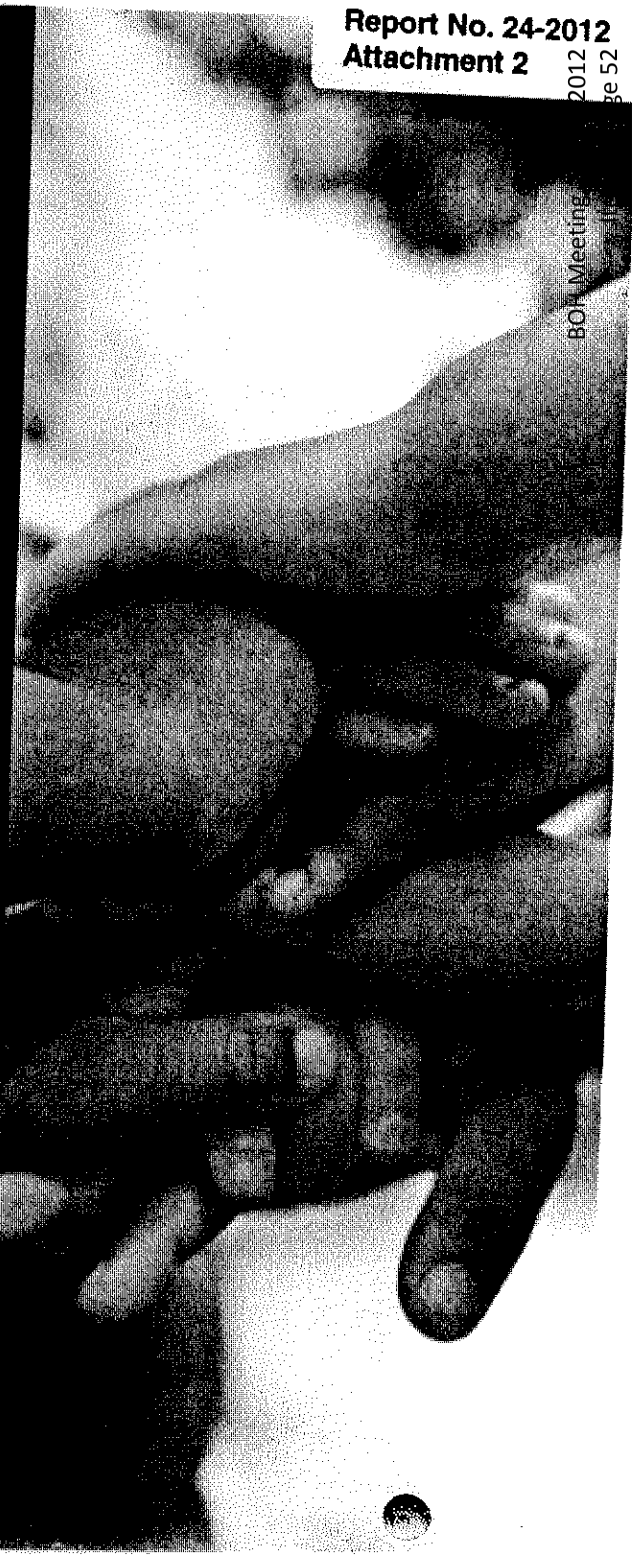
Notices

LAST MODIFIED: FEBRUARY 13, 2012

2012 Edition

Are We Doing Enough?

A status report on Canadian public policy and child and youth health



Canadian Paediatric Society

All-terrain vehicle (ATV) safety legislation

ATVs are used widely in rural Canada for recreation, work and transportation. These vehicles are dangerous when used by children and young adolescents, who tend to take more risks and lack the experience, physical size and strength, and cognitive and motor skills to operate an ATV safely.

There was a 31% increase in hospitalizations for ATV injuries across Canada between the years 2001-2002 and 2009-2010.[60] The number of serious injuries involving ATVs is growing faster than for any other major wheel- or water-based activity,[61] with almost 20% of injuries involving trauma to the head.[62] A recent study in Alberta showed that serious ATV injuries contributed to health care costs in excess of $6.5 million.[63]

Surveys in the U.S. and Canada show that youth rarely follow best practices for ATV use, with less than 50% and as few as 24% of those surveyed wearing helmets consistently, and less than one-quarter taking safety training courses.[64] There is little evidence that youth-sized vehicles with limited speed capacity are safer. The risk to a child or youth operating a youth model ATV is still almost twice as high as that of an adult on a larger machine.

One year after Nova Scotia restricted children under the age of 14 years from operating ATVs, there was a 50% reduction in ATV-related injuries for that age group.[65]

The CPS is disappointed by the lack of comparable legislation in most jurisdictions to date, and urges provincial and territorial governments to introduce and enforce off-road vehicle legislation that—at minimum—requires:

- an operator to be **at least** 16 years of age,
- restricting the number passengers to the maximum for which the vehicle was designed,
- the compulsory use of helmets and other protective clothing,
- no operation while under the influence of alcohol or other substances, and
- mandatory approved training and vehicle registration.

All-terrain vehicle (ATV) safety legislation

Province/Territory	2009 Status	2011 Status	Recommended actions
British Columbia	Poor	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Helmet use and vehicle training are already mandatory.
Alberta	Poor	Poor	Prohibit ATV use for children and youth under age 16. Make helmet use and vehicle training mandatory.
Saskatchewan	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use mandatory on private land as well as public land, and institute mandatory safety training.
Manitoba	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use and vehicle training mandatory.
Ontario	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Make helmet use mandatory on private land as well as public land, and institute mandatory safety training.
Quebec	Good	Good	Prohibit ATV use, regardless of the size of the machine, for children and youth under age 16. Helmet use and vehicle training are already mandatory.
New Brunswick	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both public and private lands. Helmet use and vehicle training are already mandatory.
Nova Scotia	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both public and private lands. Helmet use and vehicle training are already mandatory.
Prince Edward Island	Fair	Fair	Prohibit ATV use for children and youth under age 16 on both private and public lands. Helmet use and vehicle training are already mandatory.
Newfoundland and Labrador	Good	Good	Prohibit ATV use for children and youth under age 16 rather than 14 years. Helmet use is already mandatory. Institute mandatory safety training.
Yukon	Poor	Poor	Prohibit ATV use for children and youth under age 16. Make helmet use and vehicle training mandatory.
Northwest Territories	Fair	Fair	Prohibit ATV use for children and youth under age 16. Helmet use is already mandatory. Institute mandatory safety training.
Nunavut	Fair	Fair	Prohibit ATV use for children and youth under age 16. Helmets are already mandatory. Institute mandatory safety training.

Excellent: Province/territory has banned ATV operation for children under 16 years old and made driver education and helmet use mandatory.
Good: Province/territory has banned ATV operation for children under 14 years old and made driver education and helmet use mandatory.
Fair: Province/territory requires some adult supervision of children under 15 years old and restricts where youth under 16 years can operate an ATV.
Poor: Province/territory has no ATV legislation, or the minimum operating age is low.

Thunder Bay District Health Unit

Board of Health Resolution

MOVED BY: Mr. J. Daiter **SECONDED BY:** Mr. T. Fox

SOURCE: TBDHU Board of Health **DATE:** March 21, 2012 **Page 1 of 1**

RESOLUTION NO.: 29 - 2012

ITEM NO.: 7.6

X	CARRIED		AMENDED		LOST		DEFERRED/ REFERRED

M. Harding
CHAIR

RE: Report No. 24-2012 - All Terrain Vehicle Safety

THAT with respect to Report No. 24-2012 (Prevention of Injury and Substance Misuse), we recommend that a letter be sent to the Ministry of Transportation to:

- Endorse the safety reminder issued by the Chief Coroner of Ontario that children under the age of 16 should not operate All Terrain Vehicles (ATVs) intended for adults and that all ATV riders should complete an approved riders safety course in their area or through the Canada Safety Council;
- Endorse mandatory helmet use for all ATV riders at all times;
- Recommend persons under the age of 16 be under close supervision and accompanied by an adult;
- Recommend that this legislation be enforced by a "peace officer";

AND THAT a copy of this letter be sent to the Chief Medical Officer of Health, the Minister of Health and Long-Term Care, the Minister of Children and Youth Services, local members of the Provincial Parliament, the Ontario Public Health Association (OPHA), the Association of Local Public Health Agencies (alPHa), Ontario Boards of Health, Municipalities in the District of Thunder Bay, Northern Ontario Municipal Association (NOMA), The Association of Chiefs of Police, and the Attorney General for their support and action.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	TO:	*INSTRUCTIONS:*	*TO:*	*INSTRUCTIONS:*
1	K. Ranta			
2	E. DePeuter			
3	D. Heath			
4			A. Witiw	
5			S. Oleksuk	
6				File Copy

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April 11th, 2012

Honourable Dalton McGuinty
Premier of Ontario
Legislative Building - Queens Park
Toronto, ON M7A 1A1

Dear Premier McGuinty:

Subject: Ontario 2012 Budget and Social Assistance Freeze-Timiskaming Health Unit

Income is widely seen as one of the most important determinants of health. There is abundant research to indicate that people with lower incomes suffer more ill health and live shorter lives than people with higher incomes. Considering future illness and injury incidence, burden and cost, it is imperative that the Ontario government consider health equity impact assessments and strive for public policies that mitigate the differential impact on subpopulations in Ontario.[1,2]

Toward this end, on April 11, 2011 the Timiskaming Health Unit Board of Health passed the attached motion and resolution. We urge the McGuinty government to re-examine the Ontario budget released on March 27, 2012 and consider its impact on health with a particular focus on those most vulnerable or disadvantaged.

Ontario's Poverty Reduction Strategy *(Breaking the Cycle, 2008),* sets a target of reducing the number of children living in poverty by 25 per cent over five. This requires investments that will have the effect of helping lift children out of poverty, which in turn will dramatically improve their chances of living longer, having better health outcomes later in life and breaking the inter-generational cycle of poverty.

We thank the Ontario government for re-examining the Ontario 2012 budget and its commitment to the promotion of health, prevention of illness and injuries, and reducing health inequities.

...../2

[1] 2010 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario; Health, Not Health Care- *Changing the Conversation.*
[2] Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario – Ontario Agency for Health Protection and Promotion and Cancer Care Ontario, 2012.

Sincerely,

Carman Kidd
Board of Health Chairperson

Marlene Spruyt
Medical Officer of Health/Chief Executive Officer

Attachment (1)

cc. Minister of Finance
Minister of Health and Long Term Care
Minister of Child and Youth Services
Minister of Community and Social Services
Minister of Municipal Affairs and Housing
Linda Stewart, Executive Director, alpha
Siu Mee Cheng Executive Director OPHA
Ontario Boards of Health
NE LHIN
Timiskaming MPPS

Briefing Note

Date: April 11, 2012

To: Board of Health

Re: Social Assistance Funding Freeze

Prepared by: Kaitlyn Visser, PHN; Christina Baier, PHN; Kerry Schubert-Mackey –Program Manager

Reviewed by: Dr. Marlene Spruyt, Medical Officer of Health/Chief Executive Officer

Purpose and Background

The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions. These factors are referred to as the determinants of health, and together they play a key role in determining the health status of the population as a whole.

Research shows that income is a very powerful determinant of health. Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth. Simply put, people with higher incomes tend to have better health than those with lower incomes (income gradient of health). This effect occurs all across the socio-economic spectrum.

On March 27, 2012, Ontario's Finance Minister delivered the Ontario 2012 budget. Minister Duncan announced that social assistance rates will freeze and furthermore, that benefits for people who rely on social assistance will be reduced by $30 million this year and over $200 million over 3 years. This will reduce access to benefits that cover housing-related expenses – for example if you have to move, or if you have expenses related to bedbugs. It will also put a cap on benefits that are available for expenses like emergency dental services, eyeglasses, and burials (Wellesley Institute 2012).

Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario.

Program/Outcome: Social and Economic Determinants of Health - Health Equity.

Financial Implications for Timiskaming Health Unit: None.

Strategic Direction and Recommendation

That the Board of Health for the Timiskaming Health Unit pass a motion to approve resolution 01-2012.

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RESOLUTION

Date:	April 11, 2012
Resolution #:	**#01-2012 Social Assistance Funding Freeze**
Moved By:	Mike McArthur
Seconded By:	Merdy Armstrong

Honourable Sir, please be advised the Timiskaming Health Unit considered the following resolution and the Board of Health adopted the following recommendations in response to the freezing of social assistance programs (i.e. Ontario Works).

WHEREAS single people on Ontario Works receive $599/month and single people on ODSP, who frequently have higher living costs, receive only $1,064/month;

AND WHEREAS the freezing of Ontario Works has preempted the reporting of the Commission for the Review of Social Assistance in Ontario to the government;

AND WHEREAS the scheduled $200 increase in the Ontario Child Benefit will be lessened to $100, with the remaining $100 being postponed until July 2014;

AND WHEREAS the Finance Minister has announced that benefits for people who rely on social assistance will be reduced by $30 million this year and by $200 million over 3 years;

AND WHEREAS the combination of the social assistance rate freeze, the postponed increase in the Ontario Child Benefit, and decreased access to benefits will “take $180 million out of the pockets of the poorest Ontarians” (Wellesley Institute, 2012);

AND WHEREAS the basic allowance portion of the Ontario Works Financial Assistance currently may not pay for adequate nutrition for families after shelter costs are taken into account, which underlies the poor health status of people on social assistance;

AND WHEREAS living costs are rising, with 4.2% increases in food prices 7.2% increases in energy costs over the last 12 months (according to Statistics Canada), and a federal rent increase guideline set at 3.1% for 2012;

AND WHEREAS cutbacks in services will have a direct and negative impact on the health of some of Ontario's most marginalized populations;

AND WHEREAS people within the Timiskaming District in the lowest income group already have the highest rates of poor or fair self-reported health;

THEREFORE BE IT RESOLVED that the Timiskaming Health Unit Board of Health urge the provincial government to re-examine the 2012 Ontario budget and implement a strategy to reduce expenditures without affecting Ontario's most marginalized populations by freezing social assistance programs and child benefits. This will include a letter from the Board of Health to Premier McGuinty, and a letter to the editor for local newsprint.

FURTHERMORE that a copy of the letter to Premier McGuinty and of this resolution be forwarded to the Minister of Finance, the Minister of Health and Long-Term Care, the Ministry of Community and Social Services, the Minister of Child and Youth Services, Minister of Municipal Affairs and Housing, local MPP's, the Ontario Public Health Association, the Association of Local Public Health Agencies, and Boards of Health requesting that they endorse the resolution without delay.

x Carried

☐ Defeated

☐ Deferred

Chair - Board of Health

PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q1 2012 PROGRAM REPORT
(January 1 – March 31, 2012)

Definitions
Frequently Used Acronyms

Mandatory Programs

Child Health
Chronic Disease Prevention
Food Safety
Foundational Standard
Health Hazard Prevention and Management
Infectious Diseases Prevention and Control
Prevention of Injury and Substance Misuse
Public Health Emergency Preparedness
Rabies Prevention and Control
Reproductive Health
Safe Water
Sexual Health, Sexually Transmitted Infections and Blood Borne Infections
Tuberculosis Prevention and Control
Vaccine Preventable Diseases

Other

Communications
Genetics
Infant and Toddler Development Program
Sewage Disposal Program

Board of Health Quarterly Reporting Definitions

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

Frequently Used Acronyms

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

Child Health Q1 2012

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

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				A draft was developed to survey local health care providers (HCPs) regarding their use of the Perinatal Mood Disorder (PMD) Resource for HCP's. Survey results on the gaps and strategies related to PMD in the Peterborough community were forwarded to members of PMD Collaborative. The Health Unit is a partner agency in the International Parenting Survey – Canada. Staff prepared a Sample Promotion Strategy for the upcoming launch. The document is posted on the University of Ottawa website for use by all participating partner agencies. Refer to Requirement #3 for information on Oral Health surveillance. Implementation of Phase 1 of the evaluation plan for the Community and Mobile Dental Health Centre's (CDHC/MDHC) began January 2012. Three focus groups have been conducted with CDHC clients. Interviews will be conducted with clinic staff during the month of April 2012. The data collected from the focus groups and clinic staff interviews will be analyzed along with routine client feedback forms.
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and*	✓	↑				See Requirement #10. The mobile (tablet) application for OHISS has been partially implemented; however staff are awaiting transfer of data in the form of class lists from the Board of Education in order to fully implement the mobile application.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Surveillance Protocol, 2008 (or as current).						
3. The board of health shall report oral health data elements in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Automated electronic reporting of Oral Health screening data to the Ministry is completed routinely through the Oral Health Information Support System (OHISS) database.
Health Promotion and Policy Development						
4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				An article informing school and daycare centres of changes to the implementation of the Care for Kids (CFK) program was featured in School Health Newsletter. St. Peter's Daycare has been implementing components of CFK with materials provided for their children and parents, following consultation with staff. Queen Elizabeth Public School is using CFK material and lesson plans with their primary students. Triple P Positive Parenting Program (TP) seminars were provided in partnership with the Peterborough Family Resource Centre (PFRC). On behalf of partner agencies, staff populated the Peterborough micro website of the TP Ontario website and advertised partner agencies' TP programs. The Nobody's Perfect (NBP) parent education and support program Appreciation Event was held at the Health Unit to honour sponsors, partners and volunteers. An Infant Feeding/Baby-Friendly update was provided to NBP facilitators and childcare providers, with emphasis on creating a supportive environment for breastfeeding clients within a NBP group. Two PHNs continue to be supported in course work and clinical hours in achieving Lactation Consultant designation. Staff worked with local hospital staff to create a supportive environment for breastfeeding families, including policy development, and revision of *Postpartum Package* content. As part of the Ontario Breastfeeding Committee (OBC) executive, staff provided extensive support including: • revision of the OBC website content; • chairing the committee and teleconference to support BFI implementation in Health Units and other health care organizations; and • individual consultations and support face-to-face and via email to organizations who are

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						implementing Baby-Friendly indicators. The mobile has begun offering dental services to residents of Peterborough County and First Nations communities, with the first service date being in Havelock on January 20th, 2012. Promotional strategies, including print, media, community outreach, and community consultation with municipal contacts are being developed and implemented to raise awareness of mobile services in the rural communities.
5. The board of health shall increase public awareness of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				Staff provided a display on PMD and *Circles of Support* at the Prenatal Health Fair. The breastfeeding display content was reviewed and updated and provided at the Prenatal Health Fair. Staff participated in two TP Ontario teleconferences and a webinar on program provision and strategic planning. Staff attended a Peterborough TP Steering Committee meeting and reviewed options for conducting a local TP promotion campaign. Activities, including a call for student artwork, are being planned for Oral Health Month in April 2012. Materials are being developed to support these activities, including a letter to teachers and a media release. Redevelopment of the Oral Health Program web content is underway.
6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑				Four NBP series were provided in collaboration with community partners. Staff provided 22 TP consultation sessions and two TP seminars.
7. The board of health shall provide advice and information to link people to community programs and services on the following topics:						PHNs provided 109 telephone consultations on the Family Health*line*, on a variety of child health related topics. See also #6, re NBP, which includes information provision about community services and

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
• Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				referrals. Since October of 2010, eligibility cards for dental treatment and preventive services under *Healthy Smiles Ontario* (HSO) have been issued to 338 children and 52 youth, along with 28 renewals; $109,226.01 in HSO claims have been processed. An update to community dental care providers was prepared and disseminated in February 2012. The update included information on important deadlines for claims administration and the launch of mobile dental services in Peterborough County. Dental staff participated in the Prenatal Health Fair held at the Holiday Inn, using a newly developed display on the infectious nature of dental decay. Participants were provided with information on how to manage their oral health during pregnancy, as well as the oral health of their newborn. Information on Early Childhood Tooth Decay is also provided quarterly at Teen Prenatal Supper Club classes.
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑				Staff provided weekly on-site support for the Young Moms Working Out group at the YMCA. The funding for this group ended in March 2012. Staff provided a letter of support to the YMCA to apply for funds from the Healthy Communities Grants Ontario. Staff worked with YWCA Crossroads to support the provision of NBP at the Shelter. Staff met with the Canadian Hearing Society regarding provision of NBP to Deaf parents, and with the New Canadians Centre (NCC) regarding provision of NBP to parents new to Canada. Staff investigated grant opportunities compatible with Family Health initiatives. 412 clients had been seen for treatment in the CDHC, many requiring more than one appointment; 81 individuals are on a waiting list for appointments. Priority is given to clients eligible for dental benefits under the *Healthy Smiles*, *Children In Need of Treatment* program (CINOT), *Ontario Works*, and *Ontario Disability Support* programs. Arrangements are also being made to submit claims under *Federal Non-Insured Health Benefits* for First Nations. The Dental Treatment Assistance Fund (DTAF) provides financial assistance up to the amount of $200 for individuals who have no dental benefits and require emergency

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						treatment; 55 individuals were assisted through DTAF. Staff worked with the City of Peterborough, Community Services Department to prepare a notice to inform all Ontario Works clients via the March 1st pay run about the launch of the mobile dental services.
Disease Prevention						
9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø				See Reproductive Health report.
10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Based on the findings of Oral Health screening of Grade 2 students, i.e. levels of decay, each school is assigned a 'risk level' which determines the intensity of further screening. Thus far in the 2011/2012 school year, the Oral Health staff has screened a total of 2,509 children in Peterborough County and City schools.
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	✓	↑				The Nipissing District Developmental Screen for early identification of developmental delays is disseminated through NBP groups and by partner agencies.
12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.	✓	↑				To date, 167 children and youth were deemed eligible for financial assistance and referred for treatment and follow-up through the CINOT program.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive*	✓	↑				At the time of oral health screening, eligible children are offered professionally-applied topical fluoride, pit and fissure sealants, and scaling. Preventive services are provided at the CDHC.

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

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

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Chronic Disease Prevention Q1 2012

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

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				**Cancer Prevention** The PCCHU Cancer Report released in January reported that there is a higher rate of melanoma in Peterborough than in Ontario. **Tobacco Use Prevention** Staff consulted with Propel (Centre for Population Impact) on plans for 2012/2013 Youth Smoking Survey data collection. **Nutrition** Reviewed documents that included surveillance data and emerging trends provided by the Epidemiologist, Manager, Medical Officer of Health (MOH), and other health professionals, regarding healthy weights and healthy eating. Supported the development of Food Program Community Maps for the County of Peterborough with County Staff, PCCHU Epidemiologist and Community Social Plan staff. **Comprehensive Tobacco Control** Evaluated the Tobacco Cessation Program. Reviewed patient charts; recorded and analyzed relevant data; interpreted the results; and drafted a report. **Physical Activity** Performed an evaluation of the School Travel Planning Project. Worked with Trent University Nursing Students on how to develop an evaluation logic model for the project.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				**Nutrition** Responded to inquiries from other Health Units regarding implementation of the Nutritious Food Basket (NFB) protocol.
Health Promotion and Policy Development						
3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				**Cancer Prevention** Collaborated with high schools and the Canadian Cancer Society in the development of Tan Free Prom initiatives. Collaborated with Fleming College on the development of an evaluation survey for the Prevention of Testicular/Cervical Cancers and Sun and Tanning Awareness Campaign during the Fall 2011 and Spring 2012. **Healthy Schools/Youth** Developed and implemented a process to complete a comprehensive scan of data to describe Peterborough's youth population. The winter edition of the *School Health Matters* newsletter was distributed to all elementary schools, as well as an electronic version for both school boards. Participated in the Ministry of Education implementation training for provincial School Food and Beverage Policy in secondary schools. Completed a review of the Resiliency Final Report and wrote a summary article for distribution through the school newsletter and on the Health Unit website. Provided consultation to Peterborough Collegiate Vocational School (PCVS) students in development of mental health promotion poster projects. Worked with partner Health Units to develop a response to the introduction of legislation requiring School Boards to implement policies and procedures regarding

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						concussion. Developed a mental health resource package for teachers. A Trent/Fleming nursing placement student joined the Healthy Schools and Youth team to support capacity building among the eight elementary schools that participated in the November 2011 peer led intramural leadership workshop. A needs assessment was completed and used to develop customized "booster sessions" for schools. To date, sessions have been delivered in three schools; all eight schools have received additional resources to support their intramural programming. **Tobacco Use Prevention** Hosted regular partnership meetings with representatives of Kawartha Pine Ridge District School Board (KPRDSB), Peterborough Victoria Northumberland Clarington Catholic District School Board (PVNCCDSB), the Ontario Tobacco Research Unit and the Canadian Cancer Society to support planning, implementation and evaluation of a school-based cessation program. Provided an Educator Training Workshop engaging representatives from four area high schools in planning for a school-based tobacco cessation program and facilitated six week school-based cessation program at Norwood High School. Consultation meetings were held with staff and students at Lakefield High School and with staff at St. Peter's High School in preparation for program implementation. Staff prepared a B1 proposal for phase 2 funding. Participated in the Fleming Health Fair providing cessation information and resources to staff and students. **Nutrition** Provided ongoing support to school boards and schools to be compliant with local School Board Nutrition policy. Contributed healthy eating articles to the *School Health Matters*.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Supported the implementation of Nutrition Tools for Schools with two local schools. Supported Healthy Schools interested in participating in the national Great Big Crunch in March. Co-presented with PVNCCDSB staff at a school staff meeting regarding the nutrition policy. Applied for and received funding through the Healthy Communities program for the development of an on-line discussion forum and website for Nutrition Tools for Schools. Supported the development of content and plans to pilot test beta-site with local school board staff and Public Health Nutritionists across Ontario. Completed an interview regarding local development of the School Nutrition policy with the Growing Green Thumbs consultant. Arranged and assisted with Food Safety and Annual Food for Kids Report workshops. **Physical Activity** Critically analyzed and summarized seminal provincial reports on youth tobacco use, nutrition, and physical activity as part of a larger literature review to assess the current needs of educational settings to improve students' health outcomes. Presented findings to PCCHU School Health Committee. Provided physical activity resources, activities and support to local schools. Participated in the Active and Safe Routes to School Committee. Supported the School Travel Planning Project at R.F. Downey. Action items included Walking Wednesdays, safety education, walking buddies, and Photovoice as a way of prioritizing issues on the policy agenda. Staff drafted a public health statement regarding the impact of closing a downtown school.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Work stress; and • Exposure to ultraviolet radiation. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.	✓ ✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑				**Tobacco Use Prevention** Staff promoted cessation information and resources to workplaces in Peterborough, e.g. *Driven to Quit* contest and *STOP on the Road* workshop. **Nutrition:** Submitted content for Health@work website with a focus on Nutrition Month March 2012. Provided healthy eating resources including: healthy snacks; info on need for vitamins and supplements; and healthy eating tips when eating out in restaurants, for City employees. Provided healthy eating resources on healthy snacks, packing a healthy lunch and making healthy choices when you are a shift worker to Kawartha Participation Project (KPP) employees via their Workplace Wellness committee. Provided a sodium display and corresponding resources for City employees and the public at the Peterborough Sport and Wellness Centre. **Physical Activity** Participated in planning for Workplace Shifting Gears Program by attending meetings, developing resources, providing support, and media advocacy.
5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.	✓	↑ X				**Tobacco Use Prevention** Developing a communications campaign on second-hand smoke exposure. **Nutrition** Non-compliant due to reduction in staff.
6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational						**Cancer Prevention** Staff are partnering with Fleming College GIS students and the City of Peterborough to develop a protocol for doing Shade Audits in city parks, playgrounds and schoolyards. Discussions were held with the Legislative Assistant to the NDP MPP, France Gelina's

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
settings and the built environment regarding the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	 ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑				office regarding another private members bill supporting the Canadian Cancer Society call to ban tanning for youth under the age of 18. **Tobacco Use Prevention** Staff assisted the City of Peterborough with a communication strategy for a final phase of the Smoke-Free Parks bylaw. **Healthy Schools/Youth** Partnering with the City of Peterborough's Recreation Department, the Peer Leaders used their skills and expertise to develop a paperless passport system for this year's Blue Sky Festival (in May). In the past, a paper passport had been used to track participants' involvement in Festival activities, however this year QR Code technology will be used. A kick-off for Blue Sky and an introduction to QR Codes was held at *The Spill* in March. **Nutrition** Organized five Community Conversations on the topic of food security across Peterborough County (Lakefield, Millbrook, Norwood, Hiawatha First Nation and Apsley). Provided comments on draft documents and tools for Sustainable Peterborough. Participated in the Peterborough Community Garden Network (PCGN) and their work which supports the City of Peterborough's Community Garden Policy. **Physical Activity** Collaborated with Peterborough County and City planners to ensure that present developments are aligned with Healthy Communities' policies and practices. Supported local trails development and the upcoming Trails Day Event. Attended joint webinars with the County and City planners on evidence-based practices for building healthy communities.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention						
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: • Healthy eating, including community-based food activities; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Mobilizing and promoting access to community resources; b. Providing skill-building opportunities; and c. Sharing best practices and evidence for the prevention of chronic diseases	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑				**Cancer Prevention** Staff initiated discussions with the Medical Centre nurse practitioners develop strategies to increase screening rates for breast, cervical, colon and skin cancers. **Tobacco Use Prevention** *Echo Project: Improving Women's Health In Ontario Smoking Cessation Project for Pregnant Women* - Facilitated a Steering Committee meeting with project community partners. A four month follow-up survey was distributed to dental health professionals who participated in the *Fundamentals of Tobacco Interventions* training in November 2011. Staff continued to receive referrals from community partners for the *Choose to be…Smoke Free* clinic, specifically, the Peterborough Integrated Vascular Management Clinic, Canadian Mental Health Association (CMHA) and the Family Health Team (FHTs). Staff provided a presentation at the *Health Canada Tobacco Initiative Knowledge Exchange Forum* on the Choose to Be Smoke Free program. In partnership with the Program and Training Consultation Centre and Cancer Care Ontario, staff prepared a *Learning Through Evidence Action and Reflection Networks* (LEARN) document titled *Choose to Be Smoke Free: Peterborough County-City Health Unit's Woman-Centered Program for Pregnant and Postpartum Women* as a knowledge development and exchange strategy. Staff provided feedback on the ECHO abstract for a poster presentation at the 15th Annual World Conference on Tobacco or Health. **Healthy Schools/Youth** With a foundation built by PCCHU (manual, activities, training, etc.), 35 Health Units in Ontario continued to use iThink as a strategy for interacting with and promoting

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						health to youth in a variety of ways. The role of the Peer Leaders has shifted to one of support (versus one of development), and we continue to maintain the Facebook Page which now boasts over 2,900 users. **Nutrition:** Presented food security continuum and food program overview to the District Women's Institute and Jamaica Self-Help Youth Action Group. Delivered two supermarket tours providing information on healthy eating, label reading and chronic disease prevention in collaboration with the Canadian Diabetes Association. Provided healthy eating resources for a health fair display at Fleming College with a focus on making healthy choices for college students. Provided a sodium-themed display with corresponding resources to Peterborough Regional Health Centre (PRHC) for blood pressure clinics. Provided and staffed a Community Food Security display and resources at Seedy Sunday. Provided the Community Food Security display and resources for the Community HUB -Prince of Wales and Trent Bata Library. Reviewed and provided comments for the Public Health Agency of Canada's Community Food Program Evaluation Tool Kit. Facilitated a round table on Social Assistance Reform for the Peterborough Poverty Reduction Network's (PPRN) Income Security Work Group. Provided feedback to the PPRN Income Security Work Group on the Special Diet Program for their paper on Social Assistance Reform. Participated on the Ontario Good Food Box Evaluation Committee.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Partnered with YWCA on packing and delivery of 1,232 Just Food boxes to City and County. Worked with food security community partners to provide reports, budgets and evaluation results for funders including Healthy Communities and Ontario Ministry of Agriculture and Rural Affairs. Prepared a funding request and made a presentation to the Joint Services Group of the City and County of Peterborough for $35,000 for the YWCA Just Food Box program (which was approved). Participated on local committees working on improving access to food including the Peterborough Community Food Network, Kawartha Community Food Hub Subcommittee, Peterborough Community Garden Network (PCGN), FFK Peterborough, Healthy Communities, Centre for Social Innovation and Peterborough Gleans. Supported the PCGN's Garden Planning session for community gardeners in the City and County. Participated on provincial committees working on issues related to healthy eating/healthy weights including the Ontario Society of Nutrition Professionals in Public Health (Nutrition Tools for Schools, Secondary Schools Environmental Support and School Nutrition Workgroup, Family Health Nutrition Advisory Group) and the Ontario Public Health Association (OPHA) Food Security Work Group. Toured the Mount St. Joseph site for the PCCHU and the Kawartha Community Food Hub Committee and provided updates to the MOH. Partnered with the lead agency, YWCA, on a successful proposal to Trillium Foundation for two years development funding for the Kawartha Community Food Hub ($148,000). Partnered with the lead agency YWCA on a proposal to the Rotary Club of Peterborough for two to five years funding for the Kawartha Community Food Hub.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Physical Activity Explored the role of community partners (Girl Guides, Heart and Stroke Foundation volunteers, high school volunteers) in the walking school bus program. Participated in the Active and Safe Routes to School Committee as well as the Peterborough Bicycling Advisory Committee. Coordinated the *Access to Recreation* Working Group. Facilitated two face-to-face meetings. Worked with the working group members and Website Designer to develop www.joininptbo.ca website – which focused on recreation subsidies in Peterborough City and County. This website is still being reviewed and will launch in the second quarter. Hired a consultant to work with the Access to Recreation Working Group to develop a survey for recreation service providers. This survey will be sent to over 250 service providers in the second quarter. A fourth year Trent Nursing student completed a literature review focusing on access to recreation policy, a scan of local access to recreation policies, focus groups with priority populations with respect to barriers to recreation, and development of a recommendations report for the Access to Recreation Working Group. **Healthy Communities** Supported the development and maintenance of the three Healthy Communities Working Groups: Access to Recreation, Access to Healthy Foods, Mental Health Promotion. Wrote a funding proposal and workplan for the Ministry of Health that secured eight week funding for the Access to Recreation and Access to Healthy Foods Working Groups.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Participated in the Eastern Region Healthy Communities Coordinators Networking teleconferences.
8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.	✓	↑				**Nutrition** Provided two nutrition and feeding skills programs with Peterborough Family Resource Centre (PFRC) Otonabee Valley and St. John's Hubs. Provided current infant feeding recommendations with corresponding resources for NBP facilitators' presentation. Presented prenatal nutrition information to young families at the Prenatal Health Fair. Facilitated eight Collective Kitchens in the City and three Collective Kitchens in the County. Led 39 *Come Cook with Us* classes for youth, parents, and single adults in the City of Peterborough, Apsley and Millbrook. Participated at the Canada Prenatal Nutrition Program (CPNP) Babies First by conducting nutrition assessments, answering nutrition questions, and conducting Lunch 'n Learn sessions on healthy eating.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	✓	↑				**Tobacco Use Prevention** Staff provided ongoing intensive cessation counselling through the Choose to Be Smoke Free program and hosted a STOP on the Road workshop in partnership with the Centre for Addiction and Mental Health (CAMH), providing access to free nicotine replacement therapy for 71 Peterborough area residents. Staff facilitated an eight week ECHO: Choose to Be … Smoke Free group followed by one booster session. Staff fostered leadership development of a Choose to Be...Smoke Free program participant through the provision of support for attendance at a Training Enhancement in Applied Cessation Counselling and Health (TEACH) certification training offered by CAMH, and established a role as Peer Researcher to support the evaluation component of ECHO program.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the early detection of cancers.	✓	↑				**Cancer Prevention** Promoted screening for testicular and cervical cancer to post secondary students through Student Health 101 media and participation at the Fleming Health Fair. Attended a conference on Cancer Screening Innovations Implementing Community Oriented Approaches for Under-Screened Women In Ontario and the CCO Under-screened and Never screened Learning Summit. Collaborated with University of Toronto, Dalla Lana Public Health Dept. Provincial Research Project in coordinating focus groups in Peterborough to increase understanding on the barriers to screening.
11. The board of health shall increase public awareness in the following areas: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Exposure to ultraviolet radiation; • Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and • Health inequities that contribute to chronic diseases. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑				**Cancer Prevention** Staff participated in the Prenatal Health Fair using an interactive display about Sun Safety and the promotion of sun safe behaviors for the whole family. Staff participated in the Fleming College Health Fair with interactive displays on Testicular/Cervical Cancers and the prevention of UV radiation exposure from the sun and indoor tanning. Continuation of the *No Tan is Worth Dying For* postcard campaign. **Tobacco Use Prevention** The *Multi-Unit Dwellings* awareness campaign was revised and will be audience tested again. Regional Health Units are interested in coordinating and sharing communication creations and tools. **Nutrition:** Planned and implemented Nutrition Month 2012 campaign with a focus on reducing sodium. This included a three part television segment for CHEX: two *Caught in The Act* nutrition programs at Morello's Independent Grocer with media in attendance; and a sodium focused Supermarket Tour at Morello's Independent Grocer. Media uptake on press releases and events included newspapers, radio and television. Conducted media interviews on: gluten-free eating, nutrition supplements and County food security consultations.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Submitted content for *March For Your Files* with a focus on reducing sodium and information on how to register for a supermarket tour. Submitted content for March 2012 Stroke newsletter. Created a factsheet for consumers that provide an overview of nutrition "apps", including their usefulness, how to determine if they are credible, as well as some examples of good nutrition apps available. Created a factsheet for consumers about probiotics. Updated and promoted *Food in Peterborough* web site which highlights all food programs in Peterborough City and County. Worked with YWCA Food Security Advocacy project on the *Nourish Peterborough* blog site. **Physical Activity** Promoted physical activity through CHEX TV interviews including an interview regarding the importance of students' active and safe routes to school, as well as a poster presentation and resources distributed at the Prenatal Health Fair. Created a pamphlet for parents on the new physical activity guidelines for children aged 0 to 5 that will go on the PCCHU website and be distributed during the next Prenatal Health Fair. Attended the Fleming College Health Fair and developed resources (pamphlets, poster and PPT presentation) for college students to promote physical activity.
12. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Healthy eating; • Healthy weights;	 ✓ ✓	 ↑ ↑				**Nutrition:** Responded to telephone inquiries regarding nutrition. Referred community members to community programs and services that promote healthy eating, healthy weights, including Eat Right Ontario, Family Health Team Dietitians, Family and Youth Clinic, and VON 360 Nurse Practitioner led Clinic. Responded to telephone inquiries regarding accessing local food programs by referring

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
• Comprehensive tobacco control; • Physical activity; • Alcohol use; • Screening for chronic diseases and early detection of cancers; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑				people to Just Food Box, Come Cook with Us, community meal programs, and food banks. Presented community body image presentation with Hiawatha Youth Group at Hiawatha Life Service Centre. Presented a body image presentation/Barbie jamming session with Curve Lake girls and mothers at Curve Lake First Nation. Conducted heart healthy eating presentation to Mark Street United Women's Group. Presented *A Day in the Life* at March Board of Health Meeting outlining how Public Health Nutritionists and Health Promoter support nutrition across the lifespan. Participated in the Nutrition Resource Centre's Healthy Eating Manual webinar and the Tamarack presentation. **Cancer Prevention** Partnered with CCS on the Tan Free Prom Health Promotion initiatives in secondary schools through workshops, education sessions and displays.
13. The board of health shall implement and enforce the Smoke-Free Ontario Act[8] in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).	✓	↑				**Tobacco Use Prevention** 60 workplaces and public places were inspected and 36 tobacco vendors were inspected. Four charges were laid.

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Food Safety Q1 2012 (Manager: Tom Cathcart)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct surveillance of: • Suspected and confirmed food-borne illnesses; and • Food premises in accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Surveillance of Emergency Department visits were conducted and analyzed bi-weekly to identify unreported clusters of illnesses which could be food-related.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	Ø	Ø				Reports from our existing database reviewed for statistical data. This requirement needs additional IT and reporting capacity. This will be accomplished in 2012.
3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current).	✓	↑				To date, the Ministry of Health and Long-Term Care (MOHLTC) has not requested any data submission.
Health Promotion and Policy Development						
4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the *Food Safety*	✓	↑				Eight Foodhandler Certification courses were presented in the first quarter, with 216 successful attendees certified.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current).						
5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current) by: a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑				The Health Unit's online food premises inspection results were accessed 127 times in the first quarter. As part of their routine inspections, Public Health Inspectors (PHIs) also distribute report cards for display in restaurants.
Disease Prevention/Health Protection						
6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				Ten food complaints were investigated in the first quarter. There was a ground beef recall due to E.Coli contamination: 64 food premises were contacted and a link to the Canadian Food Inspection Agency was put on our website providing a list of affected products that might be contaminated.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.	✓	↑				High risk: 158 compliance inspections and 46 re-inspections. Moderate risk: 330 compliance inspections and 87 re-inspections. Low risk: 102 compliance inspections and 13 re-inspections.

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Foundational Standard Q1 2012 (Manager: Larry Stinson)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Population Health Assessment						
1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Completed an analysis of Emergency Department (ED) and hospitalization data re: non-fatal substance-related overdoses and distributed briefing note to Substance Misuse Prevention staff (also applies to Requirements 2, 6). Met with Tobacco Use Prevention (TUP) staff to discuss ongoing use and analysis of the Youth Smoking Survey (Requirements 3, 4, 5). Supported information gathering for a situational assessment of Child Health (Requirements 2, 3, 4). The Epidemiologist reviewed, revised, analyzed data, and completed a report on falls among seniors (Requirements 2, 3, 6). Finalized list of relevant Reproductive Health (RH) indicators and submitted aggregate data request to Better Outcomes Registry Network (BORN) (Requirements 2, 3, 6). The Annual Communicable Disease Report, which addresses changes in incidence of reportable communicable diseases, was completed and submitted to management and the Chronic Disease Team for review. This document will be made available to community health care partners early in the second quarter (Requirements 2, 5, 6).
2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				See Requirement #1 – all epidemiological analyses conducted involve the assessment of trends.

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Requirement	Status 2011	Status 2012				Comments
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3. The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations).	✓	↑				The Epidemiologist has begun work on building relational database for Geographic Information System (GIS) use. Recruited Fleming GIS students to conduct shade audit of play structures and wading pools in public parks. Reviews of the child poverty and mental health literature were completed. Key issues, strategies, trends and resources were identified. A literature review regarding telephone support and peer support for breastfeeding was completed and findings were shared with Child Health Public Health Nurse (PHN) assigned to breastfeeding. Statistics Canada data on poverty trends from 1976-2009 was shared with the SDOH Work Group. A Power Study entitled *Social Determinants of Health and Populations at Risk* was shared with the SDOH Work Group. A literature review, policy scan and focus group recommendation report was completed regarding *Access to Recreation* in Peterborough County and City.
4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources.	✓	↑				SDOH PHNs held meetings with a PHN in Child Health to discuss local issues related to breastfeeding for at-risk populations and to review potential strategies for increasing breastfeeding. The SDOH Health Promoter provided consultation and information to the Dental Program, Communicable Disease Program and Environmental Health Cancer Prevention Program. Monitored activities of PCCHU school and youth projects and Healthy Communities Access to Recreation Work Group. Brought together internal PCCHU program staff to strengthen and coordinate efforts to address the needs of vulnerable older adults in our community (includes Poverty and Health, Injury Prevention, Nutrition, Substance Misuse Prevention, and Physical Activity Programs). Participated in a Public Health Ontario (PHO) webinars on: *SDOH and Unintentional*

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Requirement	Status 2011	Status 2012				Comments
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						Injuries; shared findings with Injury Prevention staff and SDOH Work Group; and the revised *Health Equity Impact Assessment (HEIA) Tool and Resource Guide for Public Health Units*. Developed a distribution list for Peterborough Health Service Directories. 4,500 directories were distributed to Family Health Teams, hospital, and communities agencies. Brought together and chaired the Healthy Communities Mental Health work group. Reviewed Dennis Raphael presentation on SDOH and mental health promotion. This will be shared with the Work Group to develop a SDOH focus in next quarter. The Poverty and Health Group met with the Substance Misuse Prevention and Workplace Health Programs to align all PCCHU initiatives related to stigma around mental health issues. Provided leadership in bringing together 12 community agencies for development of Home Response Team, as a sub-committee of the City of Peterborough Homelessness Coordinating Committee. The team will identify barriers and challenges faced by those with complex mental and physical health issues and unsafe living conditions, and who are at risk of losing their housing. Supported development of perinatal mood disorder survey and surveillance mechanism. Met with Child Health staff and developed first draft and methodology for a six month breastfeeding surveillance survey.
5. The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				The content of the Poverty and Health game was updated with current information regarding social assistance, costs of living, and social issues. The reflective component of the game was also revised. An existing Poverty and Health power point presentation was updated to include current statistics, additional slides and detailed speaker notes. SDOH workgroup members will be able to adapt this presentation for use with community partners. A presentation regarding public health nursing and the application of SDOH was provided to the Trent/Fleming Nursing students in the Community Based Nursing

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						Practice course. SDOH and Poverty and Health web pages, resources and links were updated for the new PCCHU website. Poverty and Health staff were interviewed for a CHEX television report on community services for vulnerable community members. Finalized and distributed PCCHU Cancer Report (Requirements 1, 2). The following population health information was provided to the public and/or community partners: bi-weekly surveillance data examining emergency department visits, school absenteeism due to illness, and community and facility outbreaks. Monthly communicable disease reports were distributed internally.
Surveillance						
6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* or as current).	✓	↑				Surveillance activities conducted by the Health Unit included the following activities: • ongoing use of a syndromic surveillance system to monitor visits to local hospital emergency departments; • in conjunction with local school boards, monitored absences due to illnesses; • contacted sentinel physician for reports on visits due to selected symptoms; • reviewed emergency department admissions for reportable communicable diseases; and • monitored outbreaks of communicable diseases in the community, region, province, and across the country. Statistics Canada, the Public Health Agency of Canada (PHAC), and academic journal newsfeeds were monitored for pertinent surveillance and research information which is then distributed to appropriate staff.
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health*	✓	↑				On an ongoing basis, the Health Unit interprets and uses surveillance data related to chronic disease, health behaviours and risk factors, health outcomes, health hazards and infectious diseases, and communicates any risks to relevant audiences. The Health Unit produced bi-weekly syndromic surveillance reports which were distributed to community partners and health care providers; monthly communicable disease reports

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Hazards Protocol, 2008 (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).						were reported internally.
Research and Knowledge Exchange						
8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation.	✓	↑				SDOH PHNs consulted with the Peterborough Family Resource Centre (PFRC), the Partners in Pregnancy Center, and the City of Peterborough Children's Services to exchange knowledge regarding factors that influence the health of vulnerable families, to identify barriers and understand gaps in services. Shared PCCHU resources. The Poverty and Health program consulted with the VON 360 Degree Nurse Practitioner led clinic and the Canadian Mental Health Association to exchange knowledge regarding key issues, gaps in services and barriers to care for each of the three priority populations; adult mental health, vulnerable older adults and child poverty. Shared PCCHU resources. The themes of the internal consultations on priority populations were compiled and a consultation report was distributed to program staff via managers. SDOH PHNs participated in provincial SDOH network teleconference and contributed to identifying group priorities and needs. The *History and Highlights* document was updated with key SDOH milestones for 2011. Provided input into the alPHa-OPHA Work Group response to the Ontario Social Assistance Review Discussion paper. Contacted other Public Health Units and agencies to obtain information and resources on their mental health promotion activities. Reviewed documents. This will be shared with Mental Health Promotion Work Group.

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						Contacted other Ontario Municipalities to collect information on their community strategies to address hoarding behaviours and supports for complex and vulnerable community members. The Epidemiologist engaged in teleconferences with the Association of Public Health Epidemiologists in Ontario (APHEO) subgroup: Capacity Building for Small, Rural, and Northern Health Units Working Group There has been no networking/knowledge exchange with respect to the broader Healthy Communities partnership due to the Ministry's decision not fund Healthy Communities Partnerships. It is expected that there will be work completed with Healthy Communities partners in the second, third and fourth quarters; however, the work will likely not achieve all that was set out in the 2012 plan.
9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange.	✓	↑				PCCHU is a participating site for the International Parenting Survey and will receive a report from the University of Ottawa on parenting strategies, what parents think about their parenting, what programs do parents know about, etc. when completed Participating in a data portal pilot project sponsored by Dr. S. Weatherbee. The portal has analytic, reporting and GIS capabilities and PCCHU is working with NBP, breastfeeding, and immunization data within this portal. The Health Unit actively engages its partners to collaborate on research projects as they occur. A mechanism to report on these activities is planned for 2012 (Requirement 10).
10. The board of health shall engage in public health research activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.	✓	↑				Reviewed and commented on three external use surveys and focus groups (Access to Recreation; Perinatal Mood Disorder Surveillance; Condom Sense Questionnaire).
Program Evaluation						
11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services,	✓	↑				The Health Promoter for Planning, Evaluation and Grants: • provided planning advice as a member of the Built Environment Work Group; • consulted with program staff regarding evaluation components of cancer prevention awareness campaign at Fleming College;

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including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.						• assisted program staff with setting up weekly feedback forms and *Final Thoughts* form in Fluid Surveys for the Teen Prenatal Supper Club; • provided advice regarding data collection elements that may be necessary to complete the self-monitoring report to the Breastfeeding Committee for Canada; • provided a final data report to the Homelessness Partnering Strategy organizations with respect to the Nurse Practitioner Outreach Clinic; and • provided advice and assistance with a number of surveys: school planning survey for Physical Activity program, and focus group methodology and Fluid Survey for Healthy Community Ontario's (HCO) Access to Recreation group.
12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes.	Ø	↑				Varied activities were carried out by the Health Promoter for Planning, Evaluation and Grants: • assisted program staff with development of an evaluation plan for the Fixed and Mobile Dental Health Clinics; • provided comments and advice regarding components of the Tobacco Use Prevention Program's evaluation of the high school cessation pilot project; • provided telephone consultation to Injury Prevention staff regarding a process to gauge injury prevention efforts in child care settings; • assisted with the development of a Fluid Survey sent to community partners to develop a scan of falls prevention activity in the Peterborough County-City area; • developed an evaluation plan for the Perinatal Mood Disorder resource; and • provided conclusions/opinions about the Barbie Jamming resource to Nutrition program staff.
13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.	✓	↑				Updates relating to planning and evaluation were made to the HUB for all staff to access and an electronic folder of resources related to planning and evaluation was established. The following web-based learning opportunities related to evaluation were made available to program staff: • Evaluation for Social Justice; • Program/Organizational Sustainability and How Can You Achieve It?; • Developmental Evaluation; • Values-Engaged Evaluation; • Evaluating Interventions in Complex Dynamic Environments; and • Cultural Responsiveness in Equity-Focused Evaluations.
FOUNDATIONAL STANDARDS PRINCIPLES:						

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In addition to the Requirements outlined under the Foundational Standard, some health unit activities are guided by the principles of "Impact," "Capacity," and "Partnership and Collaboration." These activities are outlined below:						
Impact: The Board of Health shall strive to influence broader societal changes that reduce health disparities and inequities.	✓	↑				The Income Security Work Group of the Peterborough Poverty Reduction Network (PPRN) held a public consultation on the Discussion Paper from the Commission for the Review of Social Assistance in Ontario. Compiled input from participants and from community agencies and prepared a formal response to the Commission. Staff worked with a sub-committee of the Four County Harm Reduction Coalition to support training and the development of new policies and procedures in the Emergency Department of the Peterborough Regional Health Centre (PRHC) related to stigma towards people with substance use. Organized for the Manager of Mental Health Services from PHRC to join the sub-committee and share information on the Opening Minds initiative from Lakeridge Health.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-building related to public health competencies.	✓	↑				Evaluation comments regarding 2012 Planning process have been solicited and work has commenced on finalizing the process and tools for 2013 planning.
Partnership and Collaboration: The Board of Health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services.	✓	↑				Participated in community networks which address the social determinants of health and planned and implemented community services for vulnerable populations including: • Ontario Disabilities Support Program (ODSP) Support Project; • PPRN Basic Needs Work Group; • PPRN Income Security Work Group; • HCO Mental Health Work Group; • Peterborough Under-Served Health Care Coalition (PUSH-CC); • Homelessness Coordinating Committee; • Senior's Planning Table; and • Abuse Prevention of Older Adults Network. The Health Promoter for Planning, Evaluation and Grants was involved in: • an extensive prospective funders search for Child Health programs and next steps report; • a proposal for $10,000 to the PPRN for the Dental Treatment Assistance Fund (DTAF); • the establishment of an account and profile for PCCHU on CanadaHelps.org; • registering PCCHU on the Grants Ontario website;

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						• assisting with the development of B1 submissions for Tobacco and Child Health Programs; • assisting with letters of support for YWCA's proposal to Rotary for the Food Hub; • participating in the Canadian Institute for Health Research potential funds webinar; • creating a Staff Report regarding grant writing functions for February 2012 Board meeting; and • developing draft parameters for grant writing support for presentation to the Program Management Team. The Partnership Inventory Database has been updated (PCCHU is involved in at least 202 external committees that link us to over 337 partners).

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Health Hazard Prevention and Management Q1 2012 (Manager: Donna Churipuy)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑				Surveillance data on Trichloroethylene (TCE) exposures from the former Outboard Marine Corporation of Canada Ltd. (OMCC) site has been provided by the Ministry of the Environment. A public meeting is planned to discuss the results of the surveillance tests in residences.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Data related TCE and Tritium exposures were analyzed as part of the Health Unit response.
Health Promotion and Policy Development						
3. The board of health shall increase public awareness of health risk factors associated with the following health hazards: • Indoor air quality;	✓	↑				Information for the public was made available to increase awareness of health risks associated with storms and TCE. Information on WiFi was also updated.

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• Outdoor air quality; • Extreme weather; • Climate change; • Exposure to radiation; and • Other measures, as emerging health issues arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.						
4. The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to: • Indoor air quality; • Outdoor air quality; • Extreme weather; and • Built environments.	✓	↑				Staff participated in Sustainable Peterborough and Natural Heritage Strategy planning meetings.
Disease Prevention/ Health Protection						
5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and*	✓	↑				Health Unit staff are available to respond 24/7 to manage health hazards.

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<tr><td>Inspection of Facilities Protocol, 2008 (or as current).</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).</td><td>Ø</td><td>×</td><td></td><td></td><td></td><td>As part of the cost containment strategy for 2012, this requirement will not be completed.</td></tr>
<tr><td>7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the Identification, Investigation and Management of Health Hazards Protocol, 2008 (or as current) and the Risk Assessment and Inspection of Facilities Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td></td><td></td><td></td><td>Staff participated with staff from the Ministry of the Environment in the distribution of information packages to 45 homes potentially affected by TCE.

There were 443 inspections, re-inspections and public contacts related to health hazard abatement and non-communicable disease. Specifically, the subjects of the investigations were:
<table>
<tr><th>Activity</th><th>Jan 2012</th><th>Feb 2012</th><th>March 2012</th><th>Total Q1 2012</th><th>2012 Year-to-Date</th><th>2011 Year-to-Date</th></tr>
<tr><td>Air Quality – Arenas</td><td>1</td><td>17</td><td>2</td><td>20</td><td>20</td><td>15</td></tr>
<tr><td>Air Quality – Institutional</td><td></td><td>1</td><td></td><td>1</td><td>1</td><td>1</td></tr>
<tr><td>Air Quality – Residential</td><td>7</td><td>4</td><td>7</td><td>18</td><td>18</td><td>18</td></tr>
<tr><td>Animal Excrement</td><td>1</td><td>4</td><td>8</td><td>13</td><td>13</td><td>1</td></tr>
<tr><td>Asbestos Inquiry/Complaint</td><td></td><td>1</td><td>5</td><td>6</td><td>6</td><td>2</td></tr>
<tr><td>Bedbug Identification</td><td>6</td><td>5</td><td>7</td><td>18</td><td>18</td><td>--</td></tr>
<tr><td>Bedbug Investigation</td><td>30</td><td>38</td><td>30</td><td>98</td><td>98</td><td>6</td></tr>
<tr><td>Bird Complaints (geese, pigeons, etc.)</td><td></td><td></td><td>3</td><td>3</td><td>3</td><td>--</td></tr>
<tr><td>Chemical Inquiry/Complaint</td><td></td><td></td><td></td><td>1</td><td>1</td><td>--</td></tr>
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<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>Garbage Complaints</td><td>2</td><td>3</td><td>13</td><td>18</td><td>18</td><td>15</td></tr>
<tr><td>Heating Complaints</td><td>12</td><td>14</td><td>20</td><td>46</td><td>46</td><td>53</td></tr>
<tr><td>House Disrepair/Sanitation Complaints</td><td>3</td><td>4</td><td>3</td><td>10</td><td>10</td><td>3</td></tr>
<tr><td>Insect Complaints</td><td>12</td><td>10</td><td>26</td><td>48</td><td>48</td><td>83</td></tr>
<tr><td>Lead Inquiry/Complaint</td><td></td><td>1</td><td></td><td>1</td><td>1</td><td>--</td></tr>
<tr><td>Mould Investigation</td><td>40</td><td>45</td><td>44</td><td>129</td><td>129</td><td>96</td></tr>
<tr><td>Playground Inspections</td><td>--</td><td>1</td><td>2</td><td>3</td><td>3</td><td>--</td></tr>
<tr><td>Rodent Complaints</td><td>2</td><td>1</td><td>1</td><td>4</td><td>4</td><td>--</td></tr>
<tr><td>Sewage Complaints</td><td>1</td><td></td><td>4</td><td>5</td><td>5</td><td>--</td></tr>
<tr><td>Sharps</td><td>1</td><td></td><td></td><td>1</td><td>1</td><td>--</td></tr>
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<tr><td>8. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the Infectious Diseases Protocol, 2008 (or as current).</td><td>✓</td><td>↑</td><td></td><td></td><td></td><td>Two students have been recruited to begin vector borne disease prevention programming in May.</td></tr>
<tr><td>9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.</td><td>✓</td><td>↑</td><td></td><td></td><td></td><td>Notification systems were reviewed and revised to ensure timely communication with health care and community partners.</td></tr>
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Infectious Diseases Prevention and Control Q1 2012 (Manager: Edwina Dusome)

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

Requirement	Status 2011	Status 2012				Comments
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Assessment and Surveillance						
1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑				Staff entered reportable disease data into the Integrated Public Health Information System (iPHIS) as per the protocol.
2. The board of health shall conduct surveillance of: • Infectious diseases of public health importance, their associated risk factors, and emerging trends; and • Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Infection prevention and control practices were reviewed for selected premises by Public Health Inspectors (PHIs) (hair salons, tattoo and body piercing parlours, group homes, etc.) during inspections. Monthly surveillance reports were prepared by the Epidemiologist.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Epidemiological analysis of surveillance data was prepared and distributed by the Epidemiologist.

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Health Promotion and Policy Development						
4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑				Staff responded to telephone inquiries and conducted inservices where needed. Staff consulted, upon request, with community partners: long-term care facilities, schools, hospital, day nurseries, pharmacies, and primary care practices on infectious disease, vaccine related or infection control related issues. Staff worked with community partners to organize, promote and provide an educational session on pandemic influenza on May 10, 2012 at the Evinrude Centre for organizations, partners, stakeholders and the general public. Staff began organizing an information session on vaccination for the general public to be held in June at the Evinrude Centre.
5. The board of health shall participate on committees, advisory, bodies, or networks that address infection prevention and control practices of, but not limited to,	✓	↑				Staff attended infection control meetings in long-term care homes, and infection control meetings at the hospital. They assisted organizations with the preparation of response plans for infectious diseases and offered, upon request, information to local school boards.

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hospitals and LTCHs, which shall include consultation on the development and/or revision of: • Infection prevention and control policies and procedures; • Surveillance systems for infectious diseases of public health importance; and • Response plans to cases/outbreaks of infectious diseases of public health importance.						Staff attended outbreak control meetings in long term care facilities.
6. The board of health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of: • The local epidemiology of infectious diseases of public health importance; • Infection prevention and control practices; and • Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act.	✓	↑				Staff provided information to local partners on communicable diseases and the requirement to report diseases. They provided information on infectious disease and infection and prevention and control via the *For Your Information* newsletter. Staff worked with partners (long-term care, day nurseries, hospital, schools, etc.) to monitor and reduce the incidence of communicable diseases through regular inspections. Staff planned educational sessions to be held at the hospital on reportable diseases. Staff arranged for a presentation on tuberculosis for health care providers. Staff are arranging presentations on antibiotic resistant organisms and vaccinations for the general public and partners.
Disease Prevention						
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as	✓	↑				The PCCHU has a 24/7 response plan in place.

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current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.	✓	↑				Staff provided management of outbreaks. The total number of outbreaks investigated this year to date is: 15.
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	↑				Staff were available to receive and respond to infection prevention and control complaints regarding infection prevention and control practices to appropriate regulatory bodies. The total number of complaints received this year to date is: 0.
10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings*	✓	↑				Staff were available to receive and respond to infection prevention and control complaints in settings where no regulatory bodies exist. The total number of complaints received this year to date is: 0.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).						
11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting programs and services.	✓	↑				Staff adapted programs as directed by the Ministry of Health and Long Term Care (MOHLTC), such as providing more detailed follow-up for selected diseases such as influenza, listeria, etc.
12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information.	✓	↑				Staff provided telephone consultation, presentations, and media releases to supplement provincial risk communication efforts. The For Your Information newsletter was distributed to health care providers.
13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers and other partners about urgent and emerging infectious disease issues.	✓	↑				Staff disseminated information to health care providers through alerts, surveillance reports and the For Your Information Newsletter.
Health Protection						
14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑				Staff inspected day nurseries and personal service settings as directed in the protocol. The number of day nurseries inspected this year to date: 5. The number of personal service settings inspected this year to date: 50.

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

Prevention of Injury and Substance Misuse Q1 2012

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

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • alcohol and other substances; • falls across the lifespan; • road and off-road safety; and • other areas of public health importance for the prevention of injuries.	Ø ✓ ✓ ✓	↑ ↑ X Ø				**Injury Prevention (IP)** Acquired a contact list of licensed Day Care providers and have made initial contact with the *Raising the Bar* coordinator for purposes of exploring the possibility of data sharing. A cursory review of the Ontario Injury Data Report was completed in order to gain a better understanding of the most common injury causes in our area. Initiated discussions with community partners regarding data available for falls. Completed the review and revision of local falls data report for approval by Management. **Substance Misuse** Compiled available data on local drug overdoses from Emergency Management Systems (EMS), the coroner, and our Epidemiologist. Met with students and the Epidemiologist to plan for the GIS mapping of alcohol vending density.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy						**Injury Prevention** Participated in the *A Million Messages* Steering Committee teleconferences and signed on as a Supporting Organization for the Locally Driven Collaborative Project (LDCP).

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	 ✓ ✓ ✓ ✓	 ↑ ↑ X X				A copyright agreement with Durham Public Health Department has been completed for the Simply Safer resource. Staff increased participation from community agencies in Partners In Aging Well. Environmental scan of falls prevention activities and contacts were completed and forwarded to the LHIN. 1,000 copies of *You and Your Baby* were purchased for insert into prenatal kits. **Substance Misuse** In order to foster a multi-sectoral approach to reducing the harms from substance use, staff have: • co-facilitated meetings of Peterborough Drug Strategy (PDS) Steering Committee; and • shared information and best practice with the Municipal Drug Strategy Coordinators Network through teleconference meetings. In order to reduce the harms from alcohol through policy, staff have: • presented to County Council; • hosted a webinar on municipal alcohol policies for community partners; • created a flyer *Let's Change*; • developed a briefing document to help municipalities understand their roles and powers under recent changes to the Liquor License Act (LLA) (in collaboration with other Health Units); and • attended the Alcohol Policy Network Forum to learn best practices and network with colleagues doing alcohol policy work. Staff engaged the police, EMS and community partners in reviewing ways to reduce the barriers to calling 911 in an overdose emergency.
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by:						**Injury Prevention** Completed a review of current activities concerning child car seat promotion. Reviewed documents and current Ontario activity on A Million Messages to develop response to collaborative opportunity.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	✓ ✓ ✓ ✓	↑ ↑ ↑ ↑				Completed the development of an annual calendar for injury prevention messaging. Developed a plan for Safe Kids Week and related activities with The Peterborough Risk Watch Network. Provided Child Health staff with a presentation on Car Seat Safety for the Teen Prenatal Supper Club. Promoted Pink Shirt Day internally to support and further the awareness of anti-bullying. Shared Health Canada product recalls with relevant Health Unit Programs. **Substance Misuse Prevention** In order to reduce the harm from prescription opioids, staff: • hosted a Medical Working Group on Opioid Safety; work included hosting a meeting of the Group and developing a brochure about changing medication for patients (to be distributed to area-physicians); • convened a community meeting and facilitated ongoing communication about the changes in availability of OxyContin, including weekly reporting to the Ministry of Health; and • participated in a Centre for Addiction and Mental Health (CAMH) teleconference to inform and coordinate opioid-prevention efforts across the province. Hosted two webinars by Toronto Public Health and a working group meeting to plan overdose prevention programming. Supported the Centre for Individual Studies to implement their Healthy School Grant. This youth engagement project involved planning the production of graffiti art, organizing a gallery showing and preparing for an opening 'graffiti gala' event with a film screening. Co-hosted a meeting of the Four County Harm Reduction Coalition to share current

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						programs and plan initiatives. Attended a meeting of Healthy Communities Partnership Steering Committee and sub-committee on mental health. Met with new VON 360 Clinic to share information and establish areas of collaboration. Attended the Youth Gambling Awareness Program Advisory Committee meeting to network with community partners. Hosted a meeting of the Executive of the Peterborough Drug Awareness Coalition (PDAC) to network on projects and to meet fiduciary duties. Discussed potential prevention projects with the Northumberland Drug Awareness Coalition. Submitted a funding proposal (on behalf of PDAC) to the City of Peterborough to fund the training of youth to speak about their experiences with drugs.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include:	✓ Ø Ø Ø	↑ X ↑ X				**Injury Prevention** Staffed a Car Seat and Home Safety display at the Prenatal Health Fair. An article on concussion awareness was written for inclusion in the *Health Matters School* newsletter. Reviewed the current PCCHU website and worked to develop and identify new links and resources for the new website. Researched in preparation for the creation of the new Intimate Partner Violence PCCHU web pages. Reviewed and provided appropriate links for the Access to Recreation Working Group website. Consulted with School Health staff to initiate the process of updating the Risk Watch Resource for Teachers to align with the new Ontario curriculum for the fall.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.						Developed a questionnaire to look at falls activity under the BEEEACH (Behaviour, Environment, Education, Equipment, Activity, Closing, Health) Model. A questionnaire was distributed widely amongst community agencies and responses were utilized to develop an action plan for the second quarter. The questionnaire was also used to initiate dialogue with retirement homes and Long-Term Care homes. **Substance Misuse Prevention** Supplied materials and arranged staffing for a booth at the Prenatal Health Fair and supplied a booth on cannabis use at a fair during the Peterborough Lakefield Community Police's (PLCP) drug prevention week. Supplied materials on medicine cabinet clean-out to a health fair for older adults. An article was written for *Info Notes* to advise health care providers about the new national Low-Risk Drinking Guidelines. Hosted a discussion with a women's group at Nijkwendidae and provided materials on substance use in pregnancy and film on opioids. Continued to support implementation and evaluation of a peer education program (*Challenges, Beliefs and Changes* (*CBC)*) led by students from two high schools students in 13 Grade eight classes. Organized a meeting of community partners to refine the Found Needle Protocol and to plan training sessions for City staff on the protocol, harm reduction, and needle stick prophylaxis. Staff undertook media relations regarding the changes in availability of OxyContin.
Health Protection						

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓ ✓ Ø Ø	↑ Ø ↑ x				**Injury Prevention** Consulted regularly via telephone with caregivers on their specific concerns and requests related to car seat safety. Distributed resources as needed. **Substance Misuse Prevention** Attended the Alcohol Gaming Commission of Ontario workshop to learn about new LLA as it applies to licensed establishments and network with relevant partners.

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Public Health Emergency Preparedness Q1 2012 (Manager: Donna Churipuy)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				This is a fourth quarter activity.
Health Protection/Emergency Planning						
2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				The Continuity of Operations Plan is currently being reviewed by Executive Committee.
3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will have a lead role in responding to,	✓	↑				This is a second quarter activity.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
Risk Communications and Public Awareness						
4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				The notification protocol is current.
5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities.	✓	↑				The Health Unit website is in the process of being updated.
Education, Training, and Exercises						
6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				This is a second and third quarter activity.
7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				The Board of Health shall be oriented to the Continuity of Operations Plan in the second quarter.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑				The notification protocol will be exercised in the second quarter.

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Rabies Prevention and Control Q1 2012 (Manager: Tom Cathcart)

Goal: To prevent the occurrence of rabies in humans.

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species.	✓	↑				Year-to-date: no rabid animals reported in the PCCHU's geographic area.
2. The board of health shall report rabies data elements in accordance with the Health Protection and Promotion Act and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑				Information on four incidents where post-exposure prophylaxis was provided was entered into the Ministry of Health and Long Term Care (MOHLTC) database.
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑				There have been no rabid animals reported in this Health Unit, and none reported by neighbouring Health Units. The Ministry of Natural Resources (MNR) has not released first quarter information about rabid animals yet.
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				There have been no cases of human rabies in this area.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
5. The board of health shall work with community partners to improve public knowledge of rabies and its prevention in the community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[24] based on local epidemiology.	✓	↑				Low cost rabies clinics have been held in Cavan-Millbrook and Otonabee-South Monaghan. Clinics for other municipalities throughout the Health Unit are planned for May.
Disease Prevention/ Health Protection						
6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure.	✓	↑				
7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑				42 incidents of possible transmission of the rabies virus were investigated. Four series of anti-rabies vaccine and globulin were distributed in the first quarter.
8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	↑				The Ministry of Health and Long-Term Care (MOHLTC) has not requested development of a Rabies Contingency Plan.

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Reproductive Health Q1 2012 (Manager: Karen Chomniak)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) in the areas of: • Preconception health; • Healthy pregnancies; • Reproductive health outcomes; and • Preparation for parenting.	✓	↑				Staff attended a workshop *Working with Youth in the 21st Century*. Content has been used in the revision of the Teen Prenatal Supper Club (TPSC) class curriculum and in preconception health messaging targeted to youth. Staff attended the Provincial Council Maternal Child Health: Neonatal Abstinence Syndrome webinar regarding best practices. A request was submitted to Better Outcomes Registry and Network (BORN) regarding the reproductive health status indicators for our community. Data for the years 2006-2010 will provide staff with a baseline to gauge changes and identify emerging trends. Several consultations were held with the Epidemiologist to identify and clarify indicators, and clarify the process for making requests. Preparation of the In TOUCH pilot evaluation is in progress.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.	✓	↑				The federal funding for the post partum sleep study conducted by the University of Toronto has been cut. According to the Study Coordinator, another study will be published soon and findings will be shared. The Annual Best Start Conference was attended by staff. Information and strategies learned will be used to facilitate program planning and delivery.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						
3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑				Resources on the importance of Folic Acid supplementation were reviewed and ordered from the Spina Bifida and Hydrocephalus Association of Ontario. In order to promote preconception health messaging, both the Bridal Show (January 2012) and Fleming College Health Fair (March 2012) were attended. Both proved to be good venues and provided opportunities to connect with target audiences. Information regarding safe food handling to prevent listeriosis in pregnancy was reviewed to ensure key messages are included in all three of our key prenatal education initiatives: *Your First Prenatal Visit* packages, the Prenatal Health Fair, and prenatal classes.
4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions.	✓	↑				The Prenatal Health Fair was coordinated and held at the Holiday Inn in February, with 186 participants accessing 40 displays staffed by Health Unit and community partners. Program staff worked with the Communications team to fine tune the use of social media to promote the fair. 85% of the traffic to the website page promoting the fair came directly from the Facebook ad. We had 995,883 ad placements on Facebook pages and 178 direct clicks to our website. The fair was well covered in the media both before and after the event. Seven prenatal class series were started with 130 participants attending 35 classes. New or revised resources on safe sleep, infant crying, epidurals, breastfeeding and introducing solids were incorporated into classes, ensuring coordination with the postpartum information package distributed by the hospital.
5. The board of health shall provide advice and information to link people to community	✓	↑				The Young Moms Working Out group has finished as the funding has ceased.

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<table>
<tr><th rowspan="2">Requirement</th><th>Status 2011</th><th colspan="4">Status 2012</th><th rowspan="2">Comments</th></tr>
<tr><th>4th</th><th>1st</th><th>2nd</th><th>3rd</th><th>4th</th></tr>
<tr><td>programs and services on the following topics:
• Preconception health;
• Healthy pregnancies; and
• Preparation for parenting.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.</td><td>✓</td><td>↑</td><td></td><td></td><td></td><td>A series of six TPSC classes were held with 11 pregnant women attending. Two meetings were held with the staff from the School for Young Moms to coordinate prenatal education and other supports.</td></tr>
<tr><td colspan="7">Disease Prevention/ Health Protection</td></tr>
<tr><td>7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2008 (or as current) (Ministry of Children and Youth Services).</td><td>Ø</td><td>Ø</td><td></td><td></td><td></td><td>
<table>
<tr><th>Healthy Babies, Healthy Children (HBHC) Program Activities</th><th>Q1 2012*</th><th>2012* Year to Date</th><th>2011 Year to Date</th></tr>
<tr><td>Number of prenatal screens received</td><td>143</td><td>143</td><td>105</td></tr>
<tr><td>Number of postpartum screens received</td><td>240</td><td>240</td><td>249</td></tr>
<tr><td>Number of postpartum contacts</td><td>239</td><td>239</td><td>236</td></tr>
<tr><td>Number of families receiving postpartum home visits</td><td>26</td><td>26</td><td>37</td></tr>
<tr><td>Number of In Depth Assessments completed</td><td>33</td><td>33</td><td>34</td></tr>
<tr><td>Number of new families in home visiting program</td><td>12</td><td>12</td><td>19</td></tr>
<tr><td>Number of home visits provided</td><td>210</td><td>210</td><td>283</td></tr>
<tr><td>Number of home visits provided – PHNs</td><td>82</td><td>82</td><td>92</td></tr>
<tr><td>Number of home visits provided – FHVs</td><td>128</td><td>128</td><td>190</td></tr>
</table>
Due to funding constraints, a one full-time equivalent (FTE) Public Health Nurse (PHN) position is being gapped. Manager and staff are still awaiting word from the Ministry of Children and Youth Services as to when the proposed changes to the HBHC program will be implemented. As of March 31st, there were 18 new referrals on the Waiting List for assessment and intensive HBHC home-visiting services.</td></tr>
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Status Legend: **✓ = Compliant ↑ = On Target Ø = Partially Compliant i = Compliant to Date × = Non Compliant**

Safe Water Q1 2012 (Manager: Tom Cathcart)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	✓	↑				Monthly reports on Small Drinking Water Systems (SDWS) assessments were provided to Ministry of Health and Long Term Care (MOHLTC). Adverse notifications were reported in the Ministry of Environment (MOE) database.
2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				No clusters of illnesses related to drinking water were identified.
3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑				Routine monitoring of public bathing beaches will begin in June.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				No clusters of illnesses related to drinking water, recreational water, or beach use were identified.
5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑				20 inspections of pools and spas were conducted.
Health Promotion and Policy Development						
6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems.	✓	↑				Inspectors provided 119 consultations with the public about sample result interpretation, maintaining and improving well water quality.
7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑				The Health Unit's Inspector provided informal training and guidance to operators during SDWS inspections.
8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by: a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑				*How Well Is Your Well* and *Water Wells: Best Management Practices* were distributed through Municipal offices, the Public Health Lab, and the Health Unit. In addition, this summer, the Health Unit will partner with the *Well Aware* program of Peterborough Green Up to promote private well testing.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑				The Health Unit provided replacement copies of the pool operator's manual and the pubic spa operator's manual to local operators and facilities.
Disease Prevention/ Health Protection						
10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act; • Reports of water-borne illnesses or outbreaks; • Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and • Safe water issues relating to recreational water use including public beaches in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current).	✓	↑				Staff responded to nine adverse drinking water reports. A media release was issued after a heavy rainfall forced the City of Peterborough's sewage treatment plant to bypass untreated sewage into the Otonabee River. Waterfront residents were reminded that surface water, such as river water, must always be treated before consumption and were advised to check their water treatment systems. City residents were assured that the Municipal water supply was safe and was not affected by the incident.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol, 2008* (or as current) to protect the public from exposure to unsafe drinking water.	✓	↑				As reported to the Board of Health in February, the Health Unit is beginning the monitoring phase of the SDWS portion of the Safe Water program, and has conducted 33 risk assessments and re-assessments in the first quarter
12. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Drinking Water Protocol, 2008* (or as current).	✓	↑				Two Boil Water Advisories were issued. As noted above, information was provided to the public in response to a bypass of the municipal sewage treatment plant.
13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current).	✓	↑				Signs were developed and provided by the Health Unit advising users of public beaches about water quality safety and protection. They were provided to municipalities which operate public beaches and are currently being installed.
14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).	✓	↑				As noted above, there were 20 inspections of pools and spas.

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Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q1 2012 (Manager: Edwina Dusome)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑				Reported cases of sexually-transmitted and blood-borne infections are reported electronically, on a monthly basis, to the Ministry of Health and Long-Term Care (MOHLTC) via the Integrated Public Health Information Surveillance (iPHIS) system.
2. The board of health shall conduct surveillance of: • Sexually transmitted infections (STI); • Blood-borne infections (BBI); • Reproductive outcomes; • Risk behaviours; and • Distribution of harm reduction materials/equipment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff provided case management for 112 cases of sexually transmitted (STI) and blood-borne (BBI) infections, and provided follow-up for 53 contacts of reported cases. Staff performed 557 clinical assessments related to STIs/BBIs.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				The Epidemiologist provides reports on reportable diseases quarterly.
Health Promotion and Policy Development						
4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑				A Public Health Nurse (PHN) attended the Sir Sandford Fleming Health Fair in March. The *Condom Sense* campaign display was used with distribution of condoms at the display booth.
5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by: a. Collaborating with and engaging community partners and priority populations; b. Mobilizing and promoting access to community resources;	✓	↑				PHN's continue to provide consultation to health care professionals to ensure that cases of Sexually Transmitted Infections (STIs)/Blood Borne Infections (BBIs) are managed and treated as per current guidelines. InTouch planning documents and reference material have been compiled and saved in hard copy and electronic form. An InTouch pilot report has been collated. Youth outreach survey 2009 results have been disseminated to other Health Unit programs who work with youth. A PHN training to facilitate InTouch has been investigated and scheduled.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
c. Providing skill-building opportunities; and d. Sharing best practices and evidence.						
6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services.	✓	↑				Staff initiated the pilot to provide clinical services/support to the School For Young Moms.
Disease Prevention/ Health Protection						
7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current).	✓	↑				PHNs and physicians conducted 231 clinical assessments related to contraception and pregnancy; and 557 clinical assessments related to testing and treatment for STI/BBIs. PHNs also investigate and follow-up all reported community cases of STI/BBIs (see # 2). Training for clinic MDs to insert Intrauterine devices has been scheduled and a draft policy, procedure and counseling sheet has been developed.
8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑				The Emergency Service Worker (ESW) Protocol provides for risk assessment, advice and follow-up following potential occupational exposures to blood-borne infections. There was no reported exposure in this quarter.
9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	✓	↑				Provincially-funded medications for the treatment of STIs are dispensed at the Sexual Health Clinic; an additional 5 individuals received no-cost medications through a pilot project to distribute these through community physicians and nurse practitioners (NP).

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections.	✓	↑				PHNs continue to work collaboratively with community MDs/NPs to ensure cases of STI/BBIs are managed and treated appropriately as per current guidelines.
11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.	✓	↑				To increase awareness of the importance of access to and use of condoms in preventing transmission of STIs, 13,252 condoms were distributed through clinic, youth-serving agencies, and organizations that interface with priority populations.
12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.	✓	↑				Harm Reduction Works, operated by PARN - Your Community AIDS Resource Network on behalf of the Peterborough County-City and Haliburton, Kawartha, Pine Ridge Health Units, has five fixed sites, two of which are in Peterborough: PARN and Four Counties Addictions Services Team (4CAST).

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Tuberculosis Prevention and Control Q1 2012 (Manager: Edwina Dusome)

Goal: To prevent or reduce the burden of tuberculosis.

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff entered data into the Integrated Public Health Information System (iPHIS).
2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff investigated all reports of active or latent Tuberculosis (TB) infections.
3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				All suspected and confirmed cases were entered into iPHIS. Due to the few staff investigating and the few cases of active TB occurring, staff are cognizant of the mode of transmission and closely monitor for trend and priority populations.
Health Promotion and Policy Development						
4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology.	✓	↑				World TB Day funds were used to promote TB awareness to the community and health care providers.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention/ Health Protection						
5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff responded to reports of active TB and immigration medical surveillance reports, provided follow-up and made recommendations to minimize public health risk , i.e. isolation, medication, Mantoux testing.
6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff distributed anti-tuberculosis medication to individuals and/or health care providers for distribution to appropriate clients. In some instances, directly observed therapy was required.
7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers.	✓	↑				Staff conducted follow-up of active TB.
8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	✓	↑				Staff conducted follow-up of latent TB infections.
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.	✓	↑				Staff adapted programs as required based on epidemiology of disease.
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	✓	↑				Staff responded to reports of active TB and immigration medical surveillance reports.

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Vaccine Preventable Diseases Q1 2012 (Manager: Edwina Dusome)

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall assess, maintain records and report, where applicable, on: • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and • Immunizations administered at board of health-based clinics as required In accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol, 2008* (or as current).	✓	↑				The percent of day nursery attendees adequately immunized for their age is 79%. The percent of students in elementary and secondary schools adequately immunized for their age is 86%. The number of immunizations administered at the PCCHU Immunization Clinic was 266.
2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓	↑				Staff reviewed monthly reports of communicable diseases and identified risk factors. The Epidemiologist provided quarterly communicable disease reports.
Health Promotion and Policy Development						
3. The board of health shall work with community partners to improve public	✓	↑				Staff offered telephone consultation on immunization to the general public and health care providers. Immunization information was posted on the PCCHU website.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
knowledge and confidence in immunization programs by: a. Supplementing national and provincial health communications strategies, and/or b. Developing and implementing regional/local communications strategies. Topics to be addressed shall include: • The importance of immunization. • Diseases that vaccines prevent. • Recommended immunization schedules for children and adults and the importance of adhering to the schedules; • Introduction of new provincially funded vaccines; • Promotion of childhood and adult immunization, including high-risk programs; • The importance of maintaining a personal immunization record for all family members; • The importance of reporting adverse events following immunization; • Reporting immunization information to the board of health as required; • Vaccine safety; and • Legislation related to immunizations.						Immunization information on selected vaccines was distributed to parents of students in Grades 7 and 8. Staff visited health care providers to offer information on immunization and vaccine safety during cold chain inspections and sent information to parents of students and day care attendees. Information on immunization is included in the *For Your Information* newsletter for health care providers. Staff began organizing a public information session on vaccination for June, 2012 at the Evinrude Centre.
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act.	✓	↑				Health care workers were reminded, via the *For Your Information* newsletter, to report adverse vaccine reactions.
5. The board of health shall provide a comprehensive information and education	Ø	↑				The number of cold chain inspections conducted this year to date: 22.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). This shall include: • One-on-one training at the time of cold chain inspection; • Distributing information to new health care providers who handle vaccines; and • Providing ongoing support to existing health care providers who handle vaccines.						
6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested.	✓	↑				The Medical Officer of Health and the Dean of the School of Nursing are working with the Peterborough Regional Health Centre to improve Health Care Worker immunization.
Disease Prevention/ Health Protection						
7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including: • Board of health-based clinics; • School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization); • Community-based clinics, and • Outreach clinics to priority populations.	✓	↑				NOTE: The data below is for the current year and not by school year: Staff immunized Grade 7 students with Hepatitis B: first dose 7; second dose 176; third dose 10 (Note: the schedule was changed from three doses to two doses to complete the series). Staff immunized Grade 7 students with the Meningitis vaccine: 34 Staff immunized Grade 8 females with the human papilloma virus vaccine: first dose 153; second dose 23, and third dose 92. Staff conducted a partial cleansing of the Immunization Record Information System in preparation for the Panorama (new Ministry of Health immunization and reportable disease database).

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
8. The board of health shall, as part of the Public Health Emergency Preparedness Program Standard, have a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management control such as mass immunization in the event of a community outbreak.	✓	↑				The Health Unit mass vaccination plan (as part of the PCCHU Pandemic Plan) was updated in 2010 to include lessons learned from the pandemic response. It is available on the Health Unit website. The Peterborough Interagency Outbreak Planning Team began planning an information session on pandemic influenza scheduled for May 2012.
9. The board of health shall provide or ensure the availability of travel health clinics.	✓	↑				Travel clinic services were offered on Tuesdays, Wednesdays and Thursdays by appointment. The following provides the statistics on the clinic (year-to-date): # of clients seen: 284 # of phone consults: 730 # of yellow fever immunizations: 21 # hep A and hep B high risk: 0 # immunizations covered by OGP: 93 # other immunizations: 464 Total immunizations administered: 557
Health Protection						
10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	✓	↑				Distributed vaccines to community partners and facilities. Total amount of doses of government funded vaccine distributed: 9,366.
11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current).	✓	↑				Promotion was conducted during inspection of premises through telephone consultation, For Your Information newsletter, and through investigation of cold chain incidents. All premises storing these vaccines are inspected once yearly.
12. The board of health shall health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial	✓	↑				The number of adverse events reported this year to date is: 5.

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

Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
reporting criteria and promptly report all cases						
13. The board of health shall comply with the Immunization Management Protocol, 2008 (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.	✓	↑				In January, staff initiated the collection of immunization information for children/students in day nurseries and schools and suspended, if necessary, for those with no or inadequate immunization information on file. During the summer, letters will be sent to parents of students with no or inadequate immunization information on file requesting follow-up.

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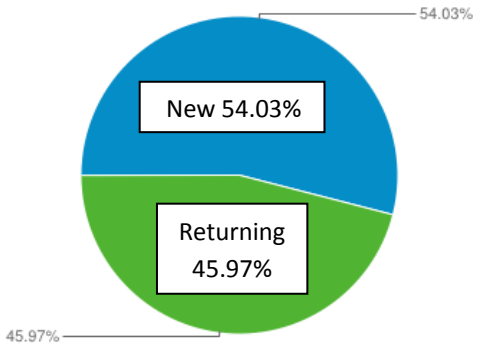
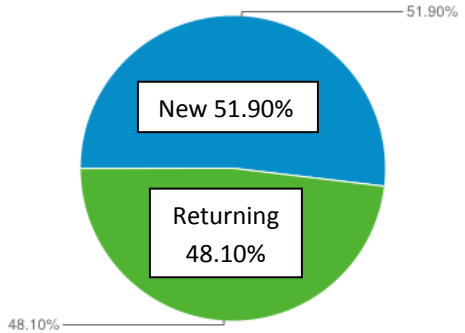
Communications 2012 Q1 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q1		Year To Date	
	2012	2011	2012	2011 (whole year)
Press releases issued	33	22	33	86
Media interviews	41	35	41	118
Number of media stories directly covering PCCHU activities (print and TV only, radio not captured in media monitoring)	66	64	66	208

Website Statistics:

Q4 Comparisons	2012	2011	Year To Date	
			2012	2011
Website Traffic	**62,480** visits	**66,525** visits	62,480 visits	66,525 visits
% change in website traffic	-6.08%	--	--	--
New/Returning visitors				

PCCHU Website Redevelopment Project:

This project is progressing well and the new website is set to launch in the second quarter of 2012. The project is in the final phase (five) which involves content writing and page building, testing and troubleshooting of the remote test site, browser compatibility checks and audience testing, as well as server set-up and site migration. An update on this project was given to the Board of Health in February and local residents were also invited to register with the Health Unit to receive an online survey as part of the audience testing phase of the project which will be taking place in mid May.

Q1 Graphic Design Projects

PCCHU Corporate:

- Update On-Hold Messages
- Media Releases
- Alerts and Advisories

Dental:

- Promoting mobile clinic in each community (posters, media relations)
- Oral Health month promotions
- Healthy Smile Ontario Review Sheets

Family/Child Health:

- Promotional plan for preschool speech and language – Haliburton Kawartha Pine Ridge District Health Unit, Five Counties and PCCHU – video production, radio, Facebook ads, media relations
- Flathead video development
- Congratulations – You're Having a Baby!
- Solid Foods brochure
- Nipissing Screen updates
- Jack Frost brochure update
- Crying Baby brochure update

Tobacco

- Smoke-free Housing
- Stress-Busters flyer
- Choose to be - Tracking Cards
- Choose to be - Readiness Ruler

Cancer Prevention

- Cancer Prevention Display
- Cancer Report promotion to HCP

Health Hazards

- Tritium – media relations
- Trichloroethylene (TCE)
- Found Needles poster update
- Blue-green algae communications

Infant Toddler Development

- ITDP Display

Infectious Diseases

- School vaccinations – media relations

Inspection Services

- Rabies promotion plan

Injury Prevention

- Simply Safer CDs
- Ontario Injury Data Report

Nutrition

- Nutrition Matters Factsheets (DRAFT x4)
- Community Conversations promotion (posters, table top cards, media relations, radio, website)
- Big Crunch event
- Nutrition Month activities (media relations, supermarket tours poster, EatRight Ontario contest, webpage)

School Health

- School Health Matters Newsletter

Physical Activity

- Physical Activity - Display
- Physical Activity - Brochure
- Physical Activity - Pledge Form

Substance Misuse

- Drug Strategy Brochure
- Opioids prescription guidelines for physicians

Youth Engagement

- Youth Services – Wallet Cards

Genetics Q1 2012 (Acting Manager: Larry Stinson, Director)

Program Activity	January 2012	February 2012	March 2012	2012 Year-to-Date	2011 Year-to-date
Total # referrals:	23	31	26	80	87
• Prenatal	2	3	6	11	22
• cancer	15	20	10	45	39
• other (general)	6	8	10	24	26
Total # counselling sessions	19	24	16	59	62
• # clients attending	21	23	17	61	61
• # others attending	8	7	6	21	34
Total # clinic attendance	12	-	12	24	27
• # clients	5	-	7	12	10
• # others	7	-	5	12	17
# Consultations to health care providers*	2	1	4	7	8
# Consultations to other individuals/agencies*	3	8	4	15	13
# Promotional activities	0	2	1	3	2

* does not include consultations on specific clients
\+ consultation and information for expectant parents attending Prenatal Health Fairs

The Genetic Counsellor provided an undergraduate lecture at the University of Guelph in February and at Sir Sanford Fleming College in March regarding clinical genetics and genetic counselling.

The Genetic Counsellor participated in the Prenatal Health Fair at the Holiday Inn in Peterborough in February.

Infant and Toddler Development Q1 2012 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q1 2012	2012 Year-to-Date	2011 Year-to-Date
New referrals	23	23	21
Children discharged from program	29	29	30
Children on current caseload	92	92	81
Home/agency visits	186	186	212
Visits provided in group settings	18	18	10

The Infant and Toddler Development Program (ITDP) experienced a busy first quarter: referrals have been steady; presentations were made to the Board of Health and to 20 staff at the Peterborough Family Resource Centre about the ITDP; training opportunities and webinars have been attended by staff; an eye-catching and informative new ITDP display has been developed; and a consultation was made to families attending the Down Syndrome Association's Wee Ups and Downs Group.

An Infant Development Worker (IDW) commenced a one year leave of absence; her position will not be replaced due to funding constraints.

Following the successful collaboration between the Sir Sandford Fleming College Massage Therapy Program and the ITDP in fall 2011, the two programs are again offering free infant and child massage instruction to families participating in the ITDP.

The staff of the ITDP and the families served by the program appreciate the efforts of the Board of Health and the Medical Officer of Health in raising the profile of the program and the need for adequate funding, at the Provincial level and in the media.

Sewage Disposal Program Q1 2012 (Manager: Tom Cathcart)

	January 2012	February 2012	March 2012	Total Q1 2012	2012 Year-to-Date	2011 Year-to-Date
Applications for Sewage System Permits	10	13	19	42	42	37
Permits Issued	10	12	18	40	40	36
Applications for Severance	4	9	12	25	25	26
Applications for Subdivision (# of Lots)	-	-	-	-	-	-
Existing Systems and Complaints	4	9	5	19	19	29

Program Report
Quarter 1
January 1 – March 31, 2012

Larry Stinson
Director of Public Health Programs

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

Quarter 1 Report

- Continue with less than full compliance
- Anticipated and actual variances for 2012
- Areas of anticipated challenge

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

Chronic Compliance Challenges

- Reproductive Health (7)
- Child Health (9)

  → HBHC

- Surveillance

  → Food Safety (2)

Anticipated and Actual Compliance Variances since January 2012

Program Area	Anticipated Impact	Actual Impact
Injury and Substance Misuse	1, 2, 3, 4, 5	1, 2, 4, 5

Anticipated and Actual Compliance Variances since January 2012

Program Area	Anticipated Impact	Actual Impact
Chronic Disease Prevention	1, 3, 4, 5, 7	5

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

Anticipated and Actual Compliance Variances since January 2012

Program Area	Anticipated Impact	Actual Impact
Child Health	6	-

Anticipated and Actual Compliance Variances since January 2012

Program Area	Anticipated Impact	Actual Impact
Foundational Standard	7	-

Anticipated and Actual Compliance Variances since January 2012

Program Area	Anticipated Impact	Actual Impact
Health Hazard	6	6

Areas for Anticipated Challenge

- Chronic Disease and Prevention (3, 4, 7)
- Child Health (6)
- Foundational Standard (7)
- Emergency Preparedness

Questions

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

Financial Update Q1 2012 (Accounting Supervisor: Bob Dubay)

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to Mar. 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	6,944,590	14-Dec-11	submitted	1,705,938	24.6%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	14-Dec-11	submitted	0	0.0%	MOHLTC	West Nile Virus measures and students start in May.
One-time cost request	Cost Shared	401,033	14-Mar-12	submitted	0	0.0%	MOHLTC	Capital expenditures waiting for approvals.
Infectious Disease Control	100%	222,233	14-Dec-11	submitted	55,715	25.1%	MOHLTC	Expected to operate within budget.
Infection Prevention and Control Nurses	100%	84,872	14-Dec-11	submitted	19,475	22.9%	MOHLTC	Operating within budget.
Small Drinking Water Systems	Cost Shared	96,127	14-Dec-11	submitted	23,910	24.9%	MOHLTC	Operating within budget.
Healthy Smiles Ontario	100%	**414,399**	Draft to Board	submitted	**121,294**	**29.3%**	MOHLTC	**Operating over budget as revenues required to offset expenditures are below budgeted.**
One-time cost - Facilities renewal	100%	1,500,000	14-Mar-12	submitted	0	0.0%	MOHLTC	Capital expenditures waiting for approval.
Enhanced Food Safety	100%	25,000	Draft to Board	submitted	0	0.0%	MOHLTC	Operating budget waiting for approval.
Enhanced Safe Water	100%	15,500	Draft to Board	submitted	145	0.9%	MOHLTC	Operating within budget.
Needle Exchange Initiative	100%	21,121	Draft to Board	submitted	0	0.0%	MOHLTC	Operating budget waiting for approval.
Infection Prevention and Control Week	100%	8,000	Draft to Board	submitted	0	0.0%	MOHLTC	Operating budget waiting for approval.
Sexually Transmitted Infections Prevention week	100%	7,000	Draft to Board	submitted	0	0.0%	MOHLTC	Operating budget waiting for approval.
Nurses Commitment	100%	170,040	14-Dec-11	submitted	38,013	22.4%	MOHLTC	Operating within budget.

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to Mar. 31	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	11-Apr-12	submitted	24,383	24.4%	MHPS	Operating within budget.
Smoke Free Ontario - Enforcement	100%	120,724	11-Apr-12	submitted	24,797	20.5%	MHPS	Operating within budget.
Youth Engagement	100%	80,000	11-Apr-12	submitted	19,140	23.9%	MHPS	Operating within budget.
CINOT Expansion	Cost Shared	49,000	14-Dec-11	submitted	11,110	22.7%	MHPS	Operating within budget.
Genetics Program	100%	237,266		NA	62,129	26.2%	PRHC	Paid by PRHC - no submission required; Deferred revenue will be used to cover off overage.
Healthy Babies, Healthy Children	100%	828,413	11-Apr-12	submitted	182,350	22.0%	MCYS	Operating within budget.
Chief Nursing Officer Initiative	100%	116,700	14-Dec-11	submitted	0	0.0%	MOHLTC	Position not filled so far in 2012.
One-Time Healthy Babies, Healthy Children	100%	41,684		submitted	0	0.0%	MCYS	One-time budget waiting for approvals.
Ontario Works	100% from City	1,000,000	##	NA	213,818	21.4%	CITY OF PTBO	Budget based on 2011 actual expenditures

Programs funded April 1, 2011 to March 31, 2012	Type	2011 - 2012	Approved By Board	Approved By Province	Expenditures to Mar. 31	% of Budget	Funding	Comments
Echo: Improving Women's Health in Ontario	100%	28,000		30-Dec-10	28,000	100.0%	ECHO	Budget spent in full, program complete.
Infant Toddler and Development Program	100%	245,423	14-Sep-11	submitted	245,423	100.0%	MCSS	Budget spent in full.
Medical Officer of Health Compensation	100%	70,259		23-Dec-11	70,259	100.0%	MOHLTC	Budget spent in full.
Bed Bug Support Fund	100%	46,408		26-Apr-11	46,408	100.0%	MOHLTC	Budget spent in full.
Tobacco Control	100%	157,500		30-Jun-11	157,500	100.0%	FEDERAL	Budget spent in full, program complete.
Speech		13,084		28-Nov-11	13,084	100.0%	FCCC	Budget spent in full.

Funded Entirely by User Fees January 1 to December 31, 2012	Type	2012	Approved By Board	Approved By Province	Expenditures to Mar 2012	% of Budget	Funding	Comments
Sewage Program		343,388	13-Apr-11	NA	59,209	17.2%	FEES	Expenditures are within budget; **Revenue from User Fees are also under budget resulting in a net deficit of $23,121. As building activity picks up, it is hoped that revenues will be sufficient to balance the budget during the summer months.**

Food Security Update

May 2012

Joint Presentation

PCCHU and YWCA

A Community Enjoys Food Security When…

All people, at all times, have physical & economic access to nutritious, safe, personally and culturally appropriate foods,

food is produced in ways that are environmentally sound, socially just, and promote community self reliance,

food is provided in a manner that promotes human dignity.

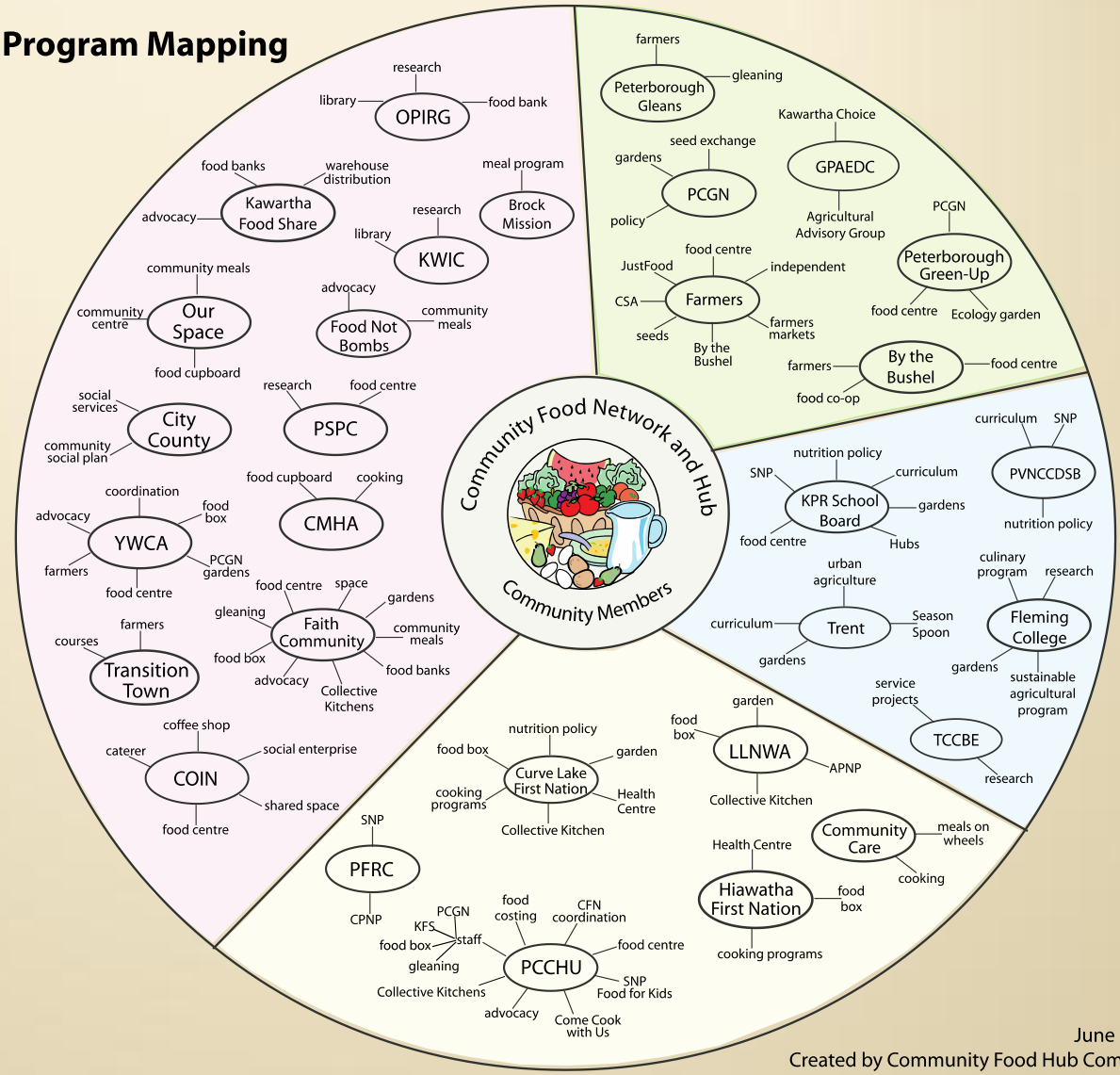
NUTRITIOUS FOOD BASKET 2011

Monthly Income/ Expenses	**Single Man 31-50 yrs**	**Single Man 31-50 yrs**	**Single Woman 70+ yrs**	**Single Parent Family of 3**	**Family of 4**	**Family of 4**
Monthly Income	$635 (OW)	$1,103 (ODSP)	$1,245 (OAS/GIS)	$1,836 (OW)	$2,619 (min. wage)	$5,767 (median)
Rent	$590	$747	$747	$890	$1,096	$1,297
Food	$261	$261	$192	$587	$777	$777
What's Left?	**-$216**	**$95**	**$306**	**$359**	**$746**	**$3,693**
% income required for nutritious food	41%	24%	15%	32%	30%	13%

Peterborough Community Food Program Mapping

COMMUNITY MAPPING LEGEND (March 22, 2011)

APCP - Aboriginal Prenatal Nutrition Program
CMHA – Canadian Mental Health Assn.
COIN – Community Opportunity and Innovation Network
CPNP – Canada Prenatal Nutrition Program
GPAEDC – Greater Peterborough Area Economic Development Corporation
KPRDSB – Kawartha Pine Ridge District School Board
KWIC – Kawartha World Issues Centre
LLNWA – Lovesick Lake Native Womens Assn.
OPIRG – Ontario Public Interest Research Group
PCGN – Peterborough Community Garden Network
PCCHU – Peterborough County City Health Unit
PFRC – Peterborough Family Resource Centre
PSPC - Peterborough Social Planning Council
PVNCCDSB – Peterborough Victoria Northumberland Clarington District School Board
SNP – Student Nutrition Program
TCCBE – Trent Centre for Community Based Education



Agriculture/Growing Food
Education
Health
Community Organizations

June 2, 2011
Created by Community Food Hub Committee

FOOD IN PETERBOROUGH

Need Food?
Short-term relief

Get Involved
Building capacity

Create Change!
System change

KAWARTHA COMMUNITY FOOD HUB

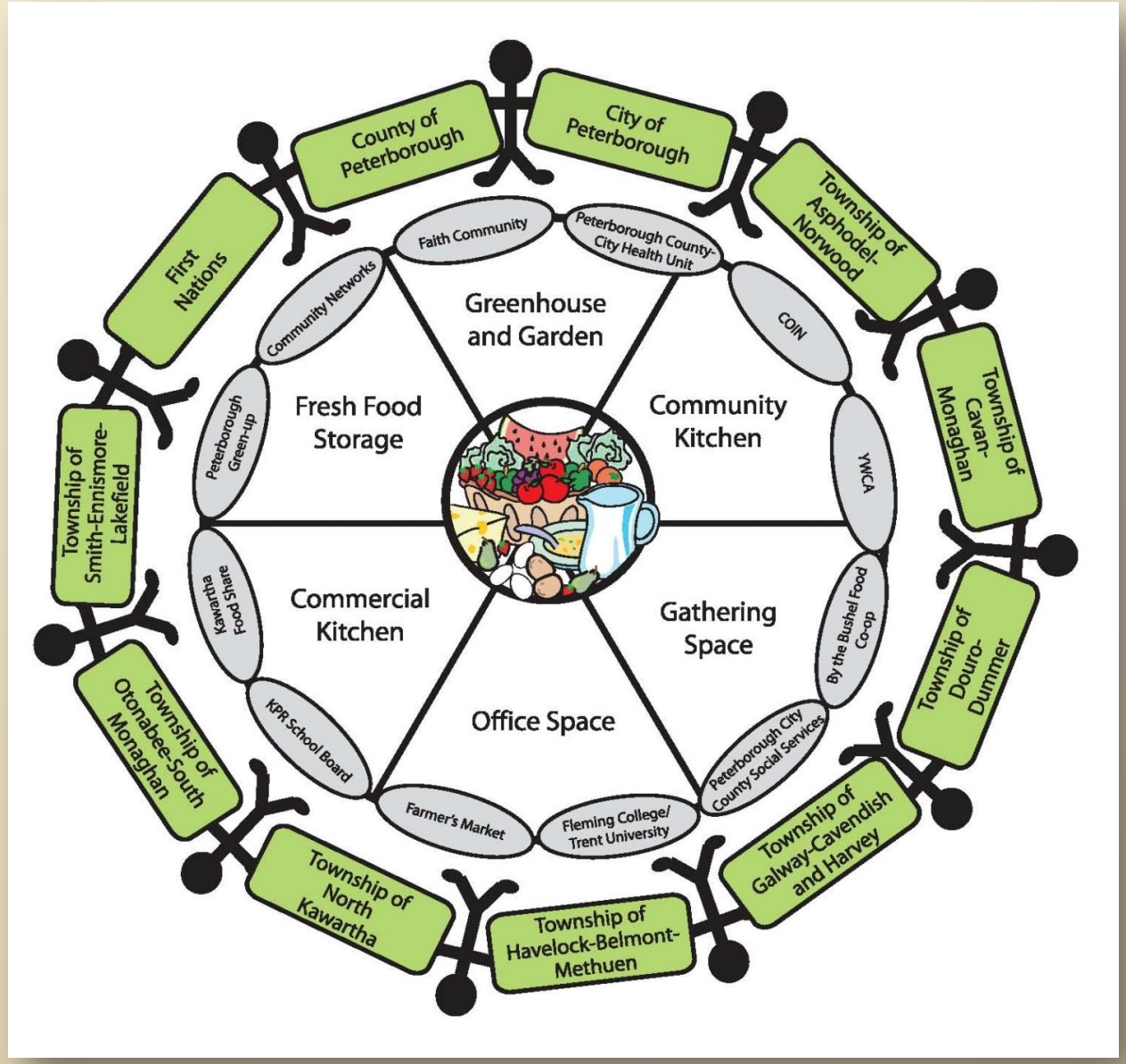
Belonging through growing, cooking, eating and enjoying food

an idea *taking root*

Collective Kitchens

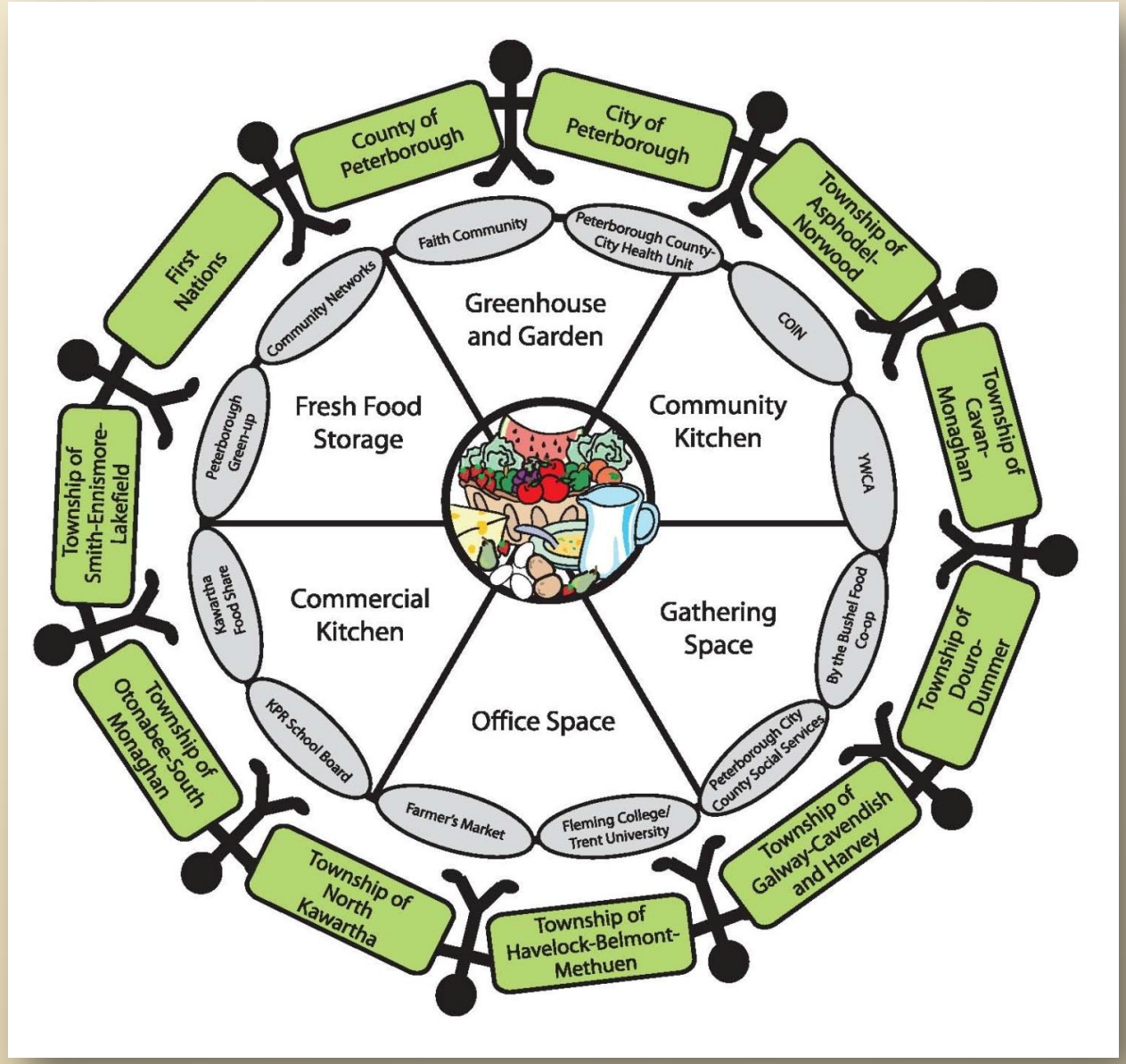
Come Cook with Us

JustFood


County of Peterborough
City of Peterborough
Township of Asphodel-Norwood
Township of Cavan-Monaghan
Township of Douro-Dummer
Township of Galway-Cavendish and Harvey
Township of Havelock-Belmont-Methuen
Township of North Kawartha
Township of Otonabee-South Monaghan
Township of Smith-Ennismore-Lakefield
First Nations
Faith Community
Peterborough County-City Health Unit
COIN
YWCA
By the Bushel Food Co-op
Peterborough City County Social Services
Fleming College/ Trent University
Farmer's Market
KPR School Board
Kawartha Food Share
Peterborough Green-up
Community Networks
Greenhouse and Garden
Community Kitchen
Gathering Space
Office Space
Commercial Kitchen
Fresh Food Storage

Belonging through Growing, Cooking, Eating, and Enjoying Food.

Peterborough EATS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Greenhouse and Garden
Community Kitchen
Gathering Space
Office Space
Commercial Kitchen
Fresh Food Storage

NEXT STEPS… 2012-2014

Moving forward in streams

- Governance
- Building County Connections
- Site planning

Exploring New Partnerships

- Fleming College
- Centre for Social Innovation

Funding

- YWCA has taken the lead and recently received a two year Trillium grant


C70

2009 Youth Survey

Ruth Walker, Public Health Nurse

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

Needs Assessment

- The 2009 Youth Survey was part of a comprehensive assessment to understand the educational needs of youth related to healthy sexuality and preconception health.

Survey Objectives

- Learn where youth are getting their sexual health information.
- Learn where youth want to get their sexual health information.
- Understand youth's knowledge level and the importance given to health behaviours related to healthy sexuality and preconception health.

Methodology

- Participants were aged 14 – 19 years old.
- Data was self-reported.
- 29 question survey, administered online.

Results - Demographics

- Number of respondents was 88.
- Most frequently reported age was 17.
- 39 males, 48 females and 1 transgendered individual.
- 79 were attending school.
- 75 had a MD or NP.

Results - Support

- 64% of youth would consult a friend when having a problem *with other youth.*
- 60% of youth would consult a friend when having a *personal problem.*
- Youth were less likely to seek support from siblings, parents, teachers, and guidance counselors/social workers.

Results - Sexuality Education

- Over 85% received sexuality education (SE) in elementary school.
- Over 65% of youth reported SE should be taught in *school* and their second choice was at *home.*
- 55% of youth wanted *nurses* to teach SE, followed by *parents* 47% and *teachers* 35%.

Results - Getting Information

Relationships	STIs	Birth Control	Condoms
Friends (76 %)	Teachers/ health class (68%)	Teachers/ health class (47%)	Teacher/health class (61%)
Parents (53%)	Family Doctor (48%)	Family Doctor (47%)	Friends (50%)
Internet (41%)	Parents (47%)	Parents (46%)	Parents (49%)
Teachers/health class (30%)	Friends (44%)	Friends (36%)	School health services (39%)

Sexual Activity and Condom Use

- 47% of youth aged 14 to 16 and 69% of youth aged 17 to 19 reported having sex.

- Of those having sex, youth aged 14 to 16 were more likely to use condoms than youth aged 17 to 19.

Results - Comfort Talking to Partners

- Over 50% reported being *comfortable* talking to their partners about having sex and birth control.
- Over 55% reported being *comfortable* talking to their partner(s) about using condoms.
- 35% reported being *comfortable* talking to their partner(s) about STI testing.

Results - Resources and Services

- 63% were aware of community services for lesbian, gay, bisexual, transgendered and queer (LGBTQ) youth.

- 55% knew where to go for STI testing.

Results – STI Testing

- 26% of sexually active youth (aged 17-19) reported *never* receiving STI testing.

- 80% of sexually active youth (aged 14-16) reported *never* receiving STI testing.

Results - Preconception Health

- Over 86% of respondents reported it was important to plan their pregnancy and to be in a positive, safe, and stable relationship.
- Over 79% of respondents reported it was important to them to be able to have children.

Use of Information

- Assisted the development of the sexual health and reproductive health strategy.
- Informed the health unit's youth approach.
- Guided approaches used in Teen Prenatal Supper Club.

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

Questions?

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

Staff Report

Cycling Infrastructure in Peterborough

Date:	Wednesday, May 9, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health

Original signed by	**Original signed by**
_____	_____
Rosana Pellizzari, M.D.	Zahra Ismail, Health Promoter

Recommendations

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

- receive the staff report, Cycling Infrastructure in Peterborough, for information; and,
- continue to support local and provincial cycling infrastructure advocacy efforts and contribute to policy initiatives.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

At its Wednesday, September 14th, 2011 meeting, the Board of Health requested that staff prepare a report on Peterborough's progress on cycling infrastructure.

Background

Cycling is popular in Peterborough due to the city's small size, flat roads and high density. With appropriate cycling education and infrastructure investments, Peterborough can easily become Ontario's leading cycling city.[1] Presently, 7% of daily trips in the City of Peterborough are pedestrian or cycling trips.[2] In a study of 20 Greater Golden Horseshoe Municipalities, only Toronto exceeded that percentage, with 8% of daily pedestrian or cycling trips.[3]

Improving cyclist safety is necessary in order to increase the number of cyclists as well as to prevent injuries.[4] Safety can be improved through infrastructure, such as increasing the number and quality of cycling lanes.[4] Cities, such as Vancouver and Montréal, have begun building on-road cycling lanes with a physical barrier between motor vehicles and cyclists.[5] Where a physical barrier is not possible, appropriate signage, policies and enforcement would suffice.[1] Other safety initiatives include improving street connections; installing traffic signals where necessary and ensuring that cycling lanes remain non-parking zones.[1]

Community initiatives that promote cycling are effective in establishing social norms.[1] A cycling day, where a section of a downtown street is reserved for pedestrian and cycling traffic only, is worth exploring. Such an initiative has gained popularity in various countries, including Canada.[6] In Ottawa, every Sunday morning during the summer, over 50 kilometers of downtown roads are reserved for cyclists, in-line skaters, runners and pedestrians.[6] Other pro-cycling initiatives have included community bicycle rental programs, where individuals can rent bicycles for day-time use. Bicycle rental programs currently run in many cities, including Montreal, Toronto and Ottawa.[6] Bicycle racks, such as those installed on City of Guelph buses, also encourage individuals to cycle.[7]

Lastly, cyclist and motorist education is necessary to ensure proper sharing of the road.[8] The Ontario Public Health Association's Built Environment Working Group is advocating for the Province of Ontario to include cycling awareness as part of new driver training. Cyclists would benefit from a safe cycling traffic skills course as well, such as that offered through Peterborough Green-Up.[1]

Rationale

The Peterborough County-City Health Unit (PCCHU) recognizes that the design of our communities greatly affects individuals' health and safety.[9] Bicycling is an excellent form of active transportation, enabling Ontario residents to meet the Canada Physical Activity Guidelines, which recommend that individuals 18 years of age and older should obtain at least

150 minutes of moderate to vigorous-intensity aerobic physical activity per week, in intervals of 10 minutes or more[10] to enjoy various benefits, including protection against chronic diseases.

Presently, two-thirds of Canadians are inactive and at risk for developing chronic diseases[11], which would be a significant burden on the health care system. Bicycling can increase individuals' physical activity levels, not only through recreation, but also through utility trips.[8,9] Bicycling provides a moderately intense workout and enables individuals of low socio-economic status to access services, employment and activities outside the home.[9] Poll results from Share the Road indicate that 53% of Ontarians want to cycle more.[12] However, safety concerns prevent many individuals from cycling.[12,13]

In Peterborough, preventable cycling injuries and fatalities do occur. The Ontario Injury Data Report indicated that, in Peterborough, cycling injuries resulted in 566 emergency department visits and 20 hospitalizations from 2007 to 2009.[14] These statistics translate into a regional rate of 212.4 hospitalizations per 100,000 people.[14] The Board of Health's support for ongoing cycling infrastructure plans would prevent cycling injuries and fatalities as well as encourage more individuals to cycle. In addition, by decreasing individuals' reliance on automobiles, improved cycling infrastructure would decrease motor vehicle collisions and ensure pedestrian safety.[12, 13]

An integrated and comprehensive cycling infrastructure also has the potential to improve air quality.[15] The health effects of air pollution include respiratory infections, asthma exacerbations and cardio-respiratory mortality.[15] Based on derivations from the Ontario Medical Association's Illness Cost of Air Pollution Model, approximately 9,500 premature deaths in Ontario in 2008 were attributable to smog.[16] By supporting infrastructure that promotes cycling as an alternative to driving, the positive impact on air quality will improve Peterborough residents' health. The benefits are compounded when one considers that investments in cycling infrastructure enables enhanced walking infrastructure.[17]

Peterborough's Progress on Cycling Infrastructure and Promotion

The City of Peterborough

The City of Peterborough is taking positive steps towards promoting active transportation. The Central Area Master Plan, the recently updated Official Plan as well as the updated Transportation Plan are examples of policy initiatives that will shape the ability of residents to take active routes. The present report outlines Peterborough's existing cycling promotion and infrastructure as well as plans for improvement.[1]

Current Promotion Initiatives

The Active and Safe Routes to School Committee (ASRTS), the Active and Safe Community Routes Committee (ASCR), the Peterborough Community Cycling Hub (B!KE), the Peterborough Bicycling Advisory Committee and the Peterborough County-City Health Unit's Built Environment Working Group all advocate for increased and improved cycling infrastructure through program development and policy initiatives.[1] The City of Peterborough Inter-departmental Trails Committee co-ordinates trail projects within the city, including trail road crossings.

The Peterborough County-City Health Unit works in close collaboration with the city and county planners to ensure that the built environment is conducive to active transportation, including cycling. Additionally, the City of Peterborough has a Transportation Demand Management Planner whose portfolio includes increasing rates of cycling within the city, both through programs and infrastructure improvements.[18]

The City of Peterborough, the Peterborough County-City Health Unit and Peterborough Green-Up have been instrumental in developing and implementing the Shifting Gears Workplace Transportation Challenge. The Shifting Gears Program provides incentives to encourage employees to walk, bicycle, carpool, bus or telecommute to and from work.

Existing Cycling Infrastructure

Presently all bridges, overpasses and tunnels are accessible to cyclists; however, no cycling lanes or cycling tracks exist on the bridges that are accessible to motor vehicles. A wide outside curb lane is considered beneficial for cyclists and wide curb lanes are provided on the Hunter Street Bridge.[18] Including cycling infrastructure in bridge projects is critical for connectivity within the cycling network; however, bridge work is only done every 50-75 years. Of the three bridges dedicated to walking and cycling, one is presently closed and needing replacement.[18]

In conjunction with installing cycling lanes, lane maintenance should be prioritized. Cycling lanes are swept regularly in the spring and swept once per month in the non-snow months; in contrast, other streets are only swept in the spring and fall.[18] All paved multi-use city trails are maintained in the winter, including snow plowing and salting. However, none of the three pedestrian- and cyclist-only bridges over the river are maintained to road standards during the winter. In fact, none of the cycling lanes in Peterborough are prioritized for snow clearance, meaning that they are cleared only after the driving lanes are cleared and they are not cleared

to bare pavement. There is no clearing of stonedust paths. Pothole and surface repair as well as vegetation maintenance is solely complaint-driven.[18,19]

In addition to prioritizing cycling lane maintenance, improving connections between trails and roads is necessary to ensure cyclists' safety. The intersection of the Lakefield Rotary Greenway Trail with Nassau Mills Road and Armour Road as well as with George Street and Hilliard Street creates a five-way stop, which is difficult for cyclists, as well as drivers, to navigate. Five-way intersections can be improved by adding traffic signals where necessary at trail and road connections and using paint and effective signage for visual cues.[1]

Certain roads, such as Chemong, Clonsilla and Lansdowne Roads, are not conducive to cycling, due to a lack of cycling lanes and high minimum speed limits. In addition, parking in bicycle lanes creates unsafe conditions for cyclists. On George Street and Water Street, bicycle lanes are presently designated for motor vehicle parking during daylight hours. A policy change, with accompanying signage and enforcement, would improve cyclist safety and reduce confusion, for motorists and cyclists alike.[1]

Peterborough has made advancements in cycling infrastructure. Bicycle racks and parking spaces are essential to ensure safe storage and trip continuity. Approximately 65 public bicycle racks have been installed on sidewalks in the downtown core.[18] In addition, many schools, libraries, transit stations and other public services have bicycle racks or storage units. There are more than 190 bicycle parking spaces in Peterborough. However, buses are not equipped with bicycle racks and bicycles are not allowed inside transit vehicles.[18,19]
The City of Peterborough has improved on-road conditions for cyclists through bicycle links, which are pathways or walkways between streets; as well as way-finding signage with information on destination, distance and/or time. Peterborough's most significant cycling investment in the past year was an updated and comprehensive map of city bicycle routes and trails; urban trail improvement along a section of the Trans Canada Trail (Bethune to Bonnacord) and inclusion of a comprehensive cycling network in the new Transportation Master Plan.[18,19]

Peterborough's total road network amounts to 406 km and there are 38 km of multi-use trails. Out of 19 km of bicycle lanes, 7 km are designated bicycle lanes only during certain times of the day. Currently, Peterborough has 30 km of bicycle routes with appropriate signage and 30 km of paved shared-use paths within boulevards and/or linear off-road corridors. Natural surface shared-use paths amount to 5 km. In total, 19% of arterial streets have bicycle lanes or paved shoulders.[18,19]

Proposed Improvements

The improvements that Morrison Hershfield Consultants presented to the City of Peterborough were excellent, and, if implemented, would greatly enhance Peterborough's cycling infrastructure. They proposed a cycling network that is denser in the downtown core to improve access to essential goods and services. The proposed cycling network would also provide access to key destinations within the city, such as educational institutions, community centres, the hospital and tourist sites.[20]

Morrison Hershfield Consultants also recommended upgrades to existing infrastructure, such as improving the shared use boulevards on Lansdowne Street West and Clonsilla Avenue; removal of parking along George and Water Street bicycle lanes; widening and improving the 'Train Bridge' crossing and replacing the on-road portion of the Rotary Trail with an off-road path.[20]

The cycling network that Morrison Hershfield Consultants proposed includes both on-and off-road facilities. The on-road facilities include bicycle boulevards, cycling tracks and cycling lanes. Bicycle boulevards are low-volume and low-speed streets that have been optimized for bicycle travel through treatments such as traffic calming, traffic reduction, signage, pavement markings and intersection crossing treatments. Cycling tracks are segregated on-street bicycle lanes, separated from traffic by a physical barrier, which can be uni-directional or bi-directional. In some cases, the barrier may be a raised bicycle lane, elevated several centimeters above the adjacent traffic lanes. Cycling lanes would be located along the curb if there is no on-street parking. If on-street parking exists, the lanes would be situated between the parking lane and the traffic lanes.[20]

Proposed Cycling Network

The proposed cycling network was developed by taking into account the following important planning factors: safety, directness, coherence, attractiveness and comfort. The proposed cycling network caters to both utilitarian and recreational cyclists as well as individuals of varying fitness levels, skills and comfort in traffic. The following table provides an outline of existing cycling infrastructure as well as planned additions.[21]

Table 1 Cycling Network Implementation Plan

		Existing Network	Proposed Network Additions[2]			Ultimate Network
			Short-Term (2011 – 2021)	Medium-Term (2021-2031)	Long-Term (2031+)	
On-Road	km	15[1]	29	34	20	98
Off-Road	km	40	17	7	22	86
TOTAL	km	55[1]	46	41	42	184

[1]Includes 1km of the Rotary Trail that is to be converted to an off-road trail in the short term horizon

[2]Cost figures also include upgrades to existing facilities as applicable

The City of Peterborough's plans for cycling infrastructure improvements in the following year include the striping of bike lanes on the Hunter Street Bridge; construction of cycling lanes on Lansdowne Street between Spillsbury Drive and Braelea Drive as part of the reconstruction of this section of the road; and developing a new shared path on the west side of The Parkway from Lansdowne Street South to the railway tracks. The Transportation Plan identifies this corridor continuing as far south as Crawford Drive.[22]

The process to evaluate options for replacement of the pedestrian/cycling bridge by the Holiday Inn has commenced. This project is on a fast track and will be constructed as soon as possible, but the timeline for evaluating options, design and approvals makes it likely that construction will not take place until 2013. There is continued logistical work to complete approvals and land arrangements to complete the Rotary Trail between the Tollington Bridge and the north end of the Trent campus along River Road.[22]

A project that is receiving a higher profile in 2012 is the construction of the Trans-Canada Trail between Lansdowne Street and the city limits. There are some land issues that have prevented this project from proceeding in the past. The current momentum to complete the Trans-Canada Trail between Peterborough and the town of Hastings to the east may spur some new opportunities to address the land issues.[22]

The County of Peterborough

The County of Peterborough has less cycling infrastructure than the City of Peterborough; however, intermittent sections of numerous County roads contain paved shoulders[23], which are beneficial for both motorists and cyclists.[24] The paved shoulder allows vehicles to safely pass cyclists without having to move into the lane of oncoming traffic. There is a bigger margin of safety for the motorist and paved shoulders have been shown to decrease bicycle-vehicle collisions by 41%.[24]

The County of Peterborough does not have any on-road cycling lanes; however, there are plans to improve connectivity between the proposed Trans Canada Trail and Lang Pioneer Village, through constructing paved shoulders or cycling lanes on each side of County Road 34 or through developing a non-adjacent trail. The County of Peterborough is involved in the management and maintenance of the Rotary Trail between Lakefield and the City of Peterborough limits (north of Trent University) that runs adjacent to the Otonabee River. The Rotary Trail is not paved, but consists of limestone screenings, a surface that is conducive for cycling.[23]

In addition, the National Board of Trans Canada Trail has recently approved a building grant of $295,000 to assist with the development of 30 km of rail trail in Peterborough County. This is the first section of a two phase plan to connect the Trans Canada Trail throughout Peterborough with Kawartha Lakes to the west and Northumberland County to the east, creating a year-round recreational 90 km trail. Once all approvals are in place, construction of the rail trail can begin with a scheduled opening in June 2013.[25]

The proposed Trans Canada Trail route is also part of a regional cycling initiative, which would have links to existing branded routes such as the Lake Ontario Waterfront Trail, but also to new signature Region 8 routes being developed with the assistance of regional cycling enthusiasts and local municipalities. The kick-off takes place on June 5th with two Welcome Cyclist Network workshops being hosted in Lindsay and Peterborough to certify cyclist friendly businesses and services. The cycling initiative plan also includes identifying route signage and gateway signage gaps to improve the cycling infrastructure throughout the region.[25]

In addition to constructing cycling infrastructure, County speed limits should be considered. Although the speed limit in urban areas is 50 or 60 km per hour; the speed limit in rural areas is 80 km per hour. The rural speed limit is necessary for the efficient transport of automobiles and goods; however, it is not safe for cyclists who share the road.[24]

First Nations

Hiawatha First Nation

Cycling infrastructure is very limited within the Hiawatha First Nation. There are no cycling lanes or roads with paved shoulders; however, there are two very short cycling trails. One is the Walking Trail, with a lane specifically for bicycles; the other is the Railroad Trail, which consists of a dirt road. Both trails are accessible, but less than one mile long. Many people walk within the Hiawatha First Nation and some of the children ride their bicycles. The speed limit within the First Nation is 50 km and it is regularly enforced, which enhances the safety of cyclists and pedestrians.[26]

Curve Lake First Nation

Cycling infrastructure is very limited within the Curve Lake First Nation. There are no cycling lanes or trails. However, the first two kilometers of Mississauga Street contains paved shoulders that many pedestrians use. The 50 km speed limit is regularly enforced, which enhances pedestrian and cyclist safety.[27]

Recognition

The Share the Road Cycling Coalition, a non-profit organization that promotes cycling, awarded Peterborough bronze status as a bicycle friendly community during the fourth annual Ontario Bike Summit on April 24, 2012. Guelph, Mississauga, Oakville, Richmond Hill and Welland also received the Bronze Award; and Toronto received the Silver Award. The Bronze Award recognizes Peterborough for its current and planned cycling infrastructure, including bicycle lanes and trails; connectivity of bicycle lanes and trails; cycling education programs and promotion of cycling. The award recognizes Peterborough's recent addition of bicycle lane routes along Monaghan Road, McDonnel Street and Crawford Drive. The Bronze Award shows that Peterborough has made a lot of progress, especially in the last five to eight years, but that there is also room for improvement.[28]

Strategic Direction

The recommendations of the present report, if undertaken, will enable the Board of Health to meet its mandate of preventing chronic diseases, death and injury of Peterborough residents. By supporting the Built Environment Working Group that advocates for improved cycling

infrastructure, the Board of Health will invest in human resource excellence to the benefit of Peterborough residents.

By strengthening partnerships with planners as well as government decision makers to advocate for improved cycling infrastructure within the Peterborough County and City as well as within the First Nations, the Board of Health will be able to leverage its leadership capacity as well as build new and expand existing strategic partnerships.

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zismail@pcchu.ca

Attachments:

Attachment A – City of Peterborough, Proposed Ultimate Cycling Network
Attachment B – City of Peterborough, Proposed Short-term Cycling Network
Attachment C – City of Peterborough, Proposed Cycling Network Implementation Plan

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City of Peterborough
Proposed Ultimate Cycling Network

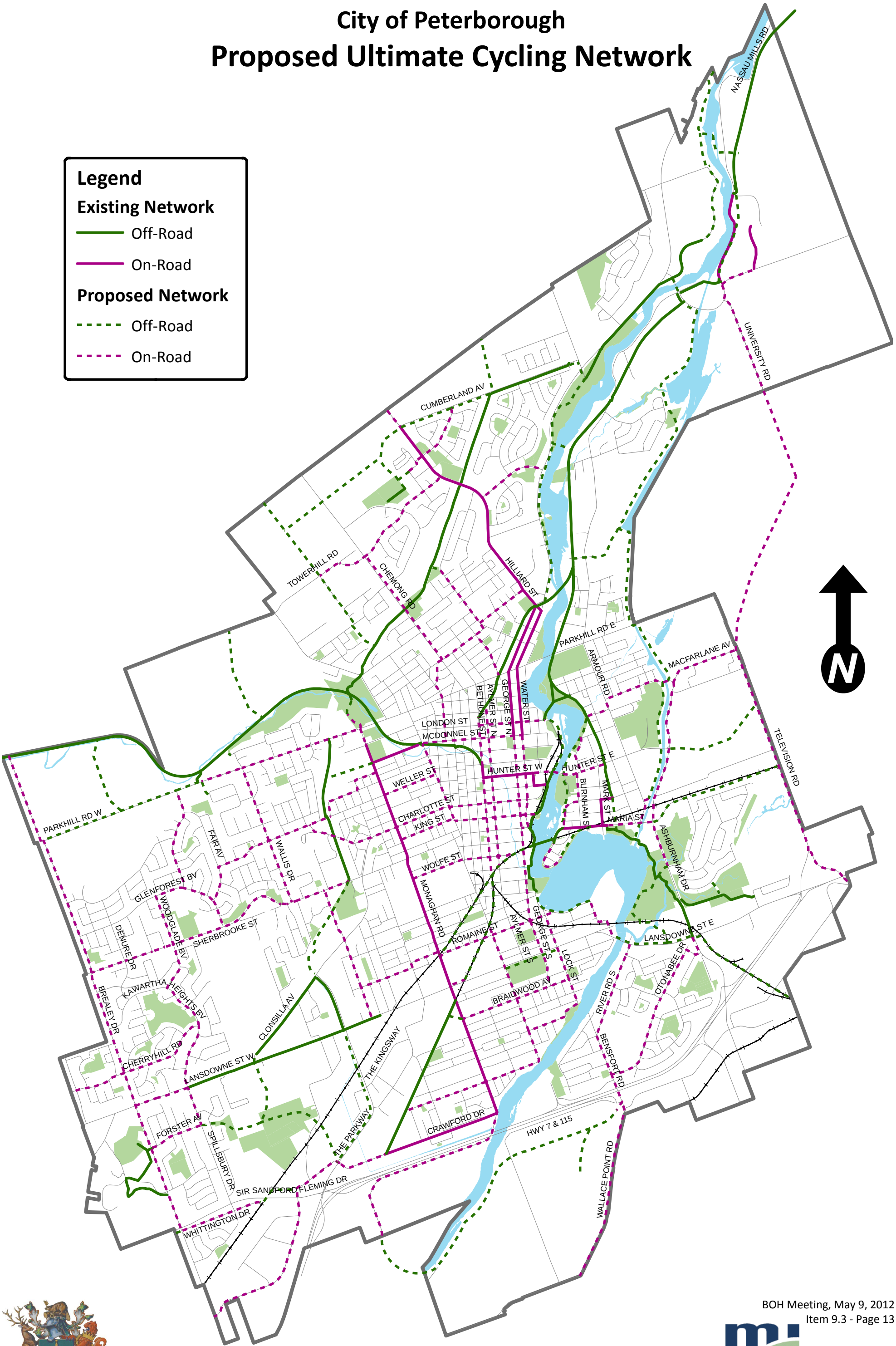
Legend

Existing Network

- Off-Road
- On-Road

Proposed Network

- Off-Road
- On-Road



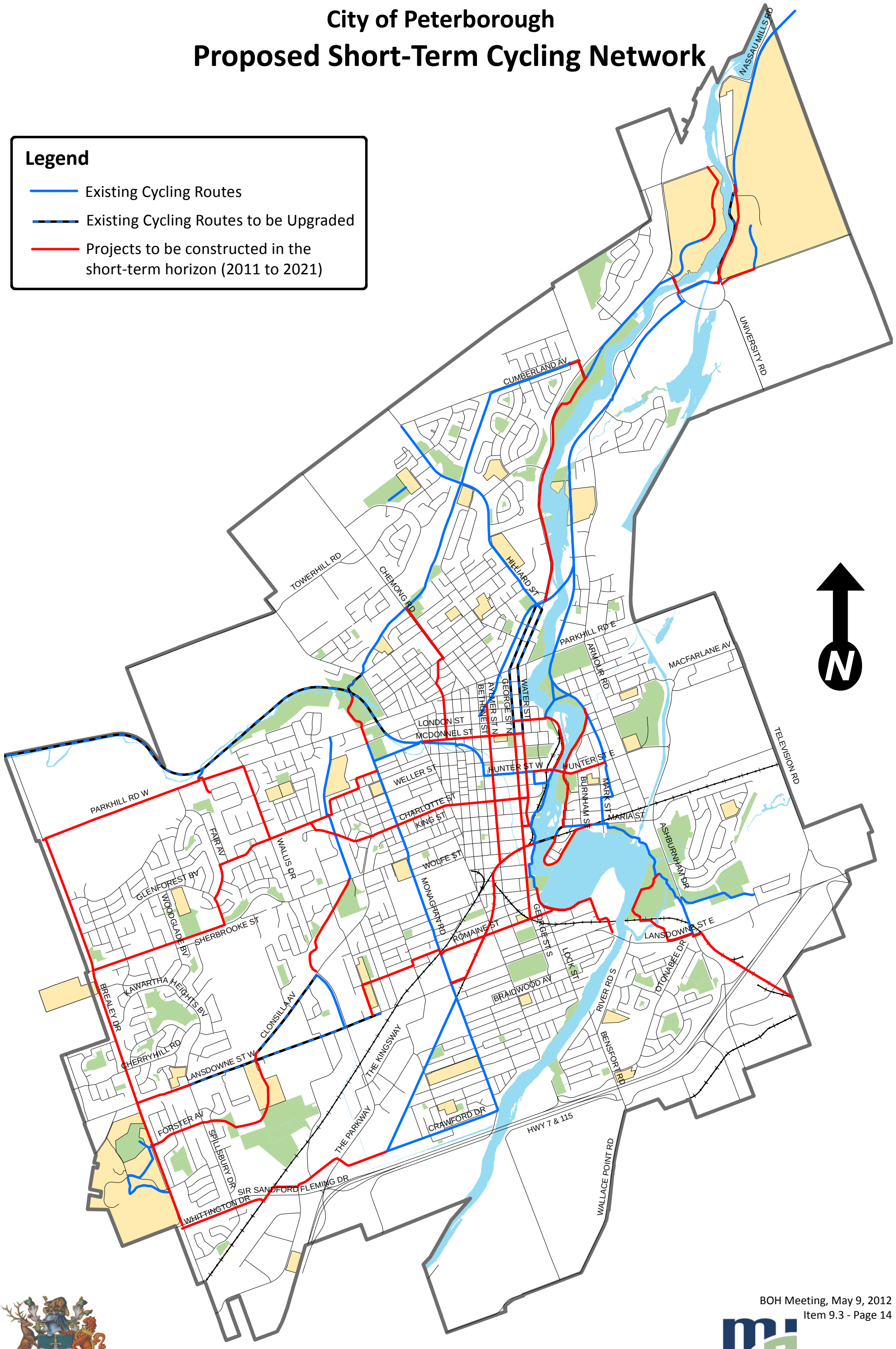
MORRISON HERSHFIELD

City of Peterborough

Proposed Short-Term Cycling Network

Legend

- Existing Cycling Routes
- Existing Cycling Routes to be Upgraded
- Projects to be constructed in the short-term horizon (2011 to 2021)



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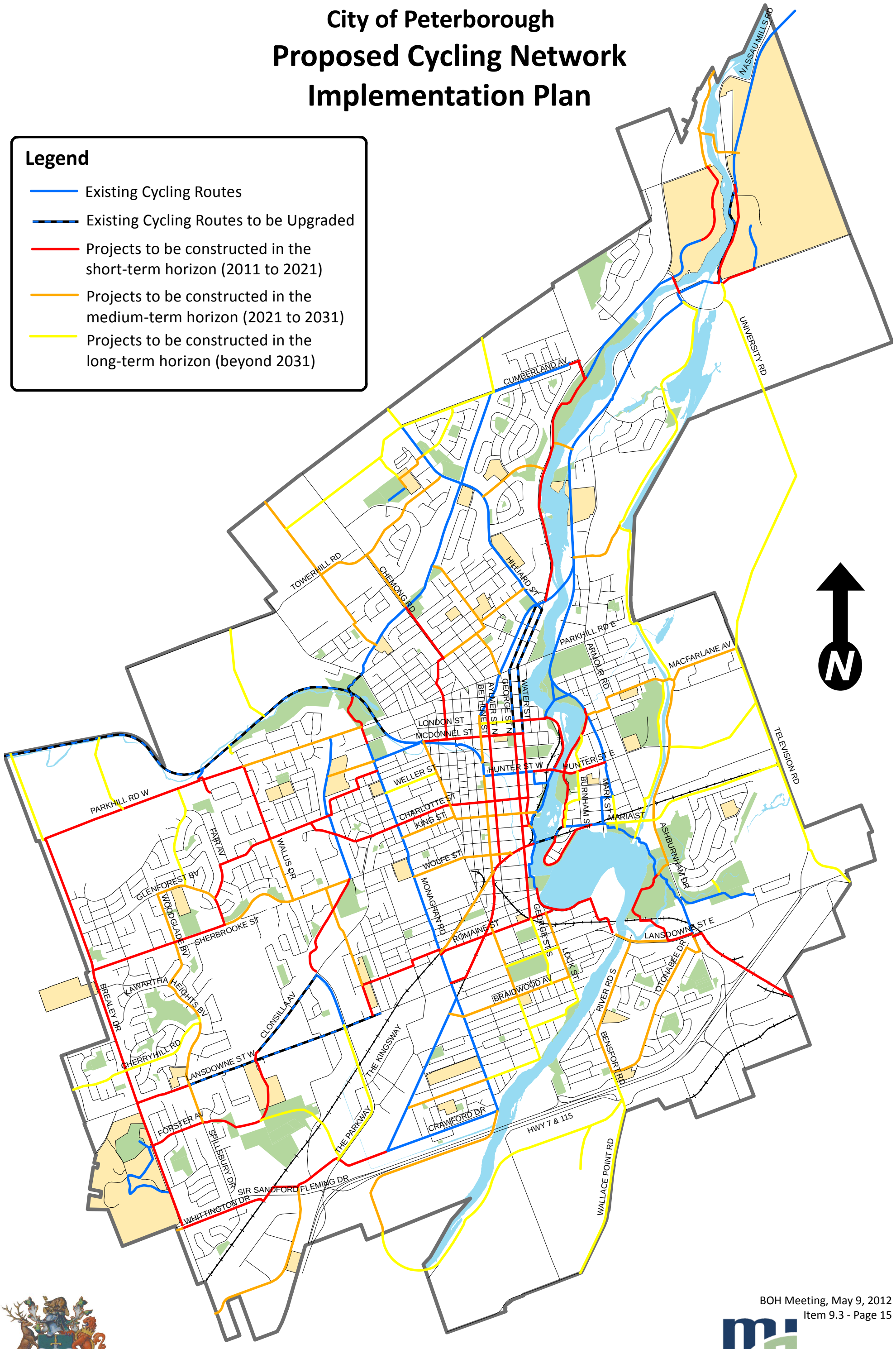
Meters

MORRISON HERSHFIELD

City of Peterborough
Proposed Cycling Network Implementation Plan

Legend

- Existing Cycling Routes
- Existing Cycling Routes to be Upgraded
- Projects to be constructed in the short-term horizon (2011 to 2021)
- Projects to be constructed in the medium-term horizon (2021 to 2031)
- Projects to be constructed in the long-term horizon (beyond 2031)



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MORRISON HERSHFIELD

Staff Report

2012 Supplemental Budgets

Date:	May 9, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by _____ Rosana Pellizzari, M.D.	***Original signed by*** _____ Brent Woodford, Director, Corporate Services

Recommendation

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

- approve the 2012 one-time grant request for the Healthy Babies, Healthy Children (HBHC) program in the amount of $41,684; and,

- approve the following supplemental 2012 budget amounts funded 100% by the Ministry of Health and Long-Term Care as follows:

Enhanced Food Safety	$25,000
Enhanced Safe Water	$15,500
Needle Exchange Program Initiative	$21,121
Infection Prevention and Control Week	$8,000
Sexually Transmitted Infections Week	$7,000
World Tuberculosis Day	$2,000

Financial Implications and Impact

To submit a Board of Health approved 2012 one-time grant request for the HBHC program to the Ministry of Children and Youth Services (MCYS) for their approval to enable the program to continue.

Decision History

The Board of Health is required by the Province to approve the fiscal budget and any grant requests

annually**.**

The HBHC program is funded 100% by the MCYS. The Board of Health approved the submission of the 2012 budget for the HBHC program in the total amount of $828,413 at its April 11, 2012 meeting.

Rationale

The one-time grant request for the HBHC program is calculated at $41,684 for the current year. This funding will permit the hire of a full-time Public Health Nurse (PHN) for six months to develop a process to ensure that the new HBHC high risk screening tool (replacing the Larson and the Parkyn) is correctly filled out, and forwarded to the Health Unit efficiently; and to provide training to hospital nurses and midwives on this new tool. In addition, this PHN would work with the hospital's Staff Educator to ensure implementation of the new postpartum package - reviewing and revising resources to ensure that relevant local information and community programs and services are represented.

We are asking for this funding due to serious budget constraints. In 2007, the program had budgeted for 5.2 full-time equivalents (FTE) PHNs. The 2012 funding allocation provided by MCYS will only allow for 4.5 FTE PHNs. Significant financial impact will be exerted on our program due to the fact that five PHNs will each be taking a one year pregnancy/parental leave of absence in the time span of December 2011 to September 2013. Costs include "the supplement or 'top up' of the Human Resources Development benefits payable to employees who are absent from work on pregnancy, parental or adoption leave" (Ontario Nurses Association Collective Agreement, 11.04 (i) (i)) projected to be $27,912, as well as the employer share of benefits costs. This will reduce our base PHN complement even more.

The addition of a 0.5 PHN would facilitate the implementation of two new HBHC strategies and permit the remaining HBHC staff to continue with service provision (telephone calls, home visiting, and service coordination) to families with identified risk factors.

Strategic Direction

Approval of these budgets will help the Board of Health to continue to meet its mandate, and better achieve the Ontario Public Health Standards.

Contact:
Brent Woodford, Director
Corporate Services
bwoodford@pcchu.ca
(705) 743-1000 x231

Attachments:
Attachment A – Healthy Babies Healthy Children; Ministry of Children and Youth Services; 2012 One-Time Grant Request; January 1, 2012 - December 31, 2012

Healthy Babies Healthy Children
Early Learning and Child Development Branch
Strategic Policy and Planning Division
Ministry of Children and Youth Services
2012 One-Time Grant Request
January 1, 2012 - December 31, 2012

Public Health Unit: Peterborough County-City Health Unit

One Time Grant - Details

One-Time Expenses	FTE	Proposed Budget $	Ministry Use
1a. Salaries & Wages, and Benefits Unionized			
(specify) PHN 1.0 FTE for six months	0.5	32,030	
(specify) benefits		8,424	
1b. Salaries & Wages, and Benefits Non unionized			
(specify)			
(specify)			
2. Contract Services			
(specify)			
(specify)			
3. Operating Costs			
(specify) Materials and supplies (printing, materials for presentations)		700	
(specify) Mileage (500 km x .58)		290	
(specify) Cell phone ($40 x 6 months)		240	
Total One-Time Expenses	**0.50**	**41,684**	

Description of request and anticipated outcomes:

We are requesting funding to hire a full-time PHN for six months to develop a process to ensure that the new HBHC high risk screening tool (replacing the Larson and the Parkyn) is correctly filled out, and forwarded to the Health Unit efficiently; and to provide training to hospital RNs and midwives on this new tool. Working with the hospital Maternal-Child Unit Staff Educator, this PHN would conduct a needs assesment of staff learning needs, develop a training plan, provide training to staff at times and locations most conducive to their needs, develop resources that will reinforce learning and that could be used for future reference, develop a training module for students and new staff coming on to the Maternal-Child Unit, evaluate the education program, and act as a consultant for those staff with any questions. This PHN would also be the project lead and provide education to her HBHC colleagues and relevant community partners. In addition, this PHN would work with the hospital's Staff Educator to ensure implementation of the new postpartum package - reviewing and revising resources to ensure that relevant local information and community programs and services are represented. We are asking for this funding due to serious budget constraints. In 2007, the program had budgeted for 5.2 FTE PHNs. The 2012 funding allocation provided by MCYS will only allow for 4.5 FTE PHNs. Significant financial impact will be exerted on our program due to the fact that five PHNs will each be taking a one year pregnancy/parental leave of absence in the time span of December 2011 to September 2013. Costs include "the supplement or 'top up' of the Human Resources Development benefits payable to employees who are absent from work on pregnancy, parental or adoption leave" (Ontario Nurses Association Collective Agreement, 11.04 (i) (i)) projected to be $27,912, as well as the employer share of benefits costs. This will reduce our base PHN complement even more. Therefore, the addition of a 0.5 PHN would facilitate the implementation of of two new HBHC strategies and permit the remaining HBHC staff to continue with service provision (telephone calls, home visiting, and service coordination) to families with identified risk factors.

Add more lines or space as required and/or attach supplemental documentation.

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **2012-2013 Membership Fee – Association of Local Public Health Agencies (alPHa)**

Date: May 9, 2012

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve the 2012-2013 annual membership fee for the Association of Local Public Health Agencies (alPHa) in the amount of $6,665.40.

		Increase
2007 – 2008 Membership Fee approved by the Board of Health:	$5,652.01	$74.95 *(+ 1.3%)*
2008 – 2009 Membership Fee approved by the Board of Health	$5,716.26	$64.25 *(+ 1.1%)*
2009 – 2010 Membership Fee approved by the Board of Health	$5,836.30	$120.04 *(+ 2.0%)*
2010 – 2011 Membership Fee approved by the Board of Health	$5,964.70	$128.40 *(+ 2.2%)*
2010 – 2011 Membership Fee approved by the Board of Health	$6,534.70	$570.00 *(+ 8.7%)*
2012 – 2013 Membership Fee requested by alPHa:	$6,665.40	$130.70 *(+ 2.0%)*

Correspondence from alPHa is attached.

Original signed by

Rosana Pellizzari, M.D.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

ANDSOOHA - Public Health Nursing Management

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Society of Nutrition Professionals in Public Health

25 YEARS
1986 – 2011

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

April 23, 2012

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

Dear Dr. Pellizzari: Rosana

RE: alPHa 2012-13 Membership Fees

The phrase *nothing is certain but change* provides a good description of the past year. alPHa maintained steady leadership while some important transitions took place in the world around us. The Public Health Division underwent a restructuring that saw more than fifty staff move to Public Health Ontario. Following the provincial election in October, the Ministry of Health Promotion and Sport was disbanded and the new Health Promotion Division was created under the Ministry of Health and Long-term Care. The provincial election resulted in new leadership for the Ministry of Children and Youth Services. Public sector compensation restraint led to the creation of a new Labour Relations Secretariat, and changes to the Retirement Homes Act ushered in the Retirement Homes Regulatory Authority. These events kept alPHa's Board and staff busy meeting with new stakeholders, orienting them to the Association, and connecting them with member organizations.

alPHa responded to member requests for the support of two new working groups this year; the Public Health Supporting Early Learning and Care Reference Group, and the Records Management Working Group. alPHa also took over support of the Joint Health Equity Working Group. Earnest thanks go to Sudbury & District Health Unit who provided phenomenal support to this joint alPHa and Ontario Public Health Association working group for the past two years.

2011-12 also featured a number of events for alPHa's members and partners. We were pleased to deliver the following three conferences to you, your Board members, and your staff:

73. *Count on Us – Accountability in Ontario Health Units*, alPHa Annual Conference, Toronto – 2011 June 12, 13 & 14;
74. *Understanding the Role of Public Health Laboratories*, Toronto – 2011 October 20 & 21; and
75. *Promoting Public Health in Ontario,* 2012 alPHa Winter Symposium, Toronto – 2012 February 9 & 10.

alPHa also shared in the development of the 2nd annual Ontario Public Health Convention with partner organizations, Public Health Ontario and the Ontario Public Health Association.

Enclosed is an invoice for the 2012-13 annual membership renewal for your public heath agency with alPHa. Your continuing membership helps us to build on our successes and deliver strong supports for public health agencies across Ontario.

If you have any questions, please feel free to contact me at 416-595-0006 ext. 22 or e-mail me at linda@alphaweb.org. Please accept my sincere thanks for your ongoing support.

Sincerely,

Linda

Linda Stewart,
Executive Director

Enclosures

INVOICE

Invoice No.: 2012- MF - 25
Date: 03/31/2012

Sold to:

Peterborough County-City
Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Ship to:

Peterborough County-City
Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Business No.: 127380822RT0001

Item No.	Description	Tax	Tax amount	Unit Price	Amount
12-13 MF	2012-2013 alPHa Membership - April 1, 2012 - March 31, 2013	H1	766.82	5,898.58	5,898.58
	H1 - HST 13% HST				766.82

Celebrating 25 Years !

Payable to Association of Local Public Health Agencies (alPHa)
1306-2 Carlton Street
Toronto M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030

Total Amount 6,665.40

Risky Business

An Overview of
Risk Communications
in Public Health

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

May 3, 2012

What's the Game Plan Today?

- What is Risk?
- Three Types of Risk Communications
- Play the "Guess the Strategy" Game
- Q & A

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

What is Risk?

magnitude x probability

= Hazard

What is Risk?

RISK = Hazard + Outrage

Outrage is **part** of risk (**not** a misconception), but outrage **causes** misperception of a hazard

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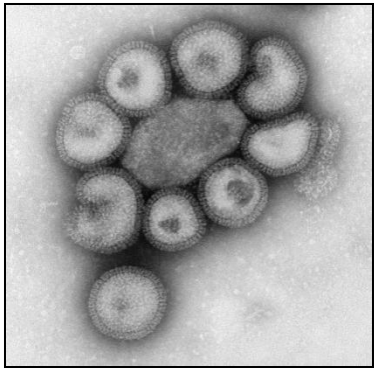
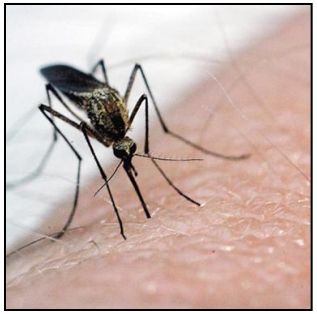
Public Health Risks





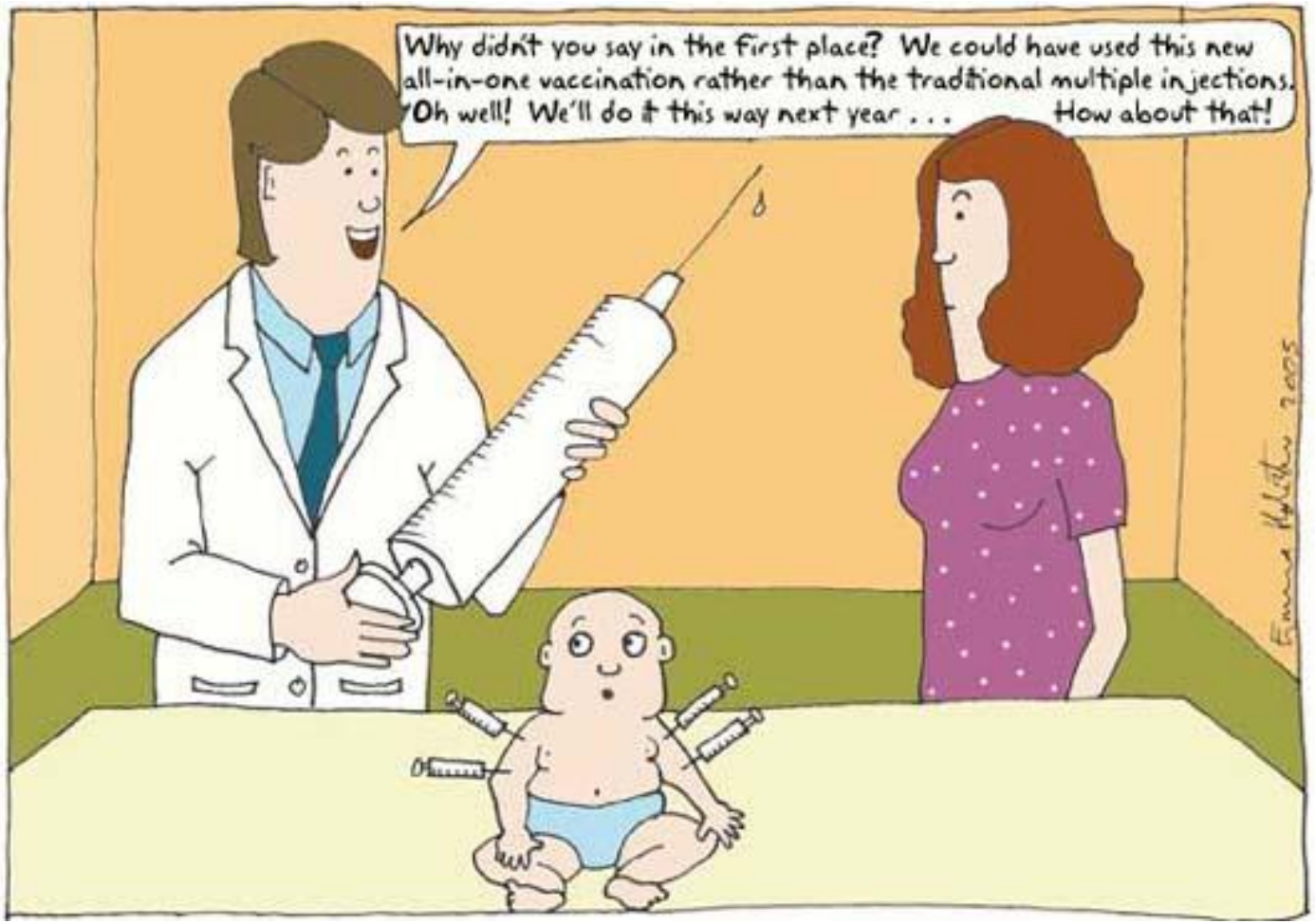
12 Principal Outrage Components

Safe	Risky
Voluntary	Coerced
Natural	Industrial
Familiar	Exotic
Not memorable	Memorable
Not dreaded	Dreaded
Chronic	Catastrophic
Knowable	Unknowable
Individually controlled	Controlled by others
Fair	Unfair
Morally irrelevant	Morally relevant
Trustworthy sources	Untrustworthy sources
Responsive process	Unresponsive process

What is Risk?

- 2008 Ontario Road Safety Report
- 631 people killed
- 62,743 people injured

What is Risk?



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

Types of Risk Communications

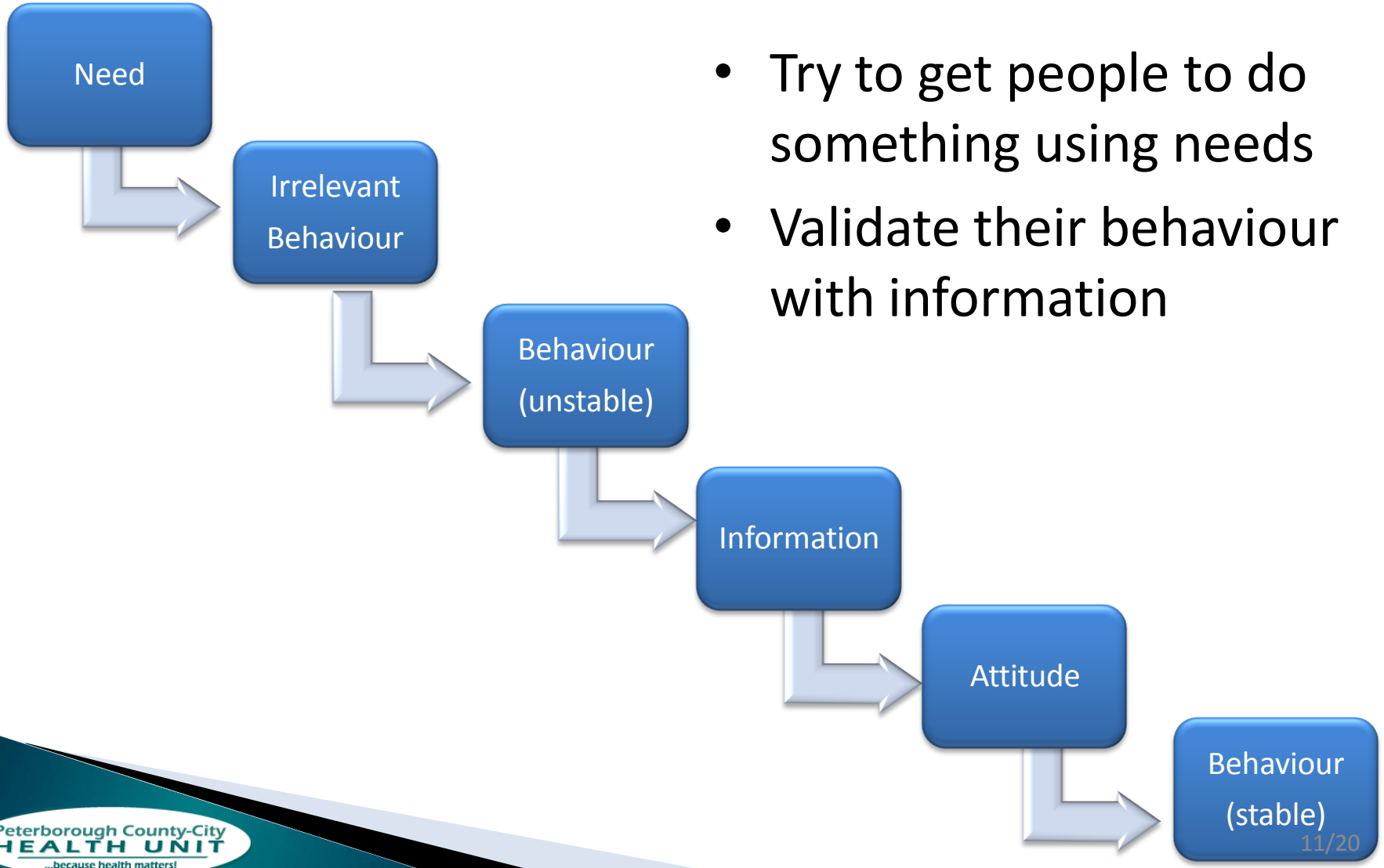
Outrage / Hazard	Low Outrage	High Outrage
Low Hazard	**Public / Stakeholder Relations**	**Outrage Management**
High Hazard	**Precautionary Advocacy**	**Crisis Communications**

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

Precautionary Advocacy
(low outrage, high hazard)

- Watch out!!
- Goal = motivate public to action
- Very slow process
- Monologue
- Give people choices of things to do
- Make sure resistance is apathy – not something else!
- Appeal to needs

Persuasion Theory



- Try to get people to do something using needs
- Validate their behaviour with information

Cognitive Dissonance

Three-step process:

- An irrelevant and intellectually unconvincing motivator to trigger a new behaviour
- Cognitive dissonance aroused by not knowing any good reasons for the behaviour
- Information to rationalize and generalize the behaviour

Outrage Management
(high outrage, low hazard)

Six Strategies to Reducing Outrage:

1. Stake out the middle ground
2. Acknowledge prior misbehaviour
3. Acknowledge current problems
4. Discuss achievements with humility
5. Share control and be accountable
6. Pay attention to unvoiced concerns and underlying motives

Stake Out the Middle Ground

- Fight for the middle, not the positive extreme.
- Validate your opponents' valid arguments in your communications
- Validate opponents' BELIEF in their opinion, not the opinion itself, and take them on a journey from their opinion to yours (i.e. middle ground)

Crisis Communications
(high hazard, high outrage)

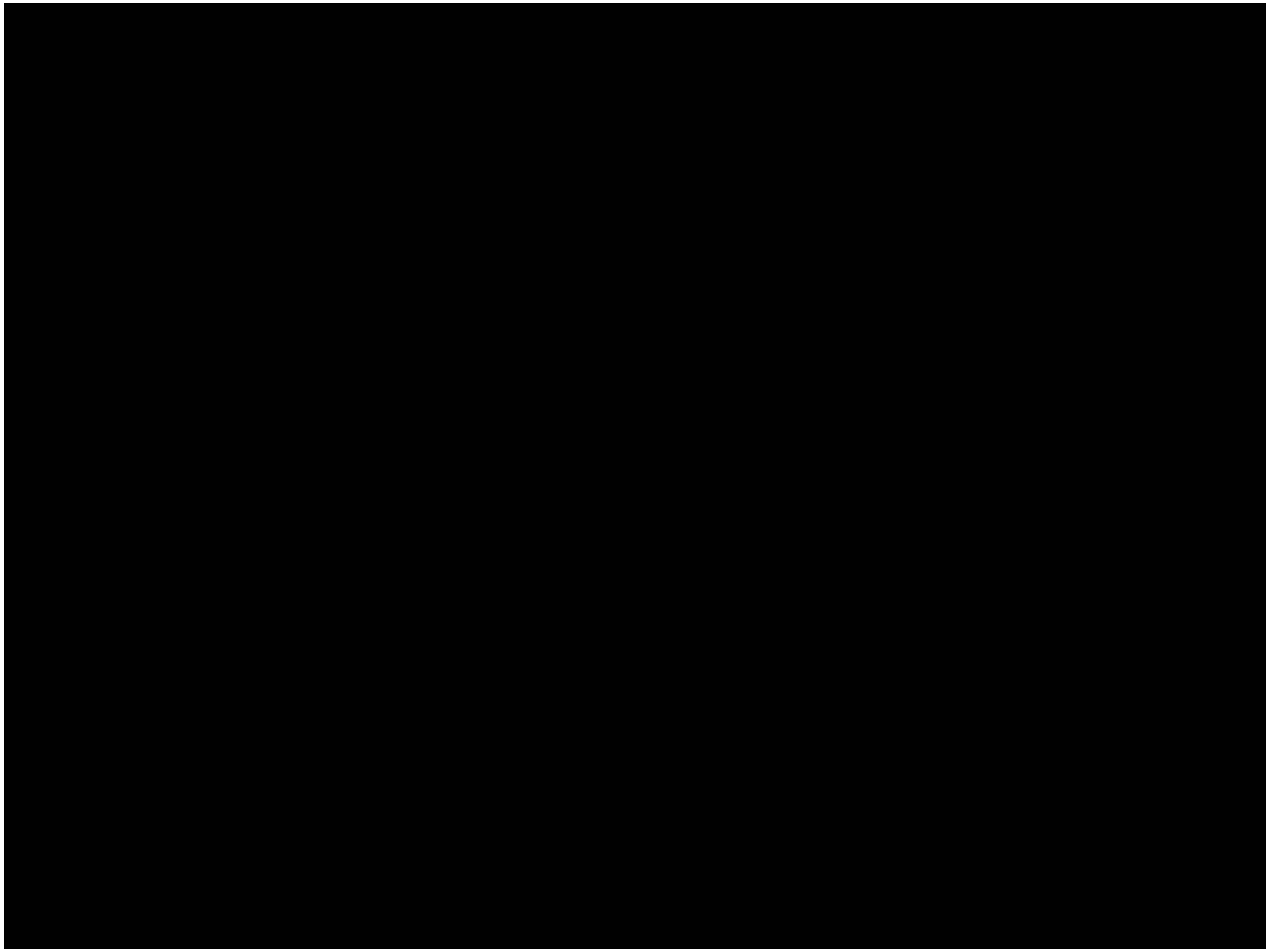
1. Don’t over-reassure
2. Put reassuring information in subordinate clauses
3. Err on the alarming side
4. Acknowledge uncertainty
5. Share dilemmas

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

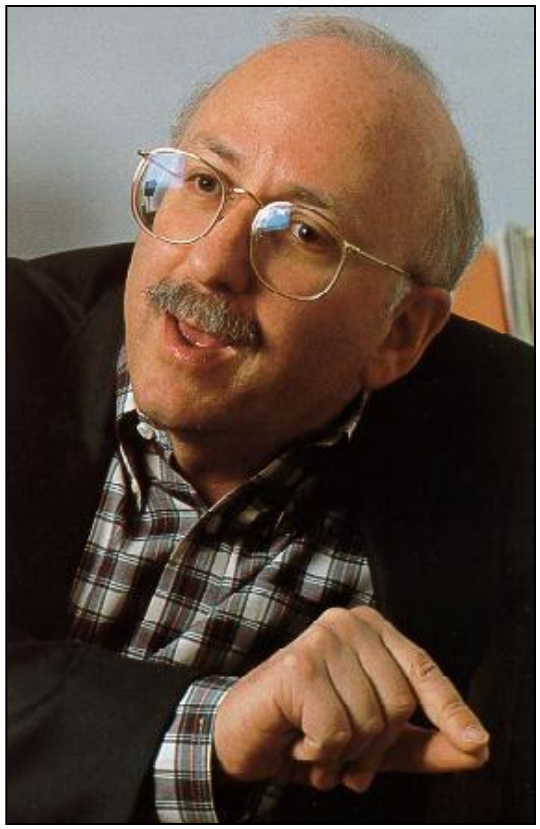
Guess the Strategy!

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

Guess the Strategy!



The Guru



Peter Sandman

www.psandman.com

Questions?

To: All Members
Board of Health

From: Mr. David Watton, Chair, Governance Committee

Subject: **Governance Committee**

Date: May 9, 2012

Recommendation:

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

- receive for information, meeting minutes of the Governance Committee for February 29, 2012, approved by the Committee on April 4, 2012; and

- approve the following documents referred by the Committee at the April 4, 2012 meeting:
  - New Policy #2-350, Terms of Reference, Property Committee
  - Revised Policy #2-200, Duties and Responsibilities of Board Members
  - Revised Policy #2-270, Conduct, Board Members

Please refer to the attached.

Original signed by

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

The Board of Health
for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
February 29, 2012 – 2:00 p.m. to 4:00 p.m.
(Meeting Room 2 - 10 Hospital Drive, Peterborough)

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

1. Call To Order

Mr. Watton called the meeting to order at 2:10 p.m.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Delegations

Nil.

4. Approval of the Agenda

Moved by	Seconded by
Mr. Embrey	Reeve Smith

That the agenda be approved as circulated.

Carried

5. Approval of the Minutes

Reeve Smith requested a minor revision to item 6d, Board Composition and Recruitment.

Moved by	Seconded by
Mr. Embrey	Reeve Smith

That the minutes of the Governance Committee for January 27, 2012 be approved as amended, and brought forward to the March 14, 2012 Board of Health meeting.

Carried

6. Business Arising from the Minutes

6.1 Status, Hiawatha Agreement

Dr. Pellizzari reported that the agreement had been signed off by Hiawatha. Only minor changes were made, mainly to the appendix as a result of the new Ontario Public Health Standards (2008). There is no length or term to the agreement, rates are adjusted on an annual basis and are based on population figures provided by Hiawatha at the end of each year.

6.2 Accessibility Requirements Related to Board Policies and Procedures

Ms. Tanna advised that any documents posted on the Health Unit's web site would be in compliance with the Accessibility for Ontarians with Disabilities Act (AODA). The new site will have a resizing feature which will allow the public to adjust the size of text as necessary.

Reeve Smith noted that as a member of the Police Board, she was required to take AODA training, and questioned whether Board Members were subject to this requirement as well. **ACTION: Dr. Pellizzari will follow up on this item and report back at the next meeting.**

6.3 Youth Representation on the Board

Members discussed the two models provided for review: a policy from the Kawartha Pine Ridge District School Board, as well as correspondence from the United Way.

In considering youth representation, there was discussion about what age would be appropriate (i.e., secondary or post-secondary students). Members were in agreement that the Health Unit should draw on resources already established, specifically the peer leaders, to provide a youth voice to the Board. However, it was noted that the peer leaders should be representative of the County as well. **ACTION: Dr. Pellizzari to confirm whether any of the peer leaders are County residents.**

Dr. Pellizzari noted that it would be important for the Committee to identify specific issues for their engagement, and perhaps ask the peer leaders about which issues matter to them. **ACTION: Dr. Pellizzari will follow up with Mr. Keith Beecroft, Youth Development Worker, to discuss this item further.**

Dr. Pellizzari advised that at the recent Association for Local Public Health Agencies (alPHa) Winter Symposium, Public Health Ontario (PHO) reported that they were researching citizen engagement, specifically, the development of citizens' panels. Dr. Pellizzari contacted PHO and expressed interest on behalf of the Board to participate, and noted that our area of interest would be on youth engagement.

Reeve Smith requested that in the strategic planning process, a component of the community consultations should be targeted to youth, with sessions held at Trent University and Fleming College, if possible.

6.4 Review Governance Work Plan for 2012

Members reviewed the work plan developed last year by the Chair:

a. *Review Governance Requirements for the Board as defined in the Ontario Public Health Organizational Standards* – Completed.

b. *Board By-Laws and Policies* – A master list with review dates has been developed to ensure that all By-Laws and policies are reviewed every two years. **ACTION: This item will be brought forward to the next Governance Committee meeting.**

c. *Non-Union Forum* – Discussions are ongoing with the non-union group.

d. *Board of Health Stewardship Responsibilities* – Quarterly reporting to the Board by Health Unit staff covers this item. Dr. Pellizzari advised that the Director of Public Health Programs has expressed his desire to undertake a full program review.

e. *Strategic Plan* – The Governance Committee will take a lead on the planning for this. This will be a standing item for the Committee on future agendas.

f. *Member Orientation and Training* – Formal orientation is done every four years to coincide with municipal elections, and on an as needed basis as other new members join (e.g. First Nation representatives and Provincial Appointees). With the launch of the new website, it was noted that a more comprehensive description of Board Members, including roles and responsibilities, should be featured. **ACTION: This item will be brought forward to the next meeting for further discussion. In addition, descriptions posted on the Provincial Appointments Secretariat web site for the Peterborough County-City Health Unit (PCCHU) Board of Health will also be reviewed.**

g. *Board of Health Self-Evaluation* – Evaluations are completed at the end of each meeting, as well as by each Member at the end of the year. The year-end evaluations were summarized and reviewed at the recent planning session held with the Board and Management staff by Mr. Watton and Deputy Mayor Sharpe.

h. *MOH Performance Appraisal* – This is currently underway and led by a Sub-Committee (Members include Deputy Mayor Sharpe, Mr. Embrey and Chief Knott).

6.5 Board Member Remuneration

The Governance Committee was requested by the Board to review the current policy regarding honouraria. The Committee considered data obtained from other Health Units in October 2011, remuneration was fairly consistent. In addition, given the current financial climate, Members felt that no further increase to honouraria should be proposed at the moment.

Reeve Smith suggested that in future, consideration might be given to common practice for other Boards, which is that rates are adjusted relative to increases to collective agreements.

ACTION: This item will return for further consideration in November 2012. Another poll of Health Units will be done by Ms. Tanna prior to this meeting.

6.6 Develop Property Committee Terms of Reference

A preliminary draft was developed during the meeting. **ACTION: This item will be brought forward to the next Governance Committee Meeting for further review.**

7. New Business

7.1 Planning for the Development of the 2013+ Strategic Plan

Dr. Pellizzari provided an update to the Committee regarding securing a consultant for the development of the next strategic plan.

Mr. Jonathan Bennett, former Communications lead at the Peterborough Regional Health Centre, has submitted a proposal. As per the Board's procurement policy, two additional quotes will be obtained.

The approach for community engagement will likely be through online surveys, telephone polling (tentative), smaller focus groups, and wider community consultations in the City, County and with our two First Nations. Dr. Pellizzari noted that a one-time funding request will be submitted to the Ministry of Health and Long-Term Care for the purposes of obtaining additional funding for these community consultations.

Reeve Smith noted that Fleming Data Research recently completed a telephone poll for the Police Board. **ACTION: Reeve Smith to provide Dr. Pellizzari with contact information.**

8. In Camera/Closed Session to Discuss Personnel Matters

8.1 Non Union Discussions

Moved by	Seconded by
Mr. Embrey	Deputy Mayor Sharpe

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

Carried

Mrs. Tanna excused herself from this portion of the meeting.

Moved by	Seconded by
Reeve Smith	Jim Embrey

That the Governance Committee rise from In Camera

Carried

Mrs. Tanna rejoined the meeting.

9. Items to be referred to:

9.1 Board of Health

- Governance Committee Minutes, January 27, 2012 (for information)
- Non-Union Forum Update

9.2 Other

Nil.

10. Agenda Items for Next Meeting

- AODA Training
- Youth Representation

- By-Laws, Policies and Procedures
- Board Member Descriptions and Recruitment
- Property Committee Terms of Reference
- 2013+ Strategic Plan
- Non-Union Forum

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

The next meeting will be scheduled for the end of March. **ACTION: Ms. Tanna to confirm availability for Committee Members, as well as for Non-Union representatives.**

12. <u>Adjournment</u>

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

The meeting adjourned at 3:56 p.m.

c: Mr. Jim Embrey
Reeve Mary Smith
Deputy Mayor Andy Sharpe
Mr. David Watton
Dr. Rosana Pellizzari
Mr. Brent Woodford

<u>Parked Items:</u>
- *Board Liability Presentation (Woodford, Ref. Jan. 27/12)*
- *Revisions to By-Law # 9, Procurement of Goods and Services (Woodford, Ref. Jan. 27/12)*

Board of Health
Policy

Section: **Board of Health**	Number: **2-350**	Title: **Committee, Property** *Terms of Reference*	**Page: 1 of 3**

Approved by: **Date:** **Housekeeping Revision** **Approved by:** **On:**	**Original** **Approved by:** **On:** **Revision** **Approved by:** **On:** **Reviewed** **By:** **On:** **Next Review Date:**
Reference:	

Goal

1. To ensure that the Peterborough County-City Health Unit has adequate facilities to carry out its functions.

Objectives

The Property Committee will:

1. Review, prepare and recommend options for the Board of Health to consider regarding its facilities.

2. Undertake a process to implement Board of Health decisions regarding facilities.

3. Oversee any capital projects undertaken by the Board of Health.

4. Ensure that all facilities meet accessibility standards and requirements (e.g,. Building Code).

Membership

The Committee will be composed of a minimum of three Board members including the Chair. Community Members with specific expertise may be invited in on an as-needed basis.

The Board of Health will elect the Chair for the Committee, the Committee will elect its own Vice-Chair.

Internal staff resources will be provided for the Committee through the Medical Officer of Health and the Director, Corporate Services.

Quorum

A majority of Committee members constitute a quorum.

Reporting

The Committee will provide its minutes to the Board of Health.

Meetings

The Committee will meet a minimum of quarterly and may meet more frequently.

Extraordinary meetings to address specific items may be held at the call of the Chair of the Property Committee.

Time-limited sub-committees may be formed to address specific issues.

The Property Committee will meet with other Board Committees as required.

Minutes

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

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

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

Agendas

The agenda will follow a standard format at each meeting.

1. Call to Order
2. Declaration of Pecuniary Interest
3. Approval of the Agenda
4. Approval of the Minutes
5. Business Arising from the Minutes
6. New Business
7. In Camera/Closed Session
8. Items to be Referred to:
   - 8.1. Board of Health
   - 8.2. Other
9. Agenda Items for Next Meeting
10. Date, Time, and Place of Next Meeting
11. Adjournment

Terms of Reference

The Terms of Reference of the Board of Health's Property Committee will be reviewed and updated at the first meeting of each new year or more often as needed.

Board of Health
Policy

Section:	Number:	Title:	Page:
Board of Health	**2-200**	**Duties and Responsibilities of Board Members**	**1 of 2**

Approved by: Board of Health **Date:** **Housekeeping Revision** **Approved by:** **On:**	**Original** **Approved by: Board of Health** **On: December 10, 1986** **Revision** **Approved by: Board of Health** **On: July 24, 2007** **Reviewed** **By: Governance Committee** **On: April 4, 2011** **Next Review Date:**
Reference:	

The Board of Health is the governing body, the policy maker of the Health Unit. It monitors all operations within the Health Unit and is accountable to the citizens of Peterborough County and City, Curve Lake and Hiawatha First Nations, and to the Government of Ontario.

The duties of the Board of Health are carried out under the authority the Health Protection and Promotion Act and its Regulations. Board of Health members have the responsibility for delivery of local public health programs and services by:

- Ensuring that the structure of the board facilitates effective governance and respects partnerships with municipalities and First Nations.
- Operating in a manner that promotes an effective board, effective communication and transparency.
- Developing a shared vision for the organization, establishing the organization's strategic directions, and governing the organization to achieve their desired vision.

- Understanding their fiduciary roles and responsibilities, ensuring that their operations are based on the principles of transparency and accountability, and that board of health decisions reflect the best interests of the public's health.

- Ensuring that the board is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the health unit in planning, operating, evaluating and adapting its programs and services.

- Ensuring that the administration of the board of health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

~~The Board of Health will emphasize:~~

- ~~outward vision;~~
- ~~diversity in viewpoints;~~
- ~~strategic leadership;~~
- ~~clear distinction of Board and staff roles;~~
- ~~future rather than past or present; and~~
- ~~proactivity rather than reactivity.~~

~~The duties of the Board of Health are carried out under the authority of applicable legislation. For example, the Health Protection and Promotion Act and its Regulations authorize the Board of Health and its staff to control communicable disease and other health hazards in the community. It also mandates the Health Unit to perform proactive functions in the area of health promotion and disease prevention. Guidelines, published by the Ministry of Health, describe how these programs are to be carried out.~~

~~The Board of Health provides a policy framework within which staff can define the health needs of the community and design programs and services to meet these needs. The introduction or continuation of Board of Health Programs must have epidemiological support or valid indication as to their need. All programs and services are approved by the Board of Health. The Board of Health's philosophy and management process supports the Board of Health in carrying out its mandate in an efficient, effective, and economical manner.~~

~~The primary foci of the Board of Health are planning and policy development, fiscal arrangements and labour relations. The Board does not become involved in day-to-day management decisions such as approving staff training, vacations, and travel expenses. These day-to-day management decisions are the responsibility of the Medical Officer of Health and other senior staff.~~

~~Administration~~

~~The Board of Health:~~
~~- establishes policies which govern the operation of the Health Unit;~~
~~- is accountable to the community for ensuring that its health needs are addressed by the appropriate programs and ensuring that the Health Unit is well managed.~~

~~Planning~~

~~The Board of Health:~~
~~- establishes overall objectives and priorities for the organization in its provision of health programs and services to meet the needs of the community.~~

~~Budgeting~~

~~The Board of Health:~~
~~- determines the allocation of resources in accordance with its objectives and priorities;~~
~~- monitors overall expenditures at a level of detail appropriate to its organizational responsibility.~~

~~Staffing~~

~~The Board of Health:~~
~~- decides the criteria and process for selection of senior staff;~~
~~- approves the number, classification, qualifications, and salaries of all staff;~~
~~- hires the Medical Officer of Health with the approval of the Minister of Health (Appendix 1);~~
~~- assesses the performance of the Medical Officer of Health;~~
~~- provides opportunities for career development of staff and continuing education.~~

~~Programming~~

~~The Board of Health:~~
~~- approves changes in programs and services;~~
~~- monitors and evaluates the effectiveness of the organization through regular review of programs,~~
~~- service plans, and procedures.~~

Board of Health
Policy

Section:	Number:	Title:	Page:
Board of Health	**2-270**	**Conduct, Board Members**	**1 of 2**

Approved by: Board of Health **Date:** **Housekeeping Revision** **Approved by:** **On:**	**Original** **Approved by: Board of Health** **On: May, 1995** **Revision** **Approved by:** **On:** **Reviewed** **By: Governance Committee** **On: April 4, 2012** **Next Review Date:**

Reference: 2-120, By-Law Number 3 - Calling of and Proceedings at Meetings

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

1. Board members must endeavour to represent the interests of the Board of Health in carrying out its mission.

2. Board members' interaction with the Medical Officer of Health or with staff must recognize the lack of authority in any individual Board member or group of Board members.

3. Board members' interaction with the public, media, or other entities must recognize the limitation and inability of any Board member or Board members to speak for the Board.

4. Board members will make no judgements on the performance of the Medical Officer of Health or staff except as that performance is assessed against explicit board policies by the official process.

5. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough County-City Health Unit which is considered private and privileged.

6. Board members are obligated to prepare for meetings and to participate productively in discussion, always within the boundaries of discipline established by the Board.

7. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.