Board of Health for the Peterborough
County-City Health Unit
AGENDA
Board of Health Meeting
4:45 p.m. Wednesday, September 12, 2012
(Council Chambers, County Court House
County of Peterborough, 470 Water Street)

1. Call to Order

1.1. Welcome and Introduction: Chief Phyllis Williams, Curve Lake First Nation

2. Declaration of Pecuniary Interest

3. Confirmation of the Agenda

4. Delegations and Presentations

4.1. A Day In The Life – Sewage Inspector
Presenter: Kathleen Shepherd, Public Health Inspector

5. Confirmation of the Minutes of the Previous Meeting

5.1. **July 26, 2012**

6. Business Arising From the Minutes

7. Correspondence

8. Program Reports

8.1. **Q2 2012 Program Report**
Presenter: Larry Stinson, Director, Public Health Programs

8.2. **Q2 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. **Staff Report: Cuts to Social Assistance Benefits: A Public Health Perspective**
Presenter: Christine Post, Health Promoter

9.2. **Limited Incomes: A Recipe For Hunger (August 2012)**
Dr. Rosana Pellizzari, Medical Officer of Health

9.3. **Staff Report: Staff Proposal for Naming Rights**
Brent Woodford, Director, Corporate Services

9.4. **Staff Report: 2012 Budget Approvals - Ministry of Health and Long-Term Care Funded Programs**
Brent Woodford, Director, Corporate Services

9.5. Board of Health Property Committee Membership
Deputy Mayor Sharpe

10. Committee Reports

10.1. **Governance Committee**
David Watton

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

11. In Camera to Discuss Confidential Personal and Property Matters

12. Date, Time, and Place of the Next Meeting
Wednesday, October, 10, 2012; (Council Chambers, Administration Building, 22 Wiinookeedaa Rd., Curve Lake First Nation). **Proposed Start: 5:30 p.m.**

13. Adjournment

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

Board of Health for the
Peterborough County-City Health Unit
Meeting Minutes
Thursday, July 26, 2012
General Committee Room, City Hall
500 George Street North, Peterborough

Present:

Board Members:
Deputy Mayor Andy Sharpe, Chair
Councillor Andrew Beamer
Councillor Henry Clarke
Mr. Jim Embrey
Mayor John Fallis
Councillor Lesley Parnell
Mayor Mary Smith

Regrets:
Mr. Paul Jobe
Councillor Jill Smith
Mr. David Watton
Mr. Keith Knott

Staff:
Mrs. Brittany Cadence, Supervisor, Communications
Mrs. Donna Churipuy, Manager
Mrs. Patti Fitzgerald, Manager, Clinical Services and Chief Nursing Officer
Mrs. Barbara Matwey, Administrative Assistant, Recorder
Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Director, Public Health Programs
Mrs. Alida Tanna, Administrative Assistant
Mrs. Sarah Tanner, Supervisor, Oral Health Program
Mrs. Kerri Tojcic, Computer Technician Analyst
Mr. Brent Woodford, Director, Corporate Services

1. Call To Order

Deputy Mayor Sharpe called the meeting to order at 4:50 p.m. Deputy Mayor Sharpe introduced Patti Fitzgerald, Manager, Clinical Services and Chief Nursing Officer and Sarah Tanner, Supervisor, Oral Health Program. He advised that Chief Phyllis Williams, Curve Lake First Nation, had been appointed to the Board of Health; her first meeting will be in September. Outgoing Board Member Keith Knott will be honoured for his years of service at the October Board of Health meeting which will be held in Curve Lake.

DRAFT

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Confirmation of Agenda

Moved by Councillor Parnell
Seconded by Mayor Fallis

That the agenda be approved as circulated.

- Carried - (M-12-99)

4. Delegations and Presentations

4.1 PCCHU Web Site Update
Presenter: Ms. Brittany Cadence, Supervisor, Communications Services

Brittany Cadence presented an overview and demonstration of the new web site. The site was officially launched by Board Chair Andy Sharpe who posted the Health Unit's first tweet on Twitter.

5. Confirmation of the Minutes of the Previous Meeting

Moved by Councillor Parnell
Seconded by Councillor Clarke

That the minutes of the Board of Health meeting held on June 13, 2012 be approved.

- Carried - (M-12-100)

6. Business Arising From the Minutes

Nil.

7. Correspondence

Moved by Councillor Clarke
Seconded by Mr. Embrey

That the following documents be received for information.

- Carried - (M-12-101)

1. Letter dated July 17, 2012 from the Hon. Deb Matthews, Ministry of Health and Long-Term Care (MOHLTC) to Chairman Sharpe, regarding funding for 2012.

DRAFT

2. Letters/Resolutions from other Health Units:

Durham
- All Terrain Vehicles
- HPV Immunization
- Immunization of School Pupils Act
- Refugee Health Benefits
- Skin Cancer Prevention
- Vienna Declaration

Hamilton
- Skin Cancer Prevention

Leeds-Grenville-Lanark
- Preschool Speech and Language Program

Sudbury
- Oral Health

Toronto
- Refugee Health Benefits
- BOH Meeting, July 26, 2012
- Item 7.0, Page 1

Wellington-Dufferin-Guelph
- Skin Cancer Prevention

DRAFT

8. Program Reports

Nil.

9. New Business

9.1 Staff Report: Oral Health program Status

Presenter: Mrs. Sarah Tanner, Supervisor, Oral Health Program

Moved by Councillor Parnell — Seconded by Mayor Smith

That the Board of Health for the Peterborough County-City Health Unit:
- Receive the staff report, Oral Health Program Status, for information; and,
- Request staff to provide a presentation on the 2013 Healthy Smiles Ontario Plan in November/December.

9.2 Staff Report: 2012 Budget Update

Brent Woodford, Director, Corporate Services

Moved by Councillor Parnell — Seconded by Mayor Fallis

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

- Receive the staff report, 2012 Budget Update, for information; and,
- Direct staff to bring an adjusted, balanced budget to the next meeting for approval.

- Carried - (M-12-102)

10. Committee Reports

Nil.

11. In Camera to Discuss Confidential Personal and Property Matters

Moved by Councillor Parnell
Seconded by Mayor Smith

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

- Carried - (M-12-103)

Moved by Mayor Smith
Seconded by Mr. Embrey

That the Board of Health rise from In Camera.

- Carried – (M-12-104)

Moved by Councillor Parnell
Seconded by Councillor Clarke

That the Board of Health for the Peterborough County-City Health Unit notify Council in writing of its interest in pursuing a partnership with Social Services and the co-location of services.

- Carried – (M-12-105)

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

Wednesday, September 12, 2012, 4:45 p.m. – Council Chambers, County Court House, 470 Water Street, Peterborough.

13. Adjournment

Moved by Mayor Smith
Seconded by Councillor Parnell

That the meeting be adjourned.

- Carried – (M-12-106)

DRAFT

The meeting adjourned at 7:10 p.m.

____
Chairperson

____
Medical Officer of Health

DRAFT

To: All Members
Board of Health

From: Dr. Rosana Pellizzari, Medical Officer of Health

Subject: **Correspondence**

Date: September 12, 2012

Recommendation:

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

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1. Notice from the Association of Local Public Health Agencies (alPHa) regarding the upcoming 2012 Fall Symposium. **REF. P. 2**

2. Letters/Resolutions from other Health Units:

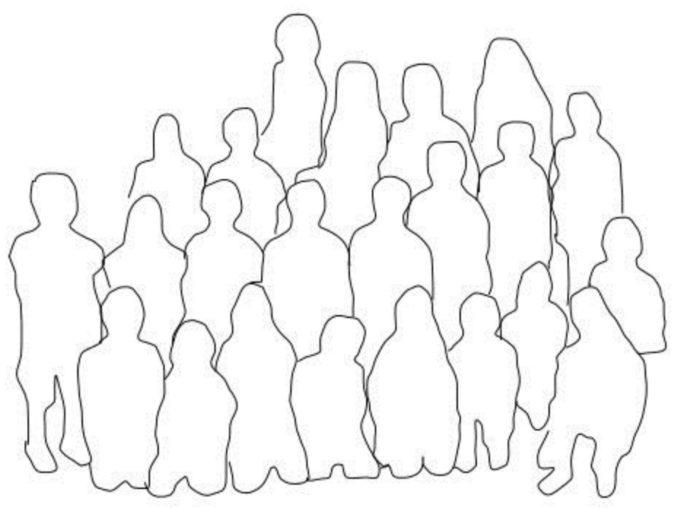
   Niagara
   - Refugee Health Benefits **REF. P. 3-7**

   Windsor-Essex
   - Food Security **REF. P. 8-13**

Original signed by

Rosana Pellizzari, M.D.

SAVE THE DATE



A conference for:

- Medical officers of health
- Board of health members
- Senior public health managers
- Front-line staff at public health units

2012 Fall Symposium

Wednesday, November 7 &
Thursday, November 8

The Waterside Inn
15 Stavebank Road South, Mississauga ON
www.watersideinn.ca

Book your accommodations by October 16; call the hotel at 1-877-264-7770 or e-mail reservations@watersideinn.ca

WHO's WHO in 2012

Hear from key senior provincial public health representatives and staff about their roles and initiatives at the Ministry of Health and Long-Term Care's *Public Health Division* and *Health Promotion Division* as well as other ministries and agencies.

Invited special guests include:

- Hon. Eric Hoskins, Minister of Children and Youth Services
- Hon. Deb Matthews, Minister of Health and Long-Term Care

PLUS:

- COMOH meeting for Medical Officers of Health, Associate Medical Officers of Health
- BOH Section meeting for Board of Health members: Learn about the Social Determinants of Health firsthand and hear what some health units have done to incorporate health equity in their local strategic plans, including setting targets
- Networking reception for all attendees

Look for more details in the coming weeks on www.alphaweb.org

OFFICE OF THE REGIONAL CHAIR
GARY BURROUGHS
The Regional Municipality of Niagara
2201 St. David's Road, P.O. Box 1042
Thorold, Ontario L2V 4T7
Telephone: 905-685-1571
Fax: 905-685-6243
E-mail: gary.burroughs@niagararegion.ca

July 31, 2012

The Honourable Jason Kenney, P.C., M.P.
Minister of Citizenship and Immigration
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister:

The Interim Federal Health Program (IFHP) is an essential program which provides coverage to eligible protected persons, refugee claimants, and others who do not qualify for provincial or territorial health insurance. Your government previously announced plans to make changes to this program as part of immigration reforms, and a review of health care spending in all areas. On June 30, 2012 these major revisions to the IFHP took effect, which will impact all current users and future applicants. As the Board of Health of Niagara, we are concerned these changes will result in refugees being denied access to dental, vision, pharmacy, and primary care coverage.

At the July 26, 2012 meeting of Regional Council, the following recommendations were made at the direction of council:

1. ***That the Chair of the Board of Health BE DIRECTED to write a letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program;***

2. ***That the Chair of the Board of Health BE DIRECTED to recommend the federal Minister of Citizenship, Immigration, and Multiculturalism consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health;***

3. ***That staff BE DIRECTED to forward a copy of this report and letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to the Ontario Minister of Health and Long-Term Care and all boards of health in Ontario urging them to also advocate to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program.***

These directives can be found in the attached report MOH 04-2012, regarding Interim Federal Health Program Changes.

...2

Niagara Region directly borders the United States and as a direct result, more than 2,000 refugees annually cross the Peace Bridge into Fort Erie. Approximately 15-20% of those refugees choose to stay in Fort Erie and/or the surrounding Niagara municipalities. With the changes to the IFHP, these newcomers will experience difficulties in obtaining primary care, specialist referrals, and medications.

According to demographics collected by the Fort Erie Multicultural Centre, most refugees in their community come to Canada in family groups. This includes family members from infancy to seniors. With the recently-implemented changes to the IFHP, these families will beat significant risk of no longer having access to much-needed services such as prenatal care, childhood vaccinations generally administered in primary care visits, medications or specialist referrals for chronic diseases, such as diabetes and heart disease. There is great potential that many refugees will 'fall through the cracks', have poor control over their chronic medical conditions, and as a result of poor health, be less likely to contribute to Niagara's social and economic environments.

As Chair of Niagara's Board of Health, we ask for your support in requesting the Federal Government reinstate the IFHP. We also urge your government to consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health.

Yours truly,

Gary Burroughs
Regional Chair

Att.

C: All Ontario Boards of Health
Rick Dykstra, M.P., St. Catharines
Dean Allison, M.P., Niagara West-Glanbrook
Malcolm Allen, M.P., Welland
Mike Shea, HNHB LHIN

GBs093-12

REPORT TO: **Co-Chairs and Members**
Public Health and Social Services Committee

SUBJECT: **Interim Federal Health Program Changes**

RECOMMENDATION

1. That the Chair of the Board of Health **BE DIRECTED** to write a letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program;

2. That the Chair of the Board of Health **BE DIRECTED** to recommend the federal Minister of Citizenship, Immigration, and Multiculturalism consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health;

3. That staff **BE DIRECTED** to forward a copy of this report and letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to the Ontario Minister of Health and Long-Term Care and all boards of health in Ontario urging them to also advocate to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program.

PURPOSE

- To provide information on the health and public health impacts of the policy changes to the Interim Federal Health Program (IFHP) on the health of refugees and refugee claimants, and subsequent impact on public health services.

BUSINESS IMPLICATIONS

There are no direct financial implications of this report. However, the changes to the IFHP may result in an increase in use of Niagara Region Public Health (NRPH) services. This essentially will result in a downloading of costs from the federal government to the provincial and local taxpayer.

REPORT

The IFHP is funded through Citizenship and Immigration Canada. It provides temporary health care coverage to eligible protected persons, refugee claimants, and others who do not qualify for provincial or territorial health insurance. Current coverage under the IFHP includes basic health care services (acute and primary care) and extended services such as pharmacy, dental, vision, and assistive devices. Non-emergency situations require a pre-approval. IFHP eligible groups include refugee claimants awaiting determination by the Immigration and Refugee Board, failed claimants awaiting removal from Canada, resettled refugees, protected persons in Canada waiting to receive their provincial/territorial health insurance, persons detained under the *Immigration and Refugee Protection Act*, and victims of trafficking. IFHP coverage is usually maintained until recipients qualify for provincial/territorial health plans.

On June 30, 2012, revisions to the IFHP will take effect and will impact all current users and future applicants. Changes include the following:

- **Dental, vision and pharmacy coverage for all refugees will be eliminated;**
- **Protected persons and refugee claimants from non-Designated Countries of Origin will only be provided health care coverage for urgent and essential health services or for those conditions deemed to pose a risk to public health or public safety;**
- **Refugee claimants from Designated Countries of Origin and rejected refugee claimants will only be eligible for health coverage needed to prevent or treat a disease that poses a risk to public health or public safety; and**
- **Applicants for Pre-Removal Risk Assessment who have not previously made a refugee claim will receive no medical benefits.**

Impact on Niagara Region

Niagara Region directly borders the United States. As a result, more than 2,000 refugees cross the Peace Bridge yearly into Fort Erie. Approximately 15-20 percent of those refugees choose to stay in Fort Erie and/or the surrounding Niagara municipalities. With the changes to the IFHP, these newcomers will experience difficulties in obtaining primary care, specialist referrals, and medications.

According to demographics collected by the Fort Erie Multicultural Centre, most refugees in the community are currently Spanish- or Creole-speaking and come to Canada in family groups. This includes family members from infancy to seniors. These families will no longer have access to services such as prenatal care, childhood vaccinations generally administered in primary care visits, medications, or specialist referrals for chronic diseases, such as diabetes and heart disease.

NRPH is working with the Fort Erie Multicultural Centre to ensure families in need can access Public Health's services, such as vaccination clinics and early childhood development advice. NRPH will also continue to provide treatment for diseases that pose

a risk to public health, such as pulmonary tuberculosis. However, public health does not play a role in providing medications or primary care services to those with chronic conditions. There is great potential that many refugees will "fall through the cracks", have poor control over their conditions, and as a result of poor health, be less likely to contribute to Niagara's social and economic environments.

Changes to the IFHP effective June 30, 2012, will limit access to health and health care for refugees. Given the large number of refugees entering Niagara, there will be an impact on the broader economic and social context of Niagara Region. NRPH is taking steps to mitigate some of the changes; however, much is outside public health's mandate. Reinstatement of the previous IFHP policy until the federal government has had the opportunity to consult with provincial and local stakeholders is necessary to maintain refugee and public health.

Submitted by:

Valerie Jaeger, MD, PhD, CCFP
Medical Officer of Health (A)

Approved by:

Mike Trojan
Chief Administrative Officer

This report was prepared by Dr. Jessica Hopkins, Associate Medical Officer of Health, *and Adrienne Jugley, Director Clinical Services. The authors thank Community Services, the Fort Erie Multicultural Centre, and Toronto Public Health for providing consultation and context to this report.*

June 28, 2012

The Honourable Dalton McGuinty
Premier of Ontario Queen's Park
Rm. 281, Main Legislative Building
Toronto, ON M7A 1A1

Dear Premier McGuinty:

At the May 17th, 2012 meeting of the Windsor-Essex County Board of Health, the issues of health inequity and food insecurity in Windsor-Essex County were brought to our attention. In consideration of the undisputable evidence linking health inequity and food insecurity to negative health outcomes, the Board of Directors of the Windsor-Essex County Health Unit recommends the following actions by your government:

1. Implement a monthly $100 Healthy Food Supplement for social assistance recipients in Ontario as recommended by the Social Planning Network of Ontario (SPNO), the Association of Local Public Health Agencies (alPHa), and The Stop Community Food Centre;

2. Partner with Ontario Collaborative Group on Healthy Eating and Physical Activity to support the implementation of the comprehensive, coordinated Ontario Food and Nutrition Strategy.

Food insecurity in Windsor-Essex County is threatening the health and well-being of too many families in our community. Immediate action is required to help offset rising food costs for those on social assistance. With the highest unemployment rates in the country, many Windsor-Essex residents continue to rely on social assistance programs. In fact, the number of Ontario Works cases in Windsor has risen twenty one percent over the past five years (City of Windsor, 2012). Increased dependence on this income source is particularly worrisome considering results from the Nutritious Food Basket annual food costing exercise. These food costing exercises have consistently shown that people in Windsor-Essex County who have low incomes don't have adequate funds to afford healthy eating after paying for other essentials, such as housing and utilities. The food security of Windsor-Essex residents has been further threatened by the frozen social assistance rates and the delayed child tax benefit increase highlighted in the proposed 2012 Ontario budget.

We understand that the monthly $100 Healthy Food Supplement does little to mitigate the underlying problem of food insecurity. However, the supplement is urgently needed to get nutritious food to those who need it most. This, in turn, can help protect them against the negative health consequences associated with food insecurity until more sustainable solutions are in place.

It is our understanding that the Ontario Collaborative Group on Healthy Eating and Physical Activity has taken initiative to create more sustainable solutions by partnering with key stakeholders to develop a comprehensive Food and Nutrition Strategy for the province. The strategy will focus on policy change to

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1-800-265-5822
www.wechealthunit.org

improve access to healthy food for all Ontarians, including those who are food insecure. We urge you to support the development, implementation, and monitoring of the proposed Ontario Food and Nutrition Strategy to effectively address the root causes of food insecurity.

The benefits of these actions extend beyond protecting the health of Ontarians. As you are aware, it costs more to treat and manage the negative health consequences of food insecurity (e.g., compromised growth and development, cognitive impairment, increased risk of infectious and chronic disease) than to prevent them by ensuring people can afford a basic nutritious diet. Further, food security promotes optimism and productivity, both of which are required to stimulate the economic recovery of Windsor-Essex County and for the prosperity of the entire province.

In closing, we look forward to working with the Liberal government as well as the many vested community partners to address the important issues of health inequity and food insecurity in Windsor-Essex County and throughout the province.

Thank you for your immediate attention to this matter.

Sincerely,

Gary McNamara, Chairperson
Board of Directors

GM:nm

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cc: Dr. Arlene King, Chief Medical Officer of Health
The Honourable Deb Matthews, Minister's Office, Ministry of Health
The Honourable Eric Hoskins, Minister of Children and Youth Services
Ms. Sue Makin, President, The Ontario Public Health Association
Ms. Amy MacDonald, Co-Chair, Ontario Society of Nutrition Professionals in Public Health
Ms. Lynn Roblin, Chair, Ontario Collaborative Group on Healthy Eating and Physical Activity
Mr. Nick Saul, Executive Director, The Stop Community Food Centre
Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
Ms. Janet Gasparini, Chair of the Board, Social Planning Network of Ontario (SPNO)
Ms. Michele Legere, Coordinator, Food Matters Windsor-Essex County
Mr. Adam Vasey, Director, Pathway to Potential
M. Brennan, County Council Services (Member Municipalities)
B. Murray, City of Windsor Council Services
Ontario Boards of Health

Windsor-Essex County Health Unit
Board of Directors

Resolution Recommendation

2012 May 17

Issue:

The prevalence of food security in Windsor-Essex County is threatening the health and well-being of our community. Immediate and ongoing action is required to improve access to safe, healthy, personally and culturally acceptable foods, especially among the area's most vulnerable populations.

Background:

Food Security: A Key Opportunity for Health Protection and Health Promotion

Food security, which is the ability to secure safe, healthy, personally and culturally-acceptable food, is necessary for good health. The converse state, food insecurity, has been linked to depression, heart disease, diabetes, high blood pressure, as well as self-reported poor general health (Vozoris & Tarasuk, 2003). In addition to the known nutritional inadequacies associated with food insecurity in Canada (Kirkpatrick & Tarasuk, 2008), people from food insecure households also appear more likely to be overweight or obese compared to their food secure peers (Mirza, Fitzpatrick-Lewis, Thomas, 2007). Accordingly, efforts to improve food security can help address the wide range of public health priorities that are associated with malnutrition and obesity, including chronic disease prevention and improved pregnancy outcomes.

Many Windsor-Essex Residents are at Risk of Food Insecurity

With unemployment rates in Windsor continuing to top the country at 10.7% (Statistics Canada, 2012), many Windsor-Essex residents continue to rely on social assistance programs. In 2011, the number of Ontario Works cases in Windsor rose to 24,457, resulting in a 21% increase over the past five years (City of Windsor, 2012). Increased dependence on this income source is particularly worrisome considering the results from the Nutritious Food Basket survey in Windsor-Essex County. This annual survey has repeatedly shown that people with low incomes, including those who rely on social assistance, don't have adequate funds to afford healthy eating after paying for other essentials, such as housing and utilities. This disparity is illustrated in appendix A, which highlights real life situations for people in Windsor-Essex County utilizing the Nutritious Food Basket survey data from 2011.

Addressing Immediate Need and Building for the Future

Food prices will continue to rise despite a slow economic recovery. The community should be prepared to meet the immediate needs of an increasing number of people unable to secure food as a result of this situation. Provincial implementation of a monthly Healthy Food Supplement (e.g. $100) for social assistance recipients is required to help offset rising food costs for our community's most vulnerable populations and, in turn, protect them against the negative health consequences associated with food insecurity. Further, coordinated local and provincial efforts are required to create sustainable solutions to food insecurity that go beyond preventing hunger.

In summary, as a leader in community health protection and promotion, it is imperative that the Windsor-Essex County Health Unit continue to support food security initiatives through resource allocation, community collaboration and advocacy efforts. This is especially true in light of our current economic reality. Addressing food security can also help tackle some of the community's most pressing public health issues, including our low vegetable and fruit consumption and higher than provincial average rates of high blood pressure, diabetes, and obesity, which were highlighted in the most recent *Statistics Canada Health Profile* (2011).While community collaboration and policy development efforts are well underway in the area of food insecurity, action is urgently needed to work with priority populations to develop evidence-based programming that address their unique needs.

Proposed Motion:

WHEREAS addressing food security is essential to protecting and improving the health of Windsor-Essex County residents, and

WHEREAS immediate action is required to ensure that our community's most vulnerable populations continue to have access to basic healthy food during this time of economic instability, and

WHEREAS effective and sustainable food security solutions require coordinated, evidence-based policies and programs that are supported by all levels of government

NOW THEREFORE, BE IT RESOLVED that the Board of Directors at the Windsor-Essex County Health Unit petition the Premier of Ontario, the Right Honourable Dalton McGuinty to:

1. Implement the $100 Healthy Food Supplement for social assistance recipients in Ontario as recommended by the Social Planning Network of Ontario (SPNO) in partnership with the Association of Local Public Health Agencies (alPHa) and The Stop Community Food Centre;
2. Partner with Sustain Ontario and other stakeholders to develop and implement a comprehensive Ontario Food and Nutrition Strategy through multi-sector partnerships.

AND FURTHER that the Board of the Windsor-Essex County Health Unit continue to support local food security by:

1. Facilitating the creation of a comprehensive strategic plan for food security that is based on the evaluated needs of priority populations;
2. Committing to reviewing food affordability data (i.e., Nutritious Food Basket data) annually as per the Ontario Public Health Standards 2008, and coordinating related advocacy efforts as deemed necessary;
3. Continuing to partner with key food sustainability and anti-poverty organizations and initiatives. These partnerships will include, but are not limited to, *Pathway to Potential*, Windsor-Essex County's Poverty Reduction Strategy and *Food Matters*, the Ontario Trillium funded local food sustainability initiative;
4. Pursuing policies that support health equity, including the proposed Food Charter for Windsor-Essex County.

References:

City of Windsor (2012). Ontario Works Statistics. Retrieved on 12, Apr. 2012 from: http://www.citywindsor.ca/residents/socialservices-/Ontario-Works/Pages/Ontario-Works-Statistics.aspx

Kirkpatrick, S., & Tarasuk, V. (2008). Food Insecurity is Associated with Nutrient Inadequacies among Canadian Adults and Adolescents. *Journal of Nutrition.*138, 604-612.

Mirza, M.D., Fitzpatrick-Lewis D., Thomas H. (2007). Is there a relationship between food insecurity and overweight/obesity? Public Health Research, Education & Development Program. Retrieved from: http://www.ephpp.ca/PDF/2007_Food%20insecurity.pdf

Statistics Canada (2011). Health Profile. Statistics Canada Catalogue No. 82-228-XWE. Ottawa. Released October 25, 2011. Retrieved on 12, Apr. 2012 from: http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E

Statistics Canada (2012). Labour Force Information. Catalogue no. 71-001-X. Retrieved on 12, Apr. 2012 from: http://www.statcan.gc.ca/pub/71-001-x/71-001-x2012003-eng.pdf

Vozoris, N.T. & Tarasuk V.S. (2003). Household food insufficiency is associated with poorer health. *Journal of Nutrition.* 133, 120-126.

Appendix A: Monthly Income and Cost of Living Scenarios for Windsor-Essex County Residents

	Single Man on Ontario Works (OW)	Single Women over 70 (Old Age Security/ Guaranteed Income Security)	Single Mother Family of 3 on OW	Family of 4 Minimum Wage Earner	Family of 4 Median Income After tax
Mothy Income Including Benefits and Credits	$ 635	$ 1245	$ 1836	$ 2619	$ 5767
Estimated Shelter Cost	$ 482	$ 627	$ 752	$ 891	$ 891
Cost of a Nutritious Diet	$ 199	$ 147	$ 480	$ 666	$ 666
What's Left?	- $ 46	$ 471	$ 604	$ 1062	$ 4210
% Income Required for Shelter	76 %	50 %	41 %	34 %	15 %
% Income Required for Nutritious Diet	31 %	18 %	26 %	25 %	12 %
Remember: People still need to pay for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, internet, school essentials, medical and dental costs and other purchases					

Table adapted from Middlesex-London Health Unit Report No. 104-11 using local housing data and results from the 2011 Nutritious Food Basket costing survey conducted in Windsor-Essex County

PETERBOROUGH COUNTY-CITY HEALTH UNIT
Q2 2012 PROGRAM REPORT
(April 1 – June 30, 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.
[1] = 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 Q2 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:						The survey of local health care providers (HCPs) regarding their use of the *Perinatal Mood Disorders Resource* was distributed to front line office staff; July 13 is the return date for completed surveys. Question regarding HCP's asking mothers about mood added to the Breastfeeding Survey's 48 hour and two week contact. The Health Unit, a partner in the International Parenting Survey – Canada, provided promotion for the initiative. Staff collected completed paper surveys and sent them to University of Ottawa for analysis. The Medical Officer of Health promoted local participation through a column in the Examiner. Refer to Requirement #3 for information on Oral Health surveillance. Three focus groups have been conducted with the Community Dental Health Centre (CDHC) clients for Phase 1 of the evaluation plan for the CDHC and Mobile Dental Health Centre (MDHC). Interviews will were conducted with clinic staff. The data collected from the focus groups and clinic staff interviews will be analyzed along with routine client feedback forms.
• Positive parenting;	✓	↑	↑			
• Breastfeeding;	✓	↑	↑			
• Healthy family dynamics;	✓	↑	↑			
• Healthy eating, healthy weights, and physical activity;	✓	↑	↑			
• Growth and development; and	✓	↑	↑			
• Oral health.	✓	↑	↑			
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*	✓	↑	↑			See Requirement #10. A mobile application for the Oral Health Information Support System (OHISS) – Module 111 was implemented during the 2011-2012 school year, but was not used to capacity as approval to electronically populate student information from Board of Education

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Requirement	Status 2011	Status 2012				Comments
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Protocol, 2008 (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).						databases was not received. However, it is anticipated that this approval will be in place for the 2012-2013 school year. There were two Ministry updates to the OHISS mobile application during the 2011-2012 school year, each improving functionality.
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.	 ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑			A letter regarding changes to the implementation of the Care for Kids (CFK) program was sent to public and separate school boards. Existing CFK materials were distributed to school boards' resource libraries and to Kawartha Child Care Services. The Perinatal Mood Disorder (PMD) Collaborative met to discuss gaps and issues related to PMD in Peterborough, and possible solutions. Staff met with Trent-Fleming Nursing Professor, Dr. Michele McIntosh, to review PMD Collaborative initiatives and discuss opportunities for future research and collaboration. The speech and language campaign was held in May. The Facebook ads for this campaign will continue until the end of July 2012. Child Health materials were promoted at the Curve Lake Health Fair in June. Staff: • prepared and submitted a response to Health Canada's revised *Nutrition for Healthy Term Infants 0-6 months;* • coordinated *Breastfeeding Best Practices for Healthcare Professionals* workshop; • provided a breastfeeding update at the annual Prenatal Educators meeting; • submitted breastfeeding content to the NBP newsletter; • participated in Baby-Friendly Initiative (BFI) Ontario committee work which supports BFI implementation across the province. • attended the Community Parent Education Committee and Peterborough Nobody's Perfect (NBP) Advisory Committee meetings; • took part in a Triple P (TP) presentation to Early Childhood Educators; and • worked with the Canadian Hearing Society- Peterborough (CHS) to facilitate the

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						provision of two out-of-county one-on-one NBP parent education and support series to two Deaf clients of the Canadian Hearing Society. The NBP newsletter provided information for facilitators and community partners on breastfeeding and infant feeding. Two NBP volunteers received five year Ontario Volunteer Service Awards. In order to increase the awareness of the Mobile Dental Clinic, oral health screening staff left posters with all elementary schools following each school screening clinic.
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 investigated feasibility of implementing a skin-to-skin campaign which would support positive parenting/attachment and breastfeeding for all populations, but especially priority populations. Redevelopment of the Oral Health Program web content is underway. Staff: • coordinated TP advertising; and • provided a TP seminar for parents in partnership with the Peterborough Family Resource Centre (PFRC).
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.	✓	↑	↑			Three NBP group series were provided in collaboration with community partners. Staff provided four NBP one-on-one series to clients of the Healthy Babies, Healthy Children program (HBHC). Staff provided 24 TP consultation sessions and one TP seminar.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	 ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ ↑ ↑			Public Health Nurses (PHN's) provided 114 telephone consultations on the Family Health*line*, on a variety of child health related topics. See also #6, regarding NBP which includes information provision about community services and referrals. Since October of 2010, eligibility cards for dental treatment and preventive services under *Healthy Smiles Ontario* (HSO) have been issued to 385 children and youth, along with 60 renewals; $129,370.99 in HSO claims have been processed. Information on Early Childhood Tooth Decay is 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 assisted the YMCA of Central East Ontario with the submission of a Healthy Communities Grant application for mothers' exercise and networking group, geared to new moms at risk for or experiencing symptoms of depression. Staff partnered with Sir Sandford Fleming College Massage Therapy Students to obtain maternal and infant massage gift certificates for postnatal women experiencing mood disorders. Staff worked with YWCA Crossroads to support the ongoing provision of NBP at the Shelter. Staff worked with the New Canadians Centre to provide NBP to parents new to Canada. 771 clients had been seen for treatment in the CDHC, many requiring more than one appointment; 20 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. The Dental Treatment Assistance Fund (DTAF) provides financial assistance up to the amount of $200 for individuals who have no dental benefits and require emergency treatment; 47 individuals were assisted through DTAF.
Disease Prevention						

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).	Ø	Ø	Ø			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 among Grade 2 students in Peterborough County and City (i.e. levels of decay), schools are assigned a "risk level" which determines the intensity of further screening. In the 2011/2012 school year, staff screened a total of 4,215 children in Peterborough County and City schools, and based on the levels of decay in the Grade 2 students screened, four schools were determined to be high risk, 11 were moderate risk, and 28 were considered low risk.
11. The board of health shall facilitate access and support for families to complete screening tools to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up.	✓	↑	↑			The Nipissing District Developmental Screen (NDDS) for early identification of developmental delays is disseminated through NBP series and by partner agencies. Links to NDDS screens have been added to our new website.
12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken.	✓	1	1			To date, 78 children and youth were deemed eligible for financial assistance and referred for treatment and follow-up through the CINOT program.
13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current).	✓	1	1			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.
Health Protection						
14. The board of health shall review drinking	✓	1	1			Monthly reports are received from Peterborough Utilities Water Treatment Plant, and

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	4th	1st	2nd	3rd	4th	
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).						reviewed by the Dental Consultant to ensure that levels of fluoride remain within the approved range.

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Chronic Disease Prevention Q2 2012

(Manager: Hallie Atter; Donna Churipuy)

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

<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 colspan="7">Assessment and Surveillance</td></tr>
<tr><td>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.</td><td>✓
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✓</td><td></td><td></td><td>Nutrition
Supported the development of Food Program Community Maps for the County of Peterborough with County Staff, the PCCHU Epidemiologist and Community Social Plan staff.

Physical Activity
Prepared a final report on the results of qualitative research regarding about barriers to accessing recreation in the City of Peterborough. This report was presented to community partners at the Access to Recreation April Working Group meeting.

Conducted a survey with recreation service providers in the City of Peterborough to learn more about their programs with respect to accessibility for people with disabilities, subsidies/fee assistance, and culturally appropriate information.

Cancer Prevention
Evaluation of Cancer Prevention Awareness Campaign on skin, testicular and cervical cancers was completed and results reviewed with the Fleming College and Trent University. 21% of students surveyed indicated that cancer prevention is an important student health issue.</td></tr>
<tr><td>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).</td><td>✓</td><td>↑</td><td>↑</td><td></td><td></td><td>Nutrition
Responded to inquiries from other Health Units and provinces regarding implementation of the Nutritious Food Basket (NFB) protocol. Conducted food costing and submitted Nutritious Food Basket results to the Ministry of Health and Long Term Care (MOHLTC). Collaborated with North Bay Parry Sound District Health Unit on the 2012 NFB Case Scenarios.</td></tr>
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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics:						**Nutrition** Presented an overview of local comprehensive School Board Nutrition Policies to PCCHU staff working with schools and youth. 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*. In partnership with both Boards of Education, Kawartha, Pine Ridge District Health Unit (HKPRDHU) and Durham Region Health Department (DRHD), organized a Nutrition Policy Training for Secondary School staff. Continued to support development of content for an on-line discussion forum and website for Nutrition Tools for Schools.
• 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.						**Physical Activity (including the Built Environment and Access to Recreation)** Critically reviewed and synthesized evidence-based research to provide input into the KPRDSB School Playground Equipment Policy. A Staff Report advocated for shade structures, sufficient playground equipment and safety. Co-developed a report card on Peterborough Students' Health for School Superintendents and other key stakeholders in youth health, for the purpose of sharing local data and raising awareness of the link between physical activity and school connectedness. Wrote an article for the school newsletter on how teachers can increase students' physical activity levels and support parents to ensure that students meet the Canadian Physical Activity Guidelines. Drafted a public health report recommending pedestrian and cycling infrastructure as well as traffic calming measures in a new residential development. **Cancer Prevention** Contributed to the School Health Matters newsletter. Staff collaborated with representatives from KPRDSB on playground safety highlighting preventative measures to reduce children's exposure to UV radiation.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Healthy Schools/Youth To augment the work of the 2011 Intramural Leadership Day held at Trent University, the Youth Development Worker and PHN Student Nurse visited the eight participating schools and delivered a “booster kit” to each group. A needs assessment was also done in each of the schools and a custom plan was created to help further develop their intramural programs. PCCHU hosted a Youth Advocacy Training Institute (YATI) training event. Online curriculum support resource lists for public and separate school board educators were updated. The School Health Liaison worked with community partners to present a Mental Health Summit for approximately 150 Grade 7 students, educators and parents from across Peterborough County and City. “Most Significant Change” evaluation design was researched and successfully piloted with secondary school healthy school grant projects. The Health Unit provided a curriculum resource showcase for teachers attending the KPRDSB New Teacher Induction Program. Support was provided to the Project Green EARTH school garden project to develop a curriculum resource distribution plan. A partnership of community organizations, including the Health Unit, presented Blue Sky 2012 Youth Celebration event at Nichol’s Oval.
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;	✓ ✓ ✓	↑ ↑ ↑	↑ ↑ ↑			**Nutrition** Attended Pepsico’s health fair and provided healthy eating display with a focus on reducing sodium. Provided healthy eating resources and vegetables and fruit display to City of Peterborough for a health fair. Provided sodium display and corresponding resources to SYSCO.

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<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>• 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.</td><td>✓

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Participated in planning/implementation of Workplace Shifting Gears Program

Workplace Health
Developed promotional tools/communication pieces for the implementation of the PCCHU Organizational Culture Work Group Survey.

Produced and distributed the Spring edition of the Workplace Wellness Matters e-newsletter and uploaded new material on the Health at Work website—content focused on nutrition, Registered Disability Savings Plan, mental health/job stress, Shifting Gears.

Networked with local associations to explore partnerships including the Peterborough Chamber of Commerce, Human Resources Professionals Association of Peterborough (HRPAP), Kawartha Manufacturing Association, Peterborough Construction Association and the Peterborough and District Labour Council.

Cancer Prevention
As part of the cost containment strategy for 2012, the topic area of exposure to ultraviolet radiation for this requirement will not be completed.</td></tr>
<tr><td>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.</td><td>✓</td><td>X</td><td>X</td><td></td><td></td><td>Nutrition
Non-compliant due to reduction in staff.</td></tr>
<tr><td>6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics:
• Healthy eating;
• Healthy weights;
• Comprehensive tobacco control;
• Physical activity;</td><td>✓
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Participated in a presentation of a final report from a Healthy Communities funded project, Building a Community Where Everyone has Access to Food to the Community Food Network. Further disseminated report findings to local municipal leaders and through a targeted news release.

Supported the development of a Community Garden on the City of Peterborough's municipal park land.

Participated in the Peterborough Community Garden Network (PCGN) and their work</td></tr>
</table>

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
• Alcohol use; and • Exposure to ultraviolet radiation.	✓	↑	↑			on the City of Peterborough's Community Garden Policy. The Medical Officer of Health provided a presentation on Food Security Programs and Food Hub in Peterborough to the Greater Peterborough Area Economic Development Corporation Agriculture Advisory Committee. Co-presented to the Board of Health on the status of community food programming and the new initiative Nourish Peterborough Food Hub. Completed two year work plan for the Peterborough Community Food Network. **Physical Activity (including the Built Environment and Access to Recreation)** Collaborated with Peterborough City Planners and developed a public health response to a new residential development with recommendations for accessible pedestrian and cycling infrastructure; waste collection; sun protection features; accessible recreational areas; compatible land-use and traffic calming measures to ensure that the built environment supports healthy communities. Drafted a report to support further development of the Trans Canada Trail. Drafted a comprehensive report on present and planned cycling infrastructure in Peterborough City, County and First Nations for the Board of Health as well as provided evidence-based recommendations for improvement. Started preliminary work with Access to Recreation Working Group on the creation of a business case that will be used to advocate for a recreation subsidy policy at the City. Sent a letter of support for the redevelopment of the Rogers Cove Park project with suggestions for public health considerations to the new park layout. Met individually with Access to Recreation Working Group partners to outline how the Ontario Disability Support Program (ODSP)/Ontario Works (OW) discretionary benefits cuts will affect their organization and advocated for each partners to send a letter from their organization outlining the impact these cuts will have in our community. **Cancer Prevention** Geographic Information System (GIS) Fleming College students developed a low cost protocol for doing shade audits in city parks, playgrounds and schoolyards.

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						Staff and partners from the Canadian Cancer Society met with MPP, Jeff Leal, to garner support for the introduction of a new bill on skin cancer prevention to ban indoor tanning by youth under the age of 18. Bill 74 *The Skin Cancer Prevention Act* was introduced into the legislature on April 26, 2012, by NDP MPP, France Gelinas. Worked with the City's recreation department and City Councilor (and BOH member) Andrew Beamer in re-evaluating and strategizing about the direction of the Peterborough Youth Commission. The discussions culminated with a planning day at City Hall with report and recommendations to be developed by the next quarter. After an extensive process of collecting youth opinions about Peterborough County and City about youth engagement (art, photography, journaling and focus groups), the Student Peer Leaders have started making deputations to each of the eight townships, presenting their findings and making recommendations to each Council. The short term goal is to have a youth action team started in each township, with a longer term vision of connecting each of the Townships' youth together in a 'network of networks'.
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	✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ Ø Ø ↑			**Nutrition:** Participated in a community round table on provision of free community meals in the City of Peterborough. Presented a community food program session to the Annual General Meeting of the Regional Women's' Institutes and recruited interested members for County Food Action programming. Also presented to the Geriatric Assessment Intervention Network. Held a supermarket tour providing information on healthy eating, label reading and chronic disease prevention in collaboration with the Canadian Diabetes Association. And with the local Take Off Pounds Sensibly (T.O.P.S) chapter. Held a supermarket tour to clients with the Peterborough Communication Support Systems (PCSS). Worked with a sign language interpreter to provide healthy eating and label reading information.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
c. Sharing best practices and evidence for the prevention of chronic diseases						Presented to Employment Planning and Counseling on food security resources. Presented early childhood nutrition and menu development recommendations to Early Childhood Education (ECE) workers via Wee Watch Annual Professional Development day event. Presented at the Annual Nutritionists Exchange on Peterborough's model of Collective Kitchen delivery. Facilitated Cooks Conference for childcare cooks from Peterborough and Kawartha Lakes via Raising the Bar Peterborough/City of Peterborough with a focus on meeting and exceeding the nutrition criteria and recommendations as per the Day Nurseries Act (DNA) and Canada's Food Guide to Healthy Eating. Participated on the Ontario Good Food Box Evaluation Committee, submitting a proposal to the Ontario Trillium Foundation for Provincial Funding. Partnered with YWCA on packing and delivery of 1,276 Just Food boxes to City and County. Participated on local committees working on improving access to food including the Peterborough Community Food Network, Nourish Subcommittee, Peterborough Community Garden Network (PCGN), Food for Kids (FFK) Peterborough, Healthy Communities, Centre for Social Innovation and Peterborough Gleans. 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. Provided FFK Coordinators support with end of the year progress reports and 2012/13 grant applications. **Physical Activity (including the Built Environment and Access to Recreation)** Explored the role of community partners (Girl Guides, Heart and Stroke Foundation volunteers, high school volunteers) in the Walking School Bus program.

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						Held three meetings with the Access to Recreation Working group which includes representation from six community partners (including PCCHU). The purpose of these meetings were to: • present findings from qualitative research that was done by PCCHU staff and 4th year nursing student regarding the barriers to accessing recreation in the City; • present findings of a survey that PCCHU and Trent Centre for Community Based Education did with recreation service providers; and • conduct a situational assessment with Working Group members regarding access to recreation in the City and County and to begin the creation of a multi-year work plan for the Working Group. Provided support to a neighborhood association to advocate for park improvements. Provided this group with area statistics for funding proposal purposes as well as facilitated a meeting with two Ward Councilors. **Healthy Communities** Met with Healthy Communities Partnership (Peterborough Partners for Wellness) to discuss the future of the group given the limited funding the Ministry is providing. Partners agreed that the group was still useful. The Healthy Communities Coordinator was tasked to research best options and present back to the group after summer. The Healthy Communities Coordinator supported the work of the: • Access to Recreation Working Group (for more details see Access to Recreation comments of quarterlies) • Access to Healthy Foods Working Group • Access to Mental Health Services and Mental Health Promotion Working Group Conducted a scan of Healthy Communities Partnerships that are addressing mental health promotion and presented this back to the Mental Health Promotion Working Group. Met with CMHA to discuss their anti-stigma campaign and how CMHA could best assist the work of the Mental Health Promotion Working Group. **Cancer Prevention** Collaborated with city lifeguard leaders in the development of their education session for summer lifeguards. Provided resources for summer youth workers on UV

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						radiation. Provided golf course managers with promotional materials and information and support on developing sun safety policies in their workplaces. **Tobacco Use Prevention** Staff provided a presentation to health care professionals on the experiences of providing a smoking cessation program for pregnant and postpartum women at a Program Training and Consultation Centre webinar. Facilitated a Steering Committee meeting with project *Echo Project: Improving Women's Health In Ontario Smoking Cessation Project for Pregnant Women* community partners. Staff prepared and submitted a Final Project Report to Health Canada, Federal Tobacco Control Strategy outlining activities and accomplishments of the Choose to be…Smoke Free project from March 2008 to March 2012.
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 four nutrition and feeding skills programs with Peterborough Family Resource Centre (PFRC) Hubs and one baby food making session with Hiawatha First Nation. Presented infant/early childhood nutrition information to young mothers with the ECHO smoking cessation program. 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. Attended Curve Lake Early Years Health Fair with a focus on sharing nutrition recommendations for families and food security programs (Come Cook With US - CCWU). Facilitated eight Collective Kitchens in the City and three Collective Kitchens in the County. Led 45 *Come Cook with Us* classes for youth, parents, and single adults in the City of Peterborough, Apsley and Havelock.
9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations.	✓	↑	↑			**Tobacco Use Prevention** Facilitated an eight week ECHO: Choose to Be … Smoke Free group and coordinated a focus group with participants in collaboration with the Ontario Tobacco Research Unit.

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	4th	1st	2nd	3rd	4th	
						Facilitated school-based cessation programs (six week series) in four area high schools and completed a follow up discussion/evaluation session in three of the schools.
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** Continued collaboration with Breast Assessment Centre Advisory Committee and requested their participation and support for Fall Screening Day for the under screened and never screened population. Collaborated with Dalla Lana, University of Toronto, Public Health Department Provincial Research Project in coordinating four focus groups with community representatives in Peterborough to increase understanding of 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.	 ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑ Ø ↑ ↑ ↑			**Nutrition** Held media interviews on Nourish Peterborough Food Hub and taxation on junk foods. 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** Prepared age-appropriate physical activity web pages for the PCCHU website to increase the public's awareness of Canadian Physical Activity Guidelines and their importance as well as to connect the public with resources. Contributed to the Built Environment Working Group's preparation of web pages for the PCCHU website to increase the public's awareness of how the built environment supports access to healthy food, employment, services and resources; promotes physical activity and sun safety as well as regulates exposure to, and use of, tobacco and alcohol products. As part of the Central East Physical Activity Network, developed regional communication strategies to increase the public's access to physical activity resources within and between Health Units. Launched the www.joininptbo.ca website through the City's Recreation subsidy page. This website provides residents with more information on recreation subsidies available in the City and County of Peterborough.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Cancer Prevention Held a CHEX News interview on Ultraviolet radiation and PCCHU initiatives. The iThink campaign continued to be a focus for many Health Units across the province and is currently being implemented in classrooms across the province. Online, there are 2,957 users.
12. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Screening for chronic diseases and early detection of cancers; and • Exposure to ultraviolet radiation.	✓ ✓ ✓ ✓ ✓ ✓ ✓	↑ ↑ ↑ ↑ ↑ ↑ ↑	↑ ↑ ↑ ↑ ↑ ↑ ↑			**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 people to Just Food Box, Come Cook with Us, community meal programs, and food banks.
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** 69 workplaces and public places were inspected, 43 tobacco vendors were inspected for display and promotion, and 27 tobacco vendors were tested for compliance. Five charges were laid.

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Food Safety Q2 2012 (Acting Manager: Shawn Telford-Eaton)

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	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*	✓	↑	↑			15 Food Handler Certification courses were presented with 361 successful attendees certified. The Health Unit continues to work with municipal partners on the potential

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Protocol, 2008 (or as current).						introduction of a by-law requiring on-site trained food handlers.
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 96 times in the second quarter. As part of their routine inspections, Public Health Inspectors (PHIs) also distribute report cards for display in restaurants. A Health Canada reminder was sent out to the public to take steps to prevent cross-contamination of foods when shopping with reusable grocery bags and bins. A request was made to IT to add a link on our webpage concerning the proper handling and cooking of fiddleheads.
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).	✓	↑	↑			19 food complaints were investigated. The Canadian Food Inspection Agency initiated a ground beef recall due to Salmonella contamination. 62 food premises were contacted and a link to the Canadian Food Inspection Agency was put on the website providing a list of affected products that might be contaminated. 32 food premises were contacted regarding salad products that may contain Listeria monocytogenes bacteria. The Public was cautioned to not to eat food product (salted, cured fish product) contaminated with Botulism and received information about illnesses related to Salmonella and pet food.

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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: 88 compliance inspections and 36 re-inspections. Moderate risk: 124 compliance inspections and 87 re-inspections. Low risk: 33 compliance inspections and 13 re-inspections.

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Foundational Standard Q2 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 analysis of water pipe use (ever, past 30d) among youth (by age/grade) using Youth Smoking Survey (also applies to Requirements 4). Finalized list of relevant Reproductive Health (RH) indicators and submitted aggregate data request to Better Outcomes Registry Network (BORN); data was received and analysis initiated (Requirements 2, 3, 6). In partnership with Dr. Steve Weatherbee, commenced examination of the Nobody's Perfect (NBP) historical records as well as beach water sampling data (Requirements 3, 4, 9). Supported information gathering for a situational assessment of the Child Health programs (Requirements 2, 3, 4). The Annual Communicable Disease Report, which addresses changes in incidence of reportable communicable diseases, was completed and made available to community health care partners (Requirements 2, 5, 6). Complete analyses of the following Canadian Community Health Survey (CCHS) indicators for the 2009/10 cycle by age and gender, including a focus on how the determinants of health (SDOH) (income, education, rurality) affect selected indicators: • current smoking; never-smoked; former smoker; exposure to environmental tobacco smoke; illicit substance use (ever, one-time, current); marijuana and cocaine use; drinking in excess of low-risk drinking guidelines; underage drinking; binge drinking; physical activity levels; body-mass index (BMI); fruit and vegetable consumption; food security status; perceived health; perceived mental health; work stress; life stress;

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						satisfaction with life; sense of belonging in the community; selected self-reported illnesses (anxiety, asthma, cardiovascular disease, cancer, diabetes, high blood pressure, mood); selected access to medical services indicators (consulting a medical health professional, having a family doctor, visiting a family doctor, having an eye doctor, having a dentist, having dental insurance). Relevant Briefing Notes were shared with staff (Requirements 2, 3, 6). The Epidemiologist continued to work on building a database for Geographic Information System (GIS) use and completed selected maps using 2006 Census data for dwellings in need of repair; low income; active commuting; older adults living alone; education level; unemployment rate (Requirements 2, 3). Responded to several ad-hoc requests including: gastrointestinal illnesses; youth alcohol/substance misuse; diabetes in older adults.
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 #1/3/6 – With few exceptions, all epidemiological analyses conducted involved the assessment of trends.
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).	✓	↑	↑			In collaboration with Fleming GIS students a Shade Audit and Protocol of Roger's Cover was completed and all relevant data was transferred to PCCHU; a presentation of the audit was delivered by the students to PCCHU and the report was shared with the City of Peterborough (Requirements 4, 5, 8-10). Tricloroethylene data (available from the Ministry of the Environment) was shared with PCCHU and Cancer Care Ontario and work is ongoing to complete a risk assessment including small area mapping (Requirements 5, 8, 9). Review of breastfeeding literature was completed. Key issues, strategies and trends were identified. Information was shared with the Child Health Public Health Nurse (PHN) assigned to breastfeeding. Submitted an internal research application and received approval to conduct focus groups with low income parents in the third quarter.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						Conducted a scan of community agencies to gauge numbers of hoarding and self-neglect clients in Peterborough City and County for the Home Response Coalition.
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.	✓	↑	↑			Distributed 3,500 Peterborough Health Services Directories to community organizations. Prepared a promotional insert for the School Health Newsletter, and posted an electronic version on the PCCHU web site. A SDOH Public Health Nurse (PHN) has assumed role of chair for the Promoting Mental Wellness (PMW) group. An environmental scan of strategies in other regions and provincially was completed. The group now consists of representation from 10 agencies. The Terms of Reference for the Home Response Coalition (HRC) was completed. A "One-pager" outlining local committees and work groups with a focus on housing and homelessness was created and distributed to Coalition members as well as to the Homelessness Support Services Coordinating Committee. The HRC has linked with the Abuse Prevention of Older Adults Network's Case Consultation Team to utilize the existing service in providing case consultation for high-risk older adults. Reviewed Poverty Lens assessment tools from Children and Youth Health Network of Eastern Ontario and made recommendations for using the tools internally for planning, assessment and evaluation. Compiled a chart of PCCHU services that have been offered at Prince of Wales in recent years and that are available for future implementation. A chart was shared with Neighbours in Action (NIA) Community Referral Developer and the associated Health Unit staff. Compiled information on resiliency, youth engagement, strengths based approaches and working with vulnerable teens to be used by the RH program for the Teen Prenatal Supper Club. Staff met with the Communicable Disease program to discuss strategies for reducing school suspension numbers and increasing immunization rates.
5. The board of health shall provide population health information, including determinants of	✓	↑	↑			Created mental health content for the new PCCHU website and provided content for the health equity segment of the Built Environment web pages.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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).						Organized and hosted a Best Start Child Poverty workshop, *I'm Still Hungry*. 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 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. The six month breastfeeding survey content and methodology was finalized. Met with injury prevention staff to discuss a strategy to conduct surveillance on day care injuries, current mechanisms day cares use to capture injuries, and the capacity to analyze this data. On an ongoing or as-needed basis, the Epidemiologist participated in outbreak investigations and analyzed data to determine if control measures and/or recommendations need to be revised; responded to changes in disease epidemiology; and disseminated Infectious Diseases/Vaccine Preventable Diseases/Sexually Transmitted Infections/Blood Borne Infections data elements as appropriate (Requirement 7).

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	✓	↑	↑			On an ongoing basis, the Health Unit interpreted and used surveillance data related to chronic disease, health behaviours and risk factors, health outcomes, health hazards and infectious diseases, and communicated any risks to relevant audiences. The Health Unit produced bi-weekly syndromic surveillance reports which were distributed to community partners and health care providers; monthly communicable disease reports were reported internally.
Research and Knowledge Exchange						
8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, 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.	✓	↑	↑			PCCHU is now a member of the Community of Practice for Public Health Evaluators (COPPHE). This in an ad-hoc group of staff responsible for program evaluation in public Health Units and at this point is a networking and information-sharing group. The SDOH Health Promoter and the Medical Officer of Health participated in alPHa-OPHA Health Equity Work Group to share best practices provincially. Monitored York University SDOH electronic listserv and distributed relevant reports, articles and resources to appropriate Health Unit. The SDOH Health Promoter met with a SDOH PHN from Halliburton Kawartha Pine Ridge Health Unit to share information and explore opportunities for collaboration. Plans for a presentation to Northumberland/Peterborough Regional Children and Family Services Advisory Council were initiated. A draft report of child poverty external consultations was completed. Currently, it is being reviewed internally prior to distribution. Staff met with the President of the Peterborough and District Labour Council to discuss a partnership in developing a Workers Action Centre.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						PCCHU regularly engages in knowledge exchange activities with community partners that are reported under Chronic Disease Prevention Requirements 3, 6 &7 and Injury Prevention Requirement 1.
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.	✓	↑	↑			Through various projects the Health Unit partnered or collaborated with Cancer Care Ontario, Fleming College, Trent University, Ministry of the Environment, University of Ottawa, Paradigm Shift Technology Group Inc. Plans have been drafted for a 2012 Research Day. Staff began development of a 'Researcher Inventory' in order to facilitate further staff collaboration with researchers at Trent.
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.	✓	↑	↑			Staff conducted focus groups with young mothers to provide insight into the lived experiences of vulnerable families. These focus groups are one component of a needs assessment with an objective to identify needs and priorities of local marginalized families and children. The Health Unit has signed on as a partner in two research projects funded by Public Health Ontario (PHO) under the Locally Driven Collaborative Projects. One focuses on Childhood Falls and the other explores Reduction of Alcohol-Related Harm.
Program Evaluation						
11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.	✓	↑	↑			The Health Promoter for Planning, Evaluation and Grants: • provided advice regarding data collection elements that may be necessary to complete the self-monitoring report to the Breastfeeding Committee for Canada and prepare for Baby-Friendly Initiative redesignation; and • provided advice and assistance with the development of a number of surveys: Perinatal Mood Disorder (PMD) Collaboration; PMD Resource; Multiples Group; Healthy School Grants; Cessation in Schools; All Staff Day; Collective Kitchens; and the Are We Ready for the Next Pandemic event.
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	Ø	↑	↑			Continued development and implementation of evaluation. Activities included: • finalized components of the Tobacco Use Prevention Program's evaluation of the high school cessation pilot project; • implemented an evaluation plan for the PMD resource;

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program results, to understand the linkages between inputs, activities, outputs, and outcomes.						• finalized a report related to the Care for Kids program; • finalized a summary report for the IN Touch program pilot; • developed an approach to review the Home Safety Checklist used by Injury Prevention and other programs; and • devised a process to collect stories about the most significant change associated with Healthy School Grants.
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.	✓	↑	↑			The following web-based learning opportunities related to evaluation were attended: • The Best Little Logic Model Webinar; • Cost-Effectiveness in Program Evaluation; • Critical Skills Appraisal; • Measuring the Effectiveness of Partnerships; • Evaluation Reports That Get Attention; • Beginner Developmental Evaluation (a three-part webinar offered by the American Evaluation Society). The Health Promoter for Planning, Evaluation and Grants collaborated with the Health Promoter in the Tobacco Use Prevention and Healthy Communities programs to offer All Staff Day sessions on Community Engagement and Qualitative Research.
FOUNDATIONAL STANDARDS PRINCIPLES: **In addition to the Requirements outlined under the Foundational Standard, some health unit activities are guided by the principles of "Impact," "Capacity," and "Partnership and Collaboration." These activities are outlined below:**						
Impact: The Board of Health shall strive to influence broader societal changes that reduce health disparities and inequities.	✓	↑	↑			In partnership with the Income Security Work Group of the PPRN, a letter was sent to the Premier of Ontario addressing the impact of the 2012 budget on low income people in Ontario. Staff met with 'Peterborough This Week' reporter to outline the impact of the budget which resulted in a comprehensive newspaper article. Worked with PPRN to host a community meeting on the impact of cuts to social assistance benefits. Seventy-five people attended (service providers and people on social assistance), and a newspaper article reported the event. A summary report is being prepared for widespread community distribution. Assisted the alpha-OPHA Health Equity Work Group in developing a process for carrying

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						out a policy scan in Ministries and organizations to identify impact on the SDOH. On request, a letter was written to a community group about the impact of closing a downtown high school from a public health perspective (impact on student and community health). It was shared with other community stakeholders and reported in the local press. Staff provided input from a health equity perspective into a Built Environment Work Group response to a proposal for a municipal subdivision development.
Capacity-Building: The Board of Health shall provide on-going staff development and skill-building related to public health competencies.	✓	↑	↑			The process and tools for 2013 program planning for the organization have been finalized. The core elements include: a brief situational assessment, logic models, operational plans, and evaluation plans. Work on 2013 plans was launched on June 29 and will be completed by December 2012. Training was provided to four new PCCHU staff on the SDOH and the role the Health Unit plays to address them. Developed a template for planning, promoting and implementing large community consultation meetings. It was shared with other Health Uit staff and PPRN community agencies.
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 SDOH and planned and implemented community services for vulnerable populations: • Ontario Disabilities Support Program (ODSP) Support Project; • PPRN Basic Needs Work Group; • PPRN Income Security Work Group; • PPRN Neighbours in Action Work Group; • Healthy Communities Mental Health Work Group; • Peterborough Under-Served Health Care Coalition (PUSH-CC); • Homelessness Coordinating Committee; • Home Response Coalition; • Senior's Planning Table; • Abuse Prevention of Older Adults Network; • Partners in Aging Well Coalition; and • Emergency Community Interface Group.

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	4th	1st	2nd	3rd	4th	
						The Health Promoter for Planning, Evaluation and Grants was involved in the following grant/funding related activities: • met with the Director of Corporate Services regarding the Health Unit's Trillium proposal for a fundraising position; • attended the Canadian Cancer Society Research Institute's funding information webinar; • provided advice on the Food for Kids proposal to the Kawartha Credit Union; • prepared a submission from Canadian Mental Health Association to the Greater Peterborough Community Foundation for dollars to support our internal workplace/organizational culture work here. This proposal was unsuccessful; • informed partners who provided letters of support for the $893, 645.00 request made in 2011 to the Public Health Agency for Cancer Prevention that our request was unsuccessful; • submitted an additional request to the PPRN for $5,000 to support the Dental Treatment Assistance Fund (DTAF); • worked with internal and external partners to devise a strategy to solicit funds for DTAF; and • finalized the Health Units www.canadahelps.org profile and determined how the "donate now" button will be incorporated into our new website.

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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).	✓	↑	↑			Initial surveillance data for the former Harper Road Landfill has been provided by the Ministry of Environment (MOE).
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).	✓	↑	↑			A request was submitted to Cancer Care Ontario to analyze data related to trichloroethylene (TCE) contamination.
Health Promotion and Policy Development						
3. The board of health shall increase public awareness of health risk factors associated with the following health hazards:						A public meeting was held for residents potentially affected by exposure to TCE in their homes.
• Indoor air quality;	✓	↑	↑			

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	4th	1st	2nd	3rd	4th	
• 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.	✓ ✓ ✓ ✓	↑ ↑ ↑ ↑	↑ ↑ ↑ ↑			Communications promoting awareness of health risks related to air quality and extreme weather were issued.
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 Natural Heritage Strategy planning meetings. The revised Heat Alert Response System was reviewed with Community Emergency Management Coordinators in Peterborough County and City. Staff participated in the development of a community Drug Early Warning procedure. Staff participated in the development of a response to the City of Peterborough after the review of new subdivision plans.
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	✓	↑	↑			Health Unit staff are available to respond 24/7 to manage health hazards.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).						
6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	Ø	×	×			As part of the cost containment strategy for 2012 this requirement will not be completed.
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).	✓	↑	↑			Staff worked with staff from the MOE to complete the distribution of information packages to 45 homes potentially affected by TCE. There were 344 inspections, re-inspections and public contacts related to health hazard abatement, non-communicable disease for the second quarter of 2012. Specifically, the subjects of the investigations were:

Activity	Apr 2012	May 2012	June 2012	Total Q2 2012	2012 Year-to-Date	2011 Year-to-Date
Air Quality – Arenas	--	--	--	--	20	15
Air Quality – Institutional	1	--	--	1	2	1
Air Quality – Residential	3	5		8	27	45
Air Quality – Outdoor	--	--	--	--	--	5
Animal Excrement	5	16	2	23	37	9
Asbestos Inquiry/Complaint	4	3	1	8	14	8
Bedbug Identification	6	3	3	12	30	--
Bedbug Investigation	31	43	17	91	188	70
Bird Complaints (geese, pigeons, etc.)	1	--	--	1	4	4

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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 are implementing a vector borne disease prevention strategy including mosquito collection for identification and testing, education and communications of protective measures against vector borne disease, and responding to standing water complaints.</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 updated to ensure timely communication with health care and community partners.</td></tr>
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Infectious Diseases Prevention and Control Q2 2012 (Manager: Edwina Dusome)

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

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	4th	1st	2nd	3rd	4th	
Assessment and Surveillance						
1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current).	✓	🗓	🗓			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 (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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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions (transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	✓	↑	↑			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 collaborated with community partners to organize, promote and provide an educational session on pandemic influenza at the Evinrude Centre for organizations, partners, stakeholders and the general public. Staff organized an information session on vaccination for the general public 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, hospitals and LTCHs, which shall include	✓	↑	↑			Staff attended infection control meetings in long-term care homes and at the hospital. They assisted organizations with the preparation of response plans for infectious diseases and offered, upon request, information to local school boards. Staff attended outbreak control meetings in long term care facilities.

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Requirement	Status 2011	Status 2012				Comments
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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.						
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 conducted educational sessions 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 current); the *Infectious Diseases Protocol,*	✓	1	1			The PCCHU has a 24/7 response plan in place.

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Requirement	Status 2011	Status 2012				Comments
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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: 19.
9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current).	✓	1	1			Staff are 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 Protocol, 2008* (or as current) and the	✓	1	1			Staff are 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.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
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, pertussis, etc. The Medical Officer of Health is participating in a provincial working group to review gonorrhea diagnosis and treatment.
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.

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Prevention of Injury and Substance Misuse Q2 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	↑ ↑ Ø Ø			**Injury Prevention (IP)** A review of the Ontario Injury Data Report (OIDR) comparing Peterborough's motor vehicle injuries and death to all other categories of injuries was completed. A review of the Kingston, Frontenac, Lanark and Addington (KFL&A) Public Health Evidence Summary of Injury Prevention and Safety document was also completed to gain a better understanding of provincial and national injury rates related to car seats. Shared data from OIDR with community partners. Reviewed the Ontario's Chief Coroner's "Cycling Death Review" report. Held discussions with community partners regarding creating plan and protocol to share falls related data between Partners In Aging Well (PIAW) members. **Substance Misuse** Developed a community framework to improve surveillance of tainted/new drugs and improve communication about amongst emergency, health and social service providers and the public. Conducted surveillance regarding any perceived changes due to reduced availability of OxyContin and submitted weekly reports to the Ministry of Health. Hosted a local site for a webinar on the results of the most recent Ontario Student Drug Use and Health Survey (presented by the Centre for Addiction and Mental Health).

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).	✓ ✓ ✓ ✓	↑ ↑ X X	↑ ↑ Ø Ø			**Injury Prevention** Meetings and collaboration included: • the Peterborough Risk Watch Network; • the Anti-bullying BE HEARD Coalition; • an initial meeting with community partners to build a strategy around car seats; • joining the Eastern Ontario Car Seat Coalition; and • increasing participation from community agencies in Partners in Ageing Well (PIAW). Met with members of the Peterborough Family Health Team to discuss possible collaboration related to concussion prevention, specifically regarding the Kawartha Pine Ridge District School Board's (KPRDSB) new concussion safety guidelines. Coordinated workshop with PIAW membership to identify gaps and opportunities to use with developing Central East Local Health Integration Network (CELHIN) partnership on falls prevention. **Substance Misuse** Engaged youth through a Healthy School Grant to create graffiti art and host a film event at Market Hall. Evaluation showed significant personal outcomes for participants. Participated in meeting of the Peterborough Partnership for Wellness to discuss opportunities for collaborative policy development. Planned overdose prevention awareness and training for fall 2012, including hosting a community input meeting, developing protocols with police, planning a media event, drafting a medical directive, and reviewing training options. Supported grant writing process to fund the Strengthening Families program that supports families whose teens are using substances.

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						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; • shared information and best practice with the Municipal Drug Strategy Coordinators Network through teleconference meetings; • co-wrote the Strategy document; and • supported presentations to the Board of Health and County Council. In order to reduce the harms from alcohol through policy, staff have: • scheduled presentations with six township councils • drafted an alPHa resolution relating to alcohol pricing.
3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by: a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	 ✓ ✓ ✓ ✓	 ↑ ↑ ↑ ↑	 ↑ ↑ ↑ ↑			**Injury Prevention** Continued to support the work of the Abuse Prevention of Older Adults Network (APOAN) committee and organized a meeting with the Chair and regional elder abuse representatives to discuss possible collaboration between APOAN and the Home Response Committee with regards to common high-risk indicators. Met with community members to initiate discussions related to collaboratively delivering a comprehensive, population based car seat safety strategy in order to address the gaps and barriers associated with the correct installation and use of car seats. Executed planned activities for Safe Kids Week and related events with the Peterborough Risk Watch Network (PRWN) related to water safety, poison prevention, outreach to new Canadians, and to promote helmet use and safety. Provided a presentation on Car Seat Safety for the Teen Prenatal Supper Club. Shared and reviewed resources with Canadian Mental Health Association (CMHA) to promote home safety with clients. Reviewed gaps and opportunities with Alzheimer's Society to help ensure they have access to relevant and up-to-date resources to use in education sessions concerning falls prevention and management.

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						Substance Misuse Prevention Investigated potential for Narcan to be covered by OW/ODSP discretionary benefits. Liaised with Communicable Disease program about ordering syringes and test ampoules for overdose prevention training. Hosted annual general meeting as Chair of the Peterborough Drug Awareness Coalition and shared community updates, including presenting relevant results of the Youth Smoking Survey. Hosted a meeting of the Medical Working Group on Opioid Safety to share information and plan action to reduce the harm from prescription opioids. Co-hosted a meeting of the Four County Harm Reduction Coalition to share current programs and plan initiatives.
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications	✓ Ø Ø Ø	↑ X ↑ X	↑ ↑ Ø Ø			**Injury Prevention** Distributed Intimate Partner Violence prevention resources to community agencies, youth groups, teachers and individuals. An article on playground safety was written for inclusion in the *Health Matters* School newsletter and Haliburton, Kawartha, Pine Ridge District School Board's (HKPRSB) Kindergarten Resource for parents. Content for the new PCCHU website was written and pertinent links and resources were added. Attended Peterborough Home Show weekend to promote Falls prevention awareness and resources. Trent University's Alternate Settings Placement Coordinator was contacted in order to obtain a BEd student to align the Risk Watch Resource for Teachers with the new Ontario curriculum for the fall. Supplied materials related to childhood safety for an elementary school's Parent Information Night, the Curve Lake Health Fair, and a Norwood school's Tune In and

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strategies.						Tune Up Bike Rodeo. **Substance Misuse Prevention** Collaborated with community partners to plan "pot talks" series to engage youth and parents in conversations about cannabis use.
Health Protection						
5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas: • 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	Ø Ø ↑ Ø			**Injury Prevention** Met with KPRDSB members to discuss the Health Unit's recommendations and considerations for their playground policy.

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Public Health Emergency Preparedness Q2 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 the 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	✓	↑	✓			The Heat Response plan was revised and reviewed by the Community Emergency Management Coordinators. It has been renamed the *Heat Alert and Response System*.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
have a lead role in responding to, consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).						
Risk Communications and Public Awareness						
4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).	✓	↑	↑			The 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 upon completion.

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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 was exercised in the second quarter.

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Rabies Prevention and Control Q2 2012 (Acting Manager: Shawn Telford-Eaton)

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: one rabid bat reported in the PCCHU's geographic area (1st qtr).
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 eight incidents where post-exposure prophylaxis was provided was entered into the Ministry of Health and Long Term Care (MOHLTC) database.
3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current).	✓	🗓	🗓			The Ministry of Natural Resources (MNR) has not yet released second quarter information about rabid animals.
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. There was one human case reported in Toronto, with the virus being acquired in the Dominican Republic.

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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 were held throughout the City and County of Peterborough and at Curve Lake. A total of 1,821 animals were vaccinated at these clinics. Last year's total was 1,538 animals. This was an increase of 15%. More advertising of the clinic date was done this year with both local radio and television ads being purchased.
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.	✓	↑	↑			Third quarter activity.
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).	✓	↑	↑			65 incidents of possible transmission of the rabies virus were investigated. Eight series of anti-rabies vaccine and globulin were distributed.
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 Q2 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 two BORN (Better Outcomes Registry and Network) database webinars (Live Birth Registration and BORN Building Briefing Update) and reviewed Peterborough BORN data sets related to reproductive health indicators for 2005-2010 to identify trends.
Health Promotion and Policy Development						
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Preconception health; • Healthy pregnancies; and • Preparation for parenting. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol,*	✓	↑	↑			The annual Prenatal Educator's meeting for Family Health staff was held. The clinical nurse educator from Peterborough Regional Health Centre and a midwife were guest presenters. Topics included updates on breastfeeding (to meet Baby Friendly Initiative (BFI) re-designation requirements), supporting normal birth, safe sleep, local health care practices, and new teaching resources. Staff provided an update at the Five Counties Regional Physiotherapy Education Day on safe sleep and shared decision making so physiotherapy staff are better prepared to develop policies and procedures that reflect best practice and harm reduction. Staff organized the Best Start presentation *I'm Still Hungry* for service providers who work with young children, parents of young children, or who have the opportunity to influence the health and development of young children. 28 people attended.

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	4th	1st	2nd	3rd	4th	
2008 (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs.						A literature review was conducted of hydrotherapy in labour to support a proposal to increase the number of tubs available to laboring women at our local hospital. Work continues on a provincial strategy to support normal birthing practices, spear-headed by the Ontario Public Health Association.
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.	✓	↑	↑			Consultation continues with Peel Regional Health Department and the website developer regarding the provision of online prenatal education. All resources currently in use for the *Your First Prenatal Visit* package and prenatal classes have been reviewed. Resources are now being copied off site to economize on staff time and print costs.
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 Medical Officer of Health and staff met with senior representatives of the local Catholic District School Board to present the In TOUCH strategy for secondary school students. Based on feedback, staff will make modifications to the workshop content to further align the modules to reflect Catholic values. 34 adult prenatal classes were taught. 230 *Your First Prenatal Visit* packages were distributed to area doctors and midwives. Orientation and training of new prenatal educator was completed.
5. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting.	✓	↑	↑			Staff planned, organized and developed content for the Reproductive Health section of the Health Unit's website under the headings of preconception health, healthy pregnancy and health after baby arrives.
6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.	✓	↑	↑			A series of six Teen Prenatal Supper Club (TPSC) classes was completed. A meeting was held with the staff from the School for Young Moms to coordinate prenatal education and other supports. Changes to the TPSC have been completed and will be piloted in the fall.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
Disease Prevention/ Health Protection						
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).	Ø	Ø	Ø			See table below. There has been a decrease in the number of In-depth Assessments completed and new families in the home visiting program since the start of the year. As well, the HBHC program has been carrying a new referral wait list consistently since January, ranging anywhere from 14 to 22 clients. This has coincided with the gapping of a 1.0 FTE PHN position. With four PHN Parenting Leaves of Absence scheduled over the course of the year, as PHNs leave they are decreasing their caseloads and not picking up new referrals. New PHNs still require orientation before they can assume a full caseload. HBHC requires five PHNs (4.6 FTEs) to meet the demands of the program.

Healthy Babies, Healthy Children (HBHC) Program Activities	Q1 2012*	2012* Year to Date	2011 Year to Date
Number of prenatal screens received	158	301	236
Number of postpartum screens received	267	507	523
Number of postpartum contacts	268	507	508
Number of families receiving postpartum home visits	35	61	87
Number of In-depth Assessments completed	26	59	82
Number of new families in home visiting program	6	18	46
Number of home visits provided	134	344	604
Number of home visits provided – PHNs	40	122	224
Number of home visits provided – FHVs	93	221	377

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Safe Water Q2 2012 (Acting Manager: Shawn Telford-Eaton)

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 16 public bathing beaches began 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).	✓	↑	↑			57 inspections of pools, spas, wading pools and splash pads were conducted in the second quarter.
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 150 consultations with the public about sample result interpretation, and 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. A media release was issued announcing that "Blue-Green Algae Has Arrived: Know the Risks and How to Protect Yourself". Several radio interviews were conducted based on the information in this media release. A media release was issued announcing the beginning of the 2012 beach sampling

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
						season and provided information on water quality and access to beach results.
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*	✓	↑	↑			Staff responded to 19 adverse drinking water reports in the second quarter.

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Requirement	Status 2011	Status 2012				Comments
	4th	1st	2nd	3rd	4th	
(or as current).						
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 43 risk assessments and re-assessments in the second 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).	✓	↑	↑			Five Boil Water Advisories were issued in the second quarter.
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 to municipalities by the Health Unit advising users of public beaches about protection of water quality and several causes of unsafe bacteria levels. They were provided to municipalities which operate public beaches and are currently being installed. A risk assessment was performed at each beach at the beginning of the sampling season.
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 57 inspections of pools, spas, wading pools and splash pads.

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Sexual Health, Sexually Transmitted Infections, and Blood Borne Infections (including HIV) Q2 2012 (Manager: Patti Fitzgerald)

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 109 cases of sexually transmitted (STI) and blood-borne (BBI) infections, and provided follow-up for 36 contacts of reported cases. Staff performed 599 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.	✓	↑	↑			Third quarter activity.
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;	✓	↑	↑			Public Health Nurses (PHN's) continue to provide consultation to health care professionals to ensure that cases of STIs/BBIs are managed and treated as per current guidelines. A meeting with the public school principals was completed to present IN Touch materials and initiative. IN Touch Packages were distributed to public schools. A draft of the IN Touch Healthy Relationships module was completed. Staff collaborated with the Reproductive Health program to prepare for an IN Touch presentation to the Separate School Board.

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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 264 clinical assessments related to contraception and pregnancy; and 599 clinical assessments related to testing and treatment for STI/BBIs. PHNs also investigated and followed-up all reported community cases of STI/BBIs (see # 2). Training for clinic MDs to insert Intrauterine devices has been completed and a draft policy, procedure and counseling sheet is awaiting final approval.
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 /Mandatory Blood Testing Act provides for risk assessment, advice and follow-up following potential occupational exposures to blood-borne infections. There were three reported exposures in this quarter. Education and cross-training was completed for all PHNs in the follow-up of STIs/BBIs and a shared workload system was initiated. Staff have reviewed case and contact follow-up procedures and referred to the Provincial Infectious Diseases Advisory Committee (PIDAC) and other pertinent documents and draft procedures. STI reporting forms are in progress and awaiting Manager review and approval.
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,*	✓	↑	↑			Provincially-funded medications for the treatment of STIs are dispensed at the Sexual Health Clinic; The Morton Clinic in Lakefield was set up to receive 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	
2008 (or as current).						
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, 8,769 condoms were distributed through clinic, youth-serving agencies, and organizations that interface with priority populations. 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). Health Unit staff have been consulting with other partners of the provision of overdose prevention kits to opiate users.
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.	✓	↑	↑			Peterborough residents have access to needles, syringes, condoms, and other harm reduction supplies through a number of venues.

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Tuberculosis Prevention and Control Q2 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 (LTBI).
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. Staff provided an inservice for health care providers on tuberculin skin tests.

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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.	✓	↑	↑			Four clients received anti-tuberculosis medication this quarter. Year-to-date total: 22 clients.
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 0 contacts of active cases.
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.	✓	↑	↑			Ten new LTBI were reported this quarter. Year-to-date total: 18 cases.
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	✓	↑	↑			No changes were required this quarter.

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Vaccine Preventable Diseases Q2 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 76%. The percent of students in elementary and secondary schools adequately immunized for their age is 90%. The number of immunizations administered at the PCCHU Immunization Clinic was 327.
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 the quarterly communicable disease report.
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 organized a public information session on vaccination at the Evinrude Centre and worked with partners to promote this event.
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: 34.

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

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.	✓	↑	↑			Based on request.
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 5; second dose 21; third dose 534 (Note: the schedule was changed from three doses to two doses to complete the series). Staff immunized Grade 7 students with the Meningitis vaccine: 54 Staff immunized Grade 8 females with the human papilloma virus vaccine: first dose 2; second dose 34, and third dose 236. Staff conducted a partial cleansing of the Immunization Record Information System in preparation for 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 conducted an information session on pandemic influenza scheduled for May 2012. Staff provided input on the updated provincial pandemic plan.
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: 518 # of phone consults: 1,320 # of yellow fever immunizations: 47 # Hep A and Hep B high risk: 0 # immunizations covered by OGP: 178 # other immunizations: 824 Total immunizations administered: 1,002
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: 8,432.
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 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	✓	1	1			There were 15 adverse events reported to us by doctor's or doctor's offices. All 15 were investigated.

Status Legend: ✓ **= Compliant** ↑ **= On Target** Ø **= Partially Compliant** 1 **= 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, 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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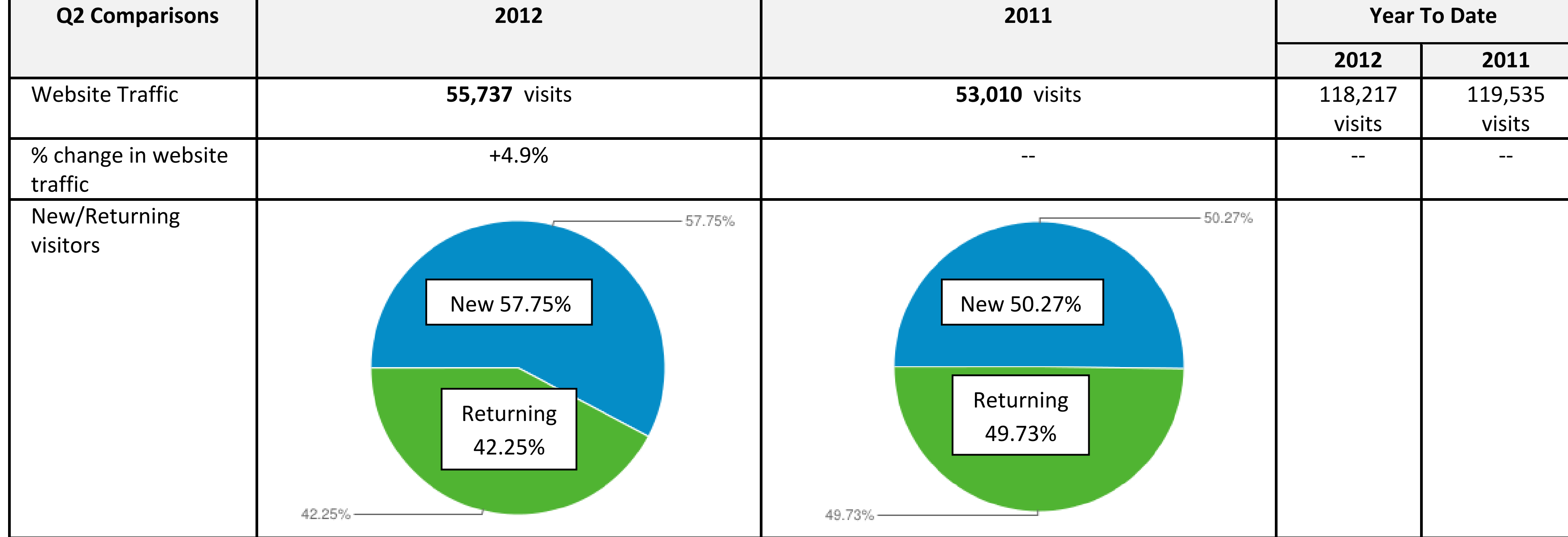
Communications 2012 Q2 (Supervisor, Communications Services: Brittany Cadence)

Media Relations:

Activity	Q2		Year To Date	
	2012	**2011**	**2012**	**2011 (whole year)**
Press releases issued	33	24	66	86
Media interviews	45	30	86	118
Number of media stories directly covering PCCHU activities (print and TV only, radio not captured in media monitoring)	87	64	153	208

Website Statistics:



Q2 Comparisons	2012	2011	Year To Date	
			2012	**2011**
Website Traffic	**55,737** visits	**53,010** visits	118,217 visits	119,535 visits
% change in website traffic	+4.9%	--	--	--
New/Returning visitors	New 57.75% Returning 42.25%	New 50.27% Returning 49.73%		

PCCHU Website Redevelopment Project:

This project is progressing well and was set to launch at the end of this quarter. Launch date has been moved forward into early Q3 as the IT team requires adequate time to explore and solidify any potential security vulnerabilities with the new website platform.

Q2 Graphic Design Projects

PCCHU Corporate:

- Media Releases
- Alerts and Advisories (x3)
- Management Framework
- Critical Injuries Procedure (Poster)
- Electronic Funds Transfer Form
- Your Voices Counts – Promotion Material
- Development of Electronic Forms – New Employee Request, Employee Transfer Request, Employee Termination Request
- RTW Flowchart
- Retirement Cards (x2)
- Template Development – Advisory, Alert, Letterhead (x2)

Dental:

- Oral Health Month – Promotional Materials
- HSO Renewal Sheet

Family/Child Health:

- Growing Up Sexually Healthy
- Birth Plan

Healthy Babies, Healthy Children:

- Congratulations you're having a baby!

Health Hazards

- WNV & Lyme Disease Resource Development (x5)
- Public Meeting TCE – Announcement Poster
- TCE Fact Sheet
- Vinyl Chloride Fact Sheet

Infant Toddler Development

- Screen Time - Brochure Update
- Torticollis Positioning – Brochure Update (x2)

Infectious Diseases

- FYI Newsletter for Healthcare Providers (x3)

Inspection Services

- Steps for Cleaning and Disinfecting Foot-spa – Draft Poster

Injury Prevention

- Medicine Clean Out Flyer 2012
- Simply Safer CD's

Nobody's Perfect

- International Parenting Survey (English & French versions)

Nutrition

- Solid Food – Pamphlet
- Sodium Tour - Flyer

School Health

- 2012-2012 Kindergarten Resource Development - DRAFT

Substance Misuse

- Drug Strategy Brochure
- Opioids prescription guidelines for physicians

Triple P

- Triple P Community Presentation - Flyer
- Triple P Childcare Promo – Flyer
- Triple P Summer/Fall 2012 – Peterborough Kids Ad
- Triple P Summer/Fall 2012 Seminar Series Ad for Web

Youth Engagement

- CONNECT – CHANGE – CONNECT – Flyer
- Youth Council Meeting Posters (x2)
- Youth Support Services Wallet Cards

Sexual Health:

- In Touch Packages
- In Touch Resource Updates
- Prescription Receipt

Genetics Q2 2012 (Manager: Patti Fitzgerald)

Program Activity	April 2012	May 2012	June 2012	2012 Year-to-Date	2011 Year-to-date
Total # referrals:	32	26	21	159	167
• Prenatal	5	1	3	20	29
• cancer	15	18	11	89	77
• other (general)	12	7	7	50	61
Total # counselling sessions	22	32	25	138	125
• # clients attending	28	37	27	153	124
• # others attending	11	9	9	50	55
Total # clinic attendance	-	14	11	49	54
• # clients	-	6	5	23	22
• # others	-	8	6	26	32
# Consultations to health care providers*	1	2	0	10	16
# Consultations to other individuals/agencies*	8	8	5	36	25
# Promotional activities	0	0	0	3	2

* does not include consultations on specific clients

A student, Rebecca Richard started in June for a summer placement in the Genetics Program.

Infant and Toddler Development Q2 2012 (Manager: Karen Chomniak)

Infant and Toddler Development (ITDP) Program Activities	Q2 2012	2012 Year-to-Date	2011 Year-to-Date
New referrals	31	54	55
Children discharged from program	24	53	61
Children on current caseload	97	97	82
Home/agency visits	234	420	420
Visits provided in group settings	4	22	23

Referrals to the Infant and Toddler Development Program (ITDP) have been steady. Staff have provided consultations to community programs (e.g., Steps and Stages, School for Young Moms and Babies First); and have attended several training opportunities and webinars. A standardized checklist, the Communication and Symbolic Behavior Scale (the CSBS), has been implemented - scoring of this tool is easy and accurate with the software provided.

In May, our Medical Officer of Health (MOH) met with the Deputy Minister of Children and Youth Services, and MOHs of three other Health Units which host ITDP's, to discuss challenges and potential opportunities.

The Speech, Language, and Hearing Association of Peterborough, organized the conference*: Working Memory, Language, and Learning* and an ITDP staff was on the planning committee. The event was well attended by educators and health professionals.

Sewage Disposal Program Q2 2012

(Acting Manager: Shawn Telford-Eaton)

	April 2012	May 2012	June 2012	Total Q2 2012	2012 Year-to-Date	2011 Year-to-Date
Applications for Sewage System Permits	36	39	44	119	163	178
Permits Issued	31	39	35	105	147	138
Applications for Severance	8	20	2	30	56	52
Applications for Subdivision (# of Lots)	0	0	0	0	0	-
Existing Systems and Complaints	13	8	4	25	48	60

Q2 2012 Financial Update (Accounting Supervisor: Bob Dubay)

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to July 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	6,944,590	14-Dec-11	6,944,590	3,966,524	57.1%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,101	14-Dec-11	76,101	18,701	24.6%	MOHLTC	West Nile Virus measures and students start in May.
One-time cost request	Cost Shared	401,033	14-Mar-12	0	0	0.0%	MOHLTC	**Capital requests not approved by province**
Infectious Disease Control	100%	222,233	14-Dec-11	222,233	122,838	55.3%	MOHLTC	Operating within budget.
Infection Prevention and Control Nurses	100%	84,872	14-Dec-11	86,569	45,848	53.0%	MOHLTC	Operating within budget.
Small Drinking Water Systems	Cost Shared	96,127	14-Dec-11	90,800	57,967	63.8%	MOHLTC	**Deficit to be picked up by Mandatory Prgs.**
Healthy Smiles Ontario	100%	**414,399**	9-May-12	**402,329**	**237,450**	**59.0%**	MOHLTC	**Operating over budget, if revenue experienced in July continue, program could balance budget by Dec 31st. Province did not approve requested 3% increase.**
One-time cost - Facilities renewal	100%	1,500,000	14-Mar-12	0	0	0.0%	MOHLTC	**Capital requests not approved by province**
Enhanced Food Safety	100%	25,000	9-May-12	25,000	326	1.3%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	9-May-12	15,500	145	0.9%	MOHLTC	Operating within budget.
Needle Exchange Initiative	100%	21,121	9-May-12	21,121	2,218	10.5%	MOHLTC	Operating within budget.
Infection Prevention and Control Week	100%	8,000	9-May-12	8,000	3,000	37.5%	MOHLTC	Operating within budget.
Sexually Transmitted Infections Prevention week	100%	7,000	9-May-12	7,000	0	0.0%	MOHLTC	Operating within budget.
Nurses Commitment	100%	170,040	14-Dec-11	173,441	91,553	52.8%	MOHLTC	Operating within budget.

Programs funded January 1 to December 31, 2012	Type	2012	Approved By board	Approved By Province	Expenditures to July 31	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	11-Apr-12	submitted	57,200	57.2%	MHPS	Operating within budget.
Smoke Free Ontario - Enforcement	100%	120,724	11-Apr-12	submitted	59,446	49.2%	MHPS	Operating within budget.
Youth Engagement	100%	80,000	11-Apr-12	submitted	40,191	50.2%	MHPS	Operating within budget.
CINOT Expansion	Cost Shared	49,000	14-Dec-11	26,473	21,659	81.8%	MHPS	Operating within budget.
Genetics Program	100%	237,266		NA	**143,265**	**60.4%**	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	440,381	53.2%	MCYS	Operating within budget.
Chief Nursing Officer Initiative	100%	116,700	14-Dec-11	116,699	5,076	4.3%	MOHLTC	Position not filled until July 2012. Unused funds are not available for other programs.
One-Time Healthy Babies, Healthy Children	100%	41,684	9-May-12	submitted	0	0.0%	MCYS	One-time budget waiting for approval.
Ontario Works	100% from City	955,020	##	NA	**594,516**	**62.3%**	**CITY OF PTBO**	**Budget based on 2011 actual expenditures. City is to review funding levels of the program in September 2012. Expenitures to date are about $38,000 in excess of a prorated budget.**

Programs funded April 1, 2012 to March 31, 2013	Type	2012 - 2013	Approved By Board	Approved By Province	Expenditures Apr. 1 to July 31	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	245,423	14-Sep-11	submitted	79,101	32.2%	MCSS	Operating within budget.
Medical Officer of Health Compensation	100%	70,259			22,795	32.4%	MOHLTC	**The province does not have a current service agreement with Physicians. The Ministry is continuing to cash flow based on the last year's approved M.O.H. compensation agreement. There has been no corespondance from the province with regards to budget or funding.**
Speech		13,084	NA	NA	4,656	35.6%	FCCC	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2012	Type	2012	Approved By Board	Approved By Province	Expenditures to July 31	% of Budget	Funding	Comments
Sewage Program		343,388	13-Apr-11	NA	137,556	40.1%	FEES	**After seven months of operations the program has accumulated a small surplus just over $8,000. Currently there is only one PHI working in the program. Traditionally the Health Unit has employed two PHIs in the program.**

Staff Report

Cuts to Social Assistance Benefits: A Public Health Perspective

Date:	September 12, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by	***Original signed by***
Rosana Pellizzari, M.D.	Christine Post, Health Promoter

Recommendations

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

- Send a letter to John Milloy, Minister of Community and Social Services, Eric Hoskins, Minister of Children and Youth, Kathleen Wynne, Minister of Municipal Affairs and Housing, and Deb Matthews, Minister of Health and Long-Term Care, with copies to Ontario Boards of Health and the Association of Local Public Health Agencies (alPHa), to request enhanced provincial funding of discretionary benefits for people receiving social assistance, and continued support for housing retention, moving, and home maintenance expenses.

- Share the contents of this report with members of the City of Peterborough Joint Services Steering Committee and members of Peterborough City and County Councils, along with a letter which highlights the vital importance of Discretionary Benefits and housing start-up and maintenance benefits for people receiving social assistance from a public health perspective.

Financial Implications and Impact

Loss of funding to discretionary benefits for social assistance clients could impact funding for Peterborough County-City Health Unit (PCCHU) dental programs. It could also dramatically

increase demand for funds administered by the Health Unit through the Dental Treatment Assistance Fund, and the HBHC Equipment and Supplies Fund.

Decision History

The Board of Health has not previously addressed this matter.

Background

The 2012 Ontario Provincial Budget removed approximately $133 million annually from benefits to people on social assistance:

- Discretionary health and non-health related benefits will lose about $20 million provincially as a result of a new cap which took effect on July 1, 2012. In Peterborough, it is projected that discretionary benefits will provide approximately $1.95 million dollars in benefits to social assistance recipients in 2012 (below the budgeted 2012 amount of $2.54 million). The new cap will result in a program budget of approximately $924,000 for 2013.

- $110 million will be lost provincially through the elimination of the Community Start Up and Maintenance Benefit (CSUMB) as of January 1, 2013, (50% of this money will return to municipalities under the Long-Term Affordable Housing Strategy to fund housing and homelessness programs for all low-income people, but criteria have not yet been developed). In Peterborough in 2011, CSUMB provided $2.8 million to local families on social assistance to help them either set up a new home or keep the home they have.

- $3 million will be lost provincially through the elimination of the Home Repairs Benefit as of January 1, 2013.

Efforts are being made by many groups to advocate for the reversal of some of these cuts, but without a swift response from the province, it appears inevitable that municipal governments will have to make key funding decisions for the balance of 2012, and going forward into 2013. Some municipalities have already decided they will not replace the provincial funds. Others, such as Peterborough, have covered the shortfall for 2012, and will be making decisions for 2013 as part of their budget processes this fall. At the same time as the cuts are taking place, the uploading of Ontario Works costs to the province will result in significant municipal saving that will increase each year until 2018. These savings could be used to offset the drop in funding from the province for social assistance benefits, but that is a local decision.

Cuts to benefits for people on social assistance will destabilize individuals and families and push them into crisis. Table 1 below ,"What's Left After Shelter and Food Costs", illustrates the incredibly low monthly incomes that people receive through social assistance and the very limited (or in some cases negative) amount that people have left over after they pay for rent and food. Cuts to Discretionary and CSUMB benefits will increase costs to other social, medical

and justice systems, and increase demand on a wide range of community supports, which are less comprehensive and much more difficult to access.

In terms of the PCCHU, cuts are a significant concern from a variety of perspectives. They undermine our efforts to address the social determinants of health for a large number of our most vulnerable community members. They will increase hardship for many direct clients of our public health programs (e.g., Healthy Babies Healthy Children (HBHC), Nobody's Perfect, oral health services, and food security programs). In the case of our dental programs, they could more broadly affect our program delivery. Cuts can be expected to increase demand for some support funds we administer (e.g., HBHC Equipment and Supplies Fund, Dental Treatment Assistance Fund) and could affect the accessibility of some of our programs to clients (through their impact on transit subsidies). Cuts will also undermine some of our broader public education and policy efforts in injury prevention (through a loss of funding for safety equipment), the built environment (through a loss of transit subsidies), and access to recreation (through a loss of recreation subsidies for children). The overall expected impact will be a reduction in the physical and mental health of many of the priority populations we are asked to address in the Ontario Public Health Standards.

Table 1: What's Left After Shelter and Food Costs?

Monthly Income after tax)/Costs	**Single Man** (Ontario Works)	**Single Man** (Ontario Disability Support Program)	**Single Woman** **age: over 70** (Old Age Security/ Guaranteed Income Security)	**Single Mother Family of 3** (Ontario Works)	**Family of 4** (Minimum Wage)	**Family of 4** (Median Income)
Monthly Income, including Benefits & Credits	$642	$1,115	$1,326	$1,855	$2,639	$6,360
Estimated Shelter Cost	$639	$774	$774	$915	$1,101	$1,397
Cost of a Nutritious Diet	$264	$264	$196	$599	$790	$790
What's Left?	**-$261**	**$77**	**$356**	**$341**	**$746**	**$4,173**
REMEMBER: People still need to pay for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, internet, school essentials, medical and dental costs, and other purchases.						

Rationale

Research has demonstrated that positive public health outcomes are strongly influenced by a wide range of conditions known as the 'social determinants of health'. These social determinants include factors such as adequate income, housing security, food security, employment, education, and access to health care, among others. Clear direction is provided to public health agencies from both Canada's Chief Public Health Officer and Ontario's Chief Medical Officer of Health for addressing these social determinants through healthy public policy in a wide range of spheres [1,2].

While all the social assistance Discretionary Benefits are related to the determinants of health in some way, six are particularly relevant to public health and are discussed below, along with the CSUMB.

Basic Dental Services and Dentures (Locally $579,431 and $183,288 respectively in 2012):
Basic dental services will continue to be provided as mandatory benefits to ODSP clients, but benefits for Ontario Works and ODSP-dependent adults (clients who are 18 years or over and supported through their parents' ODSP benefits) could be lost. The benefit currently includes basic dental services (preventive and treatment), and up to a maximum of $1,500 for dentures for OW and ODSP clients.

Oral health is important to health in a wide variety of ways. Dental caries, or cavities, can lead to infection, pain, abscesses, chewing problems, poor nutritional status and gastrointestinal disorders. There is also growing evidence that periodontal disease, also known as gum disease, can be related to a number of other serious health conditions, such as certain bone-related and inflammatory conditions.[3]

Currently, more than 60% of the clients in our PCCHU dental clinics are adults who are receiving either social assistance or Non-Insured Health Benefits. Cuts to Basic Dental Services of Discretionary Benefits would impact the revenue streams for the fixed and mobile clinics. They would reduce the range and availability of services for ALL our clients, and could threaten our ability to sustain the infrastructure of our programs (such as rent, utilities, and equipment). Due to the uncertainty of the present situation, the clinics are not booking clients beyond December, 2012.

We are seeing many clients in our clinic who report that they haven't seen a dentist for 2 – 15 years. They've told us that they've had considerable difficulty finding a private dentist, but they find our clinic to be a very warm and welcoming place. The only alternative source of funding for adult dental care in our community is the Dental Treatment Assistance Fund, which offers limited assistance for dental emergencies only. It is funded by private donations, and administered by the Health Unit. The fund is currently exhausted and there is a growing waiting list.

We are currently participating with other community partners in a provincial postcard campaign to obtain dental benefits for all low income adults in Ontario.

Vision Care ($160, 591 in 2012) and Hearing Aids ($8,142 in 2012):
The current vision benefit covers a maximum of $250 for vision care in a 24 month period for OW and ODSP-dependent adults. The current hearing aid and batteries benefit provides up to $500 for a hearing aid in a three year period for OW adults and children and ODSP-dependent adults, as well as the cost of batteries. Clients can also get additional support for hearing aids from the Assistive Devices Program at the Ministry of Health and Long-Term Care ($500 - $1,000 in a three year period), but costs can be in the thousands**.**

Clearly, vision and hearing are vital to an individual's ability to live, learn, work and actively participate in society. Because of the high cost of these items, and very low social assistance incomes, many people would not be able to afford them without Discretionary Benefits. Elimination of the benefit would create huge barriers for adults trying to re-enter the work force, and would make it extremely difficult for OW families to obtain hearing aids for their children. Without this support, a child who is hearing impaired would suffer greatly in terms of school success and social inclusion.

Travel and Transportation ($453,957 in 2012):
This benefit provides a subsidy of $34/month for OW and ODSP adults to purchase a monthly City transit pass. Individuals pay the remaining $21 for the pass themselves. The benefit also covers some transportation costs for other specific purposes.

Over the last several years, PCCHU has increasingly recognized the importance of the built environment in supporting a healthy community. We have provided input into a number of strategic urban planning exercises, including the Central Area Master Plan, the Transportation Plan, the Integrated Community Sustainability Plan, and the Policy Direction Review of the City of Peterborough's Official Plan. Through extensive public and stakeholder consultation, each of these plans has identified the need for enhanced public transportation that is accessible, affordable, efficient and effective in supporting the needs of the community. Access to affordable and accessible public transportation has particular importance to low income people on social assistance, who have very few alternatives for transportation.

Many of Peterborough's social housing units are located outside of the downtown core and away from service centres. Without the transit subsidy, many people on social assistance would not be able to afford the transit pass and would be cut off from access to services such as food banks, food security programs, counseling, and addiction services. They would also experience increased isolation as a result of being cut off from community activities and social support networks.

Baby Supplies and Equipment ($70,536 in 2012):
This fund covers Infant car seats (up to $125), booster seats (up to $50), cribs (up to $200), and the purchase or rental of a breast pump. In 2011, $56,000 was distributed to social assistance clients through approximately 244 requests for assistance for these items. It does not cover baby gates, which are also important child safety items.

The baby items covered by this Discretionary Benefit are absolutely essential. For instance, any new parent needs to demonstrate that they have a car seat that complies with current Canadian Motor Vehicle Safety Standards in order to take their child home from the hospital, even if they don't own a car of their own. Parents who can't purchase a new seat will be forced to use older equipment obtained from family, friends, or curb-side pick-ups, that may be expired, missing parts, have an unknown history, or not comply with Canadian safety standards.

Parents who can't afford new cribs will also use older and perhaps unsafe models, and will make use of alternatives like play pens, drawers, and family beds. They may also use bassinets or cradles longer than recommended. The Children's Aid Society is vigilant to investigate "unsafe sleep situations", and can take children into care if their needs are not being met.

PCCHU has its own small Equipment and Supplies Fund ($2,000 - $3,000 per year) for Healthy Babies Healthy Children and Infant Toddler Development clients, which receives donations from a Service Club and private individuals. It is used both for larger items not covered by Discretionary Benefits and for baby gates, which are essential safety items to keep children away from stairs, kitchens and other unsafe areas. These funds are never sufficient to meet the needs of our clients.

Paternity Testing, Birth Verification ($4,080 in 2012):
Paternity testing covers the cost of DNA testing of OW recipients and the dependent child to establish paternity in order to pursue child support, with the intent of recovering costs. Without this benefit, clients will not pursue paternity and Ontario Works will be less likely to recover child support from fathers.

Birth verification covers the cost of obtaining a Birth Certificate from the Ontario Office of the Registrar General for dependent children of OW or ODSP recipients. Currently, clients of our programs take advantage of this benefit and apply jointly for a Live Birth Registration and the Birth Certificate as soon as the child is born. A Birth Certificate is required for a child to enter school. Without the benefit, parents likely won't apply for a Birth Certificate until just before the child enters school, and it may result in delays to their entry. Health Unit staff emphasize that even the relatively low $25.00 fee is a significant barrier to these families.

Recreation and Social Activities Subsidy for Children ($162,699 in 2012):
Currently, a recreational benefit of $200 per OW or ODSP dependent child is available for each calendar year. If this subsidy program is eliminated then there will be approximately 800 children in our community who will lose support for recreational programming and activities.

There is a significant amount of research that demonstrates the short and long-term benefits that result from increased recreational opportunities for youth:

- Participation in recreational programming/activities has been shown to protect against the negative effects of poverty and is associated with lower rates of emotional and behavioural problems and school drop-out[4].
- "Young people involved in recreation are less likely to turn to smoking, drug or alcohol abuse and crime."[5]
- According to a report prepared for the Ontario Ministry of Health Promotion, "tax-payers are better off with improved access to recreation for low-income families. For each dollar spent on quality programs, more than a dollar's worth of benefits are generated."[6]
- In 2003, R. Singer reported that "for every dollar that is invested in physical activity, there is a long-term savings of $11 in health care costs."[7]

In 2010, as part of our Healthy Communities Community Assessment process, access to recreation was identified as one of the top priorities for our community. In 2011, PCCHU launched an 'Access to Recreation' initiative as part of our revitalized Healthy Communities project. A number of community partners have since come together to look at the issue of affordable and accessible recreation in the City and County of Peterborough. Focus groups with the public and providers have identified that money for recreation fees and transportation are the main barriers to participation. The work group has developed an action plan to address the issue, and fee-assistance policies are seen as a key component of any effective strategy.

Unfortunately, there are few alternative sources of funding for recreation. While the City of Peterborough offers a separate recreational subsidy program, used by 382 non-social assistance children in 2011, the needs of children on social assistance could not be met by these limited funds. There is no recreation subsidy program offered by the County of Peterborough.

Removing the social assistance recreation and social activities subsidy for children would significantly undermine the efforts of the Health Unit and our partnership to increase affordable access to recreation, and would have significant health and social impacts for vulnerable children living in Peterborough City and County.

Community Start-Up and Maintenance (CSUMB) ($2.8 million in 2011):
CSUMB provides people with the direct assistance they need to retain their housing and prevent homelessness. It can help families pay for the initial costs of establishing a new home (last month's rent deposit, heat/hydro deposits, moving costs, furniture and other necessities) or it can pay costs to prevent eviction or disconnection of heat or utilities.

It is well known that safe and secure housing is a key determinant of health. Housing in disrepair leads to higher risks of injury and accidental death in the home, and unhealthy exposure to extremes of heat and cold. Exposures to dampness, moulds, fungus, mites, pests, poisons, toxins and fumes (e.g., from poor insulation, asbestos, or poor heating and ventilations systems) can cause a wide range of illnesses, including asthma and other respiratory diseases, particularly among children.[8] The worse the conditions, the greater the health effects.

Overcrowding can also lead to physical health effects, directly and through the communication of illness to other members of the household. Overcrowding has also been strongly associated with a higher incidence of aggressive behavior among young children.[9]

Poor health outcomes among people in unsafe and insecure housing are also due to the chronic, long-term stress and anxiety created by their living situations. Worry over personal safety at home, an inability to repair a home or to pay the rent, produces a physical response which triggers a whole range of stress hormones that affect cardiovascular and immune systems and can result in considerable health damage. People who are experiencing housing insecurity have greater stress and an increased risk of morbidity and premature death.[10]

Our PCCHU home visiting program staff see first-hand that many of our clients live in very substandard housing. There are currently 1,655 people on the waiting list for social housing in the Peterborough area, and the Peterborough census metropolitan area has the highest number of households in 'core housing need' anywhere in Canada (when individuals and households pay more than 30% of their gross earnings for their housing).[11] Social assistance clients in our community have extremely low incomes, no extra resources to deal with a housing crisis, and few options to turn to. The "Shelter Allowance" for Ontario Works and ODSP is dramatically below the true cost of housing. Without the Community Start-Up and Maintenance Benefit, people will be forced to cut into budgets for food and other essential items, and to live in unsafe and insecure housing, which will in turn make them more susceptible to poor physical and mental health. In the worst case, they will face the prospect of homelessness, at very high personal and community cost.

Strategic Direction

Supporting continued funding for Discretionary Benefits and Community Start-Up and Maintenance Benefits will contribute to the strategic direction of continuing to meet our mandate through delivery of a wide variety of programs and initiatives. It also allows us to build on our leadership role at both the municipal and provincial level.

Contact:

Christine Post, Health Promoter
Poverty and Health Program
(705) 743-1000, ext. 293
cpost@pcchu.ca

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[5] Donnelly, P. & Coakley, J. (2002, December). The role of recreation in promoting social inclusion. Toronto, ON: Laidlaw Foundation.

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[9]Jackson, Andrew. (2004). Home Truths: Why the Housing System Matters to All Canadians. Ottawa, ON: Canadian Centre for Policy Alternatives.

[10] ibid.

[11] Affordable Housing Action Committee. (2012). Housing is Fundamental. Peterborough, ON: Affordable Housing Action Committee.

Limited Incomes: *A Recipe For Hunger*

August 2012

Poverty is the Reason Some People are Going Hungry in Peterborough

Imagine, you have worked for the same factory for 10 years. Two years ago, the company was bought out and production moved. Since then, you have taken a skills training program and found some temporary jobs, but nothing permanent. In between jobs, you are forced to go on social assistance.

After you pay rent and utilities, the money you receive leaves you with very few options. You will have other expenses such as telephone, clothing, transportation costs, cleaning supplies, and personal care items. It is likely that you will have to borrow from your food budget to make ends meet. Will you be able to afford to eat? Will you be able to choose healthy foods? Being in this difficult situation is often referred to as "food insecurity."

Food Insecurity and Peterborough

Food insecurity is a local issue, with 10% of people in Peterborough households being food insecure. This means that they:

- worried about not having enough to eat
- compromised the quality of food eaten
- did not have a variety of food choices on hand

For 2.5% of people in Peterborough households the situation is severe and people, including children did not have enough to eat because of a lack of money.

Low Incomes Don't Measure Up

- People living on social assistance find that after paying for rent and utilities, there is not enough money to buy nourishing food.

- 41% of all low-income children in Ontario live in families with at least one parent who is working full time, year round but not earning enough to lift their families out of poverty.

> ***"Social Assistance rates are so low people cannot afford food & shelter and have no capacity to save or afford other necessities. This is why 'Discretionary Benefits,' for items like basic dental care, transportation and emergencies, are actually 'Necessary Benefits' and why pending cuts in January 2013 will be so devastating."***
>
> **Joanne Bazak-Brokking,**
> **Peterborough Poverty Reduction Network**
> **August 2012**

www.pcchu.ca

About the Nutritious Food Basket

In May 2012, the Peterborough County-City Health Unit priced the Nutritious Food Basket (NFB). The NFB is Ontario's standardized food costing tool used by Health Units to measure the cost of healthy eating, based on Canada's Food Guide. The food costs are recorded according to the lowest available price at the grocery store.

Understanding the Nutritious Food Basket

Generally, highly processed foods and food with little or no nutritional value (such as soft drinks and potato chips) are not included. The food basket does not contain any foods for special diets, such as gluten-free products. Personal and household care items, like toothpaste, soap and cleaning supplies are not included.

The Nutritious Food Basket design assumes:

- most people have the necessary time, food skills and equipment to be able to prepare most meals from stratch.
- people have access to quality grocery stores.

How Do We Know Some People Don't Have Enough Money For Food?

A summary of some real life situations for people living in Peterborough appears in Table 1. These scenarios illustrate that after paying for shelter and food, minimum wage earners and households on fixed incomes have little, if any money leftover to cover other basic monthly expenses.

Table 1: What's Left After Shelter and Food Costs?

Monthly Income (after tax)/Costs	Single Man (Ontario Works)	Single Man (Ontario Disability Support Program)	Single Woman age: over 70 (Old Age Security/ Guaranteed Income Security)	Single Mother Family of 3 (Ontario Works)	Family of 4 (Minimum Wage)	Family of 4 (Median Income)
Monthly Income, including Benefits & Credits	$642	$1,115	$1,326	$1,855	$2,639	$6,360
Estimated Shelter Cost	$639	$774	$774	$915	$1,101	$1,397
Cost of a Nutritious Diet	$264	$264	$196	$599	$790	$790
What's Left?	**-$261**	**$77**	**$356**	**$341**	**$746**	**$4,173**
% Income Required for Shelter	100%	69%	58%	49%	42%	22%
% Income Required for Nutritious Food	41%	24%	15%	32%	30%	12%

REMEMBER: People still need to pay for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, internet, school essentials, medical and dental costs, and other purchases.

References available by emailing shubay@pcchu.ca.

NOTE: Shelter costs may or may not include utilities.

How Do People Cope?

- Research tells us that people know which foods are essential for good health. However, when money is tight, people are forced to adapt by cutting into their food budget.
- People are forced to skip meals or fill up on cheap foods that are not necessarily nutritious.
- They may eat less fruit, vegetables and milk products because they can't afford them.
- Parents living on low incomes feed their children first. They will go without eating to ensure that their children can eat. As a result, the parents' nutrition and health suffers.
- As a last resort, people are forced to use food banks. Food banks can only offer about three days worth of food per month.

How much do you spend on food in a month?

The cost of feeding a family of four in Peterborough was $790 in May 2012.

To calculate your own food costs, see page 4.

Does Food Cost Too Much?

Local food costs have increased by 6.5% in the past two years. However, the cost of food is not the issue for most people. The issue is that incomes are too low. For people living on low incomes, there is not enough money left to buy healthy food after paying rent and utility bills.

- The Nutritious Food Basket monthly cost ($790) represents 12% of an average family's income.
- In contrast, the Nutritious Food Basket monthly cost ($790) represents about 30% of the income of a family supported by a minimum wage earner.

What Can We Do About Poverty and Hunger?

1. Learn more about poverty and hunger.
   Check out these websites:
   - Food in Peterborough - ***www.pcchu.ca/food***
   - Peterborough Poverty Reduction Network - ***www.pprn.ca***
   - Poverty Free Ontario - ***www.povertyfreeontario.ca***

2. Speak up! Ask for change. Write to your local M.P. or M.P.P. or council member. Use this report to increase their understanding of the issue. Ask for an immediate increase of $100 per month for every adult receiving social assistance as a first step towards putting food on the table for our most vulnerable neighbours.

3. Support local food programs while working to end poverty. Food programs include community gardens, collective kitchens, gleaning, community meal programs, student nutrition programs, and the food box initiatives. Help by fundraising or volunteering your time. For more information, call the Nutrition Promotion Program, Peterborough County-City Health Unit - 705-743-1000 or visit our website: ***www.pcchu.ca/food***

4. Buy local foods whenever available to support local farmers. Choose Kawartha Choice products (***www.kawarthachoice.com***) and visit local farmers' markets.

Poverty and Health... Did You Know?

- People living on low incomes have more health problems and die younger than people with higher incomes.
- Children living in low income households are more likely to get sick and are less able to do well at school.

How to Calculate the Food Costs of a Nutritious Food Basket

Follow the steps below to find out the cost of a weekly Nutritious Food Basket:

STEP 1:
Write down the age and sex of all the people you are feeding.
For example: Man, 37 years old; Woman, 37 years old; Boy, 14 years old; and Girl, 8 years old.

STEP 2:
Using Table #2, write down the cost of feeding each person. Add up these costs. This is your subtotal.

STEP 3:
It costs a little more to feed a small group of people and less to feed a large group. So your subtotal estimated in Step 2 will need to be adjusted. Use the following adjustments for household size and record this figure in the "TOTAL (per week)" row below.

1 person - multiply by 1.20
2 people - multiply by 1.10
3 people - multiply by 1.05
4 people - make no change
5 people - multiply by 0.95
6+ people - multiply by 0.90

STEP 4:
To determine the cost per month, multiply your total cost by 4.33.

In this example, it would cost $790.48/month to feed this family.

EXAMPLE	Sex	Age (years)	Cost Per Week ($)
	Man	37	$50.82
	Woman	37	$43.04
	Boy	14	$58.13
	Girl	8	$30.57
	Subtotal		$182.56
	TOTAL (per week)	$182.56 x no adjustments	
	TOTAL (per month)	$182.56 x 4.33 = $790.54	

Table 2: Food Costs

	Age/Sex	Cost Per Week
Boy	2-3	24.48
	4-8	31.56
	9-13	41.69
	14-18	58.13
Girl	2-3	23.99
	4-8	30.57
	9-13	35.83
	14-18	42.59
Man	19-30	56.08
	31-50	50.82
	51-70	49.04
	Over 70	48.49
Woman	19-30	43.49
	31-50	43.04
	51-70	38.37
	Over 70	37.64
Pregnant Woman	Younger than 18 yrs	47.31
	19-30	47.78
	31-50	46.58
Breastfeeding Woman	Younger than 18 yrs	49.40
	19-30	50.45
	31-50	49.25
Family of 4*		182.56
*(Man and woman 31-50; boy 14-18 years; girl 4-8 years)		

YOUR HOUSEHOLD	Sex	Age (years)	Cost Per Week ($)
	Subtotal		
	TOTAL (per week)		
	TOTAL (per month)		

For food cost details and references, please call the Nutrition Promotion Program, Peterborough County-City Health Unit, at 705-743-1000 or visit our website at ***www.pcchu.ca***. May be reproduced provided the source is acknowledged.

Staff Report

Staff Proposal for Naming Rights

Date:	September 12, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original signed by		***Original signed by***
Rosana Pellizzari, M.D.		Brent Woodford, Director Corporate Services

Recommendations

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

- approve naming rights for PCCHU assets; and,
- direct staff to bring forward a policy and procedure to award naming rights.

Financial Implications and Impact

Approval of these recommendations may allow the Board to increase philanthropic donations.

Decision History

This is the first time the issue has come to the Board.

Background

The Peterborough County-City Health Unit (PCCHU) has charitable status, allowing us to issue charitable receipts for donations. Most donations, while valued, are relatively small. Larger donations (i.e., over $1,000) are primarily from service clubs and designated to specific programs provided by or administered through the PCCHU (e.g., Food for Kids).

Research has shown that major philanthropic donors frequently request/require some lasting form of recognition. Naming opportunities allow organizations to thank and recognize donors with a tangible tribute.

The PCCHU has not used naming rights for donations in the past and a potential move to a new site would provide an excellent opportunity for the organization to solicit funding for specific areas/causes and be able to offer the donor a tangible, lasting tribute for their generosity.

Past Boards have used naming rights for honorific purposes. For example, 10 Hospital Drive is officially the Dr. J. K. Edwards Building.

Rationale

Sports centres have used naming rights for years to boost revenues (e.g., Air Canada Centre in Toronto or Scotiabank Place in Ottawa) and Toronto City Council has approved a policy on naming rights for city assets such as parks or libraries. Peterborough as also approved this type of initiative (e.g., the Memorial Centre has the Mercedes-Benz Peterborough Club Lounge).

It is becoming common for organizations in the Museum, University, School and Hospital (MUSH) sector to award naming rights. For example, Peterborough Regional Health Centre has different areas/endowments/functions named.

Every organization in the MUSH sector sets restrictions on the type or purpose for which donations may or may not be accepted and has criteria for corporations from whom donations can't be accepted. The PCCHU would reject donations from tobacco companies, baby formula companies or companies that did not receive a favourable EthicScan report.

The Board could consider recognition based on the level of the donation. For example, a $50.00 donation might warrant naming a book in our library after the donor while a $100,000 donation might warrant naming the entire library after the donor.

Strategic Direction

- Build on Our Leadership Role
- Pursue One Facility

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

Staff Report

2012 Budget Approvals - Ministry of Health and Long-Term Care Funded Programs

Date:	September 12, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by	***Original signed by***
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor

Recommendations

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

- the adjusted 2012 cost shared budget for public health programs and services in the total amount of $7,085,328.
- the adjusted 2012 100% funded Healthy Smiles Ontario Program in the total amount of $402,329;
- the following adjusted 2012 budget amounts funded 100% by the Ministry of Health and Long-Term Care; and,

	Ministry Approval	Board Request	Difference
Chief Nursing Officer Initiative[1]	$116,699	$116,700	$1.00
Infection Prevention Control Nurse[2]	$86,569	$84,872	$1,697
Public Health Nurses Initiative[2]	$173,441	$170,039	$3,402

[1]*Salary and benefit line reduced.*
[2]*Increase in funding can only be used for salary & benefits and is not needed in 2012 but will be helpful in future years.*

- the one-time 100% funded Panorama budget for public health programs and services in the total amount of $50,279.

Financial Implications and Impact

For the most part, the differences between the Board of Health approved operating budgets and the amount approved by the province should not affect Health Unit operations in any significant way in 2012.

The Board of Health approved and requested a 3% increase ($12,070) for Healthy Smiles Ontario program which was not approved by the Ministry. The 2012 Healthy Smiles Ontario program is considered to be a 100% funded program, however, it relies on the generation of $354,743 in revenues from dental work performed by the programs clinical staff from publicly funded programs such as Ontario Works dental, Ontario Disabilities Support Program to balance the budget. At the same time clients that qualify for Ontario Works Dental have the right to request and use a private dentist to do the needed dental work and the program is required to pay for these private services. The lack of increase in funding puts increasing importance on the generation of revenues to balance the budget.

None of the one-time funding requests from the Board of Health were approved by the province. This includes the Board's one-time 100% Provincial funded request for $1,500,000 for Leasehold Improvements. It was hoped that these funds could be used to help fund renovations for a new home for the Health Unit.

The province approved an unrequested one-time 100% funded amount of $50,279 for the Board of Health towards the implementation of Panorama. Panorama is a web-based system to more efficiently manage immunization information, vaccine inventory, and communicable disease cases and outbreaks.

Decision History

December 14, 2011, the Board of Health approve the 2012 cost shared budget for public health programs and services in the total amount of $7,089,717. The province's share of the Board's approval amounted to $5,317,288 or 75%.

The province approved its 75% share as follows:

Mandatory programs	$5,224,944
Children In Need of Dental treatment (expansion)	$19,855
Small Drinking Water Systems	$ 68,100
Total Provincial Funding approved by the province	$5,312,899

The shortfall of provincial funding is $4,389 ($5,317,288 less $5,312,899). As a result of the reduced provincial approval the local partners will have contributed in total $1,463 in excess of their 25% share. These excess local funds will be available to take advantage of any cost shared program, if any, introduced during 2012. If these local funds are not used during the year, the Board of Health will be asked to add $1,463 to the Health Units accumulated Contingency Fund when the Board approves the audited financial statements for 2012. The accumulated Contingency Fund had a balance of $100,342 as of December 31, 2011.

The adjusted cost shared budget for 2012 is now $7,085,328 ($7,089,717 less $4,389).

March 14, 2012, the Board of Health approved in principle ten one-time cost shared projects totaling $401,033 and a request was made to the province for their share of the funding. The province did not approve any of the projects.

March 14, 2012, the Board of Health approved a one-time 100% Provincial funded request for $1,500,000 for Leasehold Improvements. The province did not approve this request.

Background and Rationale

The Healthy Smiles Ontario budget of $402,329 was approved by the Province in July 2010. The Board's request to increase the budget to $414,399 for 2012 reflected real inflationary pressure on the program.

The Panorama project is a provincial initiative to provide Ontario public health professionals with a comprehensive, secure, web-based system to more efficiently manage immunization information, vaccine inventory, and communicable disease cases and outbreaks. Once fully implemented, Panorama will integrate the work of approximately 2,000 users including staff at all 36 health units, the Ministry of Health and Long-Term Care (MOHLTC), Ontario Government Pharmacy and Medical Supply Services (OGPMSS) and Public Health Ontario (PHO). Panorama is expected to enhance integration within the public health sphere, and it is a critical first step to enable the future sharing of immunization and communicable disease data with other health providers, such as hospitals and community physicians.

Strategic Direction

The approved Health Unit budgets will continue to allow the Health Unit to meet its required mandate.

The Healthy Smiles Dental Program will contribute to the strategic goal of *Continuing to Meet our Mandate* by addressing the needs of identified priority populations and addressing the oral health needs of children. In particular, it will ensure access within both the City and County of Peterborough. Due to the provincial funding limitations and the reliance on clinic revenues the Board of Health will need to continue to closely monitor operations communicate concerns if any to the province.

Contact:

Bob Dubay, Supervisor of Accounting
(705) 743-1003, ext. 286
bdubay@pcchu.ca

To: All Members
Board of Health

From: Mr. David Watton, Chair, Board of Health Governance Committee

Subject: **Governance Committee**

Date: September 12, 2012

Recommendation:

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

- receive for information, meeting minutes of the Governance Committee for May 28, 2012, approved by the Committee on September 5, 2012; and

- approve the following documents referred by the Committee at the September 5, 2012 meeting:

  - Revised Policy #2-284, Correspondence*
  - Revised By-Law #2, Banking and Finance
  - Revised By-Law #7, Execution of Documents

*Please note this policy was brought to the Board on June 13, 2012 where it was referred back to the Governance Committee for further review. The Committee had no additional changes other than what was originally proposed (highlighted text).

Please refer to the attached.

Original signed by

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

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Governance Committee Meeting
May 28, 2012 – 1:00 p.m. to 4:00 p.m.
(Board Room - 10 Hospital Drive, Peterborough)

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

1. Call To Order

Mr. Watton called the meeting to order at 3:00 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
Mayor Smith	Deputy Mayor Sharpe

That the agenda be approved as circulated.

Carried

5. Approval of the Minutes

Moved by	Seconded by
Mr. Embrey	Mayor Smith

That the minutes of April 4, 2012 be approved as written, and brought forward to the next Board of Health meeting.

Carried

6. Business Arising from the Minutes

6.1 Accessibility for Ontarians with Disabilities Act Training

Alida Tanna confirmed that training had been completed by all Board of Health Members.

6.2 Youth Representation on the Board

Dr. Pellizzari advised that a focus group was held with the Peer Leaders in April to seek their input on ideas for engagement and discuss potential models for youth involvement with the Board.

Rather than a youth representative on the Board, the group preferred a youth council or cabinet. This format has worked well in other municipalities such as Niagara which has a Youth Advisory Council to the Mayor.

The Health Unit does not have the capacity to lead and supervise a youth council, nor the financial resources to bring together a council on a monthly basis, however, work is being done locally to strengthen youth engagement. The City of Peterborough's Youth Commission is currently undergoing a review, there may be an opportunity for this group to provide the Board with input.

The Peer Leaders will be deputing at Township Councils over the summer and into the fall to discuss results from the YOUth Talk 2010 project. The initiative was designed to engage youth, and give them a voice in the last municipal and provincial elections. In addition to this update, they will also recommend the implementation of Township Youth Councils.

The Committee requested that an update be provided to the Board on these deputations in the fall. **ACTION: Dr. Pellizzari will discuss this with Keith Beecroft.**

7. New Business

7.1 By-Law, Policy and Procedure Review

a. 2-281, Procedure - Complaints, Public

Revisions to this policy were discussed and agreed upon in the meeting.

Moved by | Seconded by
Mr. Embrey | Mayor Smith

That the amended Policy 2-281 be recommended for approval by the Board of Health.

Carried

b. <u>2-284, Policy, Correspondence</u>
Revisions to this policy were discussed and agreed upon in the meeting.

Moved by | Seconded by
Mayor Smith | Deputy Mayor Sharpe

That the amended Policy 2-284 be recommended for approval by the Board of Health.

Carried

c. <u>2-20, Policy, Authority and Jurisdiction</u>
Revisions to this policy were discussed and agreed upon in the meeting.

Moved by | Seconded by
Deputy Mayor Sharpe | Mayor Smith

That the amended Policy 2-20 be recommended for approval by the Board of Health.

Carried

d. <u>2-40, Policy, Vision</u>
Mr. Watton recommended combining policies 2-40, 2-60 and 2-80 into one document. This is considered a housekeeping change and will not require Board approval as there were no revisions to the content of the policies as they are currently written.

These policies will be impacted by the strategic planning process, and as such, the Committee determined that any further review should be deferred until after the plan is finalized.

Moved by | Seconded by
Mayor Smith | Mr. Embrey

That Policies 2-40, 2-60 and 2-80 be combined into one document, and brought forward to the Committee for review after the completion of the Board's new strategic plan.

Carried

e. 2-60, Policy, Mission
Please refer to item 7.d for details.

f. 2-80, Policy, Values
Please refer to item 7.d for details.

g. 2-185, By-Law Number 10, Open and In-Camera Meetings
Revisions to this new policy were discussed and agreed upon in the meeting.

Moved by	Seconded by
Deputy Mayor Sharpe	Mr. Embrey

That Policy 2-185 be recommended for approval by the Board of Health.
Carried

It was noted that a procedure should be developed to accompany this policy.
ACTION: A draft will be brought forward to the Committee later this year.

h. 2-350, Policy, Delegation of Authority
There were no revisions noted by the Committee to this new policy.

Moved by	Seconded by
Mayor Smith	Mr. Embrey

That Policy 2-350 be recommended for approval by the Board of Health.
Carried

i. 2-351, Procedure, Delegation of Authority
Revisions to this new policy were discussed and agreed upon in the meeting.

Moved by	Seconded by
Mayor Smith	Mr. Embrey

That Policy 2-351 be recommended for approval by the Board of Health.
Carried

8. 2013+ Strategic Plan

8.1 Update on Consultant

Dr. Pellizzari recently met with Jonathan Bennett, a contract was agreed upon and will be signed off by both parties.

The initial contract had accounted for two community consultation sessions, Mr. Bennett recommended a road trip where select Board Members and the Medical Officer of Health could host an 'open house' as a way to meet the public and obtain feedback. To supplement the online survey component, hard copies

could be brought to these meetings for members of the public to complete who may not have computer and/or internet access. The mobile unit could be used to transport the group to the various locations. In addition, a request could go out to staff who live in the selected areas to come out to have a staff component to these meetings.

Mr. Bennett suggested the following timeline:

- Confirm additional funds and make arrangements for additional polling and consultations (July – August 2012)
- Initial meeting with the Governance Committee (September 2012)
- Meeting with the Governance Committee, Management Team, and select staff (September 2012)
- Strategic plan kick off and public launch at Board meeting (October 2012)
- Update to the Board (November 2012)
- Update to the Board (December 2012)
- Full Day Planning Session (February 2013)
- Approval (April 2013)

ACTION: Alida Tanna will forward the final contract with Laridae Communications to the Committee for information.

8.2 Plans from Other Health Units

The Committee considered select strategic plans which were culled by Dr. Pellizzari and Larry Stinson. Several options were considered, some were quite brief while others were very large, comprehensive documents.

The Committee expressed the following opinions about the development of their plan:

- The plan must be compliant with requirement 3.2 in the Organizational Standards. Dr. Pellizzari advised that she had inquired with the Ministry on a section of that requirement (third bullet) which refers to outcomes of the Foundational Standard in the Ontario Public Health Standards (2008).
- It would be ideal to have some background, as well as timelines and targets built into the plan.
- Dr. Pellizzari noted that the meetings in September could be used to determine the final products the Committee hopes to obtain from this process. Normally, the final plan is a larger document, an executive summary or brief is derived from that.
- Components of the strategic plan should be built in to the Health Unit's operational plans. Implementation should be measured and monitored, possibly on a quarterly basis.
- Dissemination of the final product needs to be determined.

8.3 Discussion about Schedule, Planning and Process
Please refer to item 8.1 for details.

9. In Camera/Closed Session

Moved by	Seconded by
Mayor Smith	Deputy Mayor Sharpe

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

Carried

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

Moved by	Seconded by
Mayor Smith	Jim Embrey

That the Governance Committee rise from In Camera

Carried

10. Items to be referred to:

10.1 Board of Health

- Update on Strategic Plan
- 2-20, Policy, Authority and Jurisdiction
- 2-185, By-Law Number 10, Open and In-Camera Meetings
- 2-281, Procedure - Complaints, Public
- 2-284, Policy, Correspondence
- 2-350, Policy, Delegation of Authority
- 2-351, Procedure, Delegation of Authority
- Governance Committee Minutes, April 4, 2012

10.2 Other
Nil.

11. Agenda Items for Next Meeting

- Strategic Plan Discussion with Jonathan Bennett
- Policies and Procedures for Review

12. Date, Time and Place of Next Meeting

Wednesday, September 5, 2012, 3:00 – 5:00 p.m., Board Room, 10 Hospital Drive

13. Adjournment

Moved by Mayor Smith
Seconded by Mr. Embrey

That the meeting be adjourned.

Carried

The meeting adjourned at 4:00 p.m.

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

Parked Items:

- *Board Liability Presentation (Woodford, Ref. Jan. 27/12)*
- *Revisions to By-Law # 9, Procurement of Goods and Services (Woodford, Ref. Jan. 27/12)*
- *Meeting with Non Union, October 2012*

______________________________ Chair

______________________________ Recorder

Board of Health
Policy

Section: **Board of Health**	Number: **2-284**	Title: **Correspondence**	Page: **1 of 2**

Approved by: **Board of Health**
Date: **September 14, 2011**

Housekeeping Revision
Approved by:
On:

Original
Approved by: Board of Health
On: **September 14, 2011**

Revision
Approved by:
On:

Reviewed
By: ~~**By-Laws, Policies Procedures Committee**~~ **Governance Committee**
On: ~~**May 18, 2011**~~ **May 28, 2012**

Next Review Date: June 2014

Reference:

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

All paper and electronic correspondence addressed, or copied, to the Chair of the Board of Health will be reviewed by the Chair of the Board of Health and the Medical Officer of Health to determine what correspondence is to be included in Board of Health agenda packages.

Correspondence must be received no later than two weeks prior to the scheduled Board of Health meeting to be eligible for consideration. Any correspondence received after this deadline may be carried forward to the following meeting.

All correspondence requested or directed to be sent on behalf of the Board of Health is to be documented (in the minutes of Board of Health meetings and sent by the Secretary of the Board of Health).

Board of Health
Policy

Section: **Board of Health**	Number: **2-110**	Title: **By-Law Number 2 – Banking and Finance**	**Page: 1 of 2**

Approved by: Board of Health **Date:** **<u>Housekeeping Revision</u>** **Approved by:** **On:**	**<u>Original:</u>** **Approved by: Board of Health** **On: October 11, 1989** **<u>Revision:</u>** **Approved by: Board of Health** **On: July 7, 2010** **April 12, 2006** **January 12, 2005** **October 28, 1998** **<u>Reviewed by:</u>** **Governance Committee, Sept. 5, 2012** **By-Laws, Policies & Procedures Committee, June 4, 2010** **Medical Officer of Health, April 2005** **Next Review Date: September 2014**
Reference:	

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

By-Law Number 2
Banking and Finance

1. In this By-law:
   1) "Act" means the Health Protection and Promotion Act;
   2) "Board" means the Board of Health for the Peterborough County-City Health Unit;
   3) "Chairperson of the Board" means the Chairperson elected under the Act;
   4) "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;

5) "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and Regulations; and
6) "~~Business Administrator~~ Director, Corporate Services" means the business administrator of the Board as defined in the Regulations under the Act.

2. The Board shall enter into an agreement with a recognized chartered bank or trust company which will provide the following services:
   1) a current account;
   2) the provision of cancelled cheques on a regular basis together with a statement showing all debits and credits;
   3) the payment of interest at a rate to be negotiated between the Board and the bank or trust company for all surplus funds held in each account;
   4) payroll services;
   5) the lending of money to the Board as required; and
   6) advice and other banking services as required.

3. Once every five years tenders shall be called by the ~~Business Administrator~~ Director, Corporate Services for banking services.

4. The Chairperson and Vice-Chairperson of the Board, the Medical Officer of Health, and the ~~Business Administrator~~ Director, Corporate Services shall be authorized:
   1) to sign cheques drawn on a current account; and
   2) to borrow money from a bank or trust company.

   All cheques shall require two signatures and the Chairperson and Vice-Chairperson of the Board shall not sign the same cheque.

   No person shall sign a cheque made payable to themselves.

5. The Medical Officer of Health and ~~Business Administrator~~ Director, Corporate Services shall be authorized:
   1) to deposit with or negotiate or transfer to a bank or trust company (but only for the credit of the Board) any and all cheques, promissory notes, bills of exchange or orders for payment of monies;
   2) to receive all paid cheques and vouchers and to arrange, settle, balance and certify all books and accounts between the Board and the bank or trust company;
   3) to sign the form of settlement of balances and releases of the bank or trust company;
   4) to receive all monies and to give acquittance for the same; and
   5) to invest excess or surplus funds in interest-bearing accounts or short-term deposits.

This By-law shall be deemed to have come in to force on the 11th date of October, 1989.

Dated at the City of Peterborough the 25th date of October, 1989.

Board of Health
Policy

<table>
<tr><td>Section:
Board of Health</td><td>Number:
2-160</td><td>Title:
By-Law Number 7 - Execution of Documents</td><td>**Page:**
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<tr><td colspan="2">**Approved by: Board of Health**
Date:

Housekeeping Revision
Approved by:
On:</td><td colspan="2">**Original:**
Approved by: Board of Health
On: October 11, 1989

Revision:
Approved by: Board of Health
On: October 28, 2010
March 6, 2006
October 28, 1998

Reviewed:
Governance Committee, Sept. 5, 2012
By-Laws, Policies and Procedures Committee, October 13, 2010

Next Review Date: September 2014</td></tr>
<tr><td colspan="4">Reference: By-Law #5 – Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health</td></tr>
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NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

By-Law Number 7
Execution of Documents

1. In this By-law:
   1) "Act" means the Health Protection and Promotion Act;
   2) "Board" means the Board of Health for the Peterborough County-City Health Unit;
   3) "Chairperson of the Board" means the Chairperson elected under the Act;
   4) "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;
   5) "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and Regulations; and

6) "~~Business Administrator~~ Director, Corporate Services " means the business administrator of the Board as defined in the Regulations under the Act.

2. Except as otherwise directed by the Board, the Chairperson and Vice-Chairperson of the Board, the Medical Officer of Health and the ~~Business Administrator~~ Director, Corporate Services shall be authorized to sign any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.

3. Only one signature of the signing officers set out in section 2 of this By-law shall be required for a contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of less than $10,000. For a contact, arrangement, conveyance, mortgage, or other document with a pecuniary value of $10,000 or more, two signatures of the signing officers set out in section 2 of this By-law shall be required. One signature will be the Chairperson of the Board of Health or in the absence of the Chairperson, the Vice-Chairperson of the Board of Health. The second signature will be the Medical Officer of Health or in the absence of the Medical Officer of Health, the ~~Business Administrator~~ Director, Corporate Services.

   This By-law shall be deemed to have come in to force on the 11th day of October, 1989.