

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Board of Health Meeting
Wednesday, May 4, 2016 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough**

1. Call to Order

Opening Statement

We respectfully acknowledge that we gather and reside on traditional Anishinaabeg land, and we offer our deep gratitude to our First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. [April 13, 2016](#)

6. Business Arising From the Minutes

6.1. [Staff Report: The Potential Health Impacts of a Casino in Peterborough – Update, April 2016](#)

Monique Beneteau, Health Promoter

7. Staff Reports

7.1. [Staff Report and Presentation: Tobacco Use in Peterborough: Priorities for Action](#)

Keith Beecroft, Health Promoter

Andrew Kurc, Epidemiologist

7.2. [Staff Report and Presentation: New Visual Identity for Peterborough Public Health](#)

Brittany Cadence, Manager, Communications Services

8. Consent Items

All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board's consideration can be approved by one motion.

Board Members: For your convenience, circle the items you wish to consider separately:

8.1a 8.1b 8.2a 8.2b 8.2c 8.2d 8.2e 8.3a

8.1. Correspondence

- a. [Correspondence for Direction](#)
- b. [Correspondence for Information](#)

8.2. Staff Reports

- a. [Staff Report: Q1 2016 Public Health Programs Report](#)
Patti Fitzgerald, Assistant Director, Chief Nursing & Privacy Officer
- b. [Staff Report: Q1 2016 Corporate Services Report](#)
Larry Stinson, Director of Operations
- c. [Staff Report: Signing Authorities](#)
Larry Stinson, Director of Operations
- d. [Staff Report: Healthy Kids Community Challenge Project Update](#)
Claire Townshend, Health Promoter
- e. [Staff Report: Breaking Down Barriers to Breastfeeding for Women with Low Incomes in Peterborough – Project Summary](#)
Dawn Hanes, Public Health Nurse

8.3. Committee Reports

- a. [Fundraising Committee](#)
Kerri Davies, Chair, Governance Committee

9. New Business

- 9.1. [Association of Local Public Health Agencies –2016 Annual General Meeting Resolutions](#)

10. In Camera to Discuss Confidential Matters (Nil)

11. Motions for Open Session

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

Date: June 8, 2016

Time: 5:30 p.m.

Curve Lake Community Centre, 20 Whetung Street East, Curve Lake First Nation

13. Adjournment

ACCESSIBILITY INFORMATION: The Peterborough County-City Health Unit 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.

**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Board of Health Meeting
Wednesday, April 13, 2016 – 5:30 p.m.
Dr. J.K Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough**

In Attendance:

Board Members: Mr. Scott McDonald, Chair
Mayor Mary Smith, Vice Chair
Deputy Mayor John Fallis
Mr. Gregory Connolley
Ms. Kerri Davies
Councillor Henry Clarke
Councillor Gary Baldwin
Councillor Art Vowles
Mayor Rick Woodcock
Mr. Andy Sharpe
Chief Phyllis Williams

Staff: Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder
Ms. Brittany Cadence, Manager, Communication Services
Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Alida Tanna, Executive Assistant

Regrets: Councillor Lesley Parnell

1. Call to Order

Mr. McDonald, Chair called the meeting to order at 5:30 p.m. Dr. Rachel Winterton, a visiting professor from Australia was introduced by Mayor Smith.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Clarke

Seconded: Deputy Mayor Fallis

Motion carried. (M-2016-049)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

4.1. 2015 Audited Financial Statements

Richard Steinginga, Collins Barrow Chartered Accountants, provided an overview of the 2015 Audited Financial Statements.

MOTION:

That the 2015 Audited Financial Statements for the Peterborough County-City Health Unit, be approved.

Moved: Councillor Clarke

Seconded: Mr. Connolley

Motion carried. (M-2016-050)

4.2. Physical Donor Recognition

Nicole Beatty, nicbea & co, provided a presentation on the proposed Donor Recognition display.

MOTION:

That the presentation by Nicole Beatty on the Donor Recognition design be received, and;

That the design be approved as presented.

Moved: Ms. Davies

Seconded: Mayor Woodcock

Motion carried. (M-2016-051)

5. Confirmation of the Minutes of the Previous Meeting

5.1. March 9, 2016

MOTION:

That the minutes of the Board of Health meeting held on March 9, 2016, be approved as circulated.

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2016-052)

6. Business Arising From the Minutes

7. Staff Reports

8. Consent Items

MOTION:

That items 8.1a, 8.1b, 8.2b and 8.3a be approved as part of the Consent Agenda.

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2016-053)

MOTION:

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

- *Endorse the letter dated February 22, 2016 sent by North Bay Parry Sound District Health Unit regarding environmental health program funding; and,*
- *Advise the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Roselle Martino, Assistant Deputy Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Boards of Health, local Members of Provincial Parliament and local Councils.*

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2016-053)

MOTION:

That the following documents be received for information:

- *E-newsletter dated March 10, 2016 from the Association of Local Public Health Agencies (ALPHA)*
- *Letter dated March 15, 2016 from the Board Chair to Premier Wynne regarding legislation to enforce infection prevention and control practices within invasive personal service settings*
- *Email dated March 17, 2016 from ALPHA regarding an update to their 2015-2016 leadership*
- *Email dated March 24, 2015 from ALPHA regarding the February 24, 2016 Risk Management Workshop*
- *E-newsletter dated March 30, 2016 from ALPHA*
- *Letter dated March 31, 2016 from the Board Chair to Premier Wynne and Minister Hoskins regarding the Patients First Discussion Paper*
- *Resolutions/Letters from other local public health agencies:*
 - Basic Income Guarantee*
 - Wellington-Dufferin-Guelph*

Environmental Health Program Funding

Grey Bruce

Herpes Zoster Vaccine

Grey Bruce

Legislation to Enforce Infection Prevention and Control Practices within Invasive Personal Service Settings

Grey Bruce

Sudbury and District

Patients First Discussion Paper

Grey Bruce

Smoke-Free Multi Unit Housing

Porcupine

Smoke-Free Schools Act

North Bay Parry Sound District

Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2016-053)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit 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 the Peterborough County-City Health Unit, for the period of May 9-21, 2016.

Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2016-053)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes for the Fundraising Committee for February 3, 2016; and, That the Board of Health for the Peterborough County-City Health Unit receive for information, an update on the Community Foundation of Greater Peterborough Grant.

Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2016-053)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, Accountability Agreement Indicators (2015), for information.

Moved: Councillor Baldwin
Seconded: Mr. Connolley
Motion carried. (M-2016-054)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes from the Governance Committee for December 1, 2015;

That the Board of Health for the Peterborough County-City Health Unit approve Policy 2-150, Remuneration for Members (revised), and Policy 2-261, Appointments, Provincial Representatives (unchanged);

That the Board of Health for the Peterborough County-City Health Unit receive for information, the Governance Committee Work Plan for 2016; and

That the Board of Health for the Peterborough County-City Health Unit approve the following: 2-340 Medical Officer of Health Performance Appraisal (revised), PCCHU Medical Officer of Health Performance Appraisal Form (new), Performance Planner (no changes recommended), and Medical Officer of Health Position Description (revised).

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2016-055)

9. New Business

9.1. Annual Mandatory Board Training – Baby-Friendly Initiatives

Ms. Hanes, Public Health Nurse, provided the annual training session on the Baby-Friendly Initiatives.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit receive the staff training presentation, Baby-Friendly Initiatives, for information.

Moved: Councillor Clarke
Seconded: Mr. Connolley
Motion carried. (M-2016-056)

MOTION:

That the Board of Health for the Peterborough County-City Health Unit provide a letter to the Federal Government requesting them to legislate the “WHO Code” in Canada.

Moved: Deputy Mayor Fallis
Seconded: Ms. Davies
Motion carried. (M-2016-057)

9.2. **Selection of Medical Officer of Health Review Sub-Committee**

MOTION:

That the Medical Officer of Health Review Sub-Committee be composed of the following members:

- Board Chair – Scott McDonald (Review Committee Chair),
- Vice Chair – Mayor Smith,
- Immediate Past Chair – Councillor Parnell, and
- One additional Past Chair – Chief Williams

Moved: Deputy Mayor Fallis

Seconded: Mr. Sharpe

Motion carried. (M-2016-058)

9.3. **alPHa Annual General Meeting and Conference, June 5-7, 2016**

Members interested in attending the alPHa Annual General Meeting (AGM) and Conference, June 5-7, 2016 are asked to contact Ms. Tanna.

MOTION:

That the information on the alPHa AGM and Conference be received for information.

Moved: Deputy Mayor Fallis

Seconded: Chief Williams

Motion carried. (M-2016-059)

9.4. **Association of Municipalities of Ontario Annual General Meeting and Conference, August 14-17, 2016 – Delegation Requests**

Mayor Smith advised that she will be attending the AMO conference but will be unable to take the lead on any delegations due to other commitments. Councillor Parnell and Mayor Woodcock advised that they will also be attending the AMO conference.

MOTION:

That a request be made for a delegation at the AMO conference with the Minister of Health and Long-Term Care, regarding the Patient's First Discussion Paper.

Moved: Councillor Baldwin

Seconded: Councillor Clarke

Motion carried. (M-2016-060)

9.5. **Open House – June 10, 2016**

Discussion was held regarding the preliminary plans for the Open House on June 10, 2016.

MOTION:

That the Board of Health for the Peterborough County-City Health Unit provide the following direction regarding the Open House on June 10, 2016:

- *That the new branding be unveiled in the morning at approximately 10:30 a.m.*
- *That the Myrtle's Kitchen official launch be at lunch time and healthy food be provided.*
- *The Health Unit's Open House will start before 3 p.m. and will end at 6:00 p.m.*
- *The Open House will include tours, an official ceremony, and the provision of exhibits and displays.*

Moved: Deputy Mayor Fallis

Seconded: Mayor Smith

Motion carried. (M-2016-061)

9.6. **Casino Matter**

Councillor Baldwin requested that item 9.6 be added as an agenda item.

MOTION:

That the past staff reports on gaming be an agenda item on the May 4, 2016 meeting agenda, and that the 2013 Technical report be updated and provided for Board consideration.

Moved: Mr. Sharpe

Seconded: Mayor Woodcock

Motion carried. (M-2016-062)

10. In Camera to Discuss Confidential Personal and Property Matters

11. Motions from In Camera for Open Session

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

The next meeting will be held May 4, 2016 in the J. K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, 5:30 p.m.

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Councillor Clarke

Seconded by: Deputy Mayor Fallis

Motion carried. (M-2016-063)

The meeting was adjourned at 7:20 p.m.

Chairperson

Medical Officer of Health

DRAFT



Staff Report

The Potential Health Impacts of a Casino in Peterborough – Update, April 2016

Date:	May 4, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
Original approved by	Original approved by	
Rosana Salvaterra, M.D.	Monique Beneteau, Health Promoter	

Recommendations

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

- *Staff Report, The Potential Health Impacts of a Casino in Peterborough – Update, April 2016; and,*
- *Technical Report: The Potential Health Impacts of a Casino in Peterborough – Update, April 2016.*

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health received the original technical report in March 2013. At its March 2016 meeting, the Board of Health requested that staff update the report.

Background

It was recently announced that a service provider had signed an agreement with the provincial government to own and operate a casino in Peterborough. At the March 2016 meeting, it was suggested that Board of Health members should review the report on the impact of casinos on health written in 2013. An updated version of the report was prepared.

The last time the Canadian Community Health Survey (CCHS) asked questions about gambling was eight years ago in 2007-08, therefore, the data reported in the original document remains in the updated version. However, additional CCHS information has been analyzed and provided in the 2016 report. New data obtained from the Ontario Problem Gambling Hotline and updated data from local service providers have also been included.

Both Toronto Public Health and the Centre for Addiction Mental Health have produced more recent reports that were also sourced in the updated report.

Rationale

The promise of jobs and economic revenue for our community is positive. On the other hand, the potential health and social consequences on our citizens, especially the most vulnerable, is negative. The report maintains the position that, balancing the positive economic gain with the negative health and social outcomes of on-site gaming, a casino is not in the best interest of the health of our community.

Strategic Direction

The health and social issues related to on-site gaming is a concern as it related to the Health Unit's strategic direction of Determinants of Health and Health Equity.

Contact:

Monique Beneteau, Health Promoter
Community Health Team
(705) 743-1000, ext. 309
mbeneteau@pcchu.ca

Attachments:

Attachment A – *Technical Report: The Potential Health Impacts of a Casino in Peterborough (Update April 2016)* †

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To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Staff Report and Presentation: Tobacco Use in Peterborough**

Date: May 4, 2016

Proposed Recommendation:

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

- [Staff Presentation, Priority Populations in Tobacco Use Prevention](#); and,
- [Report, Tobacco Use In Peterborough - Priorities for Action](#).

Priority Populations in Tobacco Use Prevention

Presented to:

PCCHU Board of Health
Wednesday May 4th, 2016

Presented by:

Keith Beecroft – Health Promoter
Andrew Kurc – Epidemiologist

Context

- Smoking accounts for an estimated 130 deaths per year in Peterborough from lung cancer and ischemic heart disease



“Disease is not something personal and special, but only a manifestation of life under modified conditions.”

Context (cont.)

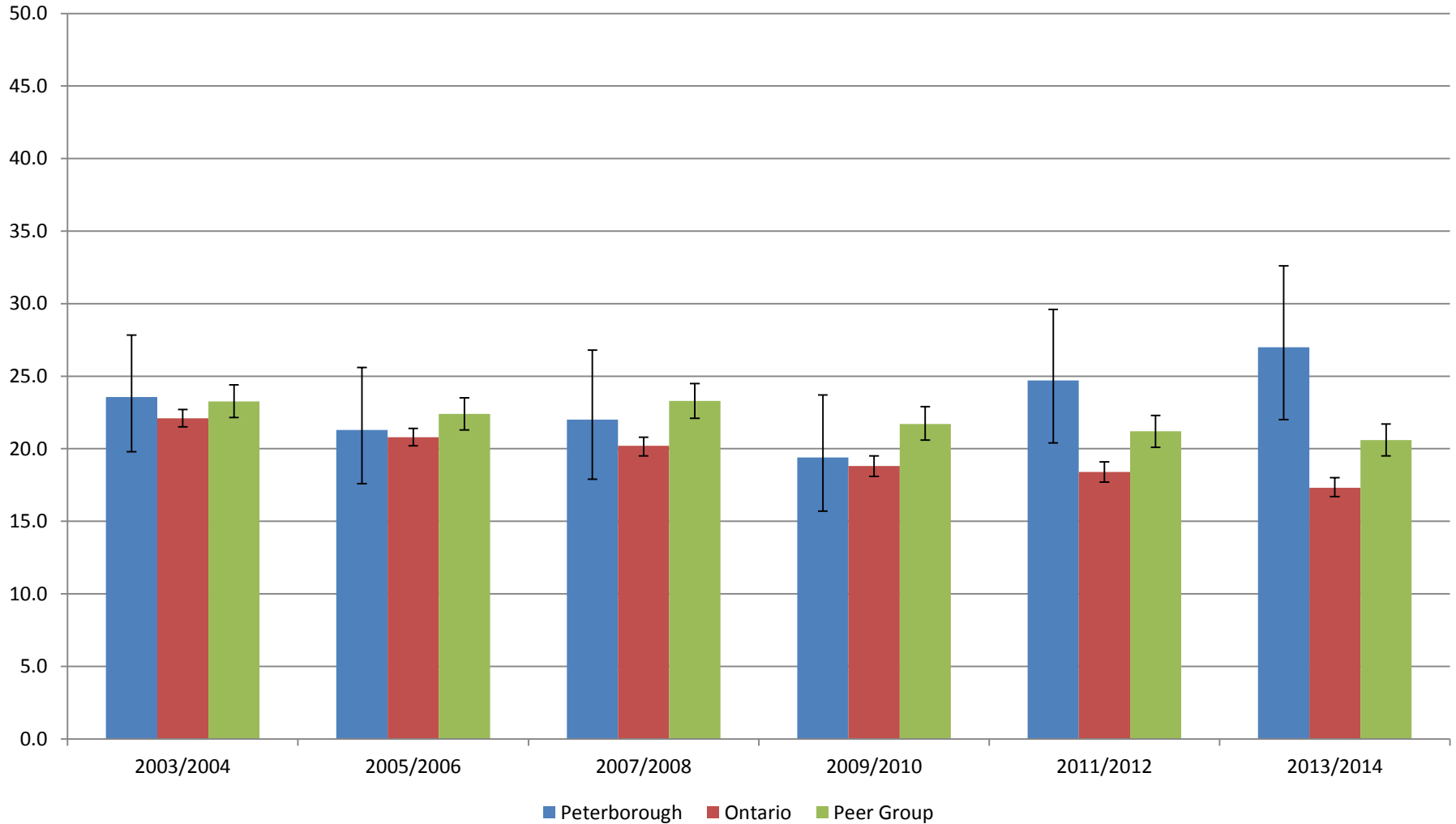
- We can't overlook the role that the tobacco industry plays in the tobacco epidemic



Priority Populations

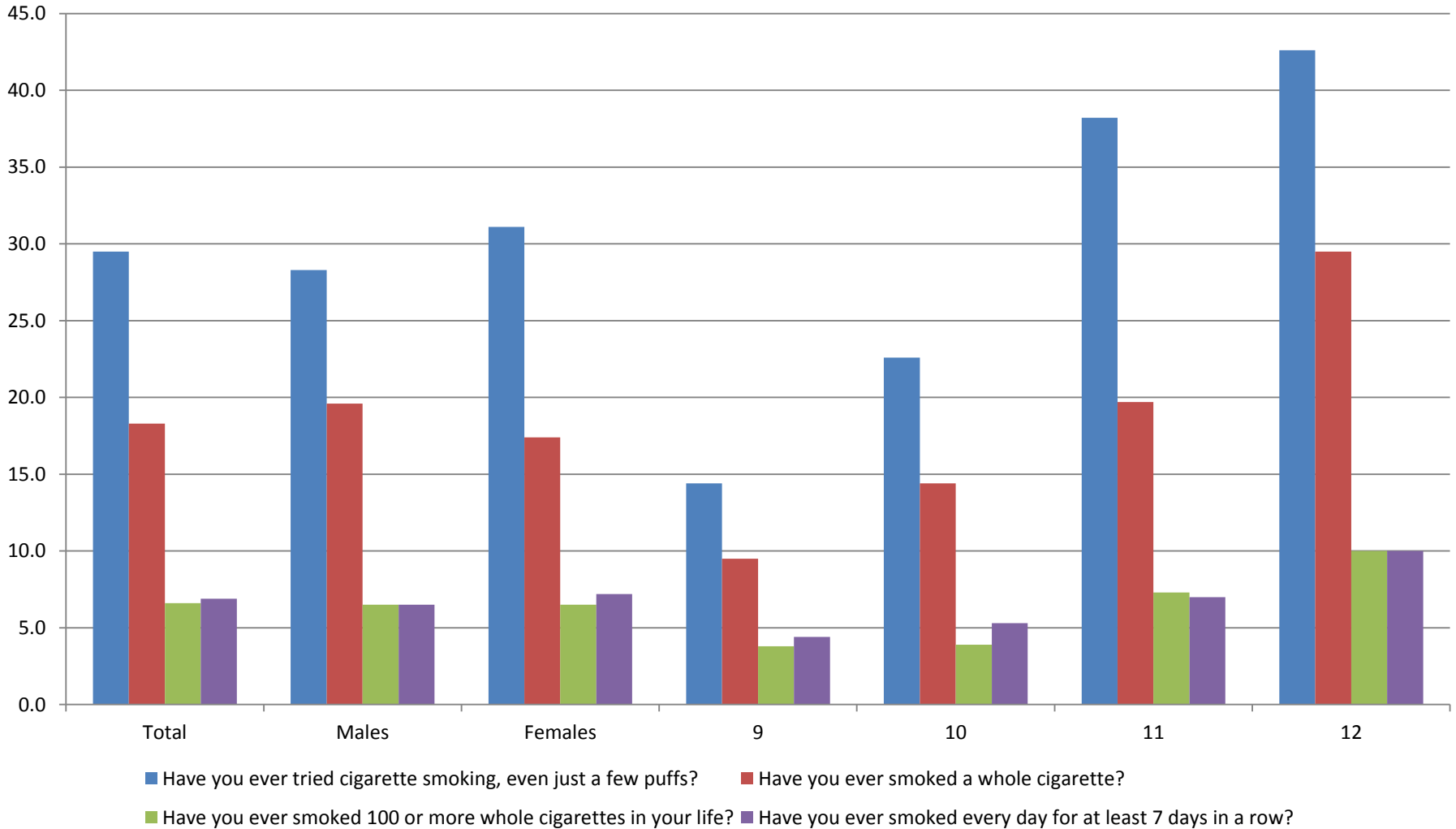
- Youth
- Young Adults
- Persons Living with Low Income
- Pregnant or Recently Pregnant Women
- Residents Living in Multi-Unit Homes (MUHs)

Key Findings (General)

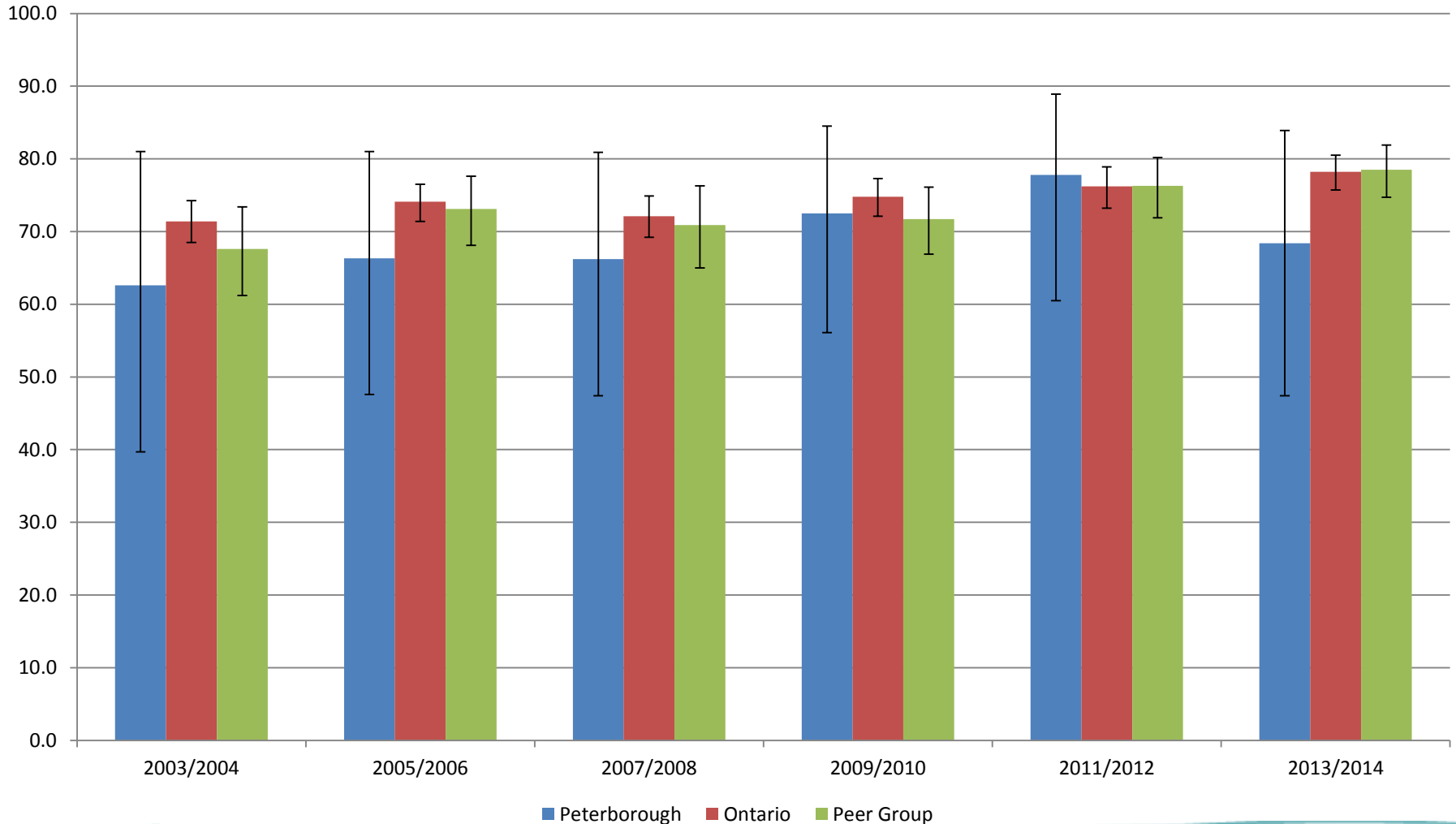


NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Key Findings (Youth)

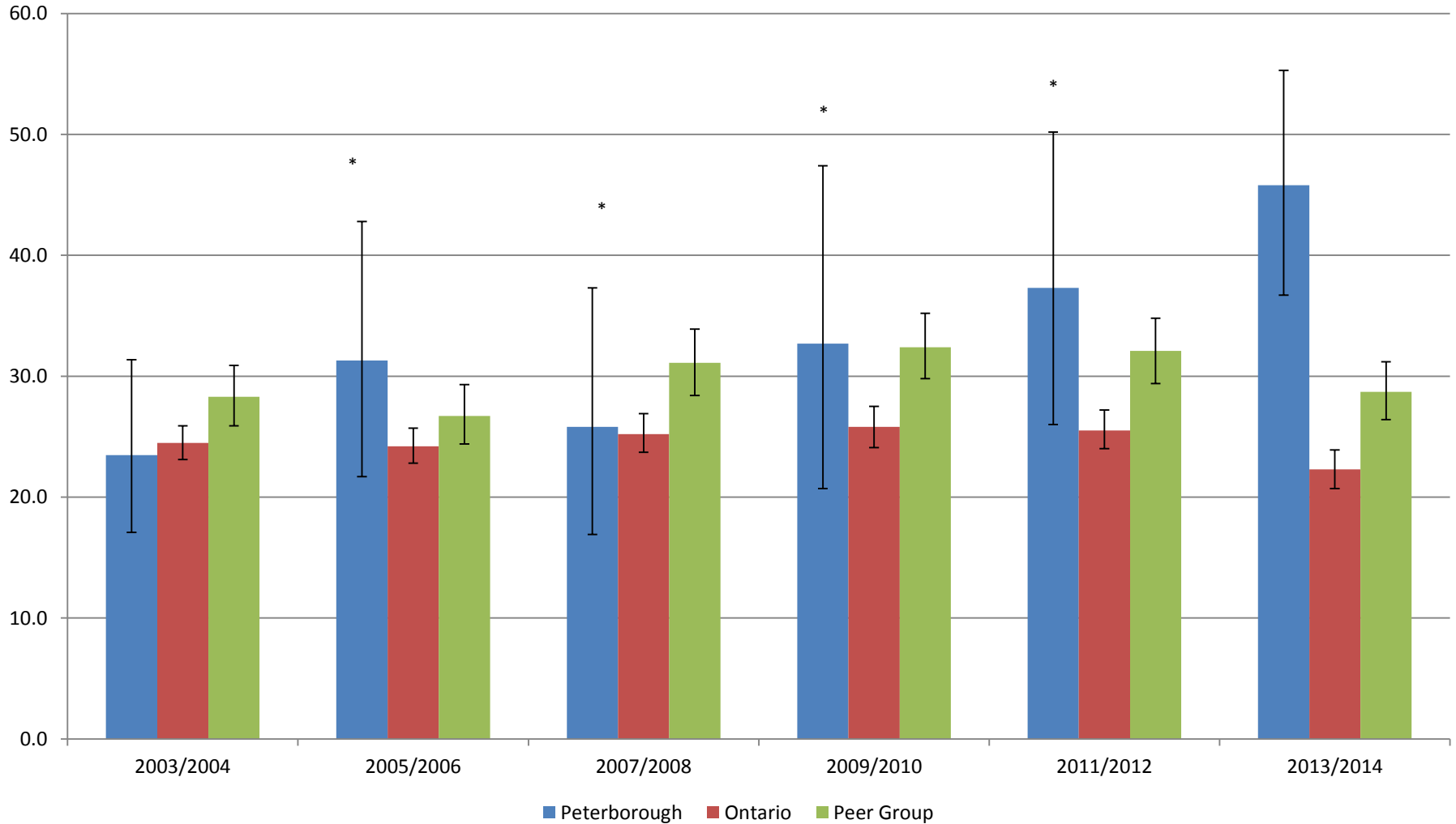


Key Findings (Young Adults)

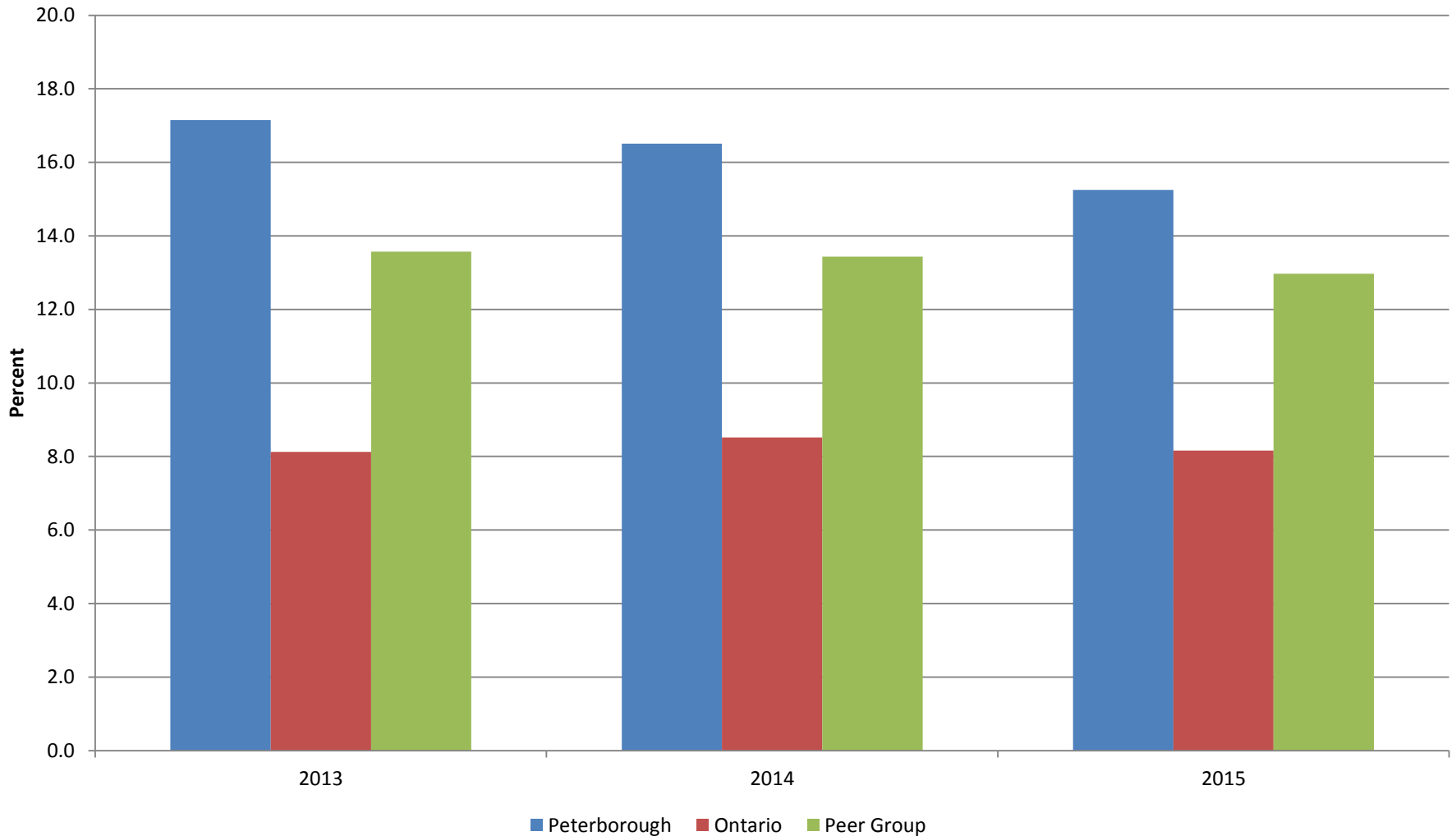


NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Key Findings (Low Income)



Key Findings (Pregnancy)



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PCCHU Role & Recommendations

- Provincially and Nationally:
 - Advocate for plain and standard cigarette packages
 - Advocate for sustained cessation resources (i.e. free NRT)
 - Support tobacco industry denormalization initiatives

PCCHU Role & Recommendations

- Youth
 - Support local implementation of provincial and regional campaigns
 - Approach tobacco industry denormalization with an environmental impact and social justice lens
 - Provide comprehensive support to schools and community partners

PCCHU Role & Recommendations

- Young Adults
 - Enhance partnerships with other organizations that serve this population (Trent University, Fleming College, etc.)
 - Identify opportunities for reaching young adults who smoke in workplace settings
 - Enhanced data collection of tobacco use among young adults

PCCHU Role & Recommendations

- Persons Living with Low Income
 - Provide education and awareness campaigns about illegal tobacco use to residents in Peterborough City and County; and
 - Enhanced data collection of tobacco use among low income residents.

PCCHU Role & Recommendations

- Pregnant or Recently Pregnant Women
 - Continue to facilitate support groups for these women; and
 - Work with community partners to reduce tobacco use among young women of childbearing age, before pregnancy.

PCCHU Role & Recommendations

- Residents Living in Multi-Unit Homes (MUHs)
 - Continue to support landlords and tenants in smoke free policy development

Conclusion & Questions

Andrew R. Kurc
Epidemiologist
(705) 743-1000 x358
akurc@pcchu.ca



Keith Beecroft
Health Promoter, Tobacco Use Prevention
(705) 743-1000 ext. 238
kbeecroft@pcchu.ca



Staff Report

New Visual Identity for Peterborough Public Health

Date:	May 4, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Salvaterra, M.D.	Brittany Cadence, Communications Manager	

Recommendations

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

- receive the staff report, *New Visual Identity for Peterborough Public Health*, for information; and
- approve the logo/wordmark design.

Financial Implications and Impact

All expenses related to the stakeholder engagement and graphic design components of the rebranding project are covered within the existing corporate communications budget. While there will be both hard costs and staffing costs associated with implementing the new brand, such as new signage and print materials, these were expenses that Peterborough Public Health was expecting to make anyway as part of its recent move to Jackson Square. Funds have been allocated to implement the new brand in 2016.

Decision History

- At its February 10, 2016 meeting, the Board of Health approved Peterborough Public Health as the agency's new operational name to officially take effect June 1, 2016

Background

With the Board of Health's approval of the organization's name change to Peterborough Public Health, the Branding Project Task Force (BPTF) embarked on a comprehensive and inclusive process to inform the design of a new visual identity with the support of Laridae Communications. Three meetings were held from February to April to collaborate with Laridae's graphic designer to:

- i. Finalize the value proposition and brainstorm symbols, colours and logo imagery ideas
- ii. Review and give feedback on five initial logo concepts
- iii. Decide on the final logo recommendation

Efforts were made to consult with representatives from Curve Lake and Hiawatha First Nations, and participants from Curve Lake joined all three meetings. In addition, public health staff were invited through an all-staff survey in late February to provide ideas for symbols for the consideration of the BPTF and graphic designer.



February 26, 2016 Branding Project meeting to brainstorm symbols for Peterborough Public Health logo

Value Proposition:

The BPTF developed a value proposition to guide the creation of the new brand. This important statement captures the essence of our brand and was drawn from the words and ideas shared during the Discovery Sessions, staff surveys and stakeholder engagement work in 2015. The value proposition describes the way we want our clients and community partners to feel when they experience public health. It was developed through a highly collaborative process with input from every BPTF member.

“At Peterborough Public Health, we empower the people of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough to live healthier lives. We look at the environments and individual behaviours that affect health and strive to make them better for everyone. Together with our community partners and clients, we aspire to improve the quality of life for all, by combining their strengths with the best public health science to create meaningful change. Our partners and clients value the way we lead by listening, educating,

advocating and collaborating. People feel safer because they know that every day we uphold public health standards, and are here to protect them when urgent public health issues arise. We believe every experience in our daily work is an opportunity to nurture our communities towards a healthier future.”

Rationale

A number of symbols were discussed by the BPTF as potential graphic elements in the logo. There was a strong preference for images representing “people in the environment” since public health is very much based on the idea that social and physical environments shape our health. The First Nations’ holistic approach to health and well-being as was also noted as an important concept to honour the Board of Health’s longstanding relationships with Curve Lake and Hiawatha First Nations. Another key idea that surfaced through the discussion of symbols was showcasing the rural landscape and many waterways that are unique to Peterborough County. This unique collection of symbols and ideas evolved into the BPTF’s final logo recommendation.



Wheat



Canoe & Wild Rice



Liftlocks



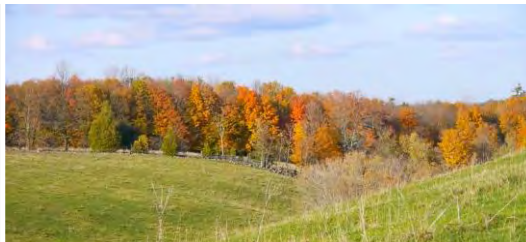
Water



Trees



Medicine Wheel



Hills & County Landscape

Following a robust stakeholder engagement process, the BPTF reached consensus in recommending the wordmark and logo found in Appendix A for the Board of Health’s consideration.

Peterborough Public Health Brand Identity Rationale:

The image of figures in a circle connects the brand in a very literal way to the idea of people and human health. The silhouettes are intentionally designed to be open to interpretation as to who they represent: it could be two adults, an adult and a child, individuals of any gender, two community partners, etc. The circle itself has many meanings: wholeness, universality, unity, and movement. The shape also draws inspiration from a medicine wheel, an ancient First

Nations symbol of health and healing. While the pictogram is rooted in the shape of a circle, it has been modified to convey a more organic/natural shape (i.e. not perfectly geometric) reflecting the uniqueness of each individual and thus our public health approach through our services to 'improve the quality of life for all'.

Together the people in the circle of layers symbolize the community as a whole which ties nicely to the idea of population health. Also, the integration of people in the natural environment conveys how interconnected our health and environment are. The variety of colours represents the many components of public health and the diversity of those we serve. The colour palette is complimentary, warm and natural and stands out among other provincial health unit logos. The colours also incorporate the traditional use of blue for healthcare, yet present it as fresh and modern. The five layers are both literal and abstract, allowing it to represent many things: earth, water, air, sky, sun; and our service areas: individual health, community, environment, workplace, home/residence. The overall design expresses inclusiveness and encompasses the both what we do and who we serve.

The word layout emphasizes what we do - public health. The font chosen complements the organic look and feel of the pictogram and the strong use of orange stands out among other health unit logos.

From an aesthetic perspective, the logo and wordmark are built on strong graphic design principles. It retains its integrity and distinctiveness in small and large formats, and works well in reversal and black and white. The rich colour palette and flowing layers motif offer many elements that can be used individually to provide variety in the design while remaining faithful to the brand.

The BPTF is not recommending a specific tagline at this point because they consider the name Peterborough Public Health and proposed wordmark/logo to be strong enough to represent the work of public health. Where space allows, it is suggested that the following phrase could be added to branded materials:

Peterborough Public Health

*Serving residents from Curve Lake and Hiawatha First Nations
and the County and City of Peterborough*

Strategic Direction

From a strategic communications standpoint, creating a strong visual identity that effectively conveys how environments shape public health is essential. This will enable residents to relate more meaningfully to the organization, which builds community trust and greater receptiveness to public health messaging and activities. The recommended logo/wordmark for Peterborough Public Health aligns with Ontario Public Health Organizational Standard 6.11 that requires all boards of health to develop an overall communication strategy "to ensure consistency in messaging at all levels, to all audiences." The inclusive process undertaken to arrive at this

recommendation is consistent with the agency's "Community-Centred Focus" as it involved extensive stakeholder and staff engagement. Embedded in the brand's messaging are the concepts of empowerment and respect for diversity which support the organization's "Quality and Performance" direction. As these brand elements move from the visual to the way public health is consistently experienced throughout the communities we serve, this will strengthen Peterborough Public Health's reputation and confidence in our role to improve the quality of life for all.

Contact:

Brittany Cadence, Communications Manager

(705) 743-1000, ext. 391

bcadence@pcchu.ca

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Direction

Date: May 4, 2016

1. [Email dated April 18, 2016 from the Canadian Cancer Society regarding a request to endorse a requirement in Canada for plain and standardized cigarette packaging. \(p. 118\)](#)

Proposed Recommendation:

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

- receive the email dated April 18, 2016 from the Canadian Cancer Society regarding a request to endorse a requirement in Canada for plain and standardized cigarette packaging; and,
- endorse the federal government's plain packaging initiative.

Background:

The Canadian Cancer Society has requested that public health organizations endorse a requirement in Canada for plain and standardized packaging.

Plain and standardized packaging would prohibit all promotional features on all tobacco packaging, including the use of colours, images, logos, slogans, distinctive fonts, and finishes. Only the brand name would be allowed. Health warnings would remain on packages. The size and shape of the package would be standardized, thus prohibiting specialty package formats, such as slim and superslim cigarette packages that reduce warning size and overtly target women. The appearance of cigarettes would also be standardized, at a minimum prohibiting the use of branding, logos, colours and special finishes, and establishing standards for cigarette length and diameter.

Well-designed package warnings are a very cost effective way of increasing awareness of the health effects and reducing tobacco use. Plain packaging would enhance existing packaging regulations that require health warnings and toxic emission messages on package sides, and prohibit misleading descriptors. It would also: eliminate promotional aspects of packaging; curb deceptive messages conveyed through packaging; and enhance the effectiveness of health warnings. There is powerful evidence supporting implementation of plain packaging including an updated overview prepared by University of Waterloo Professor David Hammond for the Irish Government.

2. [Memo dated April 20, 2016 from the Hon. Eric Hoskins, Minister of Health and Long Term-Care regarding the Patients First Discussion Paper and the transformation of the health care system. \(p. 126\)](#)

Proposed Recommendation:

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

- receive for information, the memo dated April 20, 2016 from the Hon. Eric Hoskins, Minister of Health and Long Term-Care regarding the Patients First Discussion Paper and the transformation of the health care system; and,
- send a response to the Minister advising that:
 - o since formal consultations have ended, Peterborough area municipal and First Nations Councils have passed resolutions calling on the provincial government to maintain its direct funding and accountability relationship with boards of health; and,
 - o local Members of Provincial Parliament have been so advised, and are supportive of the position taken by local Councils.

Plain Packaging – International Overview

Canadian Cancer Society
April 18, 2016

Plain packaging would prohibit brand colours, logos and graphics on tobacco packages, thus eliminating the package as mini-billboards that promote tobacco. Required health warnings would appear on packages, but the branded part of the package would have a standard colour for all brands, such as the drab brown required in Australia (see images on page 3). Package dimensions would be standardized, thus eliminating Slims and Superslims packs targeting women.

Plain packaging would (1) eliminate promotional aspects of packaging; (2) curb deceptive messages conveyed through packaging; (3) enhance the effectiveness of health warnings; (4) reduce tobacco use. Plain packaging would build on existing packaging regulation that requires health warnings, that requires toxic emission messages on package sides, and that prohibits misleading descriptors “light” and “mild”.¹

International developments

Summary: Plain packaging was implemented in Australia in 2012, has been adopted in France and the United Kingdom for implementation May 20, 2016, has been adopted in Ireland awaiting commencement date, and is under formal consideration in Norway, Hungary, Sweden, Finland, Canada, New Zealand, Singapore, Belgium, Turkey and South Africa.

Australia – Plain packaging legislation adopted Dec. 1, 2011 and fully implemented Dec. 1, 2012.² Constitutional challenge dismissed by High Court of Australia Aug. 15, 2012.³ A Philip Morris legal claim under bilateral Hong Kong-Australia investment agreement dismissed, as announced Dec. 18, 2015.⁴

United Kingdom – Plain packaging regulations approved March 16, 2015,⁵ to come into force May 20, 2016, applying to England, Wales⁶ Northern Ireland⁷ and Scotland.⁸

France – Plain packaging legislation adopted December 17, 2015, to come into force May 20, 2016.⁹ This legislation was upheld on Jan. 21, 2016 as constitutional by France’s Constitutional Council.¹⁰ On July 20, 2015, France hosted a 10-country ministerial meeting on plain packaging.¹¹

Ireland – Plain packaging legislation enacted March 10, 2015, awaiting commencement date intended for May 20, 2016.¹²

Norway – Government plain packaging consultation began March 17, 2015, and ended June 9, 2015.¹³ On May 5, 2015, Norway provided notification for draft amendments for plain packaging.¹⁴

Hungary – On June 25, 2015, Minister Overseeing the Office of the Prime Minister stated Hungary was planning to implement plain packaging.¹⁵ On September 21, 2015, Hungary provided notification of a draft Decree that included plain packaging.¹⁶

Singapore – On Dec. 29, 2015, Singapore launched a public consultation on plain packaging ending March 29, 2016.¹⁷

Canada – New Government elected Oct. 19, 2015 committed in electoral platform to implement plain packaging.¹⁸ On Nov. 13, 2015, the Prime Minister’s mandate letter to the Minister of Health included plain packaging as a “top priority”.¹⁹

New Zealand – Government Bill introduced Dec. 17, 2013, first reading Feb. 11, 2014,²⁰ approved by Health Committee Aug. 5, 2014.²¹ The bill continues in Parliament following Sept. 20, 2014 election.²² On Feb. 15, 2016, Prime Minister John Key stated that the bill would proceed “sooner rather than later.”²³

Belgium – Public Health Minister announced April 9, 2016 that Belgium to have plain packaging by 2019.²⁴

Sweden – Health Minister announced, on February 18, 2015, that a Committee examining implementation of the new EU Tobacco Products Directive would consider plain packaging.²⁵

Finland – Government national action plan (June 2014) includes plain packaging as planned measure.²⁶

Turkey – Plain packaging included in government national action plan for 2015-2018.²⁷

South Africa – Health Minister stated July 24, 2014 that he wants to implement plain packaging,²⁸ and stated March 18, 2015 that legislation will be introduced in Parliament to implement plain packaging.²⁹

European Union – new *Tobacco Products Directive* adopted April 3, 2014 explicitly states that 28 EU countries have option of implementing plain packaging.³⁰

WHO Framework Convention on Tobacco Control (FCTC)

Guidelines under the FCTC, the international tobacco control treaty, recommend that governments consider implementing plain packaging.³¹ The FCTC has been widely ratified by countries, with 180 Parties to the FCTC.³²

Evidence supports plain packaging

- There is compelling evidence, including extensive studies, supporting implementation of plain packaging. An updated March 2014 evidentiary overview, reviewing 75 empirical studies, was prepared by University of Waterloo Professor David Hammond for the Irish Government.³³ In the United Kingdom, the Chantler Review (2014)³⁴ and the Stirling Review (2011)³⁵ provide extensive evidence. A special issue of the journal *Tobacco Control* was published in April 2015 with a series of studies on the Australian experience, providing yet further evidence.³⁶ Fact sheets on the Australian experience to date are available (Cancer Council Victoria, March 2015).³⁷
- If plain packaging would not work to reduce smoking, then why is the industry so strongly opposed?

The Canadian situation

- New national government elected October 19, 2015 committed in electoral platform to implement plain packaging.³⁸ On Nov. 13, 2015, the Prime Minister's mandate letter to the Minister of Health included plain packaging as a "top priority".³⁹
- Plain packaging could be required by regulation under the federal *Tobacco Act*.⁴⁰
- Plain packaging was recommended in 1994 by the House of Commons Standing Committee on Health.⁴¹

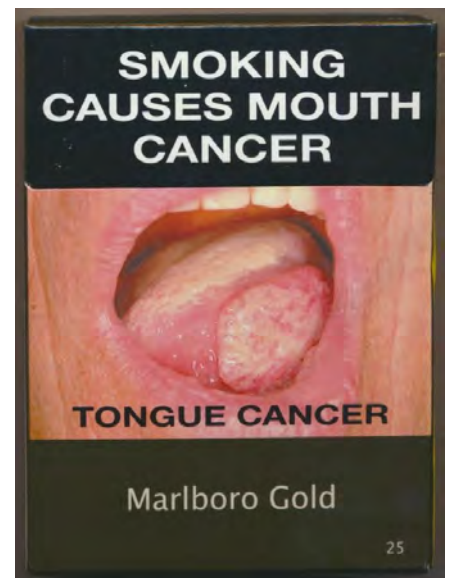
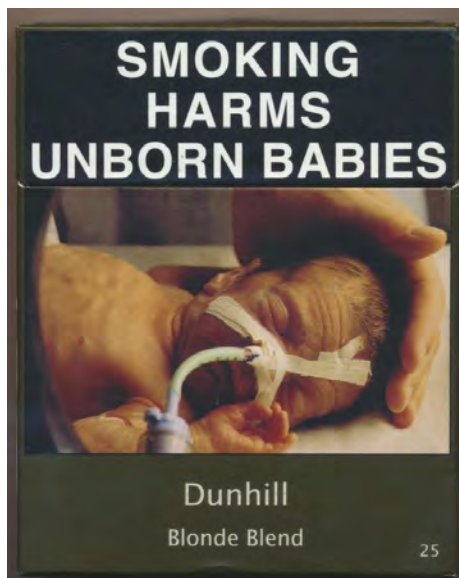
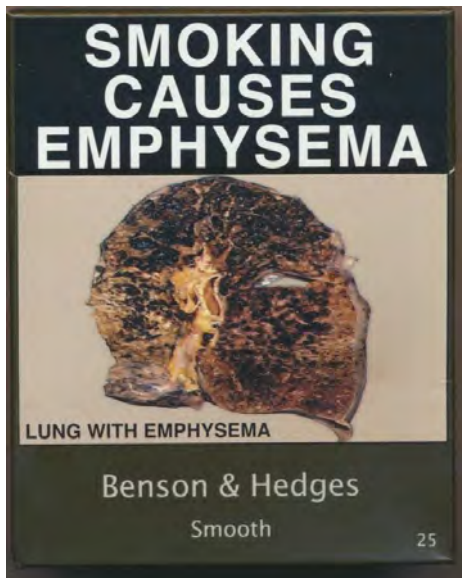
Examples of Plain Packaging from Australia



Before



After



Packages of Benson & Hedges, Dunhill and Marlboro cigarettes in plain packages from Australia

Endnotes

¹ For an international overview of package health warnings, see: Canadian Cancer Society, *Cigarette Package Health Warnings: International Status Report*, Fourth Edition, September 2014.

English:

<http://www.cancer.ca/~media/cancer.ca/CW/for%20media/Media%20releases/2014/Tobacco%20Warnings%20Oct%202014/CCS-international-package-warnings-report-2014-ENG.pdf>

French:

<http://www.cancer.ca/~media/cancer.ca/CW/for%20media/Media%20releases/2014/Tobacco%20Warnings%20Oct%202014/SCC-rapport-international-mises-en-garde-2014-FR.pdf>

Arabic, Chinese, Portuguese, Russian, Spanish:

http://global.tobaccofreekids.org/en/solutions/international_issues/warning_labels/

Canadian regulations concerning packaging and labelling are as follows:

Tobacco Products Labelling Regulations (Cigarettes and Little Cigars), SOR/2011-177.

<http://www.canlii.org/en/ca/laws/regu/sor-2011-177/latest/sor-2011-177.html>

Tobacco Products Information Regulations, SOR/2000-272.

<http://www.canlii.org/en/ca/laws/regu/sor-2000-272/latest/sor-2000-272.html>

Promotion of Tobacco Products and Accessories Regulations (Prohibited Terms), SOR/2011-178.

<http://www.canlii.org/en/ca/laws/regu/sor-2011-178/latest/sor-2011-178.html>

² *Tobacco Plain Packaging Act 2011*, No. 148, 2011. <http://www.comlaw.gov.au/Details/C2011A00148>

Trade Marks Amendment (Tobacco Plain Packaging) Act 2011, No. 149, 2011.

<http://www.comlaw.gov.au/Details/C2011A00149>

Tobacco Plain Packaging Regulations 2011, Select Legislative Instrument 2011 No. 263 as amended.

<http://www.tobaccocontrolaws.org/files/live/Australia/Australia%20-%20PP%20Regs%20-%20national.pdf>

³ *JT International SA v Commonwealth of Australia* [2012] HCA 43, High Court of Australia, Order August 15, 2012, Reasons October 5, 2012.

<http://www.austlii.edu.au/au/cases/cth/HCA/2012/43.html>

⁴ The text of the decision was not immediately published. See Cancer Council Victoria, “Australia successfully defends plain packaging against Philip Morris legal challenge” Dec. 18, 2015 (news release).

<http://www.cancervic.org.au/about/media-releases/2015-media-releases/december-2015/australia-successfully-defends-plain-packaging.html>

⁵ Enabling legislation approved by Parliament March 13, 2014: *Children and Families Act 2014*, 2014 no. 6, section 94. http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

The Standardised Packaging of Tobacco Products Regulations 2015, laid before Parliament Feb. 23,

2015, approved by House of Commons March 11, 2015, and approved by House of Lords March 16,

2015. http://www.legislation.gov.uk/ukdsi/2015/9780111129876/pdfs/ukdsi_9780111129876_en.pdf

⁶ Welsh Government, “Health Minister gives go-ahead for standardised packaging for cigarettes to be introduced in Wales” (news release) January 29, 2015.

<http://wales.gov.uk/newsroom/healthandsocialcare/2015/packaging/?lang=en>

⁷ Northern Ireland Department of Health, Social Services and Public Safety, “Standardised Packaging for Tobacco Products to be Introduced in Northern Ireland” (press release) February 2, 2015.

<http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-020215-standardised-packaging-for.htm>

⁸ Scottish Government, “Plain tobacco packaging” (news release) January 22, 2015.

<http://news.scotland.gov.uk/News/Plain-tobacco-packaging-14da.aspx>

⁹ Bill relating to health, no. 2302, deposited October 15, 2014; amendment AS1408 on plain packaging approved by National Assembly Social Affairs Committee, March 18, 2015, final approval by Parliament December 17, 2015. For the bill, see (the health bill contains measures beyond tobacco control):

<http://www.assemblee-nationale.fr/14/ta/ta0650.asp>

Décret no 2016-334 du 21 mars 2016 relatif au paquet neutre des cigarettes et de certains produits du tabac, NOR : AFSP1603141D [Decree no 2016-334 of 21 March 2016 relating to plain packaging of cigarettes and of certain tobacco products]

<https://www.legifrance.gouv.fr/jopdf.do?id=JORFTEXT000032276104>

Arrêté du 21 mars 2016 relatif aux conditions de neutralité et d'uniformisation des conditionnements et du papier des cigarettes et du tabac à rouler, NOR : AFSP1607269A [Decision of 21 March 2015 relating to conditions of plain and standardized packaging and cigarette paper and rolling tobacco]

https://www.legifrance.gouv.fr/jo_pdf.do?id=JORFTEXT000032276123

The French Government had announced Sept. 25, 2014 that it would implement plain packaging. Government of France, "Programme national de réduction du tabagisme" Dossier de presse, Sept. 25, 2014 (French).

http://www.sante.gouv.fr/IMG/pdf/250914_-_Dossier_de_Presse_-_PNRT_2_.pdf

Speech by French Health Minister Marisol Touraine, September 25, 2014 (French):

http://www.sante.gouv.fr/IMG/pdf/250914_-_Discours_Marisol_Touraine_-_PNRT.pdf

¹⁰ Constitutional Council [France], Loi de modernisation de notre système de santé [Law to modernize our health system], Decision n° 2015-727 DC of 21 January 2016.

<http://www.conseil-constitutionnel.fr/conseil-constitutionnel/francais/les-decisions/acces-par-date/decisions-depuis-1959/2016/2015-727-dc/decision-n-2015-727-dc-du-21-janvier-2016.146887.html>

¹¹ First ministerial meeting on plain tobacco packaging, Paris, July 20th, 2015, Press statement.

http://www.social-sante.gouv.fr/IMG/pdf/150720_-_PS_-_Plain_Packaging_Meeting.pdf

"Plain packaging of tobacco products: a worldwide movement to address a global challenge" Press kit, First ministerial meeting on plain tobacco packaging, Paris, July 20th, 2015, p.7.

http://www.social-sante.gouv.fr/IMG/pdf/150720_-_PK_-_Plain_Packaging_Meeting.pdf

¹² *Public Health (Standardised Packaging of Tobacco) Bill* 2014, Bill Number 54 of 2014, introduced in the Seanad (Senate) June 11, 2014, approved by Senate June 25, 2014, approved with amendments by Dail (lower house) Feb. 26, 2015, bill as amended approved by Seanad March 3, 2015. The bill was signed by the President March 10, 2010. Some Ministerial regulations/orders are still needed, such as to specify the base colour of packages.

<http://www.oireachtas.ie/viewdoc.asp?DocID=26331&&CatID=59>

On Nov. 20, 2015, Ireland gave notification to the European Commission of draft *Public Health (Standardised Packaging of Tobacco) Regulations 2016*.

<http://ec.europa.eu/growth/tools-databases/tris/en/search/?trisaction=search.detail&year=2015&num=650>

¹³ Norwegian Ministry of Health and Care Services, "Norway consults on standardised tobacco packaging and FCTC Article 5.3" (press release) March 17, 2015.

<https://www.regjeringen.no/en/aktuelt/norway-consults-on-standardised-tobacco-packaging-and-fctc-article-5.3/id2401001/>

Consultation documents (Norwegian):

<https://www.regjeringen.no/nb/dokumenter/horing-av-forslag-til-innforing-av-standardiserte-tobakkspakninger-og-gjennomforing-av-tobakkskonvensjonen-artikkel-5.3-i-norge/id2401022/>

¹⁴ Draft amendments to Act No. 14 of 9 March 1973 relating to Prevention of the Harmful Effects of Tobacco (Standardised packaging) and draft amendment to Regulations no 141 of 6 February 2003 on the contents and labelling of Tobacco products. Notification provided to European Commission May 5, 2015. Norway is not a member of the EU, but is a member of the European Free Trade Association.

<http://ec.europa.eu/growth/tools-databases/tris/en/search/?trisaction=search.detail&year=2015&num=9009>

¹⁵ Benjamin Novak, "János Lázár: Philip Morris is attacking Hungary!" Budapest Beacon, June 26, 2015.

<http://budapestbeacon.com/politics/janos-lazar-philip-morris-is-attacking-hungary/24716>

"Plain packaging of tobacco products: a worldwide movement to address a global challenge" Press kit, First ministerial meeting on plain tobacco packaging, Paris, July 20th, 2015, p.7.

http://www.social-sante.gouv.fr/IMG/pdf/150720_-_PK_-_Plain_Packaging_Meeting.pdf

European Public Health Association, “Open letter congratulating Hungarian Minister of Health on plain packaging” August 4, 2015 <http://www.eph.org/a/6408>

¹⁶Amendment to Government Decree 39/2013 of 14 February 2013 on the manufacture, placement on the market and control of tobacco products, combined warnings and the detailed rules for the application of the health-protection fine (the 'Implementation Decree')” (Draft), notified to European Commission September 21, 2015. (Available in English and other languages.) The draft Decree also includes implementation of many of the provisions in the new EU Directive.

<http://ec.europa.eu/growth/tools-databases/tris/en/index.cfm/search/?trisaaction=search.detail&year=2015&num=529&mLang=EN>

¹⁷ The Dec. 29, 2015 Singapore Health Promotion Board announcement of the consultation can be seen here:

http://www.hpb.gov.sg/HOPPortal/content/conn/HOPUCM/path/Contribution%20Folders/uploadedFiles/HPB_Online/News_and_Events/News/2015/PublicConsult.pdf

The Singapore Government had previously announced that it would initiate a consultation by the end of 2015; see Parliamentary Secretary to the Minister of Health, statement in Singapore Parliament, March 12, 2015: <http://sprs.parl.gov.sg/search/report.jsp?currentPubID=00007492-WA>

¹⁸ In the Oct. 19, 2015 election, the Liberal party (which won a majority) included plain packaging in its electoral platform (p.21): <https://www.liberal.ca/files/2015/10/New-plan-for-a-strong-middle-class.pdf>

¹⁹ Prime Minister Justin Trudeau, letter to Dr. Jane Philpott, Minister of Health, November 13, 2015 (Minister of Health Mandate Letter). <http://pm.gc.ca/eng/minister-health-mandate-letter>

²⁰ *Smoke-free Environments (Tobacco Plain Packaging) Amendment Bill*, Bill 186-1, first reading Feb. 11, 2014.

http://www.parliament.nz/en-nz/pb/legislation/bills/00DBHOH_BILL12969_1/smoke-free-environments-tobacco-plain-packaging-amendment

²¹ New Zealand Parliament Health Committee, Report, August 5, 2014.

http://www.parliament.nz/resource/en-nz/50DBSCH_SCR57000_1/3b7b2a74d0e52515fe202f3cdfaac3c15fd156d4

²² The New Zealand bill continues and is renumbered as Bill 186-2 following Sept. 20, 2014 national election.

<http://www.legislation.govt.nz/bill/government/2013/0186/latest/DLM5821008.html?src=qs>

²³ Stacey Kirk, “Tobacco plain packaging likely to be law by end of year - John Key”, stuff.co.nz, Feb. 15, 2016.

<http://www.stuff.co.nz/national/politics/76917027/tobacco-plain-packaging-likely-to-be-law-by-end-of-year--john-key>

²⁴Ministre des affaires sociales et santé publique, « Plan anti-tabac avec interdiction de fumer en voiture en présence d’enfants et augmentation des accises » 9 avril 2016 (communiqué). [Minister of Social Affairs and Public Health, “Anti-tobacco plan with smoking ban in vehicles with children and excise increases” April 9, 2016 (news release).

<http://www.maggiedeblock.be/2016/04/09/anti-rook-beleidsplan-met-rookverbod-in-wagen-met-kinderen-en-accijnsverhoging/>

²⁵ Radio Sweden, “A smoke-free Sweden by 2025?” February 18, 2015, includes audio of interview with Minister of Public Health Gabriel Wikström.

<http://sverigesradio.se/sida/artikel.aspx?programid=2054&artikel=6096581>

²⁶ Finland Ministry of Social Affairs and Health, “Roadmap to a Tobacco-Free Finland: Action Plan on Tobacco Control” 2014 (published June 27, 2014).

http://www.stm.fi/en/publications/publication/-/_julkaisu/1886404#en

²⁷ Government of Turkey, Turkish National Tobacco Control Program and Plan of Action 2015-2018, p.27, item 1.1.

http://www.thsk.gov.tr/dosya/birimler/tutun_mucadele_db/dokumanlar/29012015/ulusal-tutun-kontrol-programi-eylem-planı.pdf

²⁸ Wendell Roelf, “S.Africa plans plain cigarette packaging by 2015 – minister” Reuters, July 24, 2014.

<http://in.reuters.com/article/2014/07/24/safrica-tobacco-idINL6N0PZ4FZ20140724>

²⁹ The Minister of Health made this statement at the 16th World conference on Tobacco or Health held in Abu Dhabi, United Arab Emirates, March 18, 2015. https://www.youtube.com/watch?v=4z9EHS_LehE

³⁰ *Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC*, Article 24(2).

http://ec.europa.eu/health/tobacco/docs/dir_201440_en.pdf

On Dec. 23, 2015, the Advocate General of the European Court of Justice released an opinion concluding that the EU Directive was valid, including the option to implement plain packaging. This opinion, which is preliminary to a decision of the European Court of Justice, was in response to a legal challenge from the tobacco industry.

<http://curia.europa.eu/juris/document/document.jsf?jsessionid=9ea7d2dc30ddfe90e0aea11f458dbae3c7bf29452f35.e34KaxiLc3qMb40Rch0SaxuSahr0?text=&docid=173256&pageIndex=0&doclang=en&mode=req&dir=&occ=first&part=1&cid=493911>

³¹ Conference of the Parties to the WHO Framework Convention on Tobacco Control, “Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (Packaging and labelling of tobacco products), paragraph 46.

http://www.who.int/fctc/guidelines/article_11.pdf?ua=1

Conference of the Parties to the WHO Framework Convention on Tobacco Control, “Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship), paragraphs 15-17. http://www.who.int/fctc/guidelines/article_13.pdf?ua=1

³² For a list of Parties, see: http://www.who.int/fctc/signatories_parties/en/

³³ David Hammond, "Standardised Packaging of Tobacco Products: Evidence Review. Prepared on behalf of the Irish Department of Health" March 2014.

<http://health.gov.ie/blog/publications/standardised-packaging-d-hammond/>

³⁴ Sir Cyril Chantler, “Standardised Packaging of Tobacco: Report of the independent review undertaken by Sir Cyril Chantler” April 2014.

<http://www.kcl.ac.uk/health/10035-TSO-2901853-Chantler-Review-ACCESSIBLE.PDF>

³⁵ C. Moodie, M. Stead, L. Baulda, A. McNeill, K. Angusa, K. Hinds, I. Kwan, J. Thomas, G. Hastings and A. O’Mara-Eves, “Plain tobacco packaging: a systematic review”, 2011, University of Stirling: Stirling, Scotland, United Kingdom http://phrc.lshtm.ac.uk/papers/PHRC_006_Final_Report.pdf

³⁶ *Tobacco Control*, April 2015, Volume 24, Number Supplement 2

http://tobaccocontrol.bmj.com/content/24/Suppl_2.toc

³⁷ Cancer Council Victoria, five fact sheets, released March 2, 2015

<https://www.cancervic.org.au/plainfacts/browse.asp?ContainerID=factsheets1>

See also Quit Victoria, Cancer Council Victoria, “Plain packaging of tobacco products: a review of the evidence” August 12, 2011.

https://www.cancervic.org.au/downloads/mini_sites/Plain-facts/TCUCCVEvOverview_FINALAUG122011.pdf

³⁸ In the Oct. 19, 2015 election, the Liberal Party (which won a majority) included plain packaging in its platform (p.21): <https://www.liberal.ca/files/2015/10/New-plan-for-a-strong-middle-class.pdf>

³⁹ Prime Minister Justin Trudeau, letter to Dr. Jane Philpott, Minister of Health, November 13, 2015 (Minister of Health Mandate Letter). <http://pm.gc.ca/eng/minister-health-mandate-letter>

⁴⁰ *Tobacco Act*, Statutes of Canada 1997, chapter 13, sections 23, 33.

<http://www.canlii.org/en/ca/laws/stat/sc-1997-c-13/latest/sc-1997-c-13.html>

⁴¹ House of Commons Standing Committee on Health, “Towards Zero Consumption: Generic Packaging of Tobacco Products” Report of the House of Commons Standing Committee on Health, 1994.

Endorsement of Plain and Standardized Packaging

Plain and standardized packaging would prohibit all promotional features on all tobacco packaging, including the use of colours, images, logos, slogans, distinctive fonts, and finishes. Only the brand name would be allowed. Health warnings would remain on packages. The size and shape of the package would be standardized, thus prohibiting specialty package formats, such as slim and superslim cigarette packages that reduce warning size and overtly target women. The appearance of cigarettes would also be standardized, at a minimum prohibiting the use of branding, logos, colours and special finishes, and establishing standards for cigarette length and diameter.

Our organization endorses a requirement in Canada for plain and standardized packaging, as outlined above.

Name of organization: _____

Name of organization representative: _____

Title: _____

Signature: _____

Date: _____

Name and email for organization contact: _____

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

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HLTC2976IT-2016-61

April 20, 2016

To: Boards of Health and Medical Officers of Health

Ontario is committed to developing a health-care system that puts patients first. This includes keeping people healthy and reducing inequities in health.

As Minister of Health and Long-Term Care and as a public health doctor, I know the integral role that public health units (PHUs) play in protecting and promoting the health of Ontarians. My priority is to elevate this role and ensure that your expertise in population health and prevention is incorporated into planning across our health-care system, end-to-end.

Over the past decade, Ontario's health-care system has improved significantly. We have reduced wait times for surgery, increased the number of Ontarians who have a primary health-care provider and expanded services for Ontarians at home and in their communities. But we can do more to put patients first.

When we established our Local Health Integration Networks (LHINs) a decade ago, they brought planning and decision-making to the local community moving these functions which had been centralized in the ministry for years. But primary care and public health, two parts of the system most critical to keeping people healthy, were left out. Accordingly, in December I introduced proposals to truly integrate the health-care system, using a population health and health equity approach to health system planning and service delivery across the continuum of care so that Ontarians have access to the services they need, no matter where they live.

This integration can facilitate and support better health and wellness outcomes for all Ontarians and thereby improve the quality and sustainability of the health-care system. However, to achieve the full potential of the integration it will require the expertise of the public health sector.

The formal linkages we propose between PHUs and LHINs will ensure that Medical Officers of Health (MOHs) and other public health professionals are part of planning and decision making at the local level and that local population and public health priorities inform health-care system planning, funding and delivery. My intent and focus of establishing formal linkages between our LHINs and PHUs is this: to further empower and engage our public health professionals - our experts in the social determinants of health, in health equity and in population health - to positively influence and help guide our planning and delivery of services across the health care system. We need this expertise and influence to build a better health care system.

The Discussion Paper has generated significant commentary and feedback. I have also heard the concerns raised that emphasize the importance that funds for public health be protected and dedicated exclusively for use by our public health units. I want to assure you that my ministry and I fully agree on this point.

I am pleased that the Association of Local Public Health Agencies (ALPHA) has recognized the opportunity presented by our proposals as indicated in its press release of December 17, 2015. There is a strong role for local public health included in our proposals, and the essential leadership provided by you with regards to population health and health equity will be an important element in supporting the extension of this approach across the rest of the health system.

I look forward to the continued participation of the public health sector in our exciting system transformation.

Yours sincerely,

Original signed by

Dr. Eric Hoskins
Minister

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: May 4, 2016

Proposed Recommendation:

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

1. Letter dated March 31, 2016 from the Hon. Eric Hoskins, Minister of Health and Long-Term Care to the former Chair regarding one-time funding for 2014-15, and 2015-16. (p. 130)
2. Email dated April 1, 2016 from Premier Wynne, in response to the Board Chair's letter dated March 30, 2016 regarding the Patients First Discussion Paper. (p. 131)
3. Letter dated April 19, 2016 from MPP Jeff Leal, Peterborough, to the Hon. Eric Hoskins, Minister of Health and Long-Term Care, regarding the Patients First Discussion Paper. (p. 132)
UPDATE: Since the briefing note was prepared for MPP Leal, Peterborough City Council has endorsed the Board's resolution, and a special Council meeting is being organized for the Municipality of Trent Lakes.
4. Letter dated April 21, 2016 from the Hon. Eric Hoskins, Minister of Health and Long-Term Care to Ontario Boards of Health regarding Ontario's publicly funded Human Papillomavirus (HPV) Immunization Program. (p. 149)
5. Letter dated April 27, 2016 from the Board Chair to the Hon. Minister Jane Philpott regarding enforcement of the WHO Code. (p. 151)
6. Letter dated April 28, 2016 from the Board Chair to the Hon. Eric Hoskins, Minister of Health and Long-Term Care regarding environmental health program funding. (p. 153)
7. Letters/Resolutions from other local public health agencies:

Cannabis – Legalization/Public Health Approach*
Simcoe Muskoka District (p. 156)

Food Insecurity / OSNPPH*
[Northwestern \(p. 159\)](#)

Patients First*
[Perth District \(p. 160\)](#)

*NOTE: *The Board has taken previously taken a position on these items.*

Ministry of Health
and Long-Term Care

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iApprove-2015-01797

MAR 3 1 2016

Ms. Lesley Parnell
Chair, Board of Health
Peterborough County-City Health Unit
522 Monaghan Road
Peterborough ON K9J 7J7

Dear Ms. Parnell:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Peterborough County-City Health Unit up to \$300 in one-time funding for the 2014-15 funding year and up to \$90,600 in one-time funding for the 2015-16 funding year to support the provision of mandatory and related public health programs and services in your community.

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

Thank you for your dedication and commitment to Ontario's public health system.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Eric Hoskins".

Dr. Eric Hoskins
Minister

c: Hon. Jeff Leal, MPP, Peterborough
Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit

-----Original Message-----

From: Kathleen Wynne [mailto:premier@premier.gov.on.ca]

Sent: Friday, April 01, 2016 3:31 PM

To: Alida Tanna

Subject: An email from the Premier of Ontario

This email account is not monitored. Please do not reply directly to this email.

For further inquiries, direct your online message through

<https://correspondence.premier.gov.on.ca/en/feedback/default.aspx>.

Thank you for your email providing me with a copy of council's resolution regarding the public health system. I appreciate your keeping me informed of council's activities.

I note that you have sent a copy of council's resolution to my colleague the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care. I trust that the minister will also take council's views into consideration.

Thank you again for the information.

Kathleen Wynne
Premier of Ontario

c: The Honourable Dr. Eric Hoskins



JEFF LEAL, MPP
Peterborough

RECEIVED

APR 27 2016 *RS*

**PETERBOROUGH COUNTY
CITY HEALTH UNIT**

April 19, 2016

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

Dear Eric,

On April 15, 2016, I had the opportunity to meet with Rosana Salvaterra, Medical Officer of Health and Mr. Larry Stinson, Director of Operations-Peterborough County-City Health Unit to discuss both concerns/impact for public health related to the proposed changes contained in the Patients First discussion paper. Dr. Salvaterra prepared a detailed briefing note on this issue and I have provided you with a copy for your review.

I want to thank you for taking the time to review these matters.

Yours sincerely,

Original Signed by
Jeff Leal, MPP

Jeff Leal

Cc Mr. Scott McDonald, Chair Peterborough County-City Health Unit, Jackson Square, 185 King Street, Peterborough, ON K9J 2R8

Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough Count-City Health Unit, Jackson Square, 185 King Street, Peterborough, Ontario K9J 2R8

Constituency Office

236 King Street, Peterborough, ON K9J 7L8



Briefing Note

Patients First Discussion Paper

Date:	April 15, 2016
To:	Jeff Leal, M.P.P. Peterborough
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Issue:

The board of health for the Peterborough County-City Health Unit has major concerns about some of the proposed changes (see Appendix A) for public health that are contained in the Patients First discussion paper. To this end, the board moved the following resolution on March 9, 2016 and asked local municipal and First Nations councils to consider endorsement:

Whereas the discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario* conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care, by establishing links between LHINs and public health which can occur through identifying new roles and responsibilities that do not require changes in the funding or governance of public health in Ontario; and

Whereas the wider problem of improving and supporting the health and health equity of Ontarians is mandated to the public health system, through the Health Protection and Promotion Act that has created local boards of health and has made them accountable for the delivery of public health programs and services as required by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards; and

Whereas the direct relationship with the province ensures that the same principles and standards are upheld and implemented for all boards of health, further ensuring that all Ontarians benefit equitably from the public health system; and

Whereas municipal and First Nation representation on boards of health ensure valuable connections with decision makers and staff to support local healthy public policy; and

Whereas evidence from other jurisdictions where public health funding has been integrated regionally with funding for the rest of the health care system shows that opportunities for system improvement is often not realized and unintended risks to public health have arisen:

Briefing Note: *Patients First Discussion Paper*

Be it therefore resolved that the board of health for the Peterborough County-City Health Unit calls upon the province of Ontario to ensure a continued strong role for public health in keeping people healthy by

- maintaining independent governance of the public health sector by local boards of health; and
- maintain its direct and transparent funding of local boards of health; and
- continue to directly negotiate Provincial Public Health Funding and Accountability Agreements (PHFAA) with local boards of health.

Local municipal and First Nation Councils are called upon to endorse this motion and advise Premier Kathleen Wynne, Minister of Health and Long Term Care, the Honourable Eric Hoskins, and local MPPs, Minister of Agriculture and Rural Affairs Jeff Leal, and Laurie Scott, in writing.

Moved: Mr. Sharpe

Seconded: Chief Williams

Motion carried. (M-2016-032)

As of Thursday, April 14th, the following Councils have endorsed the motion to maintain public health funding and accountability with the province and not the LHIN:

1. Curve Lake First Nation – Endorsed
2. Hiawatha First Nation – Endorsed
3. Municipality of Trent Lakes – Still under consideration
4. Township of Cavan Monaghan – Endorsed
5. Township of Douro-Dummer – Endorsed
6. Township of Havelock-Belmont-Methuen – Endorsed
7. Township of North Kawartha – Endorsed
8. Township of Selwyn – Endorsed
9. City of Peterborough – Still under consideration
10. County of Peterborough – Endorsed

Correspondence has been included from the Councils within the Peterborough electoral boundary (see Appendix B). The City of Peterborough and the Municipality of Trent Lakes will be considering the motion at their next meetings.

Overwhelmingly, Peterborough's local governments do not support moving the funding and accountability for public health to LHINs. We are asking that you convey this message to your colleagues in cabinet, and particularly, to Minister Hoskins on our behalf.

APPENDIX A: A SUMMARY OF PATIENTS FIRST AND PUBLIC HEALTH

Excerpted from the Durham Region Health and Social Services Committee, April 2016 report

Proposal 1: More effective integration of services and greater equity

There are two elements included in this proposal:

- To provide care that is more integrated and responsive to local needs, make LHINs responsible and accountable for all health service planning and performance.
- Identify smaller regions as part of each LHIN to be the focal point for local planning and service management and delivery. 3.2. In their expanded role, LHINs would:
 - Assess local priorities and current performance, and identify areas for improvement.
 - Work with providers across the care continuum to improve patients' access to services, and make it easier for both patients and providers to navigate the system.
 - Integrate and improve primary care, home and community care, acute care, mental health and addiction services and public health across the entire health care system.
 - Drive the adoption of the technology to enhance care delivery through, for example, integrated systems or virtual access to care providers through telemedicine.
 - Prepare public reports about the patient experience with different health services and other reported outcomes to help drive improvements. 3.3. The discussion paper indicates that while LHINs are the appropriate structure to enhance service integration, accountability and quality, they would need some adjustments to take on an expanded role.

Public Health response:

In general, we are supportive of proposal 1.

Local Public Health agencies can inform health services planning and performance such as for primary care by sharing, for example, population health assessment and surveillance information. This could lead to performance improvements. **However**, integration should not be used by the LHINs as a reason for drawing scarce public health resources into addressing acute, primary and long-term care issues and concerns. In addition, Public Health has far more community engagement and partnerships that fall outside the jurisdiction of the LHINs, for example the community, municipal and voluntary sectors.

Proposal 2: Timely access to primary care, and seamless links between primary care and other services

There are two elements included in this proposal:

- Bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.
- Set out clearly the principles for successful clinical change, including engagement of local clinical leaders with the proposed approach:
 - LHINs would work closely with primary care leaders, patients and providers to plan and monitor performance within each LHIN sub-region.
 - Planning would include improving access to inter-professional teams for those who need it most, facilitating care plans and supporting an integrated, coordinated patient-centred experience.
 - LHINs, in partnership with local clinician leaders, would be responsible for recruitment

Briefing Note: *Patients First Discussion Paper*

planning, linking new patients with doctors and nurse practitioners, and improving access and performance in primary care.

- Each LHIN sub-region would have a process to match unattached patients to primary care providers.
- Existing relationships between patients and their care providers would continue. Sub-regions would help patients change physicians or nurse practitioners to get care closer to home.
- Physician compensation and primary contracts would continue to be negotiated by government and administered centrally. Ontario Medical Association representation rights would continue to be respected.
- The ministry would more methodically measure patient outcomes in primary care to help understand the patient experience accessing primary care, including same-day and after-hours care, and satisfaction with service.
- LHINs would collect, access and publish performance indicators at a sub-region level and share that information with health care providers and managers to support performance improvement, as well as to help inform the organization of primary care in each LHIN sub-region.

Public Health response:

In general we support the proposal related to primary care and the anticipated performance improvements. In particular, access to primary care services, particularly same-day, after-hours and on weekends, needs to be improved as does their coordination.

Proposal 3: More consistent and accessible home and community care

The goal of this proposal is to strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the CCACs to the LHINs.

Under this proposal:

- The LHIN board would govern the delivery of home and community care, the CCAC boards would be dissolved.
- CCAC employees providing support to clients would be transitioned to and employed by the LHINs.
- Home care coordinators would be focused on LHIN sub-regions, and may be deployed into community settings (such as family health teams, community health centres or hospitals).
- Home care services would continue to be provided by current service providers. Over time, contracts with these service providers would be better coordinated and more consistent within the geographic model of LHIN sub-regions.
- LHINs would be responsible for the long-term care placement process currently administered by CCACs.
- The ministry's ten-point plan for improving home and community care would continue under LHIN leadership.

Public Health response:

We are very cautious about supporting the proposal related to home and community care (see bullet one above). Without further detail it is a challenge to anticipate the performance improvements.

Staff acknowledges the need for home and community care to be strengthened and the ministry's ten-point action plan to achieve this. Because CCACs and LHINs share the same

Briefing Note: *Patients First Discussion Paper*

boundaries, the proposal recommends CCAC assets to be transferred to the LHINS to be governed and managed. **However**, it is concerning that a planning body will be given an operational health services mandate. This concern arises from both a potential conflict of interest around resource allocation, and also a lack of expertise. If this proposal proceeds, the MOHLTC should ensure that patients are truly first, and that continuation of service proceeds with as little disruption as possible.

Centralizing more authority and new direct service management in an organization, the LHIN, which has no clear role to act for client advocacy is a challenge if one is to accept the province wants to put patients first. It would seem reasonable to assume that any commitment to patient needs would include a clear role for advocacy and the paper remains silent on any such suggested role for LHINs. This is a major shortcoming leaving the community with less than strong representation.

It is worth noting that CCACs were only established in 1996, coming into effect in 1998.

Proposal 4: Stronger links between public health and other health services

The goal of proposal 4 is to integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

To support this new formal relationship:

- The MOHLTC would create a formal relationship between medical officers of health (MOHs) and each LHIN, empowering the MOHs to work with LHIN leadership to plan population health services.
- The MOHLTC would transfer the dedicated provincial funding for PHUs to the LHINs for allocation to PHUs. The LHINs would ensure that all transferred funds would be used for public health purposes.
- The LHINs would assume responsibility for the accountability agreements with PHUs.
- Local boards of health (BOHs) would continue to set budgets.
- The respective BOH, as well as land ambulance services, would continue to be managed at the municipal level. As part of a separate initiative to support more consistent public health services across the province, the ministry is modernizing the Ontario Public Health Standards and Organizational Standards to identify gaps and duplication in service delivery; determine capacity and resource needs; and develop options for greater effectiveness.

The ministry would also appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and PHUs, and how to further improve public health capacity and delivery.

Public Health response:

In general, we support LHINs working more closely with MOHs and PHUs. However, that work would be **in addition to** public health work already undertaken as prescribed by the MOHLTC. MOHs and PHUs have a vast array of other duties and responsibilities and therefore, the work related to the LHINs would be in addition to these other competing priorities. We have concerns about LHINs allocating funds to PHUs and administering accountability agreements because this could be an opportunity for the scarce resources of MOHs and PHUs being drawn into addressing acute primary and long-term care issues and concerns. Further, those issues may be of questionable value to the public health system.

Currently standards and accountability indicators are set with a provincial and not a LHINs-based lens. This assures that the system as a whole is accountable and improving its performance. Losing this provincial lens and substituting a regional one may adversely impact the performance and equitable delivery of public health services across all populations in the province.

Finally, being beholden to the LHINs for funding would undermine the ability of MOHs to provide LHINs with **independent** advice and information as regards local health system planning and performance.

We support the modernization of the OPHS and OPHOS. However, the current balance between local flexibility (e.g., health equity and promotion activities) and province-wide standardization (e.g., health protection activities) needs to be maintained. In addition public health works should continue to be evidence-based where possible, and focus “upstream” (e.g., on disease and illness prevention) rather than “downstream” (e.g., on acute, primary and long-term care). BOHs should continue to be held accountable for outcomes attributable to their public health activities. This process should meaningfully improve public health work, and not be a reduction exercise to fit the MOHLTC’s public health funding base. Indeed, the MOHLTC should be encouraged to expand this base.

Finally, we recommend that attention be paid to the Expert Panel, including its composition and mandate.

Comments from other stakeholders

Association of Local Public Health Agencies (alPHa) submitted comments to the Minister of Health and Long-term Care. One key point that they made to the Minister was the need to support and strengthen the public health care system which works on all five Ottawa Charter actions for health promotion. Ensuring a strong public health system can focus on healthy people first. An overarching concern is that the proposals contained in Patients First may have the unintended consequence of eroding capacity in the public health system. alPHa makes five recommendations:

- Funding and Accountability – Provincial public health funding and accountability agreements must continue to be directly negotiated between local BOHs and the MOHLTC.
- Independent Voice of Boards of Health – BOHs must be maintained as defined in the Health Protection and Promotion Act, directly accountable to the Minister of Health.
- Integration of Local Population and Public Health Planning with other Health Services – the Ontario Public Health Standards and Ontario Organization Standards should be modified to require boards of health to align their work and ensure that population and public health priorities inform LHIN health planning, funding and delivery.
- Process for Determining Respective Roles – the respective roles of local public health units and LHINs (and others) must be determined through a transparent, inclusive and deliberative process that is informed by evidence. This is a key role of the proposed Expert Panel.

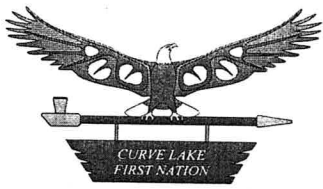
- Geographic Boundaries – LHIN boundaries should be re-configured to align with municipal, local public health, education and social service boundaries to support their relationships with local public health and, population health and health care system planning.

Dr. McKeown, Medical Officer of Health for the City of Toronto posted comments on Toronto’s website. He too supported the goals of *Patients First*, but also offered some caution around Proposal 4. While a good idea to create closer linkages between PHUs and the LHINs, Dr. McKeown suggests looking at other provinces where public health is integrated into the broader health system. He offered the following observations:

- Ontario is the only province where public health is closely linked with municipal government.
- In the other provinces public health is part of the same regional authorities that run hospitals, long-term care homes and other treatment services.
- In some cases such integration has led to better coordination of services such as immunization and communicable disease control. In some instances public health has been helpful in planning healthcare services. However, it appears that more frequently, the treatment of ill patients and the costs associated with that, has taken precedence over the public health role of keeping people healthy, thereby avoiding medical care. The result has been reduced public health services and diminished (or even lost) partnerships with key stakeholders such as municipalities, school boards and social service agencies. These partnerships are essential to address health inequities.
- Although healthcare is essential for those who are sick, it is a far better option to not become sick in the first place. Public health is there to prevent illness and disease and to also identify and reduce health inequities. The critical role of public health should be strengthened through the efforts to improve the health system.

Conclusion

While supporting the general goal of “putting *patients first*”, there is caution around the implementation strategies that may be developed. Much more collaboration and consultation is required to ensure that each part of the health sector is resourced adequately, and that this is not just an opportunity for reallocation of resources, leaving public health under-funded and weakened.



FIRST NATION RECEIVED
COUNCIL MAR 29 2016
RESOLUTION PETERBOROUGH COUNTY

THE COUNCIL OF THE CURVE LAKE FIRST NATION BAND

District: SOUTHERN

Province of ONTARIO

Place: CURVE LAKE I.R. # 35

Date: 2016 March 14

FILE NUMBER: 479/2015-2016-29

Page: 1 of 1

DO HEREBY RESOLVE:

Whereas the discussion paper Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care, by establishing links between LHINs and public health which can occur through identifying new roles and responsibilities that do not require changes in the funding or governance of public health in Ontario; and

Whereas the wider problem of improving and supporting the health and health equity Ontarians is mandated to the public health system, through the Health Protection and Promotion Act that has created local boards of health and has made them accountable for the delivery of public health programs and services as required by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards, and

Whereas the direct relationship with the province ensures that the same principles and standards are upheld and implemented for all boards of health, further ensuring that all Ontarians benefit equitably from the public health system; and

Whereas municipal and First Nation representation of boards of health ensure valuable connections with decision makers and staff to support local healthy public policy; and

Whereas evidence from other jurisdictions where public health funding has been integrated regionally with funding for the rest of the health care system shows that opportunities for system improvement is often not realized and unintended risks to public health have arisen:

Be it therefore resolved that the board of health for the Peterborough County-City Health Unit calls upon the province of Ontario ensure a continued strong role for public health in keeping people healthy by:

- Maintaining independent governance of the public health sector by local boards of health; and
 - Maintain its direct and transparent funding of local boards of health; and
- Continue to directly negotiate Provincial Public Health Funding and Accountability Agreements (PHFAA) with local boards of health.

A quorum for this First Nation

consists of FIVE (5)

Council Members

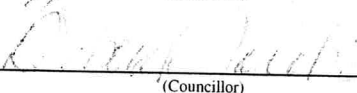

(Chief)



(Councillor)


(Councillor)


(Councillor)


(Councillor)


(Councillor)


(Councillor)



Hiawatha First Nation

Administration Office

April 13th, 2016

Re: "Patients First" Discussion Paper

Dear Jeff Leal,

At a recent Council meeting we had the Medical Officer of Health, Dr. Rosana Salvaterra present the Board of Health for Peterborough County-City Health Units position on the "Patients First" Discussion Paper that was released on December 17th, 2015. She gave an overview of the proposal and its intent to strengthen patient-centered health care in Ontario. She pointed out the shortfalls of this new relationship between LHINs and Public Health.

As First Nations people we know on a first hand basis what it is like to have the Government tell us what our needs are, instead of consulting us and asking what will work best in our communities. The Province of Ontario needs to consult with the appropriate people in Public Health to determine what changes need to be made to improve Public Health.

Hiawatha First Nation would like to offer its support to the Board of Health for Peterborough County-City Health Unit in requesting that the Province of Ontario continues its direct funding relationship with municipalities for public health, and that the independent governance of public health be maintained.

Sincerely,

Chief Greg Cowie

"We, the Mississaugi of Hiawatha First Nation, are a vibrant, proud, independent and healthy people balanced in the richness of our culture and traditional way of life".

123 Paudash St., Hiawatha, ON K9J 0E6 • Telephone (705) 295-4421 • Fax (705) 295-4424

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

BOH Meeting Agenda
May 4, 2016 - Page 61 of 166



Township of Douro-Dummer

894 South Street
PO Box 92
Warsaw ON K0L 3A0

www.dourodummer.on.ca

Clerk's Department

Martina Chait-Hartwig

Deputy Clerk

Ph 705-652-8392 Ext. 210

F 705-652-5044

martinac@dourodummer.on.ca

April 12, 2016

Dr. Rosana (Pellizzari) Salvaterra, Medical Officer of Health
Peterborough County-City Health Unit
185 King Street,
Peterborough, ON K9J 2R8

Dear Ms. Salvaterra:

Re: Patients First and Public Health

The following Resolution was passed by the Council for the Township of Douro-Dummer at their last regular meeting held on April 5, 2016, in response to your presentation regarding the Provincial report, *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario*:

Resolution Number 170-2016

Moved by: Deputy Mayor Moher

Seconded by: Councillor Johnston

Whereas the discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario* conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care, by establishing links between LHINs and public health which can occur through identifying new roles and responsibilities that do not require changes in the funding or governance of public health in Ontario; and

Whereas the wider problem of improving and supporting the health and health equity of Ontarians is mandated to the public health system, through the Health Protection and Promotion Act that has created local boards of health and has made them accountable for the delivery of public health programs and services as required by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards; and

Whereas the direct relationship with the province ensures that the same principles and standards are upheld and implemented for all boards of health, further ensuring that all Ontarians benefit equitably from the public health system; and

Whereas municipal and First Nation representation on boards of health ensure valuable connections with decision makers and staff to support local healthy public policy; and

Whereas evidence from other jurisdictions where public health funding has been integrated regionally with funding for the rest of the health care system shows that opportunities for system improvement is often not realized and unintended risks to public health have arisen:

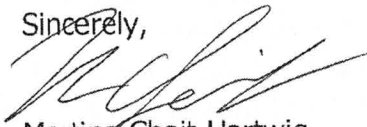
Be it therefore resolved that the board of health for the Peterborough County-City Health Unit calls upon the province of Ontario to ensure a continued strong role for public health in keeping people healthy by:

- maintaining independent governance of the public health sector by local boards of health; and
- maintain its direct and transparent funding of local boards of health; and
- continue to directly negotiate Provincial Public Health Funding and Accountability Agreements (PHFAA) with local boards of health; and

That a copy of this Resolution be sent to Premier Kathleen Wynne, Minister of Health and Long Term Care, the Honourable Eric Hoskins, and local MPP, Minister of Agriculture and Rural Affairs Jeff Leal, in writing. Carried

If there is anything further that you require, please do not hesitate to contact me.

Sincerely,



Martina Chait-Hartwig
Deputy Clerk

cc:

Premier Kathleen Wynne
Minister of Health and Long Term Care, Eric Hoskins
Minister of Agriculture and Rural Affairs, Jeff Leal

HBM

R-177-16 Moved by Councillor Gerow
 Seconded by Deputy Mayor Martin

That the Council of Havelock-Belmont-Methuen supports the resolution passed by the Board of Health for Peterborough County-City Health Unit requesting that the Province of Ontario continue its direct funding relationship with municipalities for public health and that the independent governance of public health be maintained; and

That the delegation by Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit regarding the "Patients First Discussion Paper", the Ministry of Health and Long Term Care's Health Care Transformation Agenda, be received for information.

Carried

March 22, 2016

Kathleen Wynne, Premier
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Ms. Wynne:

Re: Peterborough County Health Unit

Please be advised that at its meeting held the 22nd day of March 2016, the Township of Selwyn passed the following Resolution:

Resolution No. 2016 - 079 - Peterborough County City Health Unit

Deputy Mayor Sherry Senis – Councillor Anita Locke –

That the Township of Selwyn forward a letter to Premier Kathleen Wynne advising its support of the Peterborough County City Health Unit and the need to call upon the province of Ontario to ensure a continued strong role for public health in keeping Ontarian's healthy by maintaining independent governance of the public health sector by local boards of health; maintaining its direct and transparent funding of local boards of health and continuing to directly negotiate Provincial Public Health Funding and Accountability Agreements with local boards of health; and further that a copy of this letter of support be forwarded to Minister of Health and Long Term Care, the Honourable Eric Hoskins and Local MPP and Minister of Agriculture and Rural Affairs Jeff Leal.

Carried.

If you have any questions or concerns, please do not hesitate to contact me at 705-292-9507 ext. 237.

Sincerely,

Tania Goncalves

Tania Goncalves
Deputy Clerk

cc - Honourable Eric Hoskins, Minister of Health and Long Term Care
Jeff Leal, Local MPP and Minister of Agriculture and Rural Affairs
Dr. Rosana Salvaterra, Peterborough County-City Health Unit

Mailing Address
PO Box 270
Bridgenorth
Ontario K0L 1H0

RECEIVED

APR 14 2016

**PETERBOROUGH COUNTY
CITY HEALTH UNIT**



April 11, 2016

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

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

The Honourable Jeff Leal
Minister of Agriculture and Rural Affairs
11th Floor
77 Grenville Street
Toronto, ON M7A 1B3

Ms. Laurie Scott, MPP
Haliburton-Kawartha Lakes-Brock
14 Lindsay Street North
Lindsay, ON K9V 1T4

Dear Premier Wynne, Ministers Hoskins and Leal and Ms. Scott:

**Re: Patients First Discussion Paper – The Ministry of Health and Long-Term
Care's Health Care Transformation Agenda**

At its meeting held the 6th day of April, 2016, Peterborough County Council passed the following resolution:

“Be it resolved that County Council:

1. Receives the presentation from Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit regarding Patients First Discussion Paper - The Ministry of Health and Long-Term Care's Health Care Transformation Agenda.

470 Water Street • Peterborough • Ontario • K9H 3M3

Phone: 705.743.0380 • Toll Free: 1.800.710.9586

April 11, 2016

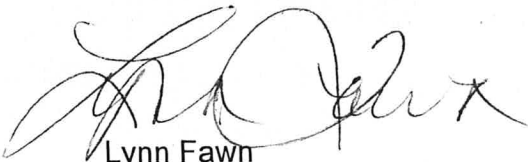
Re: Patients First Discussion Paper – The Ministry of Health and Long-Term Care's Health Care Transformation Agenda

Page 2...

2. Receives and supports the Peterborough County-City Health Unit Board of Health resolution dated March 9, 2016 calling upon local municipal and First Nation Councils to endorse the Board's motion and to advise Premier Kathleen Wynne, Minister of Health and Long Term Care, the Honourable Eric Hoskins, and local MPPs, Minister of Agriculture and Rural Affairs Jeff Leal, and Laurie Scott, in writing."

Thank you for your consideration of this matter.

Yours truly,



Lynn Fawn

Deputy Clerk/Office Supervisor

Telephone Ext. 397

Fax: 705-876-1730

Email: lfawn@county.peterborough.on.ca

Encl: Patients First and Public Health - Board of Health Resolution

- c:
- G. King, CAO County of Peterborough
 - K. Stevenson, Acting Clerk, Municipality of Trent Lakes Council Members
 - E. Arthurs, Clerk, Township of Cavan Monaghan Council Members
 - C. White, Clerk, Township of Asphodel-Norwood Council Members
 - A. Chittick, Clerk, Township of Selwyn Council Members
 - G. Girven, Clerk, Township of Havelock-Belmont-Methuen Council Members
 - C. McMillan, Clerk, Township of Douro-Dummer Council Members
 - C. Parent, Clerk, Township of North Kawartha Council Members
 - H. Scott, Clerk, Township of Otonabee-South Monaghan Council Members
 - Chief and Council - Curve Lake First Nation
 - Chief and Council - Hiawatha First Nation
 - Dr. Salvaterra, Medical Officer of Health, Peterborough County-City Health Unit

Patients First and Public Health

A request from the Board of Health for Peterborough County-City Health Unit

Whereas the discussion paper *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario* conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care, by establishing links between LHINs and public health which can occur through identifying new roles and responsibilities that do not require changes in the funding or governance of public health in Ontario; and

Whereas the wider problem of improving and supporting the health and health equity of Ontarians is mandated to the public health system, through the Health Protection and Promotion Act that has created local boards of health and has made them accountable for the delivery of public health programs and services as required by the Ontario Public Health Standards and the Ontario Public Health Organizational Standards, and

Whereas the direct relationship with the province ensures that the same principles and standards are upheld and implemented for all boards of health, further ensuring that all Ontarians benefit equitably from the public health system; and

Whereas municipal and First Nation representation on boards of health ensure valuable connections with decision makers and staff to support local healthy public policy; and

Whereas evidence from other jurisdictions where public health funding has been integrated regionally with funding for the rest of the health care system shows that opportunities for system improvement is often not realized and unintended risks to public health have arisen:

Be it therefore resolved that the board of health for the Peterborough County-City Health Unit calls upon the province of Ontario to ensure a continued strong role for public health in keeping people healthy by

- maintaining independent governance of the public health sector by local boards of health; and
- maintain its direct and transparent funding of local boards of health; and
- continue to directly negotiate Provincial Public Health Funding and Accountability Agreements (PHFAA) with local boards of health.

Local municipal and First Nation Councils are called upon to endorse this motion and advise Premier Kathleen Wynne, Minister of Health and Long Term Care, the Honourable Eric Hoskins, and local MPPs, Minister of Agriculture and Rural Affairs Jeff Leal, and Laurie Scott, in writing.

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

Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

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

Bureau du ministre
Édifice Hepburn, 10^e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Télé. 416 326-1571
www.ontario.ca/sante



April 21, 2016

To Boards of Health:

RE: Ontario's Publicly Funded Human Papillomavirus (HPV) Immunization Program

We are writing to inform you about an exciting expansion to Ontario's publicly funded Human Papillomavirus (HPV) immunization program to help protect more youth from HPV infection and related cancers.

Consistent with the *Patients First: Action Plan for Health Care and Immunization 2020*, Ontario's five-year plan to modernize its publicly funded immunization program, effective September 2016, the Ministry of Health and Long-Term Care will be:

- Expanding Ontario's school-based HPV immunization program to include boys; and
- Moving Ontario's school-based HPV immunization program from Grade 8 to Grade 7.

Ontario's HPV immunization program is currently available to Grade 8 girls through school-based immunization clinics administered by public health units. Starting in the 2016/17 school year, the school-based HPV immunization program will be offered to boys and girls in Grade 7. To support the transition of the program to Grade 7, female students who are beginning Grade 8 in the transitional 2016-17 school year will be eligible for publicly funded HPV vaccine through school-based clinics.

The expansion of Ontario's school-based HPV immunization program to include boys aligns with current scientific and expert recommendations. Moving the school-based HPV immunization program from Grade 8 to Grade 7 will bring Ontario in line with other jurisdictions in Canada that offer publicly funded HPV immunization programs in earlier grades.

.../2

Further information and materials to support public health units and school boards in communicating these changes to health care providers and parents will be forthcoming.

We look forward to collaborating with you to implement this important initiative. We gratefully acknowledge the hard work that goes into the delivery of Ontario's publicly funded immunization program and thank you for your continued leadership.

Yours sincerely,

Original signed by

Dr. Eric Hoskins
Minister

c. Medical Officers of Health and Associate Medical Officers of Health



April 27, 2016

The Hon. Jane Philpott
70 Colombine Driveway,
Tunney's Pasture
Postal Location: 0906C
Ottawa, ON K1A 0K9
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

On behalf of the Board of Health for the Peterborough County-City Health Unit, I am writing to express our concern about formula industry violations of the *International Code of Marketing of Breastmilk Substitute* (the Code), and to request that your government advocate for legislation of the Code in Canada.

The aim of the Code is to protect optimal health outcomes for infants through breastfeeding, and support appropriate use of breastmilk substitutes (i.e., baby formula). The Code focuses attention on how the infant formula industry influences consumers to support the use of breastmilk substitutes, thereby undermining maternal and child health. Violations of the Code in Canada are rampant, and easily spotted: targeting women purchasing maternity wear; advertisements in pregnancy and parenting magazines; invitations to mothers to sign up for “baby clubs” from which they receive free samples or coupons for formula. Even more concerning are Code violations through the health care system, including provision of free formula to health care facilities.

Our public health agency is committed to protecting and supporting breastfeeding as outlined in the Ontario Public Health Standards, and has achieved the World Health Organization’s *Baby Friendly* designation, a best practice in infant feeding. Despite this commitment, local surveillance data indicates that while more than 90% of local mothers initiate breastfeeding, more than half of all local babies have received at least one formula supplement by the time they are two weeks old. These statistics speak to the normalization of formula feeding, and the effectiveness of the industry in undermining a mother’s intention to breastfeed.

Despite Canada’s adoption of the Code, there is currently no legislation in place to ensure that industry complies with the Code provisions. Such legislation would be an asset, given the important role of breastfeeding in maternal and child health, and the inability of industry to voluntarily adhere to this ethical framework.

In closing, I ask that Canada's commitment to maternal and child health, and the Code be honoured by legislation of the Code in Canada.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
Dr. Gregory W. Taylor, Chief Public Health Officer, Public Health Agency of Canada
Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



April 28, 2016

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins,

Re: Environmental Health Program Funding

At its meeting held on April 13, 2016, the Board of Health for the Peterborough County-City Health Unit considered correspondence from the North Bay Parry Sound District Health Unit regarding the above noted matter.

The Board echoes the recommendations outlined in their resolution (attached), and appreciates your attention to this important public health issue.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: Hon. Dr. Bob Bell, Deputy Minister of Health and Long-Term Care (MOHLTC)
Roselle Martino, Assistant Deputy Minister, Population and
Public Health Division, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health

February 22, 2016

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: Environmental Health Program Funding – BOH Resolution #BOH/2016/01/13

On January 27, 2016, at a regular meeting of the Board of Health for the North Bay Parry Sound District Health Unit, the Board unanimously approved the following motion #BOH/2016/01/13:

***Whereas**, the Board of Health is responsible to oversee the implementation of the Ontario Public Health Standards (OPHS), related protocols/guidelines and Health Protection and Promotion Act (HPPA) and related regulations, and*

***Whereas**, the Board of Health works towards improvement of the overall health of the population through surveillance, health promotion, disease prevention, health protection and enforcement of provincial public health policy, and legislation, and*

***Whereas**, the Board of Health supports the Province of Ontario enacting new policy and legislation which will improve the health of the population, and*

***Whereas**, recent changes to provincial policy and new legislation has resulted in the expansion of the Environmental Health program mandate in recent years, and*

***Whereas**, in 2014 the Skin Cancer Prevention Act (Tanning Beds) went into effect and public health inspectors (PHIs) were required to complete education visits of tanning bed establishments and respond to future public complaints with these facilities, and*

***Whereas**, the Recreational Water Protocol was updated by the Ministry of Health and Long-Term Care in 2014 and included a broadening of the definition of a public beach which resulted in doubling the number of municipal public beaches that require annual water sampling, and*

***Whereas**, in 2015, the Ministry of Health and Long-Term Care released the new Infection Prevention and Control Lapse Disclosure Guidance document requiring the Health Unit to actively investigate public complaints related to infection prevention and control (IPAC) in regulated health care settings where previously the Health Unit was not mandated, and*

***Whereas**, in 2017, the Ministry of Health and Long-Term Care advises that menu labelling requirements will come into force for certain restaurants and will require PHIs to enforce, and*

***Whereas**, recent amended environmental health protocols require the disclosure of public facility inspection reports to the public on request and resulting in increased workload for Health Unit staff, and*

Whereas, the challenge is implementing new policy and legislation that comes often without any additional resources and where current Environmental Health program staff are already at full capacity implementing existing mandated programs, and

Whereas, the challenge is implementing new policy and legislation that comes often without any support for staff training,

Now Therefore Be It Resolved, that the Board of Health for the North Bay Parry Sound District Health Unit endorse the following actions to support the Environmental Health program in implementing new provincial public health policy and legislation:

- 1) Encourage the Ontario Ministry of Health and Long-Term Care to provide dedicated, predictable recurring funding to public health units for the purpose to enhance Environmental Health program field staff and management capacity to implement new provincial public health policy and legislation;
- 2) Encourage the Ontario Ministry of Health and Long-Term Care to fund an additional 2.0 full-time equivalent (FTE) public health inspectors in the Environmental Health program;
- 3) Encourage the Ontario Ministry of Health and Long-Term Care to adopt as standard policy for providing of training to public health staff whenever new provincial public health policy and legislation is implemented; and
- 4) Encourage the Ministry of Health and Long-Term Care to develop a staffing model for health units to use to determine adequate levels of environmental health staffing which include field staff, supervisory staff and management staff necessary to fully implement provincial environmental health policy and legislation.

Furthermore Be It Resolved, that a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Roselle Martino, Assistant Deputy Minister of Health and Long-Term Care, Dr. David Williams, Interim Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Medical Officers of Health, and Ontario Boards of Health, and member municipalities.

Sincerely,



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

C: Hon. Dr. Bob Bell, Deputy Minister of Health and Long-Term Care (MOHLTC)
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Linda Stewart, Executive Director, Association of Local Public Health agencies
Ontario Medical Officers of Health
Ontario Boards of Health
Member Municipalities (31)

April 20, 2016

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

Dear Prime Minister:

Re: A Public Health Approach to the Legalization of Cannabis in Canada

The Simcoe Muskoka District Health Unit (SMDHU) is mandated by the Ministry of Health and Long-Term Care (MOHLTC) under the Ontario Public Health Standards (2008) to address the prevention of the “adverse health outcomes associated with substance use”. Prevention efforts include the delayed use of substances, such as cannabis, as well as incorporating harm reduction strategies in the delivery of health unit services. We are pleased that you are aware of the need for a well-regulated system for cannabis access which promotes public health and safety, reduces the harms associated with the use of marijuana, and helps to restrict access to youth.

In May of 2014, The Canadian Public Health Association (CPHA) identified the need for a public health approach in the management of psychoactive substances that is “based on the principles of social justice, attention to human rights and equity, evidenced informed policy and practice, and addressing the underlying determinants of health”.⁽⁵⁾ The SMDHU Board of Health has similarly passed a resolution today strongly urging you to adopt a public health approach regarding the legalizing of cannabis, with strict regulation of its use, production, distribution, product promotion, and sale.

Despite prohibition, cannabis is the most commonly used illegal drug in Canada, with youth and young adults having the highest rates of use. Research shows that cannabis use is associated with adverse health consequences, most notably for those who begin use at an early age and use it frequently. The evidence suggests that cannabis use — particularly chronic use — can have negative impacts on mental and physical health, brain function (memory, attention and thinking), driving performance and dependence. In addition, women who use cannabis during pregnancy can negatively affect the development and behaviour of their future children.^(1, 2, 3, 4)

While cannabis use has the potential for many health harms, it is also important to consider the disproportionate social harms stemming from its prohibition. In addition to being ineffective and costly, prohibition has led to a series of harmful consequences including the criminalization and marginalization of users while hindering the ability of health and education professionals to effectively prevent and address problematic use.^(1, 5) We are aware that you are familiar with the

<input type="checkbox"/> Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495	<input type="checkbox"/> Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498	<input type="checkbox"/> Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105	<input type="checkbox"/> Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887	<input type="checkbox"/> Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245	<input type="checkbox"/> Midland: B-865 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513	<input type="checkbox"/> Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091
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NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

Centre for Addiction and Mental Health (CAMH) Cannabis Policy Framework (October 2015) and strongly recommend that a public health approach to legalizing cannabis should include some or all of the following evidence informed guidelines for a regulatory framework as proposed by CAMH:

- **Establish a government monopoly on sales.** Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm.
- **Set a minimum age for cannabis purchase and consumption.** Sales or supply of cannabis products to underage individuals should be penalized.
- **Limit availability.** Place caps on retail density and limits on hours of sale.
- **Curb demand through pricing.** Pricing policy should curb demand for cannabis while minimizing the opportunity for continuation of lucrative black markets. It should also encourage use of lower-harm products over higher-harm products.
- **Curtail higher-risk products and formulations.** This would include higher-potency formulations and products designed to appeal to youth.
- **Prohibit marketing, advertising, and sponsorship.** Products should be sold in plain packaging with warnings about risks of use.
- **Clearly display product information.** In particular, products should be tested and labelled for Tetrahydrocannabinol (THC) and Cannabidiol (CBD) content.
- **Develop a comprehensive framework to address and prevent cannabis-impaired driving.** Such a framework should include prevention, education, and enforcement.
- **Enhance access to treatment and expand treatment options.** Include a spectrum of options from brief interventions for at-risk users to more intensive interventions.
- **Invest in education and prevention.** Both general (e.g. to promote lower-risk cannabis use guidelines) and targeted (e.g. to raise awareness of the risks to specific groups, such as adolescents or people with a personal or family history of mental illness) initiatives are needed. ⁽¹⁾

When implementing these critical policy changes we strongly encourage your government to take sufficient time to develop and build capacity to implement these regulations and to ensure systems are in place to monitor patterns of use and health outcomes. In addition, we recommend that you develop evidence based prevention and harm reduction messaging for broad dissemination across the country. ⁽¹⁾

Thank you for considering a comprehensive public health approach to cannabis policy in Canada. Please do not hesitate to contact me should you wish to discuss further.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward, Board of Health Chair
Simcoe Muskoka District Health Unit

- c. Bill Blair, MP (Scarborough Southwest)
Dr. Kellie Leitch, MP (Simcoe-Grey)
The Honourable Tony Clement, MP (Parry Sound–Muskoka)
Patrick Brown, MPP (Simcoe North)
Ann Hoggarth, MPP (Barrie)
Norm Miller, MPP (Parry Sound-Muskoka)
Julia Munro, MPP (York-Simcoe)
Jim Wilson, MPP (Simcoe-Grey)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Boards of Health in Ontario

References:

1. Crépault J-F. Cannabis Policy Framework. [Report online]. Toronto: Centre for Addiction and Mental Health; 2014 [Last accessed 2016/03/03]. Available from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf
2. Canadian Centre on Substance Abuse. Substance Abuse in Canada: The Effects of Cannabis Use during Adolescence. [Report online]. Ottawa: Canadian Centre on Substance Abuse, 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Report-2015-en.pdf>
3. Porath-Waller AJ, Beirness, DJ, Diplock J, Kalant H. Clearing the Smoke on Cannabis: Highlights [Report online]. Canadian Centre on Substance Abuse (CCSA), 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Clearing-Smoke-on-Cannabis-Highlights-2015-en.pdf>
4. Beirness D, Porath-Waller A. Clearing the Smoke on Cannabis: Cannabis Use and Driving-An Update. [Report online]. Ottawa: Canadian Centre on Substance Abuse; 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Use-and-Driving-Report-2015-en.pdf>
5. Canadian Public Health Association. A New Approach to Managing Illegal Psychoactive Substances in Canada. [Discussion paper online]. Ottawa: Canadian Public Health Association, 2014 [Last accessed 2016/03/03]. Available from: http://www.cpha.ca/uploads/policy/ips_2014-05-15_e.pdf



Northwestern Health Unit

www.nwhu.on.ca

No. 31 -2016

NORTHWESTERN HEALTH UNIT

BOARD OF HEALTH

MOTION/RESOLUTION

Moved by *Diana Brown*

Seconded by *L. MacDonald*

THAT the Board of Health for the Northwestern Health Unit endorse the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) Position Statement on Responses to Food Insecurity and resolution shared with Ontario Boards of Health, the Association of Local Public Health Agencies (alPHA) and the Ontario Society of Nutrition Professionals in Public Health (OSNPPH).

	Yea	Nay	Abstained	Disclosure of Interest
C. Baron				
D. Brown				
Y. Kirlew				
L. MacDonald				
J. Roy				
J. Ruete				
P. Ryan				
T. Sachowski				
S. Smith				
B. Thompson				

Date: April 26, 2016

Chair..... *Julie Kay*



Perth District Health Unit

653 West Gore Street
Stratford, Ontario N5A 1L4
(519) 271-7600 • www.pdhu.on.ca

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

March 24, 2016

Dear Dr Hoskins,

The Board of Health for the Perth District Health Unit received *Patient's First Report: A proposal to strengthen patient-centred health care in Ontario* on December 22, 2015, and further considered the proposal on January 20, 2016 and March 16, 2016.

During its board meeting on March 16, the board unanimously moved to support the alPHa response to the Patients First Report, and urges the Ministry of Health and Long-Term Care to include the alPHa recommendations in any implementation of Patients First.

Sincerely,

Ms. Teresa Barresi
Board Chair

Attachments:

PDHU Staff Report: Patients First Report (January 20, 2016)
alPHa Response to Patients First Report (February 29, 2016)

Links:

Ministry of Health and Long-Term Care. (2015). Patients First: A proposal to strengthen patient-centred health care in Ontario. Discussion Paper. Retrieved from: http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx

MK/mr

cc.

Association of Local Public Health Agencies
Council of Medical Officers of Health
Ontario Public Health Association
36 Boards of Health of Ontario
Dr David Williams, Chief Medical Officer of Health
Member municipalities (City of Stratford, Town of St. Marys, Perth County)



Date: January 20, 2016
To: Board of Health
From: Miriam Klassen, Medical Officer of Health
Subject: PATIENTS FIRST REPORT

Staff Report

PURPOSE:

To provide an update to the Board of Health (BOH) regarding significant health system changes that could impact the health unit.

FINANCIAL IMPLICATIONS AND IMPACT STATEMENT:

The implications for funding and programming are difficult to predict but could be significant.

RECOMMENDATIONS:

It is recommended that:

- The report Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario (link) be received
That the Medical Officer of Health (MOH) work with the Association of Local Public Health Agencies (aLPHa) to develop and communicate a response
That the BOH work with the Association of Municipalities of Ontario (AMO) as appropriate to promote strong, evidence-based public health programming.

BACKGROUND:

The Patients First discussion paper was released by the Ministry of Health and Long-Term Care (MOHLTC) on December 17, 2015; it includes several proposals to strengthen patient-centred health care in Ontario. Specifically, Local Health Integration Networks (LHINs) would assume responsibility for home and community care and system integration, and have greater involvement with primary care, and improved linkages with population health planning.

With regard to Public Health, the paper proposes that LHINs and Public health Units (PHUs) align their work and ensure that population and public health priorities inform health planning, funding and delivery.

To support this new structure:

- the MOHLTC would create a formal relationship between MOHs and each LHIN
the MOHLTC would transfer the dedicated provincial funding for PHUs to the LHINs for allocation to PHUs
the LHINs would assume responsibility for the accountability agreements with PHUs
local BOHs would continue to set budgets, and the BOH would continue to be managed at the municipal level.

The discussion paper notes that changes to legislation are being considered for the spring of 2016. These could include the following: the Local Health System Integration Act, the Community Care Access Corporations Act, the Home Care and Community Services Act, and the Health Protection and Promotion Act.

The ministry plans to appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and public health units, and how to further improve public health capacity and delivery.

As part of a separate initiative, the MOHLTC has initiated a 'modernization' of the Ontario Public Health Standards (OPHS) and Organizational Standards (OPHOS). The results of this review are expected by the end of 2016 and may have further significant impact on the services that local public health is mandated to deliver.

COMMENTS:

There are benefits to strengthening the relationship/alignment between LHINs and PHUs including but not limited to:

- Public health skills and knowledge can inform health system planning
- There may be increased opportunities to advance public health priorities through these connections.

However, there are risks associated with transferring funding and accountability to the LHINs including but not limited to:

- The proposed role for public health in supporting LHIN planning is in addition to existing work; it is unlikely that additional funding will be available
- The LHIN is being asked to provide oversight to public health work such as small drinking water, tobacco and restaurant inspections and school health programs; work that is outside of the health care system and outside of their expertise
- Scarce resources currently allocated to public health may be at risk of reallocation to address issues within acute care, negatively impacting our ability to promote and protect population health
- The ability of BOHs to influence local priority setting and resource allocation could be impacted
- System integration could lead to the discontinuation of the provision of some public health clinical services such as Sexual Health and Travel Health.

alPHA is taking the lead on developing a response for the public health field:

- alPHA staff attended an announcement pre-meeting on December 17th, as well as the announcement itself
- alPHA has surveyed members regarding the main proposals in the paper for public health units as a first step in formulating a response
- alPHA's Executive Director met with Minister Hoskin's policy advisor responsible for the public health file, Alyson Rowe, on January 11 to initiate a discussion about the paper
- alPHA staff have been in discussion with AMO
- Council of Ontario Medical Officers of Health (COMOH) Executive has had an initial discussion about the content of the paper, and is working closely with alPHA on the response

Other steps include:

- Toronto Public Health is preparing a full report that will be available to other health units; this will include additional information about public health structure and organization in other jurisdictions
- alPHA will be putting forward names to represent public health on the Expert Panel
- COMOH representatives have been appointed to the Executive Steering Committee (ESC) and Practice and Evidence Program Standards Advisory Committee (PEPSAC) as part of the review of the OPHS and OPHOS
- Dr Williams (Acting Chief Medical Officer of Health) has indicated he is planning a meeting for COMOH to meet with himself and Deputy Minister Dr Bell in the coming weeks.

CONCLUSIONS:

Public health staff and the Board of Health will work to ensure that public health practice remains evidence-based, and focused on population health through health promotion, health protection and disease prevention, by engaging in system transformation and providing input into the review of the OPHS and OPHOS, and into the proposed *Patients First* proposal.

CONTACT:

Miriam Klassen

MOH and CEO

Perth District Health Unit

☎ 519-271-7600 ext. 255

📠 519-271-2195

LIST OF ATTACHMENTS:

http://www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Staff Report: Q1 2016 Public Health Programs Report**

Date: May 4, 2016

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Q1 2016 Public Health Programs Report*, for information.

[Please refer to the attached.](#)



Quarter 1 2016 Status Report (Jan. 1 – Mar. 31, 2016)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Child Health (Requirements 1, 4, 5, 6, 7, 8, 11)	7/7
Chronic Disease Prevention	11/14
Food Safety	7/7
Foundational Standards	13/13
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	7/8
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.

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 and portfolio changes we are partially compliant in all five Requirements.

Rabies Prevention and Control

Atul Jain, Manager, Environmental Health

Program Compliance: one rabies report (59/60, 98.3%) was not reported to the Health Unit within the 24 hour time period by the hospital. Follow up was completed the next business day. The hospital indicated that they missed faxing the report due to the increased demands in the Emergency Department at that time.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Staff Report: Q1 2016 Corporate Services Report**

Date: May 4, 2016

Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Q1 2016 Corporate Services Report*, for information.

[Please refer to the attached.](#)

Communications - 2016 Q1

Brittany Cadence, Manager, Communications & IT Services

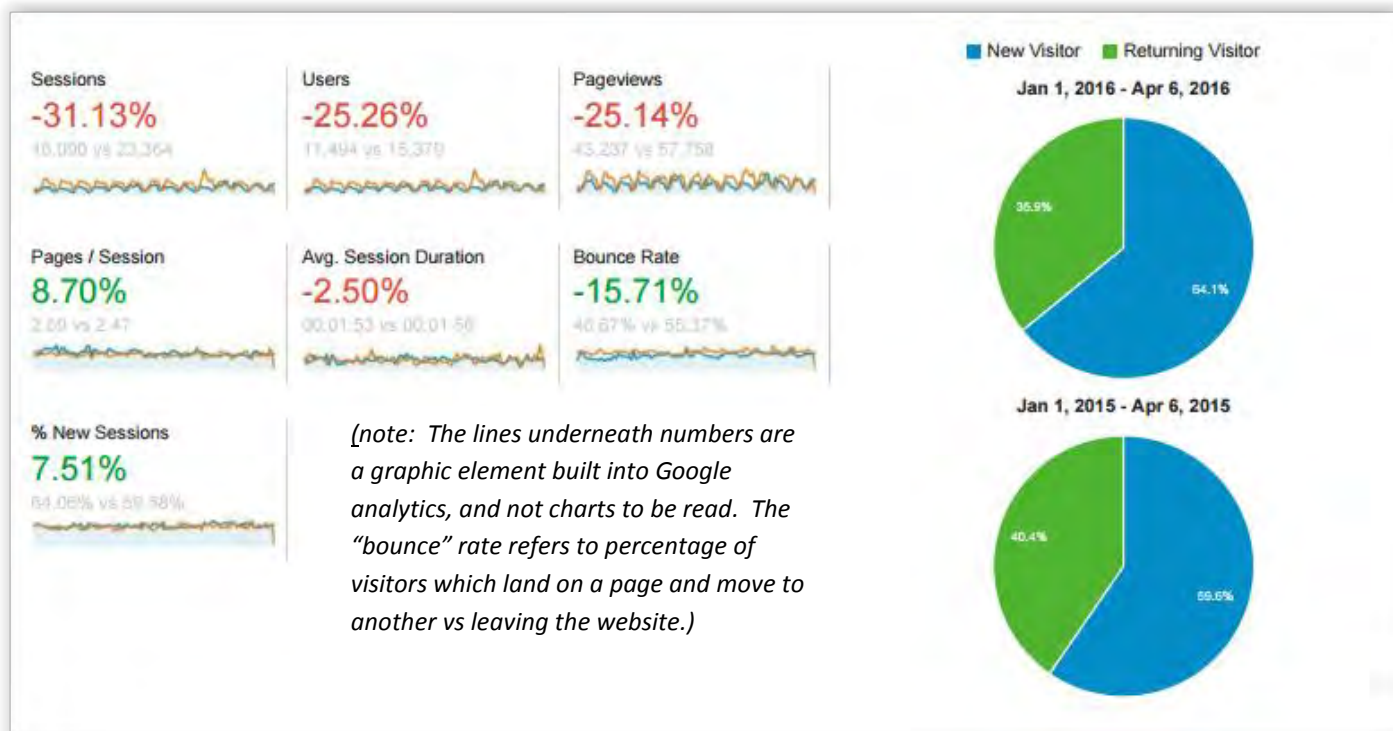
Media Relations

Activity	Q1 comparison	
	2016	2015
Press releases (accompanied by 9 audio files), letters to the editor, Medical Officer of Health (MOH) Examiner columns, Board of Health (BOH) meeting summaries issued	33	56
Media interviews	24	21
Number of media stories directly covering Peterborough County-City Health Unit (PCCHU) activities (print and TV only, and some radio when stories posted online)	95	205

Top Stories of First Quarter:

- 16 stories – flu (community-wide outbreak, getting the shot, pandemic planning)
- 14 stories - Frostbite alerts
- 13 stories - Health Unit name change
- 10 stories - Myrtle’s Kitchen
- 5 stories – substances (legalizing marijuana, fentanyl)
- 4 stories – Basic Income Guarantee
- 3 stories – Big Crunch

Website Statistics – Q1 2016



Top Pages (# of page views)

Homepage	7937
Employment	3147
Contact Us	2608
Food Handler Course	1484
News/Alerts	1121
Clinics/Classes	1118
Social Determinants of Health	1015
Food Handler Course Dates	916
About Us	871
For Professionals	741

PCCHU Social Media

Social media is all about engagement. Engagement is a type of action beyond just exposure and involves interactions with the audience. The actions noted below, for example: re-tweets, mentions, link clicks, favourites, replies, etc. demonstrate that the audience has participated with versus simply viewed the message.

Activity	Q1 2016	Q1 2015
Twitter (@PCCHU)		
Tweets	68	147
New Followers	88	59
Total followers as of the end of this quarter	1518	1190
Engagement Summary: (new analytics for 2015)		
Impressions (<i>number of times PCCHU info appeared on a screen</i>)	40,300	62,900
Mentions	190	212
Re-tweets	121	186
Profile Visits	1870	2,192
Link Clicks	120	252
Favourites	50	77
Replies	12	28
Facebook (search: Peterborough County-City Health Unit)		
Total Likes	425	n/a
New Likes	70	60
Events Promoted	1	1
Posts	55	84
Most Viewed post – “Extreme Cold Alert”	511	134
Ad Campaigns	1	4

Highest Engagement Tweets:

NOTE: the engagement rate below is the number of engagements (clicks, retweets, replies, follows and favourites) divided by the number of impressions

PCCHU Health Unit @PCCHU

First frostbite alert issued by @PCCHU as cold temps and wind chill in the forecast. Stay warm! <http://ow.ly/XeqMZ>



Increase your reach

Your Tweet has 13 total link clicks so far. Get more link clicks on this Tweet!

Promote your Tweet

Impressions	2,530
Total engagements	42
Retweets	15
Link clicks	13
Detail expands	9
Likes	2
Profile clicks	2
Follows	1

Social Media Content Fourth Quarter:

Mental Health

Food Recalls

Mrytle's Kitchen

Cold Alerts

Dental

Substance Use Prevention

Screen Time

Name Change

Healthy Kids Community Challenge

Love My Life (Tobacco Use Prevention Campaign)

Immunization

Nutrition Month

Prenatal Health Fair

Graphic Design Projects

Created a Poster Presentation for The Ontario Public Health Convention (April 4 - 6) under the category **Chronic Disease: Detection and Collaboration.**

Innovative Integrated Cancer Screening Day: A Wellness Day for Women... By Women!
 Mary Pat Cannon and Catherine Therrien, Public Health Nurses
 Peterborough County-City Health Unit

Introduction / Background

Self-reported breast, cervical and colorectal cancer screening rates are below provincial targets for Peterborough County and City.¹

Research on how to reach the under- and never-screened supports local customized interventions that address specific barriers within the local context.^{2,3}

The Diffusion of Innovations Theory (Everett Rogers) identifies five qualities that determine the success of an innovation.^{4,5}

Method of Implementation

- Interdisciplinary planning team
- Electronic Medical Records (EMR) eligibility
- Social context relevant to women
- Evaluation surveys and interviews

Results

	Number of Underscreened Reached	PAPs	Mammograms	1001 Kits Distributed
2015	145 Women (151 confirmed = 4% no show)	145	49	38
2014	95 Women (100 confirmed = 5% no show)	95	34	34
2012	55 Women (62 confirmed = 8% no show)	55	29	38

Diffusion of Innovations

Conditions For Adoption:

- Relative Advantage:** funding source available; practical and convenient "one stop shop"; "This is an excellent program and fears up doctor appointment time for illness"
- Compatibility:** staff value commitment to client's preventative care; concept introduced through formal and informal networking
- Low Complexity:** early buy in from staff involved; "very thankful receptionist contacted me about this...very convenient"
- Trialability:** ease of implementation; successful pilot tested assumptions; "Now I feel more confident using the colon cancer screening test"; 100% of responders would attend in the future
- Observability:** success of past events instilled confidence; few no shows results; abnormal PAPs (4); abnormal mammograms (5); 100% completed screening (all negative)

Expansion of Interdisciplinary Partnerships (Numbers)

	Family Health Team Clinics	Nurse Practitioners	Receptionists	Public Health Nurses	OBSP Sites
2015	4	10	7	4	2
2014	1	5	3	3	1
2012	0.25	5	3	3	1

Future Directions:

- Obtain consistent buy-in and support across Peterborough Family Health Team
- Utilize peer to peer champions for recruitment
- Provide tailored support for each new practice setting
- Expand target age group for cervical screening to include women 35-49 years of age
- Utilize EMR to increase breast screening appointments to have two OBSP sites running to capacity.

Conclusions:

Findings suggest that local customized interventions that address specific barriers within the local context can increase women's participation in cancer screening programs. Implementation across other Peterborough Family Health Team sites allows this innovative approach to evolve to become a better fit for the needs of the partnership and participants.

For more information, please contact:
 Mary Pat Cannon mecannon@pcchc.ca or
 Catherine Therrien catheriet@pcchc.ca

Information Technology - 2016 Q1

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 PCCHU 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%

Project Highlights in First Quarter

- Database repair and preparations for new phone server installation
- ERMS (mass emergency notification system) installation
- B1 project proposals for enhanced firewall completed
- Completed installation of guest wifi at Jackson Square

Total Number of Helpdesk Tickets Served:

348 tickets from January 1 – March 31, 2015

Financial Update Q1 2016 (Accounting: Bob Dubay)

Programs funded January 1 to December 31, 2016	Type	2016	Approved By board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Mandatory Public Health Programs	Cost Shared	7,488,050	09-Dec-15	submitted 29-Feb	1,666,220	22.3%	MOHLTC	Operating within budget. Board approved \$8,174,982 which included Small Drinking Water (\$90,800), Vector Borne Disease (\$76,133) and Occupancy Cost (\$520,000) - See lines below.
Mandatory Public Health Programs - Occupancy costs	Cost Shared	520,000	09-Dec-15	submitted 29-Feb	129,647	24.9%	MOHLTC	Operating within budget.
Small Drinking Water Systems	Cost Shared	90,800	09-Dec-15	submitted 29-Feb	22,669	25.0%	MOHLTC	Operating within budget.
Vector- Borne Disease (West Nile Virus)	Cost Shared	76,133	09-Dec-15	submitted 29-Feb	1,287	1.7%	MOHLTC	West Nile Virus measures and students start in May.
Infectious Disease Control	100%	247,300	10-Feb-16	submitted 29-Feb	55,540	22.5%	MOHLTC	Operating within budget based on budget request.
Infection Prevention and Control Nurses	100%	91,867	10-Feb-16	submitted 29-Feb	22,921	25.0%	MOHLTC	Operating within budget based on budget request.
Healthy Smiles Ontario	100%				92,619		MOHLTC	Ministry has not provided direction on budget for 2016. Currently operating within prior year approval of \$427,300. Given the increased responsibilities for the program under program standards, the issue of not having a budget is significant.
Enhanced Food Safety	100%	25,000	10-Feb-16	submitted 29-Feb	6,250	25.0%	MOHLTC	Operating within budget.
Enhanced Safe Water	100%	15,500	10-Feb-16	submitted 29-Feb	1,400	9.0%	MOHLTC	Operating within budget. Student position to commence in next quarter.
Needle Exchange Initiative	100%	45,000	10-Feb-16	submitted 29-Feb	14,249	31.7%	MOHLTC	Operating above budget based on request. Budget request was increased 31.9% over prior year approval of \$34,100. Year to date expenditures are \$3,000 over current year budget request and \$5,724 over prior year approval. Action will be required to balance or additional funding will be sought.
Nurses Commitment	100%	185,530	10-Feb-16	submitted 29-Feb	45,686	24.6%	MOHLTC	Operating within budget based on budget request.
Chief Nursing Officer Initiative	100%	128,923	10-Feb-16	submitted 28-Feb	32,187	25.0%	MOHLTC	Operating within budget based on budget request.

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Programs funded January 1 to December 31, 2016	Type	2016	Approved By board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Smoke Free Ontario - Control	100%	100,000	10-Feb-16	submitted 27-Feb	24,974	25.0%	MOHLTC	Operating within budget.
Smoke Free Ontario - Enforcement	100%	202,100	10-Feb-16	submitted 27-Feb	44,095	21.8%	MOHLTC	Operating within budget.
Smoke Free Ontario - Youth Prevention	100%	80,000	10-Feb-16	submitted 27-Feb	17,640	22.1%	MOHLTC	Operating within budget.
Smoke Free Ontario - Prosecution	100%	6,700	10-Feb-16	submitted 27-Feb	0	0.0%	MOHLTC	Operating within budget.
Smoke Free Ontario - One Time Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	10-Feb-16	submitted 27-Feb	7,141	24.4%	MOHLTC	Operating within budget.
Healthy Babies, Healthy Children	100%	928,413	09-Mar-16	submitted 23-Mar	202,599	21.8%	MCYS	Program savings due to current program gapping. Anticipate operating within budget by year end.

One Time Programs funded January 1 to December 31, 2016	Type	2016	Approved By Board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Enhanced Tobacco Cessation	100%	30,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Public Health Inspector Practicum Project	100%	20,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Pharmacist Integration into UIIP	100%	17,081		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Enforcement of the Immunization of School Pupils Act	100%	22,500		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Enhanced Mobility of Food Premises	Cost Shared	37,500		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Health and Safety Risk Assessment	Cost Shared	7,910		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Program Resource Support	Cost Shared	30,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Workplace Mental Health Leadership Training	Cost Shared	22,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Creating a Healthy, Complete Outdoor Play Spaces Toolkit	Cost Shared	30,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Precarity Employment Survey	Cost Shared	22,500		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Rapid Risk Factor Surveillance System	Cost Shared	40,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
WiFi Implementation	Cost Shared	44,000		submitted 27-Feb	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.

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One Time Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Facilities Renewal IV	Cost Shared	2,000,000	11-Feb-15	September 9/15	2,000,000	100.0%	MOHLTC	Budget spent in full for purchase of new building and contents.
Phone Server	Cost Shared	30,000	11-Feb-15	September 9/15	30,000	100.0%	MOHLTC	Budget spent in full.
Asset Protection - Dental	Cost Shared	260,000	11-Feb-15	September 9/15	0	0.0%	MOHLTC	Budget approved as submitted. Funds not used before March 31, 2016 to build garage for the mobile. Funds recovered by Ministry.
Panorama	100%	97,000	11-Feb-15	April 20/16	97,000	100.0%	MOHLTC	Budget spent in full.
Vaccine Refrigerator	100%	19,000	11-Feb-15	September 9/15	19,000	100.0%	MOHLTC	Budget spent in full.
Public Health Inspector Practicum Project	100%	10,000	11-Feb-15	September 9/15	10,000	100.0%	MOHLTC	Budget spent in full.
Smoke Free Ontario - Cessation - One Time	100%	22,500	11-Feb-15	September 9/15	20,656	91.8%	MOHLTC	Program operated within budget. Excess funds will be recovered by Ministry.
Electronic Cigarettes Act - Protection & Enforcement - One Time	100%	29,300	11-Feb-15	September 9/15	29,300	100.0%	MOHLTC	Budget spent in full.

Programs funded April 1, 2015 to March 31, 2016	Type	2015 - 2016	Approved By Board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Infant Toddler and Development Program	100%	244,345	Mar 11, 2015	June 8/15	242,823	99.4%	MCSS	Operated within budget.
Medical Officer of Health Compensation	100%	53,816	NA	April 20/16	53,816	100.0%	MOHLTC	Budget spent in full.
Speech	100%	12,670	NA		12,670	100.0%	FCCC	Budget spent in full.
Healthy Communities Challenge Fund		142,380	NA		119,909	84.2%		First year of program commenced September 2015 through March 31, 2016. Program operated within budget. Discussions with City of Peterborough to determine how to address unspent funds.
Locally Driven Collaborative Project	100%	51,437	NA		42,789	83.2%	Public Health Ontario	Operating within budget. Anticipate final program expenditures to be processed.

Funded Entirely by User Fees January 1 to December 31, 2016	Type	2016	Approved By Board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Sewage Program		382,389	12-Nov-14	NA	90,752	23.7%	FEES	Expenditures are within budget. Revenue from User Fees are below budget resulting in a deficit of \$52,356. Very little building activity in first quarter, however anticipate increase in revenues as building season commences to offset deficit.

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Programs funded through donations and other revenue sources January 1 to December 31, 2016	Type	2016	Approved By Board	Approved By Province	Expenditures to Mar 31	% of Budget	Funding	Comments
Food For Kids, Breakfast Program & Collective Kitchens		49,200	NA	NA	19,377	39.4%	Donations	Budget based 2015 actuals. Additional costs incurred in first quarter due to specific funding provided for programs. Anticipate being within budget by end of year.
Other Programs and workshops		6,765	NA	NA	1,929	28.5%		Operating within budgets, including Breaking Down Barriers and Love My Life.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.



Staff Report

Signing Authorities

Date:	May 4, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Salvaterra, M.D.	Larry Stinson, Director of Operations	

Recommendation

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

- receive the staff report, *Signing Authorities*, for information; and,
- approve the Assistant Director, Public Health Programs, as a cheque signing officer within the scope of Board of Health and Organizational Policies and Procedures.

Financial Implications and Impact

Appointing the Assistant Director, Public Health Programs, as a cheque signing officer may allow the Health Unit to avoid late payment charges, take advantage of vendor discounts and may reduce the times it is necessary to call a Board Member in for urgent payments (resulting in a reduction in per diem and mileage costs).

Decision History

This is the first time the issue is being brought forward.

Background

Our banking by-law requires two individuals sign all cheques. At the current time, the only authorized cheque signing officers are the Medical Officer of Health (MOH), Director, Corporate Services, Director of Public Health Programs, Board Chair and Vice-Chair.

With the recent management reorganization, there are no longer position titles of Director of Corporate Services and Director of Public Health Programs. The Director of Public Health Programs has assumed the position of Director of Operations and has retained signing authority. The newly created position of Assistant Director of Public Health Programs is a member of the Executive Team and provides backup for the Director of Operations as part of their job description.

Rationale

Under normal circumstances, the MOH and Director of Operations sign all cheques. This normally works well, but when one of the two staff are on vacation or otherwise unavailable, it is necessary to try to track down a Board member with signing authority and arrange to have them come in for signatures.

Although efforts are made to ensure the payment of bills are arranged before absences, at times something urgent will arise when one of the two signatories is unavailable.

These challenges can be avoided if there is an additional member of the Executive with cheque signing authority. It is common practice to have all the members of Executive delegated cheque signing authority for efficiency and effectiveness.

Strategic Direction

This addresses the board's priority of Capacity and Infrastructure.

Contact:

Larry Stinson
Director of Operations
(705) 743-1000, ext. 255
lstinson@pcchu.ca



Staff Report

Healthy Kids Community Challenge Project Update

Date:	May 4, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Salvaterra, M.D.	Claire Townshend, Healthy Kids Community Challenge Project Coordinator	

Recommendations

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Healthy Kids Community Challenge Project Update*, for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

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

Background

Healthy Kids Community Challenge Overview:

The Healthy Kids Community Challenge (HKCC), launched in 2014 by the Ministry of Health and Long-Term Care (MOHLTC), is designed to improve the health of children aged 12 years and under across the province. This program aims to support community-based activities to promote healthier living as a key component of Ontario’s Healthy Kids Strategy. Peterborough is one of 45 communities taking part in this initiative. The Ministry will provide funding,

training, advice, social marketing tools and other resources to develop and implement community-based programs and activities that promote healthy lifestyles. There are two areas of focus: physical activity and healthy eating. The MOHLTC will provide direction on a nine month rotational basis on what themes the communities will focus on and it is up to each community to determine how the funds are allocated demanding on the specific needs identified by each community.

HKCC Goal:

- The main goal of the HKCC is to prevent and reduce the prevalence of unhealthy weights in children.

HKCC Principles:

- Focus on healthy kids, not just healthy weights.
- Strategies targeting protective factors for healthy weights – including improving nutrition, physical activity and getting adequate sleep – will benefit all children, regardless of weight status.
- Focus on positive health messages and not on programs or messages that could increase bias or stigma around weight.
- Recognize that healthy kids live in healthy families, schools and communities, and
- Support health equity through interventions at the population-level and by targeting at-risk populations.

Governance Structure of HKCC in Peterborough:

While the City of Peterborough is the official recipient of the HKCC funds, the program delivery and direct supervision of the program is shared between the City of Peterborough and the Peterborough County-City Health Unit (PCCHU).

The HKCC in Peterborough functions as a working group under the umbrella of Sustainable Peterborough. Currently, there is a Leadership Committee that oversees the function of the HKCC in Peterborough, co-chaired by Linda Mitchelson (City of Peterborough) and Hallie Atter (PCCHU). There is also a broader HKCC Partnership Network comprised of individuals and agencies/groups from various sectors including health, education, recreation, social services, child care agencies, non-profit and private business partners from both the City and County of Peterborough, as well as both Hiawatha and Curve Lake Nation Communities. To date, there are over 70 partnering organizations that support the HKCC initiative. Additionally, we have local community champions from the City, County, Hiawatha, and Curve Lake First Nations.

Budget:

Peterborough was successful in receiving a total program budget of \$825,000 over 3 years ending March 31, 2018.

Project Themes:

The first theme, *Run.Jump.Play...Every Day*, focuses on physical activity and runs from October 2015 until June 2016. There were over 20 initiatives that received HKCC funding for theme 1. For a summary of these activities, please refer to Attachment A. Subsequent themes will be provided by the MOHLTC on a 9 month rotational basis. It is anticipated that the second theme will focus on promoting water consumption and healthy hydration; however, more information should be forthcoming from the MOHLTC.

Evaluation ¹:

Public Health Ontario (PHO) will be evaluating the impact of the HKCC Program on children, youth, parents, and communities. PHO will be conducting an outcomes evaluation and a process evaluation.

The objectives of PHO's outcomes evaluation are to determine the impact of the HKCC at the provincial-level on:

1. Child healthy weights.
2. Child health behaviours including physical activity, sedentary behaviour, healthy eating, and sleep.
3. Parental support behaviours.
4. Perceived barriers to health behaviours.
5. Awareness of, and participation in, the HKCC program.

Methods of data collection for the outcomes evaluation include parent computer assisted telephone interviews and school-based data collection with direct measures.

The objectives of PHO's process implementation evaluation are:

1. To assess the extent to which:
 - a. HKCC program is reaching its target audience within and across HKCC communities
 - b. HKCC program has been adopted as planned within and across HKCC communities
 - c. HKCC program is being implemented as planned within and across HKCC communities
 - d. HKCC program is maintained over the course of the intervention, including plans to sustain these initiatives in the long-term
2. To understand multi-level factors contributing to HKCC program implementation at the program, community and provincial levels.

Methods of data collection for the process evaluation include review of the theme-based action plans and project activity reports, local project manager/coordinator and leadership/steering committee member surveys, and parent focus groups.

Rationale

There are no recommendations arising from this report. This is an update for informational purposes only.

Strategic Direction

The Healthy Kids Community Challenge Project is helping achieve the following strategic priorities:

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

Contact:

Claire Townshend, Project Coordinator
Healthy Kids Community Challenge
(705) 743-1000, ext. 355
ctownshend@pcchu.ca

References:

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Healthy Kids Community Challenge: Public Health Ontario's Evaluation Plan. Toronto, ON: Queen's Printer for Ontario; 2016.

Attachments:

Attachment A – THEME 1: Run.Jump.Play... Every Day Summary of Planned Initiatives

Attachment A



THEME 1: Run.Jump.Play... Every Day Summary of Planned Initiatives

Lead Partner	Initiative	Short Description
Peterborough Regional Health Centre	Family Play for Health	Support facilitated family sessions aimed at improving healthy behaviours in children 0 to 4 related to physical activity. Parents will be given the resources and tools to support their children’s physical activity and enhance participation in community recreational opportunities. Sessions will include opportunities for play, teaching, goal setting, and peer support.
YMCA of Central East Ontario	Expand after School Programming	Expand YMCA’s operation of free after school recreational programming to two additional sites – a local school and the New Canadians Centre. YMCA trained staff will offer physical activity, sports and wellness programs after school, as well as a daily healthy snack.
St. Anne’s Catholic Elementary School	Spark Bike Pilot Program	Spark Bikes are mini stationary bikes that are used in the school setting to help students reduce anxiety, learn self- regulation strategies and improve their level of physical activity. Funds will be used to purchase Spark bikes and conduct an evaluation of the program at St. Anne’s Catholic Elementary School.
Risk Watch Network	Swim to Survive	Expanding a drowning prevention program for Grade 3 students to four additional schools. Will include the development of instructional videos and program guide.
Peterborough County-City Health Unit	Access to School Facilities Policy	To start discussions with local school boards and child care agencies to discuss shared use of school facilities including access to the gym for physical/gross motor activities.
Peterborough County-City Health Unit	Healthy PALS Evaluation	Evaluation of the Healthy PALS student-led recess program to determine the best model for implementation to meet the DPA and Physical Activity Guidelines recommendations for time

		spent being active.
GreenUP	Bike Racks for Schools	This project will aim to provide 20 new bike racks to schools within the City and County of Peterborough. Active and Safe Routes to School will facilitate the project
GreenUP	Car Free School Days	Expanding the number of participating schools in the Car Free School Days program and introduce a Park and Stride element to the program making the program available to all families.
GreenUP	Pedal Power	Pedal Power is a five week school-based cycling education program offered in partnership by GreenUP and B!KE: The Peterborough Community Cycling Hub. Students will learn bike handling, traffic safety, and ride preparedness through a variety of on-bike drills and games delivered in the schoolyard.
GreenUP	Peterborough Pulse and Pulse Pop-Ups: Open Streets for Active Play	Support Pulse and Pulse Pop-Ups – which open up local streets for active play and transportation. At each event, participants are invited to use the temporary open street for walking, jogging, biking or rollerblading.
Scouts Canada	Put the Out in Scout	Support purchasing of equipment (snowshoes, poles, lifejackets, and canoe repairs). This will make it easier for front line Scouters to take their youth on outdoor adventures on weekends and evenings.
Kawartha Nordic Ski Club	Ski School on Wheels	Develop a Ski School on Wheels program which would introduce children to cross country skiing by connecting it to physical education programs at local schools, parks, First Nations communities, and community centres.
City of Peterborough	Access to Rec Map	Support the development of an online map that provides the location and key facts about: recreation facilities, parks, trails, pools, beaches, splash pads, organized sports, and service/social clubs in the City and County of Peterborough. The objective of this Map is to increase awareness and access to recreation opportunities through the online tool.
Township of Cavan Monaghan	Free Public Skating & Swim for School Children, Moms and Tots	Explore and develop opportunities for children and families to have access to free recreational programming at various sports/recreational facilities (i.e., free public skates/swims, free school based skating times, mom and tot free skates)
Council for Persons With Disabilities –	FUNDamentals – Active Together	Grade 4 to 6 students will participate in presentations led by 2 local Active Together

Active Together	Presentations	Ambassadors, from the Council for Person with Disabilities, about their personal experiences in Para sports, see a “Kids on the Block” puppet presentation from CMHA, and try out activities from the Paralympic FUNdamentals Resources. Students and teachers will be introduced to creative and fun curriculum based activities that can be used to create fully inclusive, integrated physical education experiences.
Peterborough County-City Health Unit	Peterborough GETS ACTIVE Month	Host a Peterborough Gets Active Month in the spring to encourage children and family to take part in free recreational opportunities which will include both traditional sports (i.e. swimming, skating) and non-traditional sports (I.e., fencing, yoga, rock climbing)
60 Minute Kids Club	Heart & Stroke’s 60 Minutes Kids Club (60MKC)	Promote the 60MKC, which is a free program that supports students and elementary schools (5-12 year olds) – focusing on physical literacy and healthy lifestyle behaviours. The 60MKC suite consists of two tools that support delivering and tracking healthy behaviours, and fundamental movement skills.
Central East Physical Literacy Project	Physical Literacy Summit	Support the Physical Literacy Summit – a tri-regional initiative being held in spring 2016 to increase knowledge of the principles of physical literacy. The summit will be an ideal opportunity to reach a large number of target groups and a multitude of sectors (i.e., sport, recreation, education, health, parents, and coaches).
Investing in Quality (IIQ) Committee	Professional Development for Child Care Staff	Support training for Child Care Educators and staff and program materials and supplies (i.e., Natural Play spaces Training, Physical Literacy Resources, and water bottles).



Staff Report

Breaking Down Barriers to Breastfeeding for Women with Low Incomes in Peterborough – Project Summary

Date:	May 4, 2016	
To:	Board of Health	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Salvaterra, M.D.	Dawn Hanes, Public Health Nurse	

Recommendation

That the Board of Health for the Peterborough County-City Health Unit receive the staff report, *Breaking Down Barriers to Breastfeeding for Women With Low Incomes in Peterborough*, for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

No past decisions have been made by the Board of Health with regard to this topic.

Background

In the fall of 2014, the Best Start Resource Centre (Best Start) announced funding for projects to support breastfeeding in populations with lower rates of breastfeeding. Best Start identified a number of factors associated with decreased breastfeeding, including, but not limited to: younger maternal age, first time mothers, being Aboriginal, being foreign born, being of Caucasian ethnicity, lower income, less educational attainment, mothers' earlier return to

work, being unmarried, lacking social support, not intending to breastfeed, poor maternal health, smoking during pregnancy, having a Caesarean birth, or a preterm infant.¹

Invitations to submit project proposals were sent widely across the province, including to Public Health Units, Community Health Centres, Native Friendship Centres, Aboriginal Health Access Centres, hospitals, breastfeeding support groups such as La Leche League, and Ontario Early Years Centres.

The Peterborough County-City Health Unit (PCCHU) successfully led a project proposal with community partners the Peterborough Family Resource Centre, Trent University, and the Peterborough Breastfeeding Coalition, and received \$24,100 in one-time funding to support a breastfeeding project for low income mothers during 2015. Low income mothers were chosen by this community collaboration based on a planning meeting held the previous year that identified the need for additional breastfeeding supports for low income mothers. This project received ethics approval from the Trent University Research Ethics Board. Additionally, PCCHU partnered on a second successful proposal led by Trent University titled the Breastfeeding Friendly Campus Initiative; a project to enhance supportive environments for post-secondary breastfeeding mothers through implementation of accommodation rights outlined in the Ontario Human Rights Code. Curve Lake First Nation Health Centre also partnered on a project led by La Leche League Canada which focused on starting a breastfeeding support group.

A description of the 46 funded projects (see Round Two) can be found at <http://en.beststart.org/services/partnerships-and-projects/breastfeeding-community-project>

The objectives of the PCCHU led project were to:

- Increase the project partners' understanding of the experiences of local mothers with low income related to breastfeeding, including barriers and enablers, and where they access advice and supports in the community;
- Develop a communication strategy and materials to promote breastfeeding for women with low incomes; and
- Enhance the knowledge, confidence, and motivation of community service providers who work with low income women in supporting breastfeeding.

What We Did

Focus groups were organized to provide an opportunity to learn about the experiences of low income mothers related to breastfeeding. Mothers could participate based on the following criteria: gave birth in the past 12 months, breastfed (any amount), lived in the City or County of Peterborough, wanted to share their breastfeeding experiences, and self-identified as having low income by the criteria of "often worry about food or housing" (see Attachment A). Posters were placed in public locations throughout the city and county, as well as in agencies such as Ontario Works, Community Counselling and Resource Centre. Mothers were actively recruited

through the Healthy Babies Healthy Children program, the School for Young Moms, and the Babies First program. First Nations mothers, either on reserve or off, were not directly targeted in recruitment efforts as the focus of this project was low income mothers, and our ethics approval did not identify First Nations mothers as the target population. First Nations mothers may have participated in focus groups, however were not identified specifically.

Transportation, childcare and food were provided as a way to reduce barriers to participating in the focus groups. As well, mothers who participated in the focus groups received a grocery voucher. Three focus groups were conducted with a total of 18 mothers and facilitated by an experienced third party facilitator. One focus group was conducted at the School for Young Moms (nine participants), and two focus groups were conducted at the Peterborough Family Resource Centre (nine participants). The focus group conversations were recorded and transcribed, then reviewed by a nursing professor from the Trent/Fleming School of Nursing, because of her experience as a qualitative researcher, and given that she was not actively engaged in breastfeeding promotion and support locally it enabled her to provide a more objective interpretation of the transcripts.

In addition to the focus groups, and as a means of deepening our understanding of the local context, key informant interviews were conducted with local agency representatives who provide services to low income mothers. Nine staff members from six agencies including social workers, registered practical nurses, nurse practitioners, managers, case managers, and volunteers were interviewed. Transcripts from the key informant interviews were reviewed by PCCHU Public Health Nurse, Dawn Hanes to identify and summarize key findings.

What We Learned

In discussing breastfeeding amongst low income mothers, key informants noted that:

- there is an association between young mothers and poverty;
- poverty did not necessarily predict whether a mother would breastfeed or not;
- housing and transportation were barriers for low income mothers to access supports;
- low income mothers have multiple stressors in their lives;
- maternal nutrition was a concern (i.e., as a stressor, as a food security issue, and as a barrier to breastfeeding);
- low income mothers may view formula feeding as easier;
- vulnerable mothers may not want to try breastfeeding because they don't want to "fail" at it; and
- breastfeeding provided food security to a food insecure household and was a good financial decision for low income mothers, however as one key informant noted, "saving money on formula is not a breastfeeding motivator for women in poverty".

Mothers shared both positive and negative breastfeeding experiences, and described positive and negative professional and family supports. Overall concepts of *disempowerment*,

voicelessness (having their voices silenced), and *loss of control* were identified as barriers when low income mothers shared their breastfeeding experiences.

These findings were then taken back to a new cohort of mothers at the School for Young Moms to determine if they agreed with this interpretation of their experiences, and what community action(s) could be taken to support mothers to breastfeed their babies.

This group of mothers expressed primarily that strategies should focus on breastfeeding in public and should challenge negative perceptions of public breastfeeding, as well as help breastfeeding mothers feel more welcome. They also expressed that healthcare providers should have additional education specific to breastfeeding, and that communication-related training was needed for providers.

It was during this session that the “*When You See Me Breastfeeding...*” concept was created with wording and design ideas for artwork provided by the mothers. Using the tag line “*When You See Me Breastfeeding...*” materials (i.e., posters) identify how the general public should and shouldn’t behave when they see mothers nursing their babies. A set of four posters were created and feature five breastfeeding mothers and their babies who are students at the School for Young Moms (see Attachment A). The project partners felt that it was important to reinforce that breastfeeding is normal and recommended for up to two years and beyond, and that breastfeeding mothers are working hard to achieve global recommendations for infant feeding. As such, this wording was added to the posters.

A “*When You See Me Breastfeeding...*” campaign is currently underway and includes:

- Twelve months of interior city bus ads on 35 buses (February 1, 2016 to January 31, 2017);
- A poster campaign targeting physician and nurse practitioner offices throughout the City and County, as well as social service agencies, and community spaces for the general public (Hiawatha and Curve Lake First Nations will not be directly targeted with the poster campaign as the posters were not developed with input from First Nations); and
- A stand-up portable banner located in various agencies and at events.

Additional activities to support this project and the findings have included:

- Hosting a breastfeeding specific communications workshop for health care providers that was written and delivered by La Leche League Canada;
- Hosting a breastfeeding peer training day, whereby breastfeeding mothers who are already providing informal support to other mothers, could enhance their own knowledge, skills and confidence;
- Displaying a “Breastfeeding Welcome Here” banner across George Street in downtown Peterborough (see Attachment A);
- Purchase of a supply of “My Breastfeeding Guide” a resource to support breastfeeding targeted for vulnerable populations, and dispersed amongst partner agencies; and

- Purchase of a supply of breast pump attachment kits dispersed amongst partner agencies and provided to low income mothers when needed (typically mothers need to purchase this equipment if it is needed).

Strategic Direction

The project described in this report supports the PCCHU strategic directions of Community-Centred Focus and Determinants of Health and Health Equity.

Contact:

Dawn Hanes, Public Health Nurse
Child Health
(705) 743-1000, ext. 289
dhanes@pcchu.ca

References:

Best Start Resource Centre (2014). *Populations with Lower Rates of Breastfeeding: A summary of Findings*. Toronto, Ontario, Canada. pp. 9-10.

Attachments:

Attachment A – Breastfeeding Project Marketing Materials (available upon request)

To: All Members
Board of Health

From: Kerri Davies, Chair, Fundraising Committee

Subject: **Committee Report: Fundraising**

Date: May 4, 2016

The Fundraising Committee met last on April 13, 2016. At that meeting, the Committee requested that the following items come forward to the Board of Health.

1. [Meeting Minutes – March 7, 2016](#)

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit receive for information, meeting minutes of the Fundraising Committee for March 7, 2016.

2. [Policy 2-192, Donor Recognition](#)

Proposed Recommendation:

That the Board of Health for the Peterborough County-City Health Unit approve new Board of Health policy 2-192, Donor Recognition.

**Board of Health for the
Peterborough County-City Health Unit
MINUTES
Fundraising Committee Meeting
Monday, March 7, 2016 – 4:30 p.m.
Mississauga Room, Peterborough County-City Health Unit**

Present: Ms. Kerri Davies, Chair
Mr. Scott McDonald
Mr. Andy Sharpe
Councillor Baldwin

Staff: Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder (4:40 p.m.)

Guest: Nicole Beatty

1. Call to Order

Ms. Davies, Chair called the meeting to order at 4:32 p.m.

2. Confirmation of the Agenda

MOTION:

That item 6.3 be deferred, and the Control Guide portion of 6.1 also be deferred; and

That the Agenda be approved as amended.

Moved: Councillor Baldwin

Seconded: Mr. Sharpe

Motion carried. (M-2016-011-FC)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 February 3, 2016

MOTION:

That the minutes of the Fundraising Committee Meeting held February 3, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mr. Sharpe

Seconded: Councillor Baldwin

Motion carried. (M-2016-012-FC)

6. Business Arising from the Minutes

6.1. Draft Recognition Policy and Program Control Guide

Ms. Nicole Beatty provided a presentation and led discussion on the Draft Recognition Policy.

6.2. Community Kitchen Donor Recognition

Ms. Nicole Beatty provided a presentation on the proposed Community Kitchen Donor Recognition. Committee members provided input and the changes will come back to a future meeting for consideration.

Ms. Beatty left the meeting at 5:30 p.m.

6.3. Ongoing Fundraising Infrastructure for the Board

6.4. Community Foundation of Greater Peterborough - Decision

Dr. Salvaterra advised that the Executive Committee had discussed the options for the donation made through the Community Foundation of Greater Peterborough following the February 3, 2016 meeting.

MOTION:

That the Fundraising Committee advise the Peterborough County-City Health Unit Board that the "blended payout option" (presented as option 3), has been selected as the preferred option and paid out over three years; and

That the Annual General Report for the Health Unit indicate how these funds have been used each year.

Moved: Mr. Sharpe
Seconded: Councillor Baldwin
Motion carried. (M-2016-013-FC)

7. Staff Reports

8. Consent Items

9. New Business

10. In Camera to Discuss Confidential Matters

11. Motions from In Camera for Open Session

12. Date, Time and Place of Next Meeting

The Fundraising Committee established a date for the next meeting – April 13, 2016 at 4:00 p.m. at the Peterborough County-City Health Unit, 185 King Street.

13. Adjournment

MOTION:

That the Fundraising Committee meeting be adjourned.

Moved by: Mr. Sharpe

Seconded by: Councillor Baldwin

Motion carried. (M-2016-014-FC)

The meeting was adjourned at 5:44 p.m.

Chairperson

Medical Officer of Health

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-192	Title: Donor Recognition
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD):
Date (YYYY-MM-DD):		Author: BOH Fundraising Committee
Reference: 2-190 Sponsorship		

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.

Purpose

To outline how gifts to Peterborough Public Health (PPH) programs and projects will be handled, counted and recognized.

The Donor Recognition Policy has been written to establish guidelines for the appropriate, equitable and consistent recognition of financial gifts to PPH.

Principles of the Donor Recognition Policy

Recognition elements are granted by PPH. Approval of the Board of Health is required prior to the establishment of policies related to programs, physical spaces, naming opportunities and regulations related to the style and form of the donor recognition to be granted.

Annual, one-time gifts of \$1,000 and up will qualify donors for recognition on the main Donor Wall under the corresponding Peterborough Public Health Donor Circles giving level. Recognition will take place in the year following the gifts and remain in place until updates are required (E.g. a new donor is added or a donor moves up to a new giving level).

Donor listings are in perpetuity.

Recognition Plaques

Recognition plaques are not available for naming as the Board of Health has identified a special naming scheme for particular areas and rooms within the PPH building. However, rooms and areas of the

building can still be named with the donors being recognized on the main Donor Wall with a distinct plaque or listing. Exclusive naming rights are in perpetuity.

Construction/Renovations

In the event of construction, renovation or a move, the main Donor Wall and naming designated for a specific area may be relocated to the new development area. The Board of Health will review and approve removal/relocation of the main Donor Wall and plaques (if any).

In the event that a program or service ceases to exist or is transferred to another facility, the Board of Health reserves the right to relocate recognition plaques to an alternative/equivalent location to be associated with the naming right.

Cost of Recognition

Recognition will be cost effective and will not exceed 2% of the value of the gift. The cost to display all forms of recognition will be approved by the Board of Health.

Recognition of Gifts of Equipment

The purchase of one-time gifts of equipment to PPH for \$1,000 and up will qualify donors to be recognized on the main Donor Wall. If required by the donor, a plaque measuring 3 inches by 2 inches may be applied to the piece of equipment for the duration of the use and application of the piece of equipment.

Special Recognition

Special requests for recognition by donors will be presented to the Board of Health for review. Final approval will be granted by the Board for one-off, unique recognition should the gift advance the programs and services of PPH.

Gifts In-Kind

When donors contribute gifts in-kind, as defined by the Canada Revenue Agency, donors will be receipted for the fair market value of the gift. Recognition benefits will be based on the receipted amount of the gift. An evaluation for fair market value must be obtained prior to accepting the gift. The cost of the appraisal will be the responsibility of the donor.

Areas of Recognition

There will be one main Donor Wall within the central location at 185 King Street that recognizes a donor's giving history (effective October 1, 2015). Space to recognize donors to future programs or campaigns must be approved by the Board of Health.

Recognition within the Main Donor Wall

To acknowledge the Board of Health's appreciation for gifts, the PPH Donor Circles has been formed to recognize cumulative gifts at the following levels:

Belmont Lake Donors	\$50,000 and greater
Pigeon Lake Donors	\$25,000 to \$49,999
Chandos Lake Donors	\$10,000 to \$24,999
Kasshabog Lake Donors	\$5,000 to \$9,999
Sandy Lake Donors	\$2,500 to \$4,999
Burleigh Falls Donors	\$1,000 to \$2,499

Naming Opportunities

A limited number of exclusive naming opportunities were made available for the Campaign for the Community Kitchen at Jackson Square, which was awarded on a first-come, first served basis. These naming opportunities included:

Naming of the Community Kitchen
Naming of the Multipurpose Rooms (Chemong Lake, Buckhorn Lake and Anstruther Lake)
Kitchen Pantry
Laundry Facility
"Dining Room Tables"
"Dining Room Seats"

These special naming rights were for the purpose of a one-off campaign and will remain in perpetuity until reviewed by the Board of Health or removed at the request of the donor.

Future recognition associated with a naming opportunity may include:

- Opportunity to name a floor or wing with the 185 King Street building
- Opportunity to name a PPH program
- Opportunity to name an endowment or program fund
- Opportunities associated with future capital projects (each campaign will identify naming opportunities within the project)

A naming opportunity enables a donor to direct his/her donation towards a particular area or program within PPH. Naming opportunities begin for donation at the \$10,000 and up level and will always require approval from the Board of Health.

Frequency of Donor Wall Updates

Each Donor Wall will be updated annually to accommodate new gifts. All gifts on the main Donor Wall are recognized annual, one-time contributions of \$1,000 and greater. Donor listings will follow an alpha order and individual donation amount WILL NOT appear next to donor names.

Confidentiality/Anonymity

The Board of Health will honour the donor's right and privilege to remain anonymous and, unless otherwise defined by the donor, will mean an absence of any public acknowledgement of a gift, in relation to the Donor Wall, naming opportunities, endowment funds, inclusion and listing among donors within the Annual Report.

Review/Revisions

- On (YYYY-MM-DD):**
- On (YYYY-MM-DD):**
- On (YYYY-MM-DD):**
- On (YYYY-MM-DD):**

NEW - FOR APPROVAL

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Association of Local Public Health Agencies – 2016 Annual General Meeting Resolutions

Date: May 4, 2016

Recommendation:

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

- [receive the memo dated April 19, 2016 from the Association of Local Public Health Agencies \(alPHa\) for information](#); and,
- support the following resolutions scheduled to come forward to the 2016 Annual General Meeting:
 - o A16-1, alPHa Board of Directors, Change to Quorum in Constitution
 - o A16-3, Council of Ontario Medical Officers of Health, Health-Promoting Federal, Provincial and Municipal Infrastructure Funding
 - o A16-4, Haliburton, Kawartha, Pine Ridge District Health Unit, Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the Health Protection and Promotion Act
 - o A16-5, Thunder Bay District Board of Health, Healthy Babies Healthy Children 100% Funding

Rationale:

Staff does not recommend supporting A16-2, Thunder Bay District Board of Health, Amending alPHa Resolution Submission Guidelines, as provisions for late resolutions allow greater flexibility for timely responses from the sector when required.

NOTE: Attachments available upon request.



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June 30, 2015

VIA ELECTRONIC MAIL

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
14th floor, 56 Wellesley Street West
Toronto, ON M5S 2S3

Dear Minister MacCharles:

Re: Healthy Babies Healthy Children Program

The Healthy Babies Healthy Children (HBHC) program is a 100% funded Ministry of Child and Youth Services (MCYS) program provided by all 36 Ontario Boards of Health. Established in 1998, HBHC supports healthy child development by identifying vulnerable families and providing or connecting them with appropriate supports.

As with many boards of health across the province, the Sudbury & District Board of Health has been increasingly challenged to meet Ministry expectations for HBHC service provision within the 100% funding envelope. At its meeting on June 18, 2015, the Board of Health carried the following resolution #28-15:

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

The Honourable Tracy MacCharles

June 30, 2015

Page 2

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against MCYS expectations; and

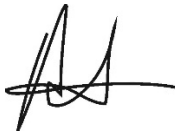
FURTHER THAT the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

FURTHER THAT this motion be forwarded to the Association of Local Public Health Agencies, the Chief Medical Officer of Health and all Ontario Boards of Health.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. We look forward to further dialogue with MCYS on how we can best achieve this goal together.

Thank you for your attention to this important public health issue.

Sincerely,



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

cc: Chief Medical Officer of Health (Acting)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health



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June 30, 2015

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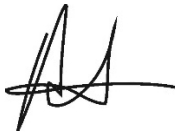
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Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Chief Medical Officer of Health (Acting)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

August 6, 2015



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

Dear Minister MacCharles:

Re. Healthy Babies Healthy Children Program

On July 24, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Sudbury District Health Unit regarding the Healthy Babies Healthy Children Program. The following motion was passed:

Motion No: 2015-62

Moved by: David Shearman Seconded by: Gary Levine

“That the Board of Health for the Grey Bruce Health Unit supports the resolution from Sudbury and District Health Unit advocating to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.”

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Hazel Lynn". The signature is fluid and cursive, with a large initial "H" and "L".

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

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June 30, 2015

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Re: Healthy Babies Healthy Children Program

The Healthy Babies Healthy Children (HBHC) program is a 100% funded Ministry of Child and Youth Services (MCYS) program provided by all 36 Ontario Boards of Health. Established in 1998, HBHC supports healthy child development by identifying vulnerable families and providing or connecting them with appropriate supports.

As with many boards of health across the province, the Sudbury & District Board of Health has been increasingly challenged to meet Ministry expectations for HBHC service provision within the 100% funding envelope. At its meeting on June 18, 2015, the Board of Health carried the following resolution #28-15:

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

An Accredited Teaching Health Unit

Centre agréé d'enseignement en santé

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against MCYS expectations; and

FURTHER THAT the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

FURTHER THAT this motion be forwarded to the Association of Local Public Health Agencies, the Chief Medical Officer of Health and all Ontario Boards of Health.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. We look forward to further dialogue with MCYS on how we can best achieve this goal together.

Thank you for your attention to this important public health issue.

Sincerely,



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

cc: Chief Medical Officer of Health (Acting)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

November 4, 2015

VIA REGULAR MAIL AND EMAIL

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

Dear Minister MacCharles:

Re. Healthy Babies Healthy Children Program Funding

On November 4th, 2015 at a regular meeting of the Board of Health for Wellington-Dufferin-Guelph Public Health, the Board considered the attached resolutions from Sudbury District Health Unit and Grey Bruce Health Unit regarding the Healthy Babies Healthy Children Program. As with many boards of health across the province, the Board of Health for Wellington-Dufferin-Guelph Public Health has been increasingly challenged to meet Ministry expectations for HBHC service provision within the 100% funding envelope. The following motion was passed:

"That the Board of Health for Wellington-Dufferin-Guelph Public Health supports the resolutions from Sudbury and District Health Unit and Grey Bruce Health Unit advocating to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs."

We are committed to providing high quality service and support to vulnerable families in our community.

Sincerely,



Doug Auld
Chair, WDGPB Board of Health

cc Ontario Public Health Units – via email
Ted Arnott, MPP – via email
Honourable Liz Sandals, MPP, Minister of Education – via email
Sylvia Jones, MPP – via email
Randy Pettapiece, MPP – via email

August 6, 2015



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

Dear Minister MacCharles:

Re. Healthy Babies Healthy Children Program

On July 24, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Sudbury District Health Unit regarding the Healthy Babies Healthy Children Program. The following motion was passed:

Motion No: 2015-62

Moved by: David Shearman Seconded by: Gary Levine

“That the Board of Health for the Grey Bruce Health Unit supports the resolution from Sudbury and District Health Unit advocating to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.”

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Hazel Lynn". The signature is fluid and cursive, written over a light blue horizontal line.

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

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

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PCCHU Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

BOH Meeting Agenda

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Sudbury & District

Health Unit

Service de
santé publique

*Make it a
Healthy
Day!*

*Vivez Santé
dès
aujourd'hui!*

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

Rainbow Centre
40 rue Elm Street
Unit / Unité 109
Sudbury ON P3C 1S8
: 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 1J5
: 705.222.9202
~ : 705.869.5583

Île Manitoulin Island
6103 Highway / Route 542
Box / Boîte 87
Mindenota ON P0P 1S0
: 705.370.9200
~ : 705.377.5580

Sudbury East - Sudbury Est
1 rue King Street
Box / Boîte 58
St. Charles ON P0M 2W0
: 705.222.9201
~ : 705.867.0474

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June 30, 2015

BOH Correspondence 4

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
14th floor, 56 Wellesley Street West
Toronto, ON M5S 2S3

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*An Accredited Teaching Health Unit
Centre agréé d'enseignement en santé*

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

cc: Chief Medical Officer of Health (Acting)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
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