**Board of Health for**
**Peterborough Public Health**
**AGENDA**
**Board of Health Meeting**
**Wednesday, September 13, 2017 – 5:30 p.m.**
**Dr. J. K. Edwards Board Room, 3rd Floor,**
**Peterborough Public Health,**
**Jackson Square, 185 King Street, Peterborough**

1. **Call to Order**
   Mayor Mary Smith, Chair

   1.1. **Opening Statement**
   Mayor Mary Smith, Chair

   *We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people, and that we gather with gratitude to our Mississauga neighbours. We say "meegwetch" to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.*

   1.2. **Introduction: Jane Hoffmeyer, Manager, Foundational Standards**
   Dr. Rosana Salvaterra, Medical Officer of Health

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

4. **Consent Items to be Considered Separately**

   ***Board Members:*** *Please identify which items you wish to consider separately for section 9 (consent items), and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1.1 a b c d 9.1.2 a b c d e f g h I j k l m n o p q r s t u 9.2.1 a b c 9.2.2 9.3.1 a 9.3.2 a b c d e 9.3.3 a b c d*

5. **Delegations and Presentations**

   5.1. **Central-East Local Health Integration Network Update**
   Deborah Hammons, Chief Executive Officer
   Louis O'Brien, Board Chair

- Cover Report

## 6. Confirmation of the Minutes of the Previous Meeting

### 6.1. June 14, 2017

- Cover Report

a. Minutes – June 14, 2017

## 7. Business Arising From the Minutes

## 8. Staff Reports

### 8.1. Staff Presentation: Vector-Borne Diseases Prevention Program Update

Lillian Chan, Student, Vector Borne Disease Prevention Program

- Cover Report

a. Presentation

### 8.2. Staff Presentation: Public Health within an Integrated Health System – Report of the Minister's Expert Panel on Public Health

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Presentation

### 8.3. Staff Presentation: Oral Health Program Update

Patti Fitzgerald, Assistant Director

- Cover Report

a. Presentation

## 9. Consent Items

### 9.1. Correspondence

#### 9.1.1. Correspondence for Direction

a. Fair Workplaces, Better Jobs Act (Bill 148), Sudbury and District (p. 42)
b. Modernization of alcohol sales in Ontario, Middlesex London (p. 46)
c. Municipal Levy Apportionment, Leeds Grenville Lanark (p. 48)
d. HPV Immunization Catch-up Program for Boys, Grey Bruce / WDG (p. 54)

9.1.2. **Correspondence for Information**

- Cover Report

a. Mayor Bennett – Tobacco Endgame Report (p. 60)
b. Public Health Ontario – Immunization School Pupils Report (p. 61)
c. Minister Ballard – Smoke-Free Rental Housing (p. 63)
d. Minister Hoskins – Opioid Funding (p. 65)
e. Warden Taylor – Draft County ATMP (p. 66)
f. Health Canada – Food and Beverage Marketing to Children (p. 67)
g. Minister Philpott – Tobacco Endgame Report (p. 68)
h. Minister Hoskins – Expert Panel (p. 69)
i. Minister Ballard – Smoke-Free Rental Housing (response) (p. 71)
j. Minister Qualtrough – TRC Call to Action #89 (p. 73)
k. Jim Shepherd – Energy Drinks (p. 75)
l. Central-East LHIN – Naloxone (p. 76)
m. MPP Leal – HBHC Funding (p. 78)
n. alPHa e-newsletter – July 18/17 (p. 82)
o. alPHa e-newsletter – August 17/17 (p. 85)
p. Contraband Tobacco – NBPSDHU (p. 87)
q. Health Promotion Resource Centres – LGL (p. 89)
r. Infection Prevention Personal Service Settings – Elgin St. Thomas (p. 91)
s. Infection Prevention Personal Service Settings – Niagara (p. 92)
t. Low Income Adult Dental Program – Middlesex London (p. 94)
u. Smoke-Free Rental Housing – Middlesex London (p. 97)

9.2. **Staff Reports**

9.2.1. **Staff Report: Q2 2017 Program Report**
Larry Stinson, Director of Operations

- Cover Report

a. Programs
b. Communications and IT
c. Social Media

9.2.2. **Staff Report: Harm Reduction Program Enhancement**
Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report

9.3. **Committee Reports**

9.3.1. **First Nations Committee**
Chief Phyllis Williams, Member, First Nations Committee

- Cover Report

a. Minutes, April 25, 2017

9.3.2. **Governance Committee**
Greg Connolley, Chair, Governance Committee

- Cover Report

a. Minutes, May 23, 2017
b. By Law #3 – Calling of and Proceedings at Meetings
c. By Law #5 – Powers, Duties and Term of Office…
d. 2-280 Complaints
e. 2-342 Medical Officer of Health Selection

9.3.3. **Stewardship Committee**
Councillor Henry Clarke, Chair, Stewardship Committee

- Cover Report

a. Minutes, June 1, 2017
b. 2016/17 Infant and Toddler Development Program Audited Statements and Transfer Payment Annual Reconciliation
c. 2016/2017 Preschool Speech and Language Program Audited Statements
d. Q2 2017 Finance

## 10. New Business

10.1. **Association of Municipalities of Ontario Delegation Debrief – Healthy Babies, Healthy Children Program**
Councillor Gary Baldwin
Deputy Mayor John Fallis
Mayor Rick Woodcock

- Cover Report

## 11. In Camera to Discuss Confidential Matters

## 12. Motions for Open Session

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

Date: October 11, 2017
Time: 5:30 p.m.
Location: Dr. J. K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street

**14. Adjournment**

**ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.**

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Central-East Local Health Integration Network Update**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the following for information:*
*Presentation: Central-East Local Health Integration Network Update*
*Presenters:*
*Deborah Hammons, Chief Executive Officer*
*Louis O'Brien, Board Chair*

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**Attachments:**

To be provided.

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Board of Health Minutes – June 14, 2017**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the minutes of the meeting held on June 14, 2017, of the Board of Health for Peterborough Public Health, be approved as circulated.*

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**Attachments:**

a. Board of Health Minutes - June 14, 2017

**Board of Health for**
**Peterborough Public Health**
**DRAFT MINUTES**
**Board of Health Meeting**
**Wednesday, June 14, 2017 – 5:30 p.m.**
**North Kawartha Community Centre**
**340 McFadden Road, Apsley**

**In Attendance:**

**Board Members:**

**Councillor Gary Baldwin**
**Councillor Henry Clarke**
**Mr. Gregory Connolley**
**Ms. Kerri Davies**
**Deputy Mayor John Fallis**
**Ms. Catherine Praamsma**
**Mr. Andy Sharpe**
**Mayor Mary Smith, Chair**
**Mr. Michael Williams**
**Councillor Kathryn Wilson**
**Mayor Rick Woodcock**

**Regrets:** **Councillor Lesley Parnell**
**Chief Phyllis Williams**

**Staff:** **Mr. Larry Stinson, Director of Operations**
**Ms. Natalie Garnett, Recorder**
**Dr. Rosana Salvaterra, Medical Officer of Health**
**Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer**
**Ms. Brittany Cadence, Manager, Communication Services**
**Ms. Alida Gorizzan, Executive Assistant**

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## 1. Call to Order

Mayor Smith, Chair called the meeting to order at 5:44 p.m.

## 2. Confirmation of the Agenda

### 2.1 Confirmation of the Agenda for June 14, 2017

MOTION:
*That the agenda be approved as circulated.*
Moved: Mr. Connolley
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-064)

## 3. Declaration of Pecuniary Interest

Councillor Clarke declared an interest in Item 9.1.1.b, as his employer is involved in producing energy drinks.

## 4. Consent Items to be Considered Separately

MOTION:
*That the following items be passed as part of the Consent Agenda: 9.1.1 a); 9.1.2 a) -m); 9.1.2; and 9.3.1 a)-f).*
Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-065)

MOTION:
*9.1.1a)*
*That the Board of Health for Peterborough Public Health:*

- *Receive the letter dated May 5, 2017 from the Association of Local Public Health Agencies (alPHa) regarding 2017-18 membership fees for approval; and,*
- *Approve the 2017-18 fee in the amount of $10,231.55.*

Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-065)

MOTION:
9.1.2 a) -m)
That the Board of Health for Peterborough Public Health receive the following for information:

- *Email dated May 3, 2017 from Dr. Howard Njoo, Deputy Chief Public Health Officer Canada and Acting Assistant Deputy Minister, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada, in response to the former Board Chair's letter dated September 20, 2016, regarding Lyme disease.*

- *Letter dated May 30, 2017 from the Board Chair to Ministers Philpott and Qualtrough regarding the Truth and Reconciliation Commission's Calls for Action #89.*
- *Letter dated May 31, 2017 from Dr. Salvaterra to the Poverty Reduction Strategy Office regarding Ontario's Food Security Strategy.*
- *Letter dated June 1, 2017 from the Board Chair to Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care (MOHLTC) regarding the draft Public Health Accountability Framework and Organizational Requirements.*
- *Letter dated June 6, 2017 from the Board Chair to local municipal and First Nation Councils regarding the Peterborough Food Charter.*
- *Letter dated June 7, 2017 from the Board Chair to Minister Hoskins regarding the Healthy Menu Choices Act.*
- *Letter dated June 7, 2017 from the Board Chair to Minister Philpott regarding the Federal Opioid Strategy.*
- *Correspondence from the Association of Local Public Health Agencies (alPHa):*
    - *Email newsletter dated May 18, 2017.*
    - *Email dated May 29, 2017 regarding a retirement announcement for Linda Stewart, Executive Director.*
- *Letters/Resolutions from other Health Units:*

  *<u>Cannabis and the Smoke-Free Ontario Act</u>*
  *Elgin St. Thomas*

  *<u>Healthy Babies Healthy Children Program Targets and Funding</u>*
  *Wellington Dufferin Guelph*

  *<u>Opioids</u>*
  *Algoma*
  *Middlesex London*

Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-065)

MOTION:
*9.2.1*
*That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of July 24 – August 12, 2017.*
Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-065)

MOTION:
*9.3.1*
*That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from February 15, 2017, for information;*

*That the Board of Health for Peterborough Public Health approve policy 2-151, Remuneration of Board of Health Volunteers (revised);*

*That the Board of Health for Peterborough Public Health approve policy 2-153, Board Remuneration Review (revised);*

*That the Board of Health for Peterborough Public Health approve By-Law Number 8, Building Code Act – Sewage Systems (revised);*

*That the Board of Health for Peterborough Public Health approve policy 2-200 Effective Governance By Effective Board Members, revised (formerly entitled Duties and Responsibilities of Board Members); and, retire 2-270, Conduct of Board Members (combined with 2-200); and,*

*That the Board of Health for Peterborough Public Health approve:*

- *An extension to its current Strategic Plan to December 2019; and,*
- *A proposed start date of September 2018 to commence planning for the next Strategic Plan.*

Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-065)

## 5. Delegations and Presentations

### 5.1 Township of North Kawartha Update

Mayor Woodcock provided a presentation on the Township of North Kawartha.

MOTION:
*That the Board of Health for Peterborough Public Health receive the presentation "Update: Township of North Kawartha" for information.*
Moved: Councillor Wilson
Seconded: Ms. Davies
Motion carried. (M-2017-066)

### 5.2 Community Care Peterborough

Ms. Danielle Belair, Executive Director, Mr. Alan Cavell, Board President and Mr. Geoff Quirt, Board Member of Community Care Peterborough, provided a presentation on their organization.

MOTION:
*That the Board of Health for Peterborough Public Health receive the presentation "Community Care Peterborough" for information.*
Moved: Councillor Wilson
Seconded: Mr. Connolley
Motion carried. (M-2017-067)

## 6. Confirmation of the Minutes of the Previous Meeting

### 6.1. May 10, 2017

MOTION:
*That the minutes of the Board of Health for the Peterborough Public Health meeting held on May 10, 2017 be approved as circulated.*
Moved: Councillor Clarke
Seconded: Mr. Sharpe
Motion carried. (M-2017-068)

## 7. Business Arising From the Minutes

## 8. Staff Reports

### 8.1 Staff Presentation: Opportunity for Collaboration – County Active Transportation Master Plan

Ms. Janet Dawson, Health Promoter, provided a presentation on the "Opportunity for Collaboration – County Active Transportation Master Plan".

MOTION:
*That the Board of Health for Peterborough Public Health endorse the draft County Active Transportation Master Plan.*
Moved: Mr. Sharpe
Seconded: Ms. Praamsma
Motion carried. (M-2017-069)

## 8.2 Staff Presentation: Peterborough Drug Strategy

Deanna VandenBroek, Health Promoter, and Jessica Penner, Coordinator, Peterborough Drug Strategy, provided a presentation on the Peterborough Drug Strategy.

MOTION:
*That the Board of Health for Peterborough Public Health receive the presentation "Peterborough Drug Strategy", for information.*

| | |
|---|---|
| Moved: | Councillor Clarke |
| Seconded: | Mr. Williams |
| Motion carried. | (M-2017-070) |

## 8.3 Staff Presentation: Cannabis – Where are we at?

Deanna VandenBroek, Health Promoter, and Hallie Atter, Manager Community Health & Foundational Standards, Coordinator, Peterborough Drug Strategy, provided a presentation entitled "Cannabis: Where are we at?".

MOTION:
*That the Board of Health for Peterborough Public Health receive the presentation* "Cannabis: Where are we at?", for information.

| | |
|---|---|
| Moved: | Mr. Connolley |
| Seconded: | Deputy Mayor Fallis |
| Motion carried. | (M-2017-071) |

## 9. Consent Items

### 9.1.1.b Correspondence for Direction

Due to his previously declared interest, Councillor Clarke did not discuss or vote on this item.

MOTION:
*That the Board of Health for Peterborough Public Health:*

- *Receive for information, letters dated May 2, 2017 from Dr. Sutcliffe, Medical Officer of Health for the Sudbury District Health Unit, sent to Ministers Philpott and Hoskins, copied to Ontario Boards of Health, regarding energy drinks;*
- *Receive for information, the e-mail dated May 30, 2017, from Mr. Jim Shepherd, regarding energy drinks and provide a letter thanking Mr. Shepherd for his correspondence;*
- *Send a letter to Ministers Philpott and Hoskins, with copies to local MPs and MPPs, Dr. Theresa Tam, Interim Chief Public Health Officer, Dr. David Williams,*

*Ontario Chief Medical Officer of Health, the Association of Local Public Health Agencies, and Ontario Boards of Health, advocating that advertising and sale of energy drinks to children and youth be restricted, and urge consideration of this during the development of federal marketing to children regulations;*

- *Staff undertake an environmental scan of municipal facilities, Trent University and Fleming College on the sale of these beverages and sponsorships; and,*
- *That education be undertaken in area high schools in coordination with the Canadian Mental Health Association highlighting the dangers of energy drinks.*

Moved: Ms. Davies
Seconded: Ms. Praasmsma
Motion carried. (M-2017-072)

## 9.3 Committee Reports

### 9.3.2 Stewardship Committee Report

MOTION:
*That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from April 6, 2017, for information;*

*That the Board of Health for Peterborough Public Health receive the staff report, Staffing Requirements for the Healthy Babies, Healthy Children Program, for information;*

*That MPP Leal be requested to advocate for Peterborough Public Health on the issue of funding for the Healthy Babies, Healthy Children Program and for the release of the Provincial report on this program.*

Moved: Councillor Clarke
Seconded: Councillor Wilson
Motion carried. (M-2017-073)

## 10. New Business

There were no items of New Business.

**11. In Camera to Discuss Confidential Matters**

MOTION:
*That the Board of Health for Peterborough Public Health enter into In Camera to discuss:*

- *One item under Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;*
- *One item under Section 239(2)(c), A proposed or pending acquisition of land by the Board; and,*
- *One item under Section 239(2)(d), Labour relations or employee negotiations.*

Moved: Mr. Connolley
Seconded: Councillor Wilson
Motion carried. (M-2017-074)

The Board moved into In Camera at 7:43 p.m.

MOTION:
*That the Board of Health for Peterborough Public Health rise from In Camera at 8:34 p.m.*
Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2017-075)

**12. Motions from In Camera for Open Session**

There were no motions or reports arising from In Camera.

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

The next meeting will be held September 13, 2017 in the Dr. J.K. Edwards Board Room, Peterborough Public Health, 185 King Street, at 7:15 p.m.

14. **Adjournment**

MOTION:
*That the meeting be adjourned.*
Moved by: Deputy Mayor Fallis
Seconded by: Mr. Williams
Motion carried. (M-2017-076)

The meeting was adjourned at 8:37 p.m.

Chairperson

Medical Officer of Health

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Vector-Borne Diseases Prevention Program**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the following for information:*
*Presentation: Vector-Borne Diseases Prevention Program*
*Presenter: Lillian Chan, Student, Vector Borne Disease Program*

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**Attachments:**

a. Vector-Borne Diseases Prevention Program Presentation

# Peterborough Public Health: Vector-Borne Diseases Prevention Program

**By:** Lillian Chan
Student, VBDP Program

**Date:** September 13, 2017

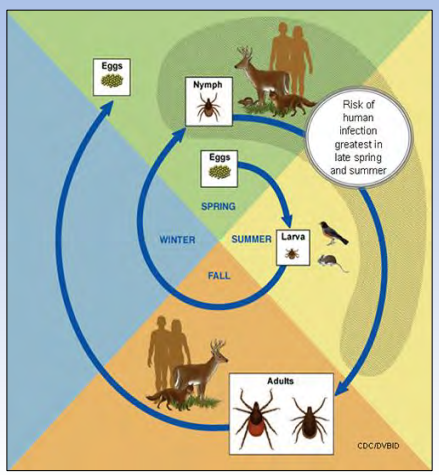
Peterborough Public Health

# Lyme Disease

Peterborough Public Health

# What causes it?

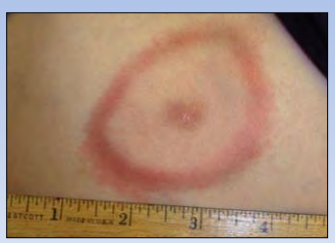
- **Blacklegged Tick**
  - Also known as Deer Tick
  - *Ixodes scapularis*

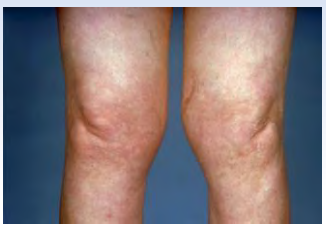



Peterborough Public Health

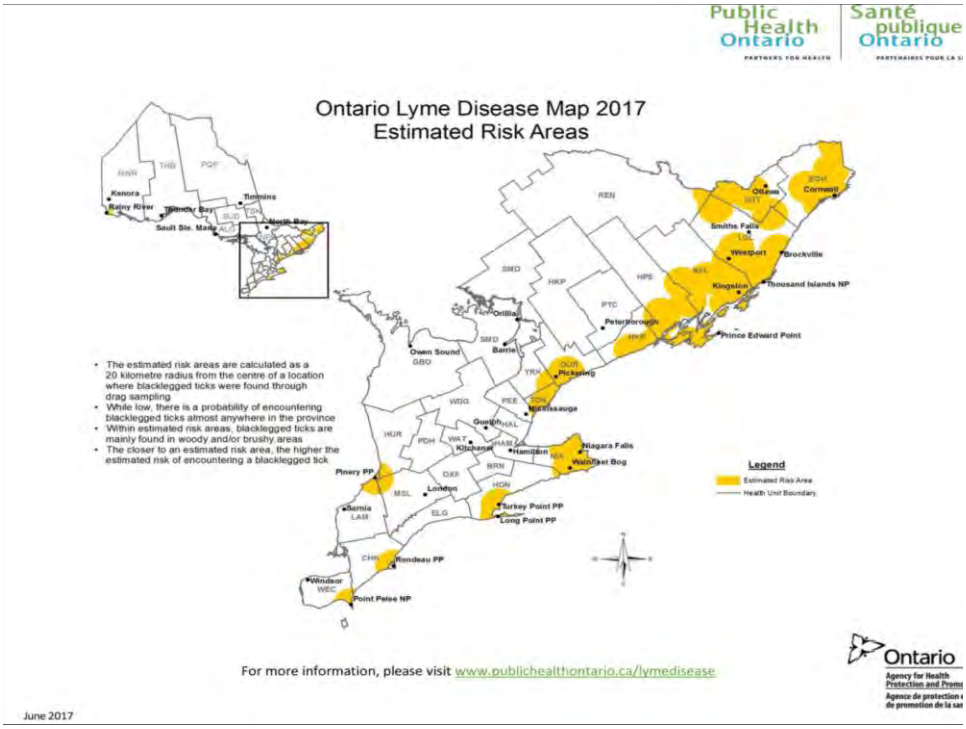
# Signs, Symptoms, and Treatment

- **Occurs 3 to 30 days after the tick bite**
- **Common symptoms**:
  - Fever, headache, muscle/joint pain, spasms, facial paralysis, fatigue, swollen glands
  - 70- 80% of cases get the red bulls-eye rash (Erethyma migrans)
- **Later stage infections (if not treated):**
  - Multiple skin rashes, extreme fatigue, arthritis, and neurological disorders
- **Treatment**
  - Early prescription of antibiotics





Peterborough Public Health

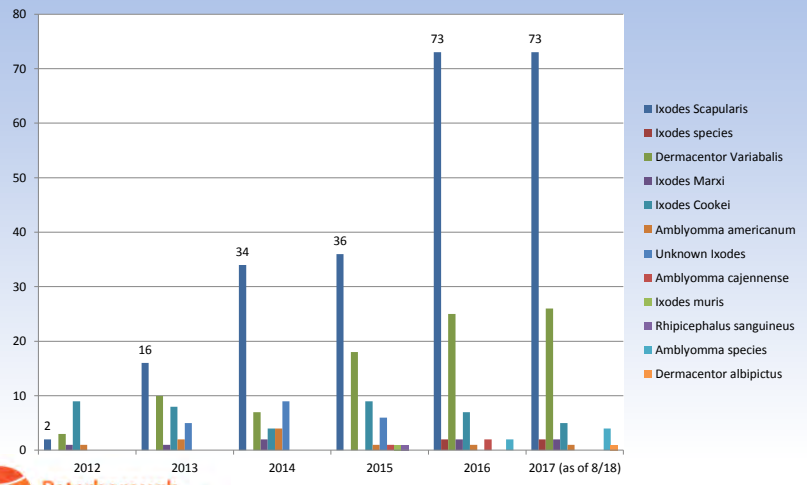



# PPH: Passive Surveillance

- **Tick Kits**
  - 1 urine bottle
  - 1 information sheet
- **Two Tests**
  1. Public Health Lab for tick identification (2-4 Weeks)
  2. If it is a blacklegged tick, sent to the National Microbiology Lab in Winnipeg where it is tested for the *Borrelia burgdoferi* bacterium (8-10 weeks)
- **All submitters will be notified with the results**

Peterborough Public Health

# Ticks in the City and County of Peterborough




Peterborough Public Health

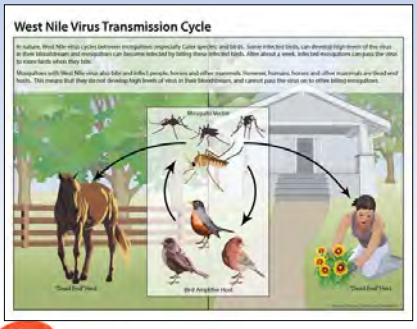

- **2016:** 3 ticks test positive for *Borrelia burgdorferi*
  - *1 Harris Island on Rice Lake*
  - *1 tick from Kingston,*
  - *1 tick from Perth*
- **2017:** 6 ticks test positive for *Borrelia burgdoferi*
  - 1 Peterborough/Cobourg
  - 1 Brighton
  - 1 Peterborough (near Trent University)
  - 1 Prince Edward County
  - 2 Perth

Peterborough Public Health

# West Nile Virus

Peterborough Public Health

# What causes it?

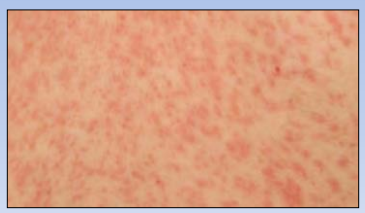



- **Mosquitoes**
  - *Culex pipiens*
  - *Culex restuans*
- **Fed on infected birds (e.g. blue jays, crows, ravens)**
  - ***Flavivirade flavivirus***
- **Spreads virus to other birds, horses, or humans**

Peterborough Public Health

# Signs, Symptoms, and Treatment

- Occurs **2-15 days** after bite
- **80% do not show any symptoms**
- **20% show mild symptoms**
  - Fever, fatigue, headache, body aches, skin rash, vomiting, nausea
  - **Treatment**: pain relievers
- **<1% infected cases experience severe illness**
  - Paralysis, stiff muscle joints, disorientation, encephalitis, meningitis
  - **Treatment:** supportive treatment in hospital settings
- **Death is rare**, but may occur in severe cases



Peterborough Public Health

# PPH: Mosquito Surveillance

- **5 traps are placed in/near the City of Peterborough**
  - 3 fixed traps
  - 2 rotational traps
- Mosquitoes are sent out for WNV testing at the end of the week
- **2017 results:**
  - **July**
    - 1 WNV positive pool located in the City of Peterborough
  - **August**
    - 1st human case of West Nile Virus acquired locally in Peterborough


Peterborough Public Health

# PPH: Mosquito Larvae

- **Storm Water Management Ponds Surveillance**
  - **10 dips per pond each visit:**
    - No larvae = “nil”
    - 1-2 larvae = “low”
    - 7-30 larvae = “moderate”
    - >30 larvae = “high”
  - **2017:** All ponds are either nil or low risk
- **Standing Water Complaints**
  - Bylaw 03-107 on Stagnant Water

Peterborough Public Health

# Promotional and Awareness Activities

Peterborough Public Health

- **Presentations**
  - Elementary and Catholic Schools
  - Summer Camps
    - TRACKS Youth Program
  - Retirement Homes
    - Empress, Princess, Canterbury, Royal
- **Community Displays and Events**
  - Farmers Market, Water Festival, Health Fairs, etc.



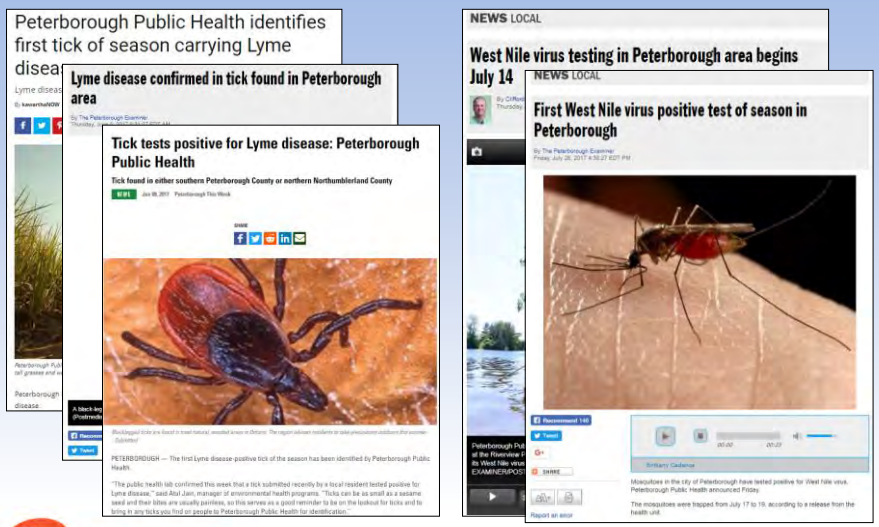
Peterborough Public Health

## Trail Signs


## Resource Distribution


Peterborough Public Health

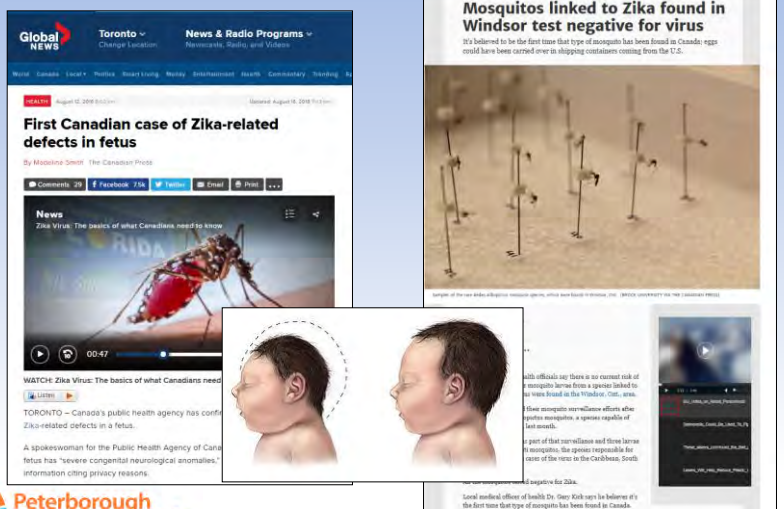
# Media Coverage




Peterborough Public Health

# What's Trending?

## Zika Virus




Peterborough Public Health

# What's Trending?


Lone Star Ticks (*Amblyomma americanum)* can cause **red meat allergies**!

The Blacklegged/Deer tick can also carry the **Powassan Virus**!


Peterborough Public Health

# Questions?

Peterborough Public Health

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Public Health within an Integrated Health System – Report of the Minister's Expert Panel on Public Health**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the following for information:*
*Presentation: Public Health within an Integrated Health System – Report of the Minister's Expert Panel on Public Health*
*Presenter: Dr. Rosana Salvaterra, Medical Officer of Health*

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**Attachments:**

a. Public Health within an Integrated Health System – Report of the Minister's Expert Panel on Public Health

# Public Health within an Integrated Health System

*Report of the Minister's Expert Panel on Public Health*

*Presentation to: Board of Health*

*Presentation by: Dr. Rosana Salvaterra*

*Date: September 13, 2017*

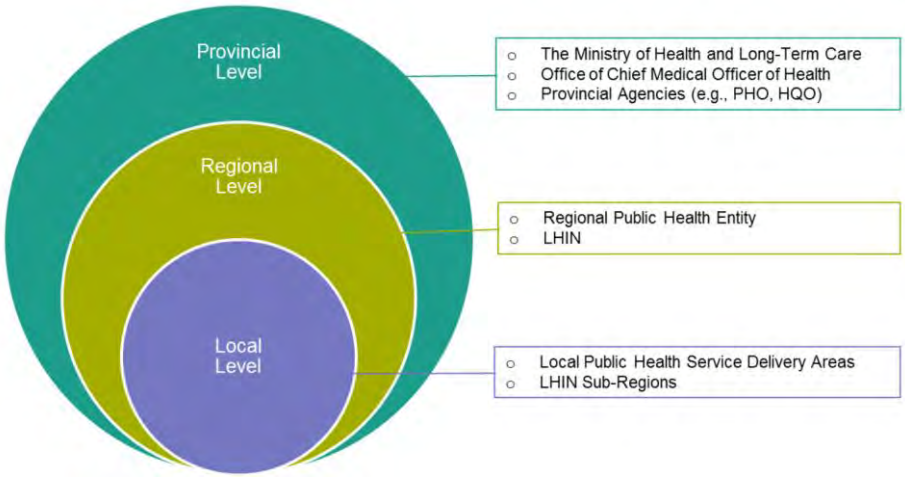
## Mandate

As part of their recommendation, the Expert Panel was asked to consider:

1. The **optimal organizational structure for public health** in Ontario to:
   - ensure accountability, transparency and quality of population and public health programs and services
   - improve capacity and equity in public health units across Ontario
   - **support integration with the broader health system and the Local Health Integration Networks (LHINs)** – the organizations responsible for planning health services
   - leverage public health's expertise and leadership in population health-based planning, decision-making and resource allocation, as well as in addressing health equity and the social determinants of health.
2. How **best to govern and staff the optimal organizational structure**.

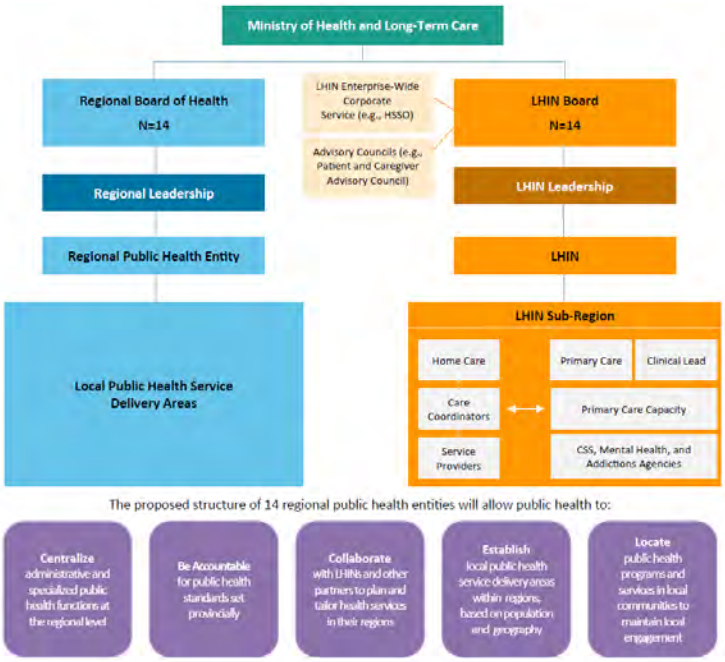
# Responsibilities and Functions

*Organizations Described at Each Level*



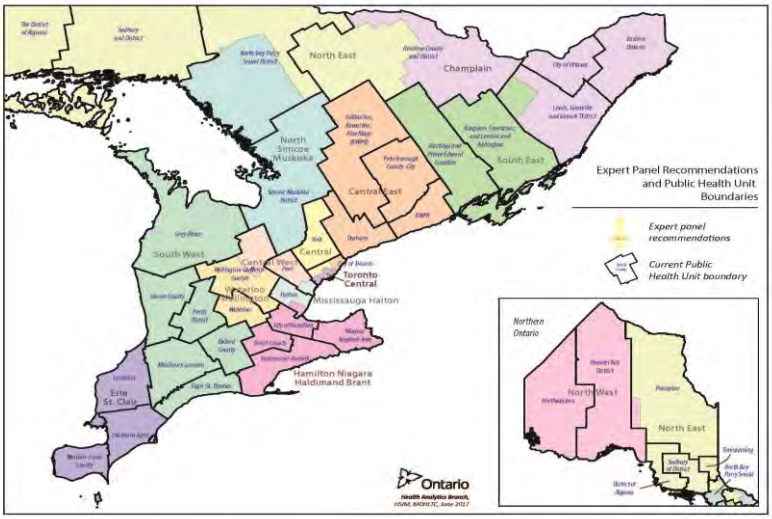

# Proposed End State

*Public Health within an Integrated Health System*



# Proposed Geographic Boundaries

*Proposed Boundaries Mapped Against*
*Current Public Health Unit Boundaries*



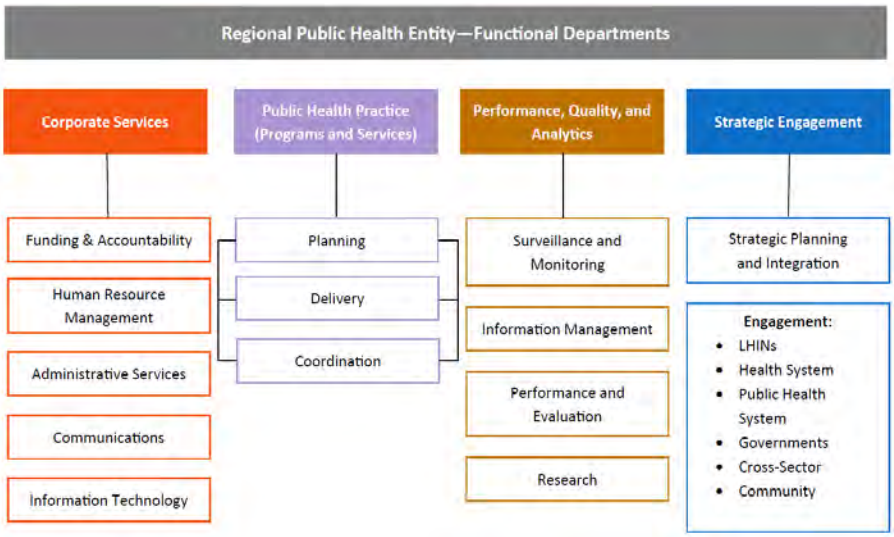

# Proposed Leadership Structure

| Regional Public Health Entity | |
|---|---|
| CEO | • Direct report to the Board of Health |
| Regional Medical Officer of Health | • Public health physician<br>• Ability to report directly to the Board of Health on matters of public health and safety |
| Senior Public Health Leadership | • E.g., nursing (Chief Nursing Officer), associate medical officers of health, other content-specific leaders, corporate management (e.g., Chief Administrative Officer, Chief Operating Officer, Chief Information Officer, etc.) |

# Proposed Leadership Structure

| Local Public Health Service Delivery Areas | |
|---|---|
| **Local Medical Officer of Health** | • Local public health physician<br>• Report to regional Medical Officer of Health<br>• Number—variable, e.g., based on population and geography |
| **Local Public Health Program and Service Management** | • E.g., nursing leadership, public health inspection management, etc.<br>• Program managers<br>• Multi-disciplinary teams |

# Proposed Leadership Structure



# Proposed Regional Governance Model

| | |
|---|---|
| **Governance** | Free-standing autonomous board |
| | Consideration for appropriate secretariat support for board operations |
| **Appointees** | Municipal members (formula for representation to be defined in Regulations – e.g., by population, by upper tier etc.) |
| | Provincial appointees (including OIC appointments for specific position(s) such as board chair, vice chair, finance – to be nominated by the board) |
| | Citizen members (municipal appointees) |
| | Other representatives (e.g., education, LHIN, social sector, etc.) |
| **Size** | Varied: 12-15 members |

# Proposed …

| | |
|---|---|
| **Indigenous Representation** | Meaningful opportunity for representation to ensure Indigenous partners have an active voice (based on population demographics) |
| **Francophone Representation** | Representation for the Francophone community (based on population demographics) |
| **Diversity and Inclusion** | Boards should reflect the communities which they serve, including but not limited to inclusion of:<br>• Gender and sexual orientation<br>• Visible minorities<br>• Lived experience<br>• Diverse ages |
| **Qualifications** | Skills-based |
| | Experience |

# Proposed …

| | |
|---|---|
| **Appointment Process** | Flexibility for combination of provincial and local appointments (for non-specific positions) to address varying capacity across province |
| **Board Compensation** | Apply consistent approach for board member compensation |
| | Consideration of equitable compensation across public boards (e.g., public health, LHINs, agencies, etc.) |
| **Committees** | Establishment of standing committees (e.g., good governance and nomination committees, finance and audit, HR, etc.) to be defined in Regulations |
| | Committees are responsive to community needs |
| **Succession Planning and Implementation** | Staggered transition/appointments for new board structures |
| | Tenure |
| | Targeted recruitment |

# Implementation Considerations

- Current cost-shared funding with municipalities could be a barrier. Would this require province to fully fund public health, as local ties to municipal and FN councils would be removed? What would the implications be for funding? For advocacy?
- How much of the HPPA would need to be re-written? Part VI at minimum, as well as others, with new part for regional entities. Other legislation may be impacted.
- Price of disruption and the benefits gained? Transition would impact both LPHAs and municipalities and BOHs.

# Next Steps

- Consultation period in progress with opportunity for written feedback until October 31, 2017
- PPHD meetings for MOHs September 15th and for BOH Chairs and CEOs September 29th
- alPHa submission shared with BOHs
- COMOH meeting September 13th to discuss
- AMO held a presentation at August conference and will be considering at its health taskforce

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Oral Health Program Update**

**Date:** September 13, 2017

---

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the following for information:*
*Presentation: Oral Health Program Update*
*Presenter: Patti Fitzgerald, Assistant Director*

---

**Attachments:**

a. Oral Health Program Update

# Oral Health Program Update

Board of Health Meeting

September 13, 2017

Patti Fitzgerald, Asst. Director

## Looking Back

It all began in 2010…

- Application for a fixed and mobile clinic
- Capital and Program Dollars approved
- The fixed clinic opened in May 2011, and the mobile clinic in early 2012

# Provincial Dental Programs

On January 1, 2016, the following six publicly-funded dental programs were combined into the new Healthy Smiles Ontario program:

- dental benefits for children under Ontario Works
- dental benefits for children under the Ontario Disability Support Program
- dental benefits for children under the Assistance for Children with Severe Disabilities program
- the Children in Need of Treatment program
- the Healthy Smiles Ontario program
- preventive oral health services provided by local public health agencies

Peterborough Public Health

# The "new" Healthy Smiles Ontario

The *new* Healthy Smiles Ontario (HSO) is a government-funded financial assistance program that provides free preventive, routine and emergency dental services for eligible children and youth aged 17 years and under, from low-income households


Peterborough Public Health

# Healthy Smiles Ontario Protocol

Updated HSO Protocol was introduced in 2016 to provide guidance and direction to boards of health in delivery of this new program.


Peterborough Public Health

# How to Best Deliver HSO 2016

Decisions:

- Transfer ownership of the mobile to another board of health for better use of this resource
- Emphasize outreach and preventive services
- Move the fixed clinic to 185 King Street

Peterborough Public Health

# What will outreach look like?

- Follow up to school screenings to identify students eligible (as identified in the HSO protocol) for preventive services
- Letter to parents/guardians offering convenience of in-school preventive services (scaling, fluoride, sealants)
- Provide in-school preventive service (expand to two teams)

Peterborough Public Health

# The Journey

- November 2016: Contact MOHLTC to get support in principle
- Approval by the Board of Health
- Negotiating transfer of ownership
- Business Case created for Outreach Model

Peterborough Public Health

# Benefits of Change

- Reach more eligible children (for preventive and treatment services)
- More functional fixed clinic space
- Efficiencies (staffing, no lease)
- Better use of resources
- Meet the HSO Requirements

Peterborough Public Health

# Next Steps

- Complete the transfer of the mobile dental clinic
- Finalize planning for dental clinic move to 185 King Street
- Begin working with partners to plan school and community-based clinic sites/schedules
- Hire additional staff

Peterborough Public Health


Peterborough Public Health

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Direction – The Fair Workplaces, Better Jobs Act (Bill 148), Sudbury and District Health Unit

**Date:** September 13, 2017

---

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive for information, the letter dated June 30, 2017 from Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit, copied to Ontario Boards of Health, regarding The Fair Workplaces, Better Jobs Act (Bill 148); and*
- *support their position and communicate this support to Premier Wynne, with copies to Ministers Hoskins and Flynn, Dr. David Williams, Chief Medical Officer of Health, Roselle Martino, Assistant Deputy Minister, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

**Background:**

Employment and working conditions is one of several social determinants of health. Evidence shows that employment insecurity and poor working conditions have a negative consequence on physical and mental health as does income insecurity. A recent survey conducted in the City and County of Peterborough as well as both First Nations communities revealed that more than half of our workers are in employment that can be considered insecure—inconsistent hours, low pay, and no benefits. Bill 148 aims to modernize the basic standards for employment and the proposed changes are a good first step in raising the floor so that hardworking individuals are less likely to live in poverty.

PPH made two submissions to the Changing Workplaces Review and, more recently, we publicly supported Bill 148 in a presentation to County Council, a letter to MPP Jeff Leal (copied to the Premier and many other provincial representatives) as well as Dr. Salvaterra's oral and written submission at the Bill 148 hearings of the Standing Committee on Finance and Economic Affairs. The letter from Sudbury and District Health Unit is entirely in line with our position.

Sudbury & District
Health Unit
Service de santé publique

*Make it a Healthy Day!*

*Visez Santé dès aujourd'hui!*

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
☎ :705.522.9200
🖷 : 705.522.5182

Rainbow Centre
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Sudbury ON P3C 5N3
☎ : 705.522.9200
🖷 : 705.677.9611

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
☎ : 705.860.9200
🖷 : 705.864.0820

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
☎ : 705.222.9202
🖷 : 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☎ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
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🖷 : 705.867.0474

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June 30, 2017

*VIA EMAIL*

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Wynne:

**Re: The Fair Workplaces, Better Jobs Act (Bill 148)**

At its meeting on June 15, 2017, the Sudbury & District Board of Health carried the following resolution #37-17:

> WHEREAS the Sudbury & District Board of Health has a mandate to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and
>
> WHEREAS the Board of Health discharges this mandate through a long history of strategies including advocacy, strategic direction, policy development and program interventions; and
>
> WHEREAS the Sudbury & District Board of Health participated in the 2015 Changing Workplaces Review public consultations and recommended that the provincial government strengthen minimum employment standards and reduce barriers to collective bargaining for all workers, especially those in precarious employment, to ultimately improve health outcomes;
>
> THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health commend the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148; and
>
> FURTHER THAT the Board of Health support the proposed changes to the Employment Standards Act that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the Labour Relations Act that better support precarious workers' rights; and
>
> FURTHER THAT the Board of Health urge the provincial government to adopt the World Health Organization (WHO) definition of a healthy workplace; and

> THAT the Sudbury & District Board of Health share this motion and supporting materials with SDHU community agencies, municipalities and elected representatives, and the Association of Local Public Health Agencies (alPHa), Ontario Boards of Health and others as appropriate.

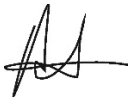
Workplaces are a critical determinant of health, and the health promoting or heath damaging nature of workplaces impacts all workers, their families, neighbourhoods, communities and society[i].

Support from public health for an increase in minimum wage comes from the overwhelming evidence confirming the link between income and health. People living with lower incomes have far greater risks of premature morbidity and mortality than those people living with higher incomes[ii,iii,iv,v,vi].

Precarious work is also a significant contributor to poor health and health inequalities[vii,viii,ix]. Precarious workers are more likely to experience more difficult working conditions and lower autonomy and control over working conditions and arrangements than non-precarious workers[x].

Members of the Sudbury & District Board of Health commend the provincial government on the proposed mechanisms in the Fair Workplaces, Better Jobs Act (Bill 148) to strengthen employment standards in support of workplace health. Further, the members of the Sudbury & District Board of Health strongly urge the provincial government to ratify the (Bill 148) in order to protect and promote the health of Ontarians including those individuals working in precarious employment.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Hon. Eric Hoskins, Minister of Health and Long-Term Care, Ontario Government
Hon. Kevin Flynn, Minister of Labour, Ontario Government
Ms. Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
Ms. Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Ontario Boards of Health

[i] Jackson, A., & Rao, G. (2016). The unhealthy Canadian workplace. In: Raphael D, editor. Social determinants of health: Canadian perspectives. 3rd ed. Toronto, ON: Canadian Scholars' Press Inc; 2016. p. 99-113.

[ii] Commission on Social Determinants of Health. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization, 2008.

[iii] Health Canada. Chief Public Health Officer's Report on the State of Public Health in Canada 2008 (Catalogue HP2-10/2008E) Ottawa: Minister of Health, 2008.

[iv] McIntosh CN, Finès P, Wilkins R, Wolfson MC. Income disparities in health-adjusted life expectancy for Canadian adults, 1991 to 2001. Health Reports 2009; 20(4): 55-64. Erratum in: Health Reports 2010; 21(4): 101.

[v] Braveman PA, Cubbin C, Egerter S, et al. Socioeconomic disparities in health in the United States: what the patterns tell us. American Journal of Public Health 2010; 100(S1): S186-96.

[vi] Tjepkema, M., Wilkins, R., Long, A. (2013). Cause-specific mortality by income adequacy in Canada: A 16-year follow-up study. Health Reports, Vol. 24, no. 7, pp. 14-22, July 2013 • Statistics Canada, Catalogue no. 82-003-X

[vii] European Foundation for the Improvement of Living Working Conditions. (2002). Quality of work and employment in Europe: Issues and challenges. Foundation paper No. 1. Retrieved from http://www.eurofound.europa.eu/publications/foundation-paper/2002/working-conditions/quality-of-work-and-employment-in-europe-issues-and-challenges-foundation-paper-no-1-february-2002

[viii] Quinlan, M., Mayhew, C., & Bohle, P. (2001). The global expansion of precarious employment, work disorganization, and consequences for occupational health: a review of recent research. International Journal of Health Services 31(2):335-414.

[ix] Ontario Society of Nutrition Professionals in Public Health Food Security Workgroup. (2015). Income-related policy recommendations to address food insecurity. Retrieved from www.osnpph.on.ca/membership/documents.

[x] Lewchuk, W., Lafleche, M., Dyson, D., Goldring, L., Meisner, A., Procyk, S., et al. (2013). It's more than poverty: Employment precarity and household well-being. Poverty and Employment Precarity in Southern Ontario Research Group. United Way Toronto: McMaster University.

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Direction – Modernization of alcohol sales in Ontario, Middlesex London Health Unit

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive for information, the letter dated August 8, 2017 from Jesse Helmer, Chair Middlesex-London Board of Health, copied to Ontario Boards of Health, regarding the modernization of alcohol sales in Ontario; and*
- *support their position and communicate this support to Minister Hoskins, with copies to Premier Wynne, Minister Sousa, Dr. David Williams, Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

**Background:**

Despite a commitment to social responsibility, the Ontario Government has indicated that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at up to 450 grocery stores, wine and cider in farmers' markets, online sales of alcohol through the LCBO and the expansion of bars, restaurants and retail outlets permitted at alcohol manufacturing sites.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age as well as screening, brief intervention and referral activities.

The Board has advocated in the past for a Federal Alcohol Strategy as well as to Premier Wynne to reduce the availability of alcohol.

August 8, 2017

The Honourable Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

**Re: Modernization of alcohol sales in Ontario**

On behalf of the Middlesex-London Board of Health, I am writing to call on the Government of Ontario to fulfil its commitment to develop a comprehensive, province wide strategy to minimize harm and support the safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age and referral activities.

In order to address the health and social harms of alcohol, and the impact of increased access, a comprehensive strategy is needed. The Middlesex-London Board of Health calls on the government to prioritize the health and wellbeing of Ontarians by enacting a comprehensive, evidence-based alcohol strategy to minimize harms.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

cc: Premier Kathleen Wynne
The Ontario Public Health Association

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Direction – Municipal Levy Apportionment, Leeds Grenville Lanark

**Date:** September 13, 2017

---

**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive for information, the letter dated June 1, 2017 from Anne Warren, Chair, Board of Health for Leeds, Grenville and Lanark District Health Unit to Minister Hoskins, copied to Ontario Boards of Health, regarding the Municipal Levy Apportionment; and*
- *support their position and communicate this support to Minister Hoskins, with copies to local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

**Background:**

The Board of Health for the Leeds, Grenville and Lanark District Health Unit identifies the fact that the HPPA directs Boards of Health to use the Ontario Population Report, which is based on MPAC data, to determine proportional funding contributions. These figures are not as accurate as those provided through Statistics Canada based on the most recent census. Peterborough Public Health, like many other Board of Health, have used Statistics Canada data for its calculations. We recommend the Board support the proposed action of amending Ontario Regulation 489/97 to define "population" as, determined by the most recent census conducted by Statistics Canada.

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health

June 1, 2017

**VIA EMAIL**

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

**RE: Municipal Levy Apportionment**

The Health Protection and Promotion Act (appended) stipulates that municipalities must decide how to apportion the municipal component of the expenses of the Board of Health among obligated municipalities. All of the obligated municipalities will have to agree with this change before it can be implemented according to the Health Protection and Promotion Act, and Ontario Regulation 489/97 (*See Appendix #1*). The regulations state that the default is to use the Ontario Population Report of the Municipal Property Assessment Corporation (MPAC) which is the current method being used to apportion the levy.

Recently, the Board of Health for the Leeds, Grenville and Lanark District Health Unit received information from the Municipal Property Assessment Corporation (MPAC) (*See Appendix #2*) that stated:

> "The Ontario Population Report (OPR) is based on information contained in MPAC's Names Database and is produced upon conclusion of each municipal enumeration which correlates with the timing of regular municipal and school board elections that now occur every 4 years. The Report is distributed to all municipalities, certain provincial ministries and other stakeholders.
>
> "The OPR figures are developed from information gathered for assessment and enumeration purposes. These figures should not be confused with population data published by Statistics Canada that are produced from dedicated population counting and estimating processes conducted every 5 years."
>
> "The most accurate municipal population numbers are produced by Statistics Canada based on the most recent census."

Given MPAC states that the population numbers produced by Statistics Canada are more accurate than those produced by MPAC, the Board requests that Ontario Regulation 489/97 Allocation of Board of Health expenses be amended as follows:

> **1.** (1) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection 72 (1) of the Act to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population by the sum of the populations of all the obligated municipalities in the health unit. O. Reg. 489/97, s. 1 (1).
>
> (2) In this section,
>
> "population" means, with respect to an obligated municipality, the population of the obligated municipality as determined from the most recent Census conducted by Statistics Canada.

The Board of Health looks forward to hearing from you regarding this important issue.

Sincerely,

Anne Warren, Board Chair
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
John MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health

Appendix #1

## HEALTH PROTECTION AND PROMOTION ACT

**Payment by obligated municipalities**

**72.** (1) The obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under this or any other Act; and

(b) the expenses incurred by or on behalf of the medical officer of health of the board of health in the performance of his or her functions and duties under this or any other Act. 1997, c. 30, Sched. D, s. 8.

**Agreement**

(3) The obligated municipalities in a health unit shall pay the expenses referred to in subsection (1) in such proportion as is agreed upon among them. 1997, c. 30, Sched. D, s. 8.

**If no agreement**

(4) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection (1) to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of such expenses that is determined in accordance with the regulations. 1997, c. 30, Sched. D, s. 8.

## ONTARIO REGULATION 489/97

## ALLOCATION OF BOARD OF HEALTH EXPENSES

**Consolidation Period:** From April 1, 2005 to the e-Laws currency date.

**1.** (1) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection 72 (1) of the Act to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population by the sum of the populations of all the obligated municipalities in the health unit. O. Reg. 489/97, s. 1 (1).

(2) In this section,

"population" means, with respect to an obligated municipality, the population of the obligated municipality as determined from the most recent enumeration conducted under section 15 of the *Assessment Act*. O. Reg. 489/97, s. 1 (2).

(3) In this section,

"assessment", with respect to real property, means the assessment for the real property made under the *Assessment Act* according to the last returned assessment roll;

"population" means population as determined from the most recent enumeration conducted under section 15 of the *Assessment Act*. O. Reg. 142/05, s. 1.

Appendix #2

**MUNICIPAL PROPERTY ASSESSMENT CORPORATION**

**ONTARIO POPULATION REPORT**

**What is the OPR?**

The Ontario Population Report (OPR) is based on information contained in MPAC's Names Database and is produced upon conclusion of each municipal enumeration which correlates with the timing of regular municipal and school board elections that now occur every 4 years. The Report is distributed to all municipalities, certain provincial ministries and other stakeholders. The OPR is not an 'estimate'. The OPR (and any adhoc population count done between enumeration years and/or obtained through the Population Report option provided via Municipal Connect™) is based on actual point-in time counts of current names in MPAC's database.

**Note:** *The OPR figures are developed from information gathered for assessment and enumeration purposes. These figures should not be confused with population data published by Statistics Canada that are produced from dedicated population counting and estimating processes conducted every 5 years (see* Factors Affecting Population Counts *below).*

**Information Sources and Collection Methods**

The primary source of **owner names** is the land transfer process. This results in a high degree of accuracy and currency for owner information but does not include other family members. The primary source of **tenant names** has traditionally been through the Tenant Information Program (TIP) where landlords with seven or more residential units are obliged to annually supply MPAC with the names of the tenants in their buildings. Landlords usually supply MPAC with whatever names are on their rent roll, typically one name per unit. This source does not include children or other occupants. Beginning in 2014, tenant names are also being received from the National Register of Electors and during an enumeration event, via MPAC's voterlookup.ca online elector update/confirmation website. Name information is no longer collected through the mailout of 'Municipal Enumeration Forms' (MEFs) during municipal election years. To collect names of **children** and other occupants, including the missing birth dates, citizenship confirmations and school support of tenants and owners, MPAC traditionally mailed out 'Request for Occupant Information' (ROI) forms. Compliance is voluntary and returns as low as 20%. In addition, owners and tenants have the option of updating their household occupant information when calling MPAC's Customer Contact Centre.

***Factors Affecting Population Counts***

In comparison to Statistics Canada, MPAC typically under-reports population numbers for Ontario, primarily in the under 20 to 25 year-old range. The reasons for this are:

- There is no legislated requirement for owners of rental properties with fewer than seven units to supply MPAC with tenant names.
- Historically, although approximately **50%** of owners respond to Occupancy Questionnaires, compliance for tenants has been approximately **20%**.
- When in receipt of properly documented information, MPAC is obliged to change its database accordingly which usually requires the removal of existing names from a property record and replacing them with the new name(s). The process of removing names automatically includes

any children or other occupants currently listed at the identified address. These names are recovered, only if they reappear at a future point through other source data/data-matching.

- Under instructions from Ontario's Deputy Registrar, municipal clerks no longer send MPAC the names of newborns. The cumulative effect since the early 90's has been the slow degradation of OPR numbers, particularly those under the age of 20.

The most accurate municipal population numbers are produced by Statistics Canada based on the most recent census.

(From Beverley Disney
Account Manager, Municipal and Stakeholder Relations Department
Municipal Property Assessment Corporation)

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Direction – HPV Immunization Catch-up Program for Boys, Grey Bruce Public Health / Wellington Dufferin Guelph Public Health

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health:*

- *receive for information, the letter dated June 29, 2017 from Dr. Kennedy, Medical Officer of Health, Grey Bruce Health Unit, copied to Ontario Boards of Health, endorsing a position from Wellington Dufferin Guelph Public Health regarding a publically-funded HPV immunization catch-up program for boys; and*
- *support their positions and communicate this support to Minister Hoskins, with copies to Dr. David Williams, Chief Medical Officer of Health, local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

**Background:**

The positions of both Grey Bruce and Wellington Dufferin Guelph are in line with previous positions the Board has taken on this issue. The Board advocated in 2011 to the Ontario Minister of Health to increase the eligibility of the human papillomavirus vaccine (HPV) to males and to females up to 18 years of age. Subsequently, a catch-up program was implemented for girls alone in 2012. A similar program is being requested for boys to close this gap in eligibility and provide equal opportunity to be protected from HPV-related cancers.

June 29, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor Hepburn Block
80 Grosvenor Street
Toronto ON  M7A 2C4

Dear Honourable Hoskins:

**Re:  Human Papillomavirus (HPV) Immunization Catch-up for Boys**

On May 26, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Wellington Dufferin Guelph Public Health regarding implementation of a publically-funded human papillomavirus (HPV) immunization catch-up program for boys.  The following motion was passed:

Motion No:  2017-56

Moved by: Al Barfoot  Seconded by: Laurie Laporte

"In support of equity of access to publically funded human papillomavirus immunization, the Board of Health for the Grey Bruce Health Unit supports the call by Wellington Dufferin Guelph Public Health that the Ontario government implement a publically funded HPV immunization catch-up program for boys similar to catch up program undertaken for girls in 2012."

Carried

Sincerely,

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health and CEO
Grey Bruce Health Unit

Encl.

Cc:  Ontario Public Health Units

PublicHealth
WELLINGTON DUFFERIN GUELPH
Stay Well

May 3, 2017

**DELIVERED VIA E-MAIL & REGULAR MAIL**

Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: The Honourable Eric Hoskins
Office of the Minister

Dear Hon. Hoskins:

**Re: Human Papillomavirus (HPV) Immunization Catch-up for Boys**

The Board of Health (BOH) for Wellington-Dufferin-Guelph Public Health (WDGPH) would like to request that the Ontario Government implement a publicly-funded human papillomavirus (HPV) immunization catch-up program for boys similar to the catch-up program implemented for girls in 2012. It is important to close this gap in publicly-funded vaccine eligibility for boys.

In 2012, NACI recommended HPV vaccination for all males between the ages of 9 and 26 and for all men who have sex with men (MSM) aged 9 and older. PIDAC-I also recommends publicly-funded Gardasil for MSM or males who identify as homosexual up to the age of 26 years. As the most common preventable sexually-transmitted infection (STI), HPV has been directly linked to serious health conditions such as cervical, oral, penile and anal cancers, as well as abnormal cell growth in these areas of the body that are causally associated with various cancers and anal warts.

Some families with health benefit coverage may have the opportunity to purchase the vaccine. However, lower income families and families without extended health benefits are not afforded equal opportunity to be protected from HPV-related cancers. Universal funding would also protect the highly vulnerable group of boys who will go on to identify as MSM but are currently not identifying their eligibility for the publicly-funded vaccine.

.../2

160 Chancellors Way, Guelph, ON N1G 0E1
T: 1-800-265-7293 | F: 519-836-7215 | wdgpublichealth.ca

The WDGPH BOH would like to request that the Ministry of Health and Long-Term Care address this public health concern by expanding the publicly-funded HPV immunization programs to include a catch-up program for boys. We believe this is the approach that aligns with the Ontario Government's stance on health equity and would reduce the burden of HPV-related cancers in Ontario.

Sincerely,

Nancy Sullivan
Chair, WDGHU Board of Health

c.c. alPHa – via e-mail
c.c. Liz Sandals, MPP (Guelph) – via e-mail
c.c. Ted Arnott, MPP (Wellington-Halton Hills) – via e-mail
c.c. Sylvia Jones, MPP (Dufferin-Caledon) – via e-mail
c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
c.c. Ontario Public Health Units – via e-mail

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** Correspondence for Information

**Date:** September 13, 2017

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**Proposed Recommendation:**

That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated May 5, 2017 from Mayor Bennett to the Board Chair, in response to her original letter dated May 2, 2017, regarding a Tobacco Endgame for Canada.

b. Email dated June 6, 2017 from Public Health Ontario to all local public health agencies regarding the Immunization Coverage Report for School Pupils in Ontario.

c. Letter dated June 19, 2017 from Dr. Salvaterra to Minister Ballard, regarding smoke-free rental housing.

d. Letter dated June 20, 2017 from Minister Hoskins to the Board Chair, regarding funding for local opioid response initiatives.

e. Letter dated June 22, 2017 from the Board Chair to Warden Taylor, regarding the Draft County Active Transportation Master Plan.

f. Letter dated July 6, 2017 from Health Canada to the Board Chair, in response to her initial letter dated May 5, 2017, regarding food and beverage marketing to children.

g. Email dated July 17, 2017 from Minister Philpott to the Board Chair, in response to her original letter dated May 2, 2017, regarding a Tobacco Endgame for Canada.

h. Letter dated July 20, 2017 from Minister Hoskins to all local public health agencies regarding the Expert Panel report of the Minister's Expert Panel on Public Health: "Public Health within an Integrated Health System."
*NOTE: The full report has been previously circulated and can be viewed here:*
*http://www.health.gov.on.ca/en/common/ministry/publications/reports/public_health_panel_17/expert_panel_report.pdf*

i. Letter dated July 25, 2017 from Minister Ballard to Dr. Salvaterra, in response to her original letter dated June 19, 2017, regarding smoke-free rental housing.

j. Letter dated August 14, 2017 from Minister Qualtrough to the Board Chair, in response to her original letter dated May 30, 2017, regarding Call to Action #89 from the Truth and Reconciliation Commission.

k. Letter dated September 7, 2017 from the Board Chair to Jim Shepherd, regarding his correspondence to the Board of Health related to energy drinks and their potential dangers to our children and youth.

l. Letter dated September 8, 2017 from the Board Chair to Deborah Hammons, CEO, Central-East LHIN regarding regional support for Emergency Department Naloxone Distribution Programs.

m. Letter dated September 8, 2017 from the Board Chair to M.P.P. Leal regarding Healthy Babies, Healthy Children Program Funding.

Correspondence from the Association of Local Public Health Agencies (alPHa):

n. E-newsletter dated July 18, 2017.

o. E-newsletter dated August 17, 2017.

Letters/Resolutions from other Health Units:

Contraband Tobacco

p. North Bay Parry Sound

Health Promotion Resource Centres

q. Leeds Grenville Lanark

Infection Prevention and Control in Personal Service Settings

r. Elgin St. Thomas

s. Niagara Region

Low Income Adult Dental Program in Ontario

t. Middlesex London
*NOTE: No further action required given recent alPHa resolution*

Smoke-Free Rental Housing

u. Middlesex London

City of Peterborough
500 George Street North, Peterborough, Ontario, K9H 3R9

# Office of the Mayor

May 5, 2017

Mary Smith, Chair
Board of Health
Peterborough Public Health
185 King St.
Peterborough, Ont.
K9J 2R8

Dear Chair Smith and Board of Health members:

Re: A Tobacco Endgame for Canada

Thank you for your correspondence dated May 2, 2017 on the report A Tobacco Endgame for Canada. The City of Peterborough has worked closely with Peterborough Public Health to implement various initiatives to limit or eliminate smoking in public spaces, including parks, playgrounds and sport fields. The health and financial burdens associated with tobacco-related diseases are devastating for families and communities.

I have forwarded your correspondence to the appropriate City Staff for consideration of the additional strategies relevant to municipalities that are included in the A Tobacco Endgame for Canada report.

Regards,

Daryl Bennett
Mayor
City of Peterborough

From: Sarah Wilson [mailto:IVPD@oahpp.ca]
Sent: June-06-17 2:01 PM
To: Rosana Salvaterra
Subject: Just Released! Immunization Coverage Report for School Pupils in Ontario

Click here if you are having trouble viewing this message.

Public Health Ontario | Santé publique Ontario
PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

## Immunization Coverage Report for School Pupils in Ontario

Dear Colleagues,

On May 23, you received an embargoed copy of the *Immunization Coverage Report for School Pupils in Ontario*, along with the *Technical Annex* and *Q & A document*. We are following up to let you know that this report is now publicly available on PHO's website.

Warmest regards,

**Sarah Wilson MD MSc CCFP FRCPC**
Medical epidemiologist
Immunization and Vaccine Preventable Diseases
Public Health Ontario

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**Public Health Ontario**
480 University Avenue, Suite 300
Toronto, ON, M5G 1V2 - Map
www.publichealthontario.ca
t: 647-260-7100 e: communications@oahpp.ca

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

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Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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F: 705-743-2897
**peterboroughpublichealth.ca**

June 19, 2017

The Hon. Chris Ballard
Minister of Housing and Minister Responsible
for the Poverty Reduction Strategy
17th Floor, 777 Bay Street
Toronto, ON M5G 2E5
cballard.mpp.co@liberal.ola.org

Dear Minister Ballard,

On behalf of Peterborough Public Health, I am writing regarding the pressing issue of second-hand smoke (SHS) exposure in multi-unit housing. Specifically, I wish to offer the perspective of Peterborough Public Health on the *Rental Fairness Act* and the "Prescribed form of tenancy agreement" regulations.

On May 18, 2017, the *Rental Fairness Act,* Bill 124, was passed without an amendment that would have allowed landlords to terminate a tenancy based on a violation of a no-smoking provision in a lease. This measure was supported by public health partners including the Canadian Cancer Society, the Ontario Lung Association, the Smoking and Health Action Foundation, many public health agencies and other health groups. In addition, housing stakeholders including the Ontario Non-Profit Housing Association and their members supported a more direct path to enforcing no smoking clauses in leases. Since this provision would have encouraged more landlords to protect residents from second-hand smoke (SHS), along with many Ontarians, our public health agency was disappointed in this outcome.

Peterborough Public Health works with area landlords to create new smoke-free housing and support tenants who are facing serious health consequences due to neighbours who smoke in their buildings. Many of the tenants in these situations are from vulnerable populations in dire need of safe and affordable housing.

Moving forward, Peterborough Public Health would appreciate your careful consideration of regulations that will create the "prescribed form of tenancy agreement" (Standard Lease). To encourage more smoke-free housing, the Standard Lease must contain a smoke-free housing clause. Doing so would be consistent with the government's commitment to health. The Patients First document points out:

> [H]ealth is also about more than the care they receive from providers. It is about living a healthier life, avoiding getting sick and learning about good ways to manage illness when it happens. Creating a culture of health and wellness will support Ontarians in making educated, informed decisions about their care.[1]

Smoke-free housing would allow all the residents of Ontario the chance to live a healthier life and avoid illness related to exposure to second-hand smoke. In addition, by following our recommendation regarding the Standard Lease, the government will contribute to a culture of health and wellbeing.

Furthermore, since a home where the air is contaminated by second-hand smoke is not safe, committing to including the clause in the Standard Lease will also help fulfill the Expert Panel on Homelessness' vision of: "an Ontario where all people have access to home, where home is understood as 'a safe and secure place to call your own, where freedom, comforts, and needs are met…'"[2]

Through this one measure, the government of Ontario could prevent illness and develop safer housing for Ontarians. Thank you for your consideration.

Sincerely,

***Original signed by***

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health

cc: Hon. Kathleen Wynne, Premier
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock

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[1] Patients First: Action Plan for Health Care - Public Information – MOHLTC Patients First: Action Plan for Health Care - Public Information - MOHLTC. (2017). Health.gov.on.ca. Retrieved 13 June 2017, from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

[2] Ontario, Ministry of Municipal Affairs and Housing. (2015). A Place to Call Home. Queen's Printer. http://www.mah.gov.on.ca/AssetFactory.aspx?did=11038

**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.ontario.ca/health

**Ministère de la Santé et des Soins de longue durée**

Bureau du ministre

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Ontario

JUN 2 0 2017

Mayor Mary Smith
Chair, Board of Health
Peterborough Public Health
81 Ermatinger Street
P.O. Box 247
Lakefield, ON K0L 2H0

Dear Mayor Smith:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for Peterborough County-City Health Unit up to $150,000 in additional base funding for staff positions to support local opioid response initiatives, including naloxone distribution to community-based organizations and work on early warning and surveillance of opioid overdoses.

The Assistant Deputy Minister of the Population and Public Health Division will write to Peterborough Public Health shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to harm reduction and public health.

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Dr. Rosana Salvaterra, Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division

Peterborough Public Health

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**peterboroughpublichealth.ca**

June 22, 2017

Warden Joe Taylor and Council
County of Peterborough
c/o Sally Saunders, Clerk
470 Water Street
Peterborough, ON K9H 3M3
ssaunders@county.peterborough.on.ca

Dear Warden Taylor and Council Members:

**Re: Draft County of Peterborough's Active Transportation Master Plan**

At its meeting on June 14, 2017, the Board of Health (BOH) for Peterborough Public Health (PPH) received a presentation from PPH and County of Peterborough Engineering & Design staff regarding the Draft County of Peterborough's Active Transportation Master Plan (ATMP). PPH would like to congratulate the County of Peterborough for commissioning a Plan of this nature, and I am pleased to communicate that the BOH endorsed the Draft Plan that was presented.

Our board believes that active transportation is an effective method to increase physical activity rates in our community. Recent surveillance data indicates that 85% of Canadian adults do not meet Canada's Physical Activity Guidelines. A lack of physical activity can be linked to over twenty-five chronic conditions, including coronary heart disease, stroke, hypertension, breast cancer, colon cancer, Type 2 diabetes, and osteoporosis. When municipal plans incorporate policies, programs, and infrastructure projects that support safe active transportation, residents are more likely to get the recommended amount of physical activity needed each day. There are many elements within the Draft ATMP that support health and safety and for this reason, we endorse the Draft Plan and hope that County Council will consider this endorsement when reviewing the final Plan.

Lastly, we would like to thank the County of Peterborough for inviting PPH staff to be part of the Technical Advisory Committee for this Plan. PPH staff have indicated that this was an extremely valuable Committee to be a part of and allowed for more meaningful and timely public health input. We look forward to additional opportunities to collaborate together to improve health outcomes in our community.

Yours in health,

***Original signed by***

Mayor Mary Smith
Chair, Board of Health

/ag

Health Canada / Santé Canada

Health Products and Food Branch / Direction générale des produits de santé et des aliments

**MECS: 17-006943 - 154**

Mayor Mary Smith
Chair of Board of Health
Peterborough Public Health
185 King Street
Peterborough ON K9J 2R8



July 6, 2017

Dear Mayor Smith:

I am writing in response to your letter to Minister Philpott, dated May 5, 2017, supporting the restriction of commercial marketing of food and beverages to children.

Health Canada is committed to protecting the health of all Canadians, especially children. We understand the importance of healthy weights and child nutrition, as well as the need to protect children from negative influences that can get in the way of healthy eating. Reducing the exposure of children to unhealthy food and beverage marketing is one way that we can create an environment supportive of healthy growth and development.

On October 24, 2016, the Minister launched the Healthy Eating Strategy for Canada. Health Canada recognizes that it can be challenging for many Canadians to make healthy food choices. Foods and beverages that are high in calories, fat, sugars, and sodium are widely available and advertised. Action to restrict the marketing of unhealthy foods and beverages to children is part of the Healthy Eating Strategy.

On June 10, 2017, Health Canada launched a consultation on this important work. We welcome your comments on this issue. The consultation is accessible at the following website, and will end on July 25, 2017 at 11:59pm Pacific time: https://www.canada.ca/en/health-canada/programs/consultation-restricting-unhealthy-food-and-beverage-marketing-to-children.html. Through this consultation you will have another opportunity to express your support, and also offer advice on Health Canada's proposed approach. You may also be interested in our consultation on Canada's Food Guide, also going on now: http://www.foodguideconsultation.ca/

Thank you very much for taking the time to write and offer your support.

Sincerely,

Hasan Hutchinson

Hasan Hutchinson
Director General
Office of Nutrition Policy and Promotion
Hasan.Hutchinson@canada.ca

Canada

**From:** TCP-PLT-QUESTIONS [mailto:TCP-PLT.QUESTIONS@hc-sc.gc.ca]
**Sent:** Monday, July 17, 2017 11:24 AM
**To:** Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
**Subject:** In response to your correspondence of May 2, 2017, addressed to the Honourable Jane Philpott, Minister of Health, concerning the Simcoe Muskoka District Health Unit Board of Health's recent motion regarding the consultation on the Future of Tobacco Con...

Dear Mayor Smith:

Thank you for your email of May 2, 2017, addressed to the Honourable Jane Philpott, Minister of Health, concerning the endorsement by Peterborough Public Health of Simcoe Muskoka District Health Unit Board of Health's recent motion regarding the consultation on the Future of Tobacco Control in Canada. I have been asked to respond on the Minister's behalf.

First, I would like to take this opportunity to commend the Board of Health for Peterborough Public Health for its work in promoting and protecting the health of Canadians. Thank you for taking the time to share your organisation's support for the Minister's commitment to a target of less than 5% tobacco use by 2035 and for providing feedback and recommendations to the consultation on the Future of Tobacco Control in Canada. We welcome your views on these and other areas of shared interest.

Your organisation's feedback on the Future of Tobacco Control in Canada is important and will be taken under consideration as we move forward in charting a new course to reduce tobacco use and tobacco-related death and disease. All comments received as part of the consultation will be reviewed and a collated, non-identifiable summary of the results will be posted online. For more information about the consultation, please visit: https://www.canada.ca/en/health-canada/programs/future-tobacco-control.html.

Once again, I would like to thank you for taking the time to share your organization's views on the future of tobacco control in Canada.

Yours sincerely,

Sonia Johnson
A/Director General
Tobacco Control Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

**Ministry of Health and Long-Term Care**

Office of the Minister

10th Floor, Hepburn Block
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Ontario

July 20, 2017

Dear Colleagues,

In February 2015, the province launched our *Patients First: Action Plan for Health Care* to transform our health care system into one that puts patients at the center by making our health care system more accessible, equitable and integrated. During the last two years, we have made considerable progress to improve the health care experience and outcomes for patients in Ontario. But we know there is still more work that needs to be done in order to make our system truly integrated.

Improving access to care is one priority of Patients First, but the vision is much broader. Patients First is also about promoting health and reducing health disparities. A key factor in achieving this vision is to strengthen linkages and partnerships within the health system, including public health. Patients First includes a requirement for the public health sector and the province's local health integration networks (LHINs) to work together in an integrated health system: one that actively promotes health and reduces health disparities as well as improves access to health care services. As a first step in realizing this requirement, the Government of Ontario established the Expert Panel on Public Health ("Expert Panel") in January 2017. Over the course of five months, the expert panel met to develop recommendations on proposed structural, organizational, and governance changes for Ontario's public health sector.

I am sharing with you the report of the Minister's Expert Panel on Public Health: "*Public Health within an Integrated Health System."* On behalf of the Ministry of Health and Long-Term Care, I would like to thank the expert panel for its important work. The recommendations of the expert panel's report provide a framework for the government to consider as it continues to implement Patients First. I look forward to engaging with you and other stakeholders to discuss the opportunities offered in this report. Details about consultations will be forthcoming.

This report is an important first step to help us realize the vision for all health programs and services – hospitals, home and community care, primary care and public health – to have strong connections and to work together to enhance Ontarians' health and well-being at all ages and stages of life.

…2/

Yours sincerely,

Dr. Eric Hoskins
Minister

**Ministry of Housing**

**Minister Responsible for the Poverty Reduction Strategy**

Office of the Minister

777 Bay Street, 17th Floor
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**Ministère du Logement**

**Ministre responsable de la Stratégie de réduction de la pauvreté**

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Ontario



17-74155

JUL 25 2017

Dr. Rosana Salvaterra
Medical Officer of Health
Peterborough Public Health
185 King Street
Peterborough ON K9J 2R8

Dear Dr. Salvaterra:

Thank you for your letter concerning your interest in promoting smoke-free rental housing in Ontario through the standard lease.

Ontario already has in place strong protections for non-smokers. Through the *Smoke-Free Ontario Act*, smoking is prohibited in common areas in apartment buildings, such as elevators, hallways, and garages. As you are aware, landlords and tenants can also come to lease agreements where smoking is not allowed in individual apartment units.

Under the *Residential Tenancies Act, 2006* (RTA), if a tenant believes that smoking in their building affects their health or safety, contravenes maintenance standards (causes damage), or substantially interferes with the reasonable enjoyment of their rental housing, the tenant is encouraged to raise this matter with their landlord. If smoking or presence of second hand smoke negatively affects the landlord or other tenants in the rental property, the RTA already allows for the landlord to apply to evict the tenant under the grounds that the conduct of the tenant substantially interferes with the landlord's or another tenant's reasonable enjoyment of the residential complex or that the conduct substantially interferes with another lawful right, privilege or interest of the landlord.

If the tenant believes that the landlord is not taking sufficient action to address the matter, the tenant can talk to their landlord or apply to the Landlord and Tenant Board for a remedy. In this case, the application would be for a remedy from the landlord rather than other tenants who smoke.

As you stated, the *Rental Fairness Act, 2017*, which received Royal Assent on May 30, 2017, enables the development of a standard lease to help both tenants and landlords know their rights and responsibilities and reduce the number of disputes. The government will be consulting on the details of the standard lease in the coming months and will take your feedback under consideration.

Once again, thank you for bringing your concerns to my attention. Please accept my best wishes.

Sincerely,

Chris Ballard
Minister

c: The Honourable Eric Hoskins
Minister of Health and Long-Term Care

The Honourable Jeff Leal
MPP, Peterborough

Ms. Laurie Scott
MPP, Haliburton-Kawartha Lakes-Brock

Minister of Sport
and Persons with Disabilities

Ministre des Sports
et des Personnes handicapées

Ottawa, Canada K1A 0M5

AUG 14 2017

Her Worship Mary Smith
Mayor of Peterborough and
Board Chair
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Dear Madam Mayor:

Thank you for your correspondence regarding the work being done to address the Truth and Reconciliation Commission of Canada's (TRC) call to action 89. I appreciate your taking the time to write on this matter.

As you are aware, the TRC's final report recognized the importance and potential of sport to advance reconciliation by framing five of its calls to action around sport, recreation and physical activity.

As Minister of Sport and Persons with Disabilities, I am proud to highlight the great work being accomplished to address these calls to action. As you may know, Budget 2017 included an investment of $18.9 million over five years, starting in 2017–18, and ongoing funding of $5.5 million every four years thereafter to support Indigenous youth and sport initiatives. These investments are designed to address barriers that prevent Indigenous children and youth from participating in sport by investing in Indigenous sport leadership, culturally relevant sport programming and the North American Indigenous Games (NAIG).

The structure of the investment is designed to capture the essence of the five related calls to action. More specifically, the investment will build on established roles and experiences of Indigenous sport organizations such as the Aboriginal Sport Circle (ASC) and provincial and territorial Aboriginal sport bodies to increase culturally relevant sport programming, as well as to deliver the NAIG on a consistent rotation in Canada.

As for call to action 89, which calls upon the Government of Canada to amend the *Physical Activity and Sport Act*, Sport Canada officials and the ASC have initiated discussions on how to address it.

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Canada

CANADA 150

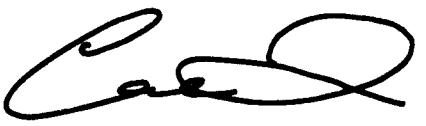
On January 27, 2017, I attended a meeting with the ASC Board of Directors where we discussed a number of topics related to sport and reconciliation, including the potential review of the *Physical Activity and Sport Act* and *Sport Canada's Policy on Aboriginal Peoples' Participation in Sport*. Also present at the meeting were representatives from Indigenous and Northern Affairs Canada, the Public Health Agency of Canada, the First Nations and the Inuit Health Branch of Health Canada.

In addition, the Government announced that it would be undertaking a review of laws and policies related to Indigenous peoples. The Working Group of Ministers responsible for the review will examine relevant federal laws, policies, and operational practices to help ensure the Crown is meeting its constitutional obligations with respect to Aboriginal and treaty rights; adhering to international human rights standards, including the *United Nations Declaration on the Rights of Indigenous Peoples*; and supporting the implementation of the TRC's calls to action.

Sport Canada will continue to work collaboratively with the ASC and the Working Group of Ministers on the review of federal laws, policies and operational practices to explore opportunities to address call to action 89.

Please accept my best wishes.

Sincerely,



The Honourable Carla Qualtrough, P.C., M.P.

c.c.: The Honourable Jane Philpott, P.C., M.P.
The Honourable Maryam Monsef, P.C., M.P.
Ms. Kim Rudd, M.P.
Mr. Jamie Schmale, M.P.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
**peterboroughpublichealth.ca**

September 7, 2017

Mr. Jim Shepherd
jjshepherd101@yahoo.ca

Dear Mr. Shepherd,

At the June 14, 2017 meeting of the Peterborough Public Health Board of Health, your email of May 30, 2017 was received for information along with correspondence about energy drinks from the Sudbury and District Health Unit.

We appreciate your continued advocacy with local public health agencies, including the City of Toronto Board of Health and the federal government related to energy drinks, including the labelling, marketing and availability to children and youth. The Association of Local Public Health Agencies passed a resolution in 2012 related to energy drinks and we continue to support this position and work. Your sharing of information with both our Board and staff in 2011 helped us to better understand the issues related to energy drinks.

As a Board of Health, we will continue provincial and federal advocacy asking that advertising and sale of sugar sweetened beverages including energy drinks to children and youth be restricted and urge consideration of this during the current development of federal marketing to children regulations. Locally, public health staff has also been directed to complete an environmental scan of municipal facilities and post-secondary institutions regarding the sale of energy drinks and current sponsorships. This will help to inform next steps within our municipalities to support healthy hydration.

Again, thank you for your commitment to raising awareness about energy drinks and their potential dangers to our children and youth.

Sincerely,

***Original signed by***

Mayor Mary Smith
Chair, Board of Health

/ag

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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September 8, 2017

Ms. Deborah Hammons
Chief Executive Officer
Central East Local Health Integration Network
520 Westney Road South
Ajax, ON L1S 7H4
Deborah.Hammons@LHINS.ON.CA

Dear Ms. Hammons,

**Re: Regional Support for Emergency Department Naloxone Distribution Programs**

On June 14, 2017, the Board of Health for Peterborough Public Health (PPH) received a presentation from representatives of the Peterborough Drug Strategy (PDS), of which PPH is a proud partner agency. PDS is a collaborative of community agencies with a shared goal of mitigating the harms associated with substance use by way of the four pillar approach (an evidence-based approach incorporating facets of prevention, harm reduction, enforcement and treatment in its efforts). The presentation provided an update about the work PDS is doing in the community.

A key highlight was the recently implemented Emergency Department Naloxone Access project at Peterborough Regional Health Centre (PRHC), which PDS helped to facilitate alongside other community partners. As only the second Emergency Department to implement such a program in Ontario, PRHC is leading the way on an innovative model that has proven to save lives, and at a relatively minimal cost. The program involves providing at risk individuals who present to the Emergency Department with a take-home naloxone kit and some training on how to prevent, recognize and respond to an opioid overdose.

In Peterborough, opioids are the cause of significant morbidity as opioid related emergency department visits have shown a rising trend since at least 2003 (32 cases in 2003 to 86 cases 2016) and the Central East LHIN as a whole has experienced this same trend (248 cases in 2003 to 514 cases in 2016).[1] Additionally, data from across 49 communities ranks Peterborough as 10$^{th}$ highest for rate of opioid users and 6$^{th}$ highest for the rate of opioid-related deaths[2]. Take-home naloxone is a safe and effective strategy to help reduce opioid-related overdose deaths and an important piece of strengthening our community's ability to support individuals at-risk of opioid overdose, since 17% of people who overdose will overdose again within two years.[3]

So at a time when opioids are causing increasing concerns to our population not only locally but provincially, nationally and internationally too, finding cost-effective mechanisms to save lives from preventable morbidity and mortality is critical.

The program at the PRHC Emergency Department was initiated because of generous one-time funding support through the Proceeds of Crime grant program at the Ministry of Community Safety and Correctional Services.

This funding ran from September 2016 through to March 2017, and involved developing the operational logistics and corresponding staff training, purchasing supplies, delivering and evaluating staff training, and launching implementation. Most of these inputs were a one-time cost and will continue to be useful moving forward, but there will be costs to replenish the stock of naloxone kits and print materials. PRHC has estimated having enough supplies to continue implementation through to the end of 2017. However, ongoing funding is needed to continue the program beyond 2017.

Recent reports indicate take home naloxone programs are a cost-effective way to save lives and cost much less than then what it would to treat patients who experience an overdose in the short-term as well as support patients in the long-term due to associated outcomes.[4] The cost per kit for PRHC is approximately $150.

Initial outcomes from the development and initial implementation of this program include having provided training for 107 nurses and a peer education session for 18 physicians, as well as dispensing a total of 39 kits during the first 6 months. Additionally, a report documenting the development and implementation of this program is currently in progress, with many requests for that information to be shared with other hospitals in the central east region and beyond.

We hope the board of the Central East LHIN will consider adopting this program as part of its core funding and expand it to each hospital in the region as part of a broader opioid strategy, an investment in putting patients first in our community.

Sincerely,

***Original signed by***

Mayor Mary Smith
Chair, Board of Health

cc: Jessica Penner, Coordinator, PDS
Dr. Peter McLaughlin, President & CEO, PRHC

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[1] https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx
[2] https://public.tableau.com/profile/odprn#!/vizhome/PHUReportCards/ReportCardOnline
[3] http://www.practiceupdate.com/content/opioid-prescribing-after-nonfatal-overdose-and-repeated-overdose/34040/12/6/1.
[4] http://www.ncchpp.ca/docs/2016_OBNL_NGO_OverviewOpioides_En.pdf

Peterborough Public Health

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September 8, 2017

Mr. Jeff Leal
Member of Provincial Parliament, Peterborough
Constituency Office
236 King Street
Peterborough, ON K9J 7L8
jleal.mpp.co@liberal.ola.org

Dear Mr. Leal,

**Re: Healthy Babies, Health Children Program Funding**

Thank you once again for taking the time to meet with us regarding the chronic underfunding of the Healthy Babies Healthy Children (HBHC) program as administered through the Ministry of Children and Youth Services. We appreciate your offer to speak to Minister Michael Coteau on our behalf, and reinforcing the importance of action on this issue.

Families facing one challenge, such as low income, usually face several other challenges such as poor housing, low education, inadequate employment, and food insecurity. This "family burden of risk" is linked to an increased risk for poor child outcomes. The attached summary, *Peterborough Families – How are they doing?*, was taken from the Child Health Status Report which we produced in 2015. Although most of the data is from 2010 / 2011, trends comparing Peterborough to Ontario have likely remained the same and demonstrate the need for programs like HBHC.

As we shared in our meeting and briefing note, the lack of sufficient funding for our HBHC program to cover increasing wage and benefit costs has resulted in a steady decline in staffing levels over the past number of years. Over the past decade, staffing has been reduced in all areas, including Public Health Nurses (PHN), Family Home Visitors (FHV) and Administrative Assistants (AA). As well, a significant portion of the program budget supports Management salaries as a means to offset administrative costs not eligible through MCYS funding agreements. The program is unable to maintain standards for services delivery without additional funding.

In the briefing note we indicated that to fully implement HBHC per MCYS requirements, thereby supporting at least **122** families identified with risk, an increase in the PHN complement of 1.15 FTEs and the FHV complement of 0.9 FTE at a total annual cost of $161,061 would be required. To increase our capacity for the remainder of 2017 would require and additional $53,687.

In addition, based on our annual monitoring reports for the past three years, we know that our at-risk population is higher than the provincial average and on average we have **145** families who are identified as

being at high risk. These additional **23** families, if fully serviced, would require 1.5 FTE additional staff for a total of $134,510. Our funding shortfall is substantially greater than $161,061 as noted, and to fully service the population in need with appropriate service, an annual increase of $295,571 is needed.

Thank you once again for representing our concerns with those in a position to take action.

Sincerely,

***Original signed by***

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

## Peterborough Families – How are they doing?

***Summary from the Peterborough Public Health Child Health Summary Report (2015)***

Socio-demographic findings show that most Peterborough families with children up to five years of age are doing well within the selected aspects of their lives. However, it appears that a proportion of these families face challenges, and more often than not, they face multiple disadvantages which place their children at increased risk of poor health, growth, and development outcomes. A number of **key findings** pertaining to families with children from birth to five reflect this concern:

1. **Although teen births are declining, Peterborough has a higher rate of teen pregnancies and births than Ontario.**
   - There were 62 teen births in Peterborough in 2011 (14.3 live births per 1,000, compared to 9.7 per 1,000 in Ontario).
   - In 2011, the teenage pregnancy rate (which includes live births and therapeutic abortions) was 30.4 per 1,000 in Peterborough compared to 23.8 per 1,000 in Ontario.

2. **A higher proportion of young parents live in the City than in the rest of Peterborough County.**
   - In the City of Peterborough, 10.2% of the parent population with children under six years of age were aged 15 to 24, compared to 5.0% in both the County and Ontario.

3. **Teen parents with children under the age of six are disproportionately represented in the City.**
   - The City had approximately double the proportion of teen parents (1.3%) compared to the County (0.7%) or Ontario (0.6%).
   - In 2010, over three times the number of teen parents lived in the City compared to the County (80 and 25, respectively).

4. **Lone parents with children under the age of six are disproportionately represented in the City.**
   - In the City, 24.3% families with young children were led by lone parents compared to approximately 14.2% in the County and 17.3% in the province.
   - In the City, more than 21.8% of families with young children were led by female lone parents compared to 11.2% in the County and almost 15.0% in Ontario.
   - Two thirds (66.8%) of lone parent families with young children in Peterborough were female lone parents living in the City.

5. **Many lone parent families with children under the age of six struggle with poverty, unemployment, and low education.**
   - More than half (56.3%) lived in poverty, 13.8% were unemployed, and 28.4% had not completed high school.
   - Two-thirds (66.6%) of teenaged female lone parents living in the City had not completed high school.

6. **Affordable housing is a significant challenge for lone parent and low income families.**
   - In Peterborough in 2005, 18.2% of all lone parent families with children of all ages paid 30% or more of their income on housing compared to approximately 6.7% of couple families.
   - Among the lowest income households, only 37.1% lone parent families with children of all ages owned their home compared to 76.5% of two-parent families.
   - In 2011, the Peterborough Census Metropolitan Area (CMA) ranked third worst for core housing need for lone parent families (with children of all ages) among all Canadian CMAs.

7. **Improving parental access to education is a priority for some families.**
   - Of all mothers in Peterborough with children under the age of six, 11.3% had no formal education certificate, diploma, or degree (i.e., high school or equivalent).
   - Among common-law and female lone parent households with children under six, 27.5% and 27.4% did not have a parent in the home who had completed high school, compared to 22.2% and 22.9% in Ontario. In the City, this rate increased to nearly 31.3% of female lone parent and 33.5% of common-law parent households.

- Half (50.0%) of male lone parents with young children had not completed high school or equivalent; this was consistent across all of Peterborough and in contrast to 24.7% in Ontario.

8. **Unemployment affects a significant proportion of female lone parent families.**
   - Approximately one in seven (14.4%) female lone parents with children under six were unemployed, compared to 9.8% in Ontario.
   - One in ten (9.6%) female lone parents with children only between the ages of six and 18 were unemployed compared to 6.1% in Ontario.

9. **Low income disproportionately affects lone parents living in the City.**
   - In the City, 66.6% of lone parents with children exclusively five years of age or less had low income status, compared to 18.2% in the County and 51.9% in Ontario.
   - In the City, 56.3% of lone parents with any children five years of age or less had low income status, compared to 26.1% in the County.
   - Lone parent household median income (in 2005) was $30,000-$40,000 less than that for a couple household with children of any age.

10. **Food insecurity is an issue for parents.**
    - In Peterborough, 23.6% of households with parents of children under the age of 18 had food security issues compared to 8.7% in Ontario.

These key findings describe a group of parents experiencing a burden of risk in their lives. They indicate that a proportion of Peterborough children experience multiple risk factors for poor outcomes. As well, they highlight differences between parents in the City and parents in the rest of Peterborough County. There is a greater number and higher proportion of vulnerable families in the City.

Findings suggest that in order to achieve the greatest increase in child health, growth, and development outcomes, the life circumstances of **young, female lone parents (with children from birth to five years of age), who have limited formal education, and who are living in poverty in the City** must be improved. Advocacy efforts, policy change, and collaborative interventions aimed at providing these vulnerable families with a nurturing and stimulating home environment, access to sufficient food and finances, adequate housing, and higher levels of formal parental education are needed. Successes can spill over to improve the lives of all families who face one or more challenges. Evaluation of these initiatives will speak to their success, and ongoing population surveillance of all families of young children will track change, monitor trends, and inform future directions and strategies.

**The life trajectories of young Peterborough children can and must be improved**.

Child Health Summary Series, Child Health Status Report, 2015, Peterborough Public Health, pp. 17, 18.

**From:** info@alphaweb.org [mailto:info@alphaweb.org]
**Sent:** Tuesday, July 18, 2017 4:09 PM
**To:** Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
**Subject:** alPHa Information Break - July 18, 2017

July 18, 2017

*This monthly update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa correspondence and events.*

## 2017 Annual Conference Wrap Up

Many thanks to the members, speakers, sponsors and exhibitors who participated at alPHa's 2017 annual conference Driving the Future of Public Health last month in Chatham, Ontario. A special shout out to conference co-host Chatham-Kent Public Health who helped organize a successful event. One highlight in particular was the memorable annual awards dinner that was held at the historic Buxton Museum and featured an unforgettable performance by The Friends of Buxton Men's Choir. Our sincerest thanks and gratitude to health unit staffers Lisa Powers, Heather Bakker, Michelle Bogaert and Lyndsay Davidson for making it all happen at the Buxton! For a summary of the conference plenary and breakout sessions, please click on the link below to download proceedings and view slide presentations (login and password required).
2017 alPHa Annual Conference Proceedings & Presentations
Distinguished Service Award 2017 Program

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## 2017-2018 alPHa Executive Committee

At the June annual general meeting, the 2017-2018 slate of officers, the alPHa Executive Committee, were elected as follows:

Carmen McGregor (Chatham-Kent) - President
Dr. Valerie Jaeger (Niagara) - Past President
Dr. Penny Sutcliffe (Sudbury) - Vice President & COMOH Chair
Gilles Chartrand (Porcupine) - Treasurer
Trudy Sachowski (Northwestern) - BOH Section Chair
Paul Sharma (Peel) - Affiliate Representative

For a full list of the 2017-2018 Board of Directors, click here.

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## Resolutions Passed at Annual Conference

This year, six resolutions were endorsed by the alPHa membership at the June annual conference. Calls to action were made on the following: oral health for low-income Ontarians, Truth and Reconciliation, tobacco endgame, fluoride varnish programs, accessible contraception, and mental health in Ontario workplaces. alPHa will be writing relevant government officials on these resolutions over the summer, and will post responses on the website as they become available.
View the 2017 resolutions here
Visit alPHa's Resolutions home page

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## Consultation: Cannabis Legalization in Ontario

The Province of Ontario has released a consultation paper on the legalization of cannabis (marijuana) and is currently seeking public input on how it should responsibly approach the regulation and sale of cannabis. Share your health unit's feedback by completing the government's online survey by July 31, 2017. Prior to the announcement on Ontario's consultation, alPHa wrote Canada's Attorney General in support of the report *Toward the Legalization, Regulation and Restriction to Access to Marijuana: Submission to Federal Task Force* by the Ontario Public Health Unit Collaboration on Cannabis.
Learn more about Ontario's consultation on cannabis legalization
Read alPHa's letter on cannabis legalization (with report) here

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## alPHa Website Feature: Correspondence

In the past couple of months, alPHa has sent letters on a number of important public health issues. alPHa submitted its formal response to the province on the draft Public Health Accountability Framework in June, and wrote a congratulatory letter to Ontario health minister Eric Hoskins on expanded access to naloxone. The Association also wrote Ontario's Chief Medical Officer of Health regarding recommendations on public health requirements for *The Child Care and Early Years Act* and *Immunization of School Pupils Act*.
Visit alPHa's Correspondence home page here

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## Upcoming Events - Mark your calendars!

November 3, 2017* - Fall alPHa Meeting, DoubleTree by Hilton Downtown Toronto Hotel. Details TBA.
** New date (i.e. changed from previously announced date)*

February 23, 2018 - Winter alPHa Meeting, Novotel Toronto Centre, 45 The Esplanade, Toronto. Details TBA.

March 21-23, 2018 - The Ontario Public Health Convention (TOPHC) 2018, Beanfield Centre, Toronto.

June 10, 11 & 12, 2018 - alPHa Annual General Meeting & Conference, Novotel Toronto Centre, 45 The Esplanade, Toronto.

alPHa is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

**From:** info@alphaweb.org [mailto:info@alphaweb.org]
**Sent:** Thursday, August 17, 2017 3:41 PM
**To:** Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
**Subject:** alPHa Information Break - August 17, 2017

alPHa
Association of Local PUBLIC HEALTH Agencies

# Information Break

August 17, 2017

*This monthly update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa correspondence and events.*

## Report of Minister's Expert Panel on Public Health

On July 20, Ontario released the Report of the Minister's Expert Panel on Public Health, *Public Health within an Integrated Health System*. The report advises the government on ways to strengthen and integrate the public health sector with the rest of the provincial health care system. alPHa has prepared a summary of the report's proposals (see link below), which, if implemented, will have significant implications for Ontario's public health system. alPHa has begun to set up processes for members' feedback to inform the association's input and advice to government once consultations are underway. We will keep members updated on developments as they arise.
View the government's announcement on the Expert Panel's report
Download the Expert Panel report here
Read alPHa's summary of the Expert Panel's report here

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## Government News: Round Up

As part of its Local Food Strategy, the Ontario government recently launched the campaign *Bring Home the World* to expand consumer access and availability of locally-grown foods that reflect the province's cultural diversity. It is presently seeking the public's feedback on its World Foods discussion paper through an online survey. Responses to the survey should be completed by September 23.

On August 3, the province announced that it would be making the abortion pill Mifegymiso available to women at no cost effective August 10, 2017. Women with a valid health card and a prescription from a doctor or nurse practitioner can get the drug at participating pharmacies

across Ontario.
Read the Ontario government news release here

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## ConnectingOntario: Toward a Single Electronic Health Record

eHealth Ontario has established The ConnectingOntario initiative to create electronic health records for all Ontario patients. There are three regional programs: *ConnectingOntario Greater Toronto Area*, *ConnectingOntario Northern and Eastern Region (NER)*, and *Connecting South West Ontario*. Each regional program is being led by a hospital-based delivery partner to provide clinicians with secure and timely access to electronic patient health information across the continuum of care -- hospitals, community and primary care -- through a clinical viewer. Public health is one of the program's target sectors for clinician adoption. As such, alPHa has started working with ConnectingOntario NER to raise awareness of this initiative among health units over the coming months.
Learn more about ConnectingOntario here

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## Upcoming Events - Mark your calendars!

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North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

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70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL: 705 746 5801

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July 6, 2017

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

Dear Minister Hoskins:

**Subject:** The Revealing of Imperial Tobacco Canada Ltd.'s Anti-Contraband Campaign – BOH Resolution #BOH/2017/06/11

On June 28, 2017, at a meeting of the Board of Health for the North Bay Parry Sound District Health Unit, the Board approved the following motion #BOH/2017/06/11:

***Whereas**, a 2012 slide deck from Imperial Tobacco Canada Ltd. (ITCL) demonstrates that the National Coalition Against Contraband Tobacco (NCACT) and the Ontario Convenience Stores Association (OCSA) have worked on behalf of ITCL to convince Ontario municipalities of the importance of the contraband tobacco problem; and*

***Whereas,** the 2012 ITCL slide deck makes clear that the anti-contraband campaign pursued by the NCACT and the OCSA in Ontario is designed in part to block tobacco excise tax increases and regulation of tobacco products generally; and*

***Whereas**, these other campaign objectives were either not communicated to municipalities by either the NCACT or the OCSA during meetings with municipal staff or councillors; and*

***Whereas**, the North Bay Parry Sound District Health Unit supports tobacco excise tax increases as a proven effective means of encouraging tobacco cessation; and*

***Whereas**, contrary to tobacco industry messaging, impartial research by the Ontario Tobacco Research Unit at the University of Toronto has shown that tobacco excise tax increases do not lead to large increases in contraband; and*

***Whereas,** higher tobacco taxes have been identified as the most effective strategy to reduce smoking prevalence, and Ontario has one of the lowest tobacco tax rates in Canada (Smoke-Free Ontario Scientific Advisory Committee, 2010; Ontario Tobacco Research Unit, 2015); and*

***Whereas**, the North Bay Parry Sound District Health Unit previously passed a smoke-free bylaw and supports protection of the public from second-hand tobacco smoke, protection of our youth from tobacco industry products, and tobacco tax increases to encourage smokers to quit and to raise revenue to offset the healthcare costs of tobacco use, which are more than double the current revenue raised from provincial tobacco taxes;*

***Therefore Be It Resolved**, that elected representatives and staff of the North Bay Parry Sound District Health Unit will have no further meetings or discussions about any tobacco-related issue with representatives of the NCACT, the OCSA, or individuals otherwise representing the tobacco industry, but forward any communication to the medical officer of health or designate;*

***Furthermore Be It Resolved,** that the North Bay Parry Sound District Health Unit commends the Ontario Ministry of Finance for raising tobacco excise taxes in the recent budget, and encourages this Ministry to enhance enforcement activities designed to reduce the presence of contraband tobacco in Ontario communities;*

***Furthermore Be It Resolved,** that a copy of this resolution be forwarded to the Minister of Health and Long-Term Care, the Association of Local Public Health Agencies, the Ontario Campaign for Action on Tobacco, MPP Victor Fedeli, and Premier of Ontario, Kathleen Wynne.*

Sincerely,

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

/sb

C: Hon. Kathleen Wynne, Premier of Ontario
Victor Fedeli, MPP, Nipissing
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Campaign for Action on Tobacco

July 5, 2017

**VIA EMAIL**

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

On March 31, 2017, many agencies funded as Health Promotion Resource Centres were informed that their funding for the Resource Centre would end as of March 2018. These Resource Centres provide crucial support to our local level work in tobacco, alcohol and nutrition, including access to data, research, and evaluation support.

- The Training Enhancement in Applied Cessation Counselling program (TEACH) provides the high level, in-depth cessation training needed by the frontline staff at health units.
- The Program Training and Consultation Centre (PTCC) provides training, education, and knowledge sharing to ensure our activities are evidence based, new staff are knowledgeable, and current staff stay informed.
- The Ontario Tobacco Research Unit (OTRU) provides the expertise in monitoring and evaluation that is needed to ensure that objectives are realistic and activities are effective.
- The effect that the Youth Advocacy Training Institute (YATI) has had on youth tobacco prevention in Ontario is extremely significant. Their collective experience and knowledge of youth engagement and training is why there are so many passionate youth advocates in tobacco control today!
- The Smoking and Health Action Foundation (SHAF) provides supports for smoke-free housing Ontario and support for tenants and landlords looking to make a positive change in their environment when living in a multi-unit dwelling whether it be an apartment, a condo, rental unit, or supportive housing.
- The Health Promotion Capacity Building-Alcohol Policy Centre (HPCB-AP) addresses alcohol-related harm in communities across Ontario. HPCB-AP supports the development, implementation, assessment, and coordination of alcohol policies across different settings and levels (e.g., schools, colleges, workplaces, municipalities, provinces, etc.).
- The Nutrition Resource Centre (NRC) provides training, education, and knowledge sharing to ensure program and policy development are evidence-based and can be tailored to meet local needs.

Our local health promotion work is more effective and efficient because of the dedicated and proficient staff at these centres. These Resource Centres support cross-pillar work and have been very useful in collaborative campaigns at the provincial, regional, local, and even federal level.

The substitute of having a Health and Wellness grant available to fill the void left by these Resource Centres is not a viable alternative. Annual competitive grants do not offer the stability needed for any kind of sustainable resources or support. The projects that are supported by the Resource Centres can span several years from planning to evaluation.

I would appreciate it if you could reconsider the decision to eliminate the funding for the Health Promotion Resource Centres, and I look forward to your response.

Sincerely,

Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Gord Brown, MP Leeds-Grenville
Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health

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June 5, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

Re: Requesting Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings

On May 10th, 2017, at a regular meeting of the Board of Health at Elgin St. Thomas Public Health, a letter was brought forward from Wellington-Dufferin-Guelph Public Health asking provincial health units to support enactment of legislation under the *Health Protection and Promotion Act* to allow for inspection of, and enforcement activities in, personal service settings. According to the letter, six provinces and territories currently have specific legislation for the regulation of personal service settings which greatly increases the effectiveness of their public health interventions. The Elgin St. Thomas Board of Health supports the position of Wellington-Dufferin-Guelph Public Health recommending enactment of legislation that increases the enforcement abilities of public health staff and provides incentives for operators to comply with infection prevention and control best practices.

While education is considered an essential and first step in gaining operator compliance, experience has shown that enforcement activities are, at times, the only means of gaining compliance with minimum requirements in order to ensure public safety. In those provinces or territories where regulations exist for personal service settings, no-compliance with the regulations can result in a conviction and/or strict monetary fines, without requiring public health staff to prove the existence of a health hazard. This approach is similar to that used by public health when inspecting and enforcing food premises.

This proposed legislation presents a chance for health units to achieve the goal of reducing the burden of infectious diseases of public health importance.

Thank you,

Dr. Joyce Lock, MD, CCFP (EM), FRCP(C)
Medical Officer of Health

Cynthia St. John, MBA
Executive Director

c. Chief Medical Officer of Health of Ontario
Association of Local Public Health Agencies
Jeff Yurek, MPP Elgin-Middlesex-London
Ontario Boards of Health

**Office of the Regional Chair | Alan Caslin**
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June 14, 2017

Hon. Eric Hoskins
Minister of Health & Long Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

**Re: Requesting Support for the Enactment of Legislation under the Health Protection & Promotion Act (HPPA) to Allow for Inspection and Enforcement Activities of Personal Service Settings**

I am writing to you on behalf of the Board of Health for Niagara Region.

We thank you for your emphasis on transparency and patient safety during your tenure as Minister. Under your leadership, local public health agencies now investigate complaints concerning infection prevention and control (IPAC) in a wider array of facilities, and we disclose our investigation findings in short order to the public. While this work has resulted in considerable additional work for local public health during a time of constrained funding, we think the residents and many visitors to Niagara are safer because of it.

I am writing today to request your government's help in streamlining this work to ensure Ontarians can expect the highest standards of IPAC practices. Specifically, we have endorsed the enclosed requests by Wellington-Dufferin-Guelph Public Health and the Board of Health for the District of Algoma Health Unit to enact a regulation specific to personal service settings (PSS) coupled with the authority to ticket under the Provincial Offenses Act.

Local public health agencies inspect all PSS to ensure adherence to IPAC standards of practice. Whether through these proactive inspections or through complaint investigations, when deficiencies in IPAC practices are identified, we seek to rectify the practices using education in the first instance. While effective in the vast majority of cases, on occasion, repeated attempts to educate prove unsuccessful at bringing about needed changes. In these cases, graduated enforcement processes are needed.

Currently, the only enforcement measures afforded under the HPPA are the closure of the premise and the use of legal orders. These are blunt and coercive tools that are not always proportionate. As well, when a PSS owner/operator does not adhere to a legal order to correct practices, the

process of laying a charge for breach of the order is lengthy, costly, and, most critically, delays correction of the health risk. Where education is ineffective, but the health risk is not sufficiently severe to justify a closure or legal order, there are currently no tailored enforcement tools that would permit a graduated escalation of actions.

Conversely in food premises, where deficiencies in food safety are identified, there is the option of issuing a ticket under Part I of the Provincial Offences Act. This is possible since food safety practices have been embedded in a regulation specific for food safety (Regulation 562: Food Premises) coupled with a schedule of offences listed in a regulation under the Provincial Offences Act (Regulation 950: Proceedings Commenced by Certificate of Offence). The time needed to prepare and serve the ticket is also considerably less than the time required for a closure or legal order under the HPPA. Few tickets are actually issued for food safety; the threat of receiving tickets alone deters owners/operators from operating in contravention of established standards of practice.

A provincial regulation specific to IPAC practices in PSS, coupled with a schedule of offences under the Provincial Offences Act would facilitate adherence to best practice standards, and not impose any new or additional requirements on PSS businesses. More importantly, it would better protect the public by enabling swifter correction of IPAC breeches, reduce the need for heavy-handed enforcement, and reduce expenditure of provincial and local tax dollars on enforcement. Such a PSS enforcement regimen would also align with other public health enforcement regimens.

Thank you for considering this request, and for your ongoing leadership of Ontario's integrated health system.

Yours Truly,

**Alan Caslin**
Regional Chair

Cc:
David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population & Public Health Division
Association of Local Public Health Agencies
Ontario Boards of Health
Niagara MPPs

Encl.
Wellington-Dufferin-Guelph Public Health Letter to Premier (January 4, 2017)
Algoma Public Health Letter to Premier (March 29, 2017)

August 8, 2017

The Honourable Eric Hoskins
Ministry of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins,

**Re: Support of Low Income Adult Dental Program in Ontario**

At its July 20, 2017 meeting, under Correspondence item b), the Middlesex-London Board of Health considered the attached correspondence from the Leeds, Grenville and Lanark Board of Health regarding the support of low income adult dental programs in Ontario and voted to endorse the following:

b) Date: June 7, 2017
Topic: Letter in Support of Low Income Adult Dental Program in Ontario
From: Leeds, Grenville & Lanark District
To: The Honourable Eric Hoskins

***Background:***
The Leeds, Grenville & Lanark District Health Unit sent correspondence encouraging the Ministry of Health and Long-Term Care to consider the funding of low income adult dental programs in Ontario. The Middlesex-London Board of Health passed a motion at the January 2014 meeting to send a letter to the Minister of Health and Long-Term Care and local Members of Provincial Parliament, copied to the Association of Local Public Health Agencies and all Ontario Boards of Health to advocate for a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors. At this juncture, it is important to reaffirm this position.

***Recommendation:***
Endorse.

It was moved by Mr. Ian Peer, seconded by Ms. Maureen Cassidy, *that the Board of Health endorse item b).*
Carried

The Middlesex-London Board of Health supports extending dental programs to low-income adults and redirecting the funds currently spent in emergency rooms and physician's offices to preventive care and dental treatment.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

cc: Anne Warren, Chair, Board of Directors, Leeds, Grenville and Lanark District Health Unit
Ontario Boards of Health

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health

June 7, 2017

**VIA EMAIL**

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

***RE: LGL Board of Health Letter in Support of Low Income Adult Dental Program in Ontario***

In Ontario, there is no provincial dental program for low-income working adults and seniors. Despite the well documented importance of good oral healthcare, it is not covered by our provincial healthcare system. In 2014, the Ontario government promised to extend dental programs to low-income adults by 2025. This gap in our healthcare system cannot wait.

Untreated oral disease not only affects an individual's health, well-being, and self-esteem, but has significant cost implications on our health care system as well. Poor oral health is linked to diabetes, cardiovascular disease, respiratory diseases, adverse pregnancy outcomes, and poor nutrition. When tooth decay and periodontal disease are left untreated, chronic pain and/or infection may result.

In Ontario, an estimated 2-3 million people cannot afford to see a dentist (Ontario Oral Health Alliance, 2017). Limited dental coverage is available for adults in receipt of OW or ODSP benefits, but low-income working adults and seniors must pay for dental care. If they cannot afford to see a dentist, they may visit a hospital emergency department or family doctor for relief of pain.

- In 2015, there were almost 61,000 visits to hospital emergency rooms across Ontario for oral health problems. The most common complaints were abscesses and pain. At a minimum cost of $513 per visit, the estimated cost was at least $31 million (Ontario Oral Health Alliance, 2017).

- In 2014, there were approximately 222,000 visits to physicians for similar oral health problems. At a minimum cost of $33.70 per visit, the estimated cost was at least $7.5 million (Ontario Oral Health Alliance, 2017).

Many of these locations are not staffed or equipped to deal with oral health concerns. Patients are provided with a "band-aid" solution of antibiotics and/or pain killers, referred to a dentist for treatment, and sent home. Still without the means to pay for dental treatment, the cycle begins again – the patient's only option is to live in pain or return to the emergency room or doctor's office for a short-term solution. Approximately $38 million provincial health dollars, at minimum, are spent annually to address oral health problems, but not to treat them.

A commitment to a sustainable dental program that appropriately addresses the dental problems of those in need would deliver better value for the people and for the province. We recommend redirecting the funds currently spent in emergency rooms and physician's offices to preventive care and dental treatment.

The Leeds, Grenville and Lanark District Board of Health looks forward to hearing from you regarding this important issue.

Sincerely,

Anne Warren

Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health
Linda Stewart, Executive Director, alPHa

The Honourable Chris Ballard
Minister of Housing / Minister Responsible for the Poverty Reduction Strategy
17th Floor, 777 Bay Street
Toronto, Ontario, M5G 2E5

Dear Minister,

The Middlesex-London Board of Health applauds the Government of Ontario for considering possible amendments to the *Residential Tenancies Act, 2006* (RTA) to encourage the participation of small landlords and private homeowners in the rental housing market, while maintaining strong protections for tenants. The introduction of Bill 124, the *Rental Fairness Act*, enabled the Government to entertain amendments to the RTA to meet goals related to increasing the availability and the affordability of housing. Although Bill 124 does not include any amendments related to no-smoking provisions, the provision of smoke-free clause options in the proposed "prescribed form of tenancy agreement" (Standard Lease), created under Bill 124, warrants consideration.

At its June 15, 2017 meeting, the Middlesex London Board of Health considered Report No. 033-17 "**Smoke-Free Clauses in the Standard Lease Under the Residential Tenancies Act**" and voted to:

1. Receive Report No. 033-17 re: Smoke-Free Clauses in the Standard Lease Under the *Residential Tenancies Act* (*RTA*);
2. Communicate its support for the inclusion of smoke-free clauses in the Standard Lease under the *RTA* by sending a letter to the Honourable Chris Ballard, Minister of Housing/Minister Responsible for the Poverty Reduction Strategy;
3. Forward Report No. 033-17 to Ontario Boards of Health and the Smoke-Free Housing Ontario Coalition to communicate its support for smoke-free housing policy measures; and
4. Direct staff to participate in consultation processes to inform regulatory changes under the *RTA* to increase the availability and enforceability of smoke-free clauses within tenancy agreements.

According to an Ipsos Reid study conducted in 2010, when given a choice, 80% of multi-unit residents would choose a smoke-free building, and in 2011, data from the Rapid Risk Factor Surveillance System (RRFSS) showed nearly two-thirds of those living in multi-unit housing in Middlesex-London supported prohibiting smoking everywhere within multi-unit housing. Nonetheless, despite strong public support and demand for smoke-free accommodations, there are very few smoke-free housing options available. Low-income families have even less choice in the housing market, and often must take whatever housing is available. Those fortunate enough to find subsidized housing may not be able to relocate easily when faced with smoke infiltration from other units. As a result, individuals in our community continue to be exposed to second-hand smoke on a regular basis in their home environments.

No-smoking provisions offer many benefits, including a healthier environment, reduced exposure to second-hand smoke, reduced risk of fire, and lower cleaning and insurance costs. Therefore, smoke-free multi-unit housing should be made available for those who want it, and be offered by those providing private and community/non-profit multi-unit housing.

…////1

London Office
50 King St., London, ON N6A 5L7
tel: (519) 663-5317 • fax: (519) 663-9581

www.healthunit.com
health@mlhu.on.ca

Strathroy Office - Kenwick Mall
51 Front St. E., Strathroy ON N7G 1Y5
tel: (519) 245-3230 • fax: (519) 245-4772

In order to make the development of no-smoking provisions more appealing to landlords and increase the smoke-free housing options available in our community, no-smoking clause options should be added to the "Prescribed form of tenancy agreement" (Standard Lease) prescribed by regulation under Bill 124. The proposed "Prescribed form of tenancy agreement" (Standard Lease) described in Bill 124 clearly outlines the agreement between the housing provider and the tenant, including all of the conditions under which occupancy can be terminated. Inclusion of no-smoking clause options to the Standard Lease created under Bill 124 would make it clear to landlords that they can offer no-smoking provisions, and would create a consistent approach to the implementation and enforcement of no-smoking clauses within multi-unit housing tenancy agreements. This would provide landlords with the tools they need and make it as easy as possible to offer smoke-free housing, and would support landlords in ensuring compliance with this expectation between tenant and landlord. If the Standard Lease does not provide an option for smoke-free housing, most landlords and tenants will be under the impression that smoke-free clauses are not allowed. As a result, landlords will be far less inclined to include them and tenants less likely to ask for them.

The health effects from second-hand tobacco smoke exposure are widely known, and the evidence is quite clear that second-hand smoke can drift from one unit to another in multi-unit housing. In fact, the best science indicates that there is no safe level of exposure to second-hand tobacco smoke. About one in five Ontarians (21%) who live in multi-unit housing report exposure to second-hand smoke coming from outside their units. This exposure causes short-term harm, such as exacerbation of asthma or COPD, as well as longer-term health problems. However, tobacco is not the only substance that can affect the reasonable enjoyment and health of tenants within multi-unit housing.

The smoking of cannabis (recreational and medicinal) is a growing concern and a common complaint that the Middlesex-London Health Unit receives from tenants and landlords. When speaking with landlords, property management groups and condo corporations, and tenants within multi-unit housing complexes, the use of marijuana is a growing concern. The health effects from exposure to marijuana smoke is similar to the health effects from tobacco smoke. Regular marijuana smoking has been associated with chronic bronchitis and reduced lung function. The combustion of marijuana creates a smoke that contains many of the same carcinogens as tobacco smoke. While there is some evidence that marijuana smoking can be a risk factor for lung, head, neck and throat cancers, the association is unclear because of dual use of marijuana and tobacco smoking. Exposure to second-hand marijuana smoke has been studied less than second-hand tobacco smoke; however, due to the similarities in composition between tobacco and marijuana smoke, marijuana smoke is likely to be a similar public health concern. Exposure in an unventilated room can cause non-smokers to experience drug effects, including minor problems with memory and coordination, and, in some cases, testing positive for the drug in a urinalysis. The harmful health effects from exposure to second-hand marijuana smoke, regardless of whether or not the marijuana smoked is for medical purposes, warrants health protective regulations. With the coming legalization and regulation of cannabis in 2018, this issue may become even more prominent across the province.

A hookah (also known as a waterpipe, narghile, goza, or hubble-bubble) is a device used to smoke specially made tobacco and non-tobacco (herbal) products called shisha. Hookah is an alternative form of smoking whereby the shisha is heated with charcoal, the smoke from which travels down through the body of the apparatus into a water-filled chamber, which cools the smoke before it is inhaled. Hookah users will then inhale the smoke through hoses attached to the apparatus. Hookah sessions are generally longer and involve deeper inhalation than cigarette smoking. Under the *Smoke-Free Ontario Act* (SFOA), the prohibition on smoking only applies to hookah use if the shisha contains tobacco, and only applies to the common areas of multi-unit housing; however, like cigarettes, a hookah also produces second-hand

…////2

smoke that can be harmful whether or not the shisha contains tobacco or not. Studies of both tobacco-based shisha and "herbal" shisha show that the smoke from both preparations contains many of the same chemicals as cigarettes, such as carbon monoxide and other toxic agents associated with smoking-related cancer, respiratory illness and heart disease. Furthermore, a study of second-hand smoke exposure in Toronto water-pipe cafes showed that indoor air quality values for $PM_{2.5}$, ambient carbon monoxide and air nicotine are hazardous to human health.

Therefore, due to the negative health consequences from exposure to second-hand smoke, the Middlesex London Board of Health encourages the Government of Ontario to consider the need for smoke-free clause options to include tobacco, marijuana and shisha smoke. Additionally, the Middlesex-London Health Unit recommends that any no-smoking clause options indicate the maximum protection possible from second-hand smoke exposure. The language should state what provisions are covered under existing legislation, such as the *Smoke-Free Ontario Act* (SFOA), and what additional provisions are legal, permitted and enforceable under the no-smoking clause. The language should also state examples of the most protective provisions feasible, such as the entire building and property being smoke-free, and include other provisions, such as setbacks from entrances and exits, no smoking on balconies or patios, and designated outdoor smoking areas. These provisions should also state that if the landlord permits a designated outdoor smoking area on the property, it must be far enough away to ensure that second-hand smoke cannot drift into private units or balconies.

Smoke-free multi-unit housing is a critical policy issue and the Ministry of Housing is in a powerful position to signal to the housing community that smoke-free housing is a preferred option and offers tremendous health and property benefits. Adding no-smoking clause options that specify where no-smoking provisions can and cannot be made, and that include all forms of smoking in the "Prescribed form of tenancy agreement" (Standard Lease) created by regulation under Bill 124, would encourage landlords to create spaces where tenants can live without involuntary exposure to second-hand smoke from any source of smoke, whether from tobacco, marijuana, or shisha.

Sincerely,

Jesse Helmer, Chair
Middlesex-London Board of Health

cc. The Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
The Honourable Kathleen Wynne, Premier of Ontario
Andrew Noble, Chair, Smoke-Free Housing Ontario Coalition
Ontario Boards of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 033-17

TO: Chair and Members of the Board of Health

FROM: Dr. Gayane Hovhannisyan, Acting Medical Officer of Health
Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 June 15

---

# SMOKE-FREE CLAUSES IN THE STANDARD LEASE UNDER THE *RESIDENTIAL TENANCIES ACT*

## Recommendation

***It is recommended that the Board of Health:***

1) ***Receive Report No. 033-17 re: Smoke-Free Clauses in the Standard Lease Under the Residential Tenancies Act (RTA);***
2) ***Communicate its support for the inclusion of smoke-free clauses in the Standard Lease under the RTA by sending a letter to the Honourable Chris Ballard, Minister of Housing/Minister Responsible for the Poverty Reduction Strategy;***
3) ***Forward Report No. 033-17 to Ontario Boards of Health and the Smoke-Free Housing Ontario Coalition to communicate its support for smoke-free housing policy measures; and***
4) ***Direct staff to participate in consultation processes to inform regulatory changes under the RTA to increase the availability and enforceability of smoke-free clauses within tenancy agreements.***

## Key Points

- Second-hand smoke drifts between units in multi-unit housing complexes, and is especially harmful to children, the elderly, those who have chronic health problems and those who are pregnant.
- The current mechanism for enforcement of no-smoking clauses in lease agreements can be cumbersome, and has raised questions about the legality of these policies.
- The opportunity exists to prescribe smoke-free clause options by regulation in the proposed "prescribed form of tenancy agreement" (Standard Lease), under the RTA, to provide a consistent approach for the promotion and enforcement of smoke-free provisions within tenancy agreements.

## Second-Hand Smoke Exposure in Rental Housing

Under the *Smoke-Free Ontario Act*, smoking is prohibited in any common area in a condominium, apartment building, or university or college residence, including elevators, hallways, parking garages, entertainment rooms, laundry facilities, lobbies and exercise areas. However, the *Act* does not prohibit smoking in private units, on balconies, or around the entrances to housing complexes. As a result, second-hand smoke exposure continues to be an issue for those living in multi-unit housing complexes. No matter how well built or maintained a building may be, second-hand smoke can seep through shared walls, ventilation systems, doors, windows, shared balconies and gaps around electrical outlets and plumbing.

While second-hand smoke exposure can cause a range of adverse health effects for anyone, it can be especially harmful to children, the elderly, those who suffer from chronic health problems and those who are pregnant. If a tenant is smoking in one unit and the smoke drifts into a neighbouring unit that is supposed to be smoke-free, often the only solution to reducing the unwanted exposure to second-hand smoke is to move and seek housing elsewhere. However, moving may not be feasible for those with disabilities, older adults and those with limited incomes. For those with greater choice and the means to move, smoke-free housing may still not be an option due to the lack of availability in Middlesex-London. Therefore, in 2015, the Board of Health endorsed the actions and priorities outlined by the Smoke-Free Housing Ontario Coalition

attached as Appendix A, and directed staff to "encourage the Ontario Ministry of Housing to develop government policies and programs to facilitate the provision of smoke-free housing (Report 013-15)."

## Enforceability of Smoke-Free Policies

No-smoking provisions within a multi-unit housing environment offer many benefits, including a healthier environment, reduced exposure to second-hand smoke, reduced risk of fire and lower cleaning and insurance costs. Therefore, smoke-free multi-unit housing should be made available for those who want it, and be offered in both the private and community/non-profit multi-unit housing markets. However, the current mechanism for enforcement of no-smoking policies can be cumbersome, and has raised questions about the legality of these policies. It is the responsibility of the landlord to ensure reasonable enjoyment for all tenants, and, if there is a breach, such as drifting second-hand smoke, there must be adequate data to demonstrate frequent and ongoing interference with normal use and enjoyment of the housing unit. According to case law analysis, although the majority of cases taken to the Landlord Tenant Board (LTB) have prevailed in favour of the landlord, LTB decisions are not bound by precedent and may not be pertinent to other situations that appear before the LTB. This means that even if a landlord follows the procedure to enforce a provision in the lease, there is no guarantee of success. If a no-smoking policy is created and cannot easily be enforced, the impact is felt by the landlord and by the tenants, who selected the housing unit based on the guarantee of a smoke-free home. Landlords and tenants desire assurance that smoke-free housing policies are enforceable.

## Bill 124, the *Rental Fairness Act* and the Standard Lease

In March 2016, as part of its Long-Term Affordable Housing Strategy, the Ontario Government considered making amendments to the RTA to encourage the participation of small landlords and private homeowners in the rental housing market, while maintaining strong protections for tenants. The introduction of Bill 124, the *Rental Fairness Act*, enabled the Government to entertain amendments to the RTA to meet goals related to increasing availability and affordability of housing. During the public consultation process for Bill 124, the Smoke-Free Housing Ontario Coalition recommended that amendments be made to the RTA to enable landlords to terminate tenancy based on violations of no-smoking provisions in leases. Additionally, advice was provided that no-smoking provisions under the RTA should address smoking of all products, including tobacco, cannabis and shisha, and that the RTA should clearly define areas where no-smoking prohibitions can be prescribed to provide maximum tenant protection from second-hand smoke.

The Government chose not to include smoke-free clauses in the RTA; however, regulations under the RTA are now being developed. The opportunity exists to prescribe smoke-free clause options by regulation in the proposed "prescribed form of tenancy agreement" (Standard Lease). The Standard Lease would outline the agreement between the housing provider and the tenant, including the conditions under which occupancy can be terminated. The inclusion of smoke-free clause options to the Standard Lease would make it clear to landlords that they can include no-smoking clauses, and would provide a consistent approach for the promotion and enforcement of smoke-free provisions within tenancy agreements. It is recommended that the Board of Health communicate its support for the inclusion of smoke-free clauses in the Standard Lease by sending a letter (attached as Appendix B) to the Honourable Chris Ballard, Minister of Housing/Minister Responsible for the Poverty Reduction Strategy.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team, Environmental Health and Infectious Disease Division.

Dr. Gayane Hovhannisyan, MD, PhD, FRCPC
Acting Medical Officer of Health

Laura Di Cesare, CHRE
Acting Chief Executive Officer

**This report addresses** the following requirements of the Ontario Public Health Standards (revised May 2016): Foundations: Principles 1, 2; Comprehensive Tobacco Control: 1, 6, 7, 9.

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Q2 2017 Program Report**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the Q2 2017 Program Report for information.*

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**Attachments:**

a. Q2 2017 Public Health Programs
b. Q2 2017 Communications and Information Technology
c. Q2 2017 Social Media

# Quarter 2 2017 Status Report
# (April 1 – June 30, 2017)

## Overall Compliance Status

| Ontario Public Health Standard Mandated Programs | Status |
|---|---|
| Child Health | 7/7 |
| Chronic Disease Prevention | 11/14 |
| Food Safety | 7/7 |
| Foundational Standards | 11/13 |
| Health Hazard Prevention and Management | 9/9 |
| Infectious Diseases (including tuberculosis) Prevention and Control | 24/24 |
| Oral Health | 14/14 |
| Prevention of Injury and Substance Misuse | 0/5 |
| Public Health Emergency Preparedness | 8/8 |
| Rabies Prevention and Control | 8/8 |
| Reproductive Health | 6/6 |
| Safe Water | 14/14 |
| Sexual Health, Sexually Transmitted Infections and Blood-borne Infections | 12/12 |
| Vaccine Preventable Diseases | 13/13 |
| **100% Funded Programs** | **Status** |
| Healthy Babies, Healthy Children | ME |
| Infant and Toddler Development | ME |
| Safe Sewage Disposal | ME |

*ME: Meeting Expectations PME: Partially Meeting Expectations*

## Program Compliance Details

**Chronic Disease Prevention**
*Hallie Atter, Manager, Community Health;*

*Program Compliance:*
Due to limited staff capacity, not all areas of focus listed in the requirements can be completed. Areas that are not fully addressed include healthy eating, healthy weights, physical activity and alcohol use.

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**Foundational Standards**
*Hallie Atter, Manager, Community Health*

*Program Compliance*
Due to a staff vacancy only minimal surveillance was completed. Some activities scheduled for the second quarter were not initiated as planned. There are agreements in place with other public health units to provide support on specific projects.

**Prevention of Injury and Substance Misuse**
*Hallie Atter, Manager, Community Health*

*Program Compliance:*
All five requirements include comprehensive work to be completed in four areas. Due to staffing resource limitations including an extended leave of absence, we are partially compliant in all five requirements.

# Communications - Q2 2017

*Brittany Cadence, Manager, Communications & IT Services*

**Media Relations**

| Activity | Q2 comparison | |
|---|---|---|
| | 2017 | 2016 |
| Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, op eds, BOH meeting summaries, etc.) | 53 | 51 |
| Number of media interviews | 24 | 36 |
| Number of media stories captured directly covering PPH activities | 95 | 118 |

| Activity | Yearly Totals | | | | |
|---|---|---|---|---|---|
| | 2017 (ytd) | 2016 | 2015 | 2014 | 2013 |
| Press releases/media products issued | 98 | 158 | 165 | 111 | 141 |
| Media interviews | 37 | 92 | 82 | 109 | 118 |
| Number of media stories directly covering PPH activities | 146 | 340 | 540 | 475 | 427 |

## Communications Highlights:

- Our partnership with www.evidencenetwork.ca produced widespread coverage of Dr. Salvaterra's op ed on the basic income guarantee in June in Ottawa Life, the Province (BC), Huffington Post, Times Colonist (Victoria, BC), Waterloo Region Record, and more.
- The total number of communications tickets completed in Q2 was 173.

## Information Technology - 2017 Q2

*Note: this report is provided from the Information Technology (IT) team and is intended to summarize major projects and provide a snapshot of the overall health of PPH systems.*

**System Status This Quarter:**

| Service Description | Planned Outage Time/ % downtime of total | Unplanned Outage Time/ % downtime of total | Total Uptime |
|---|---|---|---|
| MS Exchange Email server | 0 mins/ 0% | 0 mins | 100% |
| Phone server | 0 mins/ 0% | 0 mins | 100% |
| File server | 0 mins/ 0% | 0 mins | 100% |
| Backup server | 0 mins/ 0% | 0 mins | 100% |

**Total Number of Helpdesk Tickets Served:**

331 tickets from April 1, 2017 – June 30, 2017

## IT Highlights:

- Install of all of the digium phones to assist with code white and code blue

Peterborough Public Health

Follow us @Ptbohealth

# SOCIAL MEDIA Q2 REPORT

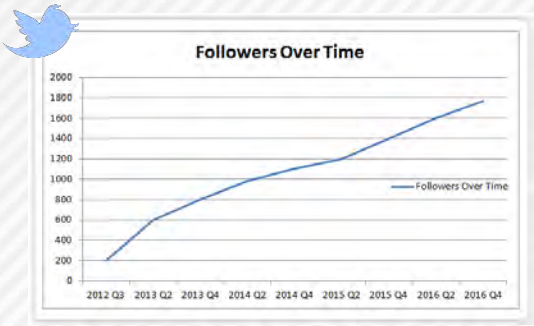
April 1 – June 30

## *Breadth…* How many people are connecting with us on our social media channels?

***Twitter:*** In Q2 our followers grew

**3.3%**

to **1893**




**86 tweets** *Q2*

***-38***

**640 fans**

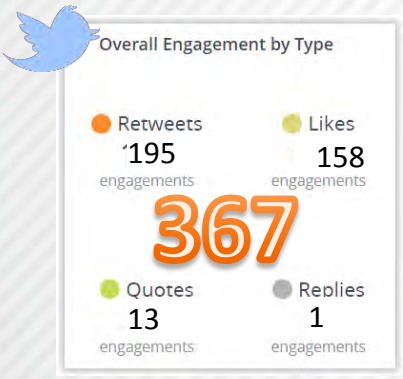
**41 new fans**

**39,105**

***webpage views***

***-17%***

## *Direct Engagement…* How did people interact with us on social media?





**most popular tweet**

**5.1%**

**engagement rate**

**17 engagements**

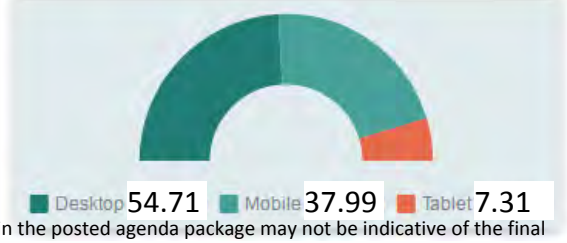

## *Depth…* How are people reaching us and what are they looking for?

### TOP 10

***pages: peterboroughpublichealth.ca***

Employment : 2930
Contact Us: 1895
Food Handler Course: 1500
Sexual Health Clinic: 1372
Rabies Clinics: 1170
Food Handler Course Dates: 870
Clinics and Classes: 815
About Us: 748
Beach Testing Results: 684

### website visitors by device

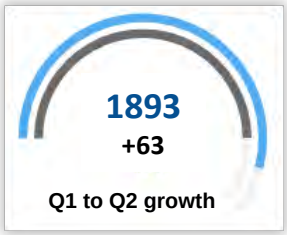



### Click throughs from tweet/post to our website

**376**

**340**

## *Loyalty…* How are we doing at keeping our visitors engaged?



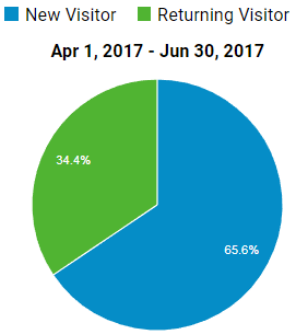

**Steady growth and 0 unfollows**

twitter

**114 more reactions**

**FROM**

facebook




***www.peterboroughpublichealth.ca***

## *Customer Experience…* What are people saying about us on social media?

**@MENTIONS**

**37**


## *Campaigns…* How did our coordinated social projects perform?

**Ad Campaigns – No ad campaigns this quarter**

**Social Media Push Campaigns – Local Food Week**


**Engagements** Total number of times a user interacted with a Tweet.

**Engagement rate:** Number of engagements divided by impressions

**Impression:** Times a user is served a Tweet in timeline or search results

**Promoted Tweet:** Are ordinary Tweets purchased by advertisers who want to reach a wider group of users to spark engagement

**Impression:** Times a user is served a Tweet in a timeline or search results

**Handle:** another word for username specific to Twitter and represented by an @ symbol (e.g. @Ptbohealth)

**Mention:** A Tweet that contains another user's @handle anywhere in the body of the Tweet. Used to "call out" to someone and will land in their notifications timeline.

# Staff Report

## Harm Reduction Program Enhancement

| | |
|---|---|
| **Date:** | September 13th, 2017 |
| **To:** | Board of Health |
| **From:** | Dr. Rosana Salvaterra, Medical Officer of Health |

| ***Original approved by*** | ***Original approved by*** |
|---|---|
| Rosana Salvaterra, M.D. | Hallie Atter, Manager |

**Proposed Recommendations**

*That the Board of Health for Peterborough Public Health:*

- *receive the staff report, Harm Reduction Program Enhancement, for information; and*
- *approve the proposed program implementation budget and direct staff to sign the funding agreement.*

**Financial Implications and Impact**

This is new funding, provided at 100% by the Ministry of Health and Long-Term Care. It will form part of our base funding and is described as multi-year funding. The costs of the deliverables are intended to be fully covered by the grant so there are no financial implications arising. The exception, as with all MOHLTC 100% funded programs, is the ineligibility of administrative costs.

**Decision History**

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

**Background**

In June, 2017, the Ministry of Health and Long-term Care announced an additional investment to enhance Ontario's strategy to prevent opioid addiction and overdose. Specifically, this

investment includes funding to boards of health to develop a comprehensive local response for drug and opioid-related challenges in their communities. To achieve this goal, it is expected that boards will work with community partners to develop, implement and evaluate a local opioid response plan (based on a situational assessment) and to ensure the local opioid response is coordinated, integrated and based on needs.

Boards of health, again working with partners, will also be responsible for ensuring a coordinated system for naloxone kit distribution and training which will increase the dissemination of kits to those most at risk of opioid overdose. Activities will include the coordination of the ordering and inventory of naloxone as well as providing support to community organizations to engage in outreach and naloxone distribution.

Finally, boards of health will take a leadership role in establishing an opioid overdose early warning and surveillance system. This will include developing and maintaining a system for monitoring indicators on local illicit synthetic opioid risk. The early warning system will ensure information is shared with the Ministry, and our local health system and community partners about local risk and required action.

To implement the above requirements in Peterborough County, City and our two First Nation Communities, Peterborough Public Health will require additional health promotion, epidemiology as well as administrative support staff. The following budgets are proposed:

| **2017 Budget** | |
|---|---|
| Staff Salaries | 66,970 |
| Benefits | 18,750 |
| Materials and Supplies | 8,000 |
| Contract Services | 55,280 |
| Travel | 1,000 |
| **Total** | **150,000** |

| **2018 Budget** | |
|---|---|
| Staff Salaries | 105,400 |
| Benefits | 28,600 |
| Materials and Supplies | 5,000 |
| Contract Services | 10,000 |
| Travel | 1,000 |
| **Total** | **150,000** |

## Rationale

The Harm Reduction Program Enhancement is providing new funding to boards of health to address the identified provincial opioid crisis. As per the funding letter, a funding agreement with the Ministry of Health and Long-term Care is required. As per the board of health by-laws, funding agreements over $100,000 require board approval.

The announcement for the funding was made in June 2017, with the details and proposed funding agreement being made available in late August 2017. Since the funding is for an annualized amount, the 2017 year will see more funding directed to start-up costs and the subsequent years for the program staffing required to support delivery. Start-up will include further engagement with partners to develop the specifics of the local implementation strategy.

## Strategic Direction

- Community-Centred Focus
- Determinants of Health and Health Equity

## Contact:

Hallie Atter
Manager, Community Health
(705) 743-1000
hatter@peterboroughpublichealth.ca

**To:** All Members
Board of Health

**From:** Lori Flynn, Chair, First Nations Committee (or designate)

**Subject:** **Committee Report: First Nations**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive for information, meeting minutes of the First Nations Committee for April 25, 2017.*

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Background:

The First Nations Committee met last on September 6, 2017. At that meeting, the Committee requested that the following item come forward to the Board of Health.

Attachments:

a. First Nations Committee Minutes, April 25, 2017

**Board of Health for the**
**Peterborough Public Health**
**MINUTES**
**First Nations Committee Meeting**
**Wednesday, April 25, 2017 – 5:00 p.m.**
**Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

| | |
|---|---|
| **Present:** | **Chief Phyllis Williams**<br>**Deputy Mayor John Fallis**<br>**Ms. Kerri Davies**<br>**Councillor Kathryn Wilson**<br>**Ms. Lori Flynn, Chair** |
| **Regrets:** | **Ms. Liz Stone**<br>**Mayor Mary Smith** |
| **Staff:** | **Dr. Rosana Salvaterra, Medical Officer of Health**<br>**Ms. Patti Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer**<br>**Ms. Alida Gorizzan, Executive Assistant**<br>**Ms. Natalie Garnett, Recorder** |

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## 1. Call to Order

Ms. Lori Flynn, Chair, called the First Nations Committee meeting to order at 5:02 p.m.

## 2. Confirmation of the Agenda

"Youth Trend and Growing Concern – Cutting" was added to the agenda as item 9.2.

MOTION:
*That the agenda be approved as amended.*
Moved: Deputy Mayor Fallis
Seconded: Chief Williams
Motion carried. (M-2017-008-FN)

## 3. Declaration of Pecuniary Interest

## 4. Delegations and Presentations

## 5. Confirmation of the Minutes of the Previous Meeting

### 5.1 February 22, 2017

MOTION:
*That the minutes of the First Nations Committee Meeting held February 22, 2017, be approved as circulated and provided to the Board of Health at its next meeting for information.*
Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-009-FN)

## 6. Business Arising from the Minutes

### 6.2 Oral Update – Peterborough Public Health Meeting with Hiawatha L.I.F.E. Services

Ms. Fitzgerald, Assistant Director, Chief Nursing and Privacy Officer advised that a meeting has been scheduled for May 5, 2017.

### 6.1 Indigenous Health Strategy – Next Steps

The First Nations Committee joined a conference call with Ms. Jai Mills, Lead, System Design and Integration, Central East LHIN, at 5:30 p.m.

Ms. Mills provided a brief overview of the two Indigenous Health Advisory Groups (Circles) and noted that their role is to advise the LHIN on health care needs in their communities. Discussion was held regarding the potential contributions the LHIN could provide and Ms. Mills advised that at this time no specific staff/resources have been committed.

It was determined that the Committee should make a specific request to the LHIN, in writing, for resources. The conference call ended at 5:41 p.m.

The Committee discussed some of the issues related to the LHIN and the Indigenous Health Strategy and potential next steps.

### 6.3 2017 Committee Work Plan – Progress Update

The Committee members reviewed the Work Plan for 2017 and updates were provided for various items.

- TRC #5, TRC #8, TRC #18 and TRC #23 had the timelines changed to July 2017
- TRC #33 – Dr. Salvaterra, Medical Officer of Health will follow up with Tracy Antone
- TRC #57 – Possible dates are September 14th or 21st, 2017
- TRC #89 – A draft letter was reviewed. Dr. Salvaterra, Medical Officer of Health will show the final draft to the Chair prior to it going forward to the Board
- TRC #93 – It was noted that the Union of Ontario Indians have developed a package entitled "We Are All Treaty People" and there has been a DVD developed by Lang Pioneer Village that could also be used. Dr. Salvaterra, Medical Officer of Health will send a letter to the New Canadian's Centre (and the Committee) with various options.

**7. Staff Reports**

**8. Consent Items**

**9. New Business**

9.1 **Cultural Safety Overview for Peterborough Public Health Staff and Board**

Dr. Salvaterra, Medical Officer of Health, provided an overview of the draft "Cultural Safety Overview".

The Committee was pleased with the draft document.

9.2 **Youth Trend and Growing Concern – Cutting**

The Committee discussed the trend being seen in high schools of cutting for self-harm.

**10. In Camera to Discuss Confidential Matters**

**11. Motions for Open Session**

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

Tuesday, July 25, 2017 at 5:00 p.m. in the Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough.

## 13. Adjournment

MOTION:
*That the meeting be adjourned.*
Moved: Deputy Mayor Fallis
Seconded: Councillor Wilson
Motion carried. (M-2017-010-FN)

The meeting was adjourned at 6:35 p.m.

Chairperson

Medical Officer of Health

**To:** All Members
Board of Health

**From:** Greg Connolley, Chair, Governance Committee

**Subject:** **Committee Report: Governance**

**Date:** September 13, 2017

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**Proposed Recommendations:**

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from May 23, 2017, for information*

b. *That the Board of Health for Peterborough Public Health approve By Law 3 – Calling of and Proceedings at Meetings (revised);*

c. *That the Board of Health for Peterborough Public Health approve By Law 5 - Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health (revised);*

d. *That the Board of Health for Peterborough Public Health approve policy 2-280 Complaints (revised);*

e. *That the Board of Health for Peterborough Public Health approve policy 2-342 Medical Officer of Health Selection (revised).*

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Background:

The Governance Committee met last on August 17, 2017. At that meeting, the Committee requested that these items come forward to the Board of Health.

By-Law #3 has been amended given the Modernizing Ontario's Municipal Legislation Act, 2017, which came into force on May 30, 2017. The Act allows for electronic participation at Board of Health meetings. Clarification was requested at the Boards of Health Section meeting at the Association of Local Public Health Agencies (alPHa) Annual Conference in Chatham, Ontario (held in June) regarding the new legislation. alPHa staff inquired with the Ministry of Municipal Affairs which confirmed that procedural by-laws now have the option to spell out:

- if electronic participation is permitted for open meetings;
- by what means will permitted electronic participation take place ( e.g., webinar, teleconference); and,
- what an electronic participant has the right to do (e.g., just listen, actively participate in discussion, make motions, and/or vote on matters put before the Board).

With respect to By-Law #5, the Committee had previously requested that staff inquire with other local public health agencies whether any had Board Chair position descriptions to share. This by-law has been amended with proposed changes upon review of the various documents that were received.

Lastly, policies 2-280 and 2-342 have been brought forward as per the Committee's 2017 work plan.

Attachments:

a. Governance Committee Minutes, May 23, 2017
b. By Law 3 – Calling of and Proceedings at Meetings
c. By Law 5 – Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health
d. 2-280 Complaints
e. 2-342 Medical Officer of Health Selection

**Board of Health for the**
**Peterborough Public Health**
**MINUTES**
**Governance Committee Meeting**
**Tuesday, May 23, 2017 – 5:00 p.m.**
**Dr. J. K. Edwards Board Room, 3rd Floor**
**Jackson Square, 185 King Street, Peterborough**

| | |
|---|---|
| **Present:** | **Deputy Mayor John Fallis** |
| | **Mr. Greg Connolley, Chair** |
| | **Mayor Rick Woodcock** |
| **Regrets:** | **Councillor Gary Baldwin** |
| | **Mayor Mary Smith** |
| **Staff:** | **Dr. Rosana Salvaterra, Medical Officer of Health** |
| | **Mr. Larry Stinson, Director of Operations** |
| | **Alida Gorizzan, Executive Assistant (Recorder)** |

## 1. Call to Order

Mr. Connolley called the Governance Committee meeting to order at 5:01 p.m.

## 2. Confirmation of the Agenda

MOTION:
*That the Agenda be accepted as circulated.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-011-GV)

## 3. Declaration of Pecuniary Interest

## 4. Delegations and Presentations

## 5. Confirmation of the Minutes of the Previous Meeting

### 5.1. February 15, 2017

MOTION:
*That the minutes of the Governance Meeting held February 15, 2017 be*

*approved as circulated and provided to the Board of Health at its next meeting for information.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-012-GV)

## 6. Business Arising From the Minutes

### 6.1 Fundraising – Oral Update

Larry Stinson, Director of Operations

Larry Stinson provided an update on a request for proposals that would be issued shortly related to fundraising work, specifically around legacy donations. This arose from a request from the retired Board of Health Fundraising Committee to pursue establishing materials around legacy donations with the intent to contact previous donors and Board Members with this donation option.

## 7. Staff Reports

### 7.1. Staff Report: Strategic Planning

Dr. Rosana Salvaterra, Medical Officer of Health

MOTION:
*That the Governance Committee of the Board of Health for Peterborough Public Health:*

- *receive the staff report, Strategic Plan, for information; and,*
- *recommend to the Board of Health:*
  - *an extension to its current Strategic Plan to December 2019; and,*
  - *a proposed start date of September 2018 to commence planning for the next Strategic Plan.*

Moved: Mayor Woodcock
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-013-GV)

### 7.2. By-Laws, Policies and Procedures for Review

Dr. Rosana Salvaterra, Medical Officer of Health

MOTION:
*That the Governance Committee recommend that the Board of Health for the Peterborough Public Health approve the following:*

- *2-151, Remuneration of BOH Volunteers, as revised.*

Moved: Mayor Woodcock
Seconded: Deputy Mayor Fallis
Motion carried. (M-2017-014-GV)

A revision was requested to policy 2-151 to note that the word 'provincial' should be added when referring to the Consumer Price Index.

MOTION:
*That the Governance Committee recommend that the Board of Health for the Peterborough Public Health approve the following:*
- *2-153, Board Remuneration Review, as amended.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-015-GV)

MOTION:
*That the Governance Committee recommend that the Board of Health for the Peterborough Public Health approve the following:*
- *2-170, By-Law Number 8, Building Code Act - Sewage Systems, as revised.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-016-GV)

MOTION:
*That the Governance Committee recommend that the Board of Health for the Peterborough Public Health approve the following:*
- *2-200 Effective Governance By Effective Board Members, revised (formerly entitled Duties and Responsibilities of Board Members); and,*
- *retire 2-270, Conduct of Board Members.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-017-GV)

## 8. Consent Items

## 9. New Business

### 9.1. Board Chair Position Description

Dr. Rosana Salvaterra, Medical Officer of Health

Deferred. Staff were directed to check with other local public health agencies on Board Chair position descriptions.

9.2. **Board Member Self-Evaluation**
Dr. Rosana Salvaterra, Medical Officer of Health

Deferred.

9.3. **Accountability Framework and Organizational Requirements Consultation Document**
Dr. Rosana Salvaterra, Medical Officer of Health

MOTION:
*That the Governance Committee receive the Accountability Framework and Organizational Requirements Consultation Document for information.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-018-GV)

MOTION:
*That the Governance Committee direct staff to:*
- *provide feedback to the Ministry of Health and Long-Term Care on the Accountability Framework and Organizational Requirements Consultation Document prior to the June 9th deadline; and,*
- *specify in the response the issue of expanding reporting requirements as it relates to concerns regarding capacity, specifically for smaller local public health agencies.*

Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-019-GV)

## 10. In Camera to Discuss Confidential Matters

MOTION:
*That the Governance Committee go In Camera to discuss one item under Section 239(2)(d), Labour relations or employee negotiations, at 6:45 p.m.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-020-GV)

MOTION:
*That the Governance Committee rise from In Camera at 7:15 p.m.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock

Motion carried. (M-2017-021-GV)

## 11. Motions for Open Session

The Chair reported the following from the closed session:

- Governance Committee Minutes – Closed Session dated November 1, 2016 - acknowledged by the Committee.
- Negotiations – There was direction given to staff respecting negotiations.

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

Thursday, August 17, 2017 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough

## 13. Adjournment

MOTION:
*That the meeting be adjourned.*
Moved: Deputy Mayor Fallis
Seconded: Mayor Woodcock
Motion carried. (M-2017-022-GV)

Board of Health
**POLICY AND PROCEDURE**

| | | |
|---|---|---|
| **Section:** Board of Health | **Number:** 2-120 | **Title:** By-Law Number 3, Calling of and Proceedings at Meetings |
| **Approved by:** Board of Health | | **Original Approved by Board of Health On** (YYYY-MM-DD)**: 1989-10-11** |
| **Signature:** | | **Author:** |
| **Date** (YYYY-MM-DD)**:** 2015-12-09 | | |
| **Reference:** Bill 68, Modernizing Ontario's Municipal Legislation Act, 2017 | | |

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



# By-Law Number 3
# Calling of and Proceedings at Meetings

## Section 1 - Interpretation

In this By-law:

1.1. "Act" means the *Health Protection and Promotion Act*;

1.2. "Board" means the Board of Health for ~~the Peterborough County-City Health Unit~~Peterborough Public Health;

1.3. "Director~~, Corporate Services~~ of Operations" means the business administrator of the Board as defined in the Regulations under the Act;

1.4. "Chairperson" means the presiding officer at a meeting;

1.5. "Chairperson of the Board" means the Chairperson elected under the Act;

1.6. "Committee" means an assembly of ~~two or more~~ members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board;

1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;

1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;

1.9. “Meeting" means an official gathering of members of the Board or a committee to transact business;

1.10. "Member" means a person who is appointed to the Board by a Council or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;

1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and

1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

## Section 2 – General

2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.

2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.

2.3. No persons shall consume alcohol or tobacco products at a meeting.

2.4. Electronic participation in public meetings may be approved by the Board of Health Chair in special circumstances. Participation in closed session is not permitted.

2.5. A member who participates in a meeting through electronic means is deemed to be present at the meeting with full participation rights and full voting rights, however they shall not be counted in determining whether or not a quorum of members is present at any point in time.

~~2.3.~~2.6. The electronic means must enable the member to hear and to be heard by the other meeting participants. Acceptable formats include teleconference, videoconference or webinar, whichever is reasonably available. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

## Section 3 - Convening of Meetings

3.1 The Medical Officer of Health shall call the first meeting of each calendar year.

3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.

3.3 At the first meeting of each calendar year, the Board shall:

3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;

3.3.2 appoint members to its committees;

3.3.3 fix, by resolution, the date and time of regular meetings; and,

3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.

3.4 A meeting may be rescheduled or cancelled due to the following circumstances:

3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;

3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or

3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.

In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.

3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.

3.6 The Medical Officer of Health shall:

3.6.1 give notice of the first and each regular and special meeting;

3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;

3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.

3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.

3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.

## Section 4 - Agenda and Order of Business

4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.

4.1.1 Call To Order

4.1.2 Confirmation of the Agenda

4.1.3 Declaration of Pecuniary Interest

4.1.4 Delegations and Presentations

4.1.5 Confirmation of the Minutes of the Previous Meeting

4.1.6 Business Arising from the Minutes

4.1.7 Staff Reports

4.1.8 Consent Items

4.1.9 New Business

4.1.10 In Camera to Discuss Confidential Matters

4.1.11 Motions from In Camera for Open Session

4.1.12 Date, Time and Place of the Next Meeting

4.1.13 Adjournment

4.2 Any items not included on the prepared agenda may be added by resolution.

4.3 Agenda packages will be posted on the ~~Health Unit's~~ Peterborough Public Health website on the same day that agendas are distributed to Board of Health members.

4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.

4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.

4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.

4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.

4.6.2 Matters listed under Consent Items shall include an explanatory note as follows: "All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".

4.6.3 Consent Items will include:

- Staff Reports and Presentations – Information, Housekeeping and Non-Controversial.
- Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.
- Committee Reports.

4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.

4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.

4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

## Section 5 - Commencement of Meetings

5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.

5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.

5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.

5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

## Section 6 - Delegations and Debate

6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.

6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of twenty-four hours before the start of the meeting.

6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.

6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.

6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.

6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.

6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.

6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.

6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.

6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.

6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.

6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.

6.14 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.

6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain

information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.

6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.

6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.

6.15 Any member who has the floor may require the motion under discussion to be read.

## Section 7 - Decorum and Discipline

7.1 A member shall not:

7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;

7.1.2 use offensive words or unparliamentary language;

7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;

7.1.4 speak other than to the matter in debate;

7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and

7.1.6 interrupt a member while speaking except to raise a point of order.

7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.

7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.

7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.

7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

## Section 8 - Questions of Privilege and Points of Order

8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.

8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.

8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.

8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.

8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

## Section 9 - By-laws

9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.

9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.

9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.

9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

## Section 10 - Motions

10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.

10.2 Debate on a debatable motion shall not proceed unless it has been seconded.

10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.

10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:

10.4.1 to adjourn;

10.4.2 to recess;

10.4.3 to raise a question of privilege;

10.4.4 to lay on the table;

10.4.5 to order the previous question (close debate);

10.4.6 to limit or extend limits of debate;

10.4.7 to postpone definitely (defer);

10.4.8 to commit or refer;

10.4.9 to postpone indefinitely (withdraw); or

10.4.10 to amend;

which have been listed in order of precedence.

10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

10.7.1 when a member has the floor;

10.7.2 when it has been decided that the vote be now taken; or

10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

## Section 11 - Voting

11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment

is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.

11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.

11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.

11.6 Any member may require that a vote be recorded.

11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.

11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

## Section 12 - Committees

12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.

12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.

12.3 The Chairperson of a committee shall:

12.3.1 preside over all meetings of the committee;

12.3.2 report on the deliberations and recommendations of the committee to the Board; and

12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.

12.4 The Chairperson of a committee may appoint non-Board members to the committee.

12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.

12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.

12.7 It shall be the duty of a committee:

12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;

12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and

12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.

12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.

12.9 The Board may dissolve, by resolution, any committee at any time.

## Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

**Review/Revisions**

**On** (YYYY-MM-DD)**: 2015-09-09**
**On** (YYYY-MM-DD)**: 2014-06-11**
**On** (YYYY-MM-DD)**: 2013-12-11**
**On** (YYYY-MM-DD)**: 2013-04-10**
**On** (YYYY-MM-DD)**: 2010-10-13**
**On** (YYYY-MM-DD)**: 2007-10-11**
**On** (YYYY-MM-DD)**: 2005-01-12**
**On** (YYYY-MM-DD)**: 2003-07-03**
**On** (YYYY-MM-DD)**: 1998-10-28**
**On** (YYYY-MM-DD)**: 1992-10-14**

Board of Health
**POLICY AND PROCEDURE**

| | | | |
|---|---|---|---|
| **Section:** Board of Health | **Number:** 2-140 | **Title:** By-Law Number 5<br>Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health | |
| **Approved by:** Medical Officer of Health | | **Original Approved by Board of Health On** (YYYY-MM-DD)**:** 1989-10-25 | |
| **Signature:** | | **Author:** | |
| **Date** (YYYY-MM-DD)**:** 2016-09-14 | | | |
| **Reference:** Health Protection and Promotion Act, R.S.O. 1990, c. H.7, Section 48 to and including Section 51, and R.R.O. 1990, Regional 559 | | | |

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## By-Law Number 5
## Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health

1. In this By-law:

   1.1. "Board" means the Board of Health for the Peterborough County-City Health Unit, also referred to as Peterborough Public Health;

   1.2. "Chairperson of the Board" means the Chairperson elected under the Act;

   1.3. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;

   1.4. "Committee" means an assembly of ~~two or more~~ members, appointed by the Board of Health, that must meet together to transact business on behalf of the Board;~~;~~

   1.5. "Council" means the municipal councils of the Corporations of the County of Peterborough and the City of Peterborough; and the Councils of Curve Lake First Nation and Hiawatha First Nation;

   1.6. "Member" means a person who is appointed to the Board by a council or the Lieutenant Governor in Council or a person who is appointed to a committee by the Board.

2. The officers of the Board shall be:

   - the Chairperson of the Board; and
   - the Vice-Chairperson of the Board.

3. The Chairperson of the Board ~~shall~~ is elected at the first meeting of the year and has the following responsibilities:

   - Provide leadership to the Board of Health (BOH).
   - Ensure the BOH meets its obligations and fulfills its governance role while respecting and understanding the role of management.
   - Preside at all meetings of the BOH and ensure meetings are efficient and effective:
     - set agendas for Board meetings and ensure that matters dealt with at Board meetings adequately reflect the Board's role;
     - ensure that Board meetings are conducted in an orderly manner, according to applicable legislation and BOH By-Laws and Policies;
     - facilitate and move forward the business of the Board, ensuring that relevant information is made available to Board members in a timely manner;
     - encourage all Board members to actively and respectfully participate in discussions on agenda topics, providing for fair and appropriate debate on issues relevant to the agenda;
     - rule on procedural matters during Board meetings; and
     - facilitate the Board in reaching consensus.
   - Ensure the effectiveness of standing Committees of the BOH:
     - The Chairperson serves as an ex-officio member on all BOH Committees to which he/she has not been appointed a member.
     - As an ex-officio member to all committees, the Chairperson retains the rights and privileges afforded to other committee members, such as the right to vote, however they are not counted when determining the number required for a quorum of the Committee.
   - Represent the BOH as required at public or official functions and act as the official spokesperson of the BOH, or designate another Board member to do so.
   - Oversee the Board's evaluation processes and provide constructive feedback to BOH members.
   - Sign on behalf of the BOH, any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.
   - Serve as a mentor to other Board of Health members and ensure that all Board of Health members contribute fully to the work of the Board.
   - Act on non-attendance at Board of Health or Board Committee meetings.
   - Ensure the effectiveness of the Medical Officer of Health:

- Serve as the Board of Health central point of official communication with the MOH and counsel the MOH regarding Board's expectations and concerns.
- Facilitate co-operative relationships and foster a collaborative work environment for BOH members and the MOH.
- Lead in monitoring and evaluating the performance of the MOH. A performance appraisal should be scheduled before the end of the MOH's probationary period, and then at least every two (2) years, preferably around the MOH's anniversary date.
- Meet with the MOH at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
- Approve vacation, conference and expense requests for the MOH.

- Other duties and powers as are from time to time determined by the BOH.

- ~~preside at all meetings of the Board;~~

- ~~represent the Board at public or official functions or designate the Vice-Chairperson or another Board member to do so;~~

- ~~be ex-officio, a member of all committees to which he/she has not been appointed a member; and~~

- ~~perform such other duties as may be determined from time to time by the Board.~~

~~As an ex-officio member to all committees, the Chairperson retains the rights and privileges afforded to other committee members, such as the right to vote, however they are not counted when determining the number required for a quorum of the Committee.~~

4. The Vice-Chairperson shall have all the powers and performs all the duties of the Chairperson of the Board in the absence or disability of the Chairperson of the Board together with such powers and duties, if any, as may be assigned from time to time by the Board.

5. The terms of all officers of the Board shall expire when their successors are elected and no later than immediately preceding the first meeting as set out in section 3 of By-law Number 3.

**Review/Revisions:**

**On** (YYYY-MM-DD)**:** 2016-09-14
**On** (YYYY-MM-DD)**:** 2015-12-09 (review)
**On** (YYYY-MM-DD)**:** 2013-09-11
**On** (YYYY-MM-DD)**:** 2010-10-13
**On** (YYYY-MM-DD)**:** 2007-10-11
**On** (YYYY-MM-DD)**:** 2006-03-06
**On** (YYYY-MM-DD)**:** 2005-01-12
**On** (YYYY-MM-DD)**:** 1998-10-28

Board of Health

## POLICY AND PROCEDURE

| | | |
|---|---|---|
| **Section:** Board of Health | **Number:** 2-280 | **Title:** Complaints, Public |
| **Approved by:** Board of Health | | **Original Approved by Board of Health On** (YYYY-MM-DD)**: 1997-02-12** |
| **Signature:** | | **Author:** Medical Officer of Health |
| **Date** (YYYY-MM-DD)**:** 2015-09-09 | | |
| **Reference:** | | |

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### POLICY

#### Objective

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

All complaints received by members of the Board of Health will be referred to the Medical Officer of Health for investigation and follow up.

### PROCEDURE

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by ~~Health Unit~~Peterborough Public Health (PPH) staff. Submissions can also be ~~made through the Health Unit web site: http://www.pcchu.ca/contact/contact-us/submit-a-complaint/.~~sent via e-mail to info@peterboroughpublichealth.ca.

2. One copy of the complaint is forwarded to the applicable Director and another copy is forwarded to the Medical Officer of Health. The Director has fourteen days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the Medical Officer of Health.

3. If the response is not satisfactory to the complainant he or she will be directed to the Medical Officer of Health for follow-up.

4. Board members will forward all complaints received from the public, stakeholders, and partners to the Medical Officer of Health.

5. The Medical Officer of Health will investigate the complaint and issue a report to the Board member within two weeks.

6. If the issue is not resolved to the satisfaction of the Board member, the issue will be brought to the attention of the Chairperson of the Board of Health.

7. The Chairperson of the Board of Health, in consultation with the board member who received the complaint and the Medical Officer of Health, will attempt to resolve the issue.

8. If the issue is not resolved, the Chairperson of the Board of Health will refer the matter to the Board of Health for a final decision. The parties involved would be invited to present their concerns to the Board of Health.

9. The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health. This report will be provided ~~at the first meeting of the~~to the Board no later than in the first quarter of ~~in~~ the following year.

**Review/Revisions**

**On** (YYYY-MM-DD)**:** 2009-02-11 (Board)
**On** (YYYY-MM-DD)**:** 2015-09-09 (Board – procedure 2-281 incorporated)
**On** (YYYY-MM-DD)**:**
**On** (YYYY-MM-DD)**:**

Board of Health

## POLICY AND PROCEDURE

| | | |
|---|---|---|
| **Section:** Board of Health | **Number:** 2-342 | **Title:** Medical Officer of Health Selection |
| **Approved by:** Board of Health | | **Original Approved by Board of Health On** (YYYY-MM-DD)**: 2013-04-13** |
| **Signature:** | | **Author:** Medical Officer of Health |
| **Date** (YYYY-MM-DD)**:** 2015-06-10 | | |
| **Reference:** Guide to Medical Officers of Health (MOH), Associate MOH and Acting MOH Appointments (Ministry of Health and Long-Term Care, May 2015) *attached* | | |

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**POLICY:**

**Objective:**

To establish a formal system for the recruitment and selection a Medical Officer of Health.

**Policy Statement:**

~~The~~ Peterborough ~~County City~~ Public Health ~~Unit~~ recognizes the basic principles inherent in the Human Rights Code that illustrate the inherent dignity and worth of every person, and to provide for equal rights and opportunities without discrimination. All employment decisions will be based on the applicant's ability to do the job and not on factors that are unrelated to the job.

1.0 The hiring process for a Medical Officer of Health will be the responsibility of the Board of Health with assistance from the Director of ~~Corporate Services~~Operations (DO) and Human Resources ~~Advisor~~Manager.

2.0 The Board is responsible for assuring that the employee possesses all the qualifications, knowledge, skills, and abilities required to perform the duties of the position.

3.0 Qualifications for Boards of Health staff can be found in *Regulation 566, of the Health Protection and Promotion Act, R.R.O 1990.*

4.0 Selection of the successful candidate(s) will be responsibility of the Board of Health.

The Board of Health will be bound by the *Health Protection and Promotion Act, R.S.O. 1990,* with respect to the hiring of Board of Health staff as follows:

***Medical Officer of Health***

Section 62**:**

1.0 Every Board of Health,
   a) shall appoint a full-time Medical Officer of Health; and
   b) may appoint one or more Associate Medical Officers of Health of the Board of Health, R.S.O. 1990, c.H.U, s.62

***Vacancy***

2.0 If the position of Medical Officer of Health of a Board of Health becomes vacant, the Board of Health and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time Medical Officer of Health, 2002, c.32, s. 171.

***Eligibility for Appointment***

Section 64:

No person is eligible for appointment as a Medical Officer of Health or an Associate Medical Officer of Health unless,
   a) he or she is a physician;
   b) he or she possesses the qualifications and requirements prescribed by the regulations for the position, and
   c) the Minister approves the proposed appointment, R.S.O. 1990, c. H.7, s. 64.

***Chief Medical Officer of Health May Act Where Risk to Health***

Section 77.1:

3.0 For the purpose of section 77,1, subsection 1, the Chief Medical Officer of Health,
   a) may exercise anywhere in Ontario
      i. any of the powers of a Board of Health, including the power to appoint a Medical Officer of Health or Associate Medical Officer of Health *(acting)* and
      ii. any of the powers of a Medical Officer of Health.

**PROCEDURE**

1.0 Posting of the position:

1.1 When a vacancy arises, the Board will determine the nature and placement of advertisement (i.e., internal/external, local, out-of-town, professional journals/ newsletters, etc.).

1.2 The ~~Director Corporate Services~~DO will draft the advertisement and send to the Board for approval.

1.3 The ~~Director Corporate Services~~DO and Board to finalize dates for posting, closing, and reviewing applications.

2.0 Selection of Applicants:

2.1 An interview committee will be established by the Board consisting of no fewer than 2 interviewers.

2.2 The committee will screen applications.

2.3 The ~~Director of Corporate Services~~DO will contact candidates to arrange interviews.

3.0 The interview process:

3.1 The committee formulates questions and format of interviews.

3.2 Interviews may include the following:

3.2.1 Rating system

3.2.2 Position specific testing

4.0 Interview follow-up and selection of successful applicant:

4.1 References may be asked for at any time during the selection process.

4.2 References will be checked by the ~~Director of Corporate Services~~DO.

4.3 The ~~Director of Corporate Services~~ DO will summarize candidate's scores from the rating sheet or testing (if applicable) and present to the committee.

4.4 The committee will discuss and a decision will be reached and referred to the Board for ratification.

4.5 The ~~Director of Corporate Services~~DO will be responsible for follow-up and offer of employment.

5.0 Expenses

5.1 Expenses will be considered on a case-by-case basis and must be approved by the Board.

**Review/Revisions**

**On** (YYYY-MM-DD)**:** 2015-06-10
**On** (YYYY-MM-DD)**:** 2013-04-13
**On** (YYYY-MM-DD)**:**
**On** (YYYY-MM-DD)**:**

**To:** All Members
Board of Health

**From:** Councillor Henry Clarke, Chair, Stewardship Committee

**Subject:** **Committee Report: Stewardship**

**Date:** September 13, 2017

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**Proposed Recommendations:**

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from June 1, 2017, for information.*

b. *That the Board of Health for Peterborough Public Health:*
   - *receive the staff report, 2016/2017 Infant and Toddler Development Program Audited Statements and Transfer Payment Annual Reconciliation, for information; and,*
   - *approve the 2016/2017 Audited Statements and Annual Reconciliation for the Infant and Toddler Development Program.*

c. *That the Board of Health for Peterborough Public Health.*
   - *receive the staff report, 2016/2017 Preschool Speech and Language Program Audited Statements, for information; and,*
   - *approve the 2016/2017 Audited Statements for the Preschool Speech and Language Program.*

d. *That the Board of Health for Peterborough Public Health receive the Q2 2017 Finance Report for information.*

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Background:

The Stewardship Committee met last on August 30, 2017. At that meeting, the Committee requested that these items come forward to the Board of Health.

Attachments:

a. Stewardship Committee Minutes, June 1, 2017
b. Staff Report - 2016/2017 Infant and Toddler Development Program Audited Statements and Transfer Payment Annual Reconciliation
c. Staff Report - 2016/2017 Preschool Speech and Language Program Audited Statements
d. Q2 2017 Financial Report

**Board of Health for the**
**Peterborough County-City Health Unit**
**MINUTES**
**Stewardship Committee Meeting**
**Thursday, June 1, 2017 – 5:00 p.m.**
**Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

| | |
|---|---|
| **Present:** | **Councillor Henry Clarke**<br>**Ms. Andy Sharpe**<br>**Mayor Rick Woodcock** |
| **Regrets:** | **Mayor Mary Smith** |
| **Staff:** | **Dr. Rosana Salvaterra, Medical Officer of Health**<br>**Dale Bolton, Manager, Finance and Property**<br>**Larry Stinson, Director of Operations**<br>**Ms. Natalie Garnett, Recorder** |

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## 1. Call to Order

Councillor Clarke called the Stewardship Committee meeting to order at 5:00 p.m.

## 2. Confirmation of the Agenda

MOTION:
*That the agenda be approved as circulated.*
Moved: Mayor Woodcock
Seconded: Andy Sharpe
Motion carried. (M-2017-008-SC)

## 3. Declaration of Pecuniary Interest

## 4. Delegations and Presentations

## 5. Confirmation of the Minutes of the Previous Meeting

5.1 **April 6, 2017**

MOTION:
*That the minutes of the Meeting of April 6, 2017 be approved as circulated.*
Moved: Andy Sharpe
Seconded: Mayor Woodcock
Motion carried. (M-2017-009-SC)

## 6. Business Arising from the Minutes

### 6.1 2017 Committee Work Plan – Progress Update

MOTION:
*That the 2017 Stewardship Committee Work Plan be approved.*
Moved: Andy Sharpe
Seconded: Mayor Woodcock
Motion carried. (M-2017-010-SC)

## 7. Staff Reports

### 7.1 Staff Report: Staffing Requirements for the Healthy Babies, Healthy Children Program

Larry Stinson, Director of Operations, provided an overview of the report "Staffing Requirements for the Healthy Babies, Healthy Children Program".

MOTION:
*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*
- *Receive the staff report, "Staffing Requirements for the Healthy Babies, Healthy Children Program" for information; and,*
- *Relay concern to the Peterborough Public Health Board regarding the status of the program and the need for significant attention to be paid to the report contents.*

Moved: Mayor Woodcock
Seconded: Andy Sharpe
Motion carried. (M-2017-011-SC)

## 8. Consent Items

## 9. New Business

## 10. In Camera to Discuss Confidential Matters

MOTION:
*That the Stewardship Committee for the Board of Health for Peterborough Public Health enter In Camera to discuss one item under Section 239(2)(b), Personal matters about an identifiable individual, including Board employees.*
Moved: Mayor Woodcock
Seconded: Andy Sharpe
Motion carried. (M-2017-012-SC)
The Stewardship Committee entered In Camera at 5:21 p.m.

MOTION:
*That the Stewardship Committee for the Board of Health for Peterborough Public Health rise from In Camera, at 5:37 p.m.*
Moved: Mayor Woodcock
Seconded: Andy Sharpe
Motion carried. (M-2017-013-SC)

**11. Motions for Open Session**

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

The next meeting of the Stewardship Committee will be held on Thursday August 24, 2017 at 5:00 p.m., in the Dr. J.K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough.

**13. Adjournment**

MOTION:
*That the meeting be adjourned.*
Moved: Mayor Woodcock
Seconded: Andy Sharpe
Motion carried. (M-2017-014-SC)

The meeting was adjourned at 5:39 p.m.

Chairperson

Medical Officer of Health

# Staff Report

## 2016/2017 Infant and Toddler Development Program Audited Statements and Transfer Payment Annual Reconciliation

| | |
|---|---|
| **Date:** | August 30, 2017 |
| **To:** | Stewardship Committee |
| **From:** | Dr. Rosana Salvaterra, Medical Officer of Health |

| | |
|---|---|
| *Original approved by* | *Original approved by* |
| Rosana Salvaterra, M.D. | Dale Bolton, Manager, Finance and Property |

**Proposed Recommendations**

*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*

- *receive the staff report, 2016/2017 Infant and Toddler Development Program Audited Statements and Transfer Payment Annual Reconciliation, for information; and,*
- *recommend to the Board of Health the acceptance of the 2016/2017 Audited Statements and Annual Reconciliation for the Infant and Toddler Development Program.*

**Financial Implications and Impact**

The Board of Health is required by contract with the Ministry of Children and Youth Services (MCYS) to provide the Ministry the 2016/2017 Infant and Toddler Development Audited Financial Statements.

The Province also 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.

## Decision History

The Board of Health approved the 2016/2017 budget request of $245,220 including funding from the province of $242,423 on March 9, 2016.

As directed by the Board of Health, the budget reflects the actual occupancy costs and a more reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of $242,423. There have been no funding increases to the program since 2003. To balance the budget in 2016/2017 the board approved $2,797 of other health unit funds to be used. These funds were set aside for the program in prior years.

## Background

The Infant and Toddler Development Program (ITDP) is intended to be funded 100% by the MCYS. The Infant & Toddler Development program budget year began April 1, 2016 and ended March 31, 2017. The total funding allocation from the Ministry for the 2016/17 fiscal year was $242,423. The operating budget has been fixed at $242,423 with no increases since 2002/2003. Deferred income has been used for several years now to balance the budget.

## Rationale

The Audited expenditures for the year totalled $244,047 are lower than the approved budget due to savings in program travel this year.

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 attached.

## Strategic Direction

The submission of the on the Annual Reconciliation Report along with the Audited Financial Statements will allow the Board to fulfil financial contractual obligations with the MCYS. By submitting these reports on a timely basis, the Ministry will continue to flow funds to the Board and allow the Ministry to consider approving the board's 2017/2018 budget submission. This will help PPH in continuing to meet its mandate through coordinated efforts with the Healthy Babies Health Children Program and the Child Health Program.

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

**Contact:**

Dale Bolton, Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

**Attachments:**

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

**PETERBOROUGH PUBLIC HEALTH**

**INFANT TODDLER DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUES AND EXPENSES**

**FOR THE YEAR ENDED MARCH 31, 2017**

**INDEPENDENT AUDITOR'S REPORT**

**To The Members Of The Board Of Health Of**
**Peterborough Public Health**

*Report on the Financial Statement*
We have audited the accompanying statement of revenues and expenses of the Peterborough Public Health – Infant Toddler Development Program for the year ended March 31, 2017, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statement*
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.

*Auditor's 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 auditor's 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 revenues and expenses of the Peterborough Public Health – Infant Toddler Development Program for the year ended March 31, 2017 in accordance with Canadian Public Sector Accounting Standards.

*Restriction on Use*
The financial statement is prepared to assist the Peterborough Public Health – Infant Toddler Development Program to meet the requirements of the Ministry of Children and Youth Services and the Ministry of Community and Social Services. As a result, the financial statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children and Youth Services and the Ministry of Community and Social Services and should not be distributed to parties other than the Board of Health of Peterborough Public Health and the Ministry of Children and Youth Services and the Ministry of Community and Social Services.

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 24, 2017

**PETERBOROUGH PUBLIC HEALTH**
**INFANT TODDLER DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUES AND EXPENSES**
**For The Year Ended March 31, 2017**

| | Budget 2017 $ (Unaudited) | Actual 2017 $ | Actual 2016 $ |
|---|---|---|---|
| **Revenues** | | | |
| Ministry of Community and Social Services/Ministry of Children and Youth Services grant | 242,423 | 242,423 | 242,423 |
| Other revenue | 2,797 | 1,624 | 400 |
| | 245,220 | 244,027 | 242,823 |
| **Expenses** | | | |
| Personal Services Expenses | | | |
| Salaries and wages | 150,815 | 152,773 | 152,226 |
| Employee benefits | 42,982 | 41,411 | 41,278 |
| | 193,797 | 194,184 | 193,504 |
| Other Operating Expenses | | | |
| Audit and legal | 1,900 | 1,600 | 1,600 |
| Rent and utilities | 15,396 | 15,396 | 15,396 |
| Materials and supplies | 2,500 | 2,574 | 2,384 |
| Communications | 1,885 | 1,833 | 1,832 |
| Staff education and training | 500 | 500 | 270 |
| Travel | 5,000 | 3,718 | 3,595 |
| Allocated administrative expenses | 24,242 | 24,242 | 24,242 |
| | 51,423 | 49,863 | 49,319 |
| | 245,220 | 244,047 | 242,823 |
| **Amount due to Province of Ontario** | - | - | - |

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

**PETERBOROUGH PUBLIC HEALTH**
**INFANT TODDLER DEVELOPMENT PROGRAM**

**NOTES TO THE FINANCIAL STATEMENT**
**For The Year Ended March 31, 2017**

---

## NOTE 1: OPERATING NAME

During the year, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

## NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenues and expenses of the Infant Toddler Development Program of Peterborough Public Health has been prepared in accordance with the standards in the Chartered Professional Accountants Canada Public Sector Accounting (PSA) handbook. 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 Peterborough Public Health 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.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

**Use of Estimates**

The preparation of financial statements in compliance with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of revenues and expenses during the year. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **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 $12,151 (2016 - $12,944). These amounts are included in employee benefits expense in the statement of revenues and expenses.

## TRANSFER PAYMENT ANNUAL RECONCILIATION

### SECTION I: SUMMARY, CERTIFICATION and VERIFICATION

**SERVICE PROVIDER / DELIVERY AGENT:** Peterborough County-City Health Unit

**FOR THE YEAR ENDED:** March 31, 2017

**SERVICE CONTRACT/CFSA APPROVAL NUMBER:** C23673-1

### PART A: SUMMARY

| LINE | SERVICES | | Executive and Allotment Control | Total Eligible Expenditures (pending final Ministry review and approval) | Total Approved Ministry Funding | Summary of Revised Ministry Funding after Financial Flexibility (pending final Ministry review and approval) |
|---|---|---|---|---|---|---|
| 100 | Detail Code # | Service (Detail Code) Name | | | | |
| 101 | A476 | Infant Development | CYSEX034-AL09 | $ 242,423 | $ 242,423 | $ 242,423 |
| 102 | 0 | | | $ - | $ - | $ - |
| 103 | 0 | | | $ - | $ - | $ - |
| 104 | 0 | | | $ - | $ - | $ - |
| 105 | 0 | | | $ - | $ - | $ - |
| 106 | 0 | | | $ - | $ - | $ - |
| 107 | 0 | | | $ - | $ - | $ - |
| 108 | 0 | | | $ - | $ - | $ - |
| 109 | 0 | | | $ - | $ - | $ - |
| 110 | 0 | | | $ - | $ - | $ - |
| 111 | 0 | | | $ - | $ - | $ - |
| 112 | 0 | | | $ - | $ - | $ - |
| 113 | 0 | | | $ - | $ - | $ - |
| 114 | 0 | | | $ - | $ - | $ - |
| 115 | 0 | | | $ - | $ - | $ - |
| 116 | 0 | | | $ - | $ - | $ - |
| 117 | 0 | | | $ - | $ - | $ - |
| 118 | 0 | | | $ - | $ - | $ - |
| 119 | 0 | | | $ - | $ - | $ - |
| 120 | 0 | | | $ - | $ - | $ - |
| 121 | 0 | | | $ - | $ - | $ - |
| 122 | 0 | | | $ - | $ - | $ - |
| 123 | 0 | | | $ - | $ - | $ - |
| 124 | 0 | | | $ - | $ - | $ - |
| 125 | 0 | | | $ - | $ - | $ - |
| 126 | 0 | | | $ - | $ - | $ - |
| 127 | 0 | | | $ - | $ - | $ - |
| 128 | 0 | | | $ - | $ - | $ - |
| 129 | 0 | | | $ - | $ - | $ - |
| 130 | 0 | | | $ - | $ - | $ - |
| 131 | 0 | | | $ - | $ - | $ - |
| 132 | 0 | | | $ - | $ - | $ - |
| 133 | 0 | | | $ - | $ - | $ - |
| 134 | 0 | | | $ - | $ - | $ - |
| 135 | 0 | | | $ - | $ - | $ - |
| 136 | 0 | | | $ - | $ - | $ - |
| 137 | 0 | | | $ - | $ - | $ - |
| 138 | 0 | | | $ - | $ - | $ - |
| 139 | 0 | | | $ - | $ - | $ - |
| 140 | 0 | | | $ - | $ - | $ - |
| 141 | 0 | | | $ - | $ - | $ - |
| 142 | 0 | | | $ - | $ - | $ - |
| TOTAL | | | | $ 242,423 | $ 242,423 | $ 242,423 |

### PART B: CERTIFICATION BY SERVICE PROVIDER / DELIVERY AGENT AUTHORITY

I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

Signature of Service Provider / Delivery Agent Authority (LINE 143)

Name of Service Provider/Delivery Agent Authority (LINE 143)

Title of Service Provider/Delivery Agent Authority (LINE 143)

Date (dd/mm/yy) (LINE 150)

### PART C: VERIFICATION BY THE BOARD OF DIRECTORS

**The above certification, together with the Transfer Payment Annual Reconciliation, was received and approved by:**

the Board of Directors on the _____ day of _____, _____. **(LINE 160)**

**Chairperson of the Board of Directors:** _____ **(LINE 170)**

**Signature**

**Name of Chairperson or Designate**

**Title**

# 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, 2017

SERVICE CONTRACT/CFSA APPROVAL NUMBER: C23673-1

| LINE | | | |
|---|---|---|---|
| 400 | **TOTAL GROSS REVENUES PER AUDITED FINANCIAL STATEMENTS** | | $ 244,047 |
| 401 | **LESS: Non Funded Ministry (MCYS) Revenue (i.e. funding from other sources not related to ministry servic** | | $ - |
| 402 | **Adjustments for Revenues from Ministry(ies) Funding calculation** | | |
| 403 | Less: Non Retainable Revenues | | |
| 404 | Specify (e.g. Expenditure Recoveries) | | $ 1,624 |
| 405 | Specify (e.g. Offsetting Revenues ) | | $ - |
| 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** | $ 1,624 |
| 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 - Line401 - Line 404 to Line 410 + Line 414)** | | **$ 242,423** |
| 420 | **Total Approved Ministry Funding (Total of LINE 223)** *(Lines 415 and 420 should equal)* | | **$ 242,423** |
| 440 | **TOTAL GROSS EXPENDITURES PER AUDITED FINANCIAL STATEMENTS** | | $ 244,047 |
| 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 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)_____ | | $ 1,624 |
| 457 | Less: Other (specify)_____ | | $ - |
| | | **Subtotal** | $ 1,624 |
| 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** | | **$ 242,423** |
| 480 | **Total Eligible Expenditures (Total of LINE 269)** | | **$ 242,423** |
| 490 | **Variance** | | $ - |

Variance Explanation:

| | | |
|---|---|---|
| 491 | **Retained Earning** | $ - |
| 492 | **Total Assets** | $ - |
| 493 | **Total Debt** | $ - |

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

# Staff Report

## 2016/2017 Preschool Speech and Language Program Audited Financial Statements

| | |
|---|---|
| **Date:** | August 30, 2017 |
| **To:** | Stewardship Committee |
| **From:** | Dr. Rosana Salvaterra, Medical Officer of Health |

| *Original approved by* | *Original approved by* |
|---|---|
| Rosana Salvaterra, M.D. | Dale Bolton, Manager, Finance and Property |

**Proposed Recommendations**

*That the Stewardship Committee for the Board of Health for Peterborough Public Health:*

- *receive the staff report, 2016/2017 Preschool Speech and Language Program Audited Statements, for information; and,*
- *recommend to the Board of Health the acceptance of the 2016/2017 Audited Statements for the Preschool Speech and Language Program.*

**Financial Implications and Impact**

The submission of the 2016/2017 Preschool Speech and Language Audited Financial Statements to the Board for approval is in accordance with the agreement between the Five Counties Children's Centre (5CCC) and the Peterborough Public Health (PPH). As the statement indicates, the program has operated within budget so there are no financial implications.

**Decision History**

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

**Rationale**

The Preschool Speech and Language Program (PSLP) fiscal period began April 1, 2016 and ended March 31, 2017 and is funded 100% through the Ministry of Children and Youth Services (MCYS) by a grant from the 5CCC.

The PSLP is a regional partnership with the 5CCC, the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and PPH. Funds from the MCYS are provided to 5CCC which in turn provides funds to help support the PPH 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 the HKPR Health Unit.

**Rationale**

The funding flowed from the 5CCC provides funding to support the PPH's Family HEALTHline. The total revenue and expenditures for the fiscal period ending March 31, 2017 were $12,670.

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 PSLP will enable the Board of Health to work strategically with the 5CCC and other partnerships throughout the regional PSLP Network to ensure that local health needs for parents of young children are identified and assessed.

**Contact:**

Dale Bolton, Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

**Attachments:**

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

**PETERBOROUGH PUBLIC HEALTH**

**PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**STATEMENT OF REVENUE AND EXPENSES**

**FOR THE YEAR ENDED MARCH 31, 2017**

**INDEPENDENT AUDITOR'S REPORT**

**To The Members Of The Board Of Health Of**
**Peterborough Public Health**

*Report on the Financial Statement*
We have audited the accompanying statement of revenue and expenses of the Peterborough Public Health – Preschool Speech and Language Program for the year ended March 31, 2017, and a summary of significant accounting policies and other explanatory information.

*Management's Responsibility for the Financial Statement*
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.

*Auditor's 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 auditor's 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 expenses of the Peterborough Public Health – Preschool Speech and Language Program for the year ended March 31, 2017 in accordance with Canadian Public Sector Accounting Standards.

*Restriction on Use*
The financial statement is prepared to assist the Peterborough Public Health – Preschool Speech and Language Program to meet the requirements of Five Counties Children's Centre. As a result, the financial statement may not be suitable for another purpose. Our report is intended solely for the Health Unit and Five Counties Children's Centre and should not be distributed to parties other than the Board of Health of Peterborough Public Health and Five Counties Children's Centre.

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 24, 2017

**PETERBOROUGH PUBLIC HEALTH**
**PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**STATEMENT OF REVENUE AND EXPENSES**
**For The Year Ended March 31, 2017**

| | Budget 2017 $ (Unaudited) | Actual 2017 $ | Actual 2016 $ |
|---|---|---|---|
| **Revenue** | | | |
| Five Counties Children's Centre grant | 12,670 | 12,670 | 12,670 |
| **Expenses** | | | |
| Personal Services Expenses | | | |
| Salaries and wages | 8,965 | 8,965 | 8,955 |
| Employee benefits | 2,430 | 2,430 | 2,405 |
| Phone line support | 345 | 345 | 360 |
| | 11,740 | 11,740 | 11,720 |
| Other Operating Expenses | | | |
| Rent | 420 | 420 | 420 |
| Audit | 510 | 510 | 530 |
| | 930 | 930 | 950 |
| | 12,670 | 12,670 | 12,670 |
| **Excess Of Revenue Over Expenses For The Year** | - | - | - |



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

**PETERBOROUGH PUBLIC HEALTH**
**PRESCHOOL SPEECH AND LANGUAGE PROGRAM**

**NOTE TO THE FINANCIAL STATEMENT**
**For The Year Ended March 31, 2017**

---

## NOTE 1: OPERATING NAME

During the year, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

## NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenses of the Preschool Speech and Language Program of Peterborough Public Health has been prepared in accordance with the standards in the Chartered Professional Accountants Canada Public Sector Accounting (PSA) handbook. 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 Peterborough Public Health 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 Revenue and Expenses

Revenue and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenue 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 Public Sector Accounting Standards 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, the impact of which would be recorded in future periods.

## Financial Update Q2 2017 (Finance: Dale Bolton)

| Programs Funded January 1 to December 31, 2017 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Type** | **2017** | **Approved by Board** | **Submission Date** | **Expenditures to Jun. 30** | **% of Budget** | **Funding** | **Comments** |
| Mandatory Public Health Programs | Cost Shared (CS) | 7,202,667 | 09-Nov-16 | submitted 1-Mar | 3,497,565 | 48.6% | MOHLTC | Operating within budget. Board approved $7,975,438 which included Small Drinking Water, Vector Borne Disease and Occupancy Cost - See lines below. |
| Mandatory Public Health Programs - Occupancy costs | CS | 518,267 | 09-Nov-16 | submitted 1-Mar | 259,130 | 50.0% | MOHLTC | Operating within budget. |
| Small Drinking Water Systems | CS | 90,800 | 09-Nov-16 | submitted 1-Mar | 44,692 | 49.2% | MOHLTC | Operating within budget. |
| Vector- Borne Disease (West Nile Virus) | CS | 76,133 | 09-Nov-16 | submitted 1-Mar | 25,344 | 33.3% | MOHLTC | West Nile Virus program measures and students started in May. |
| Infectious Disease Control | 100% | 228,345 | 11-Feb-17 | submitted 1-Mar | 113,673 | 49.8% | MOHLTC | Operating within budget based on budget request. YTD expenditures are operating just above 2016 budget approval of $222,300. |
| Infection Prev. & Control Nurses | 100% | 94,300 | 11-Feb-17 | submitted 1-Mar | 46,441 | 49.2% | MOHLTC | Operating within budget based on budget request. YTD expenditures are operating just above 2016 budget approval of $90,100. |
| Healthy Smiles Ontario (HSO) | 100% | 763,100 | 11-Feb-17 | submitted 1-Mar | 272,866 | 35.8% | MOHLTC | **Operating within budget approval received in 2016. Overall results from 2017 show program significantly underspent as staffing positions planned for program have not been hired due to potential uncertainty of budget approval. Year to date underspent as negotiations with Ministry re: delivery model have not been finalized at this time.** |

| | Type | 2017 | Approved by Board | Submission Date | Expenditures to Jun. 30 | % of Budget | Funding | Comments |
|---|---|---|---|---|---|---|---|---|
| Enhanced Food Safety | 100% | 25,000 | 11-Feb-17 | submitted 1-Mar | 12,391 | 49.6% | MOHLTC | Operating within budget. |
| Enhanced Safe Water | 100% | 15,500 | 11-Feb-17 | submitted 1-Mar | 4,323 | 27.9% | MOHLTC | Operating within budget. Student position started in May 2017. |
| Needle Exchange Initiative | 100% | 60,000 | 11-Feb-17 | submitted 1-Mar | 17,615 | 29.4% | MOHLTC | Operating within budget based on Ministry request. Budget request increased 33.3% over prior year approval of $45,000. Year to date actual is currently below 2016 approval. Anticipate program operating closer to 2016 actuals based on year to date expenditures. |
| Social Determinants of Health Nurses Initiative - Nurses Commitment | 100% | 190,675 | 11-Feb-17 | submitted 1-Mar | 94,106 | 49.4% | MOHLTC | Operating within budget based on budget request. Year to date expenditures are operating just above the 2016 budget approval of $180,500. |
| Chief Nursing Officer Initiative | 100% | 126,250 | 11-Feb-17 | submitted 1-Mar | 61,605 | 48.8% | MOHLTC | Operating within budget based on budget request. Year to date expenditures are operating within 2016 budget approval of $121,500. |
| Smoke Free Ontario (SFO) - Control | 100% | 100,000 | 11-Feb-17 | submitted 1-Mar | 49,873 | 49.9% | MOHLTC | Operating within budget. |
| SFO - Enforcement | 100% | 202,100 | 11-Feb-17 | submitted 1-Mar | 101,088 | 50.0% | MOHLTC | Operating at budget. |

| | Type | 2017 | Approved by Board | Submission Date | Expenditures to Jun. 30 | % of Budget | Funding | Comments |
|---|---|---|---|---|---|---|---|---|
| SFO - Youth Prevention | 100% | 80,000 | 11-Feb-17 | submitted 1-Mar | 36,511 | 45.6% | MOHLTC | Operated within budget. Savings due to some gapping in first quarter of year. Anticipate being |
| SFO - Prosecution | 100% | 6,700 | 11-Feb-17 | submitted 1-Mar | 2,208 | 33.0% | MOHLTC | Operating within budget based on program demand. |
| Electronic Cigarettes Act - Protection & Enforcement | 100% | 30,500 | 11-Feb-17 | submitted 1-Mar | 15,088 | 49.5% | MOHLTC | Operating within budget based on budget request. Year to date expenditures are operating slightly above 2016 budget approval of $29,300. |
| Medical Officer of Health Compensation | 100% | 51,054 | NA | submitted 1-Mar | 25,327 | 49.6% | MOHLTC | Operating within budget. |
| Healthy Babies, Healthy Children | 100% | 928,413 | 12-Apr-17 | submitted 18-Apr | 463,197 | 49.9% | MCYS | Operating within budget. |

**One-Time Programs Funded January 1 to December 31, 2017**

| | Type | 2017 | Approved by Board | Submission Date | Expenditures to Jun. 30 | % of Budget | Funding | Comments |
|---|---|---|---|---|---|---|---|---|
| Inclusive Prenatal Curriculm | 100% | 10,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| Evidence Based Decision Making | 100% | 10,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| Arts Based Health Promotion | 100% | 20,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| File Server Update | 100% | 53,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| AODA Website | 100% | 26,500 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Healthy Menu | 100% | 50,300 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| PHI Practicum | 100% | 30,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| Radon Kits | 100% | 10,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |
| Enhanced Tobacco Cessation | 100% | 30,000 | 11-Feb-17 | submitted 1-Mar | 0 | 0.0% | MOHLTC | Expenditures waiting for provincial approval. |

| **Programs funded April 1, 2017 to March 31, 2018** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Type** | **2017 - 2018** | **Approved by Board** | **Approved** | **Expenditures to Jun. 30** | **% of Budget** | **Funding** | **Comments** |
| Infant Toddler and Development Program | 100% | 245,821 | March 8/17 | Submitted 17-Mar | 61,236 | 24.9% | MCSS | Operated within budget. |
| Speech | 100% | 12,670 | Annual Approval | NA | 3,168 | 25.0% | FCCC | Operated within budget. |
| Healthy Communities Challenge Fund | | 206,250 | NA | NA | 44,923 | 21.8% | | Operating within budget. |

| Funded Entirely by User Fees January 1 to December 31, 2017 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Type** | **2017** | **Approved By Board** | **Approved By Province** | **Expenditures to Jun. 30** | **% of Budget** | **Funding** | **Comments** |
| Safe Sewage Program | | 382,389 | 12-Nov-14 | NA | 198,212 | 51.8% | FEES | Program funded entirely by user fees. Expenditures are slightly above budget. Revenue from User Fees are below budget resulting in a deficit of $39,889. Anticipate increase in revenues as building season continues through next quarter and inspections finalized to offset deficit. |
| Mandatory and Non-Mandatory Re-inspection Program | | 99,500 | 12-Nov-14 | NA | 9,169 | 9.2% | FEES | Re-inspection program activity began late May. Anticipate increase in activity in next quarter. |

| Programs funded through donations and other revenue sources January 1 to December 31, 2017 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **Type** | **2017** | **Approved By Board** | **Approved By Province** | **Expenditures to Jun. 30** | **% of Budget** | **Funding** | **Comments** |
| Food For Kids, Breakfast Program & Collective | | 50,042 | NA | NA | 39,090 | 78.1% | Donation | Budget based 2016 actuals. Operating above budget. Excess expenditures offset by donations. |

**To:** All Members
Board of Health

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** **Association of Municipalities of Ontario Delegation Debrief – Healthy Babies, Healthy Children Program**

**Date:** September 13, 2017

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**Proposed Recommendation:**

*That the Board of Health for Peterborough Public Health receive the oral update, Association of Municipalities of Ontario Delegation Debrief – Healthy Babies, Healthy Children Program, for information.*

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Background:

Staff were directed to secure a delegation with the Minister of Child and Youth Services regarding sustainable funding for the Healthy Babies, Healthy Children Program.

The delegation which included Councillor Baldwin, Deputy Mayor Fallis and Mayor Woodcock, met with Minister Couteau on August 15, 2017 during the Association of Municipalities of Ontario Conference in Ottawa, ON.