Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, November 14, 2018 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. Call to Order

Councillor Kathryn Wilson, Vice-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.

1.2. Staff Recognition – Acknowledgement of Years of Service

Kathleen Shepherd, Public Health Inspector (30 years)

Dr. Rosana Salvaterra, Medical Officer of Health

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 a 9.2 a b c d e f g h 9.3.1 a b c 9.3.2 9.4.1 a b c d e f g h I j k 9.4.2 a b c 9.4.3 a b c*

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

7. Business Arising From the Minutes

7.1. Oral Report: Travel Clinic Update

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

7.2. Oral Report: Vision Screening Program Update

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

8. Staff Reports

8.1. Staff Report and Presentation: PPH Fundraising Strategy

Larry Stinson, Director of Operations
Jennifer Garland, Senior Consultant & Communications Lead, The Dennis Group

- Staff Report

a. Peterborough Public Health Charitable Initiative (Phase 1)
b. Presentation *(to be provided)*

8.2. Staff Presentation: Food Safety & Healthy Environments Standards

Atul Jain, Manager, Environmental Health

- Cover Report

a. Presentation

8.3. Stewardship Report: 2019 Cost-Shared Budget Approval

Cathy Praamsma, Committee Chair

- Staff Report

a. 2019 Cost-Shared Budget

9. Consent Items

9.1. Correspondence for Direction

a. SWPH – Opioid Crisis

9.2. Correspondence for Information

- Cover Report

a. CPHO Report - State of Public Health in Canada, 2018
b. Minister Duncan – TRC #89
c. alPHa – BOH Update
d. Ministers - Public Health Approach to Drug Policy Reform
e. MPP Smith – Funding for Cannabis Enforcement
f. Minister Elliott – Vaping
g. Minister Elliott – Local Drug Strategies
h. Ministry of the Attorney General – Cannabis Storefronts

9.3. Staff Reports

9.3.1. Q3 2018 Peterborough Public Health Activities

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Q3 2018 Program Compliance Report
b. Q3 2018 Communications and I.T. Report
c. Q3 2018 Social Media Report

9.3.2. Staff Report: Update: 130th Anniversary Plans for 2019

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report

9.4. Committee Reports

9.4.1. Governance Committee

Mayor Mary Smith, Committee Chair

- Cover Report

a. Minutes, June 19, 2018
b. 2-152 Board Leadership and Committee Membership Selection
c. 2-192 Donor Recognition
d. 2-200 Effective Governance by Effective Board Members
e. 2-400 Naming Rights ***(web hyperlink)***
f. 2-20 Authority and Jurisdiction ***(web hyperlink)***
g. 2-211 Delegation of Authority ***(web hyperlink)***
h. 2-284 Correspondence ***(web hyperlink)***
i. 2-300 Medical Officer of Health ***(web hyperlink)***

j. 2-345 Medical Officer of Health – Absence ***(web hyperlink)***

9.4.2. Indigenous Health Advisory Circle
Councillor Kathryn Wilson, Circle Chair

- Cover Report

a. Minutes, May 29, 2018
b. 2-352 Indigenous Health Advisory Circle, Terms of Reference
c. Staff Report, Traditional Foods in Indigenous Health & Food Safety

9.4.3. Stewardship Committee
Cathy Praamsma, Committee Chair

- Cover Report

a. Minutes, August 23, 2018
b. Q3 2018 Financial Report
c. Q3 2018 Standards Activity Report – Risk Management

10. New Business

10.1. Recognition of Departing Board Members
Dr. Rosana Salvaterra, Medical Officer of Health

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

Saturday, January 12, 2019, or at the call of the Chair.

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.

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.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Oral Report – Travel Clinic Update**

Date: November 14, 2018

Proposed Recommendation:

That Board of Health for Peterborough Public Health receive the oral report, Travel Clinic Update, for information.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Oral Report – Vision Screening Program Update**

Date: November 14, 2018

Proposed Recommendation:

That Board of Health for Peterborough Public Health receive the oral report, Vision Screening Program Update, for information.

Staff Report

PPH Fundraising Strategy

Date:	November 14, 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, *PPH Fundraising Strategy and Appendix A: Peterborough Public Health Charitable Initiative (Phase 1),* for information; and
- receive the presentation, *Peterborough Public Health Charitable Initiative (Phase 1) – Community Assessment/Engagement Report by Jennifer Garland, Senior Consultant & Communications Lead, The Dennis Group*, for information; and,
- refer to Governance Committee for consideration and recommendations to the Board on proposed fundraising model options.

Financial Implications and Impact

The Board of Health for the Peterborough County-City Health Unit is a registered charity. Fundraising activities for undertaken by the Board in the past have been ad hoc and related to specific needs, as they have emerged or as opportunities are identified. Although funds raised through donations are not directed towards core mandated programs and have no direct impact on Peterborough Public Health budgets, the funds raised are directed towards community needs that would otherwise go unmet.

Decision History

In 2015/2016 the Board of Health established a Fundraising Committee. The primary purpose of this Committee was to lead fundraising efforts to support the build of a training kitchen at the new PPH site at 185 King Street. The campaign for the kitchen was successful, surpassing its target. In early 2016, the Board moved to sunset the Fundraising Committee and gave direction to staff to develop fundraising tools (e.g. annual promotional packages) to enhance the level of funds raised for the existing programs that rely on donations. An RFP process was conducted to seek professional guidance on the development of fundraising resources. The successful bid was from The Dennis Group, a local philanthropy agency.

Background

Under the Health Protection and Promotion Act and Ministry of Health and Long-Term Care funding requirements, it is not acceptable for local public health agencies to use Ministry resources for fundraising. There are exceptions to this requirement, for example when staff write proposals for grants or seek sponsorship for public health events. At Peterborough Public Health, a range of community needs that are not supported through cost-shared or 100% provincially-funded programs, have benefited from donations. These areas of need included things like: Dental Treatment Assistant Fund, Baby Equipment Fund, School Nutrition Programs Fund, and Access to Contraception Fund. To enhance the reach for these initiatives, PPH sought and received official charitable status.

Based on the Boards interest for enhancing the scope of our fundraising practices for these and other emerging local public health issues, the RFP issued regarding the fundraising strategy for PPH was broken into two phases: an assessment phase; and a resource development phase. With the first phase complete, information collected suggests a range of options for PPH to consider including the initial proposal of basic resource development as well as more significant strategic approaches. Each would require varying degrees of investment and lead to varying levels of potential returns.

Rationale

Time has elapsed since the Board first gave direction to staff regarding an enhanced fundraising approach. We have increased challenges in balancing the public health budget and increasing need for all staff time to be devoted 100% to mandated program delivery. There are increasing community needs as supports for basic needs for our vulnerable communities stagnate or are diminished. Our Board is in the process of developing its next strategic plan with a clear focus on how to have the greatest impact on the desired outcomes, within the new fiscal and social realities. The next step for fundraising needs to be decided with this new context in mind, and with full understanding of the potential implications of any chosen strategy.

Strategic Direction

The decision to more strategically plan for and pursue fundraising for local need projects clearly applies to the current strategic directions of Community-Centred Focus and Determinants of Health and Health Equity.

Contact:

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

Attachments:

Attachment A – Peterborough Public Health Charitable Initiative (Phase 1)
Attachment B – Presentation *(to be provided)*

Peterborough Public Health Charitable Initiative (Phase 1)

Community Assessment/Engagement Report – November 14, 2018

EXPERTS IN PHILANTHROPY
The Dennis Group Inc.

Contents

Preamble:

Peterborough Public Health (PPH) engaged the services of The Dennis Group (TDG) to undertake a Community Assessment/Fundraising Audit (Phase 1) and the development of a Fundraising Plan & Materials (Phase 2). As part of this scope, TDG has conducted stakeholder and community engagement to:

1. Evaluate current status of PPH Philanthropic Program & Initiatives
2. Gauge internal and external communities understanding and buy in for PPH Philanthropic programs and initiatives
3. Propose a high-level vision and mission for PPH funding initiatives based on stakeholder feedback
4. Help shape fundraising strategy including defining fundraising infrastructure and how initiatives are funded as well as gaining greater clarity around funding criteria
5. Determine opportunities to increase effectiveness of current fundraising initiatives and funding allocation.

This report reflects the findings and recommendations at the completion of Phase 1 of our work. TDG commenced its scope of work on Phase 1, in July 2018. The Senior Consultant lead was Jennifer Garland, with Executive Consulting by Chonee Dennis, President/CEO, and Project Associate Shealin Owen. TDG would like to acknowledge the efforts by Larry Stinson, Director of Operations, over the duration of Phase 1, availing himself to meetings, providing counsel and direction throughout the project. We would also like to acknowledge Wendy Freeburn for her ongoing support, through the collection and sharing of historical documentation, coordination of meetings/focus groups, and coordination of the on-line survey.

Scope of Work

Key undertakings that were to be undertaken by TDG, during Phase 1, were to include the following:

1. Plan and conduct engagement sessions:
   a) Create an invitation letter
   b) Create Discussion Stimulus
   c) Develop Engagement Meeting Scheduler
   d) Provide interview scheduling protocol
   e) Conduct focus groups/engagement sessions
2. Conduct approximately five stakeholder conversations
   a) Plan and implement online survey
   b) Develop survey questionnaire
   c) Enter emails
   d) Coordinate survey distribution
   e) Coordinate 1st reminder
   f) Coordinate 2nd reminder

4. Audit
    a) Undertake a review and analysis of historic fundraising and campaign efforts
    b) Review existing infrastructure, policies and procedures, roles & responsibilities
    c) Review existing fundraising communications protocols & tools
5. Analyze field data
6. Set up OneDrive Folder – providing access to approved staff/volunteers. Site will hold all original documents in electronic format

Additional Scope of Work

In addition to the agreed upon scope, TDG also undertook/performed the following:

- Created Client Baseline and project Check List
- Supported and participated in project meetings/touch points with Larry Stinson (3)
- Prepared of meeting summary notes and interim project stakeholder engagement reports
- Conducted an additional nine (9) one-on-one stakeholder interviews
- Prepared staff focus group session design and discussion guide

Current State:

PPH is a registered charity, originally incorporated with Canada Revenue Agency as "Board of Health for the Peterborough County-City Health Unit". Opportunities to donate are promoted passively through Canada Helps and through the organization's annual staff Fall Fundraising campaign.

In 2017, PPH recorded total donations of $32,787, through the following sources:

- Cheques/cash: $25,712 from 35 donors
- Canada Helps: $2,089 from 36 donors
- Payroll Deduction: $4,986

Collectively staff raised and donated to United Way and PPH programs. (Approximately $15K was raised -- $11K was allocated to the United Way and almost $5K went to PPH charitable programs).

From a staff of 125 (100 FTE; 25 PTE) in 2017, 79 are active donors, representing a 63%. From a Board of 12, 5 are active donors, representing 42%.

> *"By definition, the Public Health mandate to improve and protect the health and well-being of the population of Ontario and reduce health inequities is supposed to be a shared need in every community across the province. Our community needs extend beyond that mandate and are still considered a public health issue." -- Larry Stinson, Director Operations, Peterborough Public Health*

Charitable programs also receive funding from organizations like Kiwanis and local churches, but PPH does not conduct any formal solicitation for funding. Programs like Food for Kids Community Coalition do some active fundraising, but not necessarily through PPH. There is no annual fund-raising goal and no effort to influence where raised funds are to be directed. There is no formal measurement of impact of charitably-funded programs nor is any current impact shared with existing or potential donors. PPH does not track or quantify donations and services received by way of In-Kind product or services.

Current charitable initiatives are 'add-ons' to existing programs – typically, a staff person identifies a need and the charity model is used to address the gap through supplementary program funding. Budget lines for these initiatives are managed by the relevant program manager. Fundraising is an organic response to an identified need or enhancement of existing services; not a strategic investment in a community-driven initiative or evidence-based area of need. (e.g. directing funds to areas with the most disparity and where they can contribute to the greatest change).

As well, in 2015, a community fundraising campaign generated $222,886 to support the construction and launch of Myrtle's Kitchen, a community kitchen located at PPH's location on King Street in Peterborough. The campaign goal was $204,000, with $61,100 contributed by the Ontario Trillium Foundation and a $50,000 grant was received from an anonymous donor via the Community Foundation of Greater Peterborough. Other funds were sourced largely from individuals and families including the Myrtle Smith Family. A fundraising expert provided counsel and guidance throughout the campaign, and senior leadership including the Medical Officer of Health, participated in campaign donor meetings.

The Community Foundation of Greater Peterborough currently holds a $25K fund for PPH (funds raised that extended beyond the needs of Myrtle's Kitchen fundraising campaign). PPH has made one draw on that funding to date. This is not an endowment fund, so it will decline over time. A list of PPH-supported programs accepting charitable donations is included in the Appendix.

Essence of Report:

The following report is based on:

1. Ten individual stakeholder interviews including senior staff, board representatives and external stakeholders.
    a. 87.% of respondents indicated they are aware of PPH's role as a charitable organization
    b. 62.5% of respondents indicated they are aware of PPH's breadth and scope of charitable initiatives supporting community.
2. Four community partner on-line survey respondents:
    a. 100% stated they were somewhat knowledgeable compared to most about Peterborough Public Health and its programs as a whole.
    b. One respondent was aware of PPH's status as a charitable organization and the remaining were not.
3. A staff focus group including representation from Communications and IT, Executive Office, Health Promotion and Program Delivery
4. Three one-on-one stakeholder interviews with current program or initiative sponsors/funders
5. Consideration of existing fundraising initiatives; through discussion and review of documents provided by PPH
6. Consideration of current trends in the Philanthropic landscape vis-à-vis Peterborough Public Health current fundraising status

High Level Recommendations:

1. Develop a proactive, formal communications strategy and related key messages to support charitable status and profile programs funded by community support, including compelling stories of impact

2. Use existing communication channels and marketing material to enhance messaging around fundraising programs and charitable status

3. Develop a proactive fundraising strategy that supports PPH vision, mission and branding with a focus on engagement and relationship-building to support charitable program enhancement and sustainability. To include, but not be limited to:
    - Philanthropic fundraising digital presence, through existing website
    - Strategic cultivation and stewardship of historical and current supporters
    - Recognition program, to showcase existing donors and encourage other community leaders

4. Develop clear case statement with call to action supplemented with feel-good stories that demonstrate program results and community support.

5. Lever proactive public/media relations and social media to highlight key fundraising initiatives, milestones, events and impact (e.g. cheque presentations and other in-kind support)

6. Identify opportunities to engage community partners in fundraising initiatives and charitable programming.

7. Enhance current fundraising initiatives with a structured program with operating goals and performance measurements including charitable program funding criteria and decision-making matrix.

8. Explore opportunities to partner with other non-profits for funding and program delivery including Community Foundation of Greater Peterborough (e.g. applying for a Vital Community Grant). Improving health and wellness was among the top 10 things to do to build a vital community, according to Community Foundation of Greater Peterborough's Vital Conversations. This included improving access to social services and health care in rural communities, increasing accessibility to mental health services and programs, improving access to drug and alcohol counselling and treatment programs and protecting local green spaces.

9. Lever the success and best practices of Myrtle's Kitchen experience to support subsequent campaigns focused on core programming and initiatives that lever the expertise and infrastructure resident in PPH, while addressing a specific need in the community while supporting vulnerable populations including families and children and frail, older adults (e.g. Dental program).

10. PPH Board accepts this report as information.

11. PPH moves into next phase which would see adoption of optimal fund development /operating structure and fundraising/communication including project plan and key message/materials development.

Proposed Matrix of Charitable Fundraising Governance/Operating Structures and Options: High Level Recommendations

Considerations	Option 1: Passive FR with enhanced Communication Material	Option 2: Staff-Driven Partnership Coordination/Proactive Fund Development	Option 3: Proactive Fund Development Through Partnership	Option 4: Proactive Fund Development Through Separate Foundation
Opportunity for Annual Growth	Passive and dependent on staff donations and other miscellaneous gifts	Moderate – opportunity to expand breadth and depth of fundraising initiatives beyond staff donations	Moderate – opportunity to expand breadth and depth of fundraising initiatives beyond staff donations	Accelerated – increased and dedicated expansion of fundraising initiatives fully levering all opportunities
Operating Structure	Focus on refining key messages and support with proactive communications and enhanced marketing material	Hire part-time or full-time Fund Development professional focused on expanding existing fundraising initiatives & grant writing	Strategic alliance with an organization like Community Foundation of Greater Peterborough	Separate Foundation/Fundraising Entity
Impact on Organizational Resources	Minimal	Moderate – P-T or FTE resource	Minimal to Moderate (will likely still require some dedicated staff resources)	Requires enhanced staff/new hire or subcontracted services
Projected ROI by Year 3 (Average Cost to Raise $1.00 – see appendix)	>$.05	>$0.20 Initial costs could be as high as .40 to .50	TBD (Depends on nature and structure of partnership)	Approx./>$0.25 - 0.30 Initial costs could be as high as 0.40 to 0.50 (Depends on parameters supporting set up e.g. infrastructure support)
Fundraising Initiatives	• Fall Internal campaign (staff, Board) • Renewal of ongoing external support of specific programs (business, corporate, churches, organizations) • Fundraising programs (payroll deduction, online giving – Canada Helps, in-kind)	• Broader Internal campaign (staff, Board) • Renewal of ongoing external support (business, corporate, churches, organizations) • Broader External campaign (business, corporate, churches, organizations) • Broader Fundraising programs (payroll deduction, Canada Helps online, in-kind, **e-Philanthropy, corporate and**	• Depends on nature of partnership • Ideal for potential alliances with Option 2 or 4	• Broader Internal campaign (staff, Board) • Renewal of ongoing external support (business, corporate, churches, organizations) • Broader External campaign (business, corporate, churches, organizations) • Broader Fundraising programs (payroll deduction, Canada Helps online, in-kind, **e-Philanthropy, corporate and**

Considerations	Option 1: Passive FR with enhanced Communication Material	Option 2: Staff-Driven Partnership Coordination/Proactive Fund Development	Option 3: Proactive Fund Development Through Partnership	Option 4: Proactive Fund Development Through Separate Foundation
		private grants, endowments, legacy gifts, direct mailers, special campaigns		**private grants, endowments, legacy gifts, direct mailers, special campaigns**
Volunteer Implications	Minimal	Moderate – staff driven Moderate involvement by Board	Minimal	Accelerated – Fundraising Committee with staff oversight, direction and involvement
Duration	Fall	Year-round	Year-round	Year-round
Pros	Minimum cost to organization	• Increase in fundraising revenue • Increase in public awareness of PPH Philanthropic initiatives • Increase in public profile PPH • Ease for donors to give • Accessing donors year round / donor cycles • Total integrated fundraising plan • CRA Charitable status already in place • Some costs absorbed through PPH – reduces average cost of fundraising	• Costs sharing • Broader reach • Reduction on impact internally of PPH staff/board • Appealing to donors	• Increase in fundraising revenue • Increase in public awareness of PPH Philanthropic initiatives • Increase in public profile PPH • Ease for donors to give • Accessing donors year round / donor cycles • Total integrated fundraising plan • Standalone entity eventually will result in less impact on PPH administration • Decoupled from PPH operations/funding • Attracting volunteers solely focused on fundraising • Dedicated staff
Cons	• Stagnation of fundraising program • Attrition of donor basis over time • Competition	• Increased costs: people, materials, infrastructure • Increased impact on internal administration	• Complications of partnership • Ownership of data, donor records	• Initial costs: people, materials, infrastructure • Potential for failure • Diverging directions, if policies and MOU not in place

Considerations	Option 1: Passive FR with enhanced Communication Material	Option 2: Staff-Driven Partnership Coordination/Proactive Fund Development	Option 3: Proactive Fund Development Through Partnership	Option 4: Proactive Fund Development Through Separate Foundation
	• Missing fundraising opportunities – leaving money on the table • Stewarding existing donors to increased giving levels • Lack of internal resources and specialization	• Increased impact on board – though moderate • Potential impact on government funding – claw back • Limitations for funding of position (e.g. gov't funding will not be used for fundraising) • Perception of supporting a government agency • Potential for failure • Identifying qualified candidates	• Loss of control by PPH on messaging, methodology, stewardship • Possible loyalty shift from existing donors to new partnership	• Identifying qualified candidates

Field Data

Report on Individual Stakeholder Interviews (Senior Staff, Board Representatives, External Stakeholders)

Stakeholder Identified Vision (3-5 years):

- Peterborough Public Health Foundation operating independently of PPH with a separate governance structure and supported by volunteers
- Funding initiatives support PPH strategic initiatives and support existing program enhancement or new PPH initiatives responding to specific community needs that extend beyond the provincially-mandated Health Protection and Health Promotion programs and services
- Established infrastructure with ability to identify charitable program impact and contribution to organizational goals, directions and different areas of the PPH mandate

Proposed Mission:

- *Supports and enhances PPH mission as a leader in promoting and protecting the health of communities in Curve Lake and Hiawatha First Nations and the County and City of Peterborough with a focus on vulnerable populations including children and young adults, families and frail older adults*

Strengths, Challenges, Opportunities Threats

Strengths
People
• Seen as a credible organization and community partner with a stellar reputation delivering excellent services. • A well-respected, innovative Medical Officer of Health who is a community leader. • Professional, credible leadership and staff who are doing their best delivering programs that affect current community well-being. • Capacity and strength of communications team
Process
• Rebranding and new location provides sustainable and suitable platform for delivery service • Use of health equity tools in planning and strategies and evolution from health protection focus to a greater balance of health promotion with a focus on social determinants that contribute to health inequities and increasing knowledge and opportunities that lead to healthy behaviours • Well-positioned to identify community needs and opportunities for support
Programs and Services
• Ability to strategically address an on-going need to provide health protection and promotion services and programs and to engage in healthy public policy and collaboration with partners to address, improve and protect public health • Advocacy based on research (e.g. living wage, housing and homelessness, food security). • Success stories like Myrtle's Kitchen – great example of how people were willing to support a tangible initiative with on-going benefit • Communications programming – has a well-established platform for building awareness around community issues and public health needs including direct connection to elected officials
Partnerships
• Willingness to work with those who have resources that can be shared and brokered to have direct impact. Partnering culture is well-embedded in the organization. • Demonstrated leadership in engaging First Nation communities in the broader region and educating Board and Staff about role to support Truth and Reconciliation and foster cultural sensitivity. • Ability to partner with the right agencies to make advocacy stronger in the broader community. • Food literacy programs are a strength • Awareness and knowledge of the community to facilitate effective evidence-based program delivery supported by community funds. Current strategies are based on evidence. • Current partnership with Community Foundation of Greater Peterborough

Challenges
People
• Innovative, entrepreneurial spirit may not be deeply embedded in the organization – reluctance to accept change • Leadership resistance and little support for investing in setting up and operating a separate foundation; lack of identified champion to drive the initiative.
Process
• Very broad health protection and health promotion mandate that is not well understood by the general public or stakeholders • Little public understanding of the value of public health to the long-term community health • Little awareness that PPH is a charitable organization and opportunities to support • Financial challenges and funding limitations mean the organization is already lean with little or no capacity for program expansion; lack of individual staff to do grant writing • Lack of clarity around scope of services and support, planning and coordination of charity-funded programs • We are starting to dip into reserves for current programming; yet we have the capacity to do so much more; a community fundraising campaign would support PPH being a more viable organization.
Programs and Services
• Public not aware of PPH connection to direct program delivery e.g. breakfast programs. • Services to the rural and remote communities are not as accessible, understood by residents or promoted in rural, remote areas
Partnerships
• Could do better in the area of public policy and how we work effectively with the Municipality and First Nation partners to promote public policy and support the needs of our First Nation partners.

Opportunities
People
• Levering areas where PPH has the skill set to provide direct service (health protection, food safety, water safety or overall environmental protection).
Process
• Creation of a separate Peterborough Public Health Community Foundation that is volunteer-led and driven, is endorsed by Government funder and supported by local community (CRA removed from PPH and transferred to new entity) with clearly articulated and communicated criteria for funding initiatives. • Identify innovative ways to expand organizational and program capacity to meet a growing community need that extends beyond mandated government funded programming e.g. capacity building by seeking out partners for collaboration and promotion and fundraising (e.g. access to grants). • Clarity around what is defined as core services funded by provincial and local government and what goes beyond that that is still a community need.

Opportunities
• Using gathering spaces within rural communities to connect with remote stakeholders. • Serve as hub or coordination role for charitable initiatives with shared focus (e.g. food security, poverty) that is broad and extends beyond the urban boundaries; facilitating greater coordination of charitable services with common interests. • Serve as a focal point or facilitator of broadly-focused initiatives and community grants to support same. • Review hospital foundation model and adapt best practices for a public health community foundation model (e.g. governance, infrastructure, program focus and supporting resources). • Creating key messages and communications program to promote the role of PPH as a charitable organization and benefits charity-funded programming, while creating a sense of ownership within the community to address community need. Fundraising opportunities create opportunities to share statement of need. • Targeted fundraising initiatives that lever success of Myrtle's Kitchen model (e.g. community dentistry clinic) and focus on reducing public health inequities and target pockets of opportunity that are not currently being addressed. • Targeting legacy funds from individuals who had a history of commitment to public health. • Targeting research grants for the development of evidence-based programming. • Ensure strategic use of funding by completing full audit of programs currently funded by charity to identify areas of efficiency and effective use of funding versus overall community impact and need for sustainability.
Programs and Services
• Providing access to programming through schools to reach rural and remote communities and identifying other innovative ways to reach these stakeholders. • Continue to strengthen and enhance existing programs (e.g. Food security, advocacy, Young Moms and Babies, Myrtle's Kitchen, Nourish, Food Hamper, Dental Program). • Increasing role and providing infrastructure for issues related to food security. • Serve as an advocate for system and policy changes that will ultimately lead to greater support or change the environment for those that are most vulnerable. • Opportunity to focus on the dental care and health program as potential first campaign. Explore opportunities for partnership and collaboration (e.g. Dr. Judith Buys Memorial Fund created by Dr. Jim McGorman – set up a program that provides dental care for women who have dental trauma as a result of abuse – donation of services in Judith's memory brokered through YWCA). Levering the opening of the new Dental Centre build awareness of the issue is an opportunity. (Oct. 16 opening) • Focus on vulnerable populations – find the stories that can show how a life can be shifted while creating hope for change and recovery.
Partnerships
• High level of community partner recognition of disparities of health and determination to reduce those disparities. • Continue to foster partnerships, collaboration and engagement with others who share an interest in reducing public health inequities and a focus on vulnerable populations. Use peer groups to reach different populations.

Opportunities
• Information sharing (data from surveillance or other types of data to inform or increase awareness of need, monitoring and health status/well-being of community, evidence of strategies to enhance and evaluate that). • Potential to access more grants from Community Foundation of Greater Peterborough. Can serve as a partner is helping to seek funding partners and broker those relationships. Opportunity to use existing funding held by CFGP to make something bigger. • Levering the expertise of fundraising consultants to support Foundation development and subsequent fundraising campaigns. • Explore opportunity to lever the Community Well-being plan as a starting point or build structure to support existing success stories (e.g. build on success of Myrtle's Kitchen) • The Community Foundation of Greater Peterborough is partnering with the International Institute of Sustainable Development as a data partner. A data visualization portal is developed that will allow the agency to map community well-being across the area. There is an acknowledged benefit in working within a structure like PPH to address community need as well as partnering with County and City around Well-Being Plan. There is a high level of community partner recognition of disparities of health and determination to reduce those disparities.

Threats
People
• Lack of Human Resources and budget on-going fundraising initiatives. Currently no staff to do formal fundraising or in-house skill set to support fundraising (Myrtle's Kitchen was a short-term capital project completed within a year that took resources away from other initiatives to achieve the fundraising goal). • Growing inequity within the community between the 'haves' and 'have nots', impacting ability to be healthy and achieving optimal health. Decrease in guaranteed incomes and social support are exacerbating the problem.
Process
• Limited budget. Access to government funding and human resources – very little funding increases while demands for mandated programs continue to increase; meeting the demands for programs that aren't mandated, but support Healthy Communities. • Focus on Awareness Building, Engagement and Commitment as a more formal charitable program is developed and supported • Access to transportation for rural or remote communities. • There is a need to rationalize the social agency model in Ptbo -- high number of not-for-profits in Ptbo area seeking funds from a small group of philanthropists, business and organizations who can only support so much • Potential amalgamation of Health Units into one hub serving under governance of Central East LHIN with a shared services model of administration. • Current Board structure (elected officials and provincial appointees) inhibits fundraising opportunities. • The predominate use of events-based fundraising within the community means no more space in the calendar for new events.
Programs and Services

Threats
• Funding impacts of new Provincial Government on programs and services. Anticipated fiscal restraint and challenges, funding limited to core programs with greater restrictions around use of funding. New Public Health mandate emphasizes accountability, transparency, evidence-formed decision-making and demonstrating value for money at the intervention level. Higher level of expectation around detailed reporting. • Fundraising as downstream approach to addressing community health protection and promotion is a 'down-stream' approach – e.g. people respond to urgent need in community that is not being addressed proactively through mandated health promotion and protection programs • Public and stakeholder resistance to funding a government-funded organization, to funding a cause/issue that is perceived to be a result of one's own choosing (e.g. addiction) or to funding broader public health promotional advertising campaigns focused on behavior change. • Sustainability of existing programs funded by charity. • Changing demographics, shifting towards an older population. • Connecting with marginalized people (e.g. mental health). • Increasing local needs that need to be addressed in a local way.
Partners:
• If PPH receives funding from United Way, the organization has strict rules about who funded agencies can approach and when. There is a black-out period for fundraising between September and January when the UW campaign is underway. This might impact PPH fundraising opportunities. • Currently lack a research partner for sourcing research-based funding for applied research that support the area of public health • Struggling City and County of Peterborough economies and limitations of current municipalities to fund public health initiatives

Stakeholder Identified Community Needs:

- Under public health, there is a need to assess and measure what the needs and outcomes of the community are
- Infrastructure improvement around food security (e.g. food banks) and food literacy
- Opioid crisis and harm reduction around substance abuse (Area has one of the highest rates of alcoholism in youth, binge and excessive drinking) (Source: Stats Can General Household Survey); high number of babies being born at PRHC with addiction issues
- Seniors as a growing priority population (e.g. injury prevention, chronic disease prevention, addressing isolation, dental health)
- Increased service in rural areas and First Nation communities
- Greater access to mental health support for vulnerable populations
- High demand for services for LGBTQ youth and trans and gender-questioning youth
- Addressing hate crime
- Issues around employment and precarious employment
- Access to affordable housing and issue of homelessness
- Potential for gambling addiction with new casino
- Lower income, younger families who are struggling through no fault of their own (health promotion, resilience, mental health). The rate of children living in households living in poverty I well above provincial and national averages.

- Dental program for lower-income individuals and families (access and affordability)
- Climate change prevention and mitigation – we need more people to do things to prevent climate change and reduce carbon footprint. (e.g. anticipated increase in vector-born disease, impact of prolonged extreme heat)

Stakeholder Identified Priority Areas of Focus:

1. Substance Use
2. Healthy Growth and Development/Injury Prevention/Infectious and Communicable Disease
3. Food Safety
4. Chronic Disease Prevention; Environmental Health/Climate Change

Stakeholder Identified Priority Areas for Charitable Support:

1. Children and Families: Healthy Growth and Development
2. Seniors Care: Chronic Disease Prevention
3. Food Safety; Environmental Health/Climate Change; and Injury Prevention (seniors)

Comments:

- All other categories beyond Healthy Growth and Development should be the responsibility of Provincial and Federal government
- Healthy Growth and Development programming or initiatives for families with young children. Aspects of all other programs e.g. substance abuse or injury prevention fall under that umbrella. There is potential for strategies under those areas to have an impact on health and wellbeing to support families and children to reach their full potential.

Stakeholder Identified Potential Supports for PPH Foundation & Charitable Causes:

- United Way
- Community Foundation of Greater Peterborough
- Canadian Mental Health Association
- Kawartha Sexual Assault Centre
- YWCA Crossroads and Nourish
- Peterborough Foundation
- Service Groups
- School Boards
- Local government
- Business and organizations within the food sector (Sysco, Pepsi-Co, Quaker, Dairy)
- Business, organizations and professionals within the dental community
- Banks, Insurance and Service industry
- Private companies focused on healthy growth and development outcomes (Canadian Tire Jump Start)

- Grants including Research Grants
- Existing partners and agencies that are already affiliated with PPH
- Former donors

Stakeholder Affinity to Support and Communication Preference:

- 75% of respondents indicated they would consider supporting charitable initiatives
- 100% indicated they would like to be kept informed of initiatives
- 87.5 % prefer to receive information via email (executive summary); 25% social media

When presented with the proposed Funding Criteria noted below, stakeholders provided few suggested changes:

- Funded initiatives must meet the following criteria:
    - Advance Peterborough Public Health Vision of Healthy Communities and its mission to work with partners to promote and protect the health of communities in Curve Lake and Hiawatha First Nation and the County and City of Peterborough.
    - Encompasses a broad definition of health that is shaped by our social, economic and physical environment, as well as by personal choice.
    - Scope of project or initiative must serve the needs of communities in the Curve Lake and Hiawatha First Nation and the County and City of Peterborough – with particular emphasis on children, families, seniors and vulnerable people.
    - Preference to organizations offering services unduplicated in the communities now served by PPH, and through collaboration, is able to increase the impact of any PHH funding received.
    - Population-based strategy/initiative tailored to community need that expands the reach and health impact of current mandatory programming related to family health, chronic disease and injury prevention, environmental health, infectious diseases, and emergency preparedness.
    - All interventions should contribute to long-term outcomes of reduction of chronic disease (i.e. heart disease, stroke, diabetes and obesity) and related risk factors and conditions (i.e. tobacco use and exposure, poor nutrition, sex trafficking, physical inactivity, and lack of access to chronic disease prevention, risk reduction and management opportunities).
    - Special emphasis should be taken to ensure focus on priority populations. These are populations experiencing a disproportionate burden of chronic diseases and conditions. Applicants must demonstrate that selected strategies are based on the results of an existing community health need assessment completed within the last 3 years.
    - Organizations/programs submitting proposals or considered for funding will be required to submit a proof of liability insurance.

Community Partner On-Line Survey Respondents (4)

- 100% of respondents indicated they were somewhat knowledgeable compared to most about PPH and its programs as a whole
- One respondent was aware of PPH's role as a charitable organization and the remaining were not.
- None of the respondents responded to questions related to PPH's vision and mission as a charitable organization.
- None of the respondents were aware of the breadth and scope of PPH's current charitable initiatives supporting the community, however respondents indicated awareness of the following charitable programs:
    - Myrtles Kitchen: 100%

- Food for Kids: 25%
- Collective Kitchens: 25%
- Come Cook With Us: 25%
- Dental Treatment: 100%
- Gleaning: 75%
- Healthy Babies, Healthy Children Equipment Fund: 100%
- Prenatal Classes: 75%

Comments:

- Aware of initiatives, but not aware they were charitable initiatives under PPH
- Aware of most initiatives, but not aware of how much money flows through the programs and how much is through charitable donations.

Strengths, Challenges, Opportunities, Threats

Strengths
• PPH is a valued partner sitting on various advisory tables, including Peterborough Immigration Partnership and feeding into municipal planning process • PPH is connected to the emergent needs of the community and trends • Current partnerships provide support for increasing PPH's capacity to work with various members of the community • Community needs are being met with available resources and based on priorities. • Partners recognize that PPH provides essential programming that has significant impact on client pool. • Willingness to partner is a huge asset. Consistently impressed with caliber of staff • PPH has been very welcoming to refugees and has taken the initiative to look at programs and services to see how they can meet needs. PPH staff has worked very closely with New Canadian Centre to develop the food safety training in Arabic and we look forward to future collaborations. • Charitable status is one more tool in the tool box to fill gaps in the system • Existing infrastructure of administration, staff, experience, partnerships means you can achieve more with funds raised. • Established reputation, good location, history of partnerships, flexibility in program development

Challenges

- Potential public perception that PPH, Peterborough Family Health Team Foundation and Peterborough Regional Health Services Foundation are linked
- There is a gap between the need for accredited interpreters, their availability, liability and our capacity to provide informal translation.
- Little public awareness about what programming is covered by tax dollars and what is supported by donations
- Large and broad mandate means PPH is pulled in many directions.

Opportunities
• Using the existing capacity of PPH to partner with smaller non-profits on government applications and programming • Engaging community and partners in charitable initiatives and fundraising programs to ensure strategic alignment, broader collaboration, and best us of available funds based on identified needs and opportunity for shared program delivery to address the needs. For example, partnering with smaller non-profits to share the mandate of improving community health, while increasing capacity for program delivery (e.g. consider use of community mobilization model Risk Driven Situation Table) • There were many community consultations hosted in the last year. There is an opportunity to weave outcomes together to create a broader map of community needs and to identify partners who could contribute to address those needs. A community that is more knowledgeable and skilled in trauma-informed approaches to work and life-long impact of adverse experiences in early childhood. • Continued and growing emphasis on supporting children and their families using a social determinants of health lens • New Canadian Centre would like to support PPH in taking the lead for interpretation for their services. • Increased emphasis on prevention and encouraging population to make healthy choices. • Filling small gaps in between the larger programs where things are missed and demonstrating need to support advocacy to add these types of programs to ongoing funding (i.e. dental) • Fundraising could support interpretation services and other training initiatives to make PPH a welcoming space for community members from all backgrounds. • Playing a role in service coordination. Levering the strong community infrastructure that exists • Partner with other non-profits or charitable organizations that do fundraising well to enable PPH to focus on core business. • Fill community programming gaps that others are not aware of and don't have the funding to support. • Work with partners to meet objectives and fill gaps in services. • Make health promotion a broader community responsibility. • Work with broader community and partners to take a systems, collective impact approach to ensure safety and well-being of community served by PPH. • Ensuring that all groups within our community can access training, programs and services with minimal barriers

Threats
• Shrinking pool of donor dollars in the community. • Focus on fundraising and charitable programming could draw PPH away from primary public health priorities. • With provincial government as single funder, there is a risk and threat in shifting priorities reflected with each government – priorities may not align with community needs • Lack of a clear vision on why PPH is raising community funds.

Survey Respondents Comments on Current and Future Fundraising Initiatives:

- All participants noted that there is an opportunity for PPH to do more formal fundraising and other initiatives to draw community fundraising in to support community needs in the area of health protection and promotion. However, respondents also noted that:
    - The fundraising market is saturated and PPH would need a specific and compelling call to action
    - PPH lacks the internal capacity to support labour intensive fundraising activities
- One participant rated the quality of PPH's current fundraising activities as low and the remaining were unsure of the quality
- One respondent indicated that the focus for charitable initiatives should be vulnerable populations, however other respondents noted that it is easier to raise funds for children and youth and any campaigns initiated will need to be targeted and specific

Survey Respondent Identified Community Needs:

- Aging population
- More precarious employment (working poor)
- General changes in legislature that make drugs and alcohol more accessible
- Support for community mental health and addictions
- Access to staff housing
- Accessible, affordable transportation (City and County)
- Growing population of new comers who do not speak English as a first language. Interpretation is a significant need, both on service delivery and training level.

Survey Respondent Identified Community Identified Area of Focus:

1. Healthy Growth and Development
2. Food and water safety and security
3. Immunization (noted this should be government funded)

Survey Respondent Identified Priority Areas for Charity Support:

1. Healthy Growth and Development
2. Food and water safety and security
3. Chronic disease management/immunization

Survey Respondent Affinity to Support & Communication Preference:

- 3 of the 4 respondents indicated that perhaps they would support a formal fundraising program and one respondent indicated they are already supporting PPH programming
- All respondents would like to be kept informed of charitable initiatives via email.

Staff Focus Group (Hosted October 18, 2018)

(Representation from Communications and IT, Executive Office, Health Promotion and Program Delivery)

Charitable Program Vision
People
• Charitable fundraising initiatives and program delivery should not impact internal capacity • Role of staff to advise but not fundraise • Lever the connections of Communications Dept. (staff with community connections, partnerships); increase profile of charitable status and fundraising initiatives using web site and social media. Canada Helps icon is on the site but not well promoted. • Engage our extended community in fundraising initiatives e.g. Board members, community influencers, private sector (with caution) • Hire a professional fundraiser • Lever skills of staff with fundraising and grant writing expertise • We have the people skills and talent to raise profile of our charitable work but this falls outside our OPHS mandate
Process
• Supported by community awareness campaign to foster community awareness, buy-in and engagement of Public Health mandate and community programs. This includes engaging community leaders in fundraising process who serve of committees and support other Public Health initiatives • Vulnerable populations with lived experience must be engaged in the process of program and service development • Ministry of Health and Long-term Care needs to fund our programs; fundraising needs to have programs that enhance what we are doing. • Clear fundraising criteria and guidelines for Public/Private partnerships and other industry influencers (e.g. sustainable, based on community need, targeting vulnerable populations, within Public Health scope) • Expand fundraising opportunities to throughout the year (not just Fall United Way campaign) and extend it externally as well (currently just an internal campaign).

Charitable Program Vision

- Create opportunities for more active, on-going solicitation of funds and research what grants we are eligible for
- Need funding for our standards as well (maybe first)
- Start measuring success and ensure established goals and objectives are met (e.g. # of donors, amount received and allocated, funded-programming impact e.g. community change measure outcomes); Use personal story telling to promote success and demonstrate impact.
- Create fundraising strategy and charitable programming strategy. Make it purposeful. Raise funds for specific initiative or program.
- Be prepared to invest resources (time) to build awareness and increase capacity. It takes money to make money.
- Governance model: Presently very reactive; needs to be more strategic. Consider a separate entity or partnering with Community Foundation of Greater Peterborough
- Potential source for funding: Community Foundation, United Way, Social Services (specific to initiatives), local media; grants, Ministry grants (e.g. climate change); funding programs in partnerships

Programs and Services

- Programming is evidence-based and focused on vulnerable communities (e.g. working poor)
    - Addressing barriers
    - Building community capacity and skill-building (activities in community) for target stakeholders
    - Sustainable programming supported by sustainable funding
    - Potential for long-term impact
- Will fill community programming gaps/deficits not currently being met by mandated programs and/or others in the community and/or enhance current programming offered by PPH or others. E.g. Food for Kids
- Focus first on Dental Treatment Assistance Fund (oral health) targeting children and families and seniors and low-income adults. This includes preventative oral care (versus emergency care e.g. extraction).
- Opportunities:
    - Vision screening
    - Emergency rent fund to prevent homelessness
- Charitable initiatives must support our mandate, uphold our values and reflect population health lens

Strengths, Challenges, Opportunities, Threats

Strengths
People
• A team that is good at doing lots with little; able to effectively lever existing resources • Board includes politicians, helps with advocating for basic funding for core work
Process
• 100% of funds raised goes directly to programming • Can lever and draw upon the learnings and success of past initiatives (e.g. Myrtle's Kitchen); show accountability for funds raised
Programs and Services
• Credibility: Access to evidence; clarity around need; and capable of developing effective strategies to address • Already mandated to provide services • Interest in being strategic around fundraising initiatives and programming
Partnerships
• PPH is already plugged into the community and we have strong community relationships and partnerships • Experience advocating for vulnerable populations and strong relationships with vulnerable populations (those with lived experience) • Ptbo is a very generous community (able to mobilize quickly around a cause e.g. Myrtle's Kitchen)

Challenges
People
• Staff can't fundraise and can't force or ask staff to volunteer • Internal capacity is limited to support delivery of extra programs funded by charitable funds • Lack of current in-house fundraising skills
Process
• Ability to evaluate impact of efforts • Federal and provincial policies get in the way of progress • Sustaining fundraising year round and keeping momentum going • Recruiting external community members to support fundraising initiatives • Lack of 'seed' money to support 'start-up' of formalized charitable program or foundation
Programs and Services
• Program development is ad hoc; funds allocated on first come, first-served basis

- Little public awareness re: role of public health and opportunity to donate to and support public health community initiatives
- Groups in our community that don't want to work together or resistant to collaboration

Partnerships

- Ensure we don't compete with existing partners.
- 2 other health focused Foundations in the community (PRHC Foundation and CFGP)

Opportunities

People

- New strategic plan and changes in Board composition might translate into new experience/skills and renewed energy

Process

- Use fundraising to raise awareness of role of public health
- Use our good stories to raise awareness of the need
- Grow the funds we have through investment
- Lever existing marketing/program promotion as an opportunity to invite and ask for additional funding
- Finding untapped resources for funding (e.g. new retiree from GTA looking for a cause to support)
- Current political climate could be an opportunity for people to fund areas that are cut from provincial funding e.g. elimination of basic income pilot in Lindsay (lever community outrage). Create a case for support that paints the picture of low income personal and family struggle

Programs and Services

- Start building on existing programs e.g. DTAF Community Fund and Preventative Dental Care pilot project or Vision screening
- Meeting unmet community needs
- Promoting local evidence-based knowledge and programs
- Finding our 'niche' for charitable initiatives and programming

Partnerships

- Strengthen existing partnerships and seek new (rebundle community programs/need)

Threats
People
• Change in Board membership (may not see the need to change current status)
Process
• Inability to invest time and energy to sufficiently raise sustainable funds
Programs and Services
• Distracting from other Public Health messages • Do not want to tarnish image with fundraising • Drifting from our mandate based on 'story' • Increasing polarization (current political climate supported by those who are not community-minded validating stigma of working poor) • Are people going to say we are double-dipping and changing Public Health brand to one of charitable entity?
Partnerships
• Competing with other agencies

Current Sponsor/Funder One-on-One Stakeholder Interviews (3)

General Comments on the Overall Role of PPH:

- Could serve in a coordinating role managing a pool of resources (fewer initiatives that are better coordinated) given their insights into community need. Consider funding and/or partnering with others to provide the service if they lack the resources to do so.
- Role of PPH in reporting on infectious diseases in long-term care facilities and the criteria that define outbreak. Noted that there is little public understanding of the implications of what constitutes an outbreak and what that means for residents and visitors.

"You don't hear anything about Peterborough Public Health's fundraising campaigns. They have a very low profile. There should be greater communication around what they are doing and recognition of their community charitable initiatives."

-- Myrtle's Kitchen Community Partner

Level of Funder Awareness of Existing Charitable Initiatives and Programs:

- All three funders are aware of specific programs funded (e.g. Myrtle's Kitchen or Food For Kids) but have little awareness of other PPH programs and charitable initiatives.

Funder Identified Community Needs:

- Chronic disease prevention e.g. diabetes

- Seniors care (e.g. infection control)
- Housing and homelessness, particularly for youth and young adults
- School programming
- Access to primary care
- Need to address all levels of proper nutrition and educating the public around healthy eating – especially among senior populations.
- There is a need to provide greater support to those struggling with mental health and addiction as this is a significant community need
- Food security

Funder Identified Priority Areas of Focus:

- Healthy Growth and Development
- Food Safety and Security
- Access to immunization (given the physician shortage)
- Substance use prevention and treatment

Funder Identified Priority Areas of Charitable Support:

- Substance Use prevention and treatment
- Chronic disease prevention e.g. diabetes
- Seniors care (e.g. infection control)

Funder Affinity to Support and Communications Preference:

- Peterborough is a very giving community.
- PPH should consider an annual community fundraising initiative tied to a specific community need.
- Focus on broader population for charitable campaign with focus on vulnerable populations for program delivery
- All three funders would consider supporting fundraising initiatives depending on what they are and what they are related to.
- All three funders would like to be kept informed of fundraising initiatives and programs on a periodic basis through email.

> *"Peterborough Public Health does not have a big identity as a charity right now. As long as they identify a community gap and make it clear that they are addressing the gap, then there would be lots of people who would consider supporting the campaign and will trust the funds will be used effectively given past initiatives."*
>
> - Myrtle's Kitchen Community Partner

Other Comments:

- Need to be creative in the way that you are looking for funds and be clear on where the funding is going. Most funders want to see funding go directly to the cause and supportive programming. Need to be creative on how it is pitched over and above just meeting a very specific public need.

- We need more public education on Cannabis.
- The Food for Kids program is staff-driven at Sysco. The company also matches what employees fundraise for other specific initiatives and there are community investment/sponsorship funds at the corporate level as well.
- Needs to go through a process to identify PPH as a charity given low community and partner awareness of this status.
- For some people government funding may be a deterrent to supporting charitable initiatives.
- PPH is well-positioned to do community-focused programs and initiatives. Should emphasize their expertise and building on strengths and expertise including the talent that they have and will bring to address the problem. Lever PPH's good reputation within the community. Not only are they fundraising, but they also have the in-house expertise to address a community issue.
- PPH is well-connected politically with municipalities that fund their operations.

Appendix:

PPH-supported programs receiving charitable donations / in-kind support

- **Myrtle's Kitchen**: A community kitchen or regional, shared meeting place made possible by $222,886 in community funds and by a capital grant of $61,100 by the Ontario Trillium Foundation as well as $50,000 from the Community Foundation of Greater Peterborough intended to reduce the negative health outcomes that people face because of food insecurity, by creating a warm and welcoming place where everyone can learn how to cook nutritious, affordable meals while building a closer sense of community in the process.

- **Food for Kids Peterborough and County:** A non-profit community partnership that has supported Student Nutrition Programs in local elementary and secondary schools for over 20 years. These programs are supported by our generous community through financial and in-kind donations. PPH provides an annual donation to the program and supports program delivery with the support of a nutritionist.

- **Collective Kitchens:** A small group of people that meet monthly to prepare two to three meals for themselves and their families. It is a chance for participants to meet new people, share their cooking skills, and make low cost, nutritious meals. Donations help cover the cost of food and childcare for participants.

- **Come Cook with Us:** A food skills program that is offered by PPH Nutrition Promotion staff at the Health Unit, at no charge, to priority population groups in Peterborough City and County. The sessions are four - six weeks long. Participants prepare a meal; share recipes and cooking tips; and learn about nutrition and food safety. Participants take home cooked meals and receive a grocery store gift card. This gift card allows people to buy ingredients so that they can try Come Cook with Us recipes at home. Transportation and child care is made available when needed to decrease barriers to participation.

- **Contraceptive Assistance Fund:** Access to low-cost or no-cost contraception is an ongoing issue for many PPH clients who attend the Sexual Health Clinic. Cost is often cited as the main reason for not initiating and/or discontinuing contraceptives by young clients. The PPH contraceptive assistance fund is used to subsidize those clients as PPH continues to advocate provincially for better access to low-cost/no-cost contraception.

- **Dental Treatment Assistance Fund (DTAF):** Dental health is *key* to overall health and quality of life, and is an essential part of mental, physical, and social well-being. It affects a person's speech, nutrition, growth, development, learning, employability, self-esteem and even the ability to go to sleep! There is a real gap in the provision of dental services for adults and seniors at the present time, as public dental insurance for basic dental care for these age groups **does not exist**. Individuals who live on low incomes, unless they have dental benefit coverage under a government-funded program, have **no resources for dental care**. Dental program staff frequently receives calls from those with acute dental pain, infection, as well as trauma and have to tell them that there is nothing they can do to help. Reports of people whose teeth are falling out, or who are pulling their own teeth to obtain relief, are not uncommon. The DTAF, which is dependent solely on donations, is an ongoing endeavor to assist individuals on low incomes, who do not have the financial resources, and have no private or public dental insurance, to obtain emergency dental treatment. Anticipated specific outcomes for individuals assisted by the fund are the elimination of pain, the ability to eat and sleep, and the ability to work. Until financial assistance becomes available for individuals 18+

years of age living on low-incomes, the DTAF remains an important resource for individuals who cannot afford dental care, even when in acute pain and distress.

- **Gleaning:** Peterborough Gleans is a not for profit grassroots network connecting people in need with the opportunity to pick free, fresh produce in the City and County, that might otherwise go to waste. The agency contacts growers, finds funding to subsidize the cost of buses and coordinates the participation of community members to go on these trips. We are volunteers from the community, faith groups and housing complexes. Peterborough Gleans provides an opportunity for members of the community to help themselves by going out and picking fresh produce that they need to eat and for freezing and canning for the winter. For every gleaner, there are usually three families benefiting from this local food. Donations help cover the cost of buses and coordination of trips this season to get people out to the fields, enabling them to put fresh produce on their tables and keep food from being plowed under.

- **The Healthy Babies, Healthy Children (HBHC) Program Equipment and Supply Fund:** For the support of client families who require financial assistance to obtain a car seat, crib, safety gate or other piece of equipment to promote their child's safety. Up to $150 is given towards the purchase of a safety gate and up to $75 is given towards the purchase of other equipment once per year.

- **Prenatal Classes for Young Parents** (formerly the Teen Prenatal Supper Club): An effective way of providing support and face-to face prenatal education to expectant youth and their support persons. Participants report increased knowledge and confidence following attendance at a series of classes. At these classes, participants have a chance to meet and socialize with peers, while learning about labour and birth, breastfeeding and caring for their baby. The prenatal classes are taught by a Public Health Nurse and offered free of charge. The Peterborough Family Resource Centre provides funding for transportation and healthy snacks. Transportation for pregnant youth who live outside the city is a significant barrier to attendance. In the evaluation report of the Teen Prenatal Supper Club, attendance and attrition were identified as concerns. It has been recommended that PPH "explore possible sources of funding….to remove barriers to access among pregnant teens who reside in the County". Donations provide a contingency fund to pay for taxis or provide money to assist with the cost of gas for pregnant youth in the County.

Trends in Fundraising:

- Canadians give more to charity today than they did 30 years ago: Between 1984 and 2014, total donations claimed by tax filers increased 150% in real (inflation controlled) terms, compared to a population increase (18 and over) of just 51%
- Women and Canadians over age 50 form a substantial proportion of the donor pool: Women comprise 47% of donors (up from 36% in 1985) and contribute 36% of donations (compared to 28% in 1985); older Canadians now account for 60% of donors (up from 40% in 1985) and 74% of donations (compared to 54% in 1985).
- Charities depend more on high income Canadians than ever before. In 2014, the top 1% of tax filers (those earning $250,000 and up) accounted for 31% of donations. In 1984, the top 1% (then earning $80,000 and up) accounted for 16% of donations.
- We're leaving money on the table. 25% of donors say that although they are satisfied with how much they give, they could give more.
- There's a shift in the causes Canadians support. Between 2004 and 2013, the number of people donating to religious organizations (and the amounts they donated) decreased significantly; there has also been a significant increase in donations (and donation amounts) to international charities.

Three Trends That Are Consistently Seen Across All Sectors:

- **Engaging Communications** - While story telling is as old as fundraising, it's the way stories are told that now keeps fundraisers seeking new ways to engage their audiences in compelling stories. In 2018, as technology gets both cheaper and easier to use, the best story tellers will be live streaming, blogging, and using virtual reality. **One of the most powerful ways to connect to a donor is to get them "into the field" to see the work first hand.**

- **Collaborative Fundraising** - The second trend is collaborative fundraising. With trust in the fundraising sector continuing to wane, and the cost to attract a new donor higher than ever, there is an opportunity to work with other organizations to attract program funding. Benefits include cost savings, broader reach, and increased credibility. While the challenges are real, and it may take creative and potentially difficult conversations to get started, the possibilities are huge.

- **Innovation** - Finally, innovation in fundraising is having an impact on donors, organizations, and fundraising. Donors are wealthier, younger, and more sophisticated. This new group of donors is looking for new solutions – including innovation and creativity in how their money is used and invested. We have to rise to the challenge and meet our donors where they are. Some may view this trend as a threat to the fundraising sector, a sector which has operated in a largely transactional way with donors giving them few opportunities to participate in charitable work. **With donors looking to deploy not only their philanthropic dollars, but also their invested dollars, as well as seeking a deeper connection to their philanthropic work, organizations have an opportunity to be nimble, invest in building fundraising sophistication, and be able and open to partnering strategically.**

Giving by Cause

- Religious organizations continue to receive the largest amount of charitable donations, with two of every five dollars donated being directed to them. They also have the largest donation rate, with 41 percent of donors indicating they make gifts to these types of charities.

- **Health-related charities come in second, attracting 13 percent of donations, followed by social services and international development (12 percent and 10 percent respectively). Hospitals rank fifth, attracting just over four percent of donations.**

- Perhaps not surprisingly, there are significant differences in interest in particular causes based on demographics. Older donors are much more likely to give to hospitals, with 22 percent of donors aged 65 and older giving making gifts to hospitals compared with only five percent of donors under age 35.

- **In terms of giving method, again not surprisingly, there are generational differences, with older donors are much more likely to give through the mail. Among donors aged 65 and up, more than 43 percent make their gifts through the mail compared with only 17 percent among the under-65 cohort. When it comes to online giving, the story is reversed, with less than 6 percent of donors aged 65 and up giving online, compared with 14 percent of those under 65**.

* Sources cited:
  - KCI Philanthropic Trends; 2017 & 2018 reports
  - AFP Giving by Canadians March 1, 2018
  - AFP Three Trends that aren't going away January 22, 2018

Cost of Fundraising

Annual Giving
The standard that many folks quote when identifying an appropriate cost per dollar raised for Annual Fundraising is often 20% - 25% or 20 -25 cents for every dollar raised. This number has its origins in the book, Fund-Raising: Evaluating and Managing the Fund Development Process (1999), in which James Greenfield observed the following costs associated with different kinds of fundraising:

Fundraising Activity/Method	Average Cost to Raise One Dollar
Capital Campaign/Major Gifts	$0.05 to $0.10 per dollar raised
Corporations and Foundations (Grant Writing)	$0.20 per dollar raised
Direct Mail Acquisition	$ 1.00 to $1.25 per dollar raised
Direct Mail Renewal	$0.20 per dollar raised
Planned Giving	$0.25 per dollar raised
Benefit/Special Events	$0.50 of gross proceeds

The Association of Fundraising Professionals sites similar numbers.

Fundraising Activity/Method	Average Cost to Raise One Dollar
Capital Campaigns	$0.05 to $0.10 per dollar raised.
Corporations and Foundations (Grant Writing)	$0.20 per dollar raised.
Direct Mail Acquisition (with a 1% or better rate of return)	$ 1.25 to $1.50 per dollar raised.
Direct Mail Renewal (with a 50% or better rate of return)	$0.25 per dollar raised.
Planned Giving	$0.25 per dollar raised.
Benefit/Special Events	$0.50 of gross proceeds.

Online Donations: The cost of processing online donations ranges from 3% to 7.5% of the amount of each gift.

In every instance, these costs should be inclusive of all direct staff support to conduct the activity. These are averages and there are many variables involved. Generally speaking, the most significant variable is organizational experience with fundraising. Size matters as well. In larger operations, there is also an economy of scale that can be achieved.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Staff Presentation: Food Safety & Healthy Environments Standards**

Date: November 14, 2018

Proposed Recommendation:

That Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: Food Safety & Healthy Environments Standards
Presenter: Atul Jain, Manager, Environmental Health

Attachments:

Attachment A – Presentation

Food Safety & Healthy Environments Standards

Atul Jain
Manager, Environmental Health
Board of Health
November 14, 2018

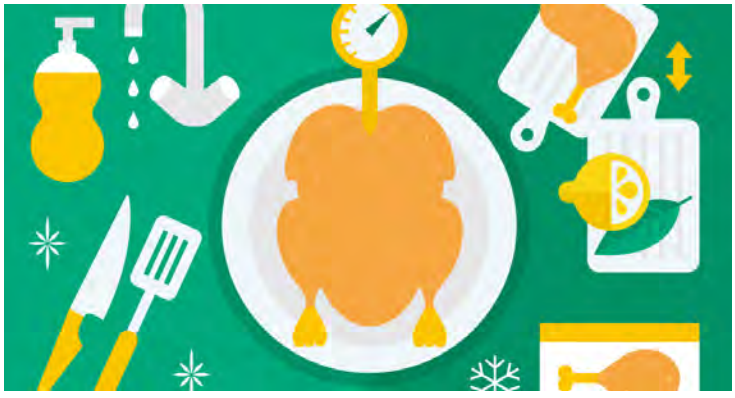
Peterborough Public Health

Objectives

- Food Safety Standard
  - Goals & program outcomes
  - Requirements
- Healthy Environments Standard
  - Goal & program outcomes
  - Requirements
  - Climate change
  - Radon awareness
- Questions

Peterborough Public Health

Food Safety Standard



Peterborough Public Health

Goals & Outcomes

- **Goal: To prevent or reduce the burden of food-borne illnesses**
- Use data to influence and inform the development of local healthy public policy
- Timely and effective detection, identification, and response to food-borne illnesses
- Food handlers are educated in food safety
- Public and community partners are aware of safe food-handling practices and food safety issues
- Reduced incidence of food-borne illnesses

Peterborough Public Health

Requirements

- Surveillance of suspected and confirmed food-borne illnesses
- Food handler course in safe food-handling practices
  - PPH course is free
  - Celebrated 20,000 certifications since 1997
- Increase public awareness of food-borne
- Provide all the components in accordance with the Food Safety Protocol,
  - >1800 inspections in 2017
- 24/7 availability to receive reports of and respond to:
  - Suspected and confirmed food-borne illnesses or outbreaks;
  - Unsafe food-handling practices, food recalls, adulteration, and consumer complaints; and
  - Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety.
- Disclosure of inspection results

Peterborough Public Health

Program Changes

- Regulation (July 1, 2018)
  - Objective-based vs prescriptive
  - Mandatory food handler certification
    - One food handler or supervisor every hour in which the premise is operating
    - School nutrition programs
- Food premises reference document
- Public Health Inspector Q&A document
- Food code
- Revised outcome indicators

Peterborough Public Health

Healthy Environments Standard

Peterborough Public Health

Goals & Outcomes

- **Goal: to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate**
- Use data to influence and inform the development of local healthy public policy
- Decrease in health inequities related to exposure to health hazards.
- Timely and effective detection, identification, and response to health hazards and associated public health risks, trends, and illnesses
- Community partners and the public are, in relation to healthy natural and built environments:
  - engaged in the planning, development, implementation, and evaluation of strategies
  - have the information necessary to create healthy public policies to reducing exposure
- Reduced public exposure to health hazards

Peterborough Public Health

Requirements – Natural and Built Environments

- Surveillance of environmental factors in the community
- Collaborate with community partners to develop a program of public health interventions on;
  - built and natural environments,
  - radon
  - climate change
  - extreme weather
- Inspect facilities where there is an elevated risk with exposures (e.g., arenas, migrant farms)
- Ensure 24/7 availability

Peterborough Public Health

Requirements – Climate Change

- Adaptation - assessing the health vulnerability status of our communities:
  - vector-borne illness
  - food and waterborne illness
  - forest fire
  - air pollution
- Monitor - to inform local vulnerability plans using indicators such as:
  - heat (2) and cold alerts (2) for the summer and winter seasons
  - smog Air Health Advisories (SAHA) per year
  - extreme weather events requiring public health emergency

Peterborough Public Health

Radon Awareness Campaign – Pre 2018

- Provided limited number of kits to each municipality, as well as to Hiawatha and Curve Lake First Nations
- Great demand
- Results: 6/57 were >200 Bq/l
  - Peterborough: 2
  - Douro-Dummer: 1
  - Norwood: 1
  - North Kawartha: 2
- Lessons learned, limited evaluation

Peterborough Public Health

Radon Awareness Campaign – 2018

- 4 information sessions (mid Nov-Dec)
  - NK, Ptbo, Selwyn and HBM
- Why these 4 areas
  - Elevated risk areas (eg, NK, Ptbo)
  - Data gaps
- 50 per session, registration required and must attend to receive a kit
- Consent for results to be received
- Evaluation plan of sessions

Peterborough Public Health

Miigwetch, Merci, Thank you

Questions?

Staff Report

2019 Cost-Shared Budget Approval

Date:	November 14, 2018
To:	Board of Health
From:	Cathy Praamsma, Chair Stewardship Committee

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

Proposed Recommendation

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2019 Cost-Shared Budget, for information; and
- approve the 2019 cost-shared budget for public health programs and services in the amount of $8,434,560 including Mandatory Public Health Programs, Small Drinking Water Program, and the Vector Borne Diseases Program.

Financial Implications and Impact

The budget includes all cost-shared programs funded by the Ministry of Health and Long-Term Care (MOHLTC) and by the City and County of Peterborough, Curve Lake and Hiawatha First Nations, but does not include other Peterborough Public Health (PPH) programs and services funded 100% by the MOHLTC or by other Ministries of the Province.

Many assumptions are factored into the formulation of the budget for the purposes of determining costs including increases for salary and benefits due to contractual agreements and allowance for the impact of inflation rate on ongoing operating expenditures. The most significant variable in the calculation of the cost-shared budget is the cost of wages and benefits. Budgeted wages reflect the current collective agreements and a projection of settlement for the bargaining units and non-union adjustments.

The 2019 cost-shared budget presented reports a deficit from operations of $130,441. The 2019 budget will be balanced, only if funded through reserves. The use of reserve funds will help maintain program operations and services at existing levels. Should expenses be reduced through natural gapping, savings will be directed towards offsetting the budget shortfall rather than re-investment in program delivery, preserving reserves for future use.

The 2018 approved budget presented to the Board in November 2017 required the use of reserves in the amount of $238,564 to balance the budget, as there was no anticipated increase in funding from the Province or local partners. Although Ministry communication indicated no anticipated increase for 2018, the budget approval received in May reflected a 2% increase on Mandatory Programs. No increase was provided for the other cost-shared programs including Small Drinking Water or Vector Borne Diseases (WNV). The increase resulted in an unexpected additional Ministry funding in the amount of $115,900. To match the provincial funds, requests were made of the local partners for their proportionate share (25%) of the increase, resulting in an additional $38,633. With the overall increase in funding, the 2018 projected deficit was reduced to $84,000.

Another significant assumption considered in the budget is that there will be no anticipated increase in provincial funding. Despite the 2% increase in 2018 for Mandatory Programs, the Ministry has communicated clearly that we should anticipate no additional funding in 2019. Despite the increased funding, the overall level of local funding proposed in this budget, revenues are not adequate to maintain programs and services. The 2019 budget reflects an increase of $174,000 in local funding. The additional funds will help reduce the amount of reserves necessary to balance the budget and will help maintain the minimum reserve balances approved by the Board. Local partners have been informed of the proposed 8.3% increase in 2019.

Decision History

The Health Protection and Promotion Act section 72(1) states that the budget for public health programs and services is the responsibility of the obligated municipalities. In 2004, the provincial government announced, “the Ministry will review Board of Health-approved budgets in relation to guidelines and approve its share according to the following” funding ratio; “75% province, 25% municipalities”.

The County of Peterborough, City of Peterborough fund Peterborough Public Health based on census population data. Curve Lake First Nation and Hiawatha First Nation contribute based on funding agreements with the Board of Health.

Background

On November 8, 2017, the Board approved the 2018 cost-shared budget in the amount of $7,975,438, including Mandatory Public Health, Small Drinking Water, Mandatory Program

Building Occupancy and Vector Borne Diseases. The provincial share of the cost-shared budget was $5,915,900, reflecting a 0% budget increase over the previous year approval.

In May 2018, the approved Ministry budget reflected an unexpected 2% increase for Mandatory Programs resulting in an additional $115,900 in cost-shared funding. An increase in funding from the local partners for their proportionate share was requested to match the Provincial funds. The overall result was an increase in funding of $154,533 for 2018 thus reducing the projected use of reserves to $84,031 to balance operations from the initial projection of $238,564.

A preliminary 2019 projection was shared with the Board last year and early 2018 that reported an anticipated deficit of approximately $350,000 for cost-shared budgets, if the existing staffing levels and services were maintained and assuming no increase in funding from the Province or local partners. It was reported that without additional revenue, it would be impossible to maintain existing levels of services and staffing positions may be impacted. With the increase in funding received in 2018, the overall projected deficit for 2019 would be reduced to approximately $305,000 assuming no increases anticipated from the Province or local partners.

Despite the increase in the prior year, the funding required to maintain programs and services at existing levels is inadequate. In March 2018, the Stewardship Committee requested a budget projection for the next three years to illustrate the projected deficit and impact on reserves if no increase in funding was provided by the Province or local funders. The report demonstrated that the overall deficit continued to increase and the reserves would be quickly depleted. As a result, in April, the Stewardship Committee recommended that the Board approve a three year phased in funding increase from local funders to address the shortfall in Provincial funds. Historically, the Board has requested that staff maintain the 75/25 Ministry/local partner funding allocation in the preparation of the cost-shared budget. As previously reported to the Board, only 8 local public health agencies (LPHAs) fall within the Ministry funding guidelines of 75/25 whereas the local funders cover more than 26% of the budget in the remaining LPHAs. With the approved funding strategy, the annual increase requested each year over the next three years will be 8.3% for all four local partners. By the year 2021 the funding allocation will be 70/30 Ministry/local partner.

The budget presented is based on a 0% increase from the Province and an 8.3% increase from local partners to align with the Board-approved direction to achieve a 70/30 Ministry/local partner funding over a three-year period.

For the 2019 budget the following assumptions have been made:

1) Minimal adjustments to total FTE staffing;
2) Salaries are based on existing union settlements and projection of settlements;
3) There will be no new Pay Equity adjustments;
4) Non-union compensation projected as per Board direction;

5) Anticipate general inflation of 2% however budget reflects 0% with exception of Materials and Supplies;
6) There will be no significant change in Influenza, HPV or Meningitis C immunization rates;
7) OMERS pension rates are known and all other benefit costs are estimates;
8) Allocation of local contributions between the City and County are based on published 2016 population census data and First Nation contributions are an estimate of per capita cost based on population data provided by the First Nations.

There are still some uncertainty with the implementation of the Ontario Public Health Standards, in effect January 2018, which may impact the budget in 2019, including, for example, the requirements for Vision Screening and enforcement of Cannabis Regulations. At this time, it is anticipated that with no additional funding for these new requirements, services in other areas will have need to be reduced.

Rationale

Under the *Ontario Public Health Standards*, the Board is required to approve an annual budget that does not forecast an unfunded deficit.

The 2019 cost-shared budget presented reports a deficit from operations of $130,441. The 2019 budget will be balanced, if funded through reserves and will not result in a deficit. The use of reserve funds will help maintain program operations and services at existing levels for the upcoming year. If the organization recognizes savings during the year through efficiencies and gapping, part of the reserve may be maintained for future years.

Strategic Direction

The 2019 approved budget allows the Board to address all its strategic priorities.

Attachments:

Attachment A - 2019 PPH Cost-Shared Budget

Contact:

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

Dale Bolton
Manager, Finance and Property
(705) 743-1000, ext. 302
dbolton@peterboroughpublichealth.ca

Peterborough Public Health

DRAFT 2019 PUBLIC HEALTH (Including Mandatory Programs, SDW, and VBD) BUDGETS – Operations Only (October 24, 2018)

		2019 Budget	2018 Budget	Change	% Increase	
	EXPENDITURES					
1	Salaries and wages	5,595,985	5,532,242	63,743	1.15%	Increase includes estimate for contract settlements and staffing salary increments
2	Employee benefits	1,583,238	1,554,835	28,403	1.83%	Directly relates to increase in salaries and anticipated benefit rates
3	% benefits of salary and wages	28.29%	28.10%			
4	Staff Training	42,539	42,539	0	0.00%	
5	Board Expenses	48,598	55,498	-6,900	-12.43%	Reduction for reimbursement of County members
6	Travel	44,604	40,400	4,204	10.41%	Increase based on prior year actual due to higher reimbursement rate
7	Building Occupancy	701,171	712,050	-10,879	-1.53%	Reduction based on anticipated and known expenditures
8	Office Expenses, Printing, Postage	36,534	36,534	0	0.00%	
9	Materials, Supplies	292,842	277,071	15,771	5.69%	Increase for imunization program costs and inflation
10	Office Equipment	12,840	12,840	0	0.00%	
11	Professional and Purchased Services	330,109	318,920	11,189	3.51%	Increase for Payroll Service and Strategic Plan net of reduction for Sexual Health Clinic Fees
12	Communication costs	96,111	96,111	0	0.00%	
13	Information and Information Tech. Equipment	61,189	61,189	0	0.00%	
	EXPENDITURES	**8,845,760**	**8,740,229**	**105,531**	**1.21%**	
	FEES & OTHER REVENUES					
14	Expenditure Recoveries Flu, HPV, MenC	22,500	22,500		0.00%	
15	Expenditure Recoveries & Offset Revenues	388,700	503,727	-115,027	-22.84%	Decrease due to deferred funds to be expended in prior year
	FEES & OTHER REVENUES	**411,200**	**526,227**	**46,740**	**8.88%**	
	NET EXPENDITURES - Cost Shared Budget	**8,434,560**	**8,214,002**	**142,133**	**1.73%**	
	PARTNER CONTRIBUTIONS – 2019					
16	Ministry of Health & Long-Term Care	6,031,800	6,031,800	0	0.00%	Assumes no increase - received 2% in 2018
17	County of Peterborough	928,080	856,953	71,127	8.30%	Increase to align with Board approved strategy to achieve
18	City of Peterborough	1,330,450	1,228,486	101,964	8.30%	70/30 funding allocation within 3 years. Assumes no
19	Curve Lake First Nation	10,412	9,614	798	8.30%	increase in Provincial funding in an effort to minimize use
20	Hiawatha First Nation	3,377	3,118	259	8.30%	of reserves and maintain minimum reserve levels.
	FUNDING PARTNER CONTRIBUTIONS	**8,304,119**	**8,129,971**	**174,148**	**2.14%**	
	Projected Deficit	**-130,441**	**-84,031**			

Salary & Benefit Assumptions

ONA & CUPE agreement increases October 1, 2017.
OPSEU agreement increases per contract in effect April 1, 2016.
OMERS rates are not known, Year's Maximum Pensionable Earnings (YMPE) is estimate.
All other benefits are based on estimated rate increases over 2018 rates.
Increase to non-union compensation effective October 1, 2018
Savings from natural gapping to be directed towards offsetting the budget shortfall

Other Assumptions

Budget includes Cost-shared: Mandatory programs, cost-shared Small Drinking Water, Vector-Borne Disease, Flu, HPV and Men C activities.
Anticipate actual inflation rate of 2%. Budget lines maintained at 0% increase with the exception of Materials and Supplies due to anticipated rising costs.
Assumes Province will continue funding 100% of enhanced MOH salary.
Allocation of local contributions between City and County based on published 2016 population census data.
First Nation allocations are estimate of per-capita cost based on band provided population number.

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Correspondence for Direction - Southwestern Public Health re: Request to Increase Action on the Opioid Crisis**

Date: November 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated October 24th, 2018 from Southwestern Public Health to Premier Doug Ford regarding a request to increase action on the opioid crisis, for information; and,*
- *endorse their letter and communicate this support to Premier Ford with copies to the Prime Minister of Canada; the Federal Minister of Health; the Ontario Minister of Health and Long-Term Care; the Chief Public Health Officer of Canada; the Ontario Chief Medical Officer of Health; local MPs and MPPs; the Association of Local Public Health Agencies; and, Ontario Boards of Health.*

Background:

The rates of death due to opiates continues to rise nationwide. Work is underway in Peterborough, however, there is a need for continued coordinated provincial and federal government level support for health promotion, surveillance and harm reduction initiatives that will specifically help mitigate the opioid crisis.

The Board of Health has recently received a presentation on the Ontario Opioid Crisis as well as approve the program implementation budget for our local opioid response activities through the Ministry of Health and Long-term Care's Harm Reduction Enhancement fund.

The Board has also expressed their support for moving toward the Federal Opioid Strategy as well as the creation of provincial opioid strategy.

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

October 24, 2018

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

Dear Honourable Doug Ford,

On behalf of the Southwestern Public Health Board, I am writing to both our provincial and federal government leaders to reinforce the urgency of the opioid poisoning emergency in our country and urge both the provincial and federal governments to increase actions in response to this emergency based on the evidenced-informed four pillar approach of harm reduction, prevention, treatment and enforcement.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience. [1]

We call on both levels of government to support initiatives that address the causes and determinants of problematic substance use, to make all tools and resources available to support efforts to address the opioid crisis at a community level, to expand and strengthen the integration of surveillance information between provincial and federal partners, to expedite approvals for newer therapeutic modalities for medication assisted and opioid substitution treatment, to provide funding to municipalities and regional health services to establish safe consumption facilities, and to support harm reduction and health promotion services needed to mitigate the opioid crisis at a regional level.

Injection drug use is associated with many serious drug-related harms, such as the transmission of blood borne infections (HIV, Hepatitis C, Hepatitis B), and with fatal and non-fatal overdoses and injection site bacterial infections. In some parts of the world, these harms are widespread among people who inject drugs. Access to interventions such as needle and syringe exchange, opioid substitution therapies, naloxone distribution, sharps management strategies, overdose prevention sites, and supervised consumption sites are essential to reducing these harms and improving the health of the people who use drugs.[2]

We are urging both our federal and provincial Ministers of Health to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

copy:

Honourable Justin Trudeau, Prime Minister of Canada
Honourable Ginette Petitpas Taylor, Federal Minister of Health
Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin – Middlesex – London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Association of Local Public Health Agencies
Ontario Boards of Health

1 https://www.cpha.ca/opioid-crisis-canada
2 Harm reduction international www.hri.global/public-health-approaches-to-drug-related-harms

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: November 14, 2018

Proposed Recommendation:

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

a. Email sent on behalf of the Chief Public Health Officer of Canada regarding her annual report on the State of Public Health in Canada, 2018: Preventing Problematic Substance Use in Youth.

b. Letter dated October 23, 2018 from Minister Duncan to the Board Chair, in response to his initial letter dated July 19, 2018, regarding TRC Call to Action #89.

c. Email dated October 26, 2018 from the Association of Local Public Health Agencies (alPHa) regarding an update to all Ontario Boards of Health.

d. Letter dated November 2, 2018 to Ministers Petipas Taylor and Wilson-Raybould from the Board Chair regarding a public health approach to drug policy reform.

e. Letter dated November 2, 2019 to MPP Smith from the Board Chair regarding cannabis enforcement funding.

f. Letter dated November 5, 2019 to Minister Elliott from the Board Chair regarding vaping regulations and promotion.

g. Letter dated November 5, 2019 to Minister Elliott from the Board Chair regarding sustainable infrastructure and financial supports for local drug strategies.

h. Letter dated November 8, 2018 to the Ministry of the Attorney General from the Board Chair regarding the regulatory framework for cannabis storefronts in Ontario.

From: CPHO Report / Rapport ACSP (PHAC/ASPC) [mailto:phac.cpho.report-rapport.acsp.aspc@canada.ca]
Sent: October-23-18 1:37 PM
To: CPHO Report / Rapport ACSP (PHAC/ASPC) <phac.cpho.report-rapport.acsp.aspc@canada.ca>
Subject: CPHO Report on the State of Public Health in Canada, 2018: Rapport de l'administratrice en chef de la santé publique sur l'etat de la santé publique au Canada

Le français suit. ***(removed)***

The Chief Public Health Officer of Canada has released her annual report on the *State of Public Health in Canada, 2018: Preventing Problematic Substance Use in Youth.* This report provides a snapshot of the health of Canadians and emphasizes the importance of preventing problematic substance use in youth.

The aim with this year's report is to draw attention to the complex drivers of problematic substance use and the central role of prevention. Given the growing number of opioid-related deaths, the potential harms of cannabis use, and the social acceptance of alcohol, it is time to examine how we collaborate across sectors to reduce risks of problematic substance use and increase education, housing, social, and mental health supports for vulnerable youth while working to eliminate stigma and discrimination.

The report is available at the link below. Please feel free to share with your networks and stakeholders.

2018 Annual Report on the State of Public Health in Canada

As part of continuous learning and improvement, we will be sending out a feedback survey at a later date on the report and would be grateful for your input.

Sincerely,

CPHO Reports Unit/Unité des rapports de l'ACSP
Public Health Agency of Canada/Agence de la santé publique du Canada

Minister
of Science and Sport

Ministre
des Sciences et des Sports

OCT 2 3 2018

Mr. Henry Clarke
Chair, Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Dear Mr. Clarke:

Thank you for your letter requesting the Government of Canada's response to the Truth and Reconciliation Commission of Canada's Call to Action 89. I appreciate your taking the time to write on this matter and regret the delay in replying to you.

As you may know, Budget 2017 invested $18.9 million over five years starting in 2017–18, and ongoing funding of $5.5 million every four years thereafter, to support Indigenous youth and sport initiatives, such as culturally relevant sport programming at the community level and strengthening Indigenous sport leadership.

On January 28, 2018, Sport Canada and representatives from other federal departments met with the Aboriginal Sport Circle (ASC). It was understood that Call to Action 89 is a longer-term deliverable given that changes to the legislation will require consultation with other federal departments and collaboration with the ASC.

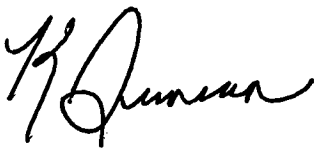
The ongoing work in other areas related to Indigenous sport development are laying the foundation for the future amendment of the *Physical Activity and Sport Act*.

...2

More information on how the Government is responding to all 94 Calls to Action can be found online at aadnc-aandc.gc.ca/eng/1524494530110/1524494579700.

Please accept my best wishes.

Sincerely,



The Honourable Kirsty Duncan, P.C., M.P.

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

2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
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E-mail: info@alphaweb.org

Providing leadership in public health management

Update to Board of Health Members
October 26, 2018

2018-2019 alPHa Boards of Health Section Executive

The BOH Section Executive Committee of alPHa is comprised of the board of health representatives across seven regions on the alPHa Board of Directors. Each representative holds a seat on the alPHa Board for a two-year term. At the Annual Conference this past June, the 2018-2019 BOH Executive was confirmed as follows (click their names for a short bio):

Position	Representative
Chair/North West	Trudy Sachowski, Northwestern BOH
Central East	David Pickles, Durham BOH
Central West	Terry Whitehead, Hamilton BOH
South West	Carmen McGregor, Chatham-Kent
North East	Gilles Chartrand, Porcupine BOH
East	Wess Garrod, KFL&A BOH
Toronto	Stacey Berry, Toronto BOH

MPP Meetings

alPHa's Executive Committee have met with a number of Members of Provincial Parliament (MPPs) over the past several months to introduce the association and raise awareness of public health concerns, including the 2018 municipal election policy priorities. MPPs include former alPHa president Lorne Coe, health care critic France Gélinas, and Jeff Yurek, the Minister of Natural Resources and Forestry. Through membership on the Ontario Chronic Disease Prevention Alliance, alPHa has also met with other MPPs to build awareness about the Alliance and build relationships with political representatives from all parties.

alPHa Activities on Cannabis and Smoke Free Ontario Act

In a letter dated October 22nd, alPHa expressed its concerns to the Minister of Health and Long-Term Care about the proliferation of the promotion and display of vapour products, and the detrimental effects on children and youth (see here). On October 11, alPHa president Dr. Robert Kyle presented before the Ontario Legislature's Standing Committee on Social Policy regarding Bill 36, Cannabis Statute Law Amendment Act. His deputation to the Standing Committee (download here*) received media coverage focusing on "unforeseen consequences" of the new law (see here and here). More recently, Dr. Kyle was interviewed by CBC Radio and spoke about the potential effects of Bill 36 and the impacts of normalizing cannabis on children and youth (listen here). On October 8, alPHa and the COMOH Section had made written submissions on the Smoke Free Ontario Act's proposed amendments (click here).

**The transcript of the deputation can be found after the deputation in this link.*

Ministry Realignment

On October 18, the Ministry of Health and Long-Term Care announced it had made a number of structural changes and released an updated organizational chart to stakeholders (see here). The changes will "clarify and simplify lines of accountability and allow [the] organization to be more nimble and outcome focused". Of particular note is the alignment of the Chief Medical Officer of Health with population and public health oversight. As the Chief Medical Officer of Health and Population and Public Health, Dr. David Williams will be reporting directly to Deputy Minister Helen Angus. Former associate deputy minister Sharon Lee Smith will now lead in ministry Indigenous engagement efforts while former assistant deputy minister Roselle Martino will continue to advise on the opioid strategy.

Public Health ROI

alPHa has created a web page to collect information on public health return on investment (ROI) (see here). Health units have been invited to submit information for uploading to the website. They have also been given the link to access and download the ROI information. alPHa is currently reaching out to Public Health Ontario to determine if they have done work in this area or if they have data that may be shared with the alPHa membership.

Of Interest

- Dr. Theresa Tam, Canada's Chief Public Health Officer, releases her annual report on the *State of Public Health in Canada, 2018: Preventing Problematic Substance Use in Youth.* This report provides a snapshot of the health of Canadians and emphasizes the importance of preventing problematic substance use in youth. 2018/10/23
- Ontario government announces the continuation of supervised consumption services and overdose prevention sites under a new Consumption and Treatment Services model for those addicted to drugs and opioids. The news comes after a review to determine whether such facilities would continue to operate in the province. 2018/10/22

Upcoming Events and Meetings for All Board of Health Members

February 21, 2019: alPHa Winter Symposium (morning) and Boards of Health Section Meeting (afternoon), Chestnut Conference Centre, 89 Chestnut St., Toronto, Ontario.

June 9-11, 2019: alPHa 2019 Annual General Meeting & Conference, Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHa Annual Conference): alPHa Boards of Health Section Meeting

This update was brought to you by the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on its various committees.

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

November 2, 2018

The Honourable Ginette Petitpas Taylor
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Jody Wilson-Raybould
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, ON K1A 0A6
Jody.Wilson-Raybould@parl.gc.ca

Dear Honourable Ministers:

Re: A Public Health Approach to Drug Policy Reform

On September 12th, the Board of Health for Peterborough Public Health endorsed the recommendations of the Canadian Public Health Association's 2017 position statement on the decriminalization of personal use of illicit psychoactive substances. These recommendations call for a shift from addressing the use of illicit psychoactive substances as a criminal issue to that of an important public health issue. The position statement further "recognizes and supports the right of Indigenous communities to respond to psychoactive substance use according to their traditional justice and/or cultural protocols".[1]

This endorsement builds on the Board's January, 2016 resolution to apply a public health approach to psychoactive substances and their regulation to future work and resolutions. In making this endorsement, the Board also joins a growing movement across many sectors to pursue a public health approach to drug policy, one that is informed by mounting evidence of the ineffectiveness of current criminal approaches.

Evidence from other countries which have pursued a decriminalization approach demonstrate that in order to be most effective, such an approach must be accompanied with investments in harm reduction, treatment and mental health supports and services. Where this multi-tiered approach has been implemented, measurably positive outcomes have resulted, including pronounced reductions in overdose deaths, and substantial increased in entry to drug treatment.[2]

Considering the extensive evidence that criminalization perpetuates problematic drug-use and compounds its associated harms, and given the negative impacts of the current opioid crisis currently being felt in Peterborough and across Canada, we strongly urge you to consider a new approach. It is our position that decriminalizing the use of psychoactive substances together with continued commitment of resources to treatment and related services will more effectively address problematic substance use and reduce related harms in our communities.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Local MPs
Local Councils
Ontario Association of Police Services Board
Ontario Association of Chiefs of Police
Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Canadian Public Health Association (2017) *Decriminalization of Personal Use of Psychoactive Substances*. Position Statement. Retrieved from: https://www.cpha.ca/decriminalization-personal-use-psychoactive-substances

[2] Hughes, C. and Stevens, A. (2011). Harm Reduction Digest (44) A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of Illicit Drugs. Drug And Alcohol Review (January 2012) 31, 101-113

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November 2, 2018

Mr. Dave Smith, MPP Peterborough-Kawartha
1123 Water Street, Unit 4
Peterborough, ON K9H 3P7
dave.smithco@pc.ola.org

Dear MPP Smith,

The Board of Health (BOH) for Peterborough Public Health (PPH) would like to express its appreciation of your attendance at our meeting on October 10, 2018. As you are aware, during that meeting, the BOH received and discussed a staff report regarding the provincial legislation for cannabis and the amended Smoke-Free Ontario Act.

Through the revisions to the Smoke-Free Ontario Act, 2017, boards of health have been appointed to enforce cannabis use in locations where smoking and vaping of tobacco are prohibited. Although the Ministry of Health and Long-Term Care has provided boards of health with a one-time grant opportunity to request reimbursement for costs associated with the enforcement of the use of cannabis, the BOH is very concerned about its ability to comply with the enforcement requirement within the current funding envelope and organizational constraints. During the meeting you suggested that the BOH could gain access to funds that may be provided to our local governments.

This suggested approach presents the BOH with several difficulties. Firstly, we understand that the funds provided to municipalities are intended for their own costs to help with the transition to recreational cannabis use being made legal in their communities. According to the Association of Municipalities of Ontario, it is likely that municipal costs would exceed the municipal share of the federal cannabis excise tax. There may not be sufficient funds to give to local public health agencies along with municipalities.

Secondly, there is no assurance that local municipalities will opt to allow retail cannabis outlets which could result in no transfer of funds from the Government of Ontario past the initial $10,000 installment.

Thirdly, as an autonomous board, there currently is no mechanism for the municipality to specifically fund enforcement activities nor share with Peterborough Public Health the proceeds from infractions.

Finally, any communication to date describes funding over the next two years only, which does not sustain needs over the long term.

This matter is of grave concern to the BOH as we experience increased demands due to implementation of modernized Ontario Public Health Standards, increased costs and no additional financial support from the Province. This is clearly unsustainable and we anticipate will result in cuts to other services. A dedicated funding stream to support cannabis education and enforcement activities is necessary for public health

interventions which can result in long-term cost savings and reduced pressures on emergency health services.

We respectfully request that you continue to engage with the BOH on this matter to ensure that public health interventions and programs continue to be delivered at a level that results in their intended impacts.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Local Councils
Local MPPs

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November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act (2017) to address the promotion of vaping

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the Smoke-Free Ontario Act (2017) and prohibit through regulation, the promotion of vaping products.

By and large the changes in the updated Act and regulations are viewed favorably by Peterborough Public Health as it harmonizes medicinal cannabis, recreational cannabis, conventional cigarettes, and e-cigarette laws into one piece of legislation. However, health experts conclude that allowing retail vaping displays and promotion will put thousands of children and youth at risk of nicotine addiction. The legislation only bans actual vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. It permits the widespread promotion of vaping products in convenience stores, gas bars and other retail locations across Ontario. This includes freestanding brand promotions now located inside and outside retail locations like gas bars, posters including pictures of products, video product promotion, and many other types of promotion including those featuring actual vaping products, are all allowed. Mass media promotion of vaping produces (i.e., television advertising) has already been seen in Ontario.

Public health representatives are very concerned about the outcome of nicotine exposure on the adolescent brain. There is also more evidence of respiratory health impacts among young vapers. We are sure that these serious health impacts must be of concern to you and the Government of Ontario as well. We agree with a federal commitment to reducing tobacco use to 5% in Ontario by 2035[1] and fear that current promotion of vaping will actually lead to increased tobacco use among youth. Recently released results from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) shows that current smoking rates for Canadians aged 15 years and over have actually increased to 15.1% in 2017 from 13.0% in 2015.[2] Your action is urgently needed to protect the health of youth in Ontario and avoid an epidemic of vaping and nicotine addiction. We must work collaboratively to ensure that young people do not start smoking or vaping.

In conjunction with the above actions, the Board of Health requests that the Province invest in a timely evaluation of the implementation of the Smoke-Free Ontario Act to monitor the impacts of the limited promotion of vaping products with a commitment to make the required amendments as soon as possible.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

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[1] Health Canada (2018). Canada's Tobacco Strategy. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy-eng.pdf

[2] Statistics Canada (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of results for 2017. Retrieved from https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html

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November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Sustainable Infrastructure and Financial Supports for local drug strategies

The opioid crisis is a public health crisis that is devastating individuals, families and communities across the province. Tragically, thousands have lost their lives as a result of apparent opioid-related overdoses.

A strong local response is needed in order to mitigate the harms that are currently being shouldered by individuals, families, and communities. Increasing institutional and financial supports for the work of local drug strategies across the province can help support immediate collaborative action across the four pillars of prevention, treatment, harm reduction, and enforcement. The four pillar approach to drug policy is a well-established framework that ensures "a continuum of care for those suffering from substance addiction and communities impacted by those same people".[1]

The Peterborough Drug Strategy (PDS) is one of approximately 32 local drug strategies currently operating in the province of Ontario. PDS has been in operation since 2010 and represents a "shared effort to mitigate harms related to substance use in our community".[2] Since 2015, PDS has received $570,000 in project based funds and leveraged an additional $30,800 in in-kind contributions from partner agencies (including Peterborough Public Health). While PDS has received some core funding from the City of Peterborough on an annual basis, most local drug strategies operate in the absence of core funding to support ongoing administration and coordination.

With the resources it has received, PDS has shown leadership in supporting the development and implementation of a naloxone distribution program at the Peterborough Regional Health Centre Emergency Department, responding to local opioid-related harms, and developing an advisory panel of people with lived experience of substance use. With membership representing the four pillars of prevention, harm reduction, enforcement and treatment, PDS represents the leading edge of evidence-based collaborative action on substance use in our community.

We call upon your government to ensure that local drug strategies are integrated into any future planning for a provincial mental health and addiction program. These local drug strategies require both a sustainable source of funding as well as support for their coordination across the province to ensure their impact is fully

operationalized. Our board of health believes this collaborative approach to mitigating substance use harms in communities across Ontario is fundamental to our success across our various sectors.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Local Councils
Municipal Drug Strategy Coordinators Network of Ontario
Fourcast Peterborough
Peterborough Aids Resource Network (PARN)
Peterborough Regional Health Centre
Peterborough Police Service
Ontario Boards of Health
Association of Local Public Health Agencies

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[1] MacPherson, D. (2001). *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver, Revised*. Retrieved from: https://www.researchgate.net/publication/242480594_A_Four-Pillar_Approach_to_Drug_Problems_in_Vancouver

[2] Peterborough Drug Strategy. 2018. *About Us*. Retrieved from: http://peterboroughdrugstrategy.com/get-to-know-us/pds-in-action/

Peterborough Public Health

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P: **705-743-1000** or 1-877-743-0101
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peterboroughpublichealth.ca

November 8, 2018

Renu Kulendran, Executive Director
Legalization of Cannabis Secretariat
Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street, 11th Floor
Toronto, ON M7A 2S9
Renu.Kulendran@ontario.ca

Dear Ms. Kulendran,

Re: Regulatory Framework for Cannabis Storefronts in Ontario

The Board of Health for Peterborough Public Health received a staff report at our October 10, 2018 board meeting outlining changes to the provincial legislation governing cannabis retailing. We understand that under the new provincial framework the Ontario Cannabis Store (OCS) will be the exclusive wholesaler and online retailer of cannabis in the province and that the Alcohol and Gaming Commission of Ontario (AGCO) will serve as the provincial regulator for private cannabis storefronts.

We further understand that the regulatory framework for cannabis storefronts is still under development. Given that the regulation of cannabis retailing is an important dimension of a public health approach to cannabis legalization, we would like to take this opportunity to submit our comments for your consideration as you develop specific regulations relating to cannabis storefront operating parameters, siting requirements, and public notice processes.

Operating Parameters

- **Limit retail hours –** Research on alcohol regulation suggests that longer retail hours increase consumption and related harms. The Centre for Addiction and Mental Health (CAMH) recommends that cannabis retail hours reflect those established by the Liquor Control Board of Ontario (LCBO).
- **Set minimum training requirements for staff –** The final report of the federal Task Force for Cannabis Legalization and Regulation recommends formal training for cannabis retail staff in order to ensure consistency of information, enforcement of minimum age restrictions, controlling overconsumption, and informing consumers of their rights and obligations. CAMH suggests that the LCBO's Challenges and Refusal program could provide a good model for this training.

Siting Requirements

- **Set minimum distances from youth-serving facilities –** Evidence from tobacco regulation suggests that greater availability of tobacco products increases consumption, normalizes use, undermines health warnings, and affects youth initiation. Examples from the U.S. suggest minimum distances of 300m between cannabis retail and youth-serving facilities (including schools, community centres, and childcare facilities) while CAMH suggests a minimum distance of 500m between cannabis storefronts and sensitive uses.

- **Regulate cannabis retail densities –** In addition to proximity to sensitive uses there is concern that high retail density can contribute to increased consumption and related harms. Examples from other Canadian cities suggest a 300m separation distance between cannabis stores to avoid clustering of retail locations. CAMH further suggests setting a cap on the number of retail locations in the province as a means to limit retail density.
- **Limit co-location of cannabis and alcohol and tobacco retail –** Evidence suggests that there are specific health and impairment risks associated with co-use of cannabis and other substances. Limiting the co-location of cannabis and alcohol and tobacco outlets could help discourage the co-use of these substances. CAMH reports that such a precautionary measure has been taken in all U.S. states that have legalized cannabis.

Public Notice Process

- **Strengthen municipal influence over store locations and density –** The *Cannabis Licence Act, 2018*, limits the authority of municipalities to pass zoning or business licensing by-laws pertaining to cannabis retail. However, municipal governments continue to have an important role in ensuring the safety and wellbeing of their residents. Strengthening the voice of municipalities within the written comment period for the AGCO would enable municipalities to better uphold this role with respect to cannabis retailing.
- **Clarify 'public interest' for written submission –** Under the *Cannabis Licence Act, 2018*, municipalities and residents will be granted a 15-day period to make written submission to the AGCO with regard to whether a retail store authorization is in the public interest. However, it remains unclear how municipalities are to operationalize this concept to make an informed determination of public interest within the 15-day comment period. Using municipal by-laws and related policies to help operationalize this concept may help to clarify the written submission parameters for municipal respondents.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Local Councils
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

To: All Members
Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: **Q3 2018 Peterborough Public Health Activities**

Date: November 14, 2018

Proposed Recommendation:

That Board of Health for Peterborough Public Health receive the report, Q3 2018 Peterborough Public Health Activities, for information.

Attachments:

Attachment A – Q3 2018 Program Compliance Report
Attachment B – Q3 2018 Communications and I.T. Report
Attachment C – Q3 2018 Social Media Report

Quarter 3 2018 Status Report
(July 1 – September 30, 2018)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	# Requirements Compliant
Program Standards	
Chronic Disease Prevention and Well-Being	3/4
Food Safety	5/5
Healthy Environments	4/10
Healthy Growth and Development	2/3
Immunization	9/10
Infectious and Communicable Diseases Prevention and Control	19/21
Safe Water	8/8
School Health	5/10
Substance Use and Injury Prevention	3/4
Foundational Standards	
Population Health Assessment	5/7
Health Equity	4/4
Effective Public Health Practice	7/9
Emergency Management	1/1
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 and Carolyn Doris, Managers, Family and Community Health

Program Non-Compliance:

Requirement #2: Intended impact statements for this standard have been drafted and a search for and appraisal of strategies has begun and will be completed by end of 2018 for implementation in 2019. Only activities that are sun-setting or have had prior commitments made will be implemented for the rest of this year. These activities will cover the areas of Built Environment, Healthy Eating, Healthy Sexuality, Physical Activity and Sedentary Behavior, Substance Use and UV exposure.

Healthy Environments
Atul Jain, Manager, Environmental Health
Hallie Atter and Carolyn Doris, Managers, Family and Community Health

Requirement#2: Due to new planning process, new Guidelines, as well as gaps in staffing, a full assessment of needs will not be completed. However, an intended impact

statement for the built and natural environment has been drafted and a search for and appraisal of strategies has begun and will be completed by end of 2018 for implementation in 2019.

Requirement #3: This requirement is partially being met, as a temporary Health Promoter was hired and has started to review: the MOHLTC Climate Change toolkit and workbook; and other health unit's climate change adaptation and vulnerability plans. The Health Promoter is coordinating internal/external stakeholder meetings.

Requirement #4-7: See Requirement #2.

Healthy Growth and Development
Hallie Atter and Carolyn Doris, Managers, Family and Community Health Programs
Patti Fitzgerald, Manager, Child Health Services

Program Non-Compliance:

Requirement # 2: Intended impact statements for this standard have been drafted and a search for and appraisal of strategies has begun and will be completed by end of 2018 for implementation in 2019. Only activities that are sun-setting or have had prior commitments made will be implemented for the rest of this year. These activities will cover the areas of Breastfeeding, Growth and Development, Healthy Pregnancies, Healthy Sexuality, Preconception Health, Pregnancy Counselling, Preparation for Parenting, Positive Parenting and Oral Health.

Immunization
Edwina Dusome, Manager, Infectious Diseases Programs

Program Non-Compliance:

Requirement #1: Although the collection of child care centre immunization and demographic information has been initiated, the process for assessment has not been established to date.

Requirement #20: Inspections of identified home child care centres to be planned for the fourth quarter.

School Health
Patti Fitzgerald, Manager, Child Health Services
Hallie Atter and Carolyn Doris, Managers, Family and Community Health Programs
Edwina Dusome, Manager, Infectious Diseases Programs

Program Non-Compliance:

Requirement #2- 3: Intended impact statements for this standard have been drafted and a search for and appraisal of strategies have begun and will be completed by end of 2018 for implementation in 2019. Only activities that are sun-setting or have had prior commitments made will be implemented for the rest of this year.

Requirement #7: Planning for implementation of Vision Screening is underway with implementation scheduled for 2019.

Requirement #8-9: Staff have begun to establish relationships with and collect and assess the immunization status of children in licensed child care settings in accordance with the Immunization for Children in Schools and Licensed Child Care Settings Protocol.

Substance Use and Injury Prevention
Hallie Atter and Carolyn Doris, Managers, Family and Community Health Programs

Program Non-Compliance:

Requirement #2: Intended impact statements for this standard have been drafted and a search for and appraisal of strategies have begun and will be completed by end of 2018 for implementation in 2019. Only activities that are sun-setting or have had prior commitments made will be implemented for the rest of this year. The focus of the activities will be on Comprehensive Tobacco Control, Substance Use and Road Safety. The announcement of consultation on *Smoke-Free Ontario Act* 2017 and Bill 36 (Cannabis Act) occurred in late Q3 and resulting action will occur in Q4.

Foundational Standards
Jane Hoffmeyer, Manager, Foundational Standards

Non-Compliance – Population Health Assessment:

Requirement #2 & 4: The planned recruitment of an additional Health Promoter to the team will increase capacity to communicate population health information to external audiences and the use of more recent data (e.g. census) that supports the identification of priority populations.

Non-Compliance – Effective Public Health Practice:

Requirement #2: Pan-organization use of the strategic planning framework will enhance articulation of intended impacts during program planning. Revised operational planning templates will support the consistent identification of program delivery indicators. PPH continues to be engaged in the Ministry's process to create a common set of program outcome indicators (specific to health protection indicators).

Requirement #7: New products and tools are being introduced in the third and fourth quarters. The objective is to build an internal culture and practice of evidence based decision-making (EIDM).

Communications – Q3 2018

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q3 comparison	
	2018	2017
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner and PTW columns, op eds, BOH meeting summaries, etc.)	34	37
Number of media interviews	22	25
Number of media stories captured directly covering PPH activities	109	103

Activity	Yearly Totals				
	2018 (ytd)	2017	2016	2015	2014
Press releases/media products issued	87	181	158	165	111
Media interviews	58	86	92	82	109
Number of media stories directly covering PPH activities	381	329	340	540	475
Communications tickets (247 in Q3)	449	680	n/a	n/a	n/a

Communications Highlights:

- New monthly public health column in Peterborough This Week started September 6, 2018
- Completed PPH Identity Standards

Information Technology - 2018 Q3

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

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0%	0%	100%
Phone server	0%	1%	99%
File server	0%	0%	100%
Backup server	0%	0%	100%

Total Number of Helpdesk Tickets Served:

Activity	Yearly Totals			
	2018 (ytd)	2017	2016	2015
IT Tickets	1339	1426	1277	945

IT Highlights:

- Completion of IT Quarterly Maintenance on Sept 7, 2018

Peterborough Public Health

Follow us @Ptbohealth

SOCIAL MEDIA Q3 REPORT

June 1 – Sept 30/18

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

Twitter: In Q3 our followers grew

2.6%

to **2166**

80 tweets ***Q3***

-5

919 fans

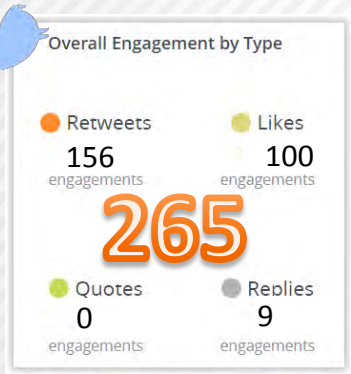
37 new fans

56,667

webpage views

+15.1%

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



most popular tweet

3.0%

engagement rate

8 engagements

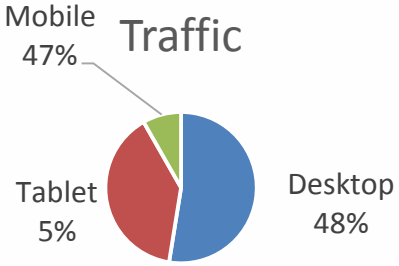
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

Homepage: 9849
Beaches (Testing Results): 7819
Employment: 3591
Beaches: 2320
Contact Us: 1792
Clinics & Classes: 1516
For professionals: 1459
Your Health: 1306
Sexual Health Clinics: 1217
Food handler Course: 1150

website visitors by device



Click throughs from tweet/post to our website

159

n/a

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

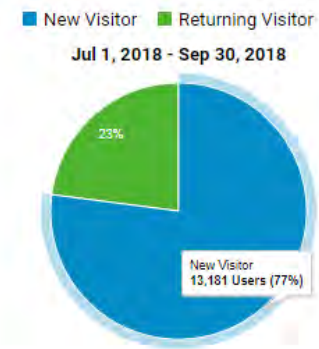
Steady growth and 0 unfollows

twitter

n/a (clicks)

FROM

facebook



www.peterboroughpublichealth.ca

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

@MENTIONS

83

Andy Mitchell for Selwyn Mayor @andyianmitchell

Aug 16

Congratulations to @Ptbohealth for hosting a candidate cafe this week. Great opportunity to discuss issues important to Selwyn like health promotion, food security and water quality. Appreciated staff taking the time to talk about what they do. @SelwynTownship @LakefieldHerald

Campaigns… How did our coordinated social projects perform?

Ad Campaigns – N/A this quarter

Social Media Push Campaigns –

- **Cannabis**
- **Disconnect To Reconnect**
- **Drinking and Driving – New penalties for new and commercial drivers**
- **Overdose Awareness Day**
- **Buck A Beer**
- **Screentime**
- **Rowans Day**
- **Active Kids**

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

Engagement rate: Number of engagements divided by impressions

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

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

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

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

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

Staff Report

Update: 130th Anniversary Plans for 2019

Date:	November 14, 2018
To:	Board of Health
From:	Dr. Rosana Salvaterra, Medical Officer of Health

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Brittany Cadence, Manager, Communications & I.T. Services

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, *Update: 130th Anniversary Plans for 2019,* for information.

Financial Implications and Impact

At its May 9, 2018 meeting, the Board of Health approved up to $10,000 from the 2019 budget towards activities in 2019 supporting the promotion and implementation of Peterborough Public Health's 130th anniversary. 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

At its May 9, 2018 meeting, the Board of Health directed staff to plan a series of events and promotional activities to celebrate Peterborough Public Health's 130th anniversary.

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. This means that on February 18, 2019, the city component of Peterborough Public Health will mark the 130th anniversary. Research is currently ongoing to better understand the roots of public health in our rural municipalities.

Celebrating this 130th anniversary for the Board of Health is seen as an opportunity to raise the profile of local public health and showcase its history of service to local communities and the contributions of the various public health disciplines.

A planning committee has been struck consisting of Board of Health members, PPH staff and community members. This group has met several times and is developing a plan to hold a one-day conference on Saturday, February 9, 2019 in honour of the 130th anniversary date as well as several other activities that will reach out to residents in the county and Curve Lake and Hiawatha First Nations.

The one-day conference on February 9, 2019 is tentatively *entitled "Back to the Future: 130 years of Local and Strong Public Health in the Kawarthas"* and it will take place in Jackson Square. It will feature guest speakers presenting on different aspects of public health over the past decades and includes a lunch and refreshment breaks catered by PPH staff and community volunteers. A program sub-committee has been established to confirm speakers and the event budget. A fee will be charged to offset costs and any proceeds will support the Peterborough Historical Society. Speakers confirmed to date will cover the following topics: Local Indigenous healing practices, the history of the local Board of Health, the history of sewage management (especially in cottage country), and the history of infectious disease management in Ontario. Other themes being explored include public health nursing, milk pasteurization, the role of Women's Institutes, and the history of Peterborough's leadership establishing smoke-free by-laws.

The Committee has also developed a logo that will be used throughout 2019 in promotional materials. The theme of "Local & Strong" was selected to reinforce the fact that municipalities play a lead role in advancing public health. A webpage has also been created to provide updates on anniversary plans as they are confirmed: www.peterboroughpublichealth.ca/130. A "save the date" news release will be shared in November to start promoting the one-day conference. The Committee has also successfully negotiated some free radio commercials in January 2019 to further support the conference and raise awareness about the 130th anniversary.

Strategic Direction

Marking 2019 as an important anniversary fits well with the timing to create a new strategic plan for the organization. It also could help strengthen the Board's argument for increased and sustainable municipal funding for local public health.

Contact:

Brittany Cadence
Manager, Communications and I.T. Services
(705) 743-1000, ext. 391
bcadence@peterboroughpublichealth.ca

To: All Members
Board of Health

From: Mayor Mary Smith, Chair, Governance Committee

Subject: **Committee Report: Governance**

Date: November 14, 2018

Proposed Recommendations:

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from June 19, 2018, for information.*

That the Board of Health for Peterborough Public Health approve:

b. *2-152 Board Leadership and Committee Membership Selection (revised)*
c. *2-192 Donor Recognition (revised)*
d. *2-200 Effective Governance by Effective Board Members (revised)*
e. *2-400 Naming Rights (retire)*
f. *2-20 Authority and Jurisdiction (reviewed, no changes to recommend)*
g. *2-211 Delegation of Authority (reviewed, no changes to recommend*
h. *2-284 Correspondence (reviewed, no changes to recommend)*
i. *2-300 Medical Officer of Health (reviewed, no changes to recommend)*
j. *2-345 Medical Officer of Health – Absence (reviewed, no changes to recommend)*

k. *That the Board of Health for Peterborough Public Health approve a 1.0 % increase in honorarium paid to Board and Committee Members retroactive to January 1, 2018 resulting in a final amount of $149.34.*

Background:

The Governance Committee met last on November 1, 2018. At that meeting, the Committee requested that these items come forward to the Board of Health.

With respect to item 'b', 2-192 Donor Recognition and 2-400 Naming Rights have been combined, some elements were removed (e.g., references to the Myrtle's Kitchen Campaign) and new text has been highlighted. Track changes was not utilized in this instance as it would be difficult to follow given the amount of changes.

For item 'c', the Board has a policy and procedure for establishing honorariums for meeting attendance (policy 2-150) and for review of remuneration (2-153). Based on these policies, the Governance Committee is to request Board approval for changes to Honorarium amounts at

the first Board meeting of the year and that the request be based on wage increases for unionized staff or CODA, whichever is less. The 2018 adjustment was deferred as CUPE and ONA contracts had not been settled.

As noted in policy 2–153, the adjustment to honorariums recommended will be based on the increase in the Consumer Price Index (CPI) or the increase given to staff, whichever is lower. CPI Inflation rate for 2017 was 2.8% and 2.8% again in 2018. The unionized staff wage increases approved in their respective agreements includes: CUPE 1.0% increase as of October 2017 and 1.5 % increase as of October 2018; OPSEU 1.0% increase as of April 2018 and 1.5 % increase as of April 2019. The ONA contract is not yet settled. Based on the established rates and Board policy, the rate increase for 2018 should be 1.0%.

The current honorarium rate is $147.86 per meeting. Based on the above-noted increase, the 2018 rate would be $149.34. The rate increase for 2019 will come to the Board at its first meeting in 2019 as per Board of Health By-Law 3, Calling of and Proceedings at Meetings.

Attachments:

Attachment A – Governance Minutes, June 19, 2018
Attachment B – 2-152 Board Leadership and Committee Membership Selection
Attachment C – 2-192 Donor Recognition
Attachment D – 2-200 Effective Governance by Effective Board Members
Attachment E – 2-400 Naming Rights ***(web hyperlink)***
Attachment F – 2-20 Authority and Jurisdiction ***(web hyperlink)***
Attachment G – 2-211 Delegation of Authority ***(web hyperlink)***
Attachment H – 2-284 Correspondence ***(web hyperlink)***
Attachment I – 2-300 Medical Officer of Health ***(web hyperlink)***
Attachment J – 2-345 Medical Officer of Health – Absence ***(web hyperlink)***

Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, June 19, 2018 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Councillor Henry Clarke**
	Mr. Greg Connolley
	Councillor Lesley Parnell
	Mr. Andy Sharpe
	Mr. Michael Williams, Vice Chair
Regrets:	**Mayor Mary Smith, Chair**
Staff:	**Larry Stinson, Director of Operations**
	Dr. Rosana Salvaterra, Medical Officer of Health
	Ms. Natalie Garnett, Recorder

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1. Call to Order

Mr. Williams, Vice Chair, called the Governance Committee meeting to order at 5:30 p.m.

2. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Mr. Connolley
Seconded: Mr. Sharpe
Motion carried. (M-2018-027-GV)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting held April 3, 2018 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2018-028-GV)

6. Business Arising from the Minutes

7. Staff Reports

7.1 By-Laws, Policies and Procedures for Review

Dr. Salvaterra, Medical Officer of Health, left the meeting at 5:56 p.m. and returned at 6:08 p.m.

MOTION:
That the Governance Committee
a) Recommend to the Board of Health for Peterborough Public that 2-150 Remuneration of Members be approved as revised;
b) Recommend to the Board of Health for Peterborough Public that 2-192 Donor Recognition be approved as amended;
c) Refer 2-200 Effective Governance by Effective Board Members back to staff;
d) Recommend to the Board of Health for Peterborough Public that 2-340 Medical Officer of Health Performance Appraisal be approved as amended;
e) Recommend to the Board of Health for Peterborough Public Health that 2-348 Governance Committee, Terms of Reference, be approved as revised; and,
f) Recommend to the Board of Health for Peterborough Public that 2-261 Appointments, Provincial Representatives, remain unchanged.
Moved: Mr. Connolley
Seconded: Councillor Clarke
Motion carried. (M-2018-029-GV)

8. Consent Items

9. New Business

9.1 Remuneration of First Nations Committee/Indigenous Health Advisory Circle Community Volunteers

MOTION:
That the Governance Committee recommned to the Board of Peterborough Public Health that community volunteers appointed to its Indigenous Health Advisory Circle (previously called "First Nations Committee"):

- *Receive honourariums equal to Board Member appointees mvoing forward; and*
- *Retroactively compensate the two members previously appointed to the Committee to September 2016.*

Moved: Mr. Connolley
Seconded: Councillor Clarke
Motion carried. (M-2018-030-GV)

10. In Camera to Discuss Confidential Matters

11. Motions from In Camera for Open Session

12. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on Tuesday, September 18, 2018 at 5:00 p.m.

13. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Mr. Connolley
Seconded by: Councillor Clarke
Motion carried. (M-2018-031-GV)

The meeting was adjourned at 6:14 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-152	**Title:** Board Leadership and Committee Membership Selection
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2015-06-10**
Signature: *Original signed by Board Chair*		**Author:** Governance Committee
Date (YYYY-MM-DD)**:** 2016-11-09		
Reference:		
Forms: Expression of Interest Form *(available upon request)*		

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

PROCEDURE

Objective(s)

1. To receive and review expressions of interest from Board of Health Members for Board leadership positions (Chair and Vice-Chair) as well as Committee appointments to ensure that the needs and composition of the Board leadership and its Committees are met. Members are expected to serve on at least one Board of Health Committee.

2. To identify members of the community who may wish to volunteer on Board Committees.

Procedure

1. In non-municipal election years:

1.1. A call for expressions of interest will be issued by the Chair of the Governance Committee, or designate, via e-mail on October 1st of each calendar year (or the closest Monday).

1.2. Board of Health Members will be sent an Expression of Interest Form to complete and submit to the Executive Assistant to the Board no later than fourteen (14) days after the initial call.

1.3. ~~In non-municipal election years, f~~Forms will be reviewed by Governance Committee members in closed session at their November meeting.

1.4. In the event that some Committees are not fully subscribed, the Chair of the Governance Committee, or designate, will follow up personally with Board Members to request their participation prior to the November meeting.

1.5. Based on the information gathered and the predetermined needs of the Board, the Committee will make a recommendation to the Board for leadership positions and Committee membership for the coming year at their January meeting.

~~1.3.~~1.6.

2. In municipal election years:

2.1. A call for expressions of interest will be issued by the Chair of the Governance Committee, or designate, via e-mail to First Nation Council representatives and Provincial Appointees ONLY on October 1st (or the closest Monday). Those Members will be sent an Expression of Interest Form to complete and submit to the Executive Assistant to the Board no later than fourteen (14) days after the initial call.

2.2. Once PPH has received notification from the City and County of Peterborough regarding municipal representatives appointed to the Board of Health (normally by mid-December), those members will be sent an Expression of Interest Form by the Board Chair, or designate, with a request to complete and submit to the Executive Assistant to the Board no later than seven (7) days after the initial call.

2.3. The PPH Executive Committee (consisting of the Medical Officer of Health, Director of Operations and Director of Public Health Programs) will review all forms prior to the first Board meeting of the following year.

2.4. In the event that some Committees are not fully- or over-subscribed, the Board Chair, or designate, will follow up personally with Board Members to request their participation prior to this meeting.

2.5. Based on the information gathered and the predetermined needs of the Board, the Executive Committee will make a recommendation to the Board for final decision on leadership positions and Committee membership for the coming year at their January meeting.

~~2. In the event that some Committees are not fully subscribed, the Chair of the Governance Committee will follow up personally with Board Members to request their participation prior to the November meeting.~~

3. Board Members may also recommend appointments for community volunteer positions on a Board Committee using the Expression of Interest Form.

~~4. Based on the information gathered and the predetermined needs of the Board, the Committee will make a recommendation to the Board for leadership positions and Committee membership for the coming year at their January meeting.~~

Review/Revisions

On (YYYY-MM-DD)**:** 2015-06-10

On (YYYY-MM-DD)**:** 2016-11-09
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

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

EXPRESSION OF INTEREST FORM
Board of Health Leadership and Committee Membership

Name:	
Date:	

I am interested in the position of: [please tick desired position]

LEADERSHIP

- ☐ Board of Health Chair
- ☐ Board of Health Vice Chair

I am interested in serving on one or more of the following Committees: [please rank your preference from 1 – 3, with "1" being the most preferred and "3" being the least]

COMMITTEES

- ☐ ~~First Nations~~Indigenous Health Advisory Circle ~~Committee~~ Member
- ☐ Governance Committee Member
- ☐ Stewardship Committee Member
- ☐ ~~I am unable to participate in a Committee at this time.~~

BOARD-APPOINTED COMMUNITY VOLUNTEERS (optional)

I recommend the following community member for a Committee appointment.

Committee:			
Name:			
Phone:		E-mail:	

Please describe why this individual would be a candidate for this appointment:

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-192	**Title:** Donor Recognition
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2016-05-04**
Signature: *Original signed by Board Chair*		**Author:**
Date (YYYY-MM-DD)**:** 2016-05-04		
Reference: 2-190 Sponsorship		

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POLICY

Definitions:

Assets: Building(s) or substantial parts of buildings (rooms, wings, floors, segments), lectures, collections of books, research and education programs or any other opportunities that are thought suitable for naming.

Honourific naming**:** Naming to confer or imply honour or respect. This will generally involve recognition of outstanding individuals for extraordinary service to PPH.

Philanthropic naming: Naming in recognition of an act of philanthropy; generally defined as a charitable gift to PPH; the donor may select another individual or individuals for recognition.

Objective:

The Board of Health welcomes the opportunity to recognize and honour individuals whose generous donations of time, talent or financial assistance enhance the opportunities for the organization to improve the health of our residents.

Purpose:

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

To establish guidelines for the appropriate, equitable and consistent recognition of financial gifts to PPH.

Principles of the Donor Recognition Policy:

1. Although PPH is appreciative of all donations offered, it will not accept donations if such acceptance results in a loss of autonomy or integrity. PPH will not accept donations it determines may violate federal, provincial or municipal laws. Designated donations will be used for the purpose for which they are given. Non-designated gifts will be used for such purposes as PPH determines most appropriate.

2. Annual, one-time gifts of $1,000 and up will qualify donors for recognition on the main Donor Wall under the corresponding Peterborough Public Health Donor Circles giving level (see procedure below for further details).

3. Additional recognition elements (e.g., recognition plaques) can be granted by PPH. Recognition will be cost effective and will not exceed 2% of the value of the gift.

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

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

6. Naming or re-naming rights for Peterborough Public Health (PPH) assets or programs/services shall enhance the Vision, Mission and Values of the Board of Health and priorities of PPH.

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

   The following principles of naming will be taken into account when considering the naming of assets:

   - Consistency will be sought so that naming choices result in comparable levels of recognition.
   - Market value principles should be applied in assessing the worth of naming rights.
   - Preference will be given to a naming that could avoid the necessity of change should activities change over time.
   - If the facility/program/service is to be named after a person, that person shall be:
     - of exemplary moral character;
     - have made an outstanding contribution to the community;
     - have displayed outstanding leadership; or,
     - be a person of historical significance.
   - Naming opportunities do not extend beyond the useful life of the spaces or facilities for which they are associated.

PROCEDURE:

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1. Donor Wall

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

1.2. Recognition will take place when the Donor Wall is updated on a bi-annual basis, and remain in place until updates are required (e.g., a new donor is added or a donor moves up to a new giving level). Donor listings will follow an alphabetical order and individual donation amount will not appear next to donor names.

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

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

2. Gifts In-Kind

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

3. Recognition of Gifts of Equipment

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

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

4. Naming Opportunities

4.1. The Executive Committee will evaluate a proposed naming or renaming including concerns that stakeholders may have.

4.2. For major campaigns the Medical Officer of Health will propose a schedule of naming opportunities.

4.3. Upon review the proposal will either be:

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- declined;
- returned for further negotiation/review; or,
- recommended to the Board for approval.

4.4. The Medical Officer of Health will ensure that appropriate agreements with any external parties are in place prior to any public announcements about the naming. All agreements shall:
- have a term and an end date;
- have renewal options identified;
- include a provision that in an unusual circumstance that PPH determines, at its sole discretion, to terminate a naming commitment if:
    - it may directly or indirectly have a negative impact on PPH's mission, priorities, autonomy or integrity (e.g., the donor is convicted of a serious offence, defaults on the pledge schedule); or,
    - PPH deems withdrawal of recognition to be in its best interest.

4.5. Notwithstanding any other provision of this policy, no naming will be approved or (once approved), continued that will call into serious question, or constitute a significant and continuing challenge to, the public respect or reputation of PPH. The naming of the asset may be changed or discontinued irrespective of time commitments in related gift agreements or announcements.

Review/Revisions
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

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PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-200	**Title:** Effective Governance by Effective Board Members
Approved by: Medical Officer of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:** 1986-12-10
Signature: *Original signed by Board Chair*		**Author:**
Date (YYYY-MM-DD)**:** 2017-06-14		
Reference: 3-700 Pharmaceutical Industry Relations (PPH organizational policy, available upon request) 5-380 Gifts and Honoraria (PPH organizational policy, available upon request)		

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DEFINITIONS

"Associate" includes but is not limited to the parent, child, sibling, spouse or common law partner of the Board member, as well the spouse or common law partner of a parent, child, sibling of those persons, as well as any organization, agency, company or individual with a formal relationship to a member.

"Conflict of Interest" is a real or perceived set of circumstances that can act as an obstruction for a member in carrying out their fiduciary duties as a member of the Board of Health. The conflict of interest may result from a relationship, association, membership with or obligation to another organization or an associate.

POLICY

The Board of Health is the governing body, the policy maker of Peterborough Public Health. It monitors all operations within the organization and is accountable to the communities of Peterborough County and City, Curve Lake and Hiawatha First Nations, and to the Government of Ontario.

To achieve and maintain this expectation, board members must appreciate and accept that member competency, independence and ethical conduct are the foundational pillars that will allow the Board to meet its governance obligations.

Members of the Board are either elected officials who are appointed to the Board by their respective Ccouncil, or are Provincial Appointees appointed by a Lieutenant Governor's Order in Council. Community volunteers can also be appointed by the Board of Health to serve on its Committees.

The duties of the Board of Health are carried out under the authority the Health Protection and Promotion Act and its Regulations. Board of Health members have the responsibility for oversight of the delivery of local public health programs and services by:

- Providing orientation training to every newly appointed member of the Board and ongoing training to all members to ensure that the Board is constantly aware of its function, authority and obligations in the provision of public health.

- Ensuring that the structure of the Board facilitates effective governance and respects partnerships with municipalities and First Nations.

- Operating in a manner that promotes an effective board, effective communication and transparency.

- Developing a shared vision for the organization, establishing the organization's strategic directions, and governing the organization to achieve their desired vision.

- Understanding their fiduciary roles and responsibilities, ensuring that their operations are based on the principles of transparency and accountability, and that Board of Health decisions reflect the best interests of the public's health.

- Ensuring that the Board is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of Peterborough Public Health in planning, operating, evaluating and adapting its programs and services.

- Ensuring that the administration of Peterborough Public Health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

Conduct and Effectiveness

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

To be an effective governance body, the Board must be staffed by members determined to function at the highest level of governance competency.

The Board expects its members to attend and be fully prepared at Board and Committee meetings with current issue knowledge provided through agenda packages, enhanced by personal experience, research and discussion with other board members. This level of knowledge enhances effective decision making.

Effectiveness and competence can also be measured through evaluation:

- *Meeting Evaluations:* Board members will be encouraged to complete online meeting evaluations following each Board and Committee meeting. These evaluations will be shared with the Board and Committee Chairs no later than two weeks following each meeting. The Chairs will be responsible for ensuring that items and concerns arising from these evaluations are addressed in a timely manner.

- *Self-Assessment:* Board members will be invited to complete a self-assessment at the end of each

year.

The Executive Assistant to the Medical Officer of Health will prepare a synopsis of the results from all evaluations and assessments (without identifiers) for the year, this will be shared with the Board at their annual planning session which occurs no later than in the first quarter of the following year.

The individual member must retain independence in Board decision making and not commit to voting based on self-interest, advantage or being obligated to any entity or other member.

Board members must be aware of their role as one individual member of the collective board that functions as the oversight body for Peterborough Public Health. The Medical Officer of Health (MOH) and senior staff are responsible for the management of this public agency. Direction to the MOH will come the Board and not from individual directors or a group of directors.

1. Board members must represent the interests of the Board of Health in carrying out its mission.

2. The Chairperson of the Board or designate is the official spokesperson for the Board. Once a decision has been made by the Board, the Board speaks as one. No individual member or group of members shall public~~al~~ly criticize any decision made by the Board of Health.

3. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough Public Health which is considered private and privileged.

4. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.

5. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.

6. For any operational public health matters, Board members are required to communicate directly with the MOH office, who will delegate as required. Board members may wish to communicate directly with the Chairperson of the Board for matters pertaining to Board of Health business.

PROCEDURE

Definitions:

Non-culpable Absenteeism – an absence resulting from factors generally considered to be outside of the control of the member, such as illness or injury.

Culpable Absenteeism – An absence or repeated absences without notice or sufficient explanation satisfactory to the Chair.

Purpose:

To ensure that Board of Health and Board of Health Committee members contribute their expertise and judgment to the business and affairs of the organization by attending and participating in Board and Committee meetings.

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Procedure:

1. Reporting Absences

1.1. It is recognized that members may be unable to attend some meetings due to conflicts with other commitments or unforeseen circumstances.

1.2. It is important that the Chair be informed prior to any absences via the Executive Assistant to the Board of Health. Should advance notice not be possible (i.e., in the case of an unforeseen circumstance), notification should follow at the earliest opportunity.

1.3. The general nature of the absence should be provided in order to determine whether the absence is culpable or non-culpable.

1.4. The Executive Assistant will prepare an annual attendance report to the Board for all meetings (including Committees) which will be provided to the Board no later than in the first quarter of the following year. The report will indicate the number of Board and Committee meetings, and the attendance for each member. It will not include specific detail regarding the reason(s) for absenteeism.

2. Identifying Absenteeism Concerns

2.1. An attendance problem occurs if any of the following conditions exist in regard to a member's attendance at Board or Committee meetings:

- The member has two unnotified absences in a row (i.e., the member did not provide advance notice).
- The member has three notified absences in a row.
- The member misses one third of the total number of Board or Committee meetings in a twelve-month period.

3. Addressing Absenteeism Concerns

3.1. Where an attendance concern has been identified, a two-step process will be followed.

3.2. STEP 1

3.2.1. The Board/Committee Chair or Vice Chair will promptly contact the member to discuss the concern. The purpose of the discussion is to:

- determine if the absences are culpable or non-culpable;
- discuss resources available for assistance; and,
- provide expectations for improvement.

Special consideration will be given to circumstances surrounding non-culpable absenteeism, at the discretion of the Chair or designate.

3.2.2. Subsequent to this meeting, additional notification will occur as follows:

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- For a Committee member, the Committee Chair will notify the Board Chair and the Medical Officer of Health.
- For a Board member, the Board Chair will notify the Vice Chair and Medical Officer of Health.
- For the Board or Vice Chair, the Medical Officer of Health will be notified.

3.2.3. The discussion will be summarized in a letter which will be sent to the member, and if applicable, copied to the respective appointing authority (e.g., Council or Provincial Appointments Secretariat).

3.2.4. For First Nation or Municipal Council appointees, the Chair or designate will request a meeting with the respective head of Council (e.g., Chief, Mayor, Warden, etc.) to discuss the matter further.

3.3. STEP 2:

3.3.1. Should absenteeism continue, at the Committee or Board level, the Board Chair or designate will:

- Notify and receive approval from the Board, at its next meeting in closed session, the intent to terminate the appointment.

- If approval is obtained, the member and their respective appointing authority will be notified in writing of the request to terminate.

REVISED

Review/Revisions

On (YYYY-MM-DD)**:** 1986-12-10
On (YYYY-MM-DD)**:** 2012-05-09
On (YYYY-MM-DD)**:** 2014-09-10
On (YYYY-MM-DD)**:** 2016-09-14 (review, no changes)
On (YYYY-MM-DD)**:** 2017-06-14 (policy 2-200 renamed, policy 2-270 combined and retired)

To: All Members
Board of Health

From: Councillor Kathryn Wilson, Chair
Indigenous Health Advisory Circle

Subject: **Report: Indigenous Health Advisory Circle**

Date: November 14, 2018

Proposed Recommendation:

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the First Nations Committee from May 29, 2018, for information.*

b. *That the Board of Health for Peterborough Public Health approve policy 2-352 Indigenous Health Advisory Circle, Terms of Reference as amended;*

c. *That the Board of Health for Peterborough Public Health:*
   - *receive the staff report, Traditional Foods in Indigenous Health & Food Safety, for information;*
   - *recognize the Treaty- and Constitutional-protected rights of Indigenous peoples to fish, hunt and harvest on Crown lands; and,*
   - *adopt a policy that would exempt Curve Lake First Nation, Hiawatha First Nation, the Métis Nation of Ontario (Peterborough), and Indigenous organizations in Peterborough County and City from Ontario Food Premises Regulation 493/17 so they can serve uninspected wild meat off reserve.*

Background:

The Indigenous Health Advisory Circle met last on November 6, 2018. At that meeting, the Circle requested that these items come forward to the Board of Health.

Attachments:

Attachment A – Minutes, May 29, 2018
Attachment B – 2-352 Indigenous Health Advisory Circle, Terms of Reference
Attachment C – Staff Report, Traditional Foods in Indigenous Health & Food Safety

Board of Health for
Peterborough Public Health
MINUTES
First Nations Committee Meeting
Tuesday, May 29, 2018 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough

Present:	**Chief Phyllis Williams**
	Deputy Mayor John Fallis
	Ms. Kerri Davies
	Councillor Kathryn Wilson, Chair
	Ms. Lori Flynn
	Councillor Clarke
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health**
	Ms. Alida Gorizzan, Executive Assistant, Recorder
Guest:	**Mr. Andy Dufrane, Métis Nation of Ontario (Peterborough)**

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1. Call to Order

Members were advised that due to other commitments, Ms. Flynn has requested to step down from her appointment as Chair, she will continue on as a regular member of the Committee.

Councillor Kathryn Wilson assumed the role of Chair and called the meeting to order at 5:05 p.m.

2. Confirmation of the Agenda

Dr. Salvaterra requested that item 8.1 be moved up in the agenda, to occur after the approval of the minutes.

MOTION:
That the agenda be approved as amended.
Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-011-FN)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. March 15, 2018

MOTION:
That the minutes of the First Nations Committee Meeting held March 15, 2018, be approved as amended and provided to the Board of Health at its next meeting for information.
Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-012-FN)

Committee Structure and Name

Dr. Salvaterra confirmed Mr. Dufrane's intent to pursue a community volunteer appointment to this Committee. Given that the membership of the Committee will change, and that the current meeting structure (guided by the Board of Health's procedural by-law) is somewhat restrictive in nature, the group discussed options for a more inclusive name, as well as a request to the Board to amend By-Law #3 in order to allow this committee to adopt more culturally appropriate procedural rules.

MOTION:
That the First Nations Committee recommend to the Board of Health for Peterborough Public Health at its next meeting:
- *That the Board approve the renaming of the First Nations Committee to the 'Indigenous Health Advisory Circle to the Board of Health'; and,*
- *That the Board approve the appointment of Andy Dufrane from the Métis Nation of Ontario, to the Indigenous Health Advisory Circle;*

Moved: Ms. Flynn
Seconded: Ms. Davies
Motion carried. (M-2018-013-FN)

MOTION:
That the First Nations Committee recommend to the Board of Health for Peterborough Public Health at its next meeting:
- *That the Board approve revisions to By-Law 3, Calling of and Proceedings at Meetings, to allow the Indigenous Health Advisory Circle to develop procedural rules that are better aligned with Indigenous cultural practices,*

which will be incorporated into its terms of reference and approved by the Board.

Moved: Councillor Clarke
Seconded: Ms. Flynn
Motion carried. (M-2018-014-FN)

6. Business Arising From the Minutes

6.1. 2017-18 Committee Work Plan – Progress Update

a. Draft 2017-18 Committee Work Plan

b. TRC #5 – Discussion re: Culturally Appropriate Parenting Training/Support
This item related to the need for an environmental scan on culturally appropriate parenting training/support programs in Peterborough.
ACTION: Dr. Salvaterra will follow up with staff on this item.

c. TRC #8 – Update from MP Monsef Meeting
A meeting occurred on May 18th with MP Monsef, Councillor Wilson, Chief Williams and Dr. Salvaterra where this item was discussed. Curve Lake First Nation was recently provided with funding for a feasibility study to move the early education centre into their local school, and potentially expand the grade levels offered. Currently the highest grade level is 3, this would be increased to 6. MP Monsef will be invited to the current school, and updated on the status of the funding. This item was determined to be completed.

With respect to federal education funding, Councillor Wilson shared that Hiawatha First Nation has tuition agreements with the local public and separate school boards. Recently, a chartered bus has been secured to provide transportation for students living on reserve, however Hiawatha is paying for the additional fee to cover this service. She also noted the discrepancy in wages for teachers working on vs. off reserve. **ACTION: Councillor Wilson will request a briefing note to summarize these issues from Hiawatha's Education Counsellor, Karrie MacMurray.**

d. TRC #19 – Update from MP Monsef Meeting; Draft Federal Minister Invitation
A draft of the invitation to Ministers Bennett and Philpott was reviewed, this invitation was discussed at the aforementioned visit with MP Monsef. Members discussed potential dates and items for the agenda. **ACTION: Dr. Salvaterra will work with the signatories to finalize the letter within the next few weeks.**

e. TRC #22 – Chiefs of Ontario (COO) Modules Update
Dr. Salvaterra shared that the 8 modules and an accompanying handbook are expected in the coming months. The tools are designed to be customized by each local public health agency, as required. COO has requested that Peterborough Public Health pilot these modules with Hiawatha and Curve Lake First Nations, if possible. Dr. Salvaterra flagged that this would require staff time from all organizations to complete this work.

f. TRC #89 – Update from MP Monsef Meeting; New Letter to Minister Required
ACTION: Dr. Salvaterra will draft an additional letter on this call to action which will be addressed to the Hon. Kirsty Duncan, Minister of Science and Sport. This item will go forward to the Board of Health at their June meeting for consideration.

g. TRC #93 – Letter Required to Minister of Immigration, Refugees and Citizenship
Dr. Salvaterra shared that should the Board send a letter on this call to action, the New Canadians Centre would share it with members of the Immigration Partnership Council to seek further endorsements. The letter would be sent on Canada Day. **ACTION: Dr. Salvaterra will draft this letter and bring it forward to the Board of Health at their June meeting for consideration.**

7. Staff Reports

8. New Business

8.1. Committee Structure and Name

Refer to item 5.1.

8.2. Correspondence for Information

MOTION:
That the First Nations Committee receive the following for information:
a. Letter dated April 23, 2018 from the Board Chair to Minister Raybould regarding the Repeal of Section 43 of the Criminal Code of Canada.
b. Letter dated April 23, 2018 from the Board Chair to Ministers Philpott and Bennett regarding the Truth and Reconciliation Commission's Call to Action #8.
Moved: Ms. Davies
Seconded: Deputy Mayor Fallis
Motion carried. (M-2018-015-FN)

8.3. Review of Ministry of Health and Long-Term Care Guideline: Relationship with Indigenous Communities

Dr. Salvaterra reviewed the recently released guidelines with the Committee. Members appreciated the presentation, and requested that a similar presentation be provided to the Board of Health.

MOTION:
That the First Nations Committee:

- *receive the presentation, Ministry of Health and Long-Term Care Guideline: Relationship with Indigenous Communities, for information; and,*
- *requests that the presentation be provided to the Board of Health at its next meeting.*

Moved:	Ms. Davies
Seconded:	Deputy Mayor Fallis
Motion carried.	(M-2018-016-FN)

9. In Camera to Discuss Confidential Matters (nil)

10. Motions for Open Session (nil)

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

Wednesday, September 19, 2018 – 5:00 – 6:30 p.m., Dr. J. K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough

12. Adjournment

MOTION:
That the meeting be adjourned.

Moved:	Councillor Clarke
Seconded:	Councillor Wilson
Motion carried.	(M-2018-010-FN)

The meeting was adjourned at 6: p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-352	**Title:** ~~First Nations Committee~~Indigenous Health Advisory Circle, Terms of Reference
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2016-02-10**
Signature: *Original signed by Board Chair*		**Author:** ~~First Nations Working Group~~Indigenous Health Advisory Circle
Date (YYYY-MM-DD)**:** **2016-10-12**		
Reference:		

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

REVISED

Goal

To deepen awareness, sensitivity and meaningful actions on issues that are of relevance and public health importance to Indigenous people living within the Peterborough County-City Health Unit (PCCHU) catchment area.

Objectives

The ~~First Nations Committee~~Indigenous Health Advisory Circle (IHAC) will:

1. provide a forum for ~~Committee~~ Circle Members to brainstorm, explore and propose public health-related agenda items for the Board of Health (BOH) to consider that are of importance to Indigenous people living within the PCCHU catchment area. In particular, this includes a review of the Calls to Action from the Truth and Reconciliation Commission, which redress the legacy of residential schools and advance the process of reconciliation, as well as the United Nations Declaration on the Rights of Indigenous Peoples.

2. advise and support the BOH to become a stronger and more effective ally and advocate with respect to ~~its two~~ local First Nation (FN) Communities and on matters that impact on the health and well-being of their members and environment;

3. advise and support the BOH and its staff on ways to strengthen relationships with ~~Curve Lake First Nation (CLFN), Hiawatha First Nation (HFN)~~local Indigenous partners and the broader Indigenous stakeholder community;

4. collaborate with Curve Lake First Nation (CLFN), ~~and~~ Hiawatha First Nation (HFN), the Peterborough and District Wapiti Métis Council and urban Indigenous organizations~~-~~ on strategies and initiatives that will benefit their communities and the well-being and future of Indigenous populations living in the PCCHU catchment area; and

5. advise staff on organizational strategies to address and improve Indigenous public health.

Membership

The ~~Committee~~ Circle will be composed of a minimum of three Board Members in addition to the Chair. This membership must include representation from both CLFN and HFN.

In addition, the Board will seek community members representing the broader Indigenous stakeholder community (e.g., Métis Nation of Ontario, Nogojiwanong Friendship Centre, Nijijkiewenidaa).

The ~~Committee~~ Circle will elect its own Chair and Vice-Chair at the first meeting of each calendar year.

Internal staff resources will be provided for the ~~Committee~~ Circle through the Medical Officer of Health or his/her designate.

Quorum

A majority of ~~Committee~~ Circle members constitute a quorum.

Reporting

The ~~Committee~~ Circle will provide its minutes, once approved, to the Board of Health at the next scheduled meeting.

The Chair will take ~~motions and/or~~ recommendations deemed appropriate by the ~~Committee~~ Circle forward to the Board of Health at the next scheduled meeting.

Meetings

The ~~Committee~~ Circle will meet quarterly, at a minimum, and may meet more frequently as needed.

Minutes

The Executive Assistant to the Board of Health, or designate, will record the proceedings at meetings and provide secretarial support to the ~~Committee~~Circle.

The minutes are circulated in draft to Circle~~Committee~~ members prior to the next Circle~~Committee~~ meeting. Minutes are corrected and approved at the next meeting of the Circle~~Committee~~.

The approved minutes are signed by the recorder and the Chairperson. Original copies of the approved minutes are kept in a binder in the Administration office.

Agendas

Agendas will be prepared and distributed ~~according to the format~~in a format to be determined by the Circle. ~~set forth in Section 4 – Agenda and Order of Business, as written in Board of Health By-Law #3, Calling of and Proceedings at Meetings.~~

Terms of Reference

REVISED

The Terms of Reference will be reviewed and updated at the first meeting of each new year or more often as needed.

Review/Revisions

On (YYYY-MM-DD)**:** 2016-02-10
On (YYYY-MM-DD)**:** 2016-10-12

REVISED

Staff Report

Traditional Foods in Indigenous Health & Food Safety

Date:	November 14, 2018
To:	Board of Health
From:	Councillor Kathryn Wilson Chair, Indigenous Health Advisory Circle

Original approved by	***Original approved by***
Rosana Salvaterra, M.D.	Atul Jain, Manager, Environmental Health

Proposed Recommendations

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Traditional Foods in Indigenous Health & Food Safety,* for information;
- recognize the Treaty- and Constitutional-protected rights of Indigenous peoples to fish, hunt and harvest on Crown lands; and,
- adopt a policy that would exempt Curve Lake First Nation, Hiawatha First Nation, the Métis Nation of Ontario (Peterborough), and Indigenous organizations in Peterborough County and City from Ontario Food Premises Regulation 493/17 so they can serve uninspected wild meat off reserve.

Financial Implications and Impact

Human resource and communication costs may be incurred for training and providing promotional materials, however, these can be covered through the current Food Safety program budget.

Decision History

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

Background

The health risks associated with eating and/or handling wild game meat and uninspected meat include bacterial disease such as E.coli, salmonella, brucellosis and trichinellosis. Some of the symptoms that one may experience from exposure to these bacteria include; severe diarrhea (some bloody), and painful abdominal cramps (E.coli), chills, fever, nausea and dehydration (Salmonella), and muscle pain, fever, swelling of the face, weakness or fatigue (trichinellosis). The symptoms may last for a few days or much longer periods. In some cases exposure to these bacteria can be fatal. Given these risks, Ontario's health protection legislation restricts access to uninspected meat in most circumstances.

In Ontario, "the only meat permitted at a food premise is meat that has been obtained from an animal inspected and approved for use as food in accordance with either Ontario Regulation 31/05"[1] except under prescribed conditions at a wild game dinner or event. There are no federal food safety regulations pertaining to serving wild game. First Nations can serve uninspected wild meat at community events on reserve however would be required to only serve inspected meat at events off reserve.

In the current Ontario Food Premises Regulation 493/17 and the previous 562/90, there is an exemption for the Sioux Lookout Meno-Ya-Win Health Centre to serve uninspected wild meat in recognition of traditional foods in Indigenous health. However, this exemption does not extend to other Indigenous community organizations, such as Friendship Centres.

In November, 2017 the Ontario Federation of Indigenous Friendship Centres (OFIFC), submitted a response to the provincial government's *Bill 160, Strengthening Quality and Accountability for Patients First Act, 2017* (Attachment A), advocating for inclusion of a definition of traditional foods and an expansion of the exemption to include community members and staff at community Indigenous organizations. Unfortunately, the new Regulation 493/17 that came into force on July 1, 2018 did not include this exemption expansion.

There are currently 28 Friendship Centres in Ontario and one located in the City of Peterborough, the Nogojiwanong Friendship Centre, according to OFIFC. Furthermore, there are two Native Women's Association in the City and County of Peterborough, Lovesick Lake Native Women's Association and Niijkiwendidaa Anishnaabekwewag Services Circle.

In 2017, one organization that was planning an Indigenous dinner fundraiser, contacted PPH for information and advice regarding serving wild game meat. None of the aforementioned First Nations or Indigenous organizations has requested an exemption from the Regulation.

Rationale

PPH acknowledges that traditional foods represent a "critical element in the reclamation and strengthening of Indigenous cultures across Canada…" (OFIFC, 2017). To support the safe consumption of traditional foods among area Indigenous communities, the Food Safety

program and the Indigenous Health Advisory Circle recommends that the BOH develop a policy which would ensure that Indigenous communities planning to prepare, serve or offer for sale traditional foods have access to food safety advice, education and training. Such a policy would follow the same exemption requirements as outlined for the Sioux Lookout Meno-Ya-Win Health Centre in the Ontario Food Premises Regulation 493/17.

Strategic Direction

This report applies to the strategic directions of; (i) Determinants of Health and Health Equity and (ii) Community-Centred Focus, by outlining gaps in the provincial food safety regulations pertaining to traditional foods in Indigenous health.

Contact:

Atul Jain
Manager, Environmental Health
(705) 743-1000, ext. 259
ajain@peterboroughpublichealth.ca

Attachment:

Attachment A – *Ontario Federation of Indigenous Friendship Centres (November 2017. Response to Bill 160, Strengthening Quality and Accountability for Patients First Act, 2017.*

[1] https://www.ontario.ca/laws/regulation/R17493#BK41

To: All Members
Board of Health

From: Cathy Praamsma, Chair, Stewardship Committee

Subject: **Committee Report: Stewardship**

Date: November 14, 2018

Proposed Recommendations:

a. *That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from August 23, 2018, for information.*

b. *That the Board of Health for Peterborough Public Health receive the Q3 2018 Financial Report, for information.*

c. *That the Board of Health for Peterborough Public Health receive the Q3 2018 Standards Activity Report – Risk Management, for information.*

Background:

The Stewardship Committee met last on October 24, 2018. At that meeting, the Committee requested that these items come forward to the Board of Health.

Attachments:

Attachment A – Stewardship Minutes, August 23, 2018
Attachment B – Q3 2018 Financial Report
Attachment C – Q3 2018 Standards Activity Report – Risk Management

Board of Health for the
Peterborough County-City Health Unit
MINUTES
Stewardship Committee Meeting
Thursday, August 23, 2018 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

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

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1. Call to Order

Ms. Praamsma called the Stewardship Committee meeting to order at 5:03 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Ms. Davies
Seconded: Chief Williams
Motion carried. (M-2018-030-SC)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 May 1, 2018

MOTION:
That the minutes of the Meeting of May 1, 2018 be approved as circulated.
Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2018-031-SC)

6. Business Arising from the Minutes

6.1 Oral Report: Funding Advocacy Strategy Update

Dr. Salvaterra, provided an update on the Funding Advocacy Strategy.

MOTION:
That the Stewardship Committee receive the oral report, Funding Advocacy Plan Update, for information.
Moved: Chief Williams
Seconded: Ms. Davies
Motion carried. (M-2018-032-SC)

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 as revised; and,*
- *2-190 By-Law #9 – Procurement of Goods and Services as revised.*

Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2018-033-SC)

7.2 Staff Report: Integrated Risk Management – Security Report

Larry Stinson, Director of Operations, provided a presentation on “Integrated Risk Management: Security Report”.

MOTION:
That the Stewardship Committee receive the presentation "Integrated Risk Management: Security Report", for information.
Moved: Ms. Davies
Seconded: Councillor Clarke
Motion carried. (M-2018-034-SC)

7.3 **Staff Report: Asset Management Plan**

MOTION:
That the Stewardship Committee receive the staff report "Asset Management Plan", for information.
Moved: Ms. Davies
Seconded: Mayor Woodcock
Motion carried. (M-2018-035-SC)

7.4 **Q2 2018 Financial Report**

MOTION:
That the Stewardship Committee:
- *Receive the report "Q2 2018 Financial Report", for information; and,*
- *Provide it to the Board of Health at its next meeting for information.*

Moved: Ms. Davies
Seconded: Chief Williams
Motion carried. (M-2018-036-SC)

The Committee requested that staff provide a key indicator report or variance report in addition to the quarterly financial reports.

8. Consent Items

9. New Business

Discussion was held regarding developing a financial strategic plan. It was agreed that this matter would be best raised at the January 2019 Board/Management planning session.

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 Wednesday, October 24, 2018 at 5:00 p.m.

13. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Chief Williams
Seconded: Mayor Woodcock
Motion carried. (M-2018-037-SC)

The meeting was adjourned at 6:17 p.m.

Chairperson

Medical Officer of Health

Financial Update Q3 2018 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2018									
	Funding Type	2018 Submission	Approved by Board	Approved $ by Province	YTD Budget $ (75%)	Year To Date Expenditures to Sept. 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs	MOHLTC Cost Shared (CS)	7,720,933	08-Nov-17	7,875,467	5,906,600	5,574,132	70.8%	332,468	Operating well within budget. Board approved budget included Small Drinking Water and Vector Borne Disease - See lines below. Year to date surplus due to gapping and some underspending in previous three quarters of fiscal year. Plans in place to spend surplus funds before end of year and maximize budget.
Small Drinking Water Systems	CS	90,800	08-Nov-17	90,800	68,100	80,271	88.4%	(12,171)	Operating well above budget due to legal fees incurred for ongoing proceedings. Other program costs within budget allocation. Request approval by Ministry to transfer funds from other program to offset or address overage through mandatory program operations.
Vector- Borne Disease (West Nile Virus)	CS	76,133	08-Nov-17	76,133	57,100	56,378	74.1%	722	Operating within budget. Final program expenditures for Larvaciding provided by City and County to be processed.
Infectious Disease Control	100%	222,300	11-Apr-18	222,300	166,725	178,383	80.2%	(11,658)	Operating above budget. Anticipate being above budget by end of year. Request approval by Ministry to cover excess expenditures by underspending in other 100% Funded programs or within cost-shared pending final quarter operations.
Infection Prev. & Control Nurses	100%	90,100	11-Apr-18	90,100	67,575	67,833	75.3%	(258)	Operating just above budget.
Healthy Smiles Ontario (HSO)	100%	763,100	11-Apr-18	763,100	572,325	519,972	68.1%	52,353	**Operating well within budget. Program expenditures expected to be in line with budget as some planned expenditures for clinic by end of quarter.**

	Funding Type	2018 Submission	Approved by Board	Approved $ by Province	YTD Budget $ (75%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Enhanced Food Safety	100%	25,000	11-Apr-18	25,000	18,750	18,982	75.9%	(232)	Operating just above budget. Anticipate being in budget by end of year.
Enhanced Safe Water	100%	15,500	11-Apr-18	15,500	11,625	13,503	87.1%	(1,878)	Operating above budget. Anticipate being within budget by end of year as student position finished at end of August.
Needle Exchange Initiative	100%	57,000	11-Apr-18	57,000	42,750	29,138	51.1%	13,612	Operating below budget. Year to date expenditures lower as expenditures in first quarter covered through one-time funding approval. Anticipate spending budget by end of year.
Harm Reduction Enhancement	100%	150,000	11-Apr-18	150,000	112,500	101,538	67.7%	10,962	Operating within budget. Anticipate spending budget by end of year.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	180,500	11-Apr-18	180,500	135,375	123,884	68.6%	11,491	Operating within budget. Underspending due to staff gapping in 2nd quarter. Anticipate spending budget by end of year.
Chief Nursing Officer Initiative	100%	121,500	11-Apr-18	121,500	91,125	90,639	74.6%	486	Operating within budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Apr-18	100,000	75,000	75,988	76.0%	(988)	Operating just above budget. Anticipate being within budget by end of year.
SFO - Enforcement	100%	202,100	11-Apr-18	202,100	151,575	156,118	77.2%	(4,543)	Operating just above budget. Anticipate being within budget by end of year.

	Funding Type	2018 Submission	Approved by Board	Approved $ by Province	YTD Budget $ (75%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
SFO - Youth Prevention	100%	80,000	11-Apr-18	80,000	60,000	55,581	69.5%	4,419	Operating well within budget. Anticipate spending budget by end of year.
SFO - Prosecution	100%	6,700	11-Apr-18	6,700	5,025	0	0.0%	5,025	Operating within budget based on program demand.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	11-Apr-18	29,300	21,975	22,371	76.4%	(396)	Operating just above budget. Anticipate being within budget by end of year.
Medical Officer of Health Compensation	100%	51,054	NA	51,054	38,291	38,291	75.0%	-	Operating within anticipated budget based on prior year approval.
Healthy Babies, Healthy Children	100% MCYS	928,413	14-Mar-18	928,413	696,310	685,331	73.8%	10,979	Operating within budget.

One-Time Programs Funded April 1, 2018 to March 31, 2019

	Funding Type	2018 Submission	Approved by Board	Approved $ by Province	YTD Budget $ (50%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Menu Labelling	100%	111,947	11-Apr-18	12,500	6,250	0	0.0%	6,250	Funding for one PHI for 8 weeks during January - March 2019.
PHI Practicum	100%	20,000	11-Apr-18	10,000	5,000	0	0.0%	5,000	Funding for 1 practicum PHI student for 12 weeks during January - March 2019.
Vaccine Refrigerators	100%	50,000	11-Apr-18	45,800	22,900	36,472	121.6%	(13,572)	Funding supports purchase and installation of 4 vaccine fridges. Final fridge expected in next quarter.
Recreational Beaches Predictive Model	100%	30,000	11-Apr-18	30,000	15,000	12,291	41.0%	2,709	Operating well within budget. Student position completed in September. Balance of funds to be spent by end of March 2019 for staffing and equipment.

Programs funded April 1, 2018 to March 31, 2019

	Funding Type	2018 - 2019	Approved by Board	Approved $ by Province/Other	YTD Budget $ (50%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments

Infant Toddler and Development Program	100%	251,422	08-Mar-17	251,422	125,711	123,942	49.3%	1,769	Operated within budget.
Speech	100% FCCC	12,670	Annual Approval	12,670	6,335	6,335	50.0%	0	Operating within budget.
Programs funded January 1, 2018 to September 30, 2018									
Healthy Communities Challenge Fund	100%	162,498	NA	162,498	162,498	162,498	100.0%	0	Program completed September 30, 2018.

Funded Entirely by User Fees January 1 to December 31, 2018									
	Funding Type	2018	Approved By Board	2018 Budget	YTD Budget $ (75%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	382,389	12-Nov-14	382,389	286,792	310,203	81.1%	(23,411)	Program funded entirely by user fees. Expenditures are above budget due to additional program activity. Revenue from User Fees are below budget resulting in a deficit of $45,502. Expected a reduction in defict at this time. Anticipate an increase in revenue over next quarter as final inspections are completed and files closed by program staff. Program activity will continue to be monitored.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	12-Nov-14	97,500	73,125	58,153	59.6%	14,972	Program funded entirely by fees. Operating well within budget. Re-inspection program activity began in late May and will continue into next quarter.
Travel Immunization Clinic	Fee for Service	149,960		149,960	112,470	96,711	64.5%	15,759	Pilot program funded entirely by fees. Revenue from fees currently underbudget resulting in a year to date deficit of $12,731, before considering program inventory. In September, the Board approved recommendation to cease operations. Plans in place for closure of clinic effective November 1/18.

Programs funded through donations and other revenue sources January 1 to December 31, 2018									
	Funding Type	2018 Budget	Approved By Board	2018 Budget	YTD Budget $ (75%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Food For Kids, Breakfast Program & Collective Kitchens	Donation	56,604	NA	56,604	42,453	40,756	72.0%	1,697	Budget based 2017 actuals. Operating above budget. Excess expenditures offset by donations.
Total - All		**12,235,424**		**12,276,310**	**75.0%**	**8,735,694**	**71.16%**	**421,565**	

2018 Standards Activity Reports
as of September 30, 2018

Risk Management

Ref. #	Description	Category	Impact	Likelihood	Overall Risk Rating		Key Risk Mitigations	Date reported to the Board
A	B	C	D	E	F = D x E		G	H
1	Currently operating without a contract with one of our three bargaining units. Negotations have moved to concilliation, therefore increased risk of labour disruption.	Operational / Service Delivery	4	3		High	Continued meeting to work toward a settlement. Review and strike contingency and continuation of operations plans with Management Team.	1-Sep-18
2	The proposed budget for 2019 includes a request for increased proporitional funding (from 25 to 26.9% of cost-shared budget). If the budget is not approved by local funders, staffing and service will be impacted.	Financial	4	3		High	Rationale provided through presentations to local councils. Prepare for decisions regarding service reduction, should it be necessary.	1-Apr-19
3	Ongoing risk of corruption of our technology infrastructure through hacking, ransomware and weather-related damage.	Technology	4	3		High	Firewall protection, anti-virus software, staff education, security audits.	1-Nov-17

Table 1 - Risk Categories	
Risk Category	**Definition**
Compliance Legal	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, and/or contracts. May expose the organization to the risk of fines, penalties, and/or litigation.
Environment	Uncertainty usually due to external risks facing an organization including air, water, earth, and/or forests.
Equity	Uncertainty that policies, programs, and services have an equitable impact on the population.
Financial	Uncertainty of obtaining, using, maintaining economic resources, meeting overall financial budgets/commitments, and/or preventing, detecting, or recovering fraud.
Governance / Organizational	Uncertainty of having appropriate accountability and control mechanisms such as organizational structures and systems processes, systemic issues, culture and values, organizational capacity commitment, and/or learning and management systems,
Information / Knowledge	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
Operational / Service Delivery	Uncertainty regarding the performance of activities designed to carry out any of the functions of the organization, including design and implementation.
People / Human resources	Uncertainty as to the organization's ability to attract, develop, and retain the talent needed to meet its objectives.
Political	Uncertainty of the events may arise from or impact any level of the government including the Offices of the Premier or Minister (e.g., a change in government political priorities or policy direction).
Privacy	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.

Security	Uncertainty relating to physical or logical access to data and locations (offices, warehouses, labs, etc.).
Stakeholder / Public Perception	Uncertainty around the expectations of the public, other governments, media or other stakeholders. Maintaining positive public image; ensuring satisfaction and support of partners.
Strategic / Policy	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust necessarily.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology.