BOARD OF HEALTH AGENDA AMENDMENT. ADDITION OF TWO PRESENTATIONS TO ITEM 8.3, FOUND ON PAGES 123-128.

Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, May 9, 2018 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. **Call to Order**
   Councillor Henry Clarke, Chair

   1.1. **Opening Statement**
   We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

   Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

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

   Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1a 9.2 a b c d e f g h I j k l 9.3.1 9.3.2 9.3.3 a b c d 9.4.1 a b*

5. **Delegations and Presentations**

   5.1. **Presentation: Early Development Instrument**
   Caren Thayer, Data Analysis Coordinator, Social Services, City of Peterborough

   - Cover Report
   a. Presentation
   b. EDI Snapshot Report

6. Confirmation of the Minutes of the Previous Meeting

6.1. April 11, 2018

- Cover Report

a. Minutes, April 11, 2018

7. Business Arising From the Minutes

8. Staff Reports

8.1. Staff Presentation: Ontario Public Health Standards – Healthy Growth and Development & School Health Standards

Hallie Atter, Manager, Local Programs
Patti Fitzgerald, Manager, Child Health Services

- Cover Report

a. Presentation

8.2. Presentation: Cancer Care Ontario Report - Prevention System Quality Index: Health Equity

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Presentation
b. CCO Report Executive Summary
c. CCO Full Report **(NOTE: WEB HYPERLINK)**

8.3. Stewardship Committee Report: Increased Proportion of Local Funding for Public Health

Mayor Rick Woodcock, Chair, Stewardship Committee

- Committee Report

a. Future Funding Estimates, 2019 – 2021

8.4. Staff Report: Use of Reserves for Dental Renovation

Larry Stinson, Director of Operations

- Staff Report

9. Consent Items

9.1. Correspondence for Direction

a. School Curriculum and Food Literacy – KFL&A

9.2. Correspondence for Information

- Cover Report

a. Minister Jaczek - Funding
b. Ministers Bennett/Philpott – TRC #8
c. Minister Flynn - GE
d. Minister Jaczek – Smoke-Free Ontario Strategy
e. MPP Leal – Smoke-Free Movies
f. MPP Scott – Smoke-Free Movies
g. OFRB - Smoke-Free Movies
h. alPHa e-newsletter – April 12/18
i. alPHa – Smoke-Free Ontario Strategy
j. Annual Service Plan – GBHU
k. Repeal of Section 43 Criminal Code – GBHU
l. Tobacco and Smoke-Free Campuses - GBHU

9.3. Staff Reports

9.3.1. Staff Report: Board of Health 130th Anniversary Planning

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report

9.3.2. Staff Report: 2017 Accountability Agreement Indicator Results

Donna Churipuy, Director of Public Health Programs

- Staff Report

9.3.3. Report: Q1 2018 Peterborough Public Health Activities

Donna Churipuy, Director of Public Health Programs
Larry Stinson, Director of Operations

- Cover Report

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

9.4. Committee Reports

9.4.1. Stewardship Committee

Mayor Rick Woodcock, Chair, Stewardship Committee

- Committee Report

a. Minutes, March 20, 2018

b. Minutes, April 10, 2018

10. New Business

10.1. Association of Municipalities of Ontario Conference Delegations – Discussion

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

10.2. Emergency Management Response System Test - Debrief

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

11. In Camera to Discuss Confidential Matters *(nil)*

12. Motions for Open Session *(nil)*

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

Date: June 13, 2018
NEW LOCATION: Curve Lake Health Centre / Oshkiigmong MnoBmaadziwin Gamiing,
38 Whetung Street East, Curve Lake First Nation

14. Adjournment

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

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Presentation: Early Development Instrument

Date: May 9, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Early Development Instrument
Presenter: Caren Thayer, Data Analysis Coordinator, Social Services, City of Peterborough

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Attachments:

Attachment A – Presentation
Attachment B – EDI Snapshot

Early Development Instrument

EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

Peterborough Public Health - Board of Health

Caren Thayer
Data Analysis Coordinator, City of Peterborough

Agenda

- What is the EDI?
- What do the results show us?
- How do we use the EDI?
- Questions

The EDI is:

- A teacher completed survey that:
  - Is used as a population measure of child development
  - Measures readiness to learn in school across developmental domains
- A mobilization tool to help inform planning, inspire small changes for large numbers of children, and create better population-wide outcomes
- A monitoring tool to understand how well communities are supporting young children and to monitor progress over time

The EDI is NOT:

- A diagnostic tool or formal assessment for individual children.
- A tool for measuring a school's, educator's, or an individual's performance
- Perfect

5 DOMAINS

Physical Health & Well-being

- Physical Readiness for School Day
- Physical Independence
- Gross and Fine Motor Skills

Social Competence

- Responsibility and Respect
- Approaches to Learning
- Readiness to Explore New Things
- Overall Social Competence

Emotional Maturity

- Prosocial and Helping Behaviour
- Anxious and Fearful Behaviour
- Aggressive Behaviour
- Hyperactive and Inattentive Behaviour

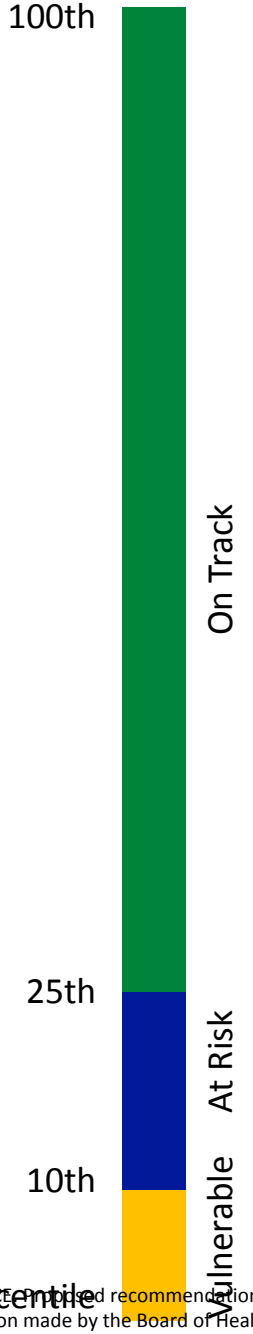
Language & Cognitive Development

- Basic Literacy
- Interest in Literacy/Numeracy and Memory
- Advanced Literacy
- Basic Numeracy

Communication Skills & General Knowledge

- Communication Skills and General Knowledge

PO SUB-DOMAINS



Ontario

Baseline

Cycle 1	Cycle 2	Cycle 3	Cycle 4
2003/2004	2006/2007	2009/2010	
2004/2005	2007/2008	2010/2011	2014/2015
2005/2006	2008/2009	2011/2012	

Over

29%

of Canada's kindergarten

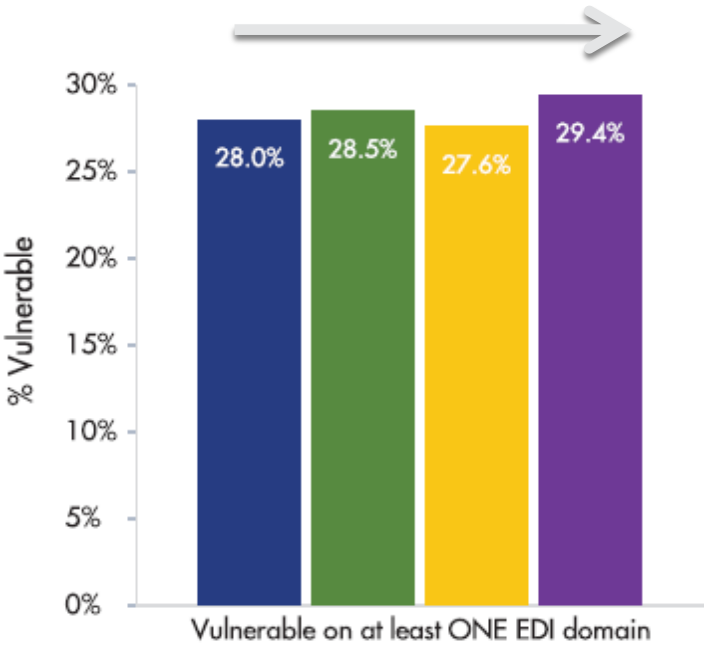
children are vulnerable

A large number of children at
a small risk for school failure
may generate a much greater
burden of suffering
than a small number of children
with a high risk

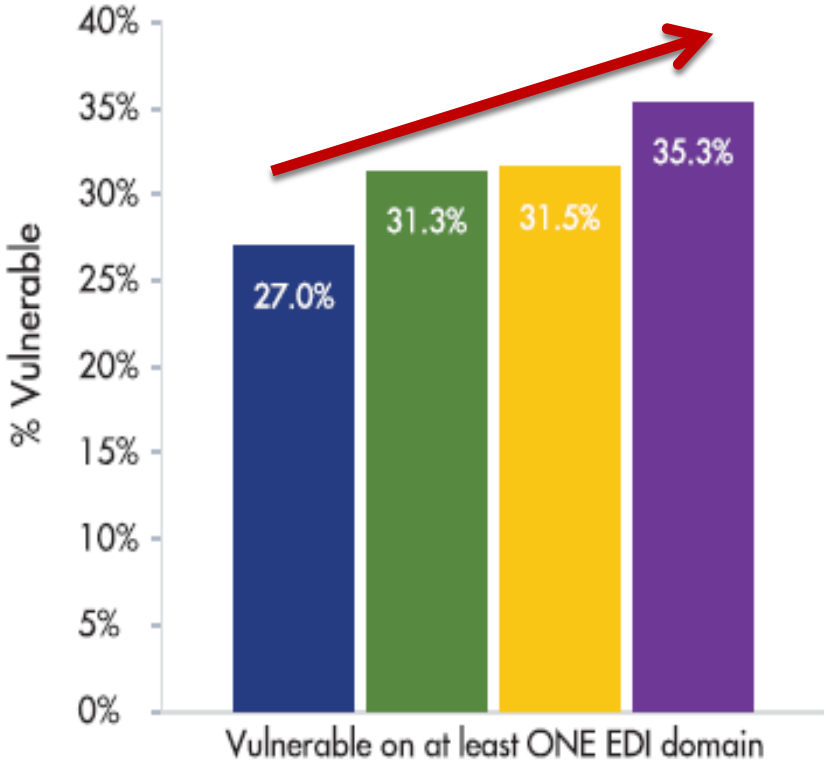
(Based on Rose 1992, Offord et al. 1998)

Percentage of children vulnerable in <u>one</u> or more domains

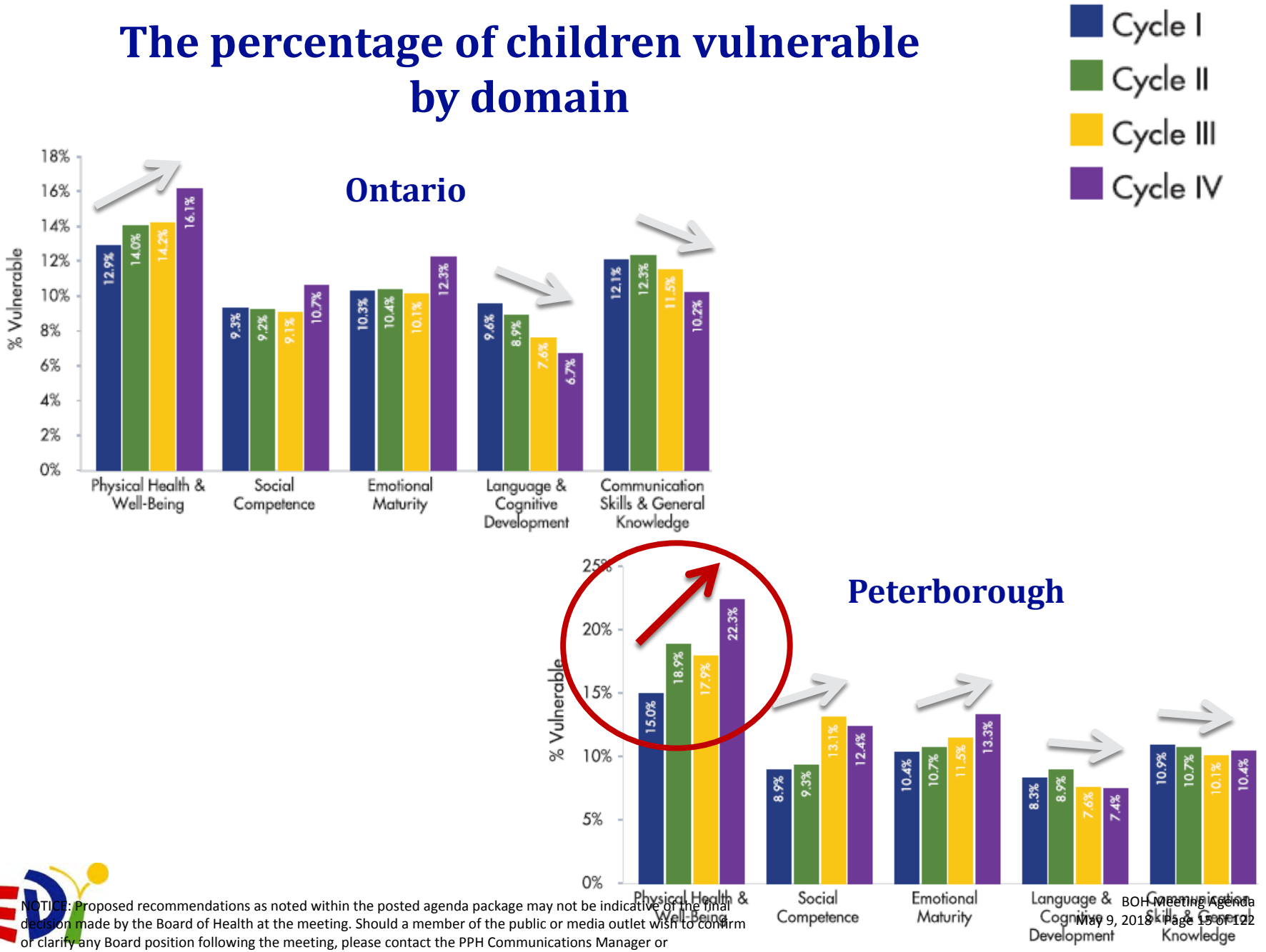
Ontario

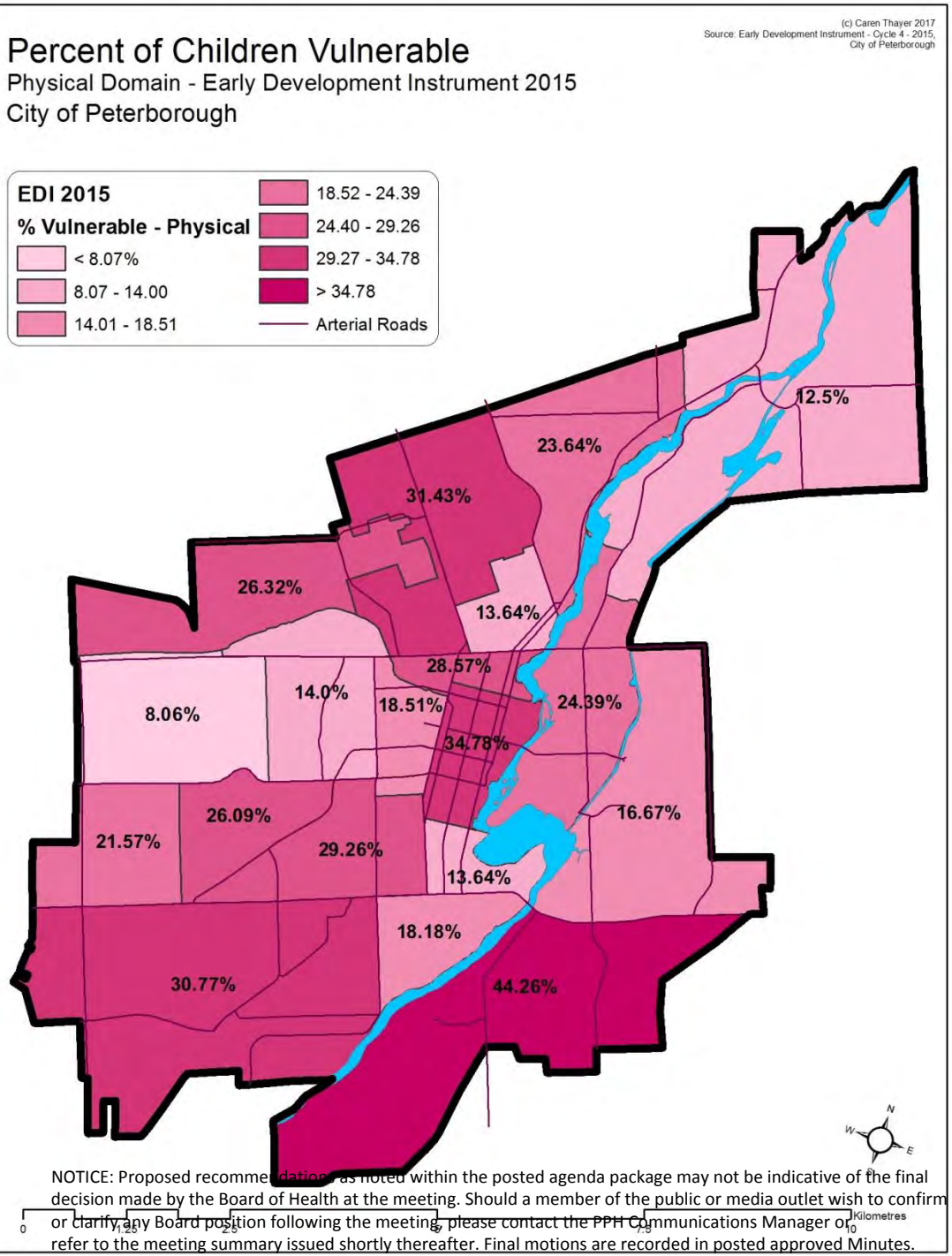


Peterborough



The percentage of children vulnerable by domain





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 PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

The percentage of children vulnerable in the Physical Health & Well-Being domain

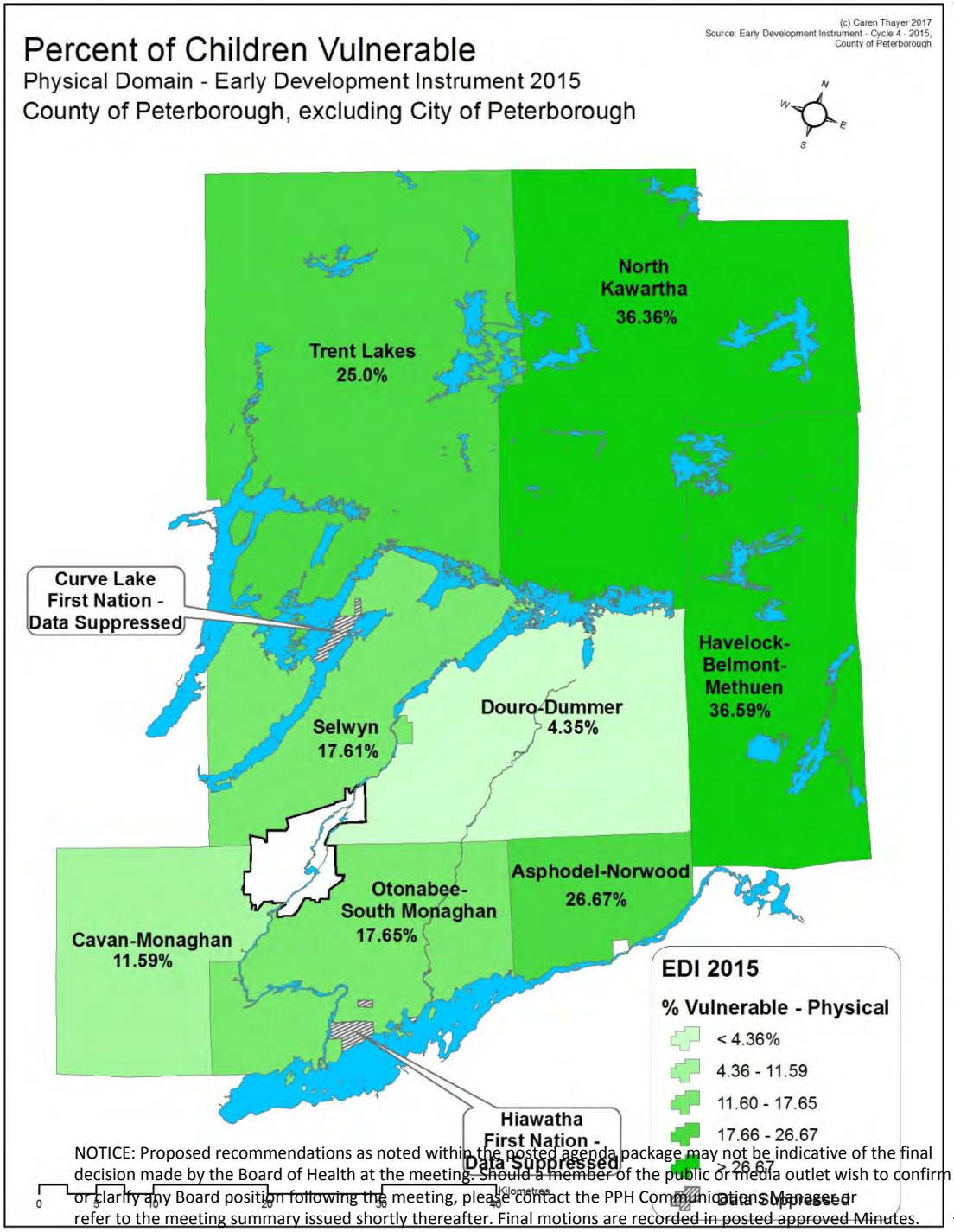
City of Peterborough

Ontario's vulnerability = 16.1%

Only 5 neighbourhoods are less vulnerable than their Ontario peers.

Areas of greatest concern:

- South East
- South West
- Downtown
- Chemong



The percentage of children vulnerable in the Physical Health & Well-Being domain

County of Peterborough

Ontario's vulnerability = 16.1%

Only 2 townships are less vulnerable than their Ontario peers.

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 PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

How do we use the EDI ?

- Health Unit
  - Early Growth and Development: Supporting Local Evidence-informed Decision-making 2018
- School Boards
  - Input measurement
- City
  - Outcome measurement
- Community Initiatives
  - Pathway to Stewardship & Kinship

https://campkawartha.ca/pathway-to-stewardship/

KINDERGARTEN PARENT SURVEY (KPS)

- The EDI tells us WHAT…
  - Children's early skills and abilities
- The KPS helps tell us WHY…
  - Children's early experiences
- KPS is an important companion tool to the EDI
  - The two datasets work hand in hand to give us a more complete picture of our local early years and how we can best improve our system

Survey closes
May 31, 2018

Year 1 & Year 2
Kindergarten Students

KINDERGARTEN PARENT SURVEY (KPS)

http://oursurvey.ca/kps

Screen Time

Physical Activity

Neighbourhood Safety

Tobacco Exposure

Sense of Belonging

Sleep

Service Barriers

Nutrition

THANK YOU!

QUESTIONS?

EARLY DEVELOPMENT INSTRUMENT

a population-based measure for communities

EARLY DEVELOPMENT INSTRUMENT

a population-based measure for communities

Peterborough EDI

Snapshot Report

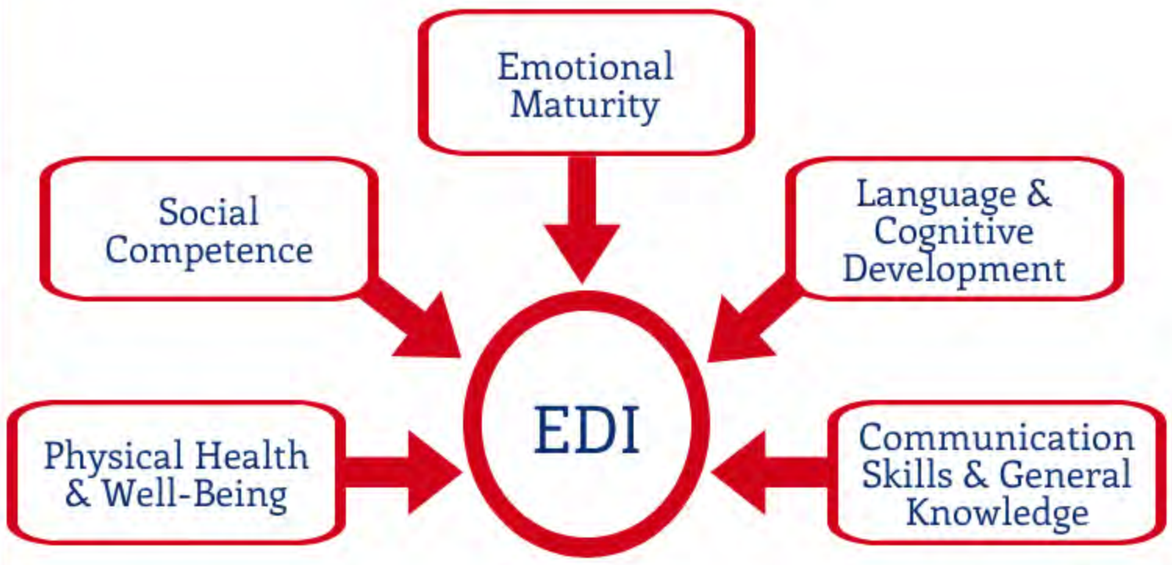
September 2017

WHAT IS THE EARLY DEVELOPMENT INSTRUMENT (EDI)?

The EDI is a teacher-completed survey of year 2 Kindergarten students that measures their readiness to learn in school. It is used as a population measurement of child development across five domains.

The EDI is an internationally-recognized tool completed across Ontario every 3 years by the Ministry of Education and the Offord Centre for Child Studies (1).

The data in this report represents 1200 year 2 Kindergarten students from the County and City of Peterborough, including English, French, and Catholic school boards.

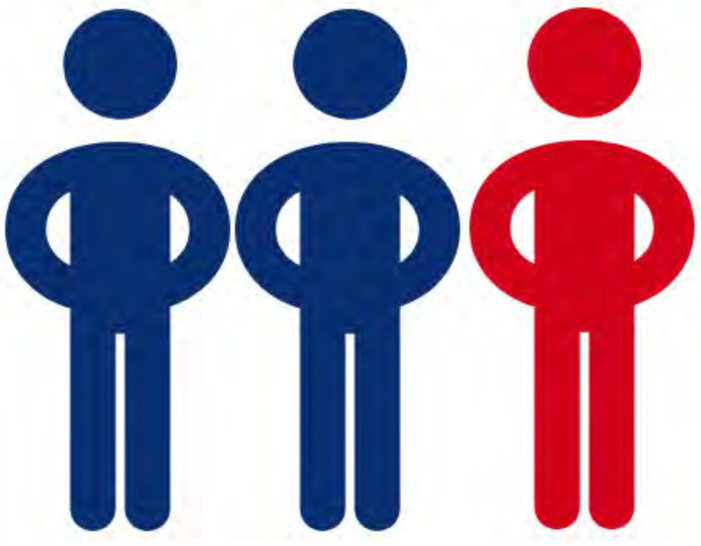


WHY IS THE EDI IMPORTANT?

The first 6 years of children's lives are very important in preparing them for future success in school and life. Research shows that vulnerability in the early years can lead to academic failure, poverty, mental health issues, behavioural problems, criminality, obesity, and a multitude of poor health outcomes. Ensuring children get the best start in life is one of the key reasons for using the EDI.

EDI results:
- are a reflection of the quality of environments children have experienced in their early years
- assist communities in planning for early years services and programs
- inform evidence-based decision-making

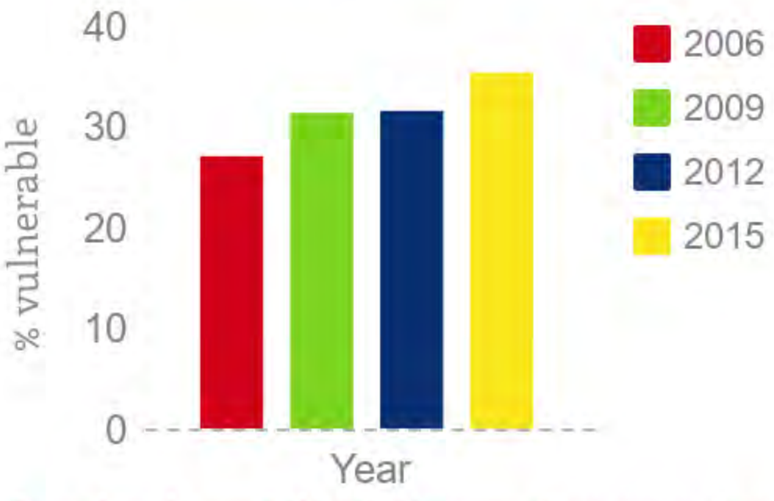
1 in 3 Peterborough children are vulnerable



One in three (35.3%) Peterborough children start school vulnerable in one or more areas that are critical to their healthy development.

Children who experience vulnerability are more likely to experience challenges later in life.

Percentages of Peterborough children in kindergarten who are vulnerable in one or more domains over time (2006-2015):



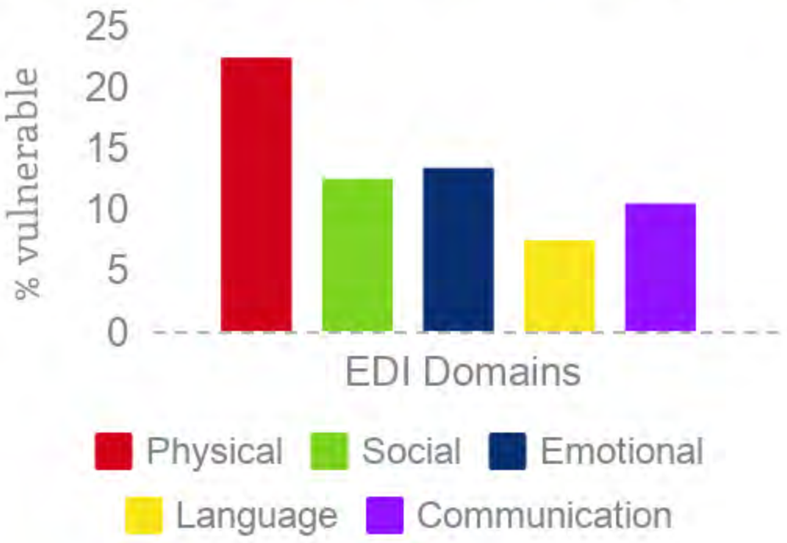
Local vulnerability is increasing over time.

VULNERABILITY BY DOMAIN

A child is considered vulnerable in a domain if they measure in the bottom 10% of the Ontario baseline data (collected in 2006).

Research has shown that vulnerability levels above 10% in each domain are avoidable (2). The ultimate goal is to raise the development of all children so we experience vulnerability levels below this benchmark.

Percentages of Peterborough children in kindergarten who are vulnerable in domains critical to healthy development:



Physical Health & Well-Being is the domain with the largest vulnerability in Peterborough.

Physical Health & Well-Being

- **Gross and fine motor skills: 49.8%** of Peterborough children meet only some or none of the developmental expectations for this subdomain
- Physical readiness for the school day
- Physical independence

Social Competence

- **Overall social competence: 45.9%** meet only some or none of the developmental expectations
- Responsibility and respect
- Approaches to learning
- Readiness to explore new things

Emotional Maturity

- **Prosocial and helping behaviour: 66.4%** meet only some or none of the developmental expectations
- Anxious and fearful behaviour
- Aggressive behaviour
- Hyperactive and inattentive behaviour

Language & Cognitive Development

- Interest in literacy / numeracy and memory
- Basic literacy and Advanced literacy
- Basic numeracy

Communication Skills & General Knowledge

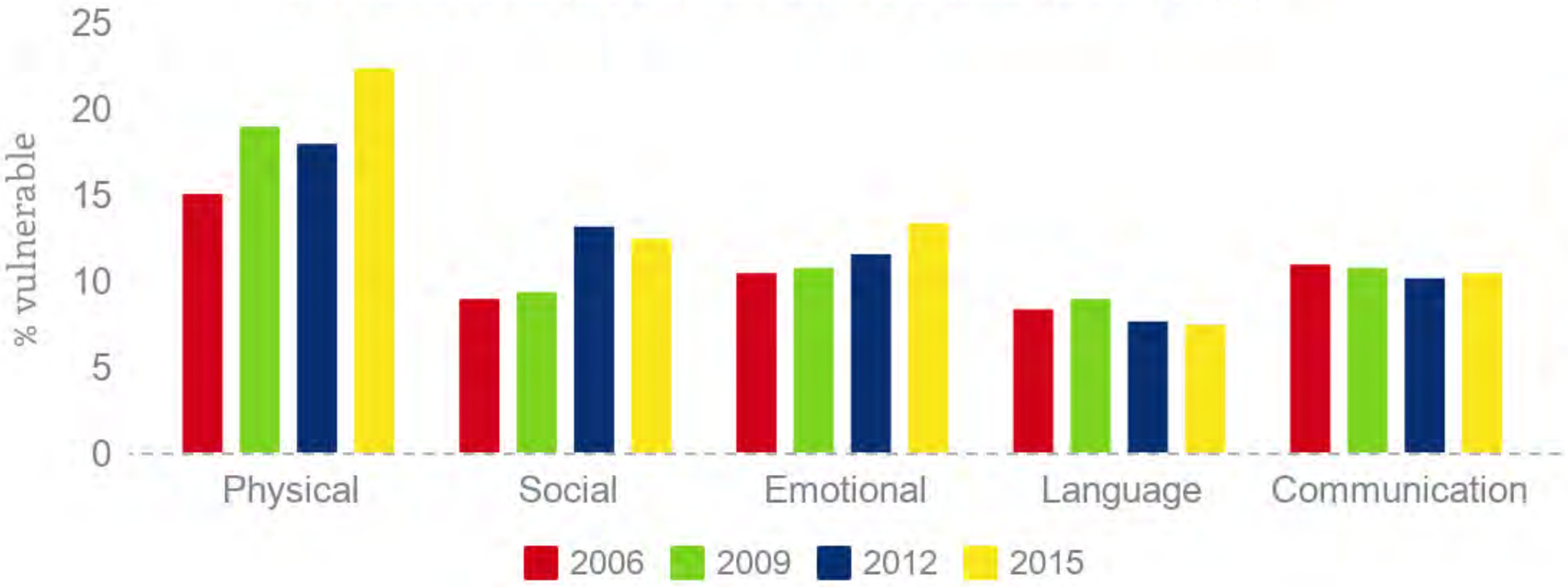
- Communication skills and general knowledge

Due to rapid brain development and the lifelong impact of healthy development in the early years, we can have the greatest return on investment (ROI) if we invest in early childhood programs.

$1 = $2 - $7
back in benefits (3)

VULNERABILITY BY DOMAIN OVER TIME

Percentage of Peterborough children in kindergarten who are vulnerable in each domain over time (2006 - 2015):



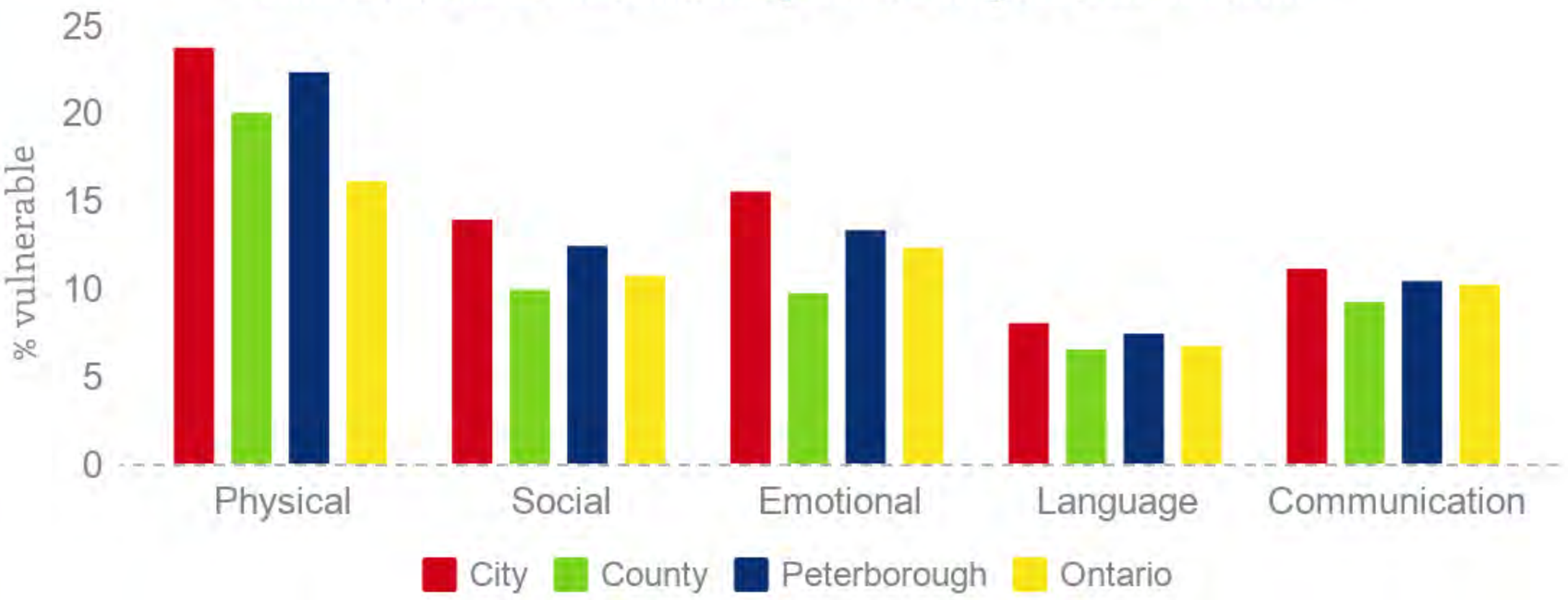
Physical, social, and emotional vulnerabilities are increasing over time

VULNERABILITY BY DOMAIN OVER AREAS

Children in Peterborough have higher vulnerabilities compared to their Ontario peers

Children in the county have lower vulnerabilities compared to their city peers

Percentage of Peterborough children in kindergarten who are vulnerable in each domain by area, compared to Ontario:



As a community, how can we use this information and work collaboratively to improve the outcomes for children?

How do we better prepare our children so that they are competent and capable of learning when they enter the grade school system?

How do we create an Early Years system that is affordable, accessible, responsive, and high-quality for all?

For more information about the EDI, please visit:

www.edi.offordcentre.com

For more information about the EDI results in Peterborough, contact:

Caren Thayer
Data Analysis Coordinator
Social Services
705-748-8830 ext. 3637
cthayer@peterborough.ca

(1) Early Development Instrument, Offord Centre for Child Studies via Ministry of Education. (2015).

(2) Kershaw P, Anderson L, Warburton B, & Hertzman C. (2009). 15 by 15: a comprehensive policy framework for early human capital investment in BC. Vancouver, BC: Human Early Learning Partnership.

(3) Ontario's Renewed Early Years and Child Care Policy Framework. (2017). www.edu.gov.on.ca.

City of Peterborough

Peterborough County
Our History - Your Future

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Board of Health Minutes – April 11, 2018**

Date: May 9, 2018

Proposed Recommendation:

That the minutes of the meeting held on April 11, 2018, of the Board of Health for Peterborough Public Health, be approved as circulated.

Attachments:

Attachment A – Board of Health Minutes, April 11, 2018

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, April 11, 2018 – 5:30 p.m.
Councillor Chambers, Township of Cavan Monaghan
Municipal Office, 988 County Road 10, Millbrook

In Attendance:

Board Members:	**Councillor Henry Clarke**
	Councillor Gary Baldwin
	Ms. Catherine Praamsma
	Mr. Gregory Connolley
	Mayor Mary Smith
	Mr. Andy Sharpe
	Ms. Kerri Davies
	Deputy Mayor John Fallis
	Mr. Michael Williams
	Chief Phyllis Williams
	Councillor Kathryn Wilson
	Mayor Rick Woodcock
Regrets:	**Councillor Lesley Parnell**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health**
	Mr. Larry Stinson, Director of Operations
	Ms. Alida Gorizzan, Executive Assistant
	Ms. Natalie Garnett, Recorder

1. Call to Order

Councillor Clarke, Chair, called the meeting to order at 5:30 p.m.

Mayor Scott McFadden, Township of Cavan Monaghan, welcomed the Board of Health to the Township.

2. Confirmation of the Agenda

MOTION:
That the agenda be adopted as circulated.
Moved: Mayor Smith
Seconded: Deputy Mayor Fallis

Motion carried. (M-2018-027)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the consent agenda: 9.2.a-b, 9.4.1.a-c, and 9.4.2.a-c.
Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-028)

MOTION (9.2.a-b):
That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated March 19, 2018 from Ministers Coteau and Milczyn regarding the Nutritious Food Basket and the 'Income Security – A Roadmap for Change' report.
b. Summary from the Association of Local Public Health Agencies regarding the 2018 Provincial Budget.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-028)

MOTION (9.4.1.a-c):

a. That the Board of Health for Peterborough Public Health receive meeting minutes of the First Nations Committee from September 6, 2017, for information.
b. That the Board of Health for Peterborough Public Health receive meeting minutes of the First Nations Committee from January 13, 2018, for information.
c. That the Board of Health for Peterborough Public Health send a letter to Ministers Bennet and Philpott, copied to MP Monsef, regarding the Truth and Reconciliation Commission's Call to Action #8.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-028)

MOTION (9.4.2.a-c):

a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from February 6, 2018, for information.
b. That the Board of Health for Peterborough Public Health approve policy 2-80 Accessibility (new);
c. That the Board of Health for Peterborough Public Health appoint Kerri Davies to the Stewardship Committee.

Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-028)

5. Delegations and Presentations

5.1. Delegation: GE Production Facility Exposures

Mr. Jim Gill, provided a presentation entitled "GE Production Facility Exposures".

MOTION:
That the Board of Health for Peterborough Public Health receive the delegation on GE Production Facility Exposures, for information.
Moved: Deputy Mayor Fallis
Seconded: Ms. Davies
Motion carried. (M-2018-029)

MOTION:
That the Board of Health for Peterborough Public Health support the GE Production Facility Exposures delegation's request for the Occupational Health Clinics for Ontario Workers (OHCOW) to open an office to assist GE workers and families with the occupational disease cluster.
Moved: Councillor Wilson
Seconded: Ms. Davies
Motion carried. (M-2018-030)

MOTION:
That the Board of Health for Peterborough Public Health support the delegation's desire to pursue the idea of holding a Grand Rounds with the Family Health Team and the importance of taking an occupational history.
Moved: Mayor Smith
Seconded: Ms. Praamsma
Motion carried. (M-2018-031)

6. Confirmation of the Minutes of the Previous Meeting

6.1 March 14, 2018

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on March 14, 2018 be approved as circulated.

Moved: Councillor Wilson
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-032)

7. Business Arising From the Minutes

7.1. Staff Report: Smoke-Free Movies

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

- *Receive the staff report, Smoke-Free Movies for information;*
- *Communicate our concerns about smoking in youth-rated movies and advocate for the five policy changes indicated below to local MPPs;*
- *Advocate in writing to the Ontario Film Review Board for the five policy changes outlined in the staff report; and,*
- *Share these actions with alPHa, and Ontario Boards of Health.*

Moved: Mayor Smith
Seconded: Chief Williams
Motion carried. (M-2018-033)

8. Staff Reports

8.1 Staff Presentation: Ontario Public Health Standards – Chronic Disease Prevention and Wellbeing; Substance Use and Injury Prevention

Hallie Atter, Manager of Local Program Standards and Donna Churipuy, Director of Public Health Programs, provided a presentation on the Ontario Public Health Standards – Chronic Disease Prevention and Wellbeing; Substance Use and Injury Prevention.

MOTION:
That the Board of Health for Peterborough Public Health, receive the presentation, "Ontario Public Health Standards – Chronic Disease Prevention and Wellbeing; Substance use and Injury Prevention", for information.
Moved: Councillor Baldwin
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-034)

8.2 Staff Presentation: Website Redevelopment Project

Kerri Tojcic, Computer Technician Analyst and Brittany Cadence, Manager, Communications and IT, provided a presentation on the Website Redevelopment Project.

MOTION:
That the Board of Health for Peterborough Public Health, receive the presentation, "Website Redevelopment Project", for information.

Moved:	Ms. Praamsma
Seconded:	Mr. Connolley
Motion carried.	(M-2018-035)

8.3 Committee Report: 2017 Audited Financial Statements

Richard Steiginga, Collins Barrow Chartered Accounts, presented the 2017 Audited Financial Statements.

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

- *Receive for information, the oral presentation by Richard Steiginga, Collins Barrow Kawarthas LLP, regarding the 2017 Draft Audited Financial Statements; and,*
- *Approve the 2017 Draft Audited Financial Statements as circulated.*

Moved:	Councillor Baldwin
Seconded:	Mayor Woodcock
Motion carried.	(M-2018-036)

8.4 Staff Report: Summary of Peterborough Public Health's Annual Service Plan Submission

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

- *Receive the staff report, Summary of Peterborough Public Health's 2018 Annual Service Plan (ASP) Submission, for information;*
- *Approve the 2018 budgets for Ministry of Health and Long-Term Care 100% funded programs in the amount of $2,043,100; and,*
- *Approve the 2018 budgets for Ministry of Health and Long-Term Care Additional Base and One-Time programs in the amount of $702,597.*

Moved:	Mayor Smith
Seconded:	Councillor Wilson
Motion carried.	(M-2018-037)

8.5 Presentation: Cancer Care Ontario Report – Prevention System Quality Index: Health Equity

MOTION:
That the Board of Health for Peterborough Public Health, defer the presentation, "Cancer Care Ontario Report – Prevention System Quality Index: Health Equity", to the May Board of Health meeting.
Moved: Councillor Baldwin
Seconded: Mr. Connolley
Motion carried. (M-2018-038)

9. Consent Items

9.4.3 Stewardship Committee

MOTION:
That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from March 8, 2018, for information; and,

That By-Law Number 2, Banking and Finance (revised), and By-Law Number 9, Banking and Finance (revised); be referred to the Stewardship Committee.
Moved: Mayor Woodcock
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-039)

The Board of Health received and discussed a report from Mayor Woodcock, Chair of the Stewardship Committee, dated April 11, 2018 entitled "Future Funding of Public Health". The report made the following recommendations:

That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health adopt a "Three over Three" approach to address its funding shortfall:

1. *Provincial Advocacy for sustainable public health funding.*
    a. *An urgent teleconference with alpha Board President and Executive calling for immediate action.*
    b. *A motion for the 2018 alPHa AGM directing the provincial association to advocate for sustainable provincial funding for local public health.*
    c. *A letter to OPHA requesting provincial and federal advocacy for funding for local public health.*
    d. *A request to the City of Peterborough, the County of Peterborough and local First Nations partners to advocate to AMO for sustainable provincial funding for local public health.*

2. *Judicious use of reserves to meet deficits.*
3. *Move to 30% local funding over the next three years.*

MOTION:
That the Board of Health for Peterborough Public Health receive the report of the Stewardship Committee dated April 11, 2018, for information; and,

Adopt the report in principal, as amended.
Moved: Mayor Woodcock
Seconded: Mr. Connolley
Motion carried. (M-2018-040)

10. New Business

10.1 Association of Local Public Health Agencies Resolution for Submission

MOTION:
That the Board of Health for Peterborough Public Health approve the submission of the following draft resolution for the Association for Local Public Health Agencies (alPHa) Resolution Session (2018): Public Health Support for a Minimum Wage that is a Living Wage.
Moved: Mayor Smith
Seconded: Ms. Davies
Motion carried. (M-2018-041)

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

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

The next meeting will be held May 9, 2018 in the Dr. J.K. Edwards Board Room, Peterborough Public Health, 185 King Street, Peterborough, at 5:30 p.m.

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Fallis
Seconded by: Mr. Williams
Motion carried. (M-2018-042)

The meeting was adjourned at 7:45 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Staff Presentation: Ontario Public Health Standards – Healthy Growth and Development & School Health Standards

Date: May 9, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: Ontario Public Health Standards – Healthy Growth and Development & School Health Standards
Presenters: Hallie Atter, Manager, Local Programs; Patti Fitzgerald, Manager, Child Health Services

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Attachments:

Attachment A – OPHS Presentation

Healthy Growth and Development & School Health Standards

Presentation to: Board of Health
Presentation by: Hallie Atter, Manager, Local Programs
Patti Fitzgerald, Manager, Child Health Services
Date: May 9, 2018

Peterborough Public Health

NEW Healthy Growth and Development: Requirements

- Monitoring
- Public health interventions
- Healthy Babies, Healthy Children Program
- Guidelines
- Delivered by three different teams

Peterborough Public Health

School Health: Requirements

- Monitoring
- Public health interventions
- Oral Health
- Vision Screening
- Immunization
- Guidelines
- Delivered by five different teams

Peterborough Public Health

Moving Forward

- Our Planning Process

  Local Programs

  – High level Intended Impact Statement

  "Enhanced and equitable health outcomes"

  – Emphasizing upstream approaches

  Standardized Programs

  Review of revised protocols

Peterborough Public Health

Healthy Growth and Development	School Health
Breastfeeding	Concussions and Injury Prevention
Growth and Development	Healthy Eating Behaviours and Food Safety
Healthy Pregnancies	Healthy Sexuality
Healthy Sexuality	Immunization
Mental Health Promotion	Infectious Diseases Prevention
Oral Health	Life Promotion, Suicide Risk and Prevention
Preconception Health	Mental Health Promotion
Pregnancy Counselling	Oral Health
Preparation for Parenting	Physical Activity and Sedentary Behaviour
Positive Parenting	Road and Off road safety
Visual Health	Substance Use and Harm Reduction
	UV Exposure
	Violence and Bullying
	Visual Health

Peterborough Public Health

Healthy Growth and Development	School Health	Chronic Disease and Well-being	Substance Use and Injury Prevention
Breastfeeding	Concussions and Injury Prevention	Built Environment	Concussions
Growth and Development	Healthy Eating Behaviours and Food Safety	Healthy Eating Behaviours	Falls
Healthy Pregnancies	Healthy Sexuality	Healthy Sexuality	Life Promotion, Suicide Risk and Prevention
Healthy Sexuality	Immunization	Mental Health Promotion	Mental Health Promotion
Mental Health Promotion	Infectious Diseases Prevention	Oral Health	Off Road Safety
Oral Health	Life Promotion, Suicide Risk and Prevention	Physical Activity and Sedentary Behaviour	Road Safety
Preconception Health	Mental Health Promotion	Sleep	Substance Use
Pregnancy Counselling	Oral Health	Substance Use	Violence
Preparation for Parenting	Physical Activity and Sedentary Behaviour	UV Exposure	
Positive Parenting	Road and Off road safety		
Visual Health	Substance Use and Harm Reduction		
	UV Exposure		
	Violence and Bullying		
	Visual Health		

Peterborough Public Health

Staffing

- Registered Dietitians
- Health Promoters
- Public Health Nurses
- Community Workers
- Peer Leaders
- Registered Dental Hygienists
- Certified Dental Assistants
- Public Health Inspectors
- Administrative Assistants
- Youth Development Worker

Peterborough Public Health

Uncertainty

- Pending guidelines (3)
- Indicators

Peterborough Public Health

Questions

Peterborough Public Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Presentation: Cancer Care Ontario Report - Prevention System Quality Index: Health Equity**

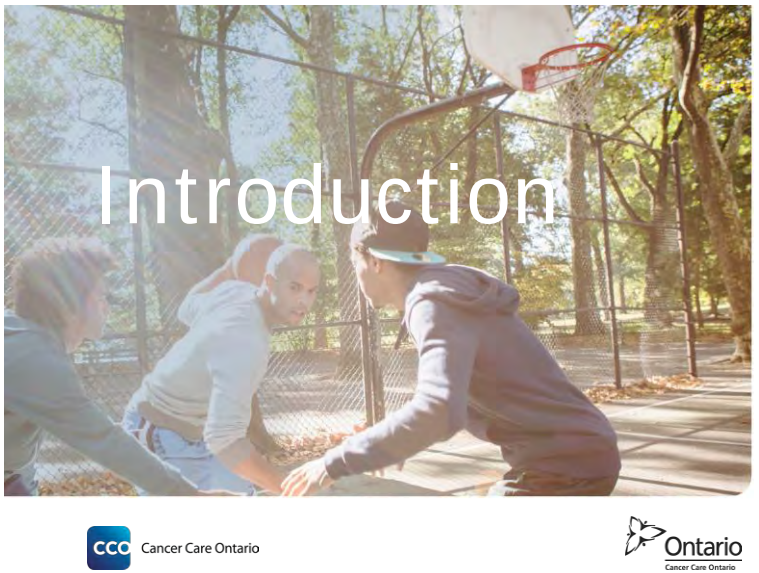
Date: May 9, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Cancer Care Ontario Report - Prevention System Quality Index: Health Equity
Presenter: Dr. Rosana Salvaterra, Medical Officer of Health

Attachments:

Attachment A – Presentation - CCO Report, Prevention System Quality Index: Health Equity
Attachment B – Executive Summary
Attachment C – Full Report **(NOTE: WEB HYPERLINK)**



Web of Being: Social determinants and Indigenous people's health

SOURCE: Dr. Margo Greenwood, National Collaborating Centre for Aboriginal Health (NCCAH) 2009.

Ontario population: Indicators, data sources and socio-demographic factors included in the report

Indicator	Indicator type	Data source(s)	Socio-demographic factors analyzed[3]								
			Sex	Household income	Education	Residence	Geography	Immigration status	Cultural or racial group	Sexual orientation	Occupational group
Commercial tobacco											
Percentage of adults who are current smokers	Prevalence	CCHS	✓	✓	✓	✓	✓	✓	✓	✓	✓
Exposure to second-hand smoke in adults	Policy/program	CCHS	✓	✓	✓	✓	✓	✓		✓	
Exposure to second-hand smoke in adolescents	Policy/program	CCHS	✓	✓	✓	✓	✓				
Smoke-free policies in social housing	Policy/program	Local housing corporations									
Quit attempts	Policy/program	CCHS	✓	✓	✓	✓	✓	✓		✓	✓
Long-term smoking cessation	Policy/program	CCHS	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alcohol											
Percentage of adults who drink alcohol in excess of cancer prevention recommendations	Prevalence	CCHS	✓	✓	✓	✓		✓		✓	
Percentage of adults who binge drink	Prevalence	CCHS	✓	✓	✓	✓		✓		✓	
Frequency of binges for adult binge drinkers	Prevalence	CCHS	✓	✓	✓	✓		✓		✓	
Intensity of binges for adult binge drinkers	Prevalence	CCHS	✓	✓	✓	✓		✓		✓	
Healthy eating											
Percentage of adults with inadequate vegetable and fruit consumption	Prevalence	CCHS	✓	✓	✓	✓	✓	✓	✓		
Percentage of households that are food insecure	Policy/program	CCHS		✓			✓				
Percentage of adults who are food insecure	Policy/program	CCHS	✓								
Physical activity											
Percentage of adults who are physically inactive	Prevalence	CCHS	✓	✓	✓	✓	✓	✓	✓	✓	
Percentage of adolescents who are physically inactive	Prevalence	CCHS	✓	✓	✓	✓			✓		
Enrolment in health and physical education, by school neighbourhood income	Policy/program	Ontario Ministry of Education	✓	✓							

Ontario population: Indicators, data sources and socio-demographic factors included in the report (cont'd)

*Socio-demographic factors analyzed	Definition
Sex	The sex of the respondent: male or female.
Household income	Respondents' derived household income sorted into quintiles based on the ratio of household income to the low-income cut-off for the household size and community. The low-income cut-off is the threshold at which a family would typically spend a larger portion of its income than the average family on the necessities of food, shelter and clothing.
Education (individual)	The highest level of education attained by the respondent: less than secondary school, secondary school graduate, or post-secondary graduate.
Education (household)	The highest level of education attained by any member of a household: less than secondary school, secondary school graduate, or post-secondary graduate.
Residence	Respondents living in any census metropolitan area (CMA) or census agglomeration (CA) are considered urban residents and those living outside of any CMA or CA are classified as rural residents.
Geography	The northern region is defined to include only Algoma, North Bay-Parry Sound, Northwestern, Porcupine, Sudbury, Thunder Bay and Timiskaming public health units. The remaining 29 public health units comprise the southern region.
Immigration status	Distinguishes immigrants, according to time since immigration, from the Canadian-born population based on three categories: less than or equal to 10 years in Canada, more than 10 years in Canada, or Canadian-born.
Cultural or racial group	The cultural or racial group of the respondent: white, Black, East and Southeast Asian (includes Filipino, Japanese, Korean, Chinese and Southeast Asian), West and South Asian or Arab (includes South Asian, Arab and West Asian), or other (includes Latin American, other cultural or racial origin and multiple cultural or racial origins).
Sexual orientation	The sexual orientation of the respondent: heterosexual, or gay, lesbian or bisexual.
Occupational group	The occupational group (based on job type) the respondent belongs to using the National Occupational Classification-Statistics (NOC-S) 2006 at the two-digit level. An occupational group is defined as a collection of jobs, which are grouped by the type of work performed.

First Nations, Inuit and Métis populations: Indicators, data sources and socio-demographic factors included in the report

Indicator	Indicator type	Data source(s)	Socio-demographic factors analyzed
Commercial tobacco			
Percentage of First Nations on- and off-reserve who are current smokers	Prevalence	RHS and CCHS	Age
Percentage of Métis who are current smokers	Prevalence	CCHS	Age, household income, education
Percentage of Inuit who are current smokers	Prevalence	APS	Age
Exposure to second-hand smoke (home, vehicles, public places) in First Nations off-reserve	Policy/program	CCHS	Age
Exposure to second-hand smoke (home, vehicles, public places) in Métis	Policy/program	CCHS	Age
Exposure to second-hand smoke (home) in Inuit	Policy/program	APS	Sex
Alcohol			
Percentage of First Nations adults on- and off-reserve who abstain from drinking alcohol	Prevalence	RHS and CCHS	Sex
Percentage of Métis adults who abstain from drinking alcohol	Prevalence	CCHS	Sex
Percentage of Inuit adults who abstain from drinking alcohol	Prevalence	APS	Sex
Percentage of First Nations adults on- and off-reserve who binge drink	Prevalence	RHS and CCHS	Sex
Percentage of Métis adults who binge drink	Prevalence	CCHS	Sex
Percentage of Inuit adults who binge drink	Prevalence	APS	Sex
Healthy eating			
Percentage of First Nations adults on- and off-reserve with inadequate vegetable and fruit consumption (ate vegetables fewer than 2 times per day and fruit fewer than 2 times per day)	Prevalence	RHS and CCHS	Sex
Percentage of Métis adults with inadequate vegetable and fruit consumption (ate vegetables and fruit fewer than 5 times per day)	Prevalence	CCHS	Sex, household income, education
Percentage of First Nations adults (on- and off-reserve) who live in (moderately or severely) food insecure households	Policy/program	RHS and CCHS	
Percentage of Métis adults who live in (marginally, moderately or severely) food insecure households	Policy/program	CCHS	
Percentage of Inuit adults who live in food secure households	Policy/program	APS	
Physical activity			
Percentage of First Nations adults on- and off-reserve who are physically inactive	Prevalence	RHS and CCHS	Sex
Percentage of Métis adults who are physically inactive in leisure time	Prevalence	APS	Sex, household income, education, geography

RHS: First Nations Regional Health Survey
CCHS: Canadian Community Health Survey
APS: Aboriginal Peoples Survey

Cancer Care Ontario

Ontario
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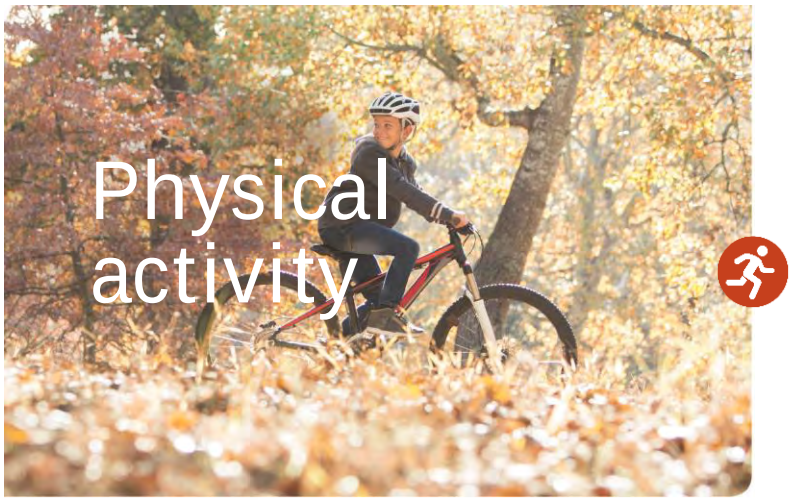

Cancer Care Ontario

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Sub-populations that were at higher risk related to commercial tobacco, Ontario, 2010–2014

Indicator		Socio-demographic factor								
		Sex	Household income	Education	Residence	Geography	Immigration status	Cultural or racial group	Sexual orientation	Occupational group
Commercial tobacco										
Current smoking		Male	Lower income	Lower education	Rural	Northern	Canadian-born	White	Gay, lesbian or bisexual	Blue collar[3]
Second-hand smoke exposure: Adults	Vehicle	Male	Lower income	Lower education	Rural	Northern	Canadian-born		—	
	Home	—	Lower income	Lower education	Rural	—	Canadian-born		—	
	Public places	—	Lower income	—	—	—	—		—	
Second-hand smoke exposure: Adolescents	Vehicle	—	Lower income	Lower education	—	Northern				
	Home	—	Lower income	Lower education	—	Northern				
	Public places	Female	—	—	Urban	—				
Have not made quit attempt (in past year)[1]		—	—	Lower education	—	Southern	Canadian-born		—	White collar[4]
Have not quit long term (cessation)[1]		—	Lower income	Lower education	—	Northern	Canadian-born	Black	—	Blue collar[3]

Legend

- Significantly higher risk
- Significantly higher risk, with a small effect size (i.e., <5.0% absolute difference)
- — Similar level of risk across categories (i.e., no significant difference)
- Socio-demographic factor not analyzed

Sub-populations that were at higher risk related to alcohol, Ontario, 2010–2014

Indicator	Socio-demographic factor								
	Sex	Household income	Education	Residence	Geography	Immigration status	Cultural or racial group	Sexual orientation	Occupational group
Alcohol									
Exceed recommended limits for cancer prevention	Male	Higher income	—	Rural		Canadian-born		—	
Binge drinking	Male	Higher income	Lower education	Rural		Canadian-born		Gay, lesbian or bisexual	
Frequency of binges for binge drinkers	Male	Lower income	Lower education	—		—		—	
Intensity of binges for binge drinkers	—	Lower income	—	—		Canadian-born		Heterosexual	

Legend

- Significantly higher risk
- Significantly higher risk, with a small effect size (i.e., <5.0% absolute difference)
- — Similar level of risk across categories (i.e., no significant difference)
- Socio-demographic factor not analyzed

Sub-populations that were at higher risk related to healthy eating and physical activity, Ontario, 2010–2014

Indicator		Socio-demographic factor								
		Sex	Household income	Education	Residence	Geography	Immigration status	Cultural or racial group	Sexual orientation	Occupational group
Healthy eating										
Inadequate vegetable and fruit consumption		Male	Lower income	Lower education	Rural	Northern	Canadian-born	—		
Household food insecurity			Lower income			—				
Individual food insecurity		Female								
Physical activity										
Inactive during leisure time	Adults	Female	Lower income	Lower education	Urban	Southern	Immigrants	Non-white	Heterosexual	
	Adolescents	Female	Lower income	Lower education	Urban			Non-white[4]		
Did not enrol in health and physical education beyond 1 compulsory credit[1]		Female	Lower income[3]							

Legend

- Significantly higher risk
- Significantly higher risk, with a small effect size (i.e., <5.0% absolute difference)
- — Similar level of risk across categories (i.e., no significant difference)
- Socio-demographic factor not analyzed

Risk of commercial tobacco use, alcohol consumption, unhealthy eating and physical inactivity in First Nations, Inuit and Métis adults, compared to non-Aboriginal Ontarians, Ontario, 2007–2014

Indicator		Population				
		First Nations on-reserve	First Nations off-reserve	Métis	Inuit living in Nunangat	Inuit living outside Nunangat
Commercial tobacco						
Current smoking		↑	↑	↑	↑	↑
Second-hand smoke exposure	Home and vehicles		—	↑	↑	↑
	Public places		—	—		
Alcohol						
Binge drinking		↑	↑	↑	↑	—
Healthy eating						
Inadequate vegetable and fruit consumption		↑	↑	—		
Household food insecurity		↑	↑	↑	↑[1]	↑[1]
Physical activity						
Physically inactive		↑	—	—		

Legend

↑ Significantly higher risk than non-Aboriginal Ontarians

— Similar level of risk to non-Aboriginal Ontarians (i.e., no significant difference)

Data not available

Cancer Care Ontario

Prevention System Quality Index: Health Equity

A companion to *2016 Prevention System Quality Index: Monitoring Ontario's Efforts in Cancer Prevention*

Prevention System Quality Index: Health Equity reports from a health equity perspective on four risk factors for cancer and other chronic diseases—tobacco use, alcohol consumption, unhealthy eating and physical inactivity.

Many populations in Ontario facing health inequities experience shorter overall life expectancies, and higher incidence and mortality rates for certain cancers.

This report describes the distribution of cancer risk factors in the Ontario population, and how system-level policies and programs with the potential to reduce cancer risk factors can affect groups facing health inequities. It discusses the current status of policies and programs in Ontario, as well as opportunities to reduce cancer risk factors in populations with health inequities.

The main findings show that populations facing health inequities have a higher prevalence of certain cancer risk factors and fare worse on several indicators that measure policy and program effects. Comprehensive strategies implemented across sectors at multiple levels, and include universal and targeted policies and programs are required to reduce risk factor prevalence in the population as a whole and in populations facing health inequities. Better data are needed to understand the cancer risk of populations with health inequities, and to monitor the effects of policies and programs on these populations over time.

What is health equity?

Health equity is achieved when everyone can reach their full health potential no matter where they live, what they have or who they are. Health inequities are differences in health that are systematic, avoidable and unfair. People facing health inequities have greater health risks and poorer health outcomes.

First Nations, Inuit and Métis populations

A major focus of the report is First Nations, Inuit and Métis who face health inequities rooted in colonialism, racism and social exclusion. First Nations, Inuit and Métis populations have a higher prevalence of several cancer risk factors, higher cancer mortality rates, rising rates of cancer incidence and poorer cancer survival than non-Aboriginal Ontarians. This report highlights recommendations for First Nations, Inuit and Métis populations from Cancer Care Ontario's *Path to Prevention —Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* report.

The full 2018 PSQI: Health Equity report can be found at cancercareontario.ca/PSQI

Ontario

Cancer Care Ontario

Commercial tobacco

Indicator findings: key differences in tobacco use

More likely to smoke:
- Lower income or education
- Rural or northern areas
- Gay, lesbian or bisexual
- Some blue collar occupations

More likely to be exposed to second-hand smoke in vehicles or homes:
- Adolescents in lower income or education households
- Adolescents in northern areas

Less likely to quit smoking long term:
- Lower income or education
- Some blue collar occupations
- Identify as Black

Ontario has made significant progress in reducing tobacco use through Smoke-Free Ontario, but many groups facing health inequities continue to smoke at much higher rates than the rest of the population. Universal and targeted interventions are needed to further reduce tobacco use.

Highlights of findings, and policy and program opportunities include:

Increase the price of tobacco through taxes

Increasing tobacco prices reduces smoking more than any other policy intervention, especially in groups with low socio-economic status. Ontario has the second-lowest retail price of cigarettes in Canada and its tobacco taxes are only 65 percent of the total retail price; the World Health Organization recommends a minimum of 75 percent.

Develop policies that prohibit smoking in multi-unit housing, with a focus on social housing

Residents of multi-unit housing are more likely to be exposed to second-hand smoke; residents of social housing are particularly vulnerable.

Of the 12 largest local housing corporations (social housing providers), only five have a policy prohibiting smoking in residential units.

Ensure sustained funding for smoking cessation interventions, including pharmacotherapy, for populations facing health inequities

Tailored interventions and free pharmacotherapy, such as nicotine replacement therapy, can increase smoking cessation in populations facing health inequities. The Ontario government currently funds many smoking cessation programs and is planning a coordinated cessation system, with a focus on priority populations.

First Nations, Inuit and Métis populations

First Nations, Inuit and Métis populations have higher smoking rates, and Inuit and Métis people are more likely to be exposed to second-hand smoke than non-Aboriginal Ontarians.

Recommended policies and programs:
- Develop and implement a coordinated plan to prevent commercial tobacco use among First Nations, Inuit and Métis children and youth.
- Establish commercial tobacco cessation programs and services in First Nations, Inuit and Métis communities.
- Support the development of resources to address second- and third-hand smoke.
- Support community-initiated and managed tobacco control measures, while respecting First Nations' rights.

Alcohol

Indicator findings: key differences in alcohol consumption

At similar and lower levels of drinking, groups with low socio-economic status experience more alcohol-related harms than those with high socio-economic status.

Binge drinkers more likely to binge drink frequently (once a week or more):
- Lower income or education

Ontario has many elements of a strong alcohol control system, but there are opportunities to strengthen policies and programs as part of a cross-sectoral, comprehensive provincial alcohol control strategy.

Highlights of findings, and policy and program opportunities include:

Increase the minimum price of alcohol in off-premises outlets

Increasing the price of alcoholic beverages results in lower alcohol consumption in heavy drinkers, especially in low-income populations. In Ontario, current minimum prices are not high enough to appreciably reduce alcohol consumption at the population level.

Reduce alcohol availability by limiting the density of alcohol outlets

An increase in the availability of alcohol outlets in neighbourhoods with lower socio-economic status has been associated with increases in heavy drinking or alcohol-related harms in several jurisdictions. Some municipalities in Ontario have implemented zoning bylaws to reduce clustering of alcohol outlets, but a provincial policy limiting the density of alcohol outlets is not in place.

Increase access to government-funded alcohol treatment services, especially for populations facing health inequities

Many Canadians with at-risk drinking and alcohol use disorders experience barriers accessing appropriate treatment due to limited availability of services, stigma towards alcohol use disorders and financial difficulties.

Ontario has a Mental Health and Addictions Strategy that includes goals to identify mental health and addictions problems, and to provide timely, high-quality, integrated, person-directed health and other human services.

First Nations, Inuit and Métis populations

On-reserve First Nations adults and Inuit adults living in Inuit Nunangat (traditional Inuit homeland) are more likely to abstain from alcohol than non-Aboriginal Ontarians; however, First Nations, Inuit living in Inuit Nunangat and Métis populations have higher rates of binge drinking than non-Aboriginal Ontarians.

Recommended policies and programs:

- Ensure that culturally acceptable and relevant alcohol prevention and treatment programs for First Nations, Inuit and Métis peoples are available.
- Broaden the impact of alcohol intervention strategies.
- Incorporate alcohol interventions into existing tobacco control initiatives.

Healthy eating

Indicator findings: key differences in healthy eating

Less likely to consume vegetables and fruit:

- Lower income or education
- Food insecure

More likely to be food insecure:

- Households with lower income

The high rates of food insecurity in low-income households and high prevalence of inadequate vegetable and fruit consumption in Ontario adults, especially those with low income and education, indicate the need for a provincial strategy, such as the Ontario Food and Nutrition Strategy, which was developed by organizations with a role in food systems and health.

Highlights of findings, and policy and program opportunities include:

Develop and implement the provincial Food Security Strategy

Ontario's Food Security Strategy, which aims to empower communities, integrate food initiatives, address income and drive innovation, is currently being developed. In Ontario, there are several community-based food programs, such as community food centres and the Student Nutrition Program that should also continue to be supported.

Continue to implement poverty reduction policies

Poverty reduction policies, such as raising the minimum wage and social assistance benefits, have been shown to reduce household food insecurity in Canada. Ontario has a Poverty Reduction Strategy (2014–2019) that includes increasing the minimum wage, a basic income pilot project and increasing funding for affordable housing.

Support tailored and economically accessible food literacy programs in communities

Food literacy programs may increase healthy eating in adults and children. In Ontario, there is little provincial coordination of food literacy programs and the school curriculum does not require practical food skills.

Improve the food environment through strategies such as land use planning, tax incentives, re-zoning, taxes on sweetened beverages and food labelling

Changes to the food environment, including the types of foods available from food retailers, the effects of pricing or taxation policies on food purchasing behaviours and environmental cues that prompt food choices, can improve healthy eating. In Ontario, policies and programs to increase the availability of healthy food mainly occur at the local level. Ontario's Healthy Menu Choices Act, 2015 requires menu labelling for restaurants and other food service providers with 20 or more locations.

First Nations, Inuit and Métis populations

First Nations adults on- and off-reserve have higher rates of inadequate vegetable and fruit consumption than non-Aboriginal Ontarians. First Nations adults are more likely to live in a food insecure household than non-Aboriginal Ontarians. Métis households also have higher rates of food insecurity. Inuit have lower rates of food security than non-Aboriginal Ontarians.

Recommended policies and programs:

- Develop an Indigenous food and nutrition strategy.
- Reduce barriers that prevent access to healthy foods for First Nations, Inuit and Métis.
- Address environmental issues for Indigenous foods.
- Develop traditional food and nutrition skills.

Physical activity

Indicator findings: key differences in physical activity

More likely to be inactive during leisure time:

- Adults and adolescents with lower household income or education
- Immigrant adults
- Non-white adults and adolescents
- Adolescent girls

Grade 10 to 12 students less likely to enrol in health and physical education courses:

- Girls
- Boys at schools in lower income neighbourhoods

A comprehensive provincial physical activity strategy is needed to increase physical activity and reduce sedentary behaviour in the Ontario population, including in groups facing health inequities.

Highlights of findings, and policy and program opportunities include:

Develop interventions that increase active transportation, with a focus on health equity

The built environment has an impact on active transportation, which is an important contributor to physical activity. In Ontario, the Provincial Policy Statement does not address equity in active transportation or public transit planning. The province recently announced funding for school-based active transportation initiatives.

Require a health and physical education credit in each year of secondary school and ensure equitable physical activity opportunities

Participation in health and physical education can increase physical activity levels in adolescents. In Ontario, high school students are required to take only one health and physical education course, and boys attending schools in lower income neighbourhoods are less likely to enrol in non-compulsory courses than boys attending schools in higher income neighbourhoods.

Create provincial funding and guidelines to help municipalities make sport and recreation activities accessible to residents with low incomes

Tailored community-based physical activity programs and facilities can increase physical activity levels in populations facing health inequities. In Ontario, some municipalities and organizations offer subsidized or no-cost recreational programming, but this subsidization is not consistently available across the province.

First Nations, Inuit and Métis populations

On-reserve First Nations adults have higher rates of physical inactivity than non-Aboriginal Ontarians.

Recommended policies and programs:

- Work with First Nations, Inuit and Métis to create safe places for physical activity.
- Develop a strategy to promote equity in physical activity infrastructure for First Nations, Inuit and Métis.
- Address the socio-economic barriers to physical activity for First Nations, Inuit and Métis.
- Build and disseminate a knowledge base around physical activity interventions in First Nations, Inuit and Métis communities.

Cancer Care Ontario

The full 2018 Prevention System Quality Index: Health Equity report can be found at cancercareontario.ca/PSQI.

Need this information in an accessible format?
1-855-460-2647 / TTY (416) 217-1815
publicaffairs@cancercare.on.ca

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Toronto, ON M5G 2L7
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Ontario
Cancer Care Ontario

Committee Report

Increased Proportion of Local Funding for Public Health

Date:	May 9, 2018
To:	Board of Health
From:	Stewardship Committee

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Larry Stinson, Director of Operations

Proposed Recommendations

That the Board of Health:

- receive the report, *Increased Proportion of Local Funding for Public Health,* for information; and
- direct staff to approach local funding partners with planned increases in funding for the 2019-2021 fiscal years in order to shift the cost-funding formula to 30% local/ 70% provincial in the likelihood of continued provincial under-funding.

Financial Implications and Impact

At the Board meeting of April 11, 2018 proposed actions to address anticipated future funding shortfalls were supported in principle by the Board, including a move to 30% local funding over the next three years. This new cost-sharing ratio of 70/30 will provide Peterborough Public Health with a greater proportion of local funds to address the provincial funding short fall and protect public health programs and services in and for our communities.

Decision History

The Board of Health approves an annual budget for cost-shared (Ontario Public Health Standards) and all 100% funded programs over $100,000. These budgets are required to be

balanced budgets. The Board has communicated through letters and face to face meetings with government representatives to voice concern regarding inadequate funding, the inequitable allocation of funding across public health agencies and the funding approval process. At its January meeting, the Stewardship Committee gave direction to staff to prepare a report outlining background information and options for ensuring sustainable funding for public health in 2019 and beyond. The Stewardship Committee has met three times to study the funding situation and explore options for the Board. One meeting included discussions with the Auditor. On April 10th, the Stewardship Committee identified the recommended "Three over three" approach and is seeking Board approval. On April 11th, the Board of Health approved in principle the three strategic directions and related actions:

1. **Provincial Advocacy for sustainable public health funding.**
   This first element is directed to our provincial association and allies in order to address the long term funding for local public health. It consists of at least four actions:
   a. An urgent teleconference with Association of Local Public Health Agencies (alPHa) Board President and Executive calling for immediate action.
   b. A motion for the 2018 alPHa AGM directing the provincial association to advocate for sustainable provincial funding for local public health.
   c. A letter to OPHA requesting provincial and federal advocacy for funding for local public health.
   d. A request to the City of Peterborough and the County of Peterborough to advocate to AMO for sustainable provincial funding for local public health.

2. **Judicious use of reserves to meet deficits.**
   This second element addresses the Board's current reserves and consists of three potential actions:
   a. Identify the minimum amounts to be retained in both capital and operating reserves by developing appropriate policies to guide the accrual, retention and utilization of these funds.
   b. Negotiate with Infrastructure Ontario to eliminate the current barrier to using reserves.
   c. Identify how reserves can be utilized to reduce anticipated deficits over the next three years as outlined in #3.

3. **Move from a 25/75 (local/provincial) cost-shared funding formula to a 30/70 funding formula over the next three years.**
   Approach all four local funders to map out increased to their annual contributions over the next three years that would achieve a 5% increase in the portion of cost-shared local public health funding by 2021 unless greater provincial funding can be secured.

Background

The cost-shared budget comprises approximately two-thirds of the overall budget. The operation of boards of health (or public health agencies) is governed by the Health Protection

and Promotion Act (HPPA). Under the Act, the obligated municipalities shall ensure that the amount paid is sufficient to enable the board of health,

(a) to provide or ensure the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards; and

(b) to comply in all other respects with this Act and the regulations. 1997, c. 30, Sched. D, s. 8.

Under section 76 of the HPPA, the Ministry may "make grants for the purposes of this Act on such conditions as he or she considers appropriate".

Rationale

Given this legislative framework and the recent years' experience of little or no increase in provincial grants, many boards of health have turned to their local funders to increase their proportion of local funding from the 25:75 ratio. Although there is no clear direction on what provincial contributions to public health will be in 2019 and beyond, it is anticipated that increases will be minimal or non-existent for the immediate future. To ensure the public health standards are delivered at a minimum level, therefore, a request for increased local contributions is proposed.

As requested, we have provided the board with a three year funding scenario which would see the local contribution grow from the current 25:75 ratio to a 30:70 ratio. We have kept the incremental increase in funding stable for those three years, at 8.3% each year, relying on reserves to address the projected deficits. We have made an underlying assumption that our costs would grow by 2.5% each year based on projected costs related to wage increases and cost of living for other items.

Appendix A outlines the projected increases to local contributions for 2019, 2020 and 2021 if provincial funding remains constant, with no increases. The total change in local contributions over the next three years amounts to $567,698. Of this, the City would contribute an additional $332,414; the County would contribute $231,883; Curve Lake FN would contribute $2,571 and Hiawatha FN $831 over the course of three years. In this scenario, the board of health would continue to run deficits that would be funded from reserves unless the provincial government increased its share of the funding. Should the provincial funding of public health be increased to the level that is required to successfully deliver all provincially-mandated programs and services, this change in the cost-shared ratio could be revisited by the board.

Strategic Direction

All areas of our strategic plan:

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

- Quality and Performance

are threatened when funding is reduced or provided at inadequate levels to meet minimum standards.

Contact:

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

Attachments:

Attachment A – Future Funding Estimates – Cost Shared Budget

Peterborough Public Health
Future Funding Estimates - Cost Shared Budget
For the periods of 2019 through 2021

Budgets assume no increase from MOH between 2019 through 2021 and 2.5% increase annually in expenditures. Local Partners funding increased annually by 8.3% to achieve balanced budget by 2021 with the use of reserves (2.1%) and funding allocation of 68 / 30 for MOH / Local Partners. In order to achieve proposed 70/30 funding allocation, MOH funding must increase by approximately 3% by 2021 based on projected expenditures.

All Municipal Phase In

Cost-Shared Budget

	2019	% Change	2020	% Change	2021	% Change	Total
Revenues							
Province	$ 6,031,714	0.0%	$ 6,031,714	0.0%	$ 6,031,714	0.0%	
Local Partners							
City	$ 1,332,170	8.3%	$ 1,442,740	8.3%	$ 1,562,488	8.3%	
County	929,285	8.3%	1,006,416	8.3%	1,089,948	8.3%	
Curve Lake FN	10,304	8.3%	11,160	8.3%	12,086	8.3%	
Hiawatha FN	3,329	8.3%	3,606	8.3%	3,905	8.3%	
Total Local Partners	$ 2,275,089		$ 2,463,922		$ 2,668,427		
Total Revenues	$ 8,306,803	2.14%	$ 8,495,636	2.27%	$ 8,700,141	2.41%	
Total Net Expenditures	$ 8,460,503	0.00%	$ 8,672,016	2.50%	$ 8,888,816	2.50%	
Reserve Funds Required	**-$ 153,699.75**		**-$ 176,379.92**		**-$ 188,674.81**		**-$ 518,754.49**

MOH and Local Share of Net E	**MOH and Local Share of Net Expenditures**		
Ministry	71.3%	70%	67.9%
Local Partners	26.9%	28%	30.0%
Reserves	1.8%	2.0%	2.1%
Total	**100.0%**	**100.0%**	**100.0%**

Local Partner Increase		**Increase**	**Increase**	**Total**
City	$ 102,096	$ 110,570	$ 119,747	$ 332,414
County	71,219	77,131	83,533	231,883
Curve Lake FN	790	855	926	2,571
Hiawatha FN	255	276	299	831
Total	**$ 174,360**	**$ 188,832**	**$ 204,505**	**$ 567,698**

Staff Report

Use of Reserves for Dental Renovation

Date:	May 9, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Larry Stinson, Director of Operations

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Use of Reserves for Dental Renovation,* for information; and
- approve staff use of up to $140,000 of Capital Reserve for the completion of the Community Dental Health Clinic Renovation at 185 King Street.

Financial Implications and Impact

The drawdown of reserve accounts decreases the availability of funds for future use. However, not using the reserves to complete the project as planned will result in the requirement to return proceeds gained through the sale of the Mobile Dental Health Clinic to the Ministry. After expenses incurred to-date, the approximate amount returned would be $200,000.

Decision History

In November 2016, the Board of Health approved the decision to sell the mobile dental health clinic (dental bus) to Peel Public Health and use the proceeds for the implementation of a revised dental delivery model, which included the move of the Community Dental Health Clinic from its current location to the first floor of the Peterborough Public Health office at 185 King

Street. At its meeting on January 13, 2018, the Board approved establishing a "cost-plus" agreement with AON to act as contractor for the renovation, using the proceeds from the Mobile Dental Health Clinic and capital reserves if needed.

Background

Once the approval for the sale of the Mobile Dental Health Clinic was received from the Ministry and the sale and transfer of ownership to Peel Health Department was completed, staff began to work with AON and Lett Architects to finalize plans for renovating space at 185 King Street to accommodate the Community Dental Health Clinic. As previously reported, it was clear that construction could not be completed by the proposed March 31, 2018 timeline and that the move-in date would be extended to June 2018.

Final drawings for the build were completed at the end of March and several weeks later, full engineering drawings were made available. Based on these drawings and consultations with engineers, AON was able to provide a full costing for the renovation. The estimate received from AON was more than double the initial estimate for this construction project. The most significant driver of the cost differential was the need for a new air exchange unit to service the new clinical area.

Since standards for air exchange systems differ for clinical space (compared to office space), it was initially hoped that the system installed to support our Sexual Health/Routine Immunization Clinic space could also service the Dental Clinic. Engineers confirmed that this was not possible as it did not have adequate capacity and the only alternative was a new system that would service the remainder of the first floor. This would entail replacing the unit that sits on the roof of the building, as well as replacing duct work and electrical to control the new system.

Based on changes to the air exchange requirements and some additional changes made to the original design to improve functionality, the construction cost escalated from approximately $200,000 to $450,000. A meeting was held between AON, our Project Manager, Dental Manager and Finance Manager to explore options for reducing costs and finding funding sources to cover the difference.

Rationale

The move of the Community Dental Health Clinic to 185 King Street has many advantages. First and foremost, it will benefit program delivery. Savings from annual leasing costs (approximately $30,000) can be redirected into program delivery. Although the clinic space will replicate the number of clinic rooms and work areas in the current clinic, they will be more spacious and functionally better designed to suit the client service demands. Moving the dental staff to our main office site will also allow for efficiencies for coverage and coordination and allow staff to participate more fully in organizational activities and spaces (e.g. staff room; patio).

There are essentially three potential strategies to manage the increased funding requirement: i) delay or remove build components; ii) access funds from other 2018 budget lines; and iii) access funds from reserves. In the first category, it is anticipated that we can save approximately $57,000 including deferral of new equipment purchases and use of existing equipment (vs. new purchase) and deferral of construction of non-essential items. An additional $65,000 can be found in existing underspent budget accounts related to Oral Health.

After potential reductions and funds from other budget lines, a total of $328,000 is required for construction to proceed. With $200,000 remaining from the dental bus sale, an additional $128,000 is required from reserves to move forward on the renovation project.

Strategic Direction

The completion of the renovated Community Dental Health Clinic will assist in achieving objectives under each of the four strategic directions:

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

Contact:

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

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Direction – School Curriculum and Food Literacy, Kingston Frontenac and Lennox & Addington Public Health

Date: May 9, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- receive for information, correspondence dated April 26, 2018 from Kingston Frontenac and Lennox & Addington Public Health requesting the Provincial Government to reconsider the current school curriculum around Food Literacy; and,
- support their position and communicate this support to the Ontario Ministers Education & Health and Long-Term Care, with copies to Local MPPs, Ontario Dietitians in Public Health, Ontario Boards of Health, and the Association of Local Public Health Agencies.

Background:

Schools provide a universal opportunity to support students in acquiring essential food literacy skills. Many children and youth today lack these life skills, which has led to an increased reliance on pre-prepared, processed and convenience foods. These choices are higher in fat, salt and sugar and are linked to a greater risk of chronic diseases.

The Board has a history of supporting for food literacy, in 2016 it:

- supported the petition initiated by Ontario Home Economics Association, urging the Government of Ontario to make at least one food and nutrition course compulsory in secondary schools; and,
- sent a letter to the Executive Steering Committee for the Standards Modernization chaired by Dr. David Jones, supporting the Ontario Society of Nutritional Professionals in Public Health's (OSNPPH) position to include food literacy rather than food skills for priority populations in the revised Ontario Public Health Standards.

KFL&A Public Health

April 26, 2018

Hon. Indira Naidoo-Harris
Provincial Minister of Education/
Minister Responsible for Early Years and Child Care
22nd Floor, Mowat Block
900 Bay Street
Toronto, ON M7A 1L7

Dear Minister Naidoo-Harris:

Re: Mandatory Food Literacy Curricula in Ontario Schools

The Kingston, Frontenac, and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 25, 2018 meeting:

> **THAT the KFL&A Board of Health endorse provincial policy action found in the 2017 Food EPI Canada Report calling for an examination of current school curricula with regards to food literacy, and introduction of food literacy and food skills as a mandatory component of school curricula, and send correspondence to:**
>
> **1) The Honourable Indira Naidoo-Harris, Provincial Minister of Education**
> **2) The Honourable Dr. Helena Jaczek, Provincial Minister of Health and Long-Term Care**
>
> **And FURTHER that a copy of this endorsement be forwarded to:**
>
> **1) Ms. Sophie Kiwala, MPP Kingston and the Islands**
> **2) Mr. Randy Hillier, MPP Lanark-Frontenac-Lennox & Addington**
> **3) Ontario Dietitians in Public Health Dietitians**
> **4) The Association of Local Public Health Agencies**

Food literacy has been in decline over the past few decades and the resultant food deskilling has affected all segments of society, including children and youth. It has led to an increase of pre-prepared, packaged and convenience foods, eating away from home, and a higher consumption of processed foods that are higher in fat, salt and sugar. These foods are linked to a greater risk of diet-related chronic conditions and diseases such as obesity, heart disease and type II diabetes.

At a time when essential food literacy skills are lacking, there is a lack of opportunity to acquire these skills in the school setting. In Ontario, home economics, including food literacy education and training, was removed several decades ago from the Grade 7 and 8 curricula. Over the same time period, there has been a proliferation in processed and ready to consume foods, and marketing of unhealthy food and beverages. While food literacy curriculum is available to students, it is estimated that only one-third of Ontario students who entered Grade 9 from the 2005/06 to 2009/10 school years earned one or more credits in a course that included a food literacy component during their secondary school education.

Recently, a panel of more that 70 non-governmental experts from 44 universities, non-governmental, and professional organizations from across Canada gathered to comprehensively assess Canadian food environment polices compared to international benchmarks of current best practice. In their report *Creating healthier food environments in Canada, Current policies and priority actions*, this group recommended, among other provincial/territorial recommendations, the following policy action:

> Examine current school curricula with regards to food literacy, and introduce food literacy and food skills training as a mandatory component of school curricula. p. 7

Schools provide an opportunity to support students in making healthy choices and in gaining knowledge and food skills that will lead to developing food literacy, which will guide lifelong healthy eating habits. The KFL&A Board of Health urges the Provincial Government to examine the current school curricula with respect to food literacy, and to introduce mandatory food literacy and food skills training curricula.

Yours truly,

D. J. Doyle

Dennis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Dr. Helena Jaczek, Provincial Minister of Health and Long-Term Care
Ms. Sophie Kiwala, MPP Kingston and the Islands
Mr. Randy Hillier, MPP Lanark-Frontenac-Lennox & Addington
Ontario Dietitians in Public Health Dietitians
The Association of Local Public Health Agencies
Board of Health members

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: May 9, 2018

Proposed Recommendation:

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

a. Letter dated April 13, 2018 from Minister Jaczek to all Ontario Boards of Health regarding an increase to cost-shared base funding.

b. Letter dated April 23, 2018 from the Board Chair to Ministers Bennett and Philpott regarding the Truth and Reconciliation Commission's Call to Action #8.

c. Letter dated May 2, 2018 from the Board Chair to Minister Flynn regarding retried General Electric workers, and a request to prioritize Peterborough occupational medicine clinics to address their ongoing health concerns.

d. Letter dated May 3, 2018 from Minister Jaczek to all Ontario Boards of Health regarding the release of the Smoke-Free Ontario Strategy. **NOTE: The full report is available here (WEB HYPERLINK).**

e. Letter dated May 3, 2018 from the Board Chair to MPP Leal regarding smoke-free movies.

f. Letter dated May 3, 2018 from the Board Chair to MPP Scott regarding smoke-free movies.

g. Letter dated May 3, 2018 from the Board Chair to the Ontario Film Review Board regarding smoke-free movies.

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

h. E-newsletter dated April 12, 2018

i. Response to the Smoke-Free Ontario Strategy, dated May 3, 2018.

Letters/Resolutions from other Local Public Health Agencies:

Annual Service Plan and 2018 Budget

j. Grey Bruce*

Repeal of Section 43 of the Criminal Code

k. Grey Bruce*

Tobacco and Smoke-Free Campuses

l. Grey Bruce*

*Enclosures available upon request. The Board has previously taken a position on these items.

Ministry of Health and Long-Term Care

Office of the Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Ontario

APR 13 2018

Dear Colleagues,

As a former medical officer of health, I know the vital role public health plays every day in protecting and promoting the health of all Ontarians. The release of the new Ontario Public Health Standards in January of this year outlined a new mandate for public health focused on outcomes, and included a strengthened accountability framework to demonstrate the impact of the work of public health.

Legislated requirements for board of health and LHIN engagement in the *Patients First Act* ensures public health plays a key role in integrated planning - to include upstream interventions that will improve health, reduce health inequities and assist in re-orienting the health system.

In order to support the integral role of public health as a unique sector within an integrated health system, I am pleased to announce a two percent base funding increase to all boards of health for the provision of public health programs and services. An additional one percent increment will be allocated based on local need as detailed in the board of health Annual Service Plans submitted to the ministry in March.

This totals an additional $15M base funding investment in public health, on top of approximately $16M in one-time funding for a number of initiatives associated with the delivery of public health programs in Ontario.

This investment demonstrates my government's commitment to ensure Ontarians are able to recognize, value and benefit from the excellent work of public health across the health system and in local communities.

Sincerely,

Dr. Helena Jaczek
Minister

c:

Peterborough Public Health

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

April 23, 2018

The Honourable Carolyn Bennett
Minister of Crown-Indigenous Relations and Northern Affairs
Carolyn.Bennett@parl.gc.ca

The Honourable Jane Philpott
Minister of Indigenous Services
Jane.Philpott@parl.gc.ca

Dear Ministers:

RE: Truth and Reconciliation Commission (TRC) Call to Action #8
(We call upon the federal government to eliminate the discrepancy in federal education funding for First Nations children being educated on reserves and those First Nations children being educated off reserves)

Our Board is writing to you because of ongoing concerns that this call to action has not been addressed in our local First Nation. Curve Lake First Nation (CLFN) has a school which provides instruction to children from Junior Kindergarten to Grade 3. In the current school year, there are 48 students enrolled and a total of 14 staff employed. In addition to these children, in the 2015/16 school year, CLFN had a total of 102 students enrolled in 10 elementary and secondary schools in surrounding communities.

Education is a powerful determinant of health and wellness. These children are the future for this community. For this reason, our Board is advocating that the federal government ensure that their education needs are addressed to levels comparable to non-Indigenous children in Ontario.

The Office of the Parliamentary Budget Officer's Federal Spending on Primary and Secondary Education on First Nations Reserves states that federal funding for on reserve schools does not adequately take into account the important cost drivers for band-operated schools.[1] CLFN School faces ongoing challenges in teacher recruitment and retention because of the differential in compensation that exists between the band school and the provincial system.

For this reason, the Board of Health for Peterborough Public Health is asking that your government take the following actions:

- Investigate how Band operated Schools can be funded in an equitable manner that reflects the uniqueness of each First Nation.
- Increase funding for Capital projects such as new schools and addition to schools.
- Increase in dollars to support salaries for teachers that are equal to their provincial colleagues.

All of the TRC Calls to Action addressing the legacy of education are components of a strategy that would strengthen the culture, educational performance and resiliency of Indigenous children. We look to you for your leadership in ensuring that the reforms and investments to education be given the priority and urgency that our children deserve.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: The Hon. Maryam Monsef, MP, Peterborough-Kawartha
Chief Phyllis Williams, Curve Lake First Nation

[1] The Office of the Parliamentary Budget Office, report "Federal Spending on Primary and Secondary Education on First Nation Reserves. 6 December 2016. Accessed on April 20, 2018: http://www.pbo-dpb.gc.ca/web/default/files/files/files/Publications/First_Nations_Education_EN.pdf

Peterborough Public Health

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May 2, 2018

The Honourable Kevin Daniel Flynn
Minister of Labour
kflynn.mpp@liberal.ola.org

Dear Minister Flynn:

I am writing on behalf of the Board of Health for Peterborough Public Health. On April 11, 2018, there was a delegation from the retired workers from General Electric (GE), a major employer here in our city for generations.

Peterborough's population of about 140,000 is served by a regional hospital and a well-organized collaboration of primary care providers, represented by the Peterborough Family Health Teams. Although we have at least one Family Physician who has taken a lead in providing occupational medicine, we do not currently have any local Occupational Medicine specialists, which necessitates residents having to travel out of town, to centres such as Toronto, to access this expertise. Given the age and health conditions of retired workers who are seeking to have their illnesses reassessed as being potentially related to workplace exposure, this represents a heavy burden for them and their families.

Given the early establishment and longstanding presence of manufacturing in Peterborough, we believe that there are many retired workers who will require occupational medicine assessment for their chronic and emerging health conditions. We are writing to you to express our support for ongoing support for an occupational medicine clinic in Peterborough. This clinic would ensure that former GE workers, as well as retirees from other work places where potential exposures to harmful substances and conditions could have taken place, could have access closer to home. It would also provide local primary care providers with the specialty support required for consultations.

The board of health appreciates the resources that have already been deployed by the Ministry of Labour to facilitate access for current and former employees concerned about occupational exposures. We believe that there is an ongoing need for those resources to be deployed locally, given the number of local residents who were, at some time in their lives, employees of GE or one of the other manufacturers where exposures to solvents and other industrial chemicals took place on a regular basis.

We respectfully request that Peterborough remain a priority for occupational medicine clinics so that our residents have the access they need to assess and address health concerns arising from their work-related exposures.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Hon. Dr. Helena Jaczek, Minister of Health and Long-Term Care
Local MPPs

Ministry of Health and Long-Term Care

Office of the Minister

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Ontario

May 3, 2018

Dear Colleagues,

Tobacco use remains Ontario's leading cause of preventable disease and premature death. It claims 16,000 lives each year — that is 44 lives every day — and costs the province $2.25 billion annually in direct health care costs.

Our government is committed to the people of Ontario to achieve the lowest smoking rate in Canada. We have supported more Ontarians in quitting tobacco use, protected people from exposure to second-hand smoke, encouraged youth and young adults to never start, and continued to address the changing landscape of new and emerging products.

Ontario has made great strides in reducing tobacco use and the associated health risks through investments in programs, policies and public education. Prior to the enactment of the Smoke-Free Ontario Act (SFOA) in 2006, Ontario had very few restrictions on where people could smoke tobacco. Since then, Ontario has created 100 per cent smoke-free enclosed public places and workplaces province-wide, including shopping malls, office buildings, factories, restaurants and bars. We are proud of the achievements made with our partners to reduce Ontario's smoking rate to 16 per cent in 2016.

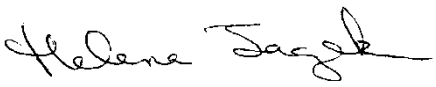
However, we have more work to do. We know that some communities experience the burden of tobacco disproportionately higher than other communities. We know that smoking rates are seven and three times higher, respectively, for on-reserve (30 per cent) and off-reserve (14 per cent) First Nation youth than in non-Indigenous youth (4 per cent) of the same age. We as a government are committed to working with Indigenous communities in a separate process to address the adverse effects of commercial tobacco.

I am pleased to launch the Smoke-Free Ontario (SFO) Strategy, the government's plan of action to further reduce the burden of tobacco addiction. Our vision is that within one generation, Ontario will be free of the epidemic of disease, death and other harms caused by tobacco, and the potential harms caused by smoking and vaping of other substances. We acknowledge that more needs to be done to reach our goal of reducing the smoking prevalence rate to 10 per cent by 2023. We know that new and emerging products may hinder the achievements Ontario has already made. That is why the government's SFO Strategy not only addresses tobacco, but also vapour products such as e-cigarettes and heat-not-burn products, and the smoking and vaping of medical cannabis. All of these products will be regulated under the Smoke-Free Ontario Act, 2017 (SFOA, 2017).

The Smoke-Free Ontario Strategy will create the right conditions for success and will include the development of a comprehensive evaluation plan to measure progress. We will continue to work with our health-care partners on our evolving strategy, including the members of the Executive Steering Committee, to implement recommendations from their report.

Working together, our new SFO Strategy will enable opportunities to reduce the harm of tobacco use and result in a healthier tomorrow for generations of Ontarians.

Sincerely,



Dr. Helena Jaczek,
Minister of Health and Long-Term Care

Peterborough Public Health

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May 3, 2018

Hon. Jeff Leal, MPP Peterborough
jleal.mpp.co@liberal.ola.org

Re: Youth Exposure to Smoking in Movies

Dear MPP Leal:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

In an effort to protect youth and limit the tobacco industry's influence on them, the Board of Health for Peterborough Public Health recently endorsed the following policy directions:

- require strong anti-smoking ads prior to movies depicting commercial tobacco use;
- ensure films with tobacco imagery are ineligible for government film subsidies;
- eliminate identifying tobacco brands;
- certify no payoffs for displaying tobacco placements in movies; and
- rate all new movies with smoking in them, 18A.

Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by tobacco imagery in movies.[1]

We were recently encouraged by the updated *Smoke-Free Ontario Act* and subsequent regulations which no doubt will further protect Ontarians where they live work and play from the dangers of commercial tobacco. Your support towards the aforementioned recommendations would be as equally welcome as we know your government is committed to achieving the lowest smoking rates in the country.

We thank you in advance for considering our request for support, and for your commitment to protecting youth from the tobacco industry.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

Peterborough Public Health

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

May 3, 2018

Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
laurie.scott@pc.ola.org

Re: Youth Exposure to Smoking in Movies

Dear MPP Scott:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

In an effort to protect youth and limit the tobacco industry's influence on them, the Board of Health for Peterborough Public Health recently endorsed the following policy directions:

- require strong anti-smoking ads prior to movies depicting commercial tobacco use;
- ensure films with tobacco imagery are ineligible for government film subsidies;
- eliminate identifying tobacco brands;
- certify no payoffs for displaying tobacco placements in movies; and
- rate all new movies with smoking in them, 18A.

Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by tobacco imagery in movies.[1]

We were recently encouraged by the updated *Smoke-Free Ontario Act* and subsequent regulations which no doubt will further protect Ontarians where they live work and play from the dangers of commercial tobacco. Your support towards the aforementioned recommendations would be equally welcome.

We thank you in advance for considering our request for support, and for your commitment to protecting youth from the tobacco industry.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

Peterborough Public Health

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May 3, 2018

Ontario Film Review Board
c/o Ontario Film Authority
4950 Yonge Street, Suite 101B
Toronto, ON M2N 6K1
OFRBinfo@ontariofilmauthority.ca

Re: Youth Exposure to Smoking in Movies

Dear Ontario Film Review Board:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

To raise awareness about this issue, Peterborough Public Health has been working with community partners who are concerned about the impact that movies have on the health and well-being of children and teens. As such, we recently collected 127 signatures from local residents who support increased regulations to protect kids and teens from smoking in movies.

The petition calls for the following policy directions:

- require strong anti-smoking ads prior to movies depicting commercial tobacco use;
- ensure films with tobacco imagery are ineligible for government film subsidies;
- eliminate identifying tobacco brands;
- certify no payoffs for displaying tobacco placements in movies; and
- rate all new movies with smoking in them, 18A.

Actors who smoke on screen make smoking tobacco products appear normal and give positive messages about smoking to young movie viewers. Typically movies fail to disclose the health effects related to smoking commercial tobacco. A number of studies have shown that smoking commercial tobacco in movies encourages adolescents to try smoking. The report *Youth Exposure to Tobacco in Movies in Ontario, Canada* concludes that adolescents' exposure to onscreen tobacco will result with an earlier onset of smoking initiation. Furthermore, of the 1,829 top movies released in Ontario from 2004-2016, 91% of these movies were youth rated, and 54% contained tobacco imagery.[1] Eighty-six percent of youth-rated top movies did not include an Ontario Film Review Board (OFRB) "tobacco use" content advisory.

Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by exposure to movies depicting tobacco imagery.[2]

Ontario has pledged to have the lowest smoking rates in the country. By simply changing the ratings for movies with smoking in them, you will be helping achieve this goal and protecting future generations from the leading cause of preventable death and disease in the province.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

---

[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

[2] Ibid.

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Thursday, April 12, 2018 12:02 AM
Subject: alPHa Information Break - April 12, 2018

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

April 12, 2018

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

alPHa Election Policy Priorities Update

In the winter, alPHa developed a set of election policy priorities in anticipation of the June 2018 provincial election. The priorities focused on a tobacco endgame, adult oral health, universal pharmacare, cannabis legalization and opioids strategy, and were sent to provincial party leaders, health critics, the Minister of Health & Long-Term Care, and Attorney General. As part of this campaign, health units were also asked to reach out to their local MPPs and electoral candidates on these important issues in the leadup to the election. alPHa is pleased to report that yesterday it met with various key MPPs to raise awareness about the policy priorities.
View alPHa's 2018 election policy priorities here

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alPHa 2018 Winter Meetings

alPHa successfully held business meetings for its board of health (see below) and COMOH members as well as a one-day workshop for public health executive and administrative assistants in February. The assistants' learning event, which takes place every two years, focused on change management from organizational and personal approaches. Thank you to all the attendees who participated at the February events.
Read about the Executive/Administrative Assistants' workshop here

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Wrap Up: Boards of Health Section Meeting

The alPHa Boards of Health Section convened on February 23rd in Toronto. Representatives from 23 boards of health were welcomed by Toronto board of health chair Joe Mihevc who spoke about the important role played by public health in municipal decision-making. Participants also heard guest presentations on the five election policy priorities by members of alPHa's Election Task Force as well as on the administration of the new Ontario Public Health Standards and provisions for electronic meetings by alPHa counsel James LeNoury. Chief Medical Officer of Health Dr. David Williams also provided members with an update on his annual report that focuses on health equity. A special lunch and learn session on "the power of healthy tensions" by Tim Arnold was a particular highlight. The next scheduled BOH Section meeting will take place during the upcoming annual conference on June 12, 2018 in Toronto.
View presentations from the Feb. 23 BOH Section meeting (login and password required)

2018 alPHa Annual Conference

Join us from June 10 to 12 at the association's 2018 Annual Conference at the Novotel Toronto Centre hotel in downtown Toronto. Under the theme *The Changing Face of Public Health*, attendees will explore ways to deliver on health units' new and current responsibilities in light of recent changes to the Ontario Public Health Standards and other government initiatives. The conference will also feature an Annual General Meeting and resolutions session as well as Section business meetings and a perennial highlight, an awards dinner honouring those who have made outstanding contributions to the field of public health. Online registration is now available. Accommodations may also be booked.
Register here
Book a guestroom here
Learn more about the 2018 alPHa Annual Conference here

TOPHC 2018

Congratulations to TOPHC 2018 for achieving their biggest event to date with over 1,000 attendees and sold out workshops on day three. The Ontario Public Health Convention (TOPHC) was held March 21-23, and identified ways for public health professionals to be leaders of change as well as explored strategies for leadership, innovation and action across all levels within the public health. As a TOPHC partner, alPHa is proud to support knowledge exchange and skills building for public health staff.
Read about TOPHC 2018 here

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alPHa Website Feature: Correspondences

Stay current with alPHa's advocacy efforts by visiting the Correspondences page on our website.
View alPHa's recent correspondences

Upcoming Events - Mark your calendars!

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

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

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

2 Carlton Street, Suite 1306
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Fax: (416) 595-0030
E-mail: info@alphaweb.org

May 3, 2018

Hon. Helena Jaczek
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Jaczek,

Re: Smoke-Free Ontario Strategy

On behalf of members of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express our congratulations on the launch of the Smoke-Free Ontario (SFO) Strategy, and to express our strong support for it.

Ontario has shown commendable leadership in reducing tobacco use and its associated burdens of mortality and disease since the passage of the Smoke-Free Ontario Act in 2006. The release of a long-term strategy with specific actionable commitments and outcome targets – a first for the province – only serves to underscore the dedication to building on past success and making further strides towards the elimination of Ontario's leading cause of preventable disease and premature death.

alPHa has passed several tobacco-related resolutions over the years, the latest of which is *A17-5, Committing to a Tobacco Endgame in Canada* (attached). We shared this resolution with your Ministry in support of the innovative, comprehensive and evidence-based recommendations of the Executive Steering Committee for the Modernization of Smoke-Free Ontario, and we are delighted that these recommendations are reflected in the SFO Strategy.

We are also pleased that the Strategy includes specific references to targeting priority populations, acknowledges the related challenges posed by legal cannabis and vaping, and makes statements of willingness to explore innovative measures and opportunities to support the strategic goals in the future.

Our members are eager to continue to play their key roles in achieving a Smoke-Free Ontario and are sincerely grateful for this unequivocal commitment from your Government.

Yours sincerely,

Carmen McGregor,
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A17-5

TITLE: **Committing to a Tobacco Endgame in Canada**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS tobacco use remains the leading cause of preventable death and disease in Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated as $18.7 billion in 2013; and

WHEREAS 18.1% of adolescents and adults, or 5.4 million Canadians, were still smokers in 2014; and

WHEREAS under the status quo, and even with the implementation of all MPOWER measures under the World Health Organization Framework Convention on Tobacco Control, Ontario research has estimated that smoking-related deaths will continue to increase beyond 2030, while smoking rates will decline by less than half in the same period; and

WHEREAS a tobacco endgame shifts the focus from tobacco "control" to envision a future that is free from commercial tobacco, and is a strategic process to implement measures that gradually decrease smoking prevalence, demand and supply to extremely low levels; and

WHEREAS there is growing support in Canada and globally for a tobacco endgame, with the adoption of Endgame targets by Ireland, Scotland, Finland, and New Zealand; and

WHEREAS a Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035; and

WHEREAS a summit on A Tobacco Endgame for Canada in 2016 brought together experts from broad sectors and published a Background Paper with evidence-based and innovative recommendations for tobacco endgame measures in Canada; and

WHEREAS the Federal Tobacco Control Strategy is scheduled for renewal after March 31, 2017;

WHEREAS the federal government's consultation paper Seizing the Opportunity: the Future of Tobacco Control in Canada proposed a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035;

WHEREAS the provincial Smoke Free Ontario Strategy is also presently under review; and

WHEREAS it is the position of alPHa that Governments of Canada, Ontario and Canadian municipalities must act immediately to minimize the use of tobacco products and their related health impacts;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;

AND FURTHER that the Association of Local Public Health Agencies recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;

AND FURTHER that the Association of Local Public Health Agencies write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada;

AND FURTHER that copies be sent to the Chief Public Health Officer of Canada, and the Chief Medical Officer of Health of Ontario.

ACTION FROM CONFERENCE: **Resolution CARRIED**

April 19, 2018

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

Dear Minister Jaczek:

Re: Annual Service Plan and 2018 Budget

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding their Annual Service Plan and 2018 Budget. The following motion was passed:

GBHU BOH Motion 2018-30

Moved by: Mitch Twolan Seconded by: Arlene Wright

"THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit's letter to the Minister of Health and Long-Term Care regarding their Annual Service Plan and 2018 Budget, and THAT, the Board of Health urge the Minister of Health and Long-Term Care to reconsider it's decision to implement a four-year budget freeze for Public Health Units, and FURTHER requests an earlier budget approval that the historic September to November timeframe."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT

www.hkpr.on.ca • info@hkpr.on.ca
1-866-888-4577

March 13, 2018

Honourable Helena Jaczek
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Jaczek:

Re: 2018 Annual Service Plan including the 2018 Budget for the Haliburton, Kawartha, Pine Ridge District Health Unit

At its meeting on February 15, 2018, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit approved its 2018 Annual Service Plan (Plan) including the 2018 Budget. As the Board discussed the Plan and Budget, it expressed its concerns that the Ministry of Health and Long-Term Care (MOHLTC) had frozen base funding at 2014 levels for our Health Unit and others. Of course, the Board recognizes that there have been additions to base funding for targeted purposes such as the recent Harm Reduction Program Enhancement funding. Boards of health continue to face significant financial pressures as costs increase with no corresponding increase in base funding going into this fourth-year post-budget freeze. Locally, our obligated municipalities have increased their share of the Board's base funding every year to the point that now the ratio of cost-shared base funding is 29% municipal to the MOHLTC's 71%. We understand that the majority of Ontario boards of health are in a similar position.

As you know, the past couple of years have been a period of significant transformation for Ontario boards of health with the release of the new Ontario Public Health Standards (OPHS), amended and new protocols and guidelines to support the new OPHS and amendments to the *Health Protection and Promotion Act, 1990* and many of its Regulations. The Board is most appreciative of the Harm Reduction Program Enhancement funding, and other minor adjustments to base funding. However, the Board is concerned about the MOHLTC's increasing expectations regarding the new/amended OPHS, protocols and guidelines including those pertaining to Infection Prevention and Control Lapse investigations, engagement with the Local Health Integration Networks, the new School Health Program Standard, the Healthy Environments Program Standard requirement for health impact assessment related to climate change, and follow-up of hepatitis C cases to name a few, as well as the role of public health regarding opioids and the new cannabis legislation. Doing more with less is causing strain on staff and the Board is concerned about the psychological and physical well-being of Health Unit employees in light of ever-increasing requirements and our ability to deliver programs and services.

The Board has implemented many initiatives over the past four years to address the provincial funding shortfall including closing branch offices and renegotiating leases as well as utilizing technological solutions where feasible to address telephone and fax as well as organizational meetings. The Board recognizes its important role in community-based health promotion, disease prevention and health protection over a large geographic area with a low population density. The Board values its relationships with the broader health sector as well as its many community partners and stakeholders including local municipalities, school boards, children's aid societies, law enforcement, non-governmental

.../2

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agencies and community coalitions and wishes to build on these relationships to implement the new OPHS. The Board is concerned that if the provincial share of the base budget remains frozen, decisions will need to be made regarding delivery of essential programs and services and the remaining programs may erode making them harder to re-build when not maintained at optimal levels.

The Board has again approved a 2% municipal increase for the Health Unit this year and has requested a 2% increase in its base funding from the MOHLTC in addition to some one-time requests to facilitate addressing new program requirements. Municipalities are also facing increasing cost pressures and may be challenged to continue to offset provincial funding with enhanced municipal support in the future. The Board respectfully requests that the MOHLTC approve its 2018 Annual Service Plan including the 2018 Budget. Lastly, with this request to approve the proposed budget, the Board would greatly appreciate earlier budget approval than the historic September to November timeline so that the Health Unit can effectively plan and implement one-time funding approvals.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Mark Lovshin
Chair, Board of Health

ML/ALN/MCM:ed

Copy: Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Lou Rinaldi, MPP, Northumberland-Quinte West
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, MOHLTC
City of Kawartha Lakes
Haliburton County
Northumberland County
Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health
Eastern Ontario Wardens' Caucus

April 19, 2018

The Honourable Jody Wilson-Raybould
House of Commons
Ottawa, Ontario K1A 0A6

Re: Repeal of Section 43 of the Criminal Code Refresh 2017

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Repeal of Section 43 of the Criminal Code Refresh 2017. The following motion was passed:

GBHU BOH Motion 2018-28

Moved by: Mitch Twolan Seconded by: David Shearman

"THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit's resolution in support of the repeal of Section 43 of the *Criminal Code of Canada* that justifies the use of physical punishment of children between the ages of 2 and 12, and FURTHER THAT, the Board of Health indicate it's support by endorsing the *Joint Statement on Physical Punishment of Children and Youth*."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

April 19, 2018

Dr. MaryLynn West-Moynes, CEO and President
Georgian College
One Georgian Dr., Room H103
Barrie, ON L4M 3X9

Dear Dr. West-Moynes,

Re: Tobacco and Smoke-Free Campuses

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Sudbury and District Health Unit regarding Tobacco and Smoke Free Campuses. The following motion was passed:

GBHU BOH Motion 2018-29

Moved by: David Inglis Seconded by: Stewart Halliday

"THAT, the Board of Health endorse Public Health Sudbury and Districts resolution regarding tobacco and smoke-free campuses, and THAT, the Board of Health urge local post-secondary institutions to enhance existing policies to achieve 100% tobacco and smoke-free campuses, and FURTHER THAT, this motion be forwarded to local post-secondary leadership, the MOHLTC, CMOH, Ministry of Advanced Education and Skills Development, all Ontario Boards of Health and local MP's and MPP's."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: Dr. Helena Jaczek, Minister of Health and Long Term Care
Dr. David Williams, CMOH
The Honourable Mitzie Hunter, Minister of Advanced Education and Skills Development
Larry Miller, MP Bruce-Grey-Owen Sound
Benn Lobb, MP Huron-Bruce
Kellie Leitch, MP Simcoe-Grey
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
All Ontario Boards of Health

Encl.

Staff Report

Board of Health 130th Anniversary

Date:	May 9, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	
Rosana Salvaterra, M.D.	

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Board of Health 130th Anniversary,* for information;
- assist in the recruitment of appropriate present and past board members to assist in planning the events; and,
- approve up to $10,000 in related expenditures to be made available for activities, advertising and events that enhance strategic planning and our reputation.

Financial Implications and Impact

Up to $10,000 would have to be identified in the 2019 budget – staff would look for existing funds within the budget to be re-allocated. Depending on which events are included, additional financial support through in-kind contributions and sponsorships may also be required. This will be guided by the Board's sponsorship policy.

Decision History

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

Background

A by-law to provide for the appointment of a board of health for the Town of Peterborough was passed by Peterborough Town Council on Monday, February 18, 1889. Next year, February 18, 2019 will mark the 130th anniversary.

There are records of Board of Health meetings taking place in the City of Peterborough dating back to 1891.

As there is limited internal capacity, staff is recommending that a planning committee of retired Board and staff members be recruited, with support from both the Medical Officer of Health and the Manager of Communication Services. There have been some initial discussions with Peterborough's Historical Society regarding a possible one-day conference to highlight interesting and significant elements of the Board's role and contributions over the last 130 years.

Rationale

Celebrating the 130th anniversary of the Board of Health will provide an opportunity to raise the profile of the Board and showcase its history of service to local communities and the contributions of the various public health disciplines. It also might provide opportunities for engagement with partners and stakeholders as part of the Board's next strategic plan. It could be used as a theme during the year, emphasizing the longevity and local flavour of public health practice. Finally, it could help strengthen the Board's argument for increased and sustainable provincial and municipal funding for local public health.

Strategic Direction

Marking 2019 as the board's 130th anniversary fits well with the timing to create a new strategic plan for the organization.

Contact:

Dr. Rosana Salvaterra
Medical Officer of Health
(705) 743-1000, ext. 264
agorizzan@peterboroughpublichealth.ca

Peterborough Public Health

Staff Report

2017 Accountability Agreement Indicator Results

Date:	May 9, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Donna Churipuy, Director of Public Health Programs

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, 2017 *Accountability Agreement Indicator Results,* for information.

Financial Implications and Impact

There are no financial impacts related to Accountability Agreement.

Decision History

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

Background

In 2010, as part of a commitment by the provincial government to simplify board of health reporting requirements, the Ministry of Health and Long-Term Care (MOHLTC) developed a public health accountability agreement for the first time in Ontario. It was designed to support public health programming and its continuous quality improvement in the areas of; local program management and service delivery; communicable disease surveillance, policy

development and risk assessment, and public reporting. Since that time Peterborough Public Health (PPH) has reported annually to the board of health on its progress.

In 2017, the MOHLTC informed boards of health that given the state of transformation within the public health sector, the Ministry's approach for the 2017 indicators was to minimize the impact of change on boards of health while at the same time continuing to ensure accountability. The suite of indicators for the 2017 Public Health Funding and Accountability Agreement was reduced to an essential set of monitoring indicators.

In 2017, a new indicator framework was released as part of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (Standards). The MOHLTC has established an Indicators Implementation Task Force to support the implementation of this new Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Dr. Salvaterra has been invited to take part. The Task Force will engage with the Ministry to identify indicators that can be reported on in 2018, to establish definitions and data sources (where necessary) and to consider where data collection can be centralized. The task force began meeting in April 2018.

Rationale

Receipt and consideration of this staff report allows the Board of Health to carry out its legislative duties and responsibilities under the Health Protection and Promotion Act. It summarizes PPH's performance under the Accountability Agreements with the MOHLTC. Accountability agreements are an important tool in the provincial health system. The data collected and performance outcomes for each indicator will better inform decision making at the local and provincial level.

Analysis

The three-year Accountability Agreement ended in 2016. For 2017, local public health agencies were required to report on indicators for monitoring purposes only. No targets were set for these indicators and at the time of this report the Ministry had not yet validated data submitted by Peterborough Public Health. The 2017 year-end indicator summary table of results can be viewed in Appendix A.

Strategic Direction

The report applies to the strategic direction of Quality and Performance.

Contact:

Donna Churipuy
Director of Public Health Programs and Chief Nursing Officer and Privacy Officer

(705) 743-1000, ext. 218
dchuripuy@peterboroughpublichealth.ca

Attachments:

Attachment A – 2017 Year-end Indicator Summary Table

ATTACHMENT A

2017 Year-end Indicator Summary Table: Health Promotion & Protection Indicators

Program	2017 Indicator	2017	2017 Performance
Chronic Diseases	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Monitoring	91.1%
	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	Monitoring	100%
Food Safety	% of high-risk food premises inspected once every 4 months while in operation	Monitoring	100%
Safe Water	% of Class A pools inspected while in operation	Monitoring	80%
Infectious Diseases	% of personal service settings inspected annually	Monitoring	100%
	% of laboratory confirmed gonorrhea cases treated according to guidelines.	Monitoring	82%
Vaccine Preventable Diseases	% of HPV vaccine wasted that is stored/administered by the public health unit	Monitoring	3.3%
	% of MMR vaccine products wasted	Monitoring	6.2%
	% of school-aged children who have completed immunizations for hepatitis B	Monitoring	64.9%
	% of school-aged children who have completed immunizations for HPV	Monitoring	54.9%

Program	2017 Indicator	2017	2017 Performance
	% of school-aged children who have completed immunizations for meningococcus	Monitoring	80.4%
	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Monitoring	100%
	% of 7 or 8 year old students in compliance with the ISPA	Monitoring	89.9%
	% of 16 or 17 year old students in compliance with the ISPA	Monitoring	90.8%
	% of influenza wasted that is stored/administered by the public health unit and healthcare providers	Monitoring	10.7%

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Prepared by: Donna Churipuy, Director of Public Health Programs
Larry Stinson, Director of Operations

Subject: **Report: Q1 2018 Peterborough Public Health Activities**

Date: May 9, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the report, Q1 2018 Peterborough Public Health Activities, for information.

Attachments:

Attachment A – Program Report
Attachment B – Communications and IT Report
Attachment C – Social Media Report
Attachment D – Finance Report

Quarter 1 2018 Status Report (January 1 – March 31, 2018)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	Status
Program Standards	
Chronic Disease Prevention and Well-Being	3/4
Food Safety	5/5
Healthy Environments	3/10
Healthy Growth and Development	2/3
Immunization	9/10
Infectious and Communicable Diseases Prevention and Control	19/21
Safe Water	8/8
School Health	3/10
Substance Use and Injury Prevention	3/4
Foundational Standards	
Population Health Assessment	2/7
Health Equity	0/4
Effective Public Health Practice	4/9
Emergency Management	0/1
Non-OPHS Mandated Programs	
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to Ontario Public Health Standards

Chronic Disease Prevention and Well-Being
Hallie Atter, Manager, Local Programs

Program Compliance
Requirement #2: Due to new planning process (See Appendix A1), new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.

Healthy Environments
Atul Jain, Manager, Environmental Health
Hallie Atter, Manager, Local Programs

Program Compliance:
Requirement 1: Surveillance and epidemiological analysis is continuing. Once completed, it will determine programing and services delivery in this this standard.

Requirement 2:	Due to new planning process, new Guidelines, as well as gaps in staffing, a full assessment of needs will not be completed.
Requirement3:	The Climate Change Tool kit is being reviewed and discussions have commenced for collaboration with Local Programs Staff for completion of this requirement.
Requirement 4 to 7:	Due to new planning process, new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.

Healthy Growth and Development
Hallie Atter, Manager, Local Programs

Program Compliance:

Requirement 2:	Due to new planning process, new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.

Immunization
Edwina Dusome, Manager, Infectious Diseases

Program Compliance

Requirement 1:	Unmet due to insufficient staffing.

Infectious and Communicable Diseases Prevention and Control
Atul Jain, Manager, Environmental Health

Program Compliance:

Requirement 15:	Communication to local Veterinarians needs to be completed informing them of reporting animal cases of avian chlamydiosis (infection of birds with the causative agent of psittacosis in humans), avian influenza, novel influenza, and Echinococcus multilocularis infection. This should be completed by end of the second quarter.
Requirement 19:	Waiting for implementation of new website in order to comply with requirement to disclose Personal Service Setting Inspections.

School Health
Patti Fitzgerald, Manager, Child Health Services
Hallie Atter, Manager, Local Programs

Program Compliance:

Requirement 1 to 4:	Due to new planning process, new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.
Requirement 7:	Although the Child Visual Health and Vision Screening Protocol, 2018 was recently released we are still waiting for further information from the MOHLTC regarding the implementation of this new program.
Requirement 8:	Unmet due to insufficient staffing.
Requirement 9:	Due to new planning process, new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.

Substance Use and Injury Prevention
Hallie Atter, Manager, Local Programs

Program Compliance:
Requirement 2: Due to new planning process, new Guidelines, as well as gaps in staffing, interventions will be planned and prioritized but not implemented in 2018.

Foundational Standards
Jane Hoffmeyer, Manager, Foundational Standards

Compliance – Population Health Assessment:
Requirements # 1-3,6,7:
Include newly created protocols and guidelines that must undergo planning and decision-making in 2018.

Compliance – Health Equity:
Requirements #1-4 New requirements and guideline that must undergo planning and decision-making in 2018 (see Appendix A2 for further detail).

Compliance – Effective Public Health Practice:
Requirements #2-4, 8-9
New requirements that must undergo planning and decision-making in 2018.

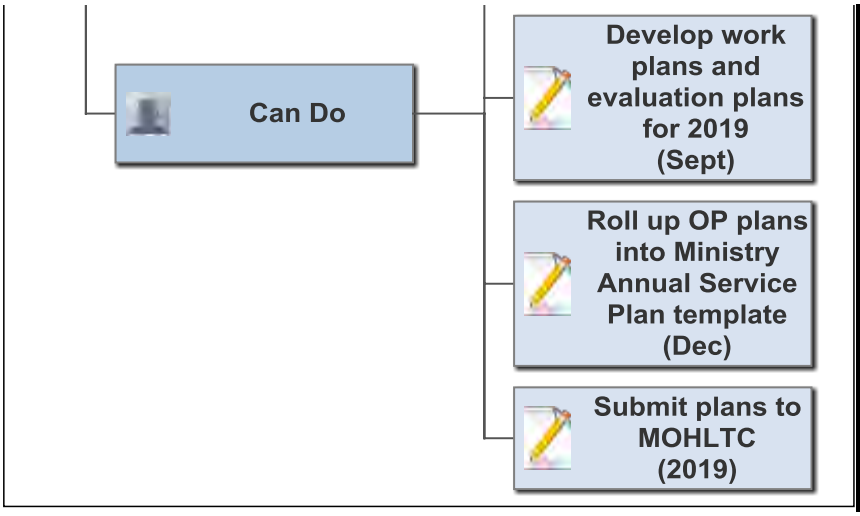
Compliance – Emergency Management:
Requirement #1 New policy and guidelines from Ministry still pending. Existing emergency preparedness programming is being maintained.

Appendix A1 – New Planning Process, Local Programs
Appendix A2 – Foundational Standards

Timelines for Lower Level Theory of Change (TOC) Development for Local Programs 2018

Link to Ontario Public Health Standards

Planning Framework	Milestones	Quarterly Compliance/Comments
Want to do	Data Analysis (Mar & April	Completed.
	Determine intended impacts (Apr & May)	Intended Impact Statement (IIS) development is slightly behind and will be completed in May. Implementation of operational plans on track.
Should do	Engage partner organizations to validate intended impacts (May & June)	
	Search and appraise strategies to achieve impacts and create Theory of Change (June & July)	
	Prioritize strategies (Aug)	
	Adapt strategies to local context (Aug)	
	Develop operational plans (OP) (Sept)	



Dev: Apr. 16 2018

Foundational Standards – Q1 2018

Jane Hoffmeyer, Manager, Foundational Standards

The Foundational Standards (FS) articulate specific requirements that underlie and support all Program Standards. The FS include:

- Population Health Assessment
- Health Equity
- Effective Public Health Practice, which is divided into three sections:
  - Program Planning, Evaluation, and Evidence-Informed Decision-Making
  - Research, Knowledge Exchange, and Communication
  - Quality and Transparency
- Emergency Management

Link to Ontario Public Health Standards

2018 Continuity of Basic FS Operations

Activities (Q1-Q4)	Quarterly Compliance/Comments
Maintain core FS operations that provide supports to Executive and Program Managers during transition to 2018 OPHS. This does not include expanded requirements or protocols.	On track.
Maintain essential Emergency Preparedness operations.	On track.

Plan to Transition FS

Planning Framework	Milestones	Quarterly Compliance/ Comments
Want to do	Review existing FS team annual operational plans (April)	Near completion
	Review new requirements, protocols and guidelines specific to FS (May)	Progressing – Emergency Management Policy pending
	Initiate FS capacity analysis (May)	
	Develop new vision of intended impacts, theory of change (TOC) and mandate of FS staff (June)	

Planning Framework	Milestones	Quarterly Compliance/ Comments
Should do	Engage stakeholders in situational assessment (July-Oct)	
	Select priority FS action areas (Oct-Nov)	
	Confirm proposed FS TOC and operations (Nov)	
Can do	Develop 2019 FS. annual operational and work plans (Nov-Dec)	
	Generate recommendations to address FS capacity gaps (Dec)	

Communications – Q1 2018

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q1 comparison	
	2018	2017
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner columns, op eds, BOH meeting summaries, etc.)	36	45
Number of media interviews	11	13
Number of media stories captured directly covering PPH activities	73	51

Activity	Yearly Totals				
	2018 (ytd)	2017	2016	2015	2014
Press releases/media products issued	36	181	158	165	111
Media interviews	11	86	92	82	109
Number of media stories directly covering PPH activities	73	329	340	540	475
Communications tickets	142	680	n/a	n/a	n/a

Communications Highlights:

- Chief Medical Officer of Health (CMOH) Annual Report media event on Feb. 28, 2018.
- Completed two-day photo shoot and sandbox design of new website (to launch in May 2018).
- Designed *Official Plans Toolkit: 2018 Submission to the County of Peterborough Official Plan Review*.

Information Technology - 2018 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 PPH systems.

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	3 hrs	0/0%	99.87
Phone server	3 hrs	0/0%	99.87
File server	3 hrs	4 hrs	99.69%
Backup server	3 hrs	0/0%	99.87

Total Number of Helpdesk Tickets Served:

Activity	Yearly Totals			
	2018 (ytd)	2017	2016	2015
IT Tickets	402	1426	1277	945

IT Highlights:

- Replaced failing backup UPS batteries with new ones to ensure key servers will function in case of a power outage.

Peterborough Public Health

Follow us @Ptbohealth

SOCIAL MEDIA Q1 REPORT

Jan 1 – Mar 31/18

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

Twitter: In Q1 our followers grew

1.9%

to **2038**

49 tweets ***Q4***

-44

866 fans

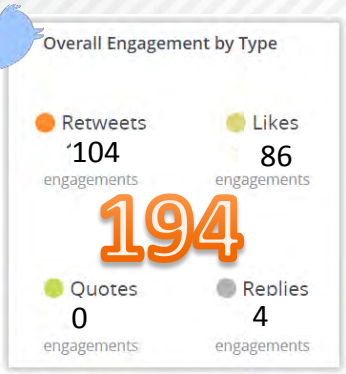
44 new fans

50,826

webpage views

+23.75%

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

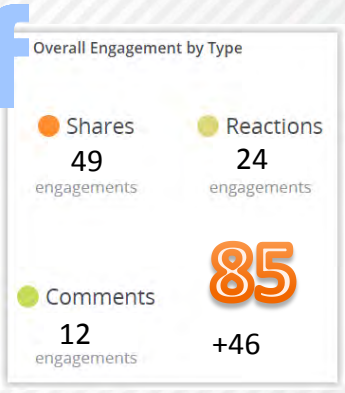


most popular tweet

5.3%

engagement rate

41 engagements



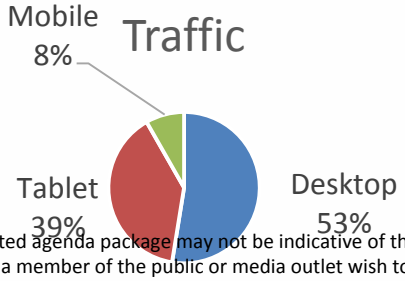
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

Homepage: 10455
Employment: 5453
Food Handler Course: 1651
Sexual Health Clinics: 1620
Contact Us: 1308
Alerts: 1160
Outbreak Media Release: 1053
LTCF Alerts: 957
Food Handler Course: 954
Clinics and Classes: 756

website visitors by device



Click throughs from tweet/post to our website

45

443

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

Steady growth and 0 unfollows

twitter

443 (clicks)

FROM

facebook

www.peterboroughpublichealth.ca

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

@MENTIONS

75

Ashburnham Realty @AshRealty
Mar 2

We want #smokefreehousing & work with the @Ptbohealth to ensure that tenants are informed of our Smoke Free Housing policy at each of our buildings. A new sign has been posted for @canadapostcorp stating that we do not want junk mail at our buildings! #noflyers @ptbogreenup #ptbo

Campaigns… How did our coordinated social projects perform?

Ad Campaigns – No ad campaigns this quarter

Social Media Push Campaigns –

Ptbo Public Health @Ptbohealth · Jan 18
Have your say in how our city grows in the latest survey for the Ptbo Official Plan Update! #planitptbo ow.ly/5pmP30hRbeK
View Tweet activity

Ptbo Public Health @Ptbohealth · Jan 10
Take the survey for a chance to win $100 Gift Card by sharing feedback about local campaign ow.ly/G1rF30hzWEz pic.twitter.com/Xti7iKJVFS
View Tweet activity

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

Engagement rate: Number of engagements divided by impressions

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

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

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

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

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

Financial Update Q1 2018 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2018								
	Type	**2018**	**Approved by Board**	**Submission Date**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Mandatory Public Health Programs	Cost Shared (CS)	7,720,933	08-Nov-17	submitted 1-Mar	1,866,062	24.2%	MOHLTC	Operating within budget. Board approved $7,975,438 which included Small Drinking Water, Vector Borne Disease and Occupancy Cost - See lines below. On April 13/18, the Ministry announced a 2% funding increase for all Boards of Health for Mandatory Programs and a possible additional 1% for local need programs based on Annual Service Plan submission. Approved increase will be reported to the Board upon receipt of budget approval. See Appendix D1 for summary by Program Standard.
Small Drinking Water Systems	CS	90,800	08-Nov-17	submitted 1-Mar	23,137	25.5%	MOHLTC	Operating just above budget.
Vector- Borne Disease (West Nile Virus)	CS	76,133	08-Nov-17	submitted 1-Mar	1,426	1.9%	MOHLTC	Operating within budget. West Nile Virus program measures and students begin in May.
Infectious Disease Control	100%	222,300	11-Apr-18	submitted 1-Mar	56,705	25.5%	MOHLTC	Operating just above budget.
Infection Prev. & Control Nurses	100%	90,100	11-Apr-18	submitted 1-Mar	22,255	24.7%	MOHLTC	Operating within budget.
Healthy Smiles Ontario (HSO)	100%	763,100	11-Apr-18	submitted 1-Mar	152,175	19.9%	MOHLTC	**Operating well within budget. Program expenditures expected to be in line with budget as some of the planned staffing were hired towards the end of the first quarter.**

	Type	2018	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
Enhanced Food Safety	100%	25,000	11-Apr-18	submitted 1-Mar	6,376	25.5%	MOHLTC	Operating just above budget.
Enhanced Safe Water	100%	15,500	11-Apr-18	submitted 1-Mar	1,354	8.7%	MOHLTC	Operating within budget. Student position will commence in next quarter.
Needle Exchange Initiative	100%	57,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Operating within budget. Year to date expenditures covered through one-time funding approval upto March 31/18.
Harm Reduction Enhancement	100%	150,000	11-Apr-18	submitted 1-Mar	38,624	25.7%	MOHLTC	Operating just above budget.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	180,500	11-Apr-18	submitted 1-Mar	45,208	25.0%	MOHLTC	Operating at budget.
Chief Nursing Officer Initiative	100%	121,500	11-Apr-18	submitted 1-Mar	29,284	24.1%	MOHLTC	Operating within budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Apr-18	submitted 1-Mar	24,985	25.0%	MOHLTC	Operating at budget.
SFO - Enforcement	100%	202,100	11-Apr-18	submitted 1-Mar	52,327	25.9%	MOHLTC	Operating just above budget.

	Type	2018	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
SFO - Youth Prevention	100%	80,000	11-Apr-18	submitted 1-Mar	17,307	21.6%	MOHLTC	Operated within budget. Savings due to some gapping in first quarter of year. Anticipate being
SFO - Prosecution	100%	6,700	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Operating within budget based on program demand.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	11-Apr-18	submitted 1-Mar	7,365	25.1%	MOHLTC	Operating just above budget.
Medical Officer of Health Compensation	100%	51,054	NA	Not Submitted to date	12,764	25.0%	MOHLTC	Operating within budget based on prior year approval.
Healthy Babies, Healthy Children	100%	928,413	14-Mar-18	submitted 4 - May	222,284	23.9%	MCYS	Operating within budget.

One-Time Programs Funded January 1 to December 31, 2018

	Type	2018	Approved by Board	Submission Date	Expenditures to Mar. 31	% of Budget	Funding	Comments
Menu Labelling	CS	111,947	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Vision Screening	CS	108,994	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Enhanced Cessation	100%	30,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
PHI Practicum	100%	20,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Needle Exchange Program Evaluation	100%	50,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.

Vaccine Refrigerators	100%	50,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Electronical Medical Records	100%	292,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Vision Screening Equipment	100%	13,856	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.
Recreational Beaches Predictive Model	100%	30,000	11-Apr-18	submitted 1-Mar	0	0.0%	MOHLTC	Expenditures waiting for provincial approval.

One-Time Programs Funded April 1, 2017 to March 31, 2018								
	Type	**2017 - 2018**	**Approved by Board**	**Approved**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
AODA Website	100%	26,500	11-Feb-17	15-Nov-17	26,500	100.0%	MOHLTC	Operated within budget.
Healthy Menu	100%	12,500	11-Feb-17	15-Nov-17	12,500	100.0%	MOHLTC	Operated within budget.
PHI Practicum	100%	10,000	10-Feb-16	15-Nov-17	10,000	100.0%	MOHLTC	Operated within budget.
Needle Exchange Initiative	100%	41,539	10-Feb-16	15-Nov-17 24-Jan-18	41,539	100.0%	MOHLTC	Operated within budget.
Radon Kits	100%	10,000	10-Feb-16	15-Nov-17	10,000	100.0%	MOHLTC	Operated within budget.
Healthy Smiles Outreach	100%	10,000	10-Feb-16	15-Nov-17	10,000	100.0%	MOHLTC	Operated within budget.
Enhanced Tobacco Cessation	100%	30,000	10-Feb-16	15-Nov-17	30,000	78.3%	MOHLTC	Operating within budget.

Programs funded April 1, 2017 to March 31, 2018								
	Type	**2017 - 2018**	**Approved by Board**	**Approved**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Infant Toddler and Development Program	100%	245,220	08-Mar-17	26-Jun-17	251,422	102.5%	MCSS	Operated above budget. Excess program expenditures offset by one-time funding of $5,600 from MCSS in approved in March 2018.
Speech	100%	12,670	Annual Approval	NA	12,670	100.0%	FCCC	Operated within budget.
Healthy Communities Challenge Fund		206,250	NA	NA	206,250	100.0%	MOH/City/ PPH	Operated within budget.

Funded Entirely by User Fees January 1 to December 31, 2018								
	Type	**2018**	**Approved By Board**	**Approved By Province**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Safe Sewage Program		382,389	12-Nov-14	NA	98,824	25.8%	FEES	Program funded entirely by user fees. Expenditures are slightly above budget. Revenue from User Fees are below budget resulting in a deficit of $49,264. Building activity slower in first quarter of the year, however anticipate increase in revenues as building season commences to offset deficit.
Mandatory and Non-Mandatory Re-inspection Program		97,500	12-Nov-14	NA	3,563	3.7%	FEES	Operating within budget. Re-inspection program activity will begin in next quarter.

Programs funded through donations and other revenue sources January 1 to December 31, 2018								
	Type	**2018**	**Approved By Board**	**Approved By Province**	**Expenditures to Mar. 31**	**% of Budget**	**Funding**	**Comments**
Food For Kids, Breakfast Program & Collective Kitchens		56,604	NA	NA	20,514	36.2%	Donations	Budget based 2017 actuals. Operating above budget. Excess expenditures offset by donations.

APPENDIX D1

Financial Update Q1 2018 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2018					
Cost Shared Program By Program Standard	**2018**	**Approved by Board**	**Expenditures to Mar. 31**	**% of Budget**	**Comments**
Foundational Standards	700,314	11-Apr-18	156,180	22.3%	
Emergency Management	65,243	11-Apr-18	13,722	21.0%	
Chronic Disease Prevention and Well-Being	1,133,164	11-Apr-18	265,162	23.4%	
Food Safety	469,578	11-Apr-18	108,623	23.1%	
Healthy Environments	186,785	11-Apr-18	51,818	27.7%	
Healthy Growth and Development	783,803	11-Apr-18	181,829	23.2%	
Immunization	133,706	11-Apr-18	30,885	23.1%	
Infectious and Communicable Disease Prevention and Control	1,542,768	11-Apr-18	367,353	23.8%	
Safe Water	304,266	11-Apr-18	75,906	24.9%	
School Health - Oral Health	233,880	11-Apr-18	61,041	26.1%	
School Health - Immunization	246,331	11-Apr-18	97,466	39.6%	School Immunization in Q1 resulting in additional staffing & resources
School Health - Comprehensive	285,035	11-Apr-18	53,038	18.6%	Planned staffing towards end of Q2
Substance Use	285,622	11-Apr-18	106,976	37.5%	
Injury Prevention	237,764	11-Apr-18	18,803	7.9%	Program gapping in Q1
Public Health Administration	1,112,674	11-Apr-18	277,260	24.9%	
Total Cost Shared By Program Standard	**7,720,933**		**1,866,062**	24.2%	

To: All Members
Board of Health

From: Mayor Rick Woodcock, Chair, Stewardship Committee

Subject: **Committee Report: Stewardship**

Date: May 9, 2018

Proposed Recommendations:

a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from March 20 and April 10, 2018, for information.

Attachments:

Attachment A – Minutes, March 20, 2018
Attachment B – Minutes, April 10, 2018

Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Thursday, March 20, 2018 – 4:30 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Councillor Henry Clarke** **Chief Phyllis Williams** **Mayor Rick Woodcock, Chair** **Councillor Gary Baldwin**
Regrets:	**Ms. Catherine Praamsma**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Alida Gorizzan, Executive Assistant** **Ms. Dale Bolton, Manager, Finance and Property** **Mr. Larry Stinson, Director of Operations** **Ms. Natalie Garnett, Recorder**

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1. Call to Order

Mayor Woodcock called the Stewardship Committee meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2018-012-SC)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 **March 8, 2018**

MOTION:
That the minutes of the meeting of March 8, 2018 be approved as circulated.
Moved: Councillor Baldwin
Seconded: Chief Williams
Motion carried. (M-2018-013-SC)

6. Business Arising from the Minutes

6.1 **Future Funding of Public Health**

Stewardship Committee members received the staff report "Future Funding of Public Health" and continued discussion on this item.

9. New Business

9.2 **2017 Draft Audited Financial Statements**

Mr. Richard Steiginga, Collins Barrow Kawarthas LLP, arrived at 5:47 p.m. and reviewed the 2017 Draft Audited Financial Statements with the Committee.

MOTION:
That the Stewardship Committee for the Board of Health for Peterborough Public Health:
- *Receive for information, the 2017 Draft Audited Financial Statements prepared by Collins Barrow Kawarthas LLP; and,*
- *Forward the statements to the Board of Health at their next meeting for approval.*

Moved: Councillor Clarke
Seconded: Chief Williams
Motion carried. (M-2018-014-SC)

Mr. Steiginga left the meeting at 6:27 p.m.

7. Staff Reports

7.1 **By-laws for Review**

MOTION:
That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health approve the following:
- *2-110 By-law #2 – Banking and Finance (revised); and,*
- *2-190 By-law #9 – Procurement of Goods and Services (revised).*

Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2018-015-SC)

8. Consent Items

9. New Business

9.1 Correspondence – Haliburton, Kawartha Pine Ridge District Health Unit

MOTION:
That the Stewardship Committee receive for information, the letter dated March 13, 2018 from Mark Lovshin, Chair of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit to Minister Jaczek regarding the 2018 Annual Service Plan and Budget.
Moved: Councillor Clarke
Seconded: Chief Williams
Motion carried. (M-2018-016-SC)

10. In Camera to Discuss Confidential Matters

11. Motions for Open Session

12. Date, Time and Place of Next Meeting

The next meeting of the Stewardship Committee will be held on Tuesday, April 10, 2018 at 5:00 p.m., in the Dr. J.K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2018-017-SC)

The meeting was adjourned at 6:45 p.m.

Chairperson

Medical Officer of Health

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Stewardship Committee Meeting
Tuesday, April 10, 2018 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Councillor Henry Clarke**
	Chief Phyllis Williams
	Mayor Rick Woodcock, Chair
	Councillor Gary Baldwin
	Ms. Kerri Davies
	Ms. Catherine Praamsma
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health**
	Ms. Dale Bolton, Manager, Finance and Property
	Mr. Larry Stinson, Director of Operations
	Ms. Natalie Garnett, Recorder

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1. Call to Order

Mayor Woodcock called the Stewardship Committee meeting to order at 5:02 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Councillor Clarke
Seconded: Councillor Baldwin
Motion carried. (M-2018-018-SC)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 **March 20, 2018**

MOTION:
That the minutes of the Meeting of March 20, 2018 be approved as circulated.
Moved: Councillor Baldwin
Seconded: Councillor Clarke
Motion carried. (M-2018-019-SC)

6. Business Arising from the Minutes

6.1 **Future Funding of Public Health - Discussion**

Chair Woodcock circulated notes on the working document to the Committee members.

MOTION:
That the Stewardship Committee recommend that the Board of Health for Peterborough Public Health adopt a "Three over Three" approach to address its funding shortfall:

1. *Provincial Advocacy for sustainable public health funding.*
    a. *An urgent teleconference with alpha Board President and Executive calling for immediate action.*
    b. *A motion for the 2018 alPHA AGM directing the provincial association to advocate for sustainable provincial funding for local public health.*
    c. *A letter to OPHA requesting provincial and federal advocacy for funding for local public health.*
    d. *A request to the City of Peterborough, the County of Peterborough and local First Nations partners to advocate to AMO for sustainable provincial funding for local public health.*
2. *Judicious use of reserves to meet deficits.*
3. *Move to 30% local funding over the next three years.*

Moved: Ms. Praamsma
Seconded: Councillor Baldwin
Motion carried. (M-2018-020-SC)

7. Staff Reports

8. Consent Items

9. New Business

10. In Camera to Discuss Confidential Matters

11. Motions for Open Session

12. Date, Time and Place of Next Meeting

The next meeting of the Stewardship Committee will be held on May 1, 2018 at 5:00 p.m., in the Dr. J.K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Councillor Clarke
Seconded: Chief Williams
Motion carried. (M-2018-021-SC)

The meeting was adjourned at 6:48 p.m.

Chairperson

Medical Officer of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Association of Municipalities of Ontario Conference Delegations - Discussion**

Date: May 9, 2018

The Annual Conference of the Association of Municipalities (AMO) takes place August 19 - 22, 2018 at the Shaw Convention Centre, Ottawa and Westin Hotel, Ottawa.

The Board is encouraged to:

- discuss whether it wishes to submit a request for a delegation with a Provincial Minister/Ministry at this conference;
- confirm whether any Board of Health members are attending the upcoming conference; and,
- determine how the request will be submitted.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Emergency Management Response System Test - Debrief**

Date: May 9, 2018

Board Members will have received a test message from Peterborough Public Health's Emergency Management Response System (ERMS) on Saturday, May 5, 2018.

This debrief will provide an opportunity for the Board ask questions and/or provide feedback.

Budget Approval Update

May 9, 2018

Peterborough Public Health

Budget Approval for 2018

- 2% increase in base funding for cost-shared programs (additional $115,900 from province)
- $98,300 in One-Time Funding
- No funding increase for 100% funded programs
- Increase in base funding for menu labelling and vision screening not approved
- Earliest ever budget approval – May 8th!

Peterborough Public Health

Impact of 2% Increase

	2017	2018	2% Increase
Provincial Funding	$5,790,700	$5,906,600	$115,900
Local Share			
City			$22,514
County			$15,701
Curve Lake			$286
Hiawatha			$104
Total Local			$38,605
Total Increase			$154,419

Peterborough Public Health

One Time Funding

Program Area	Amount Requested	Amount Approved
Enhanced Cessation	$30,000	$0
Public Health Inspector Practicum	$20,000	$10,000
Needle Exchange Evaluation	$50,000	$0
Vaccine Refrigerators	$45,800	$45,800
Electronic Medical Record	$292,000	$0
Vision Screening Equipment	$13,856	$0
Recreational Water Predictive Modelling Pilot	$30,000	$30,000
Healthy Menu Choices Act Enforcement	$0	$12,500

Peterborough Public Health

PPH Reserves

Proposed Strategy for Management
May 8, 2018

Peterborough Public Health

Classification of Reserve Accounts

Currently 8 Accounts:

Name	Amount	Status
Contingency	$327,234	No Restrictions
Program	$191,050	No Restrictions
Occupancy/Reno-vation	$581,434	Designated but not restricted
Food Security	$48,359	No Restrictions
Miningitis	$606	No Restrictions
Vector Borne Disease	$5,152	No Restrictions

Peterborough Public Health

Classification of Reserve Accounts

Current Accounts (contd.)

Name	Amount	Status
ITDP	$17,036	Restricted for use in ITDP (MCYS)
Environment Program (septic)	$186,860	Restricted for use within program (County)
Total	$1,357,843	

- $1,153,947 Unrestricted (balance is not restricted but designated)

Peterborough Public Health

Public Health Reserve Survey

- 20/36 Local Public Health Agencies responded
- 14 have reserves accounts
- 6 reserves managed by municipality
- 11 out of 14 have policies (copies not shared)
- 1 noted amount (75% of one month operations)
- Most common: Operations; Capital; Septic Program

Peterborough Public Health

Why Reserves are Important

- Unexpected Demands (equipment failure; emerging local issues)
- Future Capital not funded by Ministry
- One-Time, unique projects
- Uninsured losses
- Short-term deficits
- Not to replace a permanent loss in funds or ongoing budget gap.

Peterborough Public Health

Proposed Reserve Accounts

Name	Proposed Minimum	Current Balance	Funds Available
Operating Contingency	$500,000	$572,513	$72,513
Capital Contingency	$250,000	$581,434	$331,434
Environment Program	$150,000	$186,860	$36,860
ITD Program	NA	$17,036	NA
Total	$900,000	$1,357,843	$457,843

Peterborough Public Health

Motion

That the Board direct staff to develop a Board of Health policy for management of reserves that would establish and maintain a minimum reserve balance of $500,000 for Operational Contingency and $250,000 for Capital; and, that formal Board approval be required for expenditure of funds that would result in balances lower than these threshold amounts.