

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, February 13, 2019 – 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, Chair

1.1. Welcome and Opening Statement

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

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 a 9.2 a b c d e 9.3.1 9.3.2 a b c 9.3.3 9.3.4 9.3.5 9.3.6 9.4.1 a b c 9.4.2 a b c d e*

5. Delegations and Presentations

5.1. Peterborough Regional Health Centre: Transforming care through investment and innovation

Presenters:

Dr. Peter McLaughlin, Chief Executive Officer

Adair-Ireland-Smith, Board Chair

Don Gillespie, Board Vice Chair

- Cover Report
- a. Presentation

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. January 12, 2019

7. Business Arising From the Minutes

7.1. Correspondence with the Association of Local Public Health Agencies (alPHa)

- Cover Report
- a. Email to alPHa re: funding
- b. Response from alPHa re: funding
- c. Email to alPHa re: vision screening

8. Staff Reports

8.1. Staff Presentation: The New Canada Food Guide: Update and Public Health Implications

Presenter: Luisa Magalhaes, Registered Dietitian

- Cover Report
- a. Presentation

9. Consent Items

9.1. Correspondence for Direction

- a. Oral Health – Sudbury and District

9.2. Correspondence for Information

- Cover Report
- a. Minister Mulroney - Cannabis Retail
- b. alPHa - 2019 Budget and Public Health Resource Paper
- c. alPHa E-newsletter
- d. alPHa Symposium Update
- e. Premier's Council on Improving Healthcare and Ending Hallway Medicine

9.3. Staff Reports

9.3.1. Report: Oral Health Report, 2019

- Cover Report

9.3.2. Report: Q4 2018 Peterborough Public Health Activities

- Cover Report
- a. Q4 2018 Overall Compliance Status
- b. Q4 2018 Communications and I.T. Report
- c. Q4 2018 Social Media Report

9.3.3. Staff Report: Audit Letter of Engagement, 2018

- Staff Report

9.3.4. Staff Report: Summary of Complaints, 2018

- Staff Report

9.3.5. Staff Report: Summary of Donations. 2018

- Staff Report

9.3.6. Staff Report: Summary of Research Activities, 2018

- Staff Report

9.4. Committee Reports

9.4.1. Governance Committee

Michael Williams, Chair

- Cover Report
- a. Committee Minutes, Nov. 1/18
- b. Terms of Reference (*web hyperlink*)
- c. Committee Appointment

9.4.2. Stewardship Committee

Cathy Praamsma, Chair

- Cover Report
- a. Committee Minutes, Oct. 24/18
- b. Committee Minutes, Jan. 12/19
- c. Terms of Reference
- d. Q4 2018 Financial Report
- e. Three Prong Strategy Status

10. New Business

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001,

- *Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board;*

12. Motions for Open Session

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

Wednesday, March 13, 2019, 5:30 p.m.

Dr. J. K. Edwards Board Room, 3rd Floor

Jackson Square, 185 King Street, Peterborough

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.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Peterborough Regional Health Centre – Transforming care through investment and innovation
DATE:	February 13, 2019

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Peterborough Regional Health Centre – Transforming care through investment and innovation
Presenters: Dr. Peter McLaughlin, Chief Executive Officer; Adair-Ireland-Smith, Board Chair; Don Gillespie, Board Vice Chair.

ATTACHMENTS

[Attachment A – PRHC Presentation](#)



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Peterborough Regional Health Centre

Transforming care through investment
and innovation

Dr. Peter McLaughlin, President & CEO
Adair Ireland-Smith, Chair, Board of Directors
Don Gillespie, Vice Chair, Board of Directors



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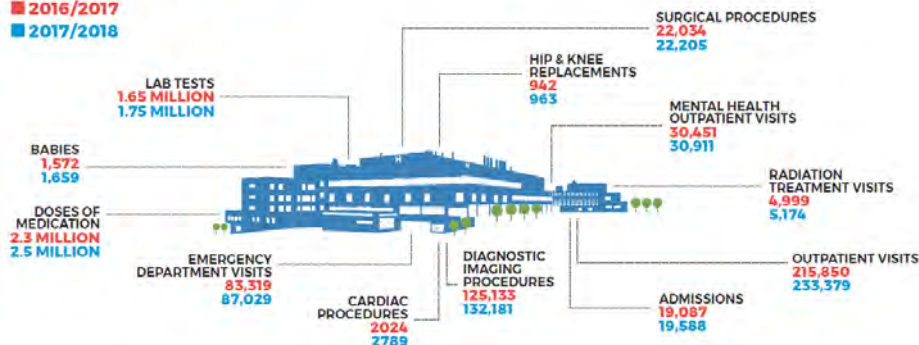
With an operating budget of more than \$300 million and 430 funded inpatient beds, PRHC serves Peterborough and Peterborough County, a referral population of 300,000 people in four counties, and a regional population of 600,000 in the Central East LHIN.

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PRHC BY THE NUMBERS 2016/2017 vs 2017/2018

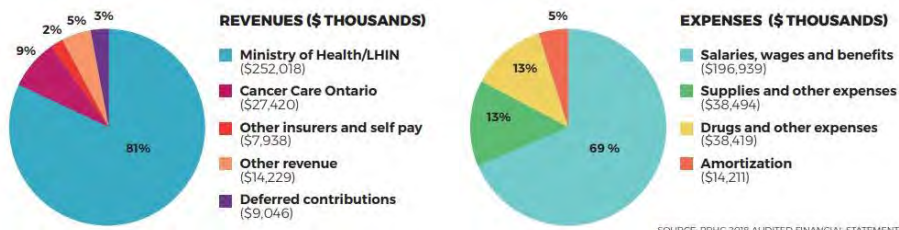
■ 2016/2017
■ 2017/2018



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By the numbers



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Investments

- Since September 2017, PRHC has opened 36 new inpatient beds, including 12 beds dedicated to accommodating “seasonal surge” volumes
- We have also hired more than 100 new nurses (RNs/RPNs) to provide care for the significantly higher number of patients we are seeing year-round
- We have seen tangible positive results in the current surge season as a result of this planning and investment
- Our leadership, staff and physicians continue to do an excellent job of providing care and managing patient volumes that are frequently at or above 100 per cent of our funded bed capacity.

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Stroke Distinction

In October 2018, Accreditation Canada awarded Peterborough Regional Health Centre with Stroke Distinction – a designation indicating that PRHC “has demonstrated national leadership in the provision of high-quality stroke care.”



Stroke Distinction is a rigorous and highly-specialized program developed in partnership with Heart and Stroke Canada, and follows standards based on Canadian Stroke Best Practices and in-depth performance indicators and protocols.

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POGO Clinic

In September 2018, in partnership with POGO (Pediatric Oncology Group of Ontario) and SickKids Hospital, PRHC announced the official opening of our POGO Satellite Clinic.



Our thanks to the PRHC Foundation, and through them our generous community donors, for supporting the purchase of the necessary equipment and technology to provide care for patients in the POGO clinic.

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Mental Health & Addictions

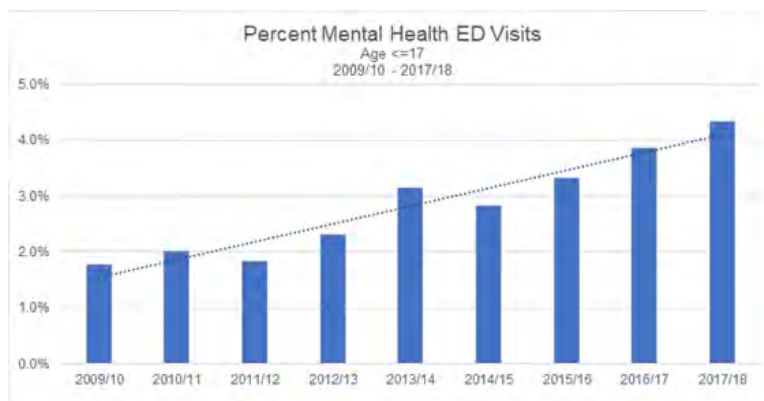
Over the past several years, we have been working to expand our Mental Health & Addictions programs and services to accommodate increasing and evolving patient needs. New services include:

- Adult Outpatient Urgent Care Clinic
- Child & Adolescent Urgent Care Clinic
- Pilot Walk-in Mental Health Clinic for children and youth, in partnership with Peterborough Youth Services (PYS) and Kinark – coming spring 2019
- Dedicated courtyard for the Child & Adolescent Psychiatric Unit (CAPU) – currently under construction

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Mental Health & Addictions



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Mental Health & Addictions

Clinic, naloxone helping city's significant opioid problem, emergency doctor says

Peterborough Regional Health Centre has third highest rate of ER visits for opioid poisoning in new study

NEWS Dec 17, 2018 by [Jason Bain](#) Examiner Staff Writer

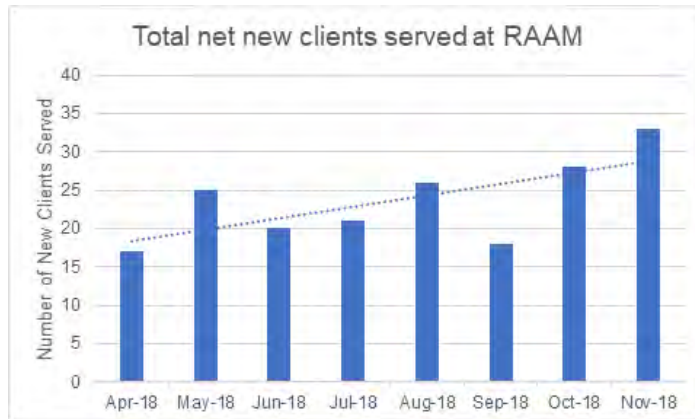
[Dr. Jim] McGorman explained how previously, patients in withdrawal, for example, would be treated in Emergency for their symptoms and sent on their way.

"Now, we can see them the very next day or the day after that," he said, adding patients can be booked into therapy within hours. "It is a very good response to what is going on and I hope we will see a change in the statistics."
 – *Peterborough Examiner, December 2018*

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Mental Health & Addictions



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Mental Health & Addictions

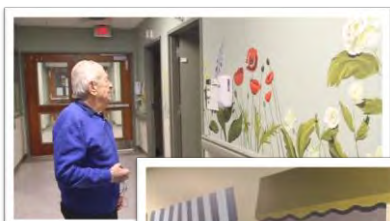
Other recent collaborations with our community partners:

- Launch of Dual Diagnosis Collaborative Consultation Program, in partnership with Canadian Mental Health Association (CMHA) and Tri-County Community Support Services
- Partnership with FourCAST to provide psychiatric care in the community for complex mental health and addictions patients

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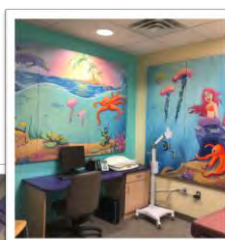
The healing power of art



Mural on
Transitional
Care/
ALC Unit



Pediatric
Outpatient
(POP) Clinic
"Smilezone"




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The healing power of art

CHEX News
37 min · 🌐

New art murals at Peterborough Regional Health Centre helping patients, especially those with dementia. <https://trib.al/DxZFz5X> #Ptbo #Peterborough #PRHC #dementia



GLOBAL NEWS.CA
Art murals at Peterborough Regional Health Centre spark positive memories for patients

3 shares

Donna Blakely Every LTC facility could benefit from this incredible art work. Perhaps we could partner with art programs in our local high schools or art galleries in our communities
Like · Reply · Message · 5d · 33




Tracey Preston Totally beautiful what a warm inviting atmosphere that must give the patients on the C3 unit..
Like · Reply · Message · 2d · 2

Kathryn Hildenbrand Absolutely love the positive feel and atmosphere! It's beautiful!!!
Like · Reply · Message · 5d · 2

Kimberly Liane Heartwarming! Thank you to the Art School and PRHC for choosing to create such a beautiful space for the residents. ❤️
Like · Reply · Message · 5d · 1

Audrey Davies This is amazing. Congratulations to everyone that helped make it happen.
Like · Reply · Message · 5d · 1

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PRHC
Peterborough Regional Health Centre

PRHC is committed to:

- Supporting a positive patient journey
- Being a friendly, healing environment with outstanding patient satisfaction
- Providing exemplary, evidence-based care that produces positive patient outcomes
- Having open, collaborative relationships with our community and regional partners in healthcare
- Being an efficient organization, operating from a solid financial position
- Being a learning organization
- Supporting an excellent quality of life for our people

The future of patient care

Over the coming years, we will continue to invest in:

- Our regional Centres of Excellence, including Cardiac Care, Cancer Care and Surgery
- Ongoing collaboration with our healthcare partners to improve programs and services for patients
- Technology, infrastructure and equipment hospital-wide
- Our people: Ongoing education and professional development, recognition programs, health and wellness supports
- Recruitment: Attracting top talent to join our team

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Thank you.



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**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Meeting Minutes, January 12, 2019
DATE:	February 13, 2019
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 12, 2019.

ATTACHMENTS

[Attachment A - Meeting Minutes, January 12/19](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Saturday, January 12, 2019 – 9:00 a.m.
Dr. J.K. Edwards Board Room
Jackson Square, 185 King Street**

In Attendance:

Board Members:

Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Mr. Gregory Connolley
Ms. Kerri Davies
Deputy Mayor Matthew Graham
Mayor Andy Mitchell (by telephone)
Ms. Catherine Praamsma
Mr. Andy Sharpe
Councillor Don Vassiliadis
Councillor Kathryn Wilson
Chief Phyllis Williams (9:40 a.m.)
Councillor Kim Zippel

Staff:

Ms. Brittany Cadence, Manager, Communication Services
Ms. Donna Churipuy, Director of Public Health Programs
Ms. Natalie Garnett, Recorder
Ms. Alida Gorizzan, Executive Assistant
Dr. Rosana Salvaterra, Medical Officer of Health
Mr. Larry Stinson, Director of Operations

1. Call to Order

Dr. Salvaterra, Medical Officer of Health called the meeting to order at 9:05 a.m.

2.1 Recognition of Outgoing Board of Health Chair – Councillor Henry Clarke

Dr. Salvaterra, Medical Officer of Health thanked Councillor Clarke for serving as Chair of Peterborough Public Health in 2018.

2. Elections and Appointments

2.1 Chairperson

Dr. Salvaterra, Medical Officer of Health called for nominations for the position of Chairperson.

MOTION:

That Councillor Kathryn Wilson be appointed as Chairperson for Peterborough Public Health for 2019.

Moved: Councillor Clarke

Seconded: Ms. Davies

Motion carried. (M-2019-001)

Councillor Wilson assumed the Chair.

2.2 Vice-Chairperson

Councillor Wilson, Chair, called for nominations for the position of Vice-Chairperson.

MOTION:

That Ms. Kerri Davies, be appointed as Vice-Chairperson for Peterborough Public Health for 2019.

Moved: Ms. Praamsma

Seconded: Councillor Clarke

Motion carried. (M-2019-002)

MOTION:

That Mr. Connolley, Ms. Davies, Councillor Vassiliadis, and Mr. Williams be appointed as members of the Governance Committee for 2019.

Moved: Councillor Clarke

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-003)

MOTION:

Chief Williams, Mr. Andy Dufrane, Ms. Lori Flynn, and Councillor Zippel be appointed as members of the Indigenous Health Advisory Circle for 2019

Moved: Mr. Sharpe

Seconded: Councillor Vassiliadis

Motion carried. (M-2019-004)

MOTION:

That Councillor Clarke, Mayor Mitchell, Ms. Praamsma, and Mr. Sharpe be appointed as members of the Stewardship Committee for 2019.

Moved: Ms. Davies

Seconded: Mr. Connolley

Motion carried. (M-2019-005)

3. Establishment of Date and Time of Regular Meetings

MOTION:

That the regular meetings for the Board of Health in 2019 be held on the following dates starting at 5:30 p.m., or at the call of the Chairperson:

- January 12, February 13, March 13, April 10, September 18, November 14, December 11
(Dr. J.K. Edwards Board Room, 185 King St., Peterborough)
- May 8 (Board Room, 38 Whetung St. East, Curve Lake First Nation)
- June 12 (Training Room, 21 Third Street, Keene)
- October 9 (Lower Hall, 123 Paudash St., Hiawatha First Nation)

Moved: Councillor Clarke

Seconded: Ms. Davies

Motion carried. (M-2019-006)

4. Establishment of Honourarium for 2019

MOTION:

That the Board of Health for Peterborough Public Health approve a 1.5% increase to the current honourarium representing a final amount of \$151.58 for 2019.

Moved: Councillor Clarke

Seconded: Councillor Vassiliadis

Motion carried. (M-2019-007)

5. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Ms. Praamsma

Seconded: Ms. Davies

Motion carried. (M-2019-008)

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

MOTION:

That the following items be passed as part of the Consent Agenda: 12.2 a-c and e-h.

Moved: Mr. Sharpe

Seconded: Mr. Williams

Motion carried. (M-2019-009)

MOTION:

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

- a. *Letter dated November 13, 2018 from Minister McLeod to the Board Chair, in response to his original letter dated August 3, 2018, regarding the Ontario Basic Income Pilot.*
- b. *Letter dated November 18, 2018 from the Board Chair to Minister Mulroney regarding funding for cannabis enforcement.*
- c. *Email dated November 29, 2019, from Michelle Boudreau to Dr. Salvaterra, in response to a letter sent by the Board Chair on November 2, 2019 regarding a public health approach to drug policy reform.*
- e. *Letter dated January 7, 2019 from the Board Chair to Premier Ford regarding the opioid crisis.*

From other local public health agencies:

- f. *Bill 47, Making Ontario Open for Business Act, 2018 – Timiskaming*
- g. *Cannabis Retail Locations – KFL&A*
- h. *Public Health Funding – Sudbury & Districts*

Moved: Mr. Sharpe

Seconded: Mr. Williams

Motion carried. (M-2019-009)

8. Delegations and Presentations

9. Confirmation of the Minutes of the Previous Meetings

a. November 14, 2018

MOTION:

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

Moved: Ms. Davies

Seconded: Mr. Williams

Motion carried. (M-2019-010)

b. November 29, 2018

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on November 29, 2018 be approved as circulated.

Moved: Ms. Davies

Seconded: Ms. Praamsma

Motion carried. (M-2019-011)

10. Business Arising From the Minutes

10.1. **Staff Report: Board of Health Vision Screening Survey Results**

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Board of Health Vision Screening Survey Results, for information; and,*
- *indicate to the Association of Local Public Health Agencies (alPHa), its desire for ongoing advocacy to ensure any vision screening of school-aged children is both evidence informed and appropriately funded by the provincial government.*

Moved: Ms. Davies

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-012)

11. Staff Reports

11.1. **Staff Presentation: An Overview of PPH Budgets and Financial Reporting**

Mr. Larry Stinson, Director of Operations, provided a presentation on “Overview of PPH Budgets and Financial Reporting.”

MOTION:

That the Board of Health for Peterborough Public Health receive the staff presentation, “An Overview of Peterborough Public Health Budgets and Financial Report”, for information.

Moved: Councillor Zippel

Seconded: Deputy Mayor

Motion carried. (M-2019-013)

12. Consent Items

12.2d **Correspondence for Information**

MOTION:

That the Board of Health for Peterborough Public Health receive the Email dated December 19, 2018 from the Association of Local Public Health Agencies (alPHa) regarding an update to all Ontario Boards of Health; and,

That a letter be sent to alPHa advising that Peterborough Public Health is looking forward to learning of their plans to support the motion passed unanimously at the 2018 AGM regarding provincial funding.

Moved: Ms. Praamsma

Seconded: Ms. Davies

Motion carried. (M-2019-014)

13. New Business

13.1 130th Anniversary Conference Update – Oral Report

An agenda for the February 9th, 2019 “Back to the Future – 130 Years of Public Health in the Kawarthas” was distributed to Board members.

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, “130th Anniversary Conference Update”, for information.

Moved: Ms. Praamsma

Seconded: Councillor Vassiliadis

Motion carried. (M-2019-015)

13.2 Association of Local Public Health Agencies 2019 Winter Symposium – Thursday, February 21, 2019 – Oral Report

MOTION:

That the Board of Health for Peterborough Public Health receive the oral report, “Association of Local Public Health Agencies 2019 Winter Symposium”, for information.

Moved: Councillor Clarke

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-016)

Mayor Mitchell signed out of the meeting at 10:28 a.m.

14. In Camera to Discuss Confidential Matters

MOTION:

*That the Board of Health for Peterborough Public Health in accordance with the **Municipal Act, 2001**, move In Camera to discuss one item under Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board, at 10:28 a.m.*

Moved: Councillor Clarke

Seconded: Mr. Sharpe

Motion carried. (M-2019-017)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 10:31 a.m.

Moved: Ms. Praamsma
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-018)

15. Motions from In Camera for Open Session

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

The next meeting will be held Wednesday, February 13, 2019 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

17. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Mr. Connolley
Seconded by: Deputy Mayor Clark
Motion carried. (M-2019-019)

The meeting was adjourned at 10:31 a.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Business Arising – Correspondence to the Association of Local Public Health Agencies (alPHa)
DATE:	February 13, 2019
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- a. Email dated January 18, 2019 from Dr. Salvaterra to Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa) regarding funding advocacy.
- b. Letter dated January 23, 2019 from Loretta Ryan responding to Dr. Salvaterra regarding funding advocacy.
- c. Email dated February 8, 2019 from Dr. Salvaterra to Loretta Ryan regarding vision screening.

BACKGROUND

At the January 12, 2019 meeting, the Board requested that staff send correspondence to alPHa on matters relating to funding advocacy and vision screening.

ATTACHMENTS

[Attachment A – Email to alPHa, January 18, 2019 re: funding](#)

[Attachment B – Letter to PPH, January 23, 2019 re: funding](#)

[Attachment C – Email to alPHa, February 8, 2019 re: vision screening](#)

From: Rosana Salvaterra
Sent: Friday, January 18, 2019 3:48 PM
To: 'Loretta Ryan' <loretta@alphaweb.org>
Cc: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>; Larry Stinson <lstinson@peterboroughpublichealth.ca>
Subject: Communication from Peterborough board of health

Dear Loretta,

At the June 2018 AGM, the resolution brought forward by Peterborough Public Health related to advocacy for sustainable provincial funding for local public health (Resolution A 18-1) was supported by the alPHA membership. At its January 12, 2019 meeting, the board requested that I enquire as to the status of this advocacy work, hence this email.

As you will recall, the resolution requested that long-term sustainable provincial funding for local boards of health be the focus of a strategy with the following elements: advocacy for adequate levels of funding for all public health programs with a minimum commitment for a 75% provincial proportion for cost-shared programs; the engagement of other strategic and provincial partners, such as the Association of Municipalities of Ontario (AMO), the City of Toronto, the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), the Alliance for Healthy Communities etc. to develop, implement, sustain and update as required an ongoing provincial campaign; and the production of a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

Peterborough's board of health appreciates all of the efforts made by alPHA to date, and understands the need to build relationships with our new provincial government. Would it be possible to share a status update with the alPHA membership so that our board, and others, can understand your progress with resolution A 18-1? I am not certain that anyone from Peterborough will be able to attend the upcoming sessions in February, therefore something in writing would be most helpful.

Thank you, Loretta, for considering this request from our board of health. Have a great weekend!

Rosana (Pellizzari) Salvaterra, MD, CCFP, MSC, FRCPC
Medical Officer of Health,
Peterborough Public Health
Jackson Square, 185 King Street,
Peterborough, ON K9J 2R8
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810

alPHA Resolution A18-1, Sustainable Funding for Local Public Health in Ontario

At the June 2018 alPHA AGM, a resolution was brought forward by Peterborough Public Health related to advocacy for sustainable provincial funding for local public health (Resolution A 18-1, attached), which was supported by the alPHA membership. The operative clauses include the following elements:

- Sustained advocacy for adequate levels of funding for all public health programs and a minimum commitment for a 75% provincial proportion for cost-shared programs.
- The development and implementation of an ongoing provincial campaign to identify and secure the real resource needs for an optimal local public health system in Ontario, to be carried out in partnership with other stakeholders (AMO, the City of Toronto, OPHA, CPHA, AOHC, etc.).
- The commission and circulation of a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

This resolution was discussed by the alPHA Board of Directors during its September 28, 2018 meeting. The Board acknowledged the importance of advocating for sustainable public health funding and alPHA's key role while also recognizing that the specific asks would be very difficult to achieve in the near-term with alPHA's available resources. Also discussed was the need to be strategic given the new provincial government and its priorities. The Board therefore directed Executive Committee to take the lead on the following action items:

- Develop a provincial budget submission (report) in Spring 2019 focusing on public health funding;
- Approach PHO regarding assisting with public health Return on Investment (ROI) research and a TOPHC workshop in March 2019 on public health ROI; and
- Continue current partnerships with other stakeholders (CMOH, City of Toronto, OPHA, etc.) to advocate for an optimally funded public health system.

At the time of writing, the alPHA budget submission is drafted and undergoing review by the alPHA Board. This will be finalized prior to January 29th, which is the date that alPHA's President will present it to a panel of MMPs at the pre-budget consultation in Whitby.

alPHA's Executive Director has had several meetings with Public Health Ontario regarding ROI and this work is underway. A TOPHC ROI workshop has also been confirmed.

alPHA's Executive Director and Section Chairs are in regular contact with other public health stakeholders (notably the CMOH, PHO and AMO) in order to inform the strategic framework for engagement with the current government on the critical importance of public health and the resources required to carry out its mandate.

We hope that you find this information useful. Updates will be provided through alPHA's regular communications with members.

alPHa RESOLUTION A18-1

TITLE: Sustainable Funding for Local Public Health in Ontario

SPONSOR: Peterborough Public Health

- WHEREAS** it is widely recognized that public health interventions save lives and represent a significant return on investment and the goal of the Ministry of Health and Long-Term Care is a sustainable publicly funded health system that is based on helping people stay healthy, delivering good care when people need it, and protecting the health system for future generations; and
- WHEREAS** the operation of boards of health (or local public health agencies) is governed by the Health Protection and Promotion Act (HPPA) which requires the obligated municipalities to pay all related expenses and the Minister of Health to, under Section 76, “make grants for the purposes of this Act on such conditions as he or she considers appropriate”, which since 2007, has been by policy defined at a ratio of 75:25 (provincial/municipal); and
- WHEREAS** provincial funding for local public health in Ontario is achieved through a combination of cost-shared (Ministry of Health and Long-Term Care (MOHLTC) Grants and Municipal/First Nations contributions) and 100% Ministry (MOHLTC, Ministry of Child and Youth Services, Ministry of Community and Social Services) programs so that the cost-shared annual operating budget comprises a significant amount of the overall local public health budgets; and
- WHEREAS** the funding challenges faced by local public health in recent years has included:
- a lack of annual increases (which has led to increased proportional funding from local partners and decreased provincial shares);
 - insufficient ongoing provincial funding to fully implement both cost-shared and 100% provincially funded programs;
 - application of a funding formula that has not been validated and lacks support from the field;
 - funding approvals provided late in the fiscal year; and
- WHEREAS** that as funding shortfalls have grown, boards of health have been forced to reduce staffing levels and been unable to fulfill program requirements, despite the recent revision of program standards to provide a greater level of flexibility at the local level, putting communities at an increased risk of losing services and not achieving desired public health outcomes;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies' (alPHa) board and staff will make the long-term sustainable provincial funding for local boards of health a priority for advocacy and strategy development for its members, specifically that the following elements be addressed:

- alPHa continue to advocate for adequate levels of funding for all public health programs and a minimum commitment for a 75% provincial proportion for cost-shared programs to ensure the needs for the effective and optimal delivery of evidence informed and legislated interventions and services to promote or protect local public health are sustained;
- alPHa engage with other strategic and provincial partners, such as the Association of Municipalities of Ontario (AMO), the City of Toronto, the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), the Association of Ontario Health Centres (AOHC) etc. to develop, implement, sustain and update as required an ongoing provincial campaign to identify and secure the real resource needs for an optimal local public health system in Ontario; and
- alPHa commission and share a position paper that explores, researches and reports on the evidence to support the local governance and delivery of public health services and the true funding requirements to ensure all communities, including First Nations, Métis and Inuit, whether in partnership with existing boards of health or in alternate models, are able to benefit fully from what public health has to offer.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

From: Rosana Salvaterra
Sent: Friday, February 08, 2019 1:52 PM
To: Loretta Ryan <loretta@alphaweb.org>
Cc: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: FW: Vision Screening Staff Report
Attachment: Staff Report, Vision Screening Survey (Jan 12/19)

Hi Loretta – I apologise for filling up your inbox these days. I have another request from the board of health. I have attached the results of the survey that our board did recently with other boards of health regarding vision screening. We were asked to share it with alPHa and to let you know that our board is interested in ongoing advocacy on the evidence and funding for this requirement. Please feel free to share with the alPHa board. Thanks!

Rosana (Pellizzari) Salvaterra, MD, CCFP, MSC, FRCPC
Medical Officer of Health,
Peterborough Public Health
Jackson Square, 185 King Street,
Peterborough, ON K9J 2R8
p. 705.743.1000 x264 or 1.877.743.0101
f. 705.743.1810

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	The New Canada Food Guide – Update and Public Health Implications
DATE:	February 13, 2019
PREPARED BY:	Luisa Magalhaes, Registered Dietitian
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: The New Canada Food Guide – Update and Public Health Implications
Presenter: Luisa Magalhaes, Registered Dietitian

ATTACHMENTS

[Attachment A – New Canada Food Guide Presentation](#)

The New Canada Food Guide

Update and Public Health Implications

Luisa Magalhaes, RD, MHSc

February 13, 2019



**Peterborough
Public Health**

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

Proposed Recommendation

That the Board of Health for Peterborough Public Health receive the presentation, The New Canada Food Guide, for information.

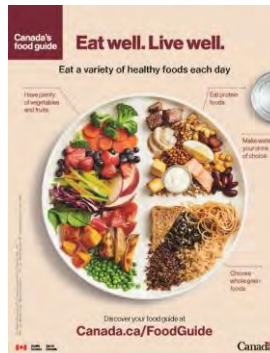


**Peterborough
Public Health**

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

Overview

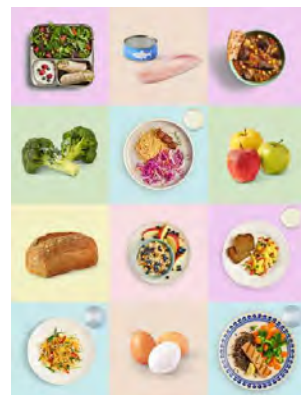
- Purpose of Canada's Food Guide
- Revision Process
- What's Changed?
- Implications for Public Health



Why the Food Guide Matters

- Integrated into nutrition policies, programs, and resources
- Taught in schools and used by health professionals
- Influences foods served and sold in Canada's public institutions and eaten at home

Unhealthy diet is a primary risk factor for disease burden in Canada



Why Revise?

- New evidence since 2007 version (e.g. sugar, sodium and saturated fat messaging)
- 2007 guide was hard to understand
- Reduced credibility due to food industry influence
- The evidence around Dietary Reference Intakes has not changed



“What” to Eat

- Plenty of Vegetables and Fruit
- Whole Grains
- Protein Foods
(includes meat & dairy)
- Water is the best hydration choice



“How” to Eat

- Be mindful of your eating habits
- Cook more often
- Enjoy your food
- Eat meals with others
- Use food labels
- Limit foods high in sodium, sugars and saturated fats
- Be aware of food marketing



Considerations

- Social determinants of health
- The environment
- Cultural diversity, including social, cultural and historical context of Indigenous Peoples



Still to Come

- Canada's Healthy Eating Pattern for Health Professionals and Policy Makers
 - Will include more specific guidance on amounts and types of food
- Considerations for Indigenous Peoples Health Canada and Indigenous Services Canada



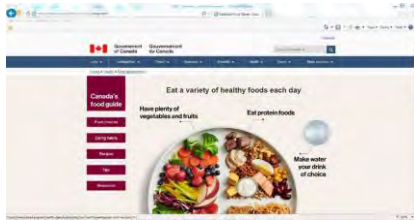
Implications for Public Health

- Informs the development of programs and policies that improve the food environment where we live, work, play, and learn
- Support a universal, evidence based approach to healthy eating in institutions
- Encourages understanding and action around barriers that make it hard for residents to meet nutrition needs



Proposed Recommendation

That the Board of Health for Peterborough Public Health receive the presentation, The New Canada Food Guide, for information.



Questions?
Canada.ca/FoodGuide

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction – Provincial Oral Health Program for Low Income Adults and Seniors, Sudbury & District Health Unit
DATE:	February 13, 2019
PREPARED BY:	Patti Fitzgerald, Manager, Child Health Services
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive for information, Resolution #42-18 dated November 22, 2018 from the Board of Health for Sudbury & District Public Health Unit regarding a provincial oral health program for low income adults and seniors; and,
- support their position and communicate this support to Premier Ford, with copies to Minister Elliott, Dr. David Williams, Chief Medical Officer of Health local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health

BACKGROUND

Correspondence from Sudbury & District Public Health Unit (appended) was forwarded to all Ontario Boards of Health on December 7, 2018.

As part of their platform “For the People: A Plan for Ontario”, Premier Ford and the Ontario Progressive Conservatives stated they will support seniors by introducing a free dental program for low-income seniors. The previous government as part of their Poverty Reduction Strategy committed to providing dental benefits to low-income adults by 2025.

The Board has a history on this very important issue, including a letter of support endorsing Porcupine Health Unit’s resolution in April 2017. Further support was given at the alPHA’s Annual Conference in 2017 for Resolution A17-1 “Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors (sponsored by Chatham-Kent Public Health Unit & Porcupine Health Unit)

ATTACHMENTS

[Attachment A – Sudbury & District Letter to Premier Ford](#)



**Public Health
Santé publique**
SUDBURY & DISTRICTS

December 7, 2018

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Support for Provincial Oral Health Program for Low Income Adults and Seniors

I am very pleased to write to you on behalf of the Board of Health for Public Health Sudbury & Districts to share our sincere appreciation for the provincial government's support of a provincial oral health program for low-income seniors. This is a welcome addition to oral health programs already available for children and youth in low-income families through Healthy Smiles Ontario.

The Board of Health for Public Health Sudbury & Districts has a keen interest in oral health. In reviewing our 2018 data on oral health, we identified that to further support oral health for all Ontarians, programs are needed for low-income adults, in addition to those in place or planned for children, youth and seniors.

At its meeting on November 22, 2018, the Board of Health carried the following resolution #42-18:

Sudbury

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

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

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

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

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

Toll-free / Sans frais

1.866.522.9200

phsd.ca



Healthier communities for all.
Des communautés plus saines pour tous.

Letter

Re: Support for Provincial Oral Health Program for Low Income Adults and Seniors

December 7, 2018

Page 2

WHEREAS as compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians; and

WHEREAS the Ontario Progressive Conservative party pledged to implement a comprehensive dental care program that provides low income seniors with quality care by increasing the funding for dental services in Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and by investing in a new dental services in underserved areas including increasing the capacity in public health units and investing in mobile dental buses;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income seniors and further encourage the government to expand access to include low income adults; and

FURTHER that this motion be shared with area municipalities and relevant dental and health sector partners, all Ontario Boards of Health, Chief Medical Officer of Health, Association of Municipalities of Ontario (AMO), and local MPPs.

Thank you for your attention to this matter and I look forward hearing more about the role public health can take in support of a new oral health program for low income adults and seniors that is cost effective and accessible.

Sincerely,



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

cc: Honorable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care
Mr. Jamie West, MPP, Sudbury
Ms. France Gelinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities within Public Health Sudbury & Districts
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Municipalities of Ontario
Dr. David Diamond, President, Sudbury & District Dental Society
Dr. Tyler McNicholl, vice-president, Sudbury & District Dental Society
Ms. Jacque Maund, Alliance for Healthier Communities

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	February 13, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- a. Letter dated January 11, 2019 from Minister Mulroney in response to the former Board Chair's initial letter dated November 8, 2018, regarding cannabis retail.
- b. Email dated January 25, 2019 from Gord Fleming, Association of Local Public Health Agencies (alPHA) to the Council of Medical Officers of Health regarding the 2019 provincial budget submission and public health resource paper.
- c. alPHA e-newsletter dated January 25, 2019.
- d. alPHA symposium update, January 30, 2019.
- e. Premier's Council on Improving Healthcare and Ending Hallway Medicine Releases First Report, released January 30, 2019.

Attorney General
McMurtry-Scott Building
720 Bay Street
11th Floor
Toronto ON M7A 2S9
Tel: 416-326-4000
Fax: 416-326-4007

Procureure générale
Édifice McMurtry-Scott
720, rue Bay
11^e étage
Toronto ON M7A 2S9
Tél.: 416-326-4000
Téléc.: 416-326-4007



Our Reference #: M-2018-3556

JAN 11 2019 *RS*

Councillor 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 regarding the provincial legislation governing cannabis retail and sharing the concerns of the Board of Health for Peterborough Public Health.

As a result of the federal government's decision to legalize cannabis in Canada on October 17, 2018, provincial legislation has passed with rules to keep cannabis out of the hands of children and youth, while keeping our roads and communities safe.

Provincial legislation has also passed to enable the implementation of a private retail and distribution system that protects youth and combats the illegal market with due-diligence requirements and eligibility criteria for the issuance of licences and store authorization, including financial responsibility and conduct based on the principles of integrity and public interest.

As your concerns regarding funding fall under the area of responsibility of the Honourable Vic Fedeli, Minister of Finance, I have forwarded your email to him so that he is aware of them.

Thank you again for writing.

Sincerely,

A handwritten signature in blue ink that reads "Caroline Mulroney".

Caroline Mulroney
Attorney General

c: The Honourable Vic Fedeli, Minister of Finance

From: Gordon Fleming [<mailto:gordon@alphaweb.org>]
Sent: January-25-19 4:00 PM
To: COMOH (Council of Ontario Medical Officers of Health)
Subject: alPHa Pre-Budget Submission & Resource Paper

Dear COMOH Members,

This is to inform you that the alPHa Pre-Budget Submission has been transmitted to the Minister of Finance as well as those copied. It was also submitted via the generic e-mail address that was provided on the online budget consultation page.

The Public Health Resource paper that was developed under the leadership of Vera Etches was also finalized today and may be used as a communications tool to educate and open conversations with the decision makers about public health's unique role and great value within the health system.

Each is attached.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23



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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

January 25, 2019

The Honourable Victor Fedeli
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Submitted via e-mail: submissions@ontario.ca

Dear Minister Fedeli,

Re: Budget 2019

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input for your consideration as you develop the 2019 Ontario Budget.

Specifically, we are recommending that the integrity of Ontario's public health system, as outlined in this submission, be maintained and reinforced with assurances from the Province that it will continue its funding commitment to cost-shared programs and make other strategic investments that address the government's priorities of improving services and ending hallway medicine.

Public Health is on the Front Line of Keeping People Well

alPHA's members are the medical officers of health, members of boards of health and managers of the major public health programs. These are the people on the front lines of delivering the programs and services that prevent disease and promote health in every community in Ontario. For more than 180 years, Ontarians have enjoyed a strong, locally-based public health system that puts their health and wellbeing at the front and centre.

Public Health Delivers an Excellent Return on Investment

Public Health makes a critical contribution to alleviating pressures on our hospitals and doctors' offices, by delivering programs and services that keep people from becoming ill in the first place. While it is difficult to accurately measure the impacts (one cannot count the number of outbreaks that didn't happen because of a vaccine campaign or cases of food poisoning that were prevented through regular inspection of restaurants), studies have nonetheless demonstrated that public health interventions are good value for money and an excellent return on investment.

The following are only a few examples of the return on investment in public health:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs.
- Every \$1 invested in community water fluoridation yields an estimated \$38 in avoided costs for dental treatment.
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs ,
- Every \$1 spent on early childhood development and health care saves up to \$9 in future spending on health, social and justice services.

Public Health is an Ounce of Prevention that is Worth a Pound of Cure

The 2017 report of the Auditor General of Ontario (AGO) contained a chapter on the Ministry of Health and Long-Term Care's (MOHLTC) Chronic Disease Prevention program, which concluded that most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by addressing physical inactivity, smoking, unhealthy eating and excessive alcohol consumption. The Institute for Clinical Evaluative Sciences estimated that 22% of the Province's spending on health care was attributable to those four modifiable risk factors associated with chronic diseases, which totaled \$90 billion in health care costs, including hospital care, drugs and community care, between 2004 and 2013.

The MOHLTC's own estimates conclude that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario. Preventing chronic diseases not only helps to reduce the financial burden on the health care system but it also creates a better quality of life that in turn supports individuals' ability to contribute to vibrant communities and a strong economy. Public Health leads in reducing the modifiable risk factors behind chronic disease and injury. The effective execution of this role is limited only by its capacity.

Public Health Contributes to Strong and Healthy Communities

Boards of health in each of Ontario's public health units provide programs and services that are tailored to improve the health of the entire population starting with addressing needs at the local level. In so doing, they form the local foundation of a province-wide system that works "upstream" to address risks to health thereby reducing the demand on and costs to the health care system. These activities are outlined and mandated in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* under the Health Protection and Promotion Act and fall under the following categories:

- Chronic Disease Prevention and Well-being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- Substance Use and Injury Prevention

Four “Foundational Standards” ensure that population health assessment, a focus on health equity, effective public health practice through quality assurance and transparency, and emergency management are considerations in each of these categories.

Boards of health tailor the requirements to meet local needs in collaboration with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) or develop new programs to address the specific health needs of their communities.

Public Health is Money Well Spent

Boards of health budgets are paid for by their respective obligated municipalities in accordance with the Health Protection and Promotion Act (HPPA) with the MOHLTC providing offsetting grants of up to 75% for mandatory programs and up to 100% for priority programs.

According to the 2018-19 MOHLTC Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) is \$1.267 billion, or about 2% of the total MOHLTC operating expenses. We believe that this demonstrates the tremendous value of Ontario’s system of local public health given its significant impact on the health of the people of Ontario.

Having applied the lessons learned from several public health crises that emerged in Ontario in the first decade of the new millennium (the Walkerton tragedy (2000), SARS (2003) and pandemic influenza (2009)), Ontario’s public health system is more clearly understood and more robust now than it was then. Investing in public health has given Ontario a mature, integrated, cost-effective, and accountable public health system.

We have demonstrated that modest investments in the public health system can generate significant returns, including better health, lower costs and a stronger economy. We believe first and foremost that the integrity of Ontario’s locally-based public health system, as outlined above, should remain intact. In addition, we believe that an explicit commitment to the ongoing provision of the 75% provincial share of public health funding along with additional strategic investments in the public health system will address your Government’s priorities of improving services, ending hallway medicine and addressing Ontario’s fiscal challenges.

Public Health’s broad efforts in the areas of health protection and promotion and disease prevention touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government’s goals of cutting hospital wait times and ending hallway health care, improving the delivery of government programs and services, and even putting money back in people’s pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent over the coming year. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
alPHa President

COPY:

Honourable Christine Elliott, MPP, Deputy Premier and Minister of Health and Long-Term Care
Stephen Crawford, MPP, Chair, Standing Committee on Finance and Economic Affairs
Timothy Bryan, Committee Clerk, Standing Committee on Finance and Economic Affairs
Helen Angus, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health and Population and Public Health, MOHLTC
Peter Donnelly, President & CEO, Public Health Ontario

About alPHa

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.

Membership in alPHa is open to all public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

Contact: Loretta Ryan, Executive Director
loretta@alphaweb.org or 647-325-9594

Further information on alPHa can be found at: www.alphaweb.org

Improving and Maintaining the Health of the People

The Contribution of Public Health to Reducing Hallway Medicine

As the Government of Ontario considers one of its most high-profile election commitments – the elimination of “Hallway Medicine” in Ontario – this paper has been developed to explain the work of the public health sector and to highlight the important role that the sector can play in meeting that challenge.

One of the answers to keeping people out of hospital hallways is to reduce the demand for hospital and primary care services. Building healthy communities through an efficient, proactive and locally managed public health system, mandated to lead on preventative measures to protect and promote the health of Ontarians, can go a long way to reducing that demand.

Ontario’s public health system delivers value for money, ensuring Ontarians remain healthy, and are able to contribute fully to a prosperous Ontario. Studies have shown tremendous return on investment. For example, every \$1 spent on:

- **mental health and addictions** saves \$7 in health costs and \$30 dollars in lost productivity and social costs;
- **immunizing children** with the measles-mumps-rubella vaccine saves \$16 in health care costs; and
- **early childhood development and health care** saves up to \$9 in future spending on health, social and justice services.

A systematic review of international public health investments published in 2017 concludes that cuts to public health budgets in high income countries represent a false economy and are likely to generate billions of dollars of additional costs to health services and the wider economy.

At the same time, the public health system supports an effective health care system by reducing the demand for hospital services through:

- advising and convening diverse stakeholders (e.g. schools, police, healthcare) to improve mental health and addictions treatments in community settings;
- ensuring people are treated for sexually transmitted infections and tuberculosis and preventing infections and related hospital visits;
- safeguarding the community from harms caused by impure drinking water and environmental hazards;
- reducing the impact of outbreaks, such as influenza in Long Term Care Homes and hospitals; and
- providing a point of access to supports and information for people with greater needs, whether rural, newcomers or others isolated in urban environments.

In short, public health actions now can result in fewer emergency room and doctor’s office visits today and in the future.

The geographic breadth of Ontario means that the needs of residents differ from region to region. Public health and community-based programs and services require localised input and delivery, leveraging existing partnerships with schools, municipalities, business networks, health care providers and social services organizations, resulting in the ability to quickly and efficiently respond to the needs

of the people:

- In 2016, the Middlesex-London Health Unit identified an outbreak of HIV in London. Provincially, HIV rates largely driven by men who have sex with men, had been declining for a decade. In London, rates were spiking, and driven by IV drug use. The Health Unit put boots on the ground, assembled an outreach team to find people on the street, and connected them with HIV testing and treatment. Today, the outbreak is over.
- As the opioid crisis became critical in 2017, Ottawa Public Health supported people most at risk, informed schools and parents, made naloxone available across the city, and created a new real-time surveillance system. Today, the public health unit is using the surveillance data to inform and organize a Mental Health and Substance Use Summit, with The Royal Hospital. A broad range of stakeholders is identifying actions to increase prevention and create a more integrated approach to improve mental health assessment and access to treatment.
- Recently, the North Bay Parry Sound Health Unit identified a need for enhanced dental services for low-income adults, based on data about high rates of emergency room visits for dental problems. The health unit solved the problem by starting a now well-used dental clinic for people who meet the financial and program criteria.
- Last year, Toronto Public Health completed implementation of a wireless strategy that allows personal services setting inspectors and nurses inspecting vaccine fridges in doctors' offices to complete their visits using tablets that upload results in real time rather than recording the inspection on paper and entering it on the website later. This means that results of inspections, information on the BodySafe website that people use each day to shop for a nail salon or other personal service, is the most current information.
- Local public health units are increasingly using technology to serve people, improving convenience and cost-effectiveness, such as through interactive web-based prenatal education and chats with nurses on Facebook and by using on-line video to observe people taking tuberculosis medication instead of in-person observation. Such innovations begin locally and have spread across the province.

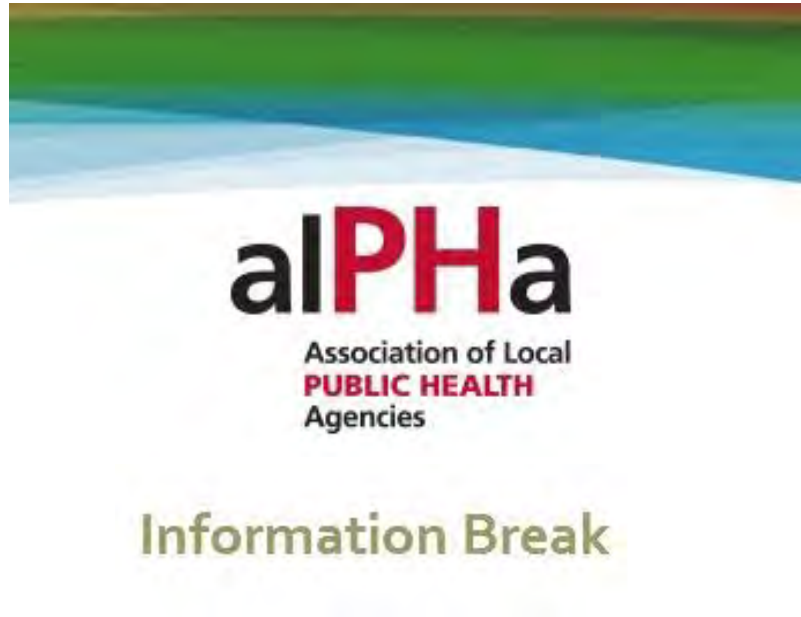
These local solutions show that, when combined with stable, designated funding, the public health system has the capacity to relieve pressure on doctors and hospitals. Furthermore, accountability is firmly established by provincial legislation and policy ensuring that the money spent on public health is spent effectively and with purpose.

Together we serve the people of Ontario to ensure:

- that healthy people can support a strong economy, providing a direct economic impact;
- coordination of responses to community health concerns such as mental health and addictions, in partnership with community level organizations;
- reduction of pressures on doctors and hospitals by concentrating on the health of the community, starting at birth; and,
- a significant, cost-effective contribution to the elimination of hallway medicine.

In conclusion, public health works as a system that is greater than the sum of its parts - leveraging the skills and experience of nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more – to together support and protect the health of the people of Ontario. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government.

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Friday, January 25, 2019 3:50 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - January 25, 2019



January 25, 2019

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

2019 alPHa Winter Symposium

Staff and members have been hard at work creating an exciting and engaging program for the upcoming alPHa Winter Symposium on February 21. Registration is now open and a [draft program](#) is available. The morning lineup will feature guest presenter Lori Spadorcia, VP, CAMH, who will speak about the intersection of public health and mental health, a stated priority of the Ontario government. There will also be an update on alPHa's strategic plan and a panel discussion on managing risks in public health. These will be followed by an afternoon meeting for medical officers of health and an [orientation session](#) for board of health members. The latter includes a presentation by legal counsel James LeNoury on board of health liability. Ending the day will be a late afternoon reception and special guest lecture by the Dean of the Dalla Lana School of Public Health, Steini Brown. The reception and lecture will be held at the nearby School of Public Health. We hope everyone can attend!

[Register here for the 2019 Winter Symposium](#)
[Learn more about the Symposium here](#)

Important note: Symposium attendees requiring an overnight stay are advised to book their own guest accommodations at their preferred lodging. The Chestnut Conference Centre does not have onsite guest accommodations; however, there are many nearby options (see the [flyer](#)). Apologies for any inconveniences caused.

alPHA Pre-Budget Submission

In December, Ontario Minister of Finance Vic Fedeli launched the province's annual pre-budget consultations. The government is seeking feedback specifically on cutting red tape, improving government programs and services, and saving taxpayers money in the 2019 provincial budget. Public hearings are currently being held across Ontario until the end of January.

[Read the province's announcement on pre-budget consultations](#)

[Go to the online survey on the 2019 Ontario Budget](#)

In response, alPHA has prepared a written submission on the budget to the Standing Committee on Finance and Economic Affairs. The letter focuses on public health's contributions in keeping people healthy and underscores the tremendous value of public health's work, which, as stated in the letter, can help the Province meet its mandate and priorities.

[Read alPHA's Pre-Budget submission here](#)

In support of the submission, alPHA has drafted a 2-page resource document. The communique can be used not only to start a conversation with MPPs about the importance of local public health, but also demonstrate public health's strong return on investment.

[Download the resource document on public health here](#)

Need something about public health to take to a meeting or leave with a stakeholder? Don't forget alPHA's promotional brochure, which can be found [here](#).

Consultations and alPHA Submissions

In addition to pre-budget consultations, this winter has seen a flurry of government calls for public input on a range of topics. alPHA recently responded to Schedule 10 of Bill 66, *Restoring Ontario's Competitiveness Act*, with concerns over potential negative health impacts on environmental health as the bill allows for the suspension of legislated environmental protections in favour of commercial interests and job creation. However, on January 23, the Province all but confirmed it would withdraw Schedule 10 due to overwhelming public opposition.

[Read alPHA's submission on Bill 66, Schedule 10 here](#)

To stay up to date on alPHA's submissions on various public health issues, visit our Correspondences web page for the latest letters and written responses.

[Go to alPHA's Correspondences page](#)

alPHA keeps a list of current government consultations on its website. Check the link below often as updates are made regularly.

[View a list of current consultations on alPHA's website](#)

AMO Releases Health Discussion Papers

The Association of Municipalities of Ontario recently released two policy discussion papers on the municipal role in health, including public health, and made recommendations on the provincial-municipal working relationship in this area. View the main discussion paper [here](#) and its accompaniment [here](#).

Government News Round Up

[Health Canada encourages youth to stop smoking](#) - 2019/01/23

[Federal Minister of Health unveils Canada's new Food Guide](#) - 2019/01/22

[Ontario appoints advisors to begin regional government review](#) - 2019/01/15

[Province seeks input on proposed changes to 2017 Growth Plan for the Greater Golden Horseshoe](#) - 2019/01/15

[Health Canada opens consultation on regulations of edible cannabis, extracts and topicals](#) - 2018/12/20

Upcoming Events - Mark your calendars!

February 21, 2019 - Winter Symposium & Section Meetings, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. [Register here](#)! Note: There are no accommodations at the Chestnut Conference Centre so attendees will need to book their own guestrooms (see our [flyer](#) for suggestions).

March 27, 28 & 29, 2019 - [TOPHC 2019](#), Beanfield Centre, Toronto, Ontario. [Registration now open](#). Early bird registration ends February 13, 2019.

June 9, 10 & 11, 2019 - Annual General Meeting & Conference, Kingston, Ontario. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario. [View the Notice of AGM and calls](#).

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

This email was sent to atanna@peterboroughpublichealth.ca from the Association of Local Public Health Agencies (info@alphaweb.org).

To stop receiving email from us, please UNSUBSCRIBE by visiting:
<http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240401&e=atanna@peterboroughpublichealth.ca&h=f468323edfc1a40f14b722129b3a131df927182a>

Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHA.

Dear Boards of Health Section Members,

Greetings! As your Boards of Health Section Chair for alPHa, I am writing to let you know about the exciting program for the upcoming alPHa Winter Symposium. In these changing times, whether you are a new board member or a seasoned professional, this is a must-attend event on February 21st in Toronto. You won't want to miss it! Here are some highlights:

- Toronto Councillor **Joe Cressy** is bringing welcoming remarks. You might be familiar with Councillor Cressy's past work on the Toronto Board of Health and his ongoing commitment to healthy communities.
- **Lori Spadorcia**, Vice President, Communications and Partnerships, Centre for Addiction and Mental Health (CAMH) is the keynote and will speak about the connections between public health and mental health. I am pleased to tell you that Dr. Chris Mackie and I are commentators as part of this plenary session.
- **Corinne Berinstein** from the Ministry of Health and Long-Term Care and **Dr. Penny Sutcliffe**, Public Health Sudbury & Districts, are speaking as part of a panel, moderated by Peter Donnelly, CEO and President of Public Health Ontario, on risk management. We are also planning to announce the release of alPHa's risk management e-learning module at this session.
- **Dr. Kieran Moore** and **Denis Doyle** from KFL&A Public Health Unit and Board will deliver a short promotional message for the June conference. (Speakers are being confirmed and Dr. Theresa Tam, Chief Public Health Officer, Canada, has agreed to be a keynote for the June conference. Stay tuned for more news about this key educational and networking event.)
- Work is underway for both of the February Section Meetings. The Boards of Health Section includes a board orientation session that **Loretta Ryan**, alPHa's Executive Director, and I will deliver. **Monika Turner**, Director of Policy, Association of Municipalities of Ontario (AMO) will give an overview of "Partners for a Healthy Ontario: A Check-up on the Municipal Role for Health" and its accompanying document "A Compendium of Municipal Health Activities and Recommendations." James LeNoury, alPHa's legal counsel, will also be at the podium.
- I am pleased to announce that **Dean Adalsteinn (Steini) Brown** will give a special guest lecture at a reception hosted by the Dalla Lana School of Public Health at the University of Toronto. His professional interests include health policy, knowledge translation and performance measurement. The Dean is also on the Premier's Council on Improving Health Care and Ending Hallway Medicine. The reception and lecture are new for this year and the event is free for symposium attendees. We are hoping that all symposium delegates can attend.

- alPHA's President, **Dr. Robert Kyle**, will provide welcoming remarks and introductions at the beginning of the day and at the evening lecture.

The revised draft program is posted at: https://cdn.ymaws.com/alphaweb.site-ym.com/resource/resmgr/2019_feb_meeting/draft_program_feb_2019.pdf

Updates are also included in emails, alPHA's Information Break and communicated via alPHA's Twitter account: [@PHAgencies](https://twitter.com/PHAgencies)

I look forward to seeing you at the Symposium! Please encourage your Board of Health colleagues to attend. This is a great opportunity to network with Board of Health members, Medical and Associate Medical Officers of Health, and affiliate members of alPHA.

Yours,



Trudy Sachowski
Chair, Boards of Health Section
Association of Local Public Health Agencies

This update was brought to you by your regional representative on 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.

From: Ontario News [<mailto:newsroom@ontario.ca>]

Sent: January-31-19 8:17 AM

To: Rosana Salvaterra

Subject: Premier's Council on Improving Healthcare and Ending Hallway Medicine Releases First Report



News Release

Premier's Council on Improving Healthcare and Ending Hallway Medicine Releases First Report

January 31, 2019

The Premier's Council on Improving Healthcare and Ending Hallway Medicine is releasing its first report, providing an overview of the problem of hallway health care in Ontario.

"There's much to be proud of in our health care system. However, there are also many barriers that make the system difficult to navigate for patients and providers," said Special Advisor and Chair of the Council Dr. Rueben Devlin. "This report is a first step in advising the government on how to transform Ontario's health care system."

The goal of this Council is to provide strategic advice to the Premier and Minister of Health and Long-Term Care that will help to ensure Ontarians have a health care system that has the right mix of health care professionals, the right number of hospital and long-term care beds, and that care is available when and where it's needed.

The Council is comprised of health system leaders, including senior administrators and frontline health care professionals, and is also informed by stakeholder groups and patients. During its first four months, the Council heard from over 340 patients, health care stakeholders, and members of its six sub-committees.

Hallway Health Care: A System Under Strain identifies three key findings:

- Difficulty navigating the health care system and long wait times have a negative impact on patients' health and on family, provider and caregiver well-being.
- The system is already facing capacity pressures and it does not have the appropriate mix of services, beds or digital tools to be ready for the expected increase in complex care needs.

- More effective coordination at the system level and at the point-of-care would make the system more efficient and achieve better value for taxpayer money.

The Council will now begin developing advice for the government on how to fix the problem of hallway health care. Recommendations will explore opportunities for improvement in digital health care, integrated health care delivery and finding efficiencies in the system to improve health outcomes for Ontarians.

"I encourage Ontarians to participate in the Council's work by providing feedback on our first report. This will keep us accountable and help us reach our goal of improving healthcare in Ontario and ending hallway medicine," said Dr. Devlin.

Ontarians can provide feedback on the report by visiting the following website and email address:

- [Website](#)
- [Email](#)

QUICK FACTS

- On an average day in 2018, there were approximately 1000 patients waiting for a hospital bed in an unconventional space or emergency department stretcher.
- According to the 2018 Health Care Experience Survey, 41 per cent of Ontarians who went to the emergency department received care for a condition that could have been treated by their primary care provider.
- Currently in Ontario, less than 1 per cent of health care appointments are conducted virtually.

ADDITIONAL RESOURCES

- Read the Premier's Council report: [Hallway Health Care: A System Under Strain](#)
- [Premier's Council on Improving Health Care and Ending Hallway Medicine Member Biographies](#)

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – REPORT

TITLE:	Oral Health Report, 2019
DATE:	February 13, 2019
PREPARED BY:	Patti Fitzgerald, Manager, Child Health Services
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the Oral Health Report, 2019, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

BACKGROUND

Peterborough Public Health published a similar oral health report “Oral Health in Peterborough” in December 2013. This new report includes updated data on several of the indicators used in the 2013 report including oral health services offered by Peterborough Public Health, local and provincial utilization of oral health services and the impact of oral health services on the health care system.

Staff will present further analysis at the April 10, 2019 Board of Health meeting, which coincides with Canada’s Oral Health Month.

STRATEGIC DIRECTION

This report applies to the following strategic direction: Community-Centred Focus.

ATTACHMENTS

[Attachment A - Oral Health Report, 2019](#) (*web hyperlink*)

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – REPORT

TITLE:	Q4 2018 Peterborough Public Health Activities
DATE:	February 13, 2019
PREPARED BY:	Management Staff
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Larry Stinson, Director of Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health receive *report, Q4 2018 Peterborough Public Health Activities, for information.*

ATTACHMENTS

[Attachment A – Q4 2018 Overall Compliance Status](#)
[Attachment B – Q4 2018 Communications and I.T. Report](#)
[Attachment C – Q4 2018 Social Media Report](#)

PETERBOROUGH PUBLIC HEALTH

Overall Compliance Status

Quarter 4 2018 (October 1 – December 31, 2018)

Ontario Public Health Standard Mandated Programs	# Requirements Compliant
Program Standards	
Chronic Disease Prevention and Well-Being	4/4
Food Safety	5/5
Healthy Environments	7/10
Healthy Growth and Development	3/3
Immunization	9/10
Infectious and Communicable Diseases Prevention and Control	20/21
Safe Water	8/8
School Health	9/10
Substance Use and Injury Prevention	4/4
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

School Health

Patti Fitzgerald, Manager, Child Health Services

Requirement 7: Additional planning with local partners and a neighbouring local public health agency is required prior to program implementation. Meetings are planned for the fourth quarter 2018 and first quarter 2019 with program initiation planned for first quarter 2019.

Immunization

Edwina Dusome, Manager

Program Compliance

Requirement 1: Partially met due to insufficient staffing and staff turnover. The requirement for the assessment and maintenance of immunization records for children enrolled in licensed child care settings was initiated in 2018, however will be completed in 2019. The immunization status of all secondary school students and a select group of elementary schools students was assessed.

Infectious Diseases (including Tuberculosis) Prevention and Control

Edwina Dusome, Manager

Program Compliance

Requirement 20: The requirement to inspect licensed home child care settings is new. Due to low staffing levels and the need to educate and engage home child care providers prior to conducting inspections, the full implementation of this requirement is planned for 2019.

Healthy Environments

Atul Jain, Manager, Environmental Health

Hallie Atter and Carolyn Doris, Managers, Family and Community Health

Requirement #3: This requirement is partially being met, as a Health Promoter was hired to commence work on reviewing the MOHLTC Climate Change toolkit and workbook, climate change assessment, adaptation and vulnerability plans from other Local Public Health Agencies and coordinating internal/external stakeholder meetings.

Requirement #6-7 An intended impact statement for the built and natural environment has been drafted and a search for and appraisal of strategies will be completed by end of the first quarter of 2019 for implementation in 2019.

Foundational Standards

Jane Hoffmeyer, Manager, Foundational Standards

Program Compliance – Population Health Assessment:

Requirement #2 & 4: The planned recruitment of an additional Health Promoter to the team will increase capacity to analyze, interpret, report and disseminate population health information. “Proof of concept” dashboards to enhance reportable disease reporting have been introduced. Additional dashboards (e.g. opioid reporting) will be developed and tested in the first and second quarters in 2019.

Program 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 reporting to the Ministry (e.g. Annual Service Plan). 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 tools to support evidence-informed decision-making were introduced to the Family & Community Health team and further improvements to the tools and their expansion across the organization will be considered. PPH's Policy and Procedures for Evidence Generating Activities will be revised and updated in 2019.

Reference: [Ontario Public Health Standards](#)

Communications – Q4 2018

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q4 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.)	44	46
Number of media interviews	19	24
Number of media stories captured directly covering PPH activities	84	80

Activity	Yearly Totals				
	2018 (ytd)	2017	2016	2015	2014
Press releases/media products issued	131	181	158	165	111
Media interviews	77	86	92	82	109
Number of media stories directly covering PPH activities	465	329	340	540	475
Communications tickets (200 in Q4)	649	680	n/a	n/a	n/a

Communications Highlights:

- New photo database project to centralize and organize all stock and local PPH photos and improve search and consent etc

Information Technology - 2018 Q3

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

System Status This Quarter:

Service Description	Planned Outage Time/ % downtime of total	Unplanned Outage Time/ % downtime of total	Total Uptime
MS Exchange Email server	0.14%	0.37%	99.49%
Phone server	0.14%	0.37%	99.49%
File server	0.14%	0.37%	99.49%
Backup server	0%	0%	100%

Total Number of Helpdesk Tickets Served:

Activity	Yearly Totals			
	2018 (ytd)	2017	2016	2015
IT Tickets (357 IT in Q4)	1696	1426	1277	945

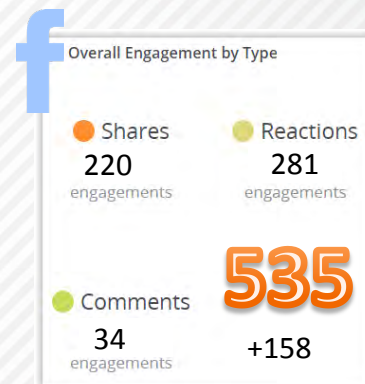
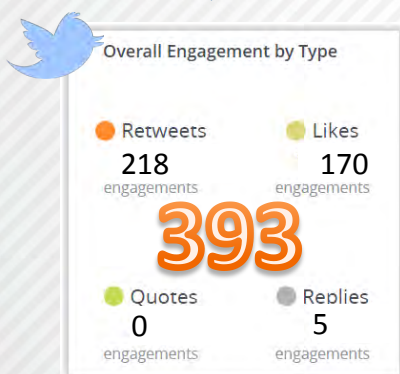
IT Highlights:

- Completion of IT Quarterly Maintenance on Dec 7, 2018

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



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

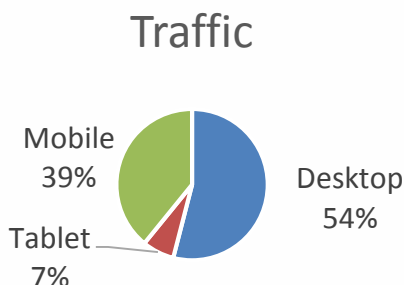


Depth... How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca
 Homepage: 11662
 Employment: 6739
 Contact Us: 1994
 Clinics & Classes: 1956
 For professionals: 1813
 Sexual Health Clinics: 1688
 Flu Clinics: 1536
 Your Health: 1320
 Food handler Course: 1166
 Reports & Data: 1049

website visitors by device



Click throughs from tweet/post to our website

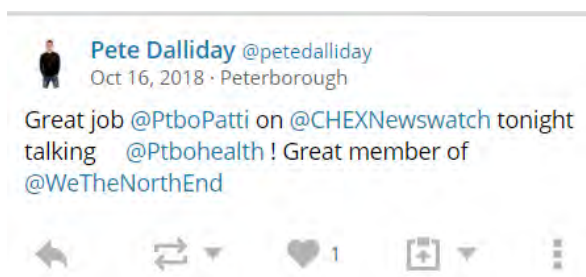
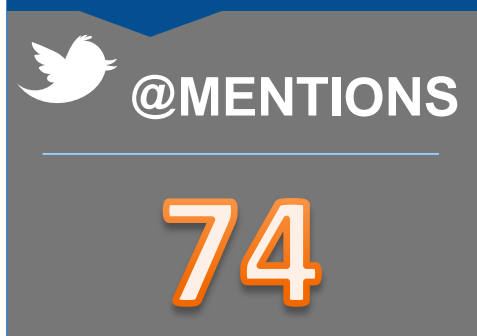


Loyalty... How are we doing at keeping our visitors engaged?



www.peterboroughpublichealth.ca

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



Campaigns... How did our coordinated social projects perform?

Ad Campaigns – Radon Information Sessions

Social Media Push Campaigns –

- Cannabis
- Disconnect To Reconnect
- National Addictions Week
- Vaping
- CDHC
- Food For Kids
- Physical Activity

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

Engagement rate: Number of engagements divided by impressions

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

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

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

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

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

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	2018 Audit Letter of Engagement
DATE:	February 13, 2019
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director, Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- Receive the staff report, *2018 Audit Letter of Engagement*, for information;
- Engage the audit services of Baker Tilly KDN LLP, formerly Collins Barrow Chartered Accountants LLP; and
- Authorize the Chair and Vice-Chair to sign the Letter of Engagement.

FINANCIAL IMPLICATIONS AND IMPACT

Agreement will result in the annual audit fees which are part of the approved budget. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

DECISION HISTORY

An annual audit by external auditors is required by legislation and under Board Policy 2-130. Audit expenses are part of the approved budget. Agreement to the terms of services outlined in the letter will result in the annual audit fees. If the Letter of Engagement is not signed, the auditor will not be able to carry out the audit.

BACKGROUND

The Letter of Engagement is a standard letter required by the Canadian Institute of Chartered Accountants (CICA). Approval of the Letter of Engagement is required annually by the Board of Health.

RATIONALE

Auditors require their clients to sign a “Letter of Engagement” appointing the auditor, directing the auditor to audit the books of account and committing the organization to pay for the audit services upon completion of the work. Over time, the audit societies increased the responsibilities and requirements of auditors, including reporting to the Board any relationships they may have with the Board.

These relationships include:

- Holding a financial interest, directly or indirectly, in the Board;
- Holding a position, directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of the Board;
- A personal or business relationship with immediate family, close relatives, partners or retired partners of the Board;
- Having an economic dependence on the work of the Board; and
- Providing services to the Board other than auditing (for example: consulting services).

The auditors have not identified any relationship.

The auditors have committed to expressing an opinion on whether our Financial Statements fairly represent, in a material way, the financial position of the Board.

The auditors note that their obligation is to obtain reasonable, but not absolute assurance that the financial statements are free of material misstatement. That is: the auditor will examine our records but will not guarantee they will find a misstatement, if one is present. This also means that there may be small misstatements but the misstatement will not have a significant bearing on our Financial Statements.

The auditors will:

- Assess the risk that the financial statements contain misstatement(s) that are material to the Financial Statements;
- Examine on a test basis the evidence supporting amounts and disclosures to the financial statements (for example: compare invoices to cheque amounts, lease commitments, etc.);
- Assess the accounting principles used and their application;
- Assess the estimates made; and
- Examine internal controls in place.

The Board or delegated committee is required to:

- Meet with the auditors prior to the release and approval of the financial statements to review audit, disclosure and compliance issues;
- If necessary, review matters raised by the auditors with management, and if necessary report back to the auditors on the Board's findings;
- Make known to the auditors any issues of fraud or illegal acts or non-compliance with any laws or regulatory requirements known to the Board that may affect the financial statements;
- Provide direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Make enquiries into the findings of the auditor with respect to corporate governance, management conduct, management cooperation, information flow and systems of internal control;

- Review the draft financial statements; and
- Pre-approve all professional and consulting services to be provided by the auditors. In our case, there are none for the current year.

STRATEGIC DIRECTION

This report applies to the following strategic direction: Quality and Performance.

ATTACHMENTS

Attachment A – [Baker Tilly KDN LLP Letter of Engagement](#)

February 7, 2019

Members of the Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Baker Tilly KDN LLP
272 Charlotte St.
Peterborough, ON
Canada K9J 2V4

T: (705) 742-3418
F: (705) 742-9775

www.bakertilly.ca

Re: Audit of the consolidated Financial Statements of Peterborough Public Health

Dear Sirs and Mesdames:

This report is intended solely for the use of the Board of Health and should not be distributed without our prior consent. We accept no responsibility to a third party who uses this communication.

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the organization") for the year ended December 31, 2018. Canadian Auditing Standards ("CAS") require that we communicate the following information with you in relation to your audit.

Management is responsible for establishing and maintaining an adequate internal control structure and procedures for financial reporting. This includes the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error.

Auditor Independence

CAS require communications with audit committees, or other appropriate parties responsible for governance, at least annually, regarding all relationships between the organization and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We will, through our planning process, identify any potential independence threats and will communicate any concerns we identify. The organization, management and the Board of Health have a proactive role in this process, and are responsible for understanding the independence requirements applicable to the organization and its auditor. You must also bring to our attention any concerns you may have, or any knowledge of situations or relationships between the organization, management, personnel (acting in an oversight or financial reporting role) and our Firm, its partners/principals and audit team personnel that may reasonably be thought to bear on our independence.

In determining which relationships to report, these standards require us to consider relevant rules and related interpretations prescribed by the Chartered Professional Accountants of Ontario and applicable legislation, covering such matters as:

- (a) holding a financial interest, either directly or indirectly, in a client;
- (b) holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client;
- (c) personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client;
- (d) economic dependence on a client; and

ASSURANCE • TAX • ADVISORY

Baker Tilly KDN LLP is a member of Baker Tilly Canada Cooperative, which is a member of the global network of Baker Tilly International Limited. All members of Baker Tilly Canada Cooperative and Baker Tilly International Limited are separate and independent legal entities

(e) provision of services in addition to the audit engagement.

In accordance with our professional requirements, we advise you that we are not aware of any relationships between the organization and our Firm that, in our professional judgement, may reasonably be thought to bear on our independence.

Accordingly, we hereby confirm that our audit engagement team, our Firm and the other Baker Tilly Canada offices are independent with respect to the organization within the meaning of the Code of Professional Conduct Rule 204 of the Chartered Professional Accountants of Ontario.

Our Responsibilities as Auditor

As stated in the engagement letter, our responsibility as auditor of your organization is to express an opinion on whether the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the organization in accordance with Canadian Public Sector Accounting Standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- Assessing the risk that the financial statements may contain material misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole;
- Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements;
- Assessing the accounting principles used, and their application;
- Assessing the significant estimates made by management;
- Concluding on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern; and
- Evaluating the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

As part of our audit, we will obtain a sufficient understanding of the business and internal control structure of the organization to plan the audit. This will include management's assessment of:

- The risk that the financial statements may be materially misstated as a result of fraud and error; and
- The internal controls put in place by management to address such risks.

The engagement team must undertake a documented planning process prior to commencement of the audit to identify concerns, address independence considerations, assess the engagement team requirements, and plan the audit work and timing. It may be necessary to contact members of the Board of Health if significant matters arise from planning procedures.

An audit does not relieve management or those responsible for governance of their responsibilities for the preparation of the organization's financial statements.

Board of Health Members' Responsibilities

The Board of Health's role is to act in an objective, independent capacity as a liaison between the auditor and management to ensure the auditor has a facility to consider and discuss governance and audit issues with parties not directly responsible for operations.

The Board of Health's responsibilities include:

- Being available to assist and provide direction in the audit planning process when and where appropriate;
- Meeting with the auditor as necessary and prior to release and approval of financial statements to review audit, disclosure and compliance issues;
- Where necessary, reviewing matters raised by the auditor with appropriate levels of management, and reporting back to the auditor their findings;
- Making known to the auditor any issues of disclosure, corporate governance, fraud or illegal acts, non-compliance with laws or regulatory requirements that are known to them, where such matters may impact the financial statements or the Independent Auditor's Report;
- Providing guidance and direction to the auditor on any additional work the auditor feels should be undertaken in response to issues raised or concerns expressed;
- Making such enquiries as appropriate into the findings of the auditor with respect to corporate governance, management conduct, cooperation, information flow and systems of internal controls; and
- Reviewing the draft financial statements prepared by management, including the presentation, disclosures and supporting notes and schedules, for accuracy, completeness and appropriateness, and approve same to be passed to directors for approval.

Audit Approach

Outlined below are certain aspects of our audit approach which are intended to help you in discharging your oversight responsibilities. Our general approach to the audit of Peterborough Public Health is to assess the risks of material misstatement in the financial statements and then respond by designing audit procedures.

Illegal Acts, Fraud, Intentional Misstatements and Errors

Our auditing procedures, including tests of your accounting records, will be limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts, fraud, intentional misstatements or errors should any exist. We will conduct the audit under CAS, which include procedures to consider (based on the control environment, governance structure and circumstances encountered during the audit), the potential likelihood of fraud and illegal acts occurring.

These procedures are not designed to test for fraudulent or illegal acts, nor will they necessarily detect such acts or recognize them as such, even if the effect of its consequences on the financial statements is material. However, should we become aware that an illegal or possible illegal act or an act of fraud may have occurred, other than one considered clearly inconsequential, we will communicate this information directly to the Board of Health.

It is management's responsibility to detect and prevent illegal actions. If such acts are discovered or the Board of Health becomes aware of circumstances under which the organization may have been involved in fraudulent, illegal or regulatory non-compliance situations, such circumstances must be disclosed to us.

Related Party Transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control or common significant influence. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.

We will ensure that any related party transactions that are identified during the audit have been represented by management to have been disclosed in the notes to financial statements, recorded in accordance with Canadian Public Sector Accounting Standards, and have been reviewed with you. Management is required to advise us if any related party transactions have occurred that have not been disclosed to us. The Board of Health is required to advise us if they are aware of or suspect any other related party transactions have occurred which have not been disclosed in the financial statements.

Significant Accounting Principles and Policies

The organization's financial statements will be prepared by management using various accounting principles, which have been incorporated into the organization's accounting policies and disclosed in the notes to the financial statements. Where accounting policies have changed from one period to the next, such changes will be noted and the effect of these changes will be disclosed.

The accounting policies adopted may be acceptable policies under Canadian Public Sector Accounting Standards; however, alternative policies may also be acceptable under Canadian Public Sector Accounting Standards. The organization and the Board of Health have a responsibility to not adopt extreme or inappropriate interpretations of Canadian Public Sector Accounting Standards that may have inappropriate or misleading results. Alternative policies, if adopted, may produce significant changes in the reported results of the operations, financial position and disclosures of the organization.

The Board of Health has a responsibility to review the accounting policies adopted by the organization, and where alternative policies are available, make determinations as to the most appropriate policies to be adopted in the circumstances. If members of the Board of Health are concerned that the adoption or change of an accounting policy may produce an inappropriate or misleading result in financial reporting or disclosure, this concern must be discussed with management and the auditor. If the Board of Health believes that a policy or policies adopted are inappropriate or produce a misleading result in the circumstances, these concerns should be discussed with us directly, either privately or in Board of Health meetings.

Risk-based

Our risk-based approach focuses on obtaining sufficient appropriate audit evidence to reduce the risk of material misstatement in the financial statements to an appropriately low level. This means that we focus our audit work on higher risk areas that have a higher risk of being materially misstated.

Materiality

Materiality is defined as:

Materiality is the term used to describe the significance of financial statement information to decision makers. An item of information, or an aggregate of items, is material if it is probable that its omission or misstatement would influence or change a decision. Materiality is a matter of professional judgement in the particular circumstances.

We plan to use an overall materiality of \$370,000 and a performance materiality of \$314,500. The overall materiality for last year's audit was \$370,000 and the performance materiality was \$314,500.

Materiality is used throughout the audit and in particular when:

- a) Identifying and assessing risk of material misstatement;
- b) Determining the nature, timing and extent of further audit procedures; and
- c) Evaluating the effect of uncorrected misstatements, if any, on the financial statements and in forming an opinion on the auditor's report.

Audit Procedures

The objective of the tests of controls is to evaluate whether certain controls operated effectively. The objective of the tests of details is to detect material misstatements in the account balances and transaction streams. Substantive analytical procedures are used to identify differences between recorded amounts and predictable expectations in larger volumes of transactions over time.

In response to our risk assessment and based on our understanding of internal controls, we will use a combined approach for the audit.

Should any member of the Board of Health wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time.

To ensure there is a clear understanding and record of the matters discussed, we ask that members of the Board of Health sign their acknowledgement in the spaces provided below.

Yours very truly,

Baker Tilly KDN LLP

Richard Steiging, CPA, CA
Partner

Acknowledgement of Board of Health:

We have read and reviewed the above disclosures and understand and agree with the comments therein:

Peterborough Public Health

Are you aware of any frauds, illegal acts or management override of internal controls at the organization?

Yes / No (please circle one)

If yes, please contact our office immediately

Name

Position

Name

Position

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Summary of Complaints, 2018
DATE:	February 13, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Complaints, 2018*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

The Board of Health's policy and procedure (2-280, Complaints) requires the Board be advised annually about complaints received in the prior year.

BACKGROUND

During the 2018 calendar year, the organization received one complaint. In comparison, there were four complaints in 2017, and none were received in 2016.

Details regarding the complaint are as follows:

Type	Complaint regarding a food premise inspection
Comments	The complainant took issue with the actions of a Public Health Inspector (PHI) in relation to what s/he deemed unsafe food handling practice at a local food premise, and accused the PHI of neglect of duty. The complaint was investigated by the Director of Operations and the Medical Officer of Health, and it was determined that the actions of the PHI were appropriate.
Status	Resolved

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner. The complaint was responded to within the fourteen days of receipt.

STRATEGIC DIRECTION

This report applies to the following strategic direction: Quality and Performance.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Summary of Donations, 2018
DATE:	February 13, 2019
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director, Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Donations, 2018*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

For the year ending December 31, 2018, Peterborough Public Health (PPH) received a total of \$30,044.02 in charitable donations for programs.

DECISION HISTORY

Organizational policy requires the Board of Health be advised annually about donations received.

BACKGROUND

Peterborough Public Health received its charitable status in 2010 and is able to issue charitable receipts.

To provide the Board with information on donations, an analysis was completed for the last two years comparing the number of external donations, donations by designation and donations by donor type.

An “external” donation is defined as the donor writing a cheque to PPH and receiving a charitable receipt.

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2018, seventy-six employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of \$12,177 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

Board members have also made donations to the organization over the two years. These donations are included in the Individual Donations table below.

In 2018, Peterborough Public Health received \$1,793.61 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

Table 1: Donations Year over Year – Peterborough Public Health Programs

Year	2017	2018
Total Cheques / Cash Received	\$25,712 (35 donors)	\$24,746 (47 donors)
Total On-Line Canada Helps	\$2,089 (36 donors)	\$1,794 (24 donors)
Total Payroll Deductions	\$4,986 (43 donors)	\$3,504 (34 donors)
Total Donations	\$32,787	\$30,044

Table 2: External and Payroll Donations by Designation

Program	2017	2018
Collective Kitchens	\$5,914	\$4,300
Community Kitchen	\$334	\$467
Contraceptive Assistance Fund	\$979	\$310
Dental Treatment Assistance Fund (DTAF)	\$3,419	\$3,799
Food for Kids (FFK)	\$20,448	\$20,203
Food Security	\$659	\$190
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	\$984	\$410
Prenatal Classes for Young Parents	\$50	\$181
Undesignated	\$0	\$184

Table 3: Donations by Donor Type

Donor Type	2017	2018
Business	\$15,358	\$7,429
Church	\$7,485	\$7,450
Individual	\$7,075	\$3,326
Payroll Deduction	\$1,190	\$3,504
Service Clubs/ Foundations	\$1,679	\$8,335

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK continues to receive some larger donations from a local service club and food supply businesses to support ongoing school breakfast program activities. Overall, donations for some public health programs were lower in 2018 than the previous year, the programs continued to offer the much needed support to our community members throughout 2018 and in the upcoming year.

RATIONALE

The generous donations from community residents, local businesses, our employees and Board members demonstrate their willingness to provide financial support to programs that positively impact the members of the community.

In 2017, the Board gave direction to staff to seek support for a fundraising planning, referred to as a legacy campaign. Philanthropy specialists would be asked to develop promotional tools for ongoing donations from public health supporters. The Board has engaged in a contract with The Dennis Group Inc. for this work. A report on phase one of the project was shared with the Board in November 2018. The first phase of the process is complete and the information presented suggests there are opportunities for PPH to consider to enhance fundraising initiatives to help provide essential funding to support programs offered not funded through other means.

Peterborough Public Health will continue to:

- inform the public we are a charitable organization and welcome donations;
- use www.canadahelps.org as a convenient way to make donations;
- develop a legacy fundraising campaign in 2019; and,
- profile these specific programs/funds on the PPH Website, and in applicable PPH publications and resources.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

- Determinants of Health and Health Equity
- Capacity and Infrastructure;

by enhancing program resources and improving access to programs, services and resources for those individuals and families in the community.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Summary of Research Activities, 2018
DATE:	February 13, 2019
PREPARED BY:	Jane Hoffmeyer, Manager, Foundational Standards
APPROVED BY:	Larry Stinson, Director, Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Research Activities, 2018*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There is no direct financial impact.

DECISION HISTORY

The provision of an annual report to the Board of Health which summarizes research activities undertaken in the previous calendar year has been in practice since 2016.

BACKGROUND

Annual reporting was initiated to ensure board of health members were knowledgeable about this aspect of PPH operations.

The positive role of research is recognized within the most recent set of public health standards (see Attachment B). These standards view research as being fundamental to effective public health practice and PPH research practices should be included within organizational transparency and quality improvement processes.

The implementation of OPHS research-related requirements has been assigned to the Manager, Foundational Standards.

RATIONALE

2018 Ontario Public Health Standards require that the board health is informed about organizational activities related to research.

STRATEGIC DIRECTION

This staff report is directly relevant to the following thematic areas of the current PPH Strategic Plan.

- Capacity and Infrastructure
- Quality and Performance

ATTACHMENTS:

[Attachment A – Summary Table of Peterborough Public Health Research Activities \(2018\)](#)

[Attachment B – OPHS 2018 Research-related Requirements](#)

Attachment A - Summary Table of Peterborough Public Health Research Activities (2018)

General Overview

In 2018, PPH became involved in three new research projects. Four projects that were active in 2017 (identified by an *) continued their work into 2018.

PPH's role across the set of research activities varies and may entail being a lead organization, collaborator or knowledge user. Three of the seven projects have been funded through the [Locally Driven Collaborative Project](#) research initiative led by Public Health Ontario. This source of funding for research is likely to be affected by any future changes to PHO's role or responsibilities.

The table below provides a summary and status of current research projects.

Principle Investigator Organization(s)	Project Title	Summary	Status
Trent University Dr. Terry Humphreys, Ph.D.	Sexual Health Survey*	<ul style="list-style-type: none">• Co-collaboration between Trent University, Fleming College and PPH.• The purpose of this study is to examine the sexual health-related behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	<ul style="list-style-type: none">• Data collection for Phase 2 of the survey is continuing in 2019 at PPH, Trent and Fleming. The researcher is working through collection processes to ensure adequate sample sizes.• The results from this study, based on local data, will assist in determining priorities for PPH.
Halliburton Kawartha and Pine Ridge District Health Unit; Middlesex	Measuring Food Literacy* (Locally Driven Collaborative Project)	<ul style="list-style-type: none">• Year 1: To identify and summarize the attributes* of food literacy including food skills, in the literature. Determine which attributes of food literacy, including food skills, are priorities for measurement and tool development.	<ul style="list-style-type: none">• In 2018, the LDCP group began the process of developing a tool to measure food literacy to support public health programming with collection of quality data. As part of this

Principle Investigator Organization(s)	Project Title	Summary	Status
London Health Unit		<ul style="list-style-type: none"> *Attribute defined: The quality or feature regarded as a characteristic or inherent part of someone or something Year 2 and 3 (December 2017 to May 2019): To develop a food literacy measurement tool for use with youth (age 16-19 years), and young parents and pregnant women (aged 16-25 years) at risk for poorer health. 	<p>process, a project consulting group was formed, a literature review and evaluation plan were completed, the interview and discussion guides were developed, and the draft food literacy measurement tool was developed.</p> <ul style="list-style-type: none"> In 2019, pilot testing will take place, including measurement of face validity, content validity, readability, and test-retest reliability. The LDCP team will also develop an integrated knowledge exchange plan and provide regular updates to public health units on the development of the tool in 2019, until the project's completion in Dec. 2019.
Precarious Employment Research Initiative (PERI) Project Group (includes: PPH; Workforce Development	Precarious Employment Research Initiative (PERI)* (previously referenced in 2016 report as "PEPSO	<ul style="list-style-type: none"> This study is based on research initially completed by McMaster University within the Poverty and Employment Precarity in Southern Ontario (PEPSO) work. PERI replicated the process used in Toronto and London. 	<ul style="list-style-type: none"> Five information briefs are complete and have been released to the public. https://www.peterboroughpublichealth.ca/PERI/ The remaining three information briefs are in various stages of

Principle Investigator Organization(s)	Project Title	Summary	Status
Board; City of Peterborough Social Services; Peterborough & District Labour Council; United Way of Peterborough; Literacy Ontario Central South; Dr. Fergal O'Hagan, Trent University.	Employment Research Study")	<ul style="list-style-type: none"> The goal is to have local information about people's employment and working conditions as well as the impact on their health. The research will be used by Peterborough Public Health as well as several community partners in identifying future areas of focus for program and service delivery, public awareness and education and policy development. 	<p>completion and are planned to be released in early 2019.</p> <ul style="list-style-type: none"> PERI hosted a one-day conference on Nov. 6 to share the data and start a community conversation. An online data dashboard (using Tableau Public) of the research will be made available in 2019. Phase 2 is under consideration to add qualitative data and to repeat the survey.
Windsor Essex County Health Unit (lead)	Children Count Pilot Study* (Locally Driven Collaborative Project)	<ul style="list-style-type: none"> The Children Count Pilot Study (Jan. 2018 – Dec. 2019) aims to develop a novel approach to collect local health data on school-aged children through the School Climate Survey which is mandatory by the Ministry of Education. Local public health agencies (LPHA) in collaboration with English and French school board partners participating in this study have developed a new health survey module with questions about healthy eating, physical activity and mental health. Pilot site school boards will collect data from students (grades 4 to 12) by integrating this new module into their School Climate Survey. 	<ul style="list-style-type: none"> 5 school boards have been recruited to participate. Data collection will occur as schools implement the School Climate Surveys from 2018-2019.

Principle Investigator Organization(s)	Project Title	Summary	Status
University of Western Ontario Dr. Rosana Salvaterra, Dr. Benita Cohen, Dr. Marlene Janzen LeBer and Dr. Anita Kothari	Health Equity Indicators User Guide Evaluation (Locally Driven Collaborative Project)	<ul style="list-style-type: none"> We aim to evaluate the outcomes and impacts of health equity indicators in use by Ontario LPHAs. The project objectives are to: <ol style="list-style-type: none"> 1. Identify if and how the health equity indicators' knowledge products have helped LPHAs assess their health equity work. 2. Examine if and how these knowledge products have been used for health equity capacity building within Ontario's local public health system. 3. Explore if and how these knowledge products influenced organizational health equity decision-making in LPHAs. 	<ul style="list-style-type: none"> Launched March 2018 and will be completed in 2019.
University of Waterloo Dr. John Garcia Deanna White (Ph.D. candidate)	Rural Public Health Systems Research Study "Factors that Facilitate and Impede the Implementation of Evidence-Informed Chronic Disease Prevention Programs and Policies in Rural	<ul style="list-style-type: none"> The purpose of this study is to understand implementation of evidence-informed chronic disease prevention practice in Ontario rural public health units. Knowledge and information generated from this study may help to make a practical contribution to improve the performance of public health in rural areas, through a better understanding of factors that facilitate and impede the implementation of evidence-informed chronic disease prevention programs and policies in rural areas. 	<ul style="list-style-type: none"> Launched April 2018

Principle Investigator Organization(s)	Project Title	Summary	Status
	ON Public Health Units"		
St. Michael's Centre for Urban Health Solutions Dr. Ketan Shankardass	Strengthening the Implementation of "Health in All Policies" at the local level in Ontario and Quebec	<ul style="list-style-type: none"> • Four year project funded by Canadian Institute of Health Research. Dr. Salvaterra is a co-applicant. • Co-collaborators include Public Health Agency of Canada and the National Collaborating Centre for Healthy Public Policy. • The research engages six knowledge user sites from Ontario (including Peterborough) and Quebec. • The three main objectives of the research are: <ol style="list-style-type: none"> 1. Conduct six explanatory case studies of HiAP implementation in local governments of Ontario and Quebec to ask: (i) What social mechanisms explain positive and negative outcomes of implementation?, and (ii) What influence did provincial governments have on implementation? 2. Directly mobilize knowledge by facilitating a community of practice, generating local policy briefs, and hosting interactive KM workshops and webinars with knowledge users; 3. Evaluate the impacts of the KM activities on HiAP implementation. 	<ul style="list-style-type: none"> • Launched in Oct 2018.

Attachment B – 2018 OPHS Research-related Requirements

Foundational Standards

“5. The board of health shall engage in knowledge exchange activities with public health practitioners across the province, policy-makers, academic and community partners, health care providers, and the public regarding factors that determine the health of the population as informed by population health assessment, surveillance, research, and program evaluation.

6. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.

7. The board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies.” (OPHS, 2018: pg. 25)

Good Governance

14. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; (OPHS, 2018: pg.67-8)

Reference: Ministry of Health and Long-Term Care. 2018. Ontario Public Health Standards.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Governance Committee Report
DATE:	February 13, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Michael Williams, Committee Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from November 1, 2018, for information.
- b. That the Board of Health for Peterborough Public Health approve the Governance Committee Terms of Reference as written (reviewed by the Committee, no changes to recommend).
- c. That the Board of Health for Peterborough Public Health appoint Deputy Mayor Bonnie Clark to the Governance Committee.

BACKGROUND

The Governance Committee met last on January 12, 2019. At that meeting, the Committee requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

[Attachment A - Meeting Minutes, November 1, 2018](#)

[Attachment B - Terms of Reference, Governance Committee](#) (web hyperlink)

**Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Thursday, November 1, 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
Mayor Mary Smith, Chair
Mr. Michael Williams

Regrets: Mr. Andy Sharpe

Staff: Larry Stinson, Director of Operations
Dr. Rosana Salvaterra, Medical Officer of Health
Ms. Natalie Garnett, Recorder

1. Call to Order

Mayor Smith, Chair, called the Governance Committee meeting to order at 5:01 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Mr. Connolley

Seconded: Councillor Parnell

Motion carried. (M-2018-032-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 June 19, 2018 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Parnell

Seconded: Mr. Williams

Motion carried. (M-2018-033-GV)

6. Business Arising from the Minutes

6.1 By-Laws, Policies and Procedures from June 2018

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 recommend that the Board of Health for Peterborough Public Health approve the following:

- *2-192 Donor Recognition (revised)*
- *2-200 Effective Governance by Effective Board Members (revised)*
- *2-400 Naming Rights (retire)*

Moved: Councillor Clarke

Seconded: Mr. Williams

Motion carried. (M-2018-034-GV)

7. Staff Reports

7.1 By-Laws, Policies and Procedures for Review

MOTION:

That the Governance Committee

- *Recommend approval of 2-152 Board Leadership and Committee Membership Selection (revised) to the Board of Health for Peterborough Public; and,*
- *Advise the Board that the following policies have been reviewed with no changes to recommend:*
 - o *2-20 Authority and Jurisdiction*
 - o *2-211 Delegation of Authority*
 - o *2-284 Correspondence*
 - o *2-300 Medical Officer of Health*
 - o *2-345 Medical Officer of Health - Absence*

Moved: Councillor Parnell
Seconded: Mr. Williams
Motion carried. (M-2018-035-GV)

8. Consent Items

9. New Business

9.1 Staff Report: Board Remuneration

MOTION:

That the Governance Committee recommend for the Board of Peterborough Public Health:

- *Receive the staff report, "Board Remuneration", and information related to the change in practice by the County of Peterborough for Council member remuneration;*
- *Recommend to the Board for approval that current Board members receive a 1% increase in honourarium paid retroactive to January 1, 2018 and a 1.5% increase effective January 1, 2019; and,*
- *That this report return to the Governance Committee in six months for review.*

Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2018-036-GV)

9.2 Orientation/Education Needs for 2018: Board/Management Planning Session Discussion

The Committee discussed the plans for the Board/Management Planning Session being held on January 12, 2019.

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 determined in 2019, or at the call of the Chair.

13. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Mr. Connolley

Seconded by: Mr. Williams

Motion carried. (M-2018-037-GV)

The meeting was adjourned at 6:03 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report
DATE:	February 13, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Cathy Praamsma, Committee Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 24, 2018, for information.
- b. That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from January 12, 2019, for information.
- c. That the Board of Health for Peterborough Public Health approve the Stewardship Committee Terms of Reference, as revised.
- d. That the Board of Health for Peterborough Public Health receive the Q4 2018 Financial Report for information.
- e. That the Board of Health for Peterborough Public Health receive the staff report, Three Prong Strategy Status, for information.

BACKGROUND

The Stewardship Committee met last on January 12 and February 5, 2019. At those meetings, the Committee requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

[Attachment A – Meeting Minutes, October 24, 2018](#)

[Attachment B – Meeting Minutes, January 12, 2019](#)

[Attachment C – Terms of Reference, Stewardship Committee \(revised\)](#)

[Attachment D – Q4 2018 Financial Report](#)

[Attachment E – Staff Report, Three Prong Strategy Status](#)

**Board of Health for the
Peterborough County-City Health Unit
MINUTES
Stewardship Committee Meeting
Wednesday, October 24, 2018 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough**

Present: Councillor Gary Baldwin
Councillor Henry Clarke
Ms. Kerri Davies
Ms. Catherine Praamsma, Chair

Regrets: Chief Phyllis Williams
Mayor Rick Woodcock

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

1. Call to Order

Ms. Praamsma called the Stewardship Committee meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Clarke

Seconded: Councillor Baldwin

Motion carried. (M-2018-038-SC)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 August 23, 2018

MOTION:

That the minutes of the Meeting of August 23, 2018 be approved as amended.

Moved: Ms. Davies

Seconded: Councillor Clarke

Motion carried. (M-2018-039-SC)

6. Business Arising from the Minutes

6.1 Funding Advocacy Strategy - Discussion

The Stewardship Committee discussed changes at the Ministry and efforts to arrange meetings with the local MPPs.

MOTION:

That the Stewardship Committee receive the oral report, "Funding Advocacy Strategy Discussion", for information.

Moved: Councillor Baldwin

Seconded: Councillor Clarke

Motion carried. (M-2018-040-SC)

7. Staff Reports

7.1 Staff Report: 2019 Cost-Shared Budget Approval

MOTION:

That the Stewardship Committee for the Board of Health for Peterborough Public Health:

- *Receive the staff report, "2019 Cost-Shared Budget Approval", for information; and,*
- *Recommend Board approval of 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.*

Moved: Ms. Davies

Seconded: Councillor Clarke

Motion carried. (M-2018-041-SC)

7.2 **Q3 2018 Financial Report**

MOTION:

That the Stewardship Committee:

- *Receive the report, "Q3 2018 Financial Report", for information; and,*
- *Provide it to the Board of Health at its next meeting for information.*

Moved: Councillor Baldwin

Seconded: Ms. Davies

Motion carried. (M-2018-042-SC)

Mr. Stinson and Ms.

7.3 **Q3 2018 Standards Activity Report – Risk Management**

MOTION:

That the Stewardship Committee:

- *Receive the report, "Q3 2018 Standards Activity Report – Risk Management", for information; and,*
- *Provide it to the Board of Health at its next meeting for information.*

Moved: Ms. Davies

Seconded: Councillor Baldwin

Motion carried. (M-2018-043-SC)

8. **Consent Items**

9. **New Business**

9.1 **Vision Screening Program Discussion – Referral from the Board of Health**

MOTION:

That the Stewardship Committee:

- *Receive the handout "Vision Screening Considerations" for information; and,*
- *Defer any decision on the program until such time as data from other Boards of Health on this program has been received.*

Moved: Councillor Clarke

Seconded: Ms. Davies

Motion carried. (M-2018-044-SC)

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

11. **Motions for Open Session**

12. Date, Time and Place of Next Meeting

At the call of the Chair.

13. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Councillor Clarke

Seconded: Councillor Baldwin

Motion carried. (M-2018-045-SC)

The meeting was adjourned at 6:22 p.m.

Chairperson

Medical Officer of Health

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Saturday, January 12, 2019 – 10:00 – 11:00 a.m.
Mississagua Lake Room, 2nd Floor
Jackson Square, 185 King Street, Peterborough**

Present: Councillor Henry Clarke
Mayor Andy Mitchell (via Teleconference)
Ms. Catherine Praamsma
Mr. Andy Sharpe

Staff: Ms. Wendy Freeburn, Executive Assistant, Recorder
Larry Stinson, Director of Operations

1. Call to Order

Larry Stinson, Director of Operations, called the Stewardship Committee to order at 10:40 a.m.

2. Elections

2.1. Chairperson

Larry Stinson called for nominations for the position of Chairperson for the Stewardship Committee for Peterborough Public Health for the year 2019.

MOTION:

That Ms. Catherine Praamsma be appointed Chair of the Stewardship Committee for 2019.

Moved: Councillor Clarke

Seconded: Mr. Sharpe

Motion carried. (M-2019-001-SC)

Ms. Praamsma assumed the Chair.

2.2. Vice-Chair

Ms. Praamsma called for nominations for the position of Vice Chair for the Stewardship Committee for Peterborough Public Health for the year 2019.

MOTION:

That Councillor Clarke appointed Vice-Chair for the Stewardship Committee for 2019.

Moved: Mr. Sharpe
Seconded: Ms. Praamsma
Motion carried. (M-2019-002-SC)

3. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Clarke
Seconded: Mr. Sharpe
Motion carried. (M-2019-003-SC)

Mayor Mitchell joined the meeting at 10:51 a.m.

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

6.1. Minutes, October 24, 2018

MOTION:

That the Stewardship Committee meeting held October 24, 2018, be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Clarke
Seconded: Mr. Sharpe
Motion carried. (M-2019-004-SC)

7. Business Arising From the Minutes

8. Staff Reports

9. Consent Items

10. New Business

10.1. Terms of Reference

Staff were directed to make recommendations to the Committee with regards to the Terms of Reference for the next Committee meeting.

MOTION: That approval of the Terms of Reference be deferred until the next meeting.

Moved: Mayor Mitchell
Seconded: Mr. Sharpe
Motion carried. (M-2019-005-SC)

10.2. Establish Date and Time of 2019 Meetings

Staff were directed to arrange a meeting before February 28, 2019, and subsequent meetings would be arranged at the next meeting.

10.3. 2019 Work Plan Discussion

Stewardship Committee members discussed next steps for funding-related strategic planning.

MOTION:

That the Work Plan be approved as presented and a separate meeting be arranged to follow-up on the funding-related strategic plan.

Moved: Ms. Praamsma
Seconded: Mr. Sharpe
Motion carried. (M-2019-006-SC)

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

At the call of the Chair.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Councillor Clarke
Seconded: Mayor Mitchell
Motion Carried. (M-2019-007-SC)

The meeting was adjourned at 11:01 a.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-354	Title: Stewardship Committee, Terms of Reference
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2016-09-14
Signature: <i>Original signed by Board Chair</i>		Author: Governance Committee
Date (YYYY-MM-DD): 2018-03-14		
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.

Goal

1. To ensure that the Board of Health fulfils its due diligence responsibilities for accountable, effective and efficient management of public resources.
2. To fulfill obligations and oversight responsibilities relating to financial planning, the audit process and financial reporting.
3. To promote and provide oversight for effective risk management practices.

Duties and Responsibilities:

1. *Financial Planning:*

The Committee will review and make recommendations to the Board in respect of:

- a. Annual budgets and Annual Service Plan for all funding agreements greater than \$100,000;
- b. Consistency of planned budget allocations with strategic plans and other identified priorities.

2. *Financial Reporting:*

The Committee will review and recommend approval to the Board:

- a. financial management by-laws and policies;
- b. Ministry accountability reports;
- c. quarterly financial statements; and
- d. annual audited financial statements.

3. *External Audit:*

The Committee will:

- a. Meet with the External Auditor to review the terms of engagement and approve the audit plan.
- b. Meet with the External Auditor to discuss significant findings, recommendations and/or problems experienced in conducting the audit, including any issues with management's cooperation or disagreements regarding financial statements or disclosure.

- c. Recommend to the Board the approval of the annual Audited Financial Statement and the appointment of the External Auditor.

4. *Internal Controls:*

The Committee will:

- a. Review on an annual basis the control measures in place to manage financial risk.
- b. Review all matters, including legal, that have potential to impact financial statements in a material way and where deemed appropriate advise and/or seek direction from the Board.
- c. Review any recommendations from External Auditors for improved financial management practices together with management.

5. *Risk Management:*

The Committee will:

- a. Review on a quarterly basis management's assessment of any material changes to risk categories as identified in the Province of Ontario's Integrated Risk Management Quick Reference Guide (attachment available upon request).
- b. Request management reports on risk management status for categories deemed most relevant to the Board of Health, including but not limited to: strategy, service delivery, human resources, information and privacy, infrastructure, legislative compliance, technology, security and equity.
- c. Ensure compliance with relevant legislation.

Membership

The Committee will be composed of a minimum of four Board members with at least 50% of the membership consisting of local funding partner representatives~~one representative from the City, County, Province, and First Nations~~, in addition to the Chair of the Board who is an ex-officio member.

The Committee 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 through the Medical Officer of Health and the Director of Operations.

Quorum

A majority of Committee members constitute a quorum.

Reporting

The Committee 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 forward to the Board of Health at the next scheduled meeting.

Meetings

The Committee will meet a minimum of quarterly and may meet more frequently

Extraordinary meetings to address specific items may be held at the call of the Chair of the Stewardship. Time-limited sub-committees may be formed to address specific issues.
The Stewardship Committee will meet with other Board Committees as required.

Minutes

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

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

The Terms of Reference of the Board of Health’s Stewardship Committee will be reviewed and updated at the first meeting of each year, or more often as needed.

Attachment:

Integrated Risk Management Quick Reference Guide *(available upon request)*

Review/Revisions

On (YYYY-MM-DD): 2016-09-14

On (YYYY-MM-DD): 2018-03-14

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Financial Update Q4 2018 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2018

	Funding Type	2018 Submission	Approved by Board	Approved \$ by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Dec. 31	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	7,875,467	7,875,467	100.0%	(0)	Operated within budget. Board approved budget included Small Drinking Water and Vector Borne Disease - See lines below.
Small Drinking Water Systems	CS	90,800	08-Nov-17	90,800	90,800	94,877	104.5%	(4,077)	Operated above budget due to legal fees incurred for ongoing proceedings. Other program costs within budget allocation. Request approval by Ministry to transfer funds from Vector Borne Diseases to offset expenditures.
Vector- Borne Disease (West Nile Virus)	CS	76,133	08-Nov-17	76,133	76,133	71,848	94.4%	4,285	Operated within budget. Request to transfer funds to offset overage in Small Drinking Water.
Infectious Disease Control	100%	222,300	11-Apr-18	222,300	222,300	222,300	100.0%	-	Operated within approved budget.
Infection Prev. & Control Nurses	100%	90,100	11-Apr-18	90,100	90,100	90,100	100.0%	-	Operated within approved budget. Consistent with previous year operations.
Healthy Smiles Ontario (HSO)	100%	763,100	11-Apr-18	763,100	763,100	763,100	100.0%	-	Operated within approved budget.

	Funding Type	2018 Submission	Approved by Board	Approved \$ by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Dec. 31	% of Budget	Year to Date Variance Under/(Over)	Comments
Enhanced Food Safety	100%	25,000	11-Apr-18	25,000	25,000	25,000	100.0%	-	Operated within approved budget. Consistent with previous year operations.
Enhanced Safe Water	100%	15,500	11-Apr-18	15,500	15,500	15,500	100.0%	-	Operated within approved budget. Consistent with previous year operations.
Needle Exchange Initiative	100%	57,000	11-Apr-18	57,000	57,000	57,000	100.0%	-	Operated within approved increased budget.
Harm Reduction Enhancement	100%	150,000	11-Apr-18	150,000	150,000	149,496	99.7%	504	Operated within approved budget.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	180,500	11-Apr-18	180,500	180,500	180,500	100.0%	-	Operated within approved budget.
Chief Nursing Officer Initiative	100%	121,500	11-Apr-18	121,500	121,500	121,500	100.0%	-	Operated within approved budget.
Smoke Free Ontario (SFO) - Control	100%	100,000	11-Apr-18	100,000	100,000	100,000	100.0%	-	Operated within approved budget.
SFO - Enforcement	100%	202,100	11-Apr-18	202,100	202,100	205,395	101.6%	(3,295)	Operated above budget. Request to offset overage by underspending in SFO Prosecution.

	Funding Type	2018 Submission	Approved by Board	Approved \$ by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Dec. 31	% of Budget	Year to Date Variance Under/(Over)	Comments
SFO - Youth Prevention	100%	80,000	11-Apr-18	80,000	80,000	80,000	100.0%	-	Operated within approved budget.
SFO - Prosecution	100%	6,700	11-Apr-18	6,700	6,700	-	0.0%	6,700	No expenditures in 2018 resulting in program underspending. Request to offset overage in Enforcement.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	11-Apr-18	29,300	29,300	29,300	100.0%	-	Operated within approved budget.
Medical Officer of Health Compensation	100%	51,054	NA	51,054	51,054	51,054	100.0%	-	Operated within approved budget.
Healthy Babies, Healthy Children	100% MCYS	928,413	14-Mar-18	928,413	928,413	928,413	100.0%	-	Operated within approved budget.

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

	Funding Type	2018 Submission	Approved by Board	Approved \$ by Province	YTD Budget \$ (75%)	Year To Date Expenditures to Dec 31.	% of Budget	Year to Date Variance Under/(Over)	Comments
Menu Labelling	100%	111,947	11-Apr-18	12,500	9,375	-	0.0%	9,375	Funding for one PHI for 8 weeks during January - March 2019.
PHI Practicum	100%	20,000	11-Apr-18	10,000	7,500	-	0.0%	7,500	Funding for 1 practicum PHI student for 12 weeks during January - March 2019.
Vaccine Refrigerators	100%	50,000	11-Apr-18	45,800	34,350	37,503	125.0%	(3,153)	Funding supports purchase and installation of 4 vaccine fridges. Final delivery of fridges expected in next quarter. Balance of funds to be spent by end of March 2019.
Recreational Beaches Predictive Model	100%	30,000	11-Apr-18	30,000	22,500	12,291	41.0%	10,209	Operating within budget. Balance of funding to support student position hired for period of January - March 2019.

Programs funded April 1, 2018 to March 31, 2019

	Funding Type	2018 - 2019	Approved by Board	Approved \$ by Province/Other	YTD Budget \$ (75%)	Year To Date Expenditures to Dec 31.	% of Budget	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100%	251,422	08-Mar-17	251,422	188,567	192,153	76.4%	(3,587)	Operating above budget. Some additional staff hours worked during 3rd quarter. Ministry approved additional \$10,000 for increased in staffing hours until end of March 2019. Anticipate being in budget by end of year.
Speech	100% FCCC	12,670	Annual Approval	12,670	12,670	9,503	75.0%	3,168	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 Revenue \$ (100%)	Year To Date Expenditures to Dec. 31	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	12-Nov-14	402,775	384,120	404,522	100.4%	(20,402)	Program funded entirely by user fees. Expenditures are above budget due to additional program activity. Revenue from User Fees are below budget and down approx 8% from prior year. Overall deficit of \$20,402. Final review of program activity to be completed before audit. Anticipate current deficit to be reduced as staff complete file closures. Deficit can be offset by program reserve funds.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	12-Nov-14	97,500	98,205	95,748	98.2%	2,457	Program funded entirely by fees. Operated within budget. Overall surplus of \$2,457. Final review of program activity to be completed prior to audit.
Travel Immunization Clinic	Fee for Service	149,960		149,960	99,600	108,829	72.6%	(9,229)	Pilot program funded entirely by fees. Revenue from fees underbudget resulting in a deficit of approximately \$9,229, after considering program inventory. In September, the Board approved recommendation to cease operations. Program ceased regular days November 1st, however continued providing services as required through December. Overage to be covered through cost-shared programs.
Total - All		12,199,206		12,240,092	100.0%	12,083,896	98.72%	455	

PETERBOROUGH PUBLIC HEALTH COMMITTEE REPORT

TO:	Stewardship Committee
TITLE:	Three-Prong Strategy Status
DATE:	February 5, 2019
PREPARED BY:	Larry Stinson, Director of Operations
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Stewardship Committee:

- receive the staff report, *Three-Prong Strategy Status*, for information; and,
- provide it to the Board of Health at its next meeting for information.

BACKGROUND

Proposed Actions	Status	Future Considerations
Provincial Advocacy for Sustained Public Health Funding		
a. An urgent teleconference with the Association of Local Public Health Agencies (alPHA) Board President requesting action.	Teleconference was held prior to the Board Meeting on June 13, 2018.	Continue to work with alPHA leadership.
b. A resolution for the 2018 alPHA Annual General Meeting (AGM) directing advocacy for sustainable public health funding.	Resolution was passed at the 2018 AGM.	Communication to alPHA ED in January 2019 requesting action plan. Response shared with Board.
c. A letter to Ontario Public Health Association (OPHA) requesting advocacy efforts to support sustainable local funding for public health.	Direction provided to alPHA through the resolution to engage the OPHA, as well as the Association of Municipalities of Ontario (AMO), the Canadian Public Health Association (CPHA) and the Association of Ontario Health Centres (AOHC).	
d. A request to the City and County to request AMO to support advocacy efforts for sustainable public health funding.	Presentations done to the City and County re: the 2% increase and budget projections for 2019 – 2021. It was indicated at that time that municipal support was needed to keep public health	AMO paper released in January 2019 which clearly articulates the importance of the municipal connection to public health and the need for adequate

Proposed Actions	Status	Future Considerations
	local and to assure adequate funding support from the province.	provincial funding support to sustain the 75:25 proportional funding ratio.
Other: delegation request at AMO Conference.	Through the County a request was made for a delegation with the Minister of Health and Long-Term Care. The request was not accepted and it was learned that no public health requests were accepted.	Suggestion to attempt delegation at ROMA (see below). Continue to seek opportunities for communicating through alPha (e.g., meetings between alPha and Minister)
Other: delegation request at ROMA conference.	Delegation request was accepted for January 28 th . Was attended by Rosana, Andy Mitchell and Troy Speck.	Response was favourable but no assurances. Suggested follow up?
Other: Meeting with local MPPs.	All new MPPs invited to Board Meeting in November 2018, MPP Dave Smith attended. Dr. Salvaterra and the former Board Chair had a follow up meeting with MPP Smith; Dr. Salvaterra met separately with MPP Laurie Scott in November with Dr. Noseworthy (HKPR). A meeting with MPP Piccini originally scheduled to occur in late January 2019 with Dr. Noseworthy has been rescheduled, date to be confirmed.	Suggested follow up?
Judicious Use of Reserves to Offset Deficits		
a. Identify minimum amounts to be retained in both capital and operating reserves.	At the June 2018 Board Meeting, the Board supported Stewardship Committee recommendations for minimum operational and capital reserve balances.	Future budget considerations must consider minimum balances be retained for emergencies and not for the purposes of balancing budgets.
b. Negotiate with Infrastructure Ontario (IO) to eliminate current barrier to utilization of reserves.	Follow up communication with IO revealed that their methodology for calculating the debt service ratio means that use of reserves to balance	No further action required.

Proposed Actions	Status	Future Considerations
	budget will not compromise the covenant in the contract.	
c. Identify how reserves can be utilized to reduce anticipate deficits over the next 3 years.	Reserves were proposed to be used to balance the budget for 2019 with the condition that any opportunity for savings that arise throughout the year should be used to offset the need.	The 2018 budget proposed the use of \$84,000 in reserves to balance the budget and up to \$140,000 to support the Dental Clinic renovation. Due to other cost savings achieved, no reserves were required, so balances remain intact.
Move to 30% Local Funding Over the Next Three Years (2019 – 2021)		
City	Budget presentation provided. City Finance Committee and Council approved the 2019 budget with 8.3% increase. Vote was 7 to 4. Sentiment that it implies support for 3-year plan.	Confirm the sentiment that it implies support for 3-year plan. For council members who oppose/vote against the budget approval, is there value in further education/information?
County	Budget process began January 30 th . General support for PPH budget, but displeasure with downloading. Warden, CAO and Mayor Andy Mitchell provided information on obligation and value of investment.	Provide more information on: <ul style="list-style-type: none"> • Status of new building • Efforts to achieve efficiencies. Is there value in further education/information?
Curve Lake First Nation	Letter sent requesting proportional increase and offering presentation.	Provide presentation or more information as requested. Provide our Board member reps with background information to assist with supporting request.
Hiawatha First Nation	Letter sent requesting proportional increase and offering presentation.	Provide presentation or more information as requested. Provide our Board member reps with background information to assist with supporting request.