

**Board of Health for the Peterborough
County-City Health Unit
AGENDA
Board of Health Meeting
5:30 p.m., Wednesday, October 10, 2012
Council Chambers, Administration Building
22 Wiinookeedaa Rd., Curve Lake First Nation**

1. **Welcome and Opening Prayer**
2. **Call to Order**
 - 2.1. Recognition of Service: Keith Knott
3. **Declaration of Pecuniary Interest**
4. **Confirmation of the Agenda**
5. **Delegations and Presentations**
 - 5.1. A Day In The Life – Social Determinants of Health Nurses
Presenters: Ruth Walker, Public Health Nurse
Melinda Wall, Public Health Nurse
 - 5.2. Curve Lake Health and Family Services Update
Presenter: Stephanie Monahan, Acting Manager
 - 5.3. Rural Youth Engagement: 2010-2012 and Next Steps
Presenters: Jennie Carr, Peer Leader
Emma Warner-Chee, Peer Leader
Keith Becroft, Youth Development Worker
 - 5.4. Shade Audit of Rogers Cove
Presenter: Andrew Kurc, Epidemiologist
6. **Confirmation of the Minutes of the Previous Meeting**
 - 6.1. [September 12, 2012](#)
7. **Business Arising From the Minutes**
8. **Correspondence**
9. **Program Reports**

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

10. New Business

10.1. [Staff Report: Radio Frequencies Survey – City of Peterborough](#)

Donna Churipuy, Program Manager

10.2. [Staff Report: Tobacco Cessation Services](#)

Donna Churipuy, Program Manager

10.3. [Staff Report: Bill 126, Healthy Decisions Made Easy, 2012](#)

Larry Stinson, Director, Public Health Programs

10.4. [Staff Report: Municipal Alcohol Policies](#)

Larry Stinson, Director, Public Health Programs

10.5. [Staff Report: 2011/12 Infant and Toddler Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation](#)

Brent Woodford, Director, Corporate Services

10.6. [Staff Report: 2011/12 Preschool Speech and Language Program Audited Financial Statements](#)

Brent Woodford, Director, Corporate Services

11. Committee Reports

11.1. [Governance Committee – Strategic Plan Update](#)

David Watton, Chair

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

12. In Camera to Discuss Confidential Personal and Property Matters

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

Wednesday, November 14, 2012; 4:45 p.m., (Council Chambers, County Court House, County of Peterborough, 470 Water Street).

14. Adjournment

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

**Board of Health for the
Peterborough County-City Health Unit
Meeting Minutes
Wednesday, September 12, 2012
Council Chambers, County Court House
County of Peterborough, 470 Water Street**

Present:

Board Members: Deputy Mayor Andy Sharpe, Chair
Councillor Henry Clarke
Mr. Jim Embrey
Mayor John Fallis
Mr. Paul Jobe
Councillor Lesley Parnell
Mayor Mary Smith
Mr. David Watton
Chief Phyllis Williams

Regrets: Councillor Andrew Beamer
Councillor Jill Smith

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

1. Call To Order

1.1 Welcome and Introduction: Chief Phyllis Williams, Curve Lake First Nation
Deputy Mayor Sharpe welcomed Chief Williams to the Board of Health.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Confirmation of Agenda

Moved by
Mr. Embrey

Seconded by
Mayor Fallis

That the agenda be approved with the additions of:

- 9.6 Association of Municipalities of Ontario Meeting Update
- 9.7 Tanning Beds
- 9.8 New City of Peterborough Smoking By-Laws/Amendments
- Carried - (M-12-107)

4. Delegations and Presentations

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

5. Confirmation of the Minutes of the Previous Meeting

Moved by
Mayor Fallis

Seconded by
Mr. Jobe

That the minutes of the Board of Health meeting held on July 26, 2012 be approved.
- Carried - (M-12-108)

6. Business Arising From the Minutes

Nil.

7. Correspondence

Moved by
Mr. Embrey

Seconded by
Mr. Watton

That the following documents be received for information.

- Carried - (M-12-109)

1. Notice from the Association of Local Public Health Agencies (alPHa) regarding the upcoming 2012 Fall Symposium.
2. Letters/Resolutions from other Health Units:
 - Niagara
 - Refugee Health Benefits
 - Windsor-Essex
 - Food Security

8. Program Reports

8.1 Q2 2012 Program Report

Presenter: Larry Stinson, Director, Public Health Programs

Mr. Stinson provided an overview of the Health Unit's activities during the second quarter of 2012.

8.2 Q2 2012 Financial Report

Presenter: Brent Woodford, Director, Corporate Services

Mr. Woodford provided an overview of the Health Unit's financial status for the second quarter of 2012.

Moved by
Councillor Parnell

Seconded by
Mr. Jobe

That the Board of Health for the Peterborough County-City Health Unit receive the Q2 2012 Program and Financial Update for information.

- Carried - (M-12-110)

9. New Business

9.1 Staff Report: Cuts to Social Assistance Benefits: A Public Health Perspective

Presenter: Christine Post, Health Promoter

Ms. Post presented a comprehensive report regarding the effects of budget cuts of approximately \$133 million annually from benefits to people on social assistance.

Moved by
Councillor Clarke

Seconded by
Councillor Parnell

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

- Send a letter to John Milloy, Minister of Community and Social Services, Dr. Eric Hoskins, Minister of Children and Youth Services, Kathleen Wynne, Minister of Municipal Affairs and Housing, and Deb Matthews, Minister of Health and Long-Term Care, MPP Jeff Leal, 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.

- Staff will be asked to confirm the dollar amounts with Linda Mitchelson from Social Services and to consider researching the economic impact of reducing or eliminating benefits and to ascertain whether the Ontario Works van would be impacted by the proposed reductions.

- Carried - (M-12-111)

9.2 Limited Incomes: A Recipe for Hunger (August 2012)

Dr. Rosana Pellizzari, Medical Officer of Health

Moved by
Mayor Fallis

Seconded by
Councillor Parnell

That the Board of Health for the Peterborough County-City Health Unit receive the report: Limited Incomes: A Recipe for Hunger (August 2012) for information.

- Carried - (M-12-112)

9.3 Staff Report: Staff Proposal for Naming Rights

Brent Woodford, Director, Corporate Services

Moved by
Mayor Smith

Seconded by
Councillor Parnell

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.

- Carried – (M-12-113)

9.4 Staff Report 2012 Budget Approvals – Ministry of Health and Long-Term Care Funded Programs

Brent Woodford, Director, Corporate Services

Moved by
Mayor Fallis

Seconded by
Mr. Watton

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 adjusted 2012 budget amounts funded 100% by the Ministry of Health and Long-Term Care; and

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

- Carried – (M-12-114)

9.5 Board of Health Property Committee Membership

Deputy Mayor Sharpe noted that as a result of Keith Knott's departure from the Board, a position on the Board's Property Committee remained unfilled.

Moved by

Seconded by

Mr. Jobe

Mayor Fallis

That Chief Williams be appointed to the Board of Health Property Committee.

- Carried – (M-12-115)

Chief Williams accepted the appointment to the Property Committee.

9.6 Association of Municipalities of Ontario (AMO) Meeting Update

Councillor Parnell provided an overview of the AMO meeting held in August.

Moved by

Seconded by

Mayor Fallis

Mr. Embrey

That the Board of Health for the Peterborough County-City Health Unit follow-up with a letter to Minister Deb Matthews for provincial funding to assist with the Health Unit's accommodation needs.

- Carried – (M-12-116)

9.7 Tanning Beds

Councillor Parnell described regulations and fines in other municipalities that require parental permission for children under age 19. Councillor Parnell urged the Board to request local municipalities to develop similar by-laws.

Moved by

Seconded by

Councillor Parnell

Mr. Watton

That the Board of Health for the Peterborough County-City Health Unit receive Councillor Parnell's oral report on tanning for information.

- Carried - (M-12-117)

9.8 New City Smoking By-Laws/Amendments

Councillor Parnell informed the Board of Health that there will be a new by-law coming forward related to indoor smoking and water-pipes. This will be presented at the last committee meeting in October. There will also be changes to the existing by-law regarding outdoor smoking.

10. Committee Reports

10.1 Governance Committee

David Watton

Moved by
Mayor Smith

Seconded by
Mr. Embrey

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

- receive for information, meeting minutes of the Governance Committee for 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

- Carried - (M-12-118)

11. In Camera to Discuss Confidential Personnel and Property Matters

Moved by
Mr. Embrey

Seconded by
Mayor Smith

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

- Carried - (M-12-119)

Moved by
Councillor Parnell

Seconded by
Councillor Clarke

That the Board of Health rise from In Camera.

- Carried – (M-12-120)

Moved by
Councillor Parnell

Seconded by
Mr. Jobe

That the Board of Health for the Peterborough County-City Health Unit will give staff half day off at Christmas (Dec. 24) and New Year's (Dec. 31) in 2012, unless there is an emergency declared by the Medical Officer of Health.

- Carried – (M-12-121)

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

Wednesday, October 10, 2012, 5:30 p.m. – Council Chambers, Administration Building, Curve Lake First Nation.

13. Adjournment

Moved by
Mayor Smith
That the meeting be adjourned.

Seconded by
Councillor Parnell

- Carried – (M-12-122)

The meeting adjourned at 7:42 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: October 10, 2012

Recommendation:

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

1. Letter dated September 24, 2012 from Minister Deb Matthews in response to Chairman Sharpe's initial letter (dated March 7, 2012) regarding influenza coverage for health care workers. **REF. P. 3-4**
2. Letter dated October 5, 2012 from Dr. Pellizzari to Ministers Hoskins, Matthews, Milloy and Wynne regarding cuts to social assistance benefits. **REF. P. 5**
3. Letter dated October 5, 2012 from Dr. Pellizzari to the Joint Services Steering Committee regarding cuts to social assistance benefits. *NOTE: Identical letters sent to Peterborough City and County Councils.* **REF. P. 6**
4. Letters/Resolutions from other Health Units:

Durham Region

- Health Care Worker Immunization Rates **REF. P. 7**
- Oral Health **REF. P. 8**

Grey Bruce Health Unit

- Reducing Alcohol Related Harm **REF. P. 9-10**
NOTE: Resolution refers to additional attachments, links provided below:
[Reducing Alcohol Related Harm; Moving Toward a Culture of Moderation in Grey Bruce, Position Paper](#)
- Oral Health **REF. P. 11-12**
Note: Resolution refers to additional attachments, links provided below:
[Grey Bruce Oral Health Status Report](#)
[Oral Health, More Than Just Cavities; A report by Ontario's CMOH 2012](#)

North Bay Parry Sound District

- Capital Budget Funding **REF. P. 13-14**

Perth District

- Food Insecurity **REF. P. 15-16**

Simcoe-Muskoka District

- Harmful Effects of Artificial Tanning **REF. P. 17**
- Oral Health **REF. P. 18**

Original signed by

Rosana Pellizzari, M.D.

Ministry of Health
and Long-Term Care

Office of the Minister

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

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

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OCT 1 2012

HLTC2966MC-2012-3070

**PETERBOROUGH COUNTY
CITY HEALTH UNIT**

SEP 24 2012

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

Dear Mr. Sharpe: *Andy*

Thank you for your letter, on behalf of the Peterborough County-City Board of Health, regarding influenza coverage rates for health care workers. I also appreciated receiving the Peterborough County-City Health Unit report on influenza vaccination coverage rates for health care providers in Peterborough for the 2011/2012 season.

The ministry recognizes the risks associated with low influenza coverage rates for health care workers (HCWs) and we are developing initiatives to improve these coverage rates, such as a communication campaign to encourage HCWs to receive their annual influenza immunization and promoting effective infection prevention control in Ontario's long-term care homes (LTCHs) and public hospitals.

The ministry has investigated options to make annual influenza vaccination mandatory for all HCWs. For example, we presented to the Patient Safety Reporting Transition Committee the recommendation to make annual institutional HCW influenza immunization rates a Patient Safety Indicator. This option continues to be under review with Health Quality Ontario, which is now responsible for the Patient Safety agenda.

The ministry is developing a multi-pronged approach that will comprise of targeted strategies and initiatives that are designed to increase the influenza coverage rates of HCWs. I want to take this opportunity to acknowledge your board of health's commitment to improving the seasonal influenza immunization rates for HCWs and to assure you that the ministry will explore opportunities to collaborate in the planning of our initiatives.

Please assure the Peterborough County-City Health Unit that I recognize that the staff report that you have shared is a result of a great deal of hard work. I value the report, which has been made available to the appropriate ministry staff. It is an important

...2

Mr. Andy Sharpe

contribution to the development of our initiatives to increase influenza immunization rates among HCWs and I am grateful to both the unit and the board for your commitment to minimizing the risk of influenza for Ontarians.

Thanks, again, for writing about this important matter.

Sincerely,

A handwritten signature in black ink that reads "Deb Matthews". The signature is written in a cursive, slightly slanted style.

Deb Matthews
Minister



October 5, 2012

Hon. Dr. Eric Hoskins, Minister of Children and Youth Services
Hon. Deb Matthews, Minister of Health and Long-Term Care
Hon. John Milloy, Minister of Community and Social Services
Hon. Kathleen Wynne, Minister of Municipal Affairs and Housing

Dear Ministers:

Re: Cuts to Social Assistance Benefits: A Public Health Perspective

I am writing to you to express concern over reduced provincial funding for Discretionary Benefits and the elimination of Community Start-Up and Maintenance Benefits for people who receive support from Ontario Works and the Ontario Disability Support Program. I have included a recent report from the Peterborough County-City Health Unit which outlines the public health impacts of a these decisions.

These cuts are of significant concern to public health from a number of perspectives:

- They will increase hardship for many of our most vulnerable community members, and potentially push both individuals and families into crisis.
- They will have a negative impact on a wide range of the 'social determinants of health', such as adequate income, secure housing, and access to food, recreation, transportation and health care.
- They will undermine public health education and policy efforts in areas such as injury prevention and the built environment.

In both the short and the long term, cuts 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.

The attached report outlines in more detail how cuts in six specific areas of Discretionary Benefits, and the Community Start-Up and Maintenance Benefit, will affect both the physical and mental health of our community. I urge you to reconsider the elimination of these vital supports. Please don't hesitate to contact the Health Unit for any further information.

Sincerely,

Original signed by

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

/at
Encl.

cc: MPP Jeff Leal
MPP Laurie Scott
Association of Local Public Health Agencies
Ontario Boards of Health



October 5, 2012

SENT VIA EMAIL: jkennedy@peterborough.ca

Joint Services Steering Committee
c/o Mr. John Kennedy
City Clerk, City of Peterborough
500 George St. N.
Peterborough, ON K9H 3R9

Dear Committee Members:

Re: Cuts to Social Assistance Benefits: A Public Health Perspective

I am writing to you to share a report from the Peterborough County-City Health Unit which outlines the public health impacts of a loss of funding to discretionary and housing-related benefits for people who receive support from Ontario Works and the Ontario Disability Support Program.

These cuts are of significant concern to public health from a number of perspectives:

- They will increase hardship for many of our most vulnerable community members, and potentially push both individuals and families into crisis.
- They will have a negative impact on a wide range of the 'social determinants of health', such as adequate income, secure housing, and access to food, recreation, transportation and health care.
- They will undermine public health education and policy efforts in areas such as injury prevention and the built environment.

In both the short and the long term, our concern is that these cuts 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.

The attached report outlines in more detail how cuts in six specific areas of Discretionary Benefits, and the Community Start-Up and Maintenance Benefit, will affect both the physical and mental health of our community. Please don't hesitate to contact the Health Unit for any further information as you deliberate on this important issue.

Sincerely,

Original signed by

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

/at

Encl.



RECEIVED

SEP 28 2012

PETERBOROUGH COUNTY
CITY HEALTH UNIT

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

The Regional
Municipality
of Durham

Clerk's Department

605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
CANADA
905-668-7711
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Pat M. Madill, A.M.C.T., CMM III
Regional Clerk

**RE: MEMORANDUM FROM DR. R. KYLE, COMMISSIONER &
MEDICAL OFFICER OF HEALTH, DATED SEPTEMBER 6, 2012
RE: UNIVERSAL INFLUENZA IMMUNIZATION PROGRAM
OUR FILE: P00-47**

Honourable Sir, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on September 19, 2012 Council adopted the following recommendations of the Committee:

- "a) THAT the correspondence dated May 17, 2012 from G. Carr, Regional Chair, Halton Region, addressed to The Honourable D. Matthews, Minister of Health, with respect to the Universal Immunization Program, as it pertains to hospital staff immunization rates becoming one of the reportable patient safety indicators, be endorsed; and
- b) THAT the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPP's, Chief Medical Officer of Health, aPHa, AMO, and all Ontario boards of health be so advised."

Pat M. Madill, AMCT, CMM III
Regional Clerk

PMM/lf

- c) The Honourable D. Matthews, Minister of Health & Long-Term Care
 - T. MacCharles, MPP (Pickering/Scarborough East)
 - C. Elliott, MPP (Whitby/Oshawa)
 - J. O'Toole, MPP (Durham)
 - J. Ouellette, MPP (Oshawa)
 - L. Scott, MPP (Haliburton/Kawartha Lakes/Brock)
 - J. Dickson, MPP (Ajax/Pickering)
 - A. King, Chief Medical Officer of Health
 - L. Stewart, Executive Director, aPHa
 - P. Vanini, Executive Director, AMO
 - Ontario Boards of Health
 - R.J. Kyle, Commissioner & Medical Officer of Health

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

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SEP 28 2012

PETERBOROUGH COUNTY
CITY HEALTH UNIT

RE: MEMORANDUM FROM DR. R. KYLE, COMMISSIONER & MEDICAL OFFICER OF HEALTH, DATED SEPTEMBER 6, 2012
RE: CHIEF MEDICAL OFFICER OF HEALTH'S REPORT ON ORAL HEALTH OUR FILE: P00-47

The Regional
Municipality
of Durham

Clerk's Department

605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
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Pat M. Madill, A.M.C.T., CMM III
Regional Clerk

Honourable Sir, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on September 19, 2012 Council adopted the following recommendations of the Committee:

- "a) THAT the correspondence dated May 22, 2012 from P. Sutcliffe, Medical Officer of Health and Chief Executive Officer, Sudbury & District Health Unit, respecting the Chief Medical Officer of Health's report on Oral Health – More Than Just Cavities, be endorsed; and
- b) THAT the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPP's, Chief Medical Officer of Health, ALPHA, and all Ontario boards of health be so advised."

Pat M. Madill, AMCT, CMM III
Regional Clerk

PMM/lf

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

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September 21, 2012

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

Re: Reducing Alcohol Related Harm: Moving Toward a Culture of Moderation in Grey Bruce

On September 21, 2012, the Grey Bruce Health Unit Board of Health passed the following resolution.

Resolution #2012 – 75

“WHEREAS 82% of the Grey Bruce population aged 18 and over, including 55% of students, drink alcohol; and 19% of the Grey Bruce population, aged 12 years and older who consume alcohol, report heavy drinking, defined as the consumption of five or more drinks in any one day at least once a month or more; and

WHEREAS those who live in Canadian rural regions have higher rates of drinking and driving and riding with a drunk driver; and 6.3% of Grey Bruce residents aged 18 and over self-report having consumed two or more drinks in the hour before operating a motor vehicle (car, truck, van or motorcycle) at least once in the previous 12 months; and

WHEREAS alcohol consumption ranks second (behind tobacco use) as a risk factor for disease and is causally related to over 65 medical conditions, and the annual economic impact in Ontario of alcohol is \$5.3 billion in health, law enforcement and lost labour productivity costs; and the costs of alcohol-related harm exceed revenue by an estimated \$456 million in Ontario; and

WHEREAS opportunities for effective evidence-based alcohol policies that serve the public good are more available than ever before; and the unsafe consumption of alcoholic beverages is a major health and injury risk that can be successfully addressed through policy initiatives.

THEREFORE BE IT RESOLVED THAT the Board of Health of the Grey Bruce Health Unit commits to collaborating with local, provincial and federal partners to support policy development that addresses alcohol as a critical public health and safety issue; and

THAT a comprehensive policy development approach be used to reduce population-level damage from alcohol, to reduce high-risk drinking, and to address specific drinking situations and risk behaviours in sectors of the population; and

THAT the following population-level, evidence-based interventions be implemented, to:

- Control the physical and legal availability of and harmful use of alcohol
- Maintain and reinforce socially responsible pricing of alcohol
- Strengthen targeted controls on alcohol marketing and promotion; and

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

THAT the following focused policies and interventions be implemented, to:

- Modify the drinking context
- Continue education, coordination and focus of alcohol-related harm reduction initiatives
- Strengthen and promote treatment and brief intervention services
- Enhance drinking-driving prevention and countermeasures; and

THAT the Board of Health of the Grey Bruce Health Unit take a leadership role within the community to support movement towards a culture of drinking in moderation, thereby reducing the burden of illness and costs to health and community safety;

AND FURTHER THAT copies of this resolution be forwarded to the Premier of Ontario, the Minister of Health and Long-Term Care, Province of Ontario; the Minister of Attorney General, Province of Ontario; the Ontario Agency for Health Protection and Promotion; the Association of Local Public Health Agencies; the Ontario Public Health Association; Canadian Centre on Substance Abuse; Centre for Addiction and Mental Health; Cancer Care Ontario; Local Members of Parliament and Provincial Parliament; and all Boards of Health in Ontario.”

Building Healthy Communities Together,

Original signed by

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Copies to:

Deb Matthews, Minister of Health and Long-Term Care
John Gerretsen, Minister of Attorney General
Dr. Vivek Goel, President & CEO, Ontario Agency for Health Protection and Promotion
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Siu Mee Cheng, Executive Director, Ontario Public Health Association
Dr. Gerald Thomas, Senior Research & Policy Analyst, Canadian Centre on Substance Abuse
Dr. Catherine Zahn, President & CEO Centre for Addiction and Mental Health
Michael Sherar, President & CEO Cancer Care Ontario
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Larry Miller, MP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Ontario Boards of Health

Attachment: *Reducing Alcohol Related Harm: Moving Toward a Culture of Moderation in Grey Bruce. A Call for Action* (Barclay, 2012)



September 21, 2012

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

Re: Support for Improved Access to Oral Care Services

On September 21, 2012, the Grey Bruce Health Unit Board of Health passed the following resolution and we respectfully request your support and action on this matter.

Resolution # 2012 – 74

“WHEREAS oral diseases, including dental caries and periodontal disease are among the most prevalent chronic diseases in humans; and

WHEREAS oral diseases can lead to infection, pain, abscesses, chewing problems, poor nutritional status and gastrointestinal disorders; can affect an individuals’ sense of self-esteem, ability to learn, and potential to thrive; and are linked to serious health conditions including respiratory infections, cardiovascular disease (heart disease and stroke), diabetes, low birth weight babies, and bone-related and inflammatory conditions in seniors including osteoporosis and rheumatoid arthritis; and

WHEREAS in Canada, approximately 60 per cent of dental services are paid through employment insurance plans; 5 per cent are publicly funded through provincial government programs like CINOT and Healthy Smiles Ontario; leaving 35 per cent of dental services being paid out-of-pocket, which can result in inequitable access to oral health services, as well as oral health outcomes; and a lower percentage of Grey Bruce residents than Canadians have dental insurance, putting our population at higher risk of unchecked dental decay; and

WHEREAS better access to oral health services could result in savings to the health care system;

THEREFORE BE IT RESOLVED THAT the Board of Health of the Grey Bruce Health Unit support the finding of *Oral Health – More Than Just Cavities A Report By Ontario’s Chief Medical Officer Of Health, 2012*, and that the province of Ontario move to adopt the four recommendations for action supporting improved and equitable access to oral care services in Ontario contained therein;

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

AND FURTHER THAT copies of this resolution be forwarded to the Premier of Ontario, the Minister Of Health and Long-Term Care, Province of Ontario; the Ontario Agency for Health Protection and Promotion; the Association of Local Public Health Agencies; the Ontario Public Health Association; Local Members of Parliament And Provincial Parliament; And All Boards of Health in Ontario.”

Building Healthy Communities Together,

Original signed by

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Copies to:

Deb Matthews, Minister of Health and Long-Term Care
Dr. Vivek Goel, President & CEO, Ontario Agency for Health Protection and Promotion
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Siu Mee Cheng, Executive Director, Ontario Public Health Association
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Larry Miller, MP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Ontario Boards of Health

Attachments:

Oral Health – More Than Just Cavities A Report by Ontario’s Chief Medical Officer of Health, 2012, Grey Bruce Oral Health Status Report: 2005–2010

October 1, 2012

Honourable Deb Matthews
Minister – Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Matthews:

Subject: NBPSDHU Board of Health Supports the Creation of a Capital Budget Line for Public Health which includes Multi-Year Cost-Shared Funding for Capital Projects

At the regular monthly meeting of the Board of Health for the North Bay Parry Sound District Health Unit, held on September 26, 2012, the Board passed the following resolution (#BOH/2012/09/07):

Whereas, The North Bay Parry Sound District Health Unit is in urgent need of a new facility in order to continue providing important programs and services to those in our communities; and

Whereas, Currently no capital budget line exists for public health; and

Whereas, The Final Report of the Capacity Review Committee (2006) recommended that budget forecasting should include rolling ten-year forecasts for capital costs and the province should specify clear rules and criteria for how capital funding can be accessed through a special public health stream in the provincial health capital envelope (Recommendation #25);

Now Therefore Be It Resolved, That on the recommendation of the Finance and Property Committee, the Board of Health for the North Bay Parry Sound District Health Unit supports the creation of a capital budget line for public health which includes multi-year cost-shared funding for capital projects similar to what currently exists for hospitals; and

Furthermore Be It Resolved, That this resolution be forwarded to the Minister Deb Matthews, Ministry of Health and Long-Term Care, Saïd Rafi, Deputy Minister, Ministry of Health and Long-Term Care, Roselle, Martino, Executive Director, Ministry of Health and Long-Term Care, Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch; Brent Feeney, Manager, Funding & Accountability Unit, Local Member of Parliament, District Members of Provincial Parliament, Member Municipalities, Boards of Health, and the Association of Local Public Health Agencies.

Thank you for your attention to the issue.

Yours sincerely,

Original signed by

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

Copied to:

Saad Rafi, Deputy Minister, Ministry of Health and Long-Term Care

Roselle, Martino, Executive Director, Ministry of Health and Long-Term Care

Sylvia Shedden, Director, Public Health Standards, Practice and Accountability Branch,
Ministry of Health and Long-Term Care

Brent Feeney, Manager, Funding & Accountability Unit, Ministry of Health and Long-Term Care

Vic Fedeli, MPP, Nipissing Riding

Norm Miller, MPP, Parry Sound-Muskoka Riding

John Vanthof, MPP, Timiskaming-Cochrane Riding

Jay Aspin, MP, Nipissing-Timiskaming Constituency

Tony Clement, MP, Parry Sound Constituency

31 Member Municipalities

Ontario Boards of Health

Linda Stewart, Executive Director, Association of Local Public Health Agencies



Perth District Health Unit

653 West Gore Street
Stratford, Ontario N5A 1L4
519-271-7600 Fax 519-271-2195
www.pdhu.on.ca

October 1, 2012

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

Dear Premier McGuinty:

At its September 19, 2012 meeting, the Board of Health of the Perth District Health received information from the Windsor-Essex County Board of Health regarding its position on the negative health outcomes associated food insecurity.

Citing the highest unemployment rates in the country, increasing numbers dependent on social assistance, rising food costs and increased reliance on food assistance programs, the Board of Directors of the Windsor-Essex County Health Unit appealed to your government to:

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.*

The Board of Health of the Perth District Health Unit would like to add further voice to this recommendation by endorsing the position of the Windsor-Essex County Health Unit's Board of Directors.

As your government is aware, food inequity and insecurity and the sequelae of negative health outcomes associated with these risk factors does not stop at the Windsor-Essex county borders.

Food Security issues are a concern for many residents of Perth County. The Nutritious Food Basket survey which was completed in May 2012 showed the basic food costs for a standard reference family of four was \$187.75. This represents a 14.1% increase since the survey tool was revised in 2009.

Within Stratford, the House of Blessing, the largest local food bank has provided food to 3,817 people from January 1 to August 31, 2012. This was 718 more people than this food bank served during the same time frame in 2011.

What's more, the House of Blessing and the Salvation Army Food Bank of Stratford have provided food to 326 new families in the same time frame. These agencies continue to enroll approximately 50 new families needing food each month. Many of these new families have never used the services of a food bank before. The food banks report that resources are stretched and donations to food banks do not meet the needs of all who require assistance.

..12

The Honourable Dalton McGuinty, Premier of Ontario
October 1, 2012
Page 2

The Perth County Food Security Coalition notes that lack of food and concerns of food security for residents is not limited to Stratford as similar needs have been identified by people working in food banks in other parts of the county as well.

The importance of having access to adequate, nutritious food cannot be underestimated as an important foundation for good health. Food security for all Ontarians should be an integral part of an overall anti-poverty strategy.

The Board of Health of the Perth District Health unit acknowledges that food inequity and insecurity is a complex issue that is not simply solved with a modest food supplement. However, the Board endorses the Windsor-Essex County recommendation for a \$100 supplement to those on social assistance as one small step that can bring short-term relief to our neediest citizens while the broader issues of adequate housing, education and employment are addressed as part of a longer-term food security strategy for all.

Thank you for taking this recommendation under serious consideration.

Sincerely,



Miriam Klassen, MD, MPH
Medical Officer of Health

MK/ikl

- c. Chief Medical Officer of Health
Minister of Health
Ministry of Children and Youth Services
Other Health Units
Local Municipalities

September 19, 2012

The Honourable Dalton McGuinty
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier McGuinty:

Re: Harmful Effects of Artificial Tanning

The Board of Health for the Simcoe Muskoka District Health Unit wishes to commend you for your announcement on September 14, 2012 to support a private members bill, Bill 74, Skin Cancer Prevention Act, 2012 to prohibit selling or supplying tanning services or ultra-violet light treatment services to persons under the age of 18 in Ontario to protect them from skin cancer. The Board of Health supports this important legislation and encourages you to enact Bill 74 without delay.

Skin cancer is the most common form of cancer in Ontario, accounting for one-third of all new cancer diagnoses. Exposure to ultra-violet radiation (UVR) from artificial tanning beds increases the risk of melanoma, especially when exposure is started during childhood and adolescence. Approximately 32,000 females and 18,000 males in Grades 7 to 12 in Ontario have used artificial tanning equipment. (Canadian Cancer Society, 2007). By enacting Bill 74, Ontario will be joining leaders like Nova Scotia and British Columbia in protecting youth from the harmful effects of UV radiation.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Board of Health Chair

BW:CB:mk

- c. Minister of Health and Long-Term Care
Area MPPs
Andrea Horwath, MPP
Ontario Boards of Health
alPHA
Ontario Public Health Association
Local Health Integration Networks

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FAX: 705-325-2091

September 19, 2012

The Honourable Deb Matthews
Minister
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2X4

Dear Minister Matthews:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) we would like to commend Dr, Arlene King, Chief Medical Officer of Health and her expert panel on the report titled Oral Health, *More than Just Cavities* April 2012 and to endorse the four recommendations. We also endorse the advocacy efforts of the Ontario Oral Health Alliance(OOHA) for the Ontario government to extend provincial dental programs to include adults who cannot afford emergency dental services . The Board of Health endorses these recommendations and encourages the Ministry of Health and Long Term-Care to take action on these areas.

The Simcoe Muskoka District Health Unit Board of Health recognizes the need for access to emergency dental care funding for low income adults without dental benefits and endorses the efforts of the Ontario Oral Health Alliance in bringing this serious health concern to the attention of Members of Provincial Parliament.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Board of Health Chair

BW:BJ:mk

- c. Ontario Chief Medical Officer of Health
Ontario Boards of Health
aIPHa
Ontario Public Health Association
Community Health Centres in Simcoe Muskoka
Local Health Integration Networks
Area MPPs

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Staff Report

Radio Frequencies Survey – City of Peterborough

Date:	October 10, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original signed by	Original signed by	
Rosana Pellizzari, M.D.	Donna Churipuy, Program Manager	

Recommendations

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

- receive the staff report, *Radio Frequencies Survey – City of Peterborough*, for information; and,
- share the report with the City of Peterborough.

Financial Implications and Impact

There are no financial implications arising from this report.

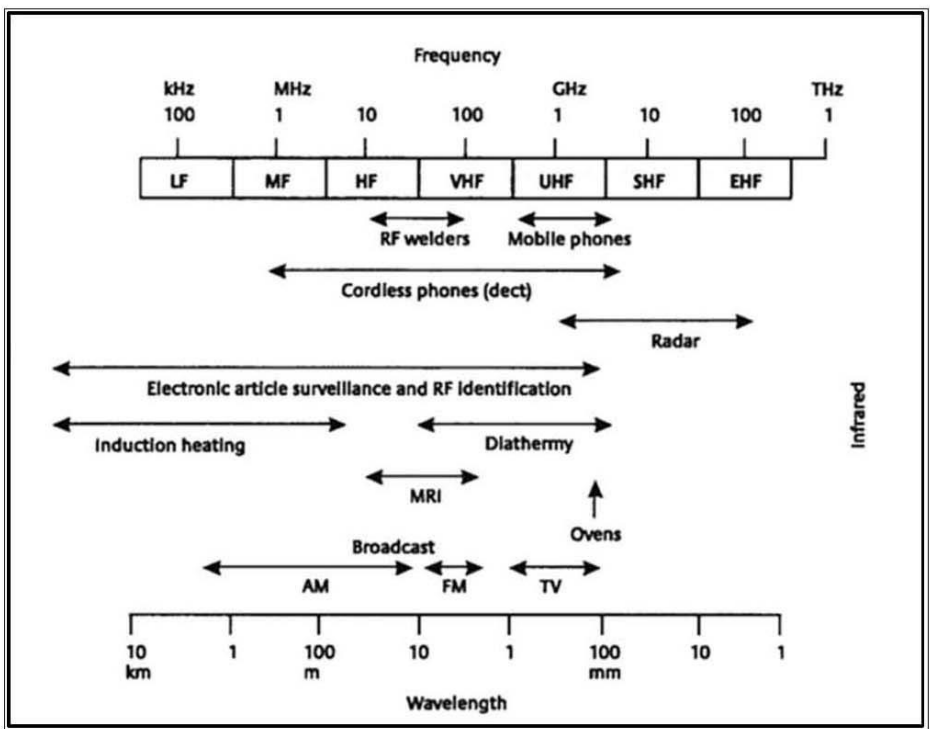
Decision History

In May 2008, the Board of Health received a staff report outlining the potential health impacts of exposure to radiofrequencies.

Background

Radiofrequency (RF) energy or fields are a part of everyday life. They are produced by sources such as radio and television broadcasting, mobile radio communication transmitting facilities, cell phones and radar. Over the past couple of years there has been increased concern expressed by members of the public about their exposure to radiofrequencies, especially from cell phone towers, and the impact on health. The term radiofrequency (RF) refers to part of the electromagnetic spectrum that is used for radio communications purposes. Figure 1 below

shows the RF bands, together with the ranges of frequencies commonly used for various other applications, including those used for telecommunications, industry and in medicine.



Frequencies
 LF: low
 MF: medium
 HF: high
 VHF: very high
 UHF: ultra high
 SHF: super high
 EHF: extremely high

Figure 1 - Spectrum Frequency³

Levels of RFs measured in urban centres are generally higher than background levels in rural areas. In large cities, where there are many high buildings close to each other, and numerous sources of RFs, residents experience a much higher probability of exposure to multiple sources than other Canadians. In cities, the most common sources of RFs are from broadcast services, such as television and radio. In addition, RFs from cellular base towers are increasing. However, the typical power output of a cellular base station at its maximum is 60 watts, that is, about 1000 times lower than the power output of a television antenna.

Standards of exposure to radio frequencies from cell phone towers are regulated by Industry Canada under Safety Code 6 (SC6). SC6 specifies limits of human exposure to RF fields (in the range 3 kHz to 300 GHz) intended to prevent adverse health effects in workplace and community settings. The limits given are for exposure averaged over a 6 minute period^{1,2}.

In order to assess risk to health from exposure to radio frequencies, establish a benchmark, and provide the public with additional information about their exposure levels the Health Hazards Prevention and Management program worked with Public Health Ontario to measure the levels of exposure in the City of Peterborough.

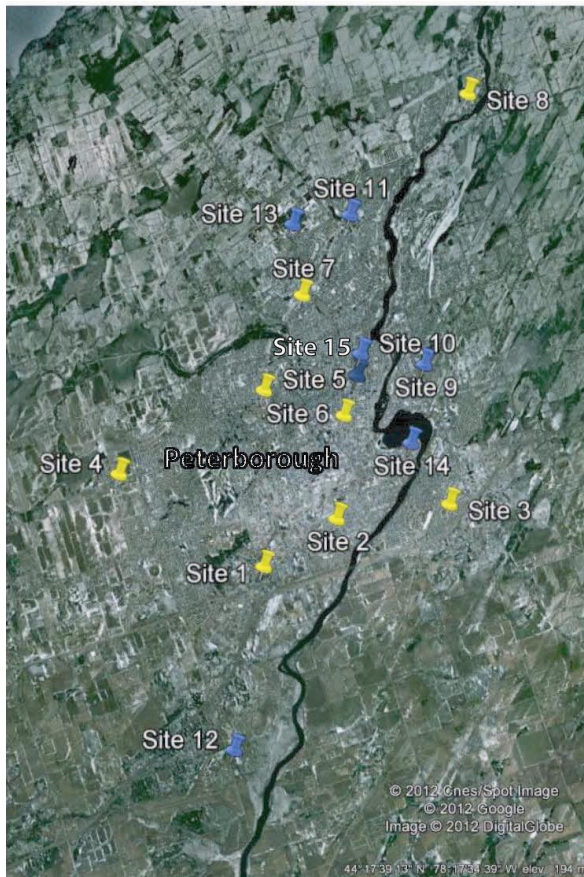
A radiofrequency (RF) survey was conducted by Public Health Ontario at 15 locations in the City of Peterborough on July 25 and August 3, 2012 (Appendix A). The objective of the survey was to measure levels of RF energy from cell phone communications stations located throughout



the City. The instrument available from Public Health Ontario permitted measurements only between 420 MHz to 6 GHz which is the range typically used for cell phone communication however does not include AM and FM broadcast systems. Wireless local area networks (WLANs) were also not included in this survey as they are best measured inside of buildings and knowledge of the source of the WLANs is required. The measurements were completed in accordance with Health Canada's RF exposure guidelines, "*Limits of Human Exposure to Radiofrequency Electromagnetic Energy in the Frequency Range from 3 kHz to 300 GHz*", known as Safety Code 6 (SC6)^{1,2}

Method

A mix of industrial, residential, healthcare, educational, church and commercial sites with public access in the City of Peterborough were selected for the survey. Measurements for sites 1-8 were taken on July 25, 2012 (day 1) and for sites 9-15 on August 3, 2012 (day 2). All readings were taken as a percentage of SC6 for the general population limit measured over a single six minute period for each site. Both the cumulative total maximum value (maximum peak instantaneous value over a six-minute measurement interval) and the six minute time-averaging RF intensity values were logged for each RF probe.

Satellite view of sampled locations

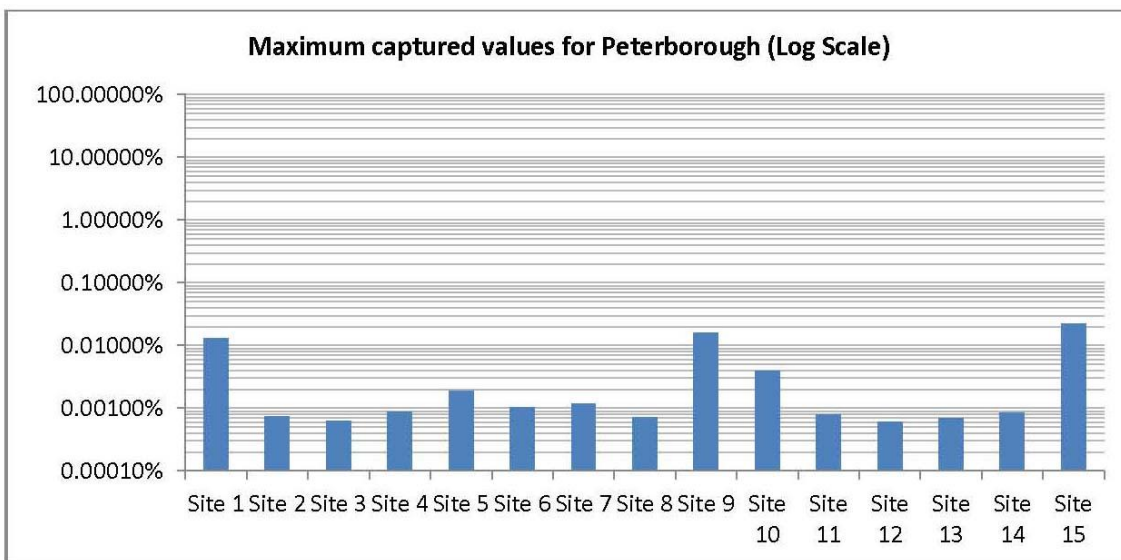
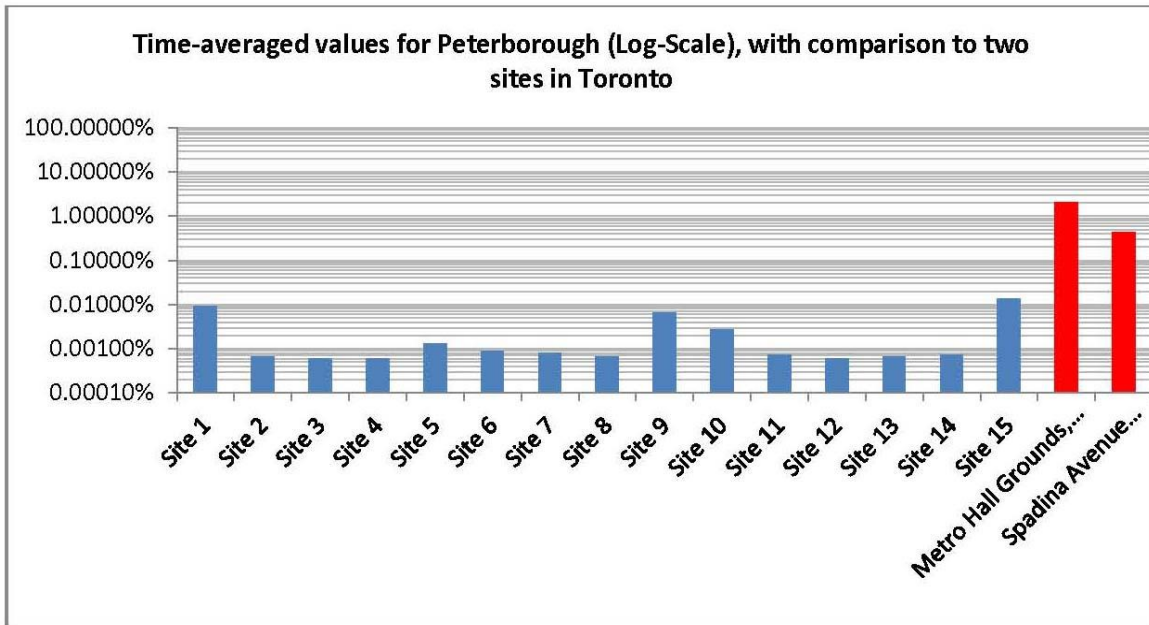


 Day 1 – July 25, 2012	 Day 2 – Aug. 3, 2012
Site 1: Peterborough & the Kawarthas Tourism - 1400 Crawford Drive, RR# 5	Site 9: Immaculate Conception – 386 Rogers Street
Site 2: Kenner Collegiate - 633 Monaghan Road South	Site 10: Brock St Mission – 217 Murray Street
Site 3: Kiwanis Park - 234 Middlefield Drive	Site 11: St. Paul's Elementary School - 1101 Hilliard Street
Site 4: James Strath - 1175 Brealey Drive	Site 12: Airport
Site 5: Peterborough Regional Health Centre - 1 Hospital Drive	Site 13: Milroy Watertower – 1154 Chemong Road
Site 6: GE Plant - 107 Park Street North	Site 14: Cell Phone Tower - 48 Lansdowne Street West
Site 7: Highland Heights - 430 Highland Road	Site 15: Peterborough Public Library - 345 Aylmer Street North
Site 8: Trent University - 1600 West Bank Drive	

Results

All of the sites measured by PHO were in compliance with SC6. The cumulative six minute time-averaging SC6 levels for all of the 15 sites (see Appendix A) were only a small fraction of the SC6 limits for the general public. The cumulative time-averaging SC6 levels ranged from 0.00060% at Site 3 and 12 to 0.01400% at Site 15, which was in the parking lot of the Peterborough Public Library. The cumulative maximum value at the Library was 0.02200% or 4545 times below the recommended limit. The major contributor at the Peterborough Public Library site was the bandwidth of 929-932MHZ used by Peterborough Utilities Services Inc.

The graphs below illustrate both the time-averaged values and the maximum captured values at the 15 sites and clearly demonstrate that the levels were well below the limits established by Industry Canada. In addition, two time averaged values from Toronto are added to compare levels between a major urban centre and a small city^{4,5}. In Toronto, the highest cumulative six minute average level found by Industry Canada was at the Metro Hall grounds. The level was 2.11%, or 47 times less than the SC6 limit. The second highest average level found was at the Spadina Avenue Parkette. The level was 0.44%, or 227 times less than the SC6 limit. The highest level in Peterborough was more than one order of magnitude lower than the highest levels in Toronto.



Comments

The results of the RF survey establish a benchmark against which future surveys can be compared however it had several limitations. It did not measure the full spectrum of RFs to which the public is exposed rather it was limited to radiofrequencies used by cellular base towers. All of the measurements were taken at ground level so levels of exposure for residents in high rise buildings are currently unknown. During the survey, access to a high rise complex in the City core was refused therefore the Peterborough County-City Health Unit cannot conclude definitively that exposure to RFs from cellular base towers in the upper levels of the high rises are in compliance with SC6.

Conclusion

The recorded data for the City of Peterborough indicates that the cumulative six minute time-averaging SC6 levels for all the sites included in the survey are only a small fraction of the SC6 limits for the general public and therefore comply with SC6 by a wide margin.

The survey identifies that the core of the City has higher levels of RFs between 420 MHz to 6 GHz than the rest of the City. To improve our knowledge of RF levels in the City of Peterborough future monitoring could include periodic checks of levels in the downtown and establishing a benchmark for upper levels of high rise buildings.

Strategic Direction

The Board of Health action supports the Strategic Direction statements, **Continuing to Meet Our Mandate** and **Build on Our Leadership Role**.

Contact:

Donna Churipuy, MN, RN
Manager, Environmental Health Programs
(705) 743-1000, ext. 218
dchuripuy@pcchu.ca

References:

¹Health Canada. Limits of Human Exposure to Radiofrequency Electromagnetic Energy in the Frequency Range from 3 kHz to 300 GHz, Safety Code 6 (2009).

²Health Canada. Technical Guide for Interpretation and Compliance Assessment of Health Canada's Radiofrequency Exposure Guidelines (2009).

³Health Protection Agency. Health Effects from Radio Frequency Electromagnetic Fields – Report of the independent Advisory Group on Non-ionising radiation, UK. April 2012. Accessed Sept 18, 2012. http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317133827077

⁴Lai V (2007). Measurement and Analysis of Radiofrequency Electromagnetic Field. Intensity in the Vicinity of the Union Street Water Tower, Simcoe, Report for Industry Canada, Spectrum Management, Ontario Regional Engineering, Canada, September 2007.

⁵Nguyen B., Mohabeer S., Lai V. and Lander E (2000). Evaluation of Electromagnetic Field Intensity in the City of Toronto, Report for Industry Canada, Spectrum Management, Ontario Regional Engineering, Canada, June 2002.

SC6 levels at measured locations

Day 1 - 25/07/2012				
LOCATION	LOCATION TYPE	END TIME	CUMULATIVE MAXIMUM (% OF SC6 GENERAL PUBLIC LIMIT)	TIME AVERAGING 6 MINUTE TIME-AVERAGED (% OF SC6 GENERAL PUBLIC LIMIT)
Site 1: Peterborough & the Kawarthas Tourism – 1400 Crawford Drive, RR# 5	Industrial	7:48:18	0.01300%	0.00924%
Site 2: Kenner Collegiate - 633 Monaghan Rd. S.	School and residential	8:39:29	0.00075%	0.00068%
Site 3: Kiwanis Park – 234 Middlefield Dr.	Recreational	9:10:11	0.00062%	0.00060%
Site 4: James Strath - 1175 Brealey Dr.	School	9:41:39	0.00089%	0.00061%
Site 5: Peterborough Regional Health Centre – 1 Hospital Dr.	Health care	11:13:47	0.00190%	0.00133%
Site 6: GE Plant – 107 Park St. N.	Industrial	11:53:42	0.00104%	0.00088%
Site 7: Highland Heights - 430 Highland Rd.	School and residential	13:43:13	0.00120%	0.00083%
Site 8: Trent University - 1600 West Bank Dr.	Education	14:21:02	0.00073%	0.00066%

Day 2 - 03/08/2012

LOCATION	LOCATION TYPE	END TIME	CUMULATIVE MAXIMUM (% OF SC6 GENERAL PUBLIC LIMIT)	TIME AVERAGING 6 MINUTE TIME-AVERAGED (% OF SC6 GENERAL PUBLIC LIMIT)
Site 9: Immaculate Conception – 386 Rogers St.	Church	8:43:13	0.01600%	0.00649%
Site 10: Brock St. Mission - 217 Murray St.	Commercial	9:11:14	0.00399%	0.00272%
Site 11: St. Paul's Elementary School - 1101 Hilliard St.	School and residential	9:45:53	0.00080%	0.00075%
Site 12: Airport	Industrial	10:30:00	0.00061%	0.00060%
Site 13: Milroy Watertower - 1154 Chemong Rd.	Commercial	11:18:14	0.00070%	0.00067%
Site 14: Cell Phone Tower - 48 Lansdowne St. W.	Commercial and Residential	12:14:10	0.00085%	0.00074%
Site 15: Peterborough Public Library – 345 Aylmer St. N.	Commercial and Residential	13:32:11	0.02200%	0.01400%



Staff Report

Tobacco Cessation Services

Date:	October 10, 2012
To:	Board of Health
From:	Dr. Rosana Pellizzari, Medical Officer of Health
Original signed by	Original signed by
Rosana Pellizzari, M.D.	Mary Pat Fasken, PHN

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Tobacco Cessation Services*, for information.

Financial Implications and Impact

There are no financial implications arising from this report however the termination of funding from the Federal Tobacco Strategy and Echo: Improving Women’s Health in Ontario has resulted in a loss of intensive tobacco cessation services for local residents and makes it challenging for the Tobacco Use Prevention program to provide tobacco cessation services for priority populations

Decision History

On May 12, 2010, the Board of Health received a staff report on the status of tobacco cessation services in Peterborough, and the need for a provincial cessation strategy. Recommendations from this report resulted in: a meeting with community partners and Jeff Leal, MPP to discuss the need for a comprehensive provincial cessation strategy with public health units as central to local service provision; a letter from the Medical Officer of Health sent June 9, 2010 to Minister Best, Ministry of Health Promotion, requesting implementation of a province-wide

comprehensive tobacco cessation strategy; and a request for funding from Social Services, City and County of Peterborough for Nicotine Replacement Therapy (NRT).

Background

While smoking rates have declined in recent years, they have begun to flatten and remain high among some of the most vulnerable members of our community, including those living on low incomes, women during pregnancy and youth.

Despite significant progress over the past two decades, tobacco remains the number one cause of preventable disease and death in Canada with an estimated 22% of all deaths each year attributed to smoking. In 2005, approximately 286 deaths in Peterborough were attributed to tobacco use.

It is estimated that almost half of the 23,000 people in Peterborough County and City who smoke, are planning to quit within the next six months. The Ontario Public Health Standards (2008) require that “The Board of Health shall ensure the provision of tobacco use cessation programs and services for priority populations”. With limited cessation services for tobacco users in Peterborough County and City, the Tobacco Use Prevention program has focused resources on populations with greatest need.

Indicators of progress in the new provincial cessation strategy include development of a Smoke-Free Ontario Strategy Coordinating Structure, funding for community pharmacists to provide a cessation program to Ontario Drug Benefit (ODB) recipients, the addition of two cessation medications to the ODB Formulary and providing access to Nicotine Replacement Therapies (NRTs) and education in a range of primary care settings. In addition, the Ministry of Health and Long Term Care has made a commitment to develop a school cessation strategy, pilot cessation programming in hospital settings and workplaces, and enhance Smokers’ Helpline services to meet the demand for telephone and online cessation support as a result of promotional messaging on new cigarette packaging.

Within the new Smoke-Free Ontario Coordination Structure, a Cessation Task Force has been established to set priorities and program policy, identify areas of collaboration among programs and partners and provide input on planning, coordinating and implementing the renewed strategy. Public Health Ontario and Public Health Units have one representative each on the Cessation Task Force.

Status of the Health Canada Project

From April 2008 to March 2012, Health Canada provided \$723,518 in funding to PCCHU for an intensive smoking cessation program targeting individuals with chronic diseases, pregnant and postpartum women, and First Nations individuals. During the four year span of the project, 333 clients received intensive cessation counselling through the Choose to be...Smoke Free clinic service with a total of 1468 clinic visits. Group cessation support was provided through 6 quit smoking group series reaching 81 clients. Community partnerships have been strengthened

through a comprehensive approach to supporting cessation in our community. Fourteen training opportunities were provided reaching 165 individuals in community agencies and organizations, building community capacity to support cessation. Results of chart audits of clients in the Choose to be...Smoke Free program are positive and indicate that 43% of participants made at least 1 quit attempt during the course of the program. NRT was made available through the Choose to be...Smoke Free program to 46 clients - 80% of clients receiving NRT were receiving social assistance (Ontario Works or Ontario Disability Support Program assistance).

Status of the Choose to be...Smoke Free Support for Pregnant Women

Peterborough's smoking during pregnancy rate is double the provincial average. Studies have shown there is an overrepresentation of women of lower socio-economic status among pregnant women who smoke.¹ For the period December 1, 2010 to December 31, 2012, ECHO: Improving Women's Health in Ontario provided \$101,000 in funding to PCCHU to enhance opportunities for pregnant and recently pregnant women to reduce or quit using tobacco products. As of June 2012, the program has reached 44 women, exceeding the project goal of reaching a minimum of 24 women by December 2012. One participant from the first group demonstrated an interest in developing leadership skills and providing peer support to other women. This participant has since completed the Training Enhancement in Applied Cessation and Health (TEACH) certification and is working with the Ontario Tobacco Research Unit (OTRU) as a peer researcher to support program evaluation. Preliminary evaluation findings from the OTRU are positive and a final report will be available in December 2012.

Status of School-Based Cessation Update

Information from the Canadian Community Health Survey 2001-2008 suggest that Peterborough area youth may be experimenting with tobacco products at a higher rate than the provincial average. Results of a local survey of area secondary students indicated that the majority of teenaged tobacco users were trying to quit (72%). Although it appears that youth are motivated to quit, most have been unable to do so independently. With an identified gap in cessation programming for youth, PCCHU, in partnership with Kawartha Pine Ridge District School Board and Peterborough Victoria Northumberland Clarington Catholic District School Board, worked with four area high schools to implement a school-based cessation pilot program in 2012. Over 70 students voluntarily participated and the typical group session attendance was 10. Teacher assessments of student engagement levels in the group discussion were very strong, averaging 8 out of a possible 10. An initial analysis of evaluation data shows positive social bonding and positive changes in smoking behavior. A report on the pilot phase will be available in fall 2012 and work within pilot schools will continue into the fall of 2012.

Comments

Reducing tobacco use is among the few strategies that data has repeatedly shown can simultaneously improve health outcomes while producing significant cost savings at the population level.² With the recent 2012 budget and the largest reduction in benefits to individuals on social assistance in almost 10 years, it is anticipated that the most vulnerable

populations in Peterborough County and City will experience the greatest negative health consequences. While smoking rates of disadvantaged populations have been less responsive to conventional public health smoking cessation programs and policies it is our responsibility to sustain the positive impact of our work in cessation among priority populations to reduce further health disparities.

While there have been some successes, the Tobacco Use Prevention program still has a lot of work to make smoke-free living an integral part of our community. As cessation projects are at or near completion, it is a challenge to sustain the positive impact with our current resources.

We have data on trends and patterns in local smoking rates with women in pregnancy and with youth. In order to fulfill the OPHS Foundational Standard requirements 1 and 3 we need to enhance the availability of local data where gaps in our knowledge of tobacco use remain (i.e., First Nations communities, LGBT populations).

There are champions in our community who are driving the momentum for cessation services by integrating tobacco-use cessation into practice and advocating for expansion of cessation services at the clinical and public health levels. However, access to over-the-counter Nicotine Replacement Therapy (NRT) remains a barrier for individuals in our community in greatest need. While Family Health Teams have been invited by the MOHLTC to participate in a program to improve access to NRT, at this time only one local physician is currently providing free NRT to patients through this program.

Conclusion

PCCHU is recognized as a leader in providing cessation support and is in an ideal position to contribute to the development and implementation of innovative and sustainable cessation strategies. With high motivation to quit among tobacco users, our community requires improved integration of cessation services and tailored interventions to support tobacco users to quit and remain smoke free over the long term. The effects of dedicated funding for the continuation of cessation services would be far-reaching, particularly in light of the current economic situation for the most vulnerable. Without funding, PCCHU is unable to sustain the in-depth cessation support we have been providing beyond December 31, 2012.

Strategic Direction

The Board of Health action supports the Strategic Direction statements, **Continuing to Meet Our Mandate** and **Build on Our Leadership Role**.

Contact:

Mary Pat Fasken, BScN, RN
Public Health Nurse
(705) 743-1000 x 217
mpfasken@pcchu.ca

References:

¹ Greaves, L., Poole, N., Okoli, C.T.C., Hemsing, N., Qu, A., Bialystok, L., & O'Leary, R. (2011) Expecting to quit: A best-practices review of smoking cessation interventions for pregnant and post-partum women (2nd ed.) Vancouver: British Columbia Centre of Excellence for Women's Health.

² Ontario Medical Association (2003) Investing in Tobacco Control: Good Health Policy, Good fiscal Policy.



Staff Report

Bill 126, Healthy Decisions Made Easy, 2012

Date:	October 10, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original signed by	Original signed by	
Rosana Pellizzari, M.D.	Larry Stinson, Director of Public Health Programs	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit write a letter expressing support for and encouraging adoption of *Bill 126, Healthy Decisions Made Easy, 2012*, to Premier Dalton McGuinty, with copies to the Honourable Deb Matthews, Minister of Health and Long Term-Care, the Honourable Dr. Eric Hoskins, Minister of Children and Youth Services, MPPs Jeff Leal, Laurie Scott, France G elinas, and Ontario Boards of Health.

Financial Implications and Impact

There are no direct financial implications for the Peterborough County-City Health Unit.

Decision History

At its June 2010 meeting, the Board of Health requested that staff prepare a letter on behalf of the Board, endorsing Bill 31, the Skin Cancer Prevention Act, supporting a ban on indoor tanning for youth.

In December 2008, the province of Ontario passed the *Smoke-Free Ontario Amendment Act (Cigarillos), 2008* (Bill 124) which law bans the sale of flavoured cigarillos and requires cigarillos be sold in packages of at least 20 units. The amendment also provides regulatory authority to ban other flavoured tobacco products. Effective July 1, 2010, Ontario banned the sale of

cigarillos with flavours (except menthol) and requires unflavoured or menthol cigarillos to be sold in packs of 20 or more.

At its April 13, 2011 meeting, the Board of Health requested that staff prepare a report on Bill 90, Healthy Decisions for Healthy Eating, 2010. A report was presented to Board of Health at the May 11, 2011 and as a result, a letter of support for the bill was sent to the Honourable Dalton McGuinty, Premier of Ontario, with copies to: the Honourable Deb Matthews, Minister of Health and Long-Term Care; the Honourable Margaret Best, Minister of Health Promotion and Sport; Jeff Leal, MPP (Peterborough); Rick Johnson, MPP (Haliburton-Kawartha Lakes-Brock); France G elinas, MPP (Nickel Belt); and Ontario Boards of Health. With the election of the new Ontario government, the bill was reintroduced for first reading as Bill 86: Healthy Decisions for Healthy Eating Act, 2012 on May 8, 2012.

Background

Healthy public policy, combined with other health promotion strategies is effective at reducing risk behaviours and ultimately incidence rates for chronic disease. The proposed new and revised legislation can contribute to positive public health outcomes by: reducing harmful tanning practices by those under the age of 18; eliminating the introduction of new tobacco targets, especially those targeted at youth; and ensuring informed decision making by those who purchase meals in regulated food premises.

MPP France G elinas introduced Bill 86, Healthy Decisions for Healthy Eating Act, 2012 and it passed First Reading on May 8, 2012 (Appendix A).

The proposed legislation would amend the Health Protection and Promotion Act to mandate the disclosure of calories for food and drink items sold or served in all food service premises with a minimum of 5 locations in Ontario and gross annual revenue of greater than \$5 million.

The revised legislation outlines that:

- the number of calories in food and drink items for immediate consumption on the premises or elsewhere, will be displayed. This will include restaurants, take-outs, cafeterias and ready-made meals at grocery/box stores (i.e. Costco) and convenience stores;
- brochures with nutritional information will be available at the food premise; and,
- high and very high sodium levels in food and drink items will be identified.

The Smoke-Free Ontario Act would be amended so that:

- No person shall sell or offer to sell a flavoured tobacco product, a smokeless tobacco product, or a new tobacco product at retail or for subsequent sale at retail or distribute or offer to distribute it for that purpose.

The Skin Cancer Prevention Act would state:

- No person shall market or sell tanning services or ultraviolet light treatments to an individual who is less than 18 years old; and
- No person shall market or sell tanning services or ultraviolet light treatments to an individual who appears to be less than 25 years old.

Rationale

Indoor Tanning

In the June 2010 Board Report, the following information was provided as rationale:

Skin cancer is the most common form of cancer in Canada. The incidence of skin cancer is rising and it is estimated that 1/3 of all new cases of cancer in Canada are skin cancers. In Ontario, melanoma is the second most common type of cancer in people between 15 and 34 years of age.

One of the risk factors associated with skin cancer is artificial tanning. Ultraviolet radiation (UVR) is a known human carcinogen and is classified by the International Agency for Research on Cancer of the World Health Organization as a group one carcinogen. Overexposure to UVR from the sun or from artificial sources is the major cause of skin cancer in Canada. Using tanning devices before the age of 30 increases the risk of developing melanoma by 75 percent.

Many youth are exposed to UVR from tanning beds and sun lamps. The 2006 Canadian National Sun Survey results indicated that 27% of females between 16 and 24 years of age used tanning equipment in the past 12 months, compared to 8% of males of the same age and 15% of women between 25 and 44 years of age. Tanning bed use is popular and increasing, particularly among young girls.

Since exposure to UVR during childhood is known to increase the risk of developing melanoma later in life it is of particular importance that children and youth be protected from tanning bed use through strong regulation prohibiting the use of tanning beds.

Flavoured Tobacco Products

According to the 2011 Canadian Tobacco Use Monitoring Survey (CTUMS), of youth aged 15 to 19 who smoked little cigars/cigarillos, 65% (about 72,000 youth) smoked flavoured little cigars/cigarillos, while 19% (about 21,000) of youth smoked both flavoured and unflavoured little cigars/cigarillos.

Smokeless tobacco, a leaf tobacco product, provides nicotine to users through absorption across the membranes of the mouth or nose. Two main forms of smokeless tobacco are used in North America: chewing tobacco and oral snuff. The predominant form is oral snuff, which is sold in powder form as dipping snuff or in small pre-measured pouches that are placed in the mouth between the cheek and gum. Swedish *snus* is a type of oral snuff.

The 2011 CTUMS results indicate that 8% of Canadians 15 years and older reported having ever tried smokeless tobacco products in 2011. According to the 2011 CTUMS, five percent (5%) of youth aged 15 to 19 and 11% of young adults aged 20 to 24 reported ever tried smokeless tobacco.

While health risks for smokeless tobacco are lower than for cigarettes, use of smokeless tobacco has a number of serious health consequences:

- an increased risk of oral cancer (up to 50-fold for cheek and gum cancer among long-term users);
- soft tissue lesions including oral leukoplakias, thickened white patches on the cheek, gums or tongue that can be precursors to cancer;
- periodontal disease, including receding gums, and loss of tooth structure;
- nicotine addiction; and,
- possible contribution to the development of cardiovascular disease, peripheral vascular disease, hypertension, peptic ulcers, and fetal morbidity and mortality.

The Youth Smoking Survey for Peterborough Area schools indicate that 7% of youth (13% of males, 3% of females) have “ever tried” **smokeless tobacco**, and 3% reported using smokeless tobacco in the 30 days preceding the survey. In comparison, 4% of the provincial sample* (6% of males, 1% of females) reported ever trying smokeless tobacco. (*Provincial comparisons are from 2008-09)

Calorie and Sodium Disclosure

Major chain restaurants have been exempt since 2002 from regulations requiring food manufacturers to disclose the amounts of calories and sodium (plus 12 other nutrients) on the Nutrition Facts table and labels of packaged foods in Canada¹. Mandatory disclosure of nutrition information at point of purchase is the logical next step.

On average, Canadian households visit a restaurant for a meal or snack 520 times a year². Research shows that consumers eat up to 1/3 of their food from restaurants and other foodservice operations, with very little if any nutrition information to guide their choices.

It is imperative that consumers are provided with nutrition information on the foods they are choosing from food premises so they are able to make healthy choices when purchasing food for themselves and their families.

Requiring menu disclosure of calories and high-sodium food choices would also motivate companies to make recipes healthier. This will benefit all consumers, including those who may not choose meals and snacks based on the nutrition information provided.

Strategic Direction

Support for this recommendation will support the strategic direction **Continue to Meet Our Mandate**, by supporting policies as outlined in the Ontario Public Health Standards.

Contact:

Donna Churipuy, MN, RN
Manager, Environmental Health Programs (Tobacco and Sun Safety)
(705) 743-1000, ext. 218
dchuripuy@pcchu.ca

Erica Diamond RD
Public Health Nutritionist, Nutrition Promotion Program
(705) 743-1000, ext. 361
ediamond@pcchu.ca

References:

¹[Writing on the Wall: time to put nutrition information on restaurant menus](#), Centre for Science in the Public Interest, 2012.

²[Canadians Spending More](#), Statistics Canada, 2006.

Attachments:

Attachment A: [Bill 86: An Act to amend the Health Protection and Promotion Act to require a food service premise to provide nutritional information](#), Ontario Legislative Assembly, 2012.



Staff Report

Municipal Alcohol Policies

Date:	October 10, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
Original signed by	Original signed by	
Rosana Pellizzari, M.D.	Suzanne Galloway, Health Promoter, Substance Misuse Prevention Program	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Municipal Alcohol Policies*, for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

At its October 12, 2011 meeting, the Board of Health requested that staff prepare a report on progress on Municipal Alcohol Policies (MAPs).

Background

Drinking even small amounts of alcohol may increase the chance of developing various chronic health problems and binge drinking is associated with increased risk of developing chronic health problems as well as increased risk of injury. Peterborough residents report drinking and binge drinking at rates significantly higher than the provincial average. In 2009/10, the large majority (81.7%) of Peterborough residents aged 12 and older report having at least one drink

in the past 12 months, significantly more than 73.8% of Ontarians. In 2009/10, among legal-aged adults in Peterborough who drink, just over half (56.6%) reported at least one episode of binge drinking in the past 12 months. Peterborough men were significantly more likely to have binge drank compared to Peterborough women at 69.0% and 39.7%, and Ontario men.

The negative impacts of high-risk drinking cross all sectors of the population yet they exert an even greater burden on certain priority populations, First Nations, people who are homeless or otherwise living in poverty, and youth. At the population level, alcohol consumption tends to be related to accessibility, so that those with higher disposable income or socio-economic status are likely to drink more. However, the inverse seems to be the case with regard to alcohol-related harm. A study in Sweden found that for both sexes, blue-collar workers had significantly higher alcohol-related mortality than did white-collar groups. A review of stigma, social inequality and alcohol and drug use indicated that poverty often increases the harm for a given level of use.

Rationale

The Report on Alcohol use in Peterborough City and County: Recommendations for a Healthier and Safer Community recommended that: "The Board of Health request local Councils (elected representatives) to: update and revise their Municipal Alcohol Policies and Band Council resolutions." Strong municipal alcohol policies are a key component in a comprehensive approach to reducing the harms from alcohol use. In a study of 386 municipalities, those with MAPs were less likely to experience alcohol-related problems in their facilities than those without MAPs. MAPs foster an environment of responsible alcohol use and can support the Board of Health in meetings its accountability agreement related to public adherence to National Low Risk Drinking Guidelines.

To encourage the development of MAPs, staff presented to County Council and received a request to present to all township councils. Staff then presented to seven township councils, with a final presentation scheduled in November. Staff has also begun correspondence about updating the City of Peterborough's MAP. Details on responses received are outlined in the accompanying table (Attachment A).

The Substance Misuse Prevention program 2012 work plan committed to contacting and supporting three municipalities to develop or update their MAP in accordance with the revised Liquor License Act. Staff has already supported the Township of Smith-Ennismore-Lakefield in revising their MAP. In 2012, support and communication will continue with three townships who have expressed active interest in MAP development/updates: Otonabee South-Monaghan, Douro-Dummer, and Cavan Monaghan. Further communication with the remaining four townships and the City of Peterborough will be initiated in 2013.

Strategic Direction

This report is to inform the Board of Health that PCCHU is building on our leadership role as champions for alcohol policy.

Contact:

Suzanne Galloway, Health Promoter
Substance Misuse Prevention Program
(705) 743-1000, ext. 223
sgalloway@pcchu.ca

References:

Canadian Public Health Association (2011). *Position Paper: Too High a Cost: A Public Health Approach to Alcohol Policy in Canada*.

PCCHU (2012). *Internal Briefing Note: Self-reported alcohol use in Peterborough*. May 17, 2012.

PCCHU (2011). *Report on Alcohol use in Peterborough City and County: Recommendations for a Healthier and Safer Community*. <http://newsite.pcchu.ca/wp-content/uploads/2011/09/Report-on-Alcohol-Use-October-2011.pdf>

Gliksman, L., Rylett, M. & Douglas, R. (2008) *Alcohol Policy Development with Ontario, Canada Municipalities: A Community Action Demonstration*. Paper presented at the Alcohol, Drugs and Society in Africa: 8TH Biennial International Conference, Abuja, Nigeria, July 23-25, 2008.

Attachments:

Attachment A – Status of MAPs in Peterborough County and City (as of September 30, 2012)

Municipality	Correspondence/Presentations	Resulting Action
Asphodel-Norwood	Letter sent May 24, 2012 Council Presentation July 10 Clerk advised future dialogue should be with Greg Hartwick, Mgr of Community Centre.	Council directed staff to work on updating 2006 MAP Will initiate more contact in 2013 .
Cavan Monaghan	Letter sent May 24, 2012 Council Presentation August 7 Sent sample letter regarding no alcohol sales in convenience stores sent Aug. 23 Email re status of 'Free our Beer' Campaign sent Sept. 19	Council directed staff to work on updating 2008 MAP and requested sample letter regarding alcohol sales in convenience stores. Support will continue in 2012 .
Douro-Dummer	Letter sent May 24, 2012 Council Presentation Sept. 4 CAO sent most recent MAP (200?) requesting comments & info regarding "municipally significant designation"	Council directed staff to work on updating MAP Support will continue in 2012 .
Galway-Cavendish-Harvey	Letter sent May 24, 2012 Council Presentation Aug. 28 No further communication.	Council presentation received for Information. Township has no MAP Will initiate more contact in 2013
Havelock-Belmont-Methuen	Letter sent May 24, 2012 Council Presentation Nov. 5	
North Kawartha	Letter sent May 24 Council Presentation Aug. 21 Gary Gerald, Director of Parks & Recreation advised that a MAP exists. Welcomed further communication.	Council presentation received for Information. Will initiate more contact in 2013
Otonabee South-Monaghan	Letter sent May 24, 2012 Council Presentation Sept. 10 Clerk asked for assistance Sept. 11 Samples/guidance sent Sept. 19	Council directed staff to draft MAP Support will continue in 2012
Smith-Ennismore-Lakefield	Letter sent May 24, 2012 Met with Director of Recreation Aug. 21 to revise MAP	Revised MAP expected to go to Council in October.

Municipality	Correspondence/Presentations	Resulting Action
	Council Presentation Sept. 11 Sept. 18 email sent to check-in	
City Of Peterborough	Letter sent May 24, 2012 Letter from Clerk June 26 (see right)	Request for presentation denied. Clerk advised: "we do not feel a meeting is necessary at this time, we will do our best to provide PCCHU with the opportunity to comment on the new MAP and Procedure before it goes to Council..." Will initiate more contact in 2013 .
County of Peterborough	Presentation Feb 15, 2012 Delegation was received and recommended to be given to all townships. May 10, correspondence received from Clerk re MAP approved	May 2, 2012 County Council received a report from staff and passed a by-law to enact a MAP for the County. MAP restricts alcohol sales to 1am; prohibits advertisements and brochures that "include alcohol, tobacco, religion, or sexually explicit mention" and provides a definition of "municipally significant event".



Staff Report

2011/12 Infant & Toddler and Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation

Date:	October 10, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original signed by</i>	<i>Original signed by</i>	
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor	

Recommendations

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

- approve the 2011/12 Infant & Toddler Development Program Audited Financial Statements in the amount of \$251,161; and
- approve the 2011/12 Infant & Toddler Development Program Annual Program Expenditure Reconciliation.

Financial Implications and Impact

The Board of Health is required by the Ministry of Children and Youth Services to approve the 2011/12 Infant & Toddler Development Program Audited Financial Statements and Annual Program Expenditure Reconciliation.

Decision History

The Province requires that the Annual Program Expenditure Reconciliation be Certified by the Medical Officer of Health that the Annual Expenditure Reconciliation is true, correct and agrees with the books and records of the organization. The Chairperson of the Board must Certify that

the Annual Program Expenditure Reconciliation and Certification by the Medical Officer of Health was received by the Board of Health.

Background

The Infant & Toddler Development Program is funded 100% by the Ministry of Community and Social Services. The Infant & Toddler Development program budget year began April 1, 2011 and ends March 31, 2012. The total funding allocation from the Ministry for the current year was \$245,423, as the program received an additional \$3,000 in one-time funding to purchase computer equipment to support the program staff. Funds to balance the program expenditures with revenues have been forthcoming through the City of Peterborough Best Start Program.

Rationale

The Audited expenditures for the year totalled \$251,161 are less than the approved budget due to some gapping of an Infant Educator position for the period of April through July for an approved leave of absence.

A copy of the draft Auditors Report and Financial Statements are attached. The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

A copy of Annual Program Expenditure Reconciliation is also attached.

Strategic Direction

The Board of Health will need to continue to work with the Ministry of Community and Social Services to secure additional funding to support the on-going operations of the Infant & Toddler Development Program.

Contact:

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

Attachments:

Attachment A – Draft Auditors Report and Financial Statements, Infant & Toddler Development Program
Attachment B – Draft Annual Program Expenditure Reconciliation, Infant & Toddler Development Program

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED MARCH 31, 2012**

DRAFT

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statements

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program for the year ended March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Infant Toddler Development Program as at March 31, 2012 in accordance with Canadian Public Sector Accounting Standards.

Chartered Accountants
Licensed Public Accountants

Peterborough, Ontario

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2012**

	Budget 2012 \$	Actual 2012 \$	Actual 2011 \$
Revenue			
Ministry of Community and Social Services/Ministry of Children and Youth Services grant	245,423	245,423	242,423
City of Peterborough - Best Start	15,844	6,049	13,505
	261,267	251,472	255,928
Expense			
Personal Services Expense			
Salaries and wages	182,236	169,608	177,198
Employee benefits	45,422	48,313	50,222
	227,658	217,921	227,420
Other Operating Expense			
Audit and legal	1,900	1,600	2,541
Rent and utilities	2,500	2,500	2,500
Materials and supplies	3,600	3,595	3,601
One time – program resources	3,000	2,689	-
Office supplies, postage and advertising	1,350	1,468	949
Staff education and training	1,000	1,088	293
Travel	6,000	6,041	4,365
Allocated administration	14,259	14,259	14,259
	33,609	33,240	28,508
	261,267	251,161	255,928
Amount due to Province of Ontario	-	311	-

The accompanying notes are an integral part of this financial statement.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2012**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Infant Toddler Development Program of the Peterborough County-City Health Unit has been prepared in accordance with generally accepted accounting principles for local governments and their boards as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Infant Toddler Development Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Infant Toddler Development Program has no significant capital assets.

Operating Grants

The Infant Toddler Development Program claims each year from the Ministry of Community and Social Services and the Ministry of Children and Youth Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of revenue and expenses during the year. Actual results could differ from the estimates.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2012**

NOTE 2: PENSION PLAN

Certain employees of the Infant Toddler Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to \$13,288 (2011 - \$12,023). These amounts are included in employee benefits expense in the statement of revenue and expense.

DRAFT

TRANSFER PAYMENT ANNUAL RECONCILIATION

SECTION IV: AUDITED FINANCIAL STATEMENT RECONCILIATION

SERVICE PROVIDER / DELIVERY AGENT: Peterborough County-City Health Unit
 FOR THE YEAR ENDED: March 31, 2012
 SERVICE CONTRACT/CFSA APPROVAL NUMBER: C23673-3 Detail Code: A476

LINE			
400	TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS	\$	251,472
401	LESS: Non Funded Ministry (MCYS) Revenue (i.e. funding from other sources not related to ministry services)	\$	-
402	Adjustments for Revenues from Ministry Subsidy calculation		
403	Less: Non Retainable Revenues		
404	Specify (e.g. Expenditure Recoveries)	\$	-
405	Specify (e.g. Offsetting Revenues) City of Peterborough - Best Start	\$	6,049
406	Specify (e.g. Specific Operating Donations)	\$	-
407	Specify (e.g. Inter-Agency Chargebacks)	\$	-
408	Less: Amortization of Deferred Revenue	\$	-
409	Less: Other (specify) _____	\$	-
410	Less: Other (specify) _____	\$	-
	Subtotal	\$	6,049
411	Add: One-Time Capital Expenditures Approved & not included in Revenue	\$	-
412	Add: Other (specify) _____	\$	-
413	Add: Other (specify) _____	\$	-
414	Subtotal	\$	-
415	Total Revenue Reported (Line 400 - Line 401 - Line 404 to Line 410 + Line 414)	\$	245,423
420	Total Approved Ministry Subsidy (Total of LINE 223) (Lines 415 and 420 should equal)	\$	245,423
440	TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS	\$	251,161
441	LESS: Non Funded Ministry (MCYS) Expenditures (i.e. expenditures from other services not related to ministry services)	\$	-
442	Adjustments for Inadmissible Expenditures related to Ministry (MCYS) Funded Programs		
443	Less: Accruals (Payables greater than 30 day i.e. Vacation/Sick Accrual)	\$	-
444	Less: Appropriations	\$	-
445	Less: Amortization on Capital Assets	\$	-
446	Less: Donations to Individuals or Organizations	\$	-
447	Less: Fundraising Costs	\$	-
448	Less: Loans to Clients or Staff	\$	-
449	Less: Retainer Fees	\$	-
450	Less: Provisions for Bad Debt	\$	-
451	Less: In Kind	\$	-
452	Less: Other (specify) _____	\$	-
453	Less: Other (specify) _____	\$	-
	Subtotal	\$	-
	LESS: Other Adjustments		
455	Less: Expenditure Recoveries/ Offsetting Revenues	\$	-
456	Less: Other (specify) City of Peterborough - Best Start	\$	6,049
457	Less: Other (specify) _____	\$	-
	Subtotal	\$	6,049
460	ADD: Adjustments for Admissible Expenditures, attach prior approval documentation		
461	Add: One-Time Capital Expenditures Approved & Capitalized	\$	-
462	Add: Other (specify) _____	\$	-
463	Add: Other (specify) _____	\$	-
	Subtotal	\$	-
475	Total Ministry (MCYS) Eligible Expenditures reported in the Audited Financial Statements	\$	245,112
480	Total Eligible Expenditures (Total of LINE 268)	\$	245,112
490	Variance	\$	-

(Please attach additional sheets if necessary or if the space is insufficient to complete the above reconciliation)



Staff Report

2011/12 Preschool Speech and Language Program Audited Financial Statements

Date:	October 10, 2012	
To:	Board of Health	
From:	Dr. Rosana Pellizzari, Medical Officer of Health	
<i>Original signed by</i>	<i>Original signed by</i>	
Rosana Pellizzari, M.D.	Bob Dubay, Accounting Supervisor	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit approve the 2011/12 Preschool Speech and Language Program Audited Financial Statements.

Financial Implications and Impact

To submit the 2011/12 Preschool Speech and Language Audited Financial Statements to the Board for approval in accordance with the agreement between the Five Counties Children's Centre (5CCC) and the Peterborough County-City Health Unit.

Decision History

The Board of Health is required by the agreement with the Five Counties Children's Centre to approve the Audited Financial Statements.

Background

The Preschool Speech and Language Program (PSLP) fiscal period began April 1, 2011 and ended March 31, 2012 and is funded 100% by a grant from the Five Counties Children's Centre.

The Pre-school Speech and Language Program is a regional partnership with the Five Counties Children's Centre (5CCC), the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and the Peterborough County-City Health Unit. Funds from the Ministry of Children and Youth Services are provided to 5CCC which in turn provides funds to help support our Health Unit's Family HEALTHline and other activities. Parents may phone in to receive information on speech and language screening and referrals to community agencies. Health promotion activities (media events, posters and pamphlets, displays, etc.) are jointly developed with HKPR.

Rationale

The funding from the Five Counties Children Centre provides funding to support the Health Unit's Family HEALTHline. The total revenue and expenditures for the fiscal period ending March 31, 2012 were \$13,884.

A copy of the draft Auditors Report and Financial Statements are attached. The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

Strategic Direction

Continued participation in the regional Preschool Speech and Language Program (PSLP) will enable the Board of Health to continue to meet its mandate through the provision of programming to parents of young children, and expand and build partnerships throughout the regional PSLP Network.

Contact:

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

Attachments:

Attachment A – Draft Auditors Report and Financial Statements, Preschool Speech and Language Program

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEAR ENDED MARCH 31, 2012**

DRAFT SEPT 29, 2012

INDEPENDENT AUDITORS' REPORT

To The Members Of The Board Of Health Of The Peterborough County-City Health Unit

Report on the Financial Statements

We have audited the accompanying statement of revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program for the year ended March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of this financial statement in accordance with Canadian Public Sector Accounting Standards, and for such internal controls as management determines are necessary to enable the preparation of this financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statement based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether this financial statement is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in this financial statement. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of this financial statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of this financial statement in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of this financial statement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, this financial statement presents fairly, in all material respects, the revenue and expense of the Peterborough County-City Health Unit – Preschool Speech and Language Program as at March 31, 2012 in accordance with Canadian Public Sector Accounting Standards.

Chartered Accountants
Licensed Public Accountants

Peterborough, Ontario

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**STATEMENT OF REVENUE AND EXPENSE
For The Year Ended March 31, 2012**

	Budget 2012 \$	Actual 2012 \$	Actual 2011 \$
Revenue			
Five Counties Children's Centre grant	13,084	13,084	13,084
Other income	-	800	800
	13,084	13,884	13,884
Expense			
Personal Services Expense			
Salaries and wages	8,638	8,638	8,638
Employee benefits	2,332	2,332	2,332
Phone line support	1,250	1,250	1,250
	12,220	12,220	12,220
Other Operating Expense			
Rent	864	864	864
Audit	-	800	800
	864	1,664	1,664
	13,084	13,884	13,884
Excess Of Revenue Over Expense For The Year	-	-	-

The accompanying note is an integral part of this financial statement.

**PETERBOROUGH COUNTY-CITY HEALTH UNIT
PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**NOTE TO THE FINANCIAL STATEMENT
For The Year Ended March 31, 2012**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expense of the Preschool Speech and Language Program of the Peterborough County-City Health Unit has been prepared in accordance with generally accepted accounting principles for local governments and their boards as recommended by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants. The more significant accounting policies are summarized below:

Accounting Entity

This financial statement comprises all of the activities for which the Preschool Speech and Language Program of the Peterborough County-City Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded at cost which includes all amounts that are directly attributable to acquisition, construction developments or betterment of the asset. The Preschool Speech and Language Program has no significant capital assets.

Operating Grants

The Preschool Speech and Language Program claims each year from the Five Counties Children's Centre grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the Five Counties Children's Centre.

Budget Data

Budget data is compiled from the budget approved by the Board of Health, with subsequent adjustments. Budget data is not subject to audit.

Recognition of Revenues and Expenses

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of financial statements in compliance with Canadian generally accepted accounting principles requires management to make estimates and assumptions for operating grants that affect the reported amounts of revenue and expenses during the year. Actual results could differ from the estimates.