Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, April 10, 2019 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. **Call to Order**
   Kerri Davies, Vice-Chair

   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 f 9.3.1 9.3.2 9.4.1 a 9.4.2 a b c d*

5. **Delegations and Presentations**

   5.1. Presentation: Health In All Policies
   Dr. Ketan Shankardass, PhD

   - Cover Report
   - Presentation

5.2. Delegation: Changes to Provincial Autism Supports, Kristen Locklin

- Cover Report

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report

a. March 13, 2019

7. Business Arising From the Minutes

7.1. Staff Report: 100% Ministry-Funded Program Shortfalls
Larry Stinson, Director of Operations

- Staff Report

8. Staff Reports

8.1. Staff Presentation: Oral Health Report- Highlights
Patti Fitzgerald, Manager

- Cover Report

a. Presentation

8.2. Staff Report: Expanding Opioid Substitution Treatment with Managed Opioid Programs
Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report

8.3. Staff Report: Safe Sewage Disposal Program – Renewal of Sewage System Management Agreements with the County and City of Peterborough
Donna Churipuy, Director of Public Health Programs

- Staff Report

a. Draft Sewage System Maintenance Agreement - County of Peterborough
b. Draft Sewage System Maintenance Agreement - City of Peterborough
c. Historical Annual Operations Fee Summary
d. Projected Annual Operations Fee Summary

8.4. Staff Report: Safe Sewage Disposal Program – Renewal of Mandatory and Non-Mandatory and Sewage System Re-inspection By-laws - County of Peterborough
Donna Churipuy, Director of Public Health Programs

- Staff Report

a. Proposed County By-law –Mandatory Re-inspection of On-site Sewage Systems
b. Proposed County By-law –Non-mandatory Re-inspection of On-site Sewage Systems
c. Historical Fee Summary

9. Consent Items

9.1. Correspondence for Direction

a. Alcohol Availability in Ontario – OPHA Alcohol Work Group

9.2. Correspondence for Information

- Cover Report

a. CMOH 2017 Annual Report
b. Ministers MacLeod and Elliott – Bill 60
c. Minister MacLeod - HBHC
d. alPHa - Alcohol Retail
e. alPHa - 2019 Winter Symposium Proceedings
f. alPHa e-newsletter

9.3. Staff Reports

9.3.1. Staff Report: Response to Notice of Intent – Potential Measures to Reduce the Impact of Vaping Products Advertising on Youth and Non-users of Tobacco Products

- Staff Report

a. PPH Response to NOI

9.3.2. alPHa Resolution for Submission - Public Health Support for including Hepatitis A Vaccine in the School Immunization Program

- Cover Report

a. Resolution and Backgrounder

9.4. Committee Reports

9.4.1. Governance Committee
Michael Williams, Chair

- Cover Report

a. Minutes, Jan. 12/19

9.4.2. Indigenous Health Advisory Circle
Chief Phyllis Williams, Chair

- Cover Report

a. Minutes, Nov. 6/18
b. Minutes, Jan. 12/19
c. IHAC Terms of Reference
d. 2-50 Land Acknowledgement

10. New Business

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001,

- *Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;*
- *Section 239(2)(d), Labour relations or employee negotiations*

12. Motions for Open Session

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

Wednesday, May 8, 2019, 5:30 p.m.
Curve Lake Health Centre, 38 Whetung St. E.,
Curve Lake First Nation

14. Adjournment

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

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:	**Presentation: Health in all Policies**
DATE:	**April 10, 2019**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:
Presentation: Health in all Policies
Presenter: Ketan Shankardass, PhD

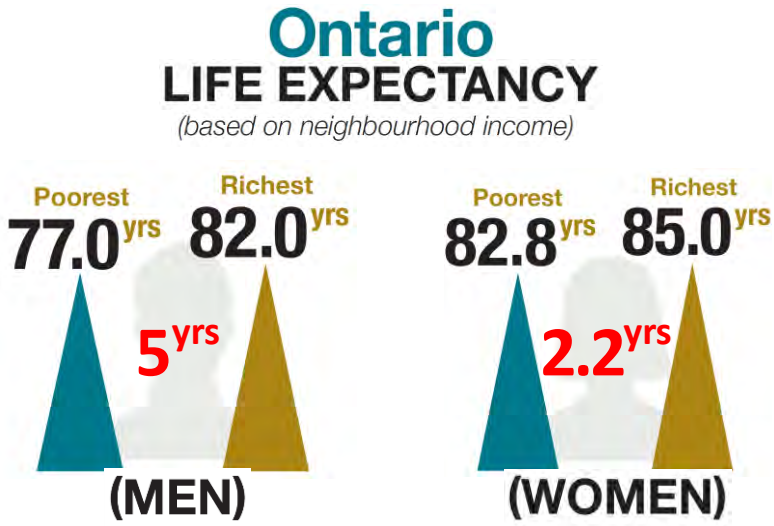
ATTACHMENTS

Attachment A – Presentation

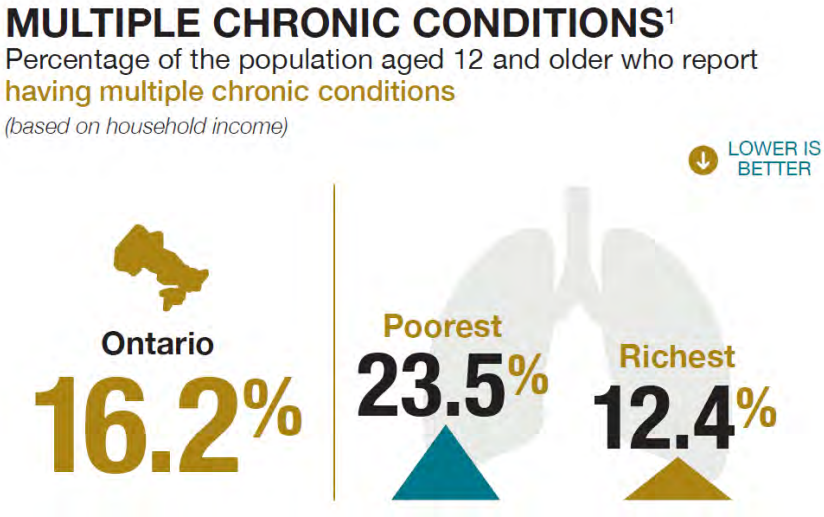
Health in All Policies
Board of Health, Peterborough Public Health
Ketan Shankardass, PhD
April 10, 2019

Agenda

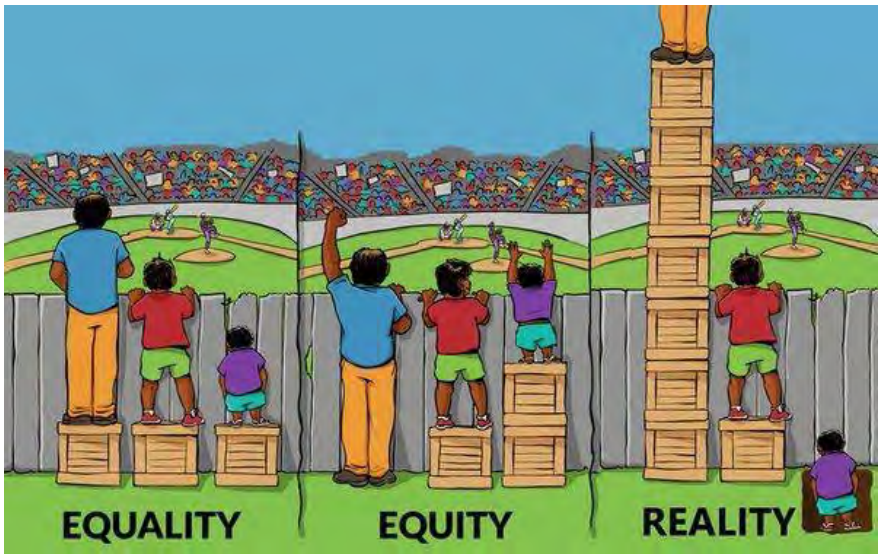
1. Health equity and HiAP
2. Research project overview: HARMONICS
3. Local involvement in research project
4. Impacts on local HiAP efforts

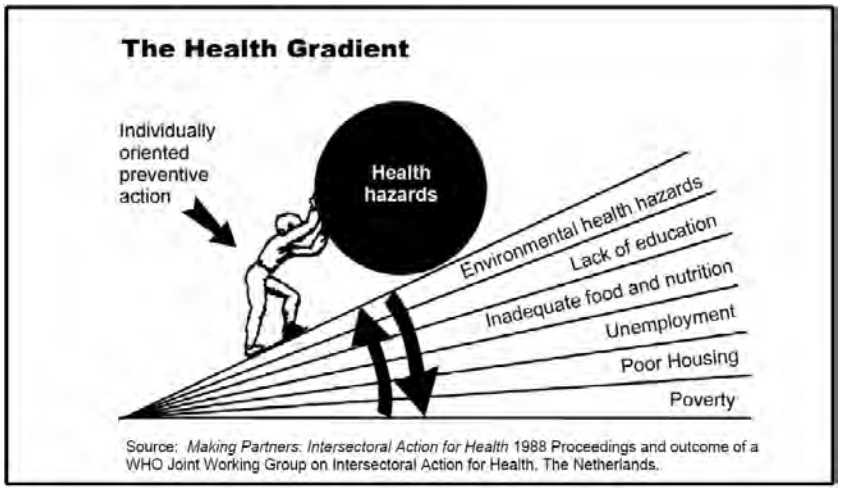


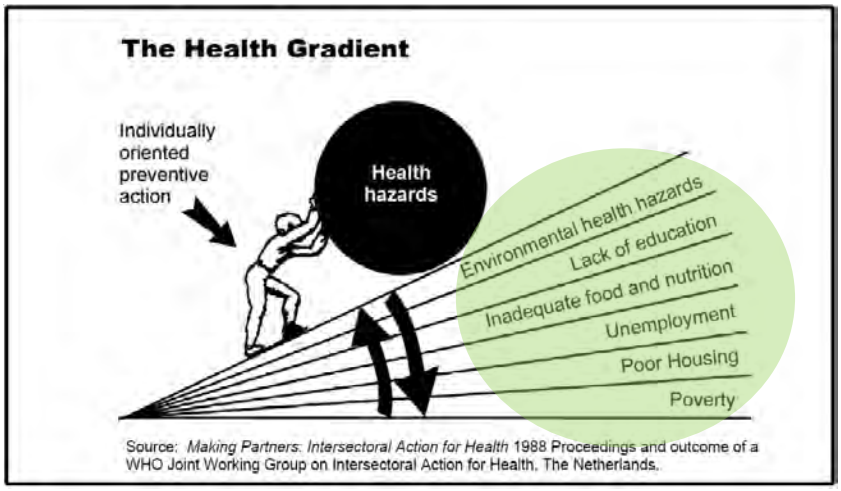
www.hqontario.ca/System-Performance



www.hqontario.ca/System-Performance


EQUALITY
EQUITY
REALITY


The Health Gradient
Individually oriented preventive action
Health hazards
Environmental health hazards
Lack of education
Inadequate food and nutrition
Unemployment
Poor Housing
Poverty
Source: Making Partners: Intersectoral Action for Health 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.


The Health Gradient
Individually oriented preventive action
Health hazards
Environmental health hazards
Lack of education
Inadequate food and nutrition
Unemployment
Poor Housing
Poverty
Source: Making Partners: Intersectoral Action for Health 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.


HEALTH
in All Policies

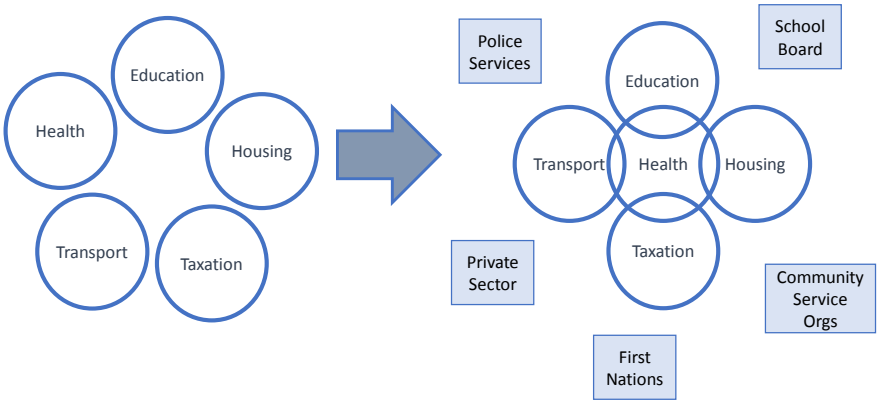
1. Intersectoral action for health and health equity that is durable and possibly systematic
2. Policy coordination within and, ideally, across government levels
3. Focus beyond the health*care* sector
4. Evidence-informed policy-making

Recommendation #4: AMO calls upon the Province to adopt a 'health in all policies' approach and work with municipal governments, public health units, and their associations to inform such an approach. This approach encourages policy makers to systematically consider the health implications of any policy decision. By considering health when developing policy across various ministries and agencies, people will be better served. By addressing the social determinants of health, like income, gender race and sexual orientation, the "health lens" can improve overall population health and reduce health inequities.

HiAP as integrated governance

Policy "silos"
- Unique budgets
- Unique mandates

"Integrated governance"
- Shared budgets
- Overlapping mandates




Victoria
Victoria


HARVESTORE
HARVESTORE

HiAP Analysis using Realist Methods
ON International Case Studies

harmonics-hiap.ca

Shankardass *et al. Health Research Policy and Systems* (2018) 16:26
https://doi.org/10.1186/s12961-018-0295-z

Health Research Policy and Systems

CASE STUDY — Open Access

The implementation of Health in All Policies initiatives: a systems framework for government action

Ketan Shankardass[1,2,3*], Carles Muntaner[2,4], Lauri Kokkinen[5], Faraz Vahid Shahidi[2], Alix Freiler[1], Goldameir Oneka[2], Ahmed M. Bayoumi[1,6] and Patricia O'Campo[1,2]

New HARMONICS Study of HiAP in local governments of Ontario and Québec

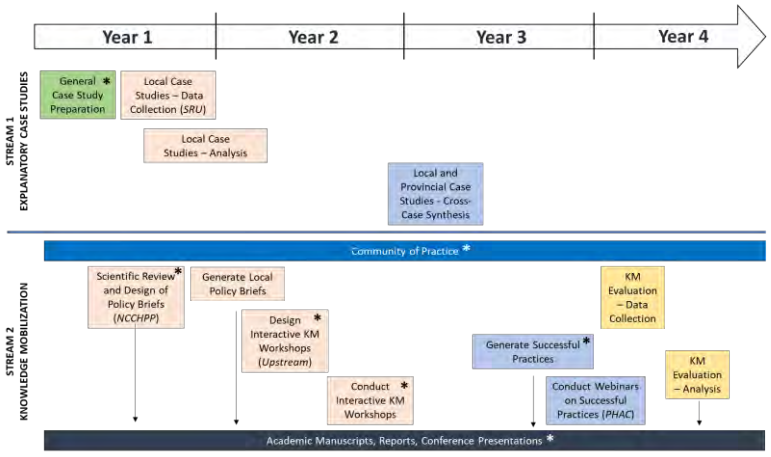


*Figure 1. Two work streams, including multiple explanatory case studies and knowledge mobilization. * indicates role for knowledge user partners. SRU=Survey Research Unit; NCCHPP=National Collaborating Centre for Health Public Policy; PHAC=Public Health Agency of Canada; KM=knowledge mobilization*

Local involvement in study

- Data collection
  - 10-15 one-hour interviews with key informants directly involved in early and later stages of intersectoral action in Peterborough
  - Documents describing implementation efforts
- Knowledge translation and mobilization activities
- Evaluation of study impact?

HARMONICS *harmonics-hiap.ca*

Local benefits of study

- Policy briefing note about our findings (NCCHPP)
- Workshop to help mobilize knowledge from case study

- Knowledge about the mechanisms that are driving project maturity and hindering progress

HARMONICS *harmonics-hiap.ca*

What strategies can help engage diverse policy sectors into HiAP?

1. An awareness raising strategy that will leads to others seeing the importance of adapting their sectoral objectives
2. A top-down strategy that uses power to compel participation, regardless of sectoral objectives
3. A win-win strategy that seeks dual outcomes for initiatives

HARMONICS *harmonics-hiap.ca*

What strategies can help engage diverse policy sectors into HiAP?

- Win-win strategies work because of:
  - development of a shared language
  - use of tools (HIA) to facilitate policy coordination
  - integrating health into other policy agendas & dual outcomes
  - use of scientific evidence for credibility

HARMONICS *harmonics-hiap.ca*

Playing the long game with HiAP

- In Quebec, one informant noted that by focusing on shorter-term goals with less emphasis on health equity and more directly on the "mission, concerns, funding issues" of partners can lead to longer-term awareness and appropriation of the shared benefits of collaboration.

HARMONICS *harmonics-hiap.ca*

Top-down approaches as counterproductive

"less preaching, more serving" (QC key informant)

"I don't know if annoyed is the best word to use but just this, you know, the terminology of Health in All Policies. Right? That it's all about health."(CA key informant)

HARMONICS *harmonics-hiap.ca*

HARMONICS

HiAP Analysis using Realist Methods ON International Case Studies

harmonics-hiap.ca

- *Dr. Ketan Shankardass*
- *Dr. Patricia O'Campo*
- *Dr. Carles Muntaner*
- *Dr. Ahmed Bayoumi*
- *Dr. Lauri Kokkinen*
- *Alix Freiler*
- *Goldameir Oneka*
- *Maria Harrison*

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Delegation: Changes to Provincial Autism Supports, Kristen Locklin**
DATE:	**April 10, 2019**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information: Delegation: Changes to Provincial Autism Supports, Kristen Locklin

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Meeting Minutes, March 13, 2019**
DATE:	**April 10, 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 March 13, 2019

ATTACHMENTS

Attachment A – Draft Minutes, March 13, 2019

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, March 13, 2019 – 5:30 p.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
	Ms. Catherine Praamsma
	Mr. Andy Sharpe
	Councillor Don Vassiliadis
	Mr. Michael Williams
	Councillor Kathryn Wilson, Chair
	Councillor Kim Zippel
Regrets:	**Chief Phyllis Williams**
Staff:	**Ms. Dale Bolton, Manager, Finance and Property**
	Ms. Brittany Cadence, Manager, Communication Services
	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

Councillor Kathryn Wilson, Chair called the meeting to order at 5:31 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be amended by adding item 10.1.
Moved: Mr. Connolley
Seconded: Councillor Clarke
Motion carried. (M-2019-037)

3. Declaration of Pecuniary Interest

Councillor Clarke declared a conflict with item 9.2.f, as his employer advertises to children.

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 9.1 b, 9.2 a-c e g h, 9.3.2 and 9.4.1.
Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-038)

MOTION 9.1.b:
That the Board of Health for Peterborough Public Health (PPH):
- *receive for information the correspondence from the North Bay Parry Sound District Health Unit regarding food insecurity and Bill 60; and,*
- *support their position and communicate this support to Premier Ford, with copies to Ministers Elliott and McLeod, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.*

Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-038)

MOTION 9.2.a-c e g h:
That the Board of Health for Peterborough Public Health receive the following for information:
a. Email dated February 15, 2019 to John Kennedy, City Clerk, regarding the circulation of documents from the Association of Municipalities of Ontario, as requested by the Board.
b. Email dated February 19, 2019 to MPPs Piccini, Scott and Smith, regarding the circulation of documents from the Association of Local Public Health Agencies (alPHa), as requested by the Board.
c. Letter dated February 27, 2019 to Premier Ford from the Board Chair regarding support for provincial oral health programs for low income adults and seniors.

e. Letter dated February 12, 2019 to Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway Medicine.

g. E-newsletter dated February 19, 2019.

h. Update to Boards of Health, March 1, 2019.

Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-038)

MOTION 9.3.2:
That the Board of Health for Peterborough Public Health receive the staff report, "Public health responses to the federal consultation on the regulation of edible cannabis, extracts and tinctures", for information.
Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-038)

MOTION 9.4.1:
That the Board of Health for Peterborough Public Health receive the Stewardship Committee minutes for the meeting held on February 5, 2019, for information.
Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-038)

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meetings

a. **February 13, 2019**

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on February 13, 2019 be approved as circulated.
Moved: Mayor Mitchell
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-039)

7. Business Arising From the Minutes

8. Staff Reports

8.1. **Staff Presentation: The Weekly Influenza Report – An Example of PPH Surveillance**

Mr. Mohamed Kharbouch, Epidemiologist, provided a presentation on "The Weekly Influenza Report – An Example of PPH Surveillance".

MOTION:
That the Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: The Weekly Influenza Report - An Example of PPH Surveillance.
Moved: Mr. Sharpe
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-040)

8.2. **Staff Report: Summary of Peterborough Public Health's 2019 Annual Service Plan Submission**

MOTION:
That the Board of Health for Peterborough Public Health:
- *receive the staff report, Summary of Peterborough Public Health's 2019 Annual Service Plan (ASP) Submission, for information;*
- *approve the 2019 budgets for Ministry of Health and Long-Term Care 100% funded programs in the amount of $2,043,100; and*
- *approve the 2019 budgets for Ministry of Health and Long-Term Care Additional Base and One-Time programs in the amount of $1,375,352.*

Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2019-041)

8.3. **Stewardship Committee Report: Budget Approvals**

MOTION (a):
That the Board of Health for Peterborough Public Health:
- *receive the staff report, 2019 Budget Approval - Healthy Babies, Healthy Children Program, for information;*
- *approve the 2019 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of $928,413; and*

- *support Thunder Bay District Health Unit's call to action and concern regarding the Healthy Babies, Healthy Children (HBHC) program funding, and communicate this support to Minister McLeod, with copies to local MPPs, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, and Ontario Boards of Health.*

Moved: Councillor Vassiliadis
Seconded: Ms. Davies
Motion carried. (M-2019-042)

MOTION (b):
That the Board of Health for Peterborough Public Health approve the 2019-20 budget for the Infant and Toddler Development Program in the total amount of $242,423.

Moved: Deputy Mayor Clark
Seconded: Mr. Williams
Motion carried. (M-2019-043)

9. Consent Items

9.1.a Correspondence for Direction

MOTION:
That the Board of Health for Peterborough Public Health (PPH):
- *receive for information the Council of the Regional Municipality of Durham resolution urging the Government of Ontario to amend the Smoke-Free Ontario Act, 2017 (SFOA) such that the smoking or holding of lighted cannabis is prohibited in all public places; and*
- *direct PPH staff to continue to monitor provincial trends and best practices with regards to secondhand smoke exposure and to reach out to other local public health agencies and associations to determine whether there is a sector wide position on this, or if one should be developed.*

Moved: Councillor Zippel
Seconded: Ms. Praamsma
Motion carried. (M-2019-044)

9.2.d Correspondence for Information

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

Memorandum dated March 6, 2019, from the Chief Medical Officer of Health to Ontario Board of Health Chairs, regarding the transformation of the Ontario health care system.

Moved: Mayor Mitchell
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-045)

9.2.f **Correspondence for Information**

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

MOTION:
That the Board of Health for Peterborough Public Health receive the following for information:
Correspondence from alPHa - Letter dated February 15, 2019 to Ontario Senators regarding Bill S-228, Child Health Protection Act.

Moved: Mr. Sharpe
Seconded: Ms. Davies
Motion carried. (M-2019-046)

9.2.i **Correspondence for Information**

MOTION:
That the Board of Health for Peterborough Public Health receive the following for information:
Correspondence from alPHa - June 2019 Conference and Annual General Meeting Draft Program.

Moved: Mayor Mitchell
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-047)

9.3.1 **Staff Report: Guarding Minds @ Work Update**

MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, Guarding Minds @ Work Update, for information.

Moved: Mayor Mitchell
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-048)

10. New Business

10.1 Update on Meetings with MPPs

Dr. Salvaterra provided an update on a visit she had with David Piccini, MPP (Northumberland) at his Port Hope Office.

11. 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)(d), Labour relations or employee negotiations, at 6:34 p.m.*
Moved: Mr. Connolley
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-049)

MOTION:
That the Board of Health for Peterborough Public Health rise from In Camera at 7:22 p.m.
Moved: Deputy Mayor Graham
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-050)

12. Motions from In Camera for Open Session

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

The next meeting will be held Wednesday, April 10, 2019 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Mr. Connolley
Seconded by: Councillor Clarke
Motion carried. (M-2019-051)

The meeting was adjourned at 7:23 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**100% Ministry-Funded Program Shortfalls**
DATE:	**April 10, 2019**
PREPARED BY:	**Dale Bolton, Manager of 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, *100% Ministry-Funded Program Shortfalls,* for information.

FINANCIAL IMPLICATIONS AND IMPACT

Local public health agencies receive funding for programs that are cost-shared between local partners and the province and programs that are funded 100% by the province. Every effort is made to manage 100% funded programs within the funded allocation, but some instances (e.g., when costs can't be predicted, like needle exchange program), the cost must be picked up through cost-shared funds or use of reserves. The ability to cover the excess costs for the 100% programs becomes increasingly challenging with extended periods of 0% annual increases.

DECISION HISTORY

The staff report is provided in response to a request from the Board of Health at the March 13, 2019 meeting.

BACKGROUND

The 100% program budgets are submitted annually for approval to the Ministry of Health and Long Term Care (Ministry) as part of the Annual Service Plan. The majority of the 100% programs have not received an increase in funding for a significant number of years. Similar to the cost-shared budget, no increase in funding is anticipated in 2019. The budgets were prepared based on the staffing and resources required by the program within the prior year funding approval.

While many of the 100% funded programs help PPH to meet or enhance the achievement of objectives for public health programs and services, the effect of the enhancement needs to offset the budget shortfall if the program is not fully funded by the province. Historically, to balance the 100% funded programs it has been necessary to reduce staff and make any related adjustments or reduction in services, as has been done in the Infant Toddler Development Program. Despite those efforts, as times we must reallocate some of the program overages to the cost-shared budget as the Ministry will not fund the excess costs.

The total overage across all 100% Funded Programs will vary year to year and can be impacted by things like program demand, staffing costs (where the incumbent sits on the salary grid) and unanticipated increases in program costs. Although the province has indicated a willingness to allow local public health agencies to move funds from one funded program to another, the approval mechanism for this has not been established.

In the prior year, due to program gapping in some programs a minimal amount was transferred to the cost-shared program in an effort to balance 100% funded programs. The table below reflects the funded amount by program and any adjustment needed to balance the budget at year-end.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

- Quality and Performance;
- Capacity and Infrastructure;

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

APPENDICES

Appendix A - 100% Ministry-Funded Variance Report

APPENDIX A - 100% Ministry-Funded Variance Report

The following chart provides a summary of 100% programs expenses funded through cost-shared program in 2018 and anticipated for 2019:

Program	2018 Funding	2018 Variance	Anticipated 2019 Variance
Infectious Disease Control	$222,300	$9,979	$ -
Infection Prevention and Control Nurses	$90,100	$331	$990
Healthy Smiles Ontario	$763,100	$ -	$ -
Enhanced Food Safety	$25,100	$582	$ -
Enhanced Safe Water	$15,500	$1,173	$ -
Needle Exchange Initiative	$57,000	$1,104	$ 1,100
Harm Reduction Enhancement	$150,000	$ -	$ -
Social Determinants of Health Nurses	$180,500	$ -	$2,220
Chief Nursing Officer	$121,500	$ -	$ -
Smoke Free Ontario	$100,000	$ -	$ -
SFO Enforcement	$202,100	$ -	$ -
SFO Youth Prevention	$80,000	$ -	$ -
SFO Prosecution	$6,700	$ -	$ -
Electronic Cigarettes Act Enforcement	$29,300	$ -	$ 382
MOH Compensation	$51,054	$ -	$ -
Healthy Babies Healthy Children	$928,413	$ -	$ -
Infant Toddler Development	$242,423	$ -	$ -

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Staff Presentation: Oral Health Report - Highlights**
DATE:	**April 10, 2019**
PREPARED BY:	**Patti Fitzgerald, Manager**
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: Oral Health Report - Highlights
Presenter: Patti Fitzgerald, Manager

ATTACHMENTS

Attachment A – Presentation

Oral Health Report- Highlights

Patti Fitzgerald, Child Health Services Manager

April 10, 2019

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

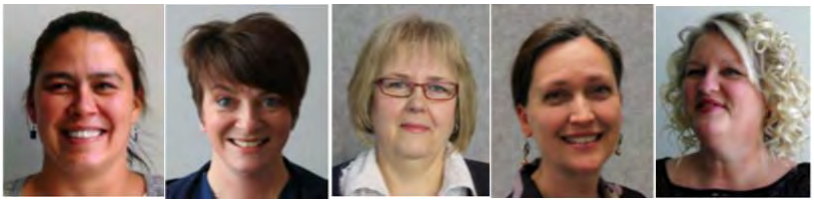
Effects of Poor Oral Health

- Local: pain, swelling, infection, inability to chew, inability to sleep
- Systemic: linkages between periodontal disease and preterm low birth weight babies, cardiovascular disease, strokes, diabetes and respiratory disorders
- Social: people avoid conversation or contact with others, avoid laughing or smiling, ability to gain employment

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

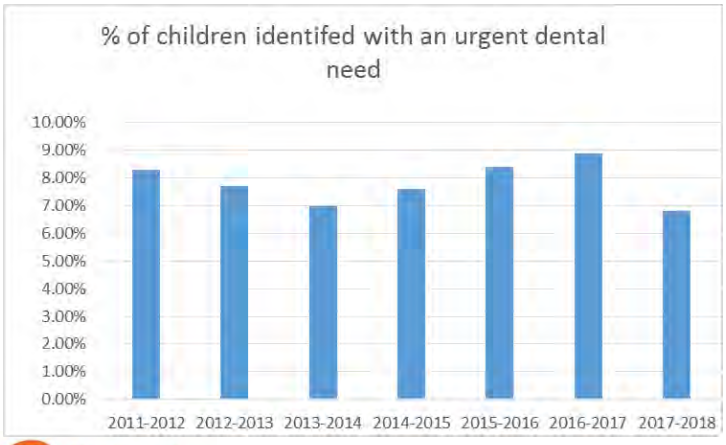
Oral Health Screening & Surveillance

- Oral screening conducted in 47 schools
- JK, SK and Grade 2, other grades also screened depending on the “intensity screening level” of the school



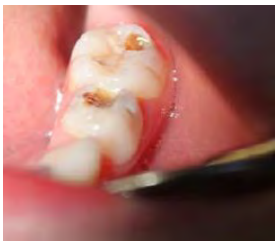
Peterborough Public Health
Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

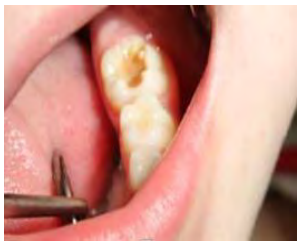
CUC- Children with Urgent Care needs

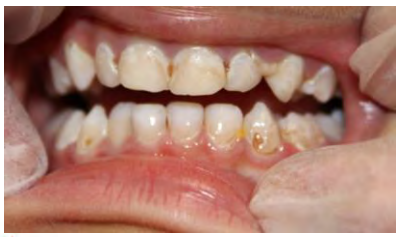


Peterborough Public Health
Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

CUC- Children with Urgent Care needs







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

Community Dental Health Clinic

- Provide diagnostic, preventive and treatment services
- 330-400 appointments booked each month
- Service clients who have dental benefits through
  - Healthy Smiles Ontario
  - Ontario Works
  - Ontario Disability Support Program (ODSP)
  - Non-Insured Health Benefits (NIHB) Program
  - Interim Federal Health Program (IFHP)
- Very busy clinic
- Daily calls from adult and seniors with no insurance

Dental Treatment Assistance Fund (DTAF)

- Began in 2007
- PPH provides administrative support at no-cost
- Funded through donations and some years funding is received by the City of Peterborough (Social Services)
- Assisted 702 individuals between January 2015 and December 2018. Age range of 18 to 82 years.

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

Emergency Room Visits

- Approximately 1000 visits to PRHC emergency department each year for “oral health concerns” (2003-2017)
- Adults aged 20-44 accounted for 63.6% of these visits
- Young adults aged 25-29 had the highest rate of visits
- Most common reasons for visiting was tooth pain (could be due to impacted teeth, cavities or trauma) and abscesses)

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

Access to Dental Insurance

- Locally 29% of adults (20-64 years) and 52% of older adults (age 65 and over) do not have access to any form of dental insurance Canadian Community Health Survey data, 2013
- Participants noted the most common reason for not seeing a dentist in the last 3 years was cost

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

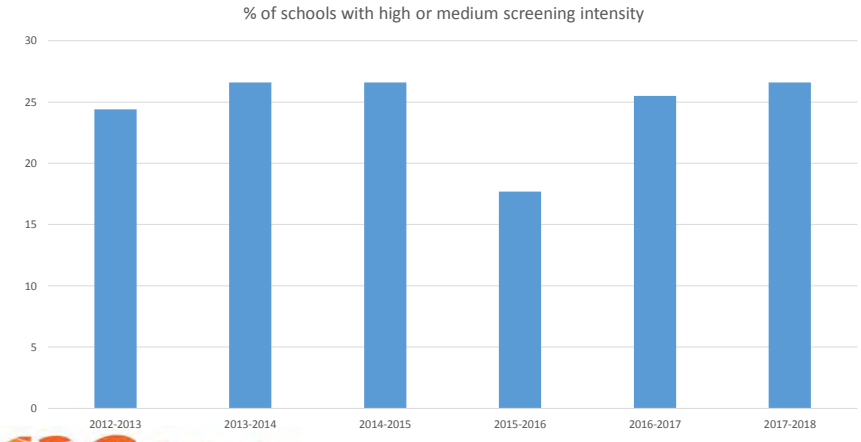
School Screening Intensity Level

Determined by the status of Grade 2 students

High screening intensity	**≥ 14% of Grade 2 students screened have 2 or more teeth with decay (d+D)**	**JK, SK, Grades 2, 4 and 7**
Medium screening intensity	**≥9.5%**	**JK, SK, Grades 2 and 7**
Low screening intensity	**<9.5%**	**JK, SK, Grade 2**

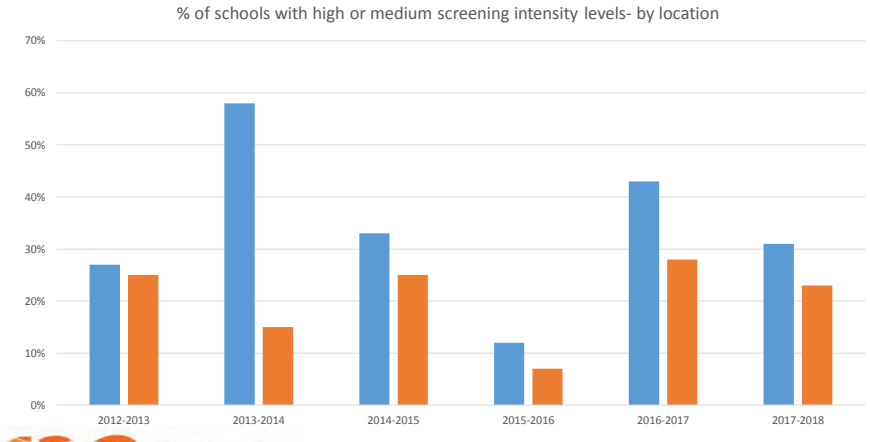
Peterborough Public Health
Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

School Screening Intensity Level



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

School Screening Intensity Level



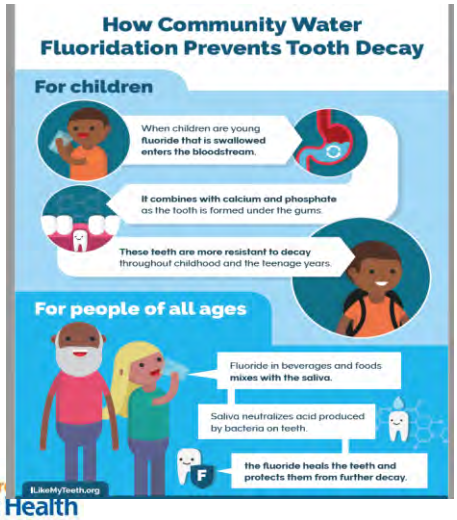
Peterborough Public Health
Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

Community Water Fluoridation

- Community water fluoridation continues to be the most effective, equitable and economical way prevent and reduce tooth decay
- Locally the cost is less than $1 per person per year
- Return on Investment

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

Community Water Fluoridation



Next Steps

- NEW: Oral health promotion and outreach in the Vulnerable Families programs(Peterborough Child and Family Centres)that are located in the county
- Pilot project- Fluoride Varnish outreach program in targeted schools
- Support provincial plan to implement a program for low-income seniors
- Continue to support provincial advocacy efforts to expand program to low-income adults

Questions?


1889-2019 LOCAL & STRONG
Peterborough
Public Health
Serving the residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Expanding Opioid Substitution Treatment with Managed Opioid Programs**
DATE:	**April 10, 2019**
PREPARED BY:	**Simone Jackson, Public Health Nurse**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Expanding Opioid Substitution Treatment with Managed Opioid Programs*, for information, and;
- send a letter to the Honourable Christine Elliott, Minister of Health and Long-Term Care, with copies to the Premier of Ontario, Ontario Chief Medical Officer of Health, Local MPPs, the Association of Local Public Health Agencies, and Ontario Boards of Health, urging the Ministry of Health and Long-Term Care to:
    a. Improve response to the opioid poisoning crisis by immediately targeting operational and capital funding to support the implementation of managed opioid programs in Peterborough.
    b. Take action to add managed opioid medications to the Ontario Drug Benefit Formulary at appropriate concentrations to treat opioid use disorder (i.e. 50 mg/mL and 100 mg/mL hydromorphone), as well as ensure managed opioid medications are accessible to all Ontarians requiring treatment for opioid use disorder.
    c. Include diacetylmorphine (pharmaceutical-grade heroin) for use as a managed opioid program medication in Ontario by obtaining authority from Health Canada.
    d. Address barriers to procuring, storing, and transporting diacetylmorphine (DAM) and/or mitigate its effects by collaborating with Health Canada and other necessary federal bodies to facilitate use of this managed opioid program medication.
    e. Ensure that managed opioid medication cost is not a barrier and that these medications are universally accessible to all Ontarians who could benefit from managed opioid programs.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

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

BACKGROUND

The opioid crisis in Canada continues to devastate communities nationwide and is affecting people from all demographics, age groups, and socio-economic backgrounds.[1,2] The Peterborough community, including the City, County, Curve Lake and Hiawatha First Nations, is no exception. Peterborough had the fourth highest rate of opioid-related deaths in Ontario between 2013-2016.[3] Significant increases in calls for service to paramedics and visits to the local Emergency Department (ED) have also been experienced. In particular, Peterborough County/City Paramedics (PCCP) report that they experienced a 65% increase in overdose/ intoxication type calls in 2017, compared to an average yearly increase of 15% between 2014-2016 (C. Smith, oral communication, March 29, 2018). Visits to Peterborough's ED for opioid poisoning increased 142% between 2014 and 2017 (M. Luebke, oral communication, March 29, 2018). ED visits in 2017 for poisoning by heroin were four times more than the year previous while "poisoning by other synthetic narcotics" increased 79% (M. Luebke, oral communication, March 29, 2018).

The introduction of fentanyl and other toxic substances into the illicit drug supply has contributed considerably to the number of opioid poisoning fatalities in Ontario. In the first half of 2018, 72% of accidental overdose deaths involved fentanyl-related substances, according to the Canadian Institute for Health Information.[4] Further, since the introduction of powdered fentanyl to the illicit drug market in 2012, Health Canada laboratories have reported a 2000% increase in the frequency of fentanyl (or analogue) identified in drug samples submitted by law enforcement.[5]

Pharmaceutical-grade drug products, administered to clients in a clinical setting, is an alternative treatment intervention that can reduce opioid-related deaths. Pharmaceutical-grade heroin provided to clients in a highly regulated environment, is an effective second-line treatment option, especially for chronic users who respond poorly to conventional treatments.[6] In Europe, six randomized control trials occurring over 15 years, demonstrated that supervised injectable heroin (SIH) treatment reduced crime and heroin use in public.[7] Patients also led more meaningful lives with improved social functioning, i.e., acquiring stable housing, enhancing family functioning and better rates of employment.[8,9] The cost to deliver SIH treatment in Europe is higher than oral methadone treatment, however, this higher cost was offset by significant savings in the criminal justice system.[10]

The recent spike in opioid-related morbidity and mortality across Peterborough City and County is suspected to be attributed to contaminants such as fentanyl in the illicit drug supply. Tragically, the majority of opioid poisonings and deaths are accidental.[11]

To save lives and improve health outcomes for people who use drugs, there is a critical need to rapidly expand treatment options to include Managed Opioid Programs (MOPs). MOPs provide patients with oral or injectable hydromorphone or diacetylmorphine (DAM or pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief. Through the provision of a clean, non-toxic drug supply, MOPs are cost-saving, provide a gateway for clients

to access social support services, and it is an effective form of treatment for people suffering chronic opioid use who have been unsuccessful with standard forms of treatment, such as methadone.[12]

MOPs have existed in Europe since the 1990s as a public health response to the rise in heroin use and spread of HIV/AIDS. Overdoses have steadily declined in areas with MOPs.[13] In Canada, MOPs are currently operating in Vancouver, and Alberta plans to launch two pilot clinics in Edmonton and Calgary. Research trials conducted in Vancouver and Montreal also support the scale-up of this treatment option. Rapid and responsive treatment options must be considered to address the urgent state of the opioid crisis in Ontario. The implementation of MOPs can be an essential strategy for lowering opioid fatalities.

The Province of Ontario recently announced a $102 million funding agreement with the federal government for drug treatment, and MOP's, which have demonstrated effectiveness in other regions as a treatment option, have potential to be an impactful tool under such an agreement for communities such as Peterborough if appropriately resourced.

RATIONALE

The opioid poisoning crisis in Peterborough has grown worse and the appearance of toxic contaminants in the illicit drug supply is suspected to be a contributing factor. Since January 2019, there have been 12 suspected opioid poisoning fatalities in Peterborough, almost a three-fold increase over the same time period last year. In addition, Peterborough Regional Health Centre has noted an increase in emergency department visits for suspected acute opioid poisonings. In 2017, Peterborough was among the top 3 cities in Ontario per census metropolitan area for opioid poisoning emergency department visits.[14]

In response to the opioid crisis, Peterborough Public Health (PPH) has created a task-force of community partners, including emergency responders, to collect and share information about toxic substances, including issuing public drug alerts when there are widespread reports of new or harmful drug products in circulation. Since January 2019, PPH has responded to two spikes in weekly opioid-related hospitalizations from a contaminated drug product known as "Blue Heroin."

There is a critical need to expand treatment options to include MOPs which offer safer opioid drug products to people with chronic opioid use disorder. Currently, Methadone and Suboxone are the only opioid substitution treatments offered in Peterborough. Treatment services would benefit from the addition of oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin) to clients under medical supervision. MOPs have a proven track record of increasing client participation, reducing the use of street drugs, and decreasing illegal activities associated with the drug trade.[15,16] MOPs reduce the prevalence of acute opioid poisonings in the growing opioid-dependent population by providing safer alternatives to illicit drugs in a supervised and controlled environment.[17]

Barriers to Implementation

MOPs are effective, but face several barriers to implementation in Ontario. Methadone and Suboxone are the most frequent medications used in opioid substitution treatment and are listed on the Ontario Drug Benefit Formulary. The cost of these medications is covered for people who are eligible for the Ontario Drug Benefit program (i.e. people aged 65 or older, and people enrolled in the Trillium Drug Program, Ontario Works, or the Ontario Disability Support Program). Unfortunately, the concentrations of injectable hydromorphone (50 mg/ml and 100 mg/ml) required as treatment for opioid use disorder are not listed on the Ontario Drug Benefit Formulary. Therefore, it is recommended that the Ministry of Health and Long-Term Care (MOHLTC) ensure the required concentrations of MOP medications are accessible to treat people with opioid use disorder in Ontario. For example, the MOHLTC could provide funding to cover these medications for supply to health care providers and related organizations. Many Ontarians with opioid use disorder are also eligible for the Ontario Drug Benefit program, highlighting the importance for the MOHLTC to take action to ensure these medications are added to the Ontario Drug Benefit Formulary.

Diacetylmorphine (DAM or pharmaceutical heroin) is not currently available in Ontario. Health Canada oversees the use and importation of this medication, and provinces must request special access. Therefore, it is recommended that the MOHLTC obtain authority from Health Canada to import diacetylmorphine for use as a MOP medication in Ontario.

The barriers to procuring, storing and transporting DAM make it inaccessible for most prospective MOP providers. Regulations posed on DAM occur at both a federal and provincial level, and there is limited information from the MOHLTC on who would pay for the medication even if the above barriers were reduced. It is recommended that the MOHLTC work with Health Canada and other necessary federal bodies to address barriers to procuring, storing and transporting DAM and/or mitigate their effects to enable use of this MOP medication.

Lastly, the MOHLTC must ensure that MOP medications are accessible to all Ontarians seeking treatment for opioid use disorder by removing cost as a barrier. In addition to offering opioid substitution therapies, treatment programs should also include case management and psychosocial supports. Health facilities offering supervision of injectable medications may need to be expanded or renovated which can only be accomplished with funding from the MOHLTC.

Conclusion

The introduction of MOPs in Ontario will help transition users out of the illicit drug market to a safer supply of pharmaceutical opioids under medical supervision. MOPs can be a major component in a comprehensive public health approach as a response to preventable and premature deaths due to acute opioid poisonings and overdoses. Peterborough would benefit from providing a variety of substance use treatment options to better serve the diverse needs of people who use substances. PPH is requesting urgent action and investment from the MOHLTC to provide the option of implementing MOPs in Peterborough and across other communities in Ontario.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

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

REFERENCES

1. Latest data on the opioid crisis. Canadian Institute for Health Information. https://www.cihi.ca/en/latest-data-on-the-opioid-crisis. Published December 12, 2018. Accessed March 12, 2019.

2. Gomes T, Greaves S, Martins D, et al. *Latest trends in opioid-related deaths in Ontario: 1991-2015.* Toronto: Ontario Drug Policy Research Network; 2017.

3. Gomes T, Pasricha S, Martins D, et al. *Behind the prescriptions: A snapshot of opioid use across all Ontarians.* Toronto, ON: Ontario Drug Policy Research Network; 2017.

4. Latest data on the opioid crisis. Canadian Institute for Health Information. https://www.cihi.ca/en/latest-data-on-the-opioid-crisis. Published December 12, 2018. Accessed March 12, 2019.

5. Government of Canada. *Government of Canada actions on opioids: 2016 and 2017.* Ottawa, ON: Health Canada; 2017. https://www.canada.ca/en/health-canada/services/publications/healthy-living/actions-opioids-2016-2017.html.

6. The Institute of Clinical Evaluative Sciences. Opioid use among First Nations in Ontario: A report of current findings; 2017.

7. Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment.* Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23.

8. Ibid.

9. Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf. Published June 2018. Accessed March 12, 2019.

10. Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment.* Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23.

11. Government of Canada. *Government of Canada actions on opioids: 2016 and 2017.* Ottawa, ON: Health Canada; 2017. https://www.canada.ca/en/health-

canada/services/publications/healthy-living/actions-opioids-2016-2017.html.

12. Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf. Published June 2018. Accessed March 12, 2019.

13. Ibid.

14. Canadian Institute for Health Information. Opioid-related harms in Canada. https://secure.cihi.ca/free_products/opioid-related-harms-report-2018-en-web.pdf Published December 2018. Accessed March 12, 2019.

15. Ibid.

16. Leece P, Tenenbaum M. *Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder.* Toronto, ON: Public Health Ontario; 2017: 1-8. https://www.publichealthontario.ca/-/media/documents/eb-effectiveness-sioat.pdf?la=en Accessed March 12, 2019.

17. Ibid.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Safe Sewage Disposal Program – Renewal of Sewage System Management Agreements with the County and City of Peterborough**
DATE:	**April 10, 2019**
PREPARED BY:	**Atul Jain, Manager, Environmental Health**
APPROVED BY:	**Donna Churipuy, Director, Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Safe Sewage Disposal Program – Renewal of Sewage System Management Agreements with the County and City of Peterborough,* for information; and,
- recommend to the County of Peterborough that the appended five year sewage system management agreement (with fee schedule) (Appendix A) be approved, with the inclusion and confirmation that this local public health agency:
    - will be the principal authority; and,
- recommend to the City of Peterborough that the appended five year sewage system management agreement (with fee schedule) (Appendix B) be approved, with the inclusion and confirmation that this local public health agency:
    - will be the principal authority.

Please note that the scope of this report does not include septic systems in Curve Lake or Hiawatha First Nations. Staff is prepared to explore what assistance we can provide to our First Nation partners in response to any expressed needs or invitation.

FINANCIAL IMPLICATIONS AND IMPACT

The sewage system inspection program currently offered by the Peterborough Public Health (PPH) is a full cost-recovery program, as fees generated by applications, permits and files searches, are used to offset operational expenses.

A renewal of the sewage system management agreements with the County and the City of Peterborough would be based on the same approach, minimizing financial risk to the Board of Health. An environmental scan of adjoining jurisdictions that provide the sewage system (Part 8) program has Class 4 sewage system permit fees ranging from $700 to over $1,000.

As of 2018, the program has a reserve of approximately $122,000 or 29.7% of operating costs. Holding reserves in the Safe Sewage program is an important strategy to reduce risk to the organization from unexpected reduced program activity and operational and legal expenses. Like many non-profit organizations, it is suggested that PPH maintain a responsible reserve between 20-25% of operating costs. Without a modest increase in fees over the five years of

this agreement, even if the size of the reserve is diminished to 20% or $82,600, the program would not be sustainable. A decision not to increase fees would result in an unsustainable program.

Based on sustaining a reserve of 20% of operating costs, we are recommending five year agreements with a slight increase in some fees, and additions, mergers and elimination of other fees:

- The permit fees for new sewage systems and severance/subdivision comments would increase by $50 to cover increases in operating costs related to staff salaries, benefits and mileage and the increase in demand and costs associated with credit card payments;
- The file search fee would increase by $25 to cover costs associated with the generation of correspondence that is part of the file search conducted for legal representatives;
- The fees for trench bed repair or extension and filter bed repair or extension have been merged into a revised permit fee called leaching bed repair or replacement. The fee would increase by $100 to recognize that the number of inspections required is the same as for a new permit but less time is needed per inspection;
- We are proposing to remove the rezoning or minor variance fee because it is already part of the overall service we currently offer to municipalities and costs associated with this service are covered by the permit application fee; and
- Lastly, we propose to introduce fees for significant permit amendment and permit renewal. These fees are present in other jurisdictions and would reduce overall costs to the customer as they would no longer be required to pay a full permit fee. The new permit renewal fee will ensure a standardized approach to permit extensions and reduce waste produced be excessive processing.

The historical (Appendix C) and projected proposed (Appendix D) annual operation fee summaries are included as per the *Building Code Act* and the Ontario Building Code requirements to report on fees and demonstrate that they do not exceed anticipated reasonable costs.

The changes in the fee schedule are noted below:

Current and Proposed Fee Schedule

Service	Type	Current Fee	Proposed Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4,500 litres per day	$700.00	**$750.00**
	Permit for Class 4 Sewage System, design capacity greater than 4,500 litres per day and 10,000 litres per day or less	$1,200.00	$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	$400.00	$400.00

Service	Type	Current Fee	Proposed Fee
	Permit for class 5 Sewage System (Holding Tank)	$700.00	**$750.00**
	Permit for Class 3 Sewage System (Cesspool)	$500.00	**$500.00**
	Permit for Class 2 Sewage System (Greywater System)	$500.00	**$500.00**
	Sewage System Permit for Trench Bed Repair or extension of 16 metres for less	$500.00	**$500.00** *MERGED* as Leaching Bed Repair or Replacement
	Sewage System Permit for Filter Bed Repair or extension of 6 square metres or less	$500.00	
Significant Permit Amendment	Includes ownership changes and situations where additional inspections are required		***NEW*** **$400.00**
Permit Renewal	Renew a Septic Building Permit (one, maximum two-year extension)		***NEW*** **$50.00**
Change of Use Permit	Existing System Inspection (Sewage System Permit for change of use or building addition, comments on minor variance, or re-zoning)	$350.00	**$400.00**
Rezoning or minor variance	Rezoning or minor variance comments requiring a site visit	$250.00	*ELIMINATED*
Severance for Subdivision Comments	First lot…… Each additional lot…….	$250.00 $150.00	**$300.00** **$200.00**
Copies	Copies of archived permits	$35.00	$35.00
File Search	File Search, copies and letter	$125.00	**$150.00**

DECISION HISTORY

In May 2014, the Board of Health decided to renew the sewage system management agreement with the County of Peterborough for five years with an expiration date of May 18, 2019.

In May 2014, the Board of Health decided to renew the sewage system management agreement with the City of Peterborough for five years with an expiration date of May 18, 2019.

STRATEGIC DIRECTION

Although this program is not part of the Ontario Public Health Standards, it is consistent with the goals of promoting and protecting the health of residents in Peterborough County and City.

The delivery of this program also supports our efforts to improve “Quality and Performance“ and assess partnerships and leverage those that address local needs, and therefore a “Community-Centred Focus” in the area of environmental health.

APPENDICES

Appendix A - Draft Sewage System Maintenance Agreement - County of Peterborough
Appendix B - Draft Sewage System Maintenance Agreement - City of Peterborough
Appendix C - Historical Annual Operations Fee Summary
Appendix D - Projected Annual Operations Fee Summary

APPENDIX A

The Corporation of the County of Peterborough
By-law No. 2019 - xx

A By-law to authorize the Corporation of the County of Peterborough to enter into a Sewage System Management Agreement with The Peterborough County-City Health Unit And to repeal By-law No. 2014-44

Whereas the Municipal Act, S.O. 2001, c. 25 (hereinafter referred to as the "Act") at section 9 provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other Act;

And whereas section 8(1) of the Act, further provides that section 8 shall be interpreted broadly so as to confer broad authority on municipalities,
(a) to enable them to govern their affairs as they consider appropriate; and
(b) to enhance their ability to respond to municipal issues.

And whereas at the County Council Meeting of May xx, 2019, County Council accepted the recommendation of the Director of Planning contained in his report "Renewal of Sewage System Management Agreement" wherein he recommended:

"That County Council authorize the Warden and Clerk to enter into a Sewage System Management Agreement with the Peterborough County-City Health Unit for a 5 year term using the new fee structure as approved by the Board of Health; and further

Be it resolved that County Council direct that the necessary By-law be passed in this regard.";

Now Therefore the Council of the Corporation of the County of Peterborough in Session duly assembled enacts as follows:

1. That the Corporation of the County of Peterborough be authorized to enter into a Sewage System Management Agreement with The Peterborough County-City Health Unit in the form attached hereto as Schedule "A" to this By-law.

2. That the Warden and the Clerk be and are hereby authorized to execute the Agreement attached hereto as Schedule "A" and to affix the seal of the Corporation thereto.

3. That By-law 2014-44 passed by Council of the County of Peterborough on the 7th day of May, 2014 be and is hereby repealed.

4. That this by-law shall be commonly called the “Health Unit Sewage System Management Agreement By-law”.

Read a first, second and third time and passed in Open Council this xx day of xxx, 2019.

_____
J. Murray Jones Warden
c/s

_____
Lynn Fawn Clerk

Sewage System Management Agreement

This Agreement dated as of the day of May xx, 2019 and authorized by the Corporation of the County of Peterborough By-law No. 2019-XX .

Between:

Board of Health for The Peterborough County-City Health Unit
(hereinafter called the "Health Unit")
of the First Part

- And –

The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Health Unit certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the sewage systems (with a capacity of less than 10,000 litres per day or less);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

Article One

General

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Health Unit shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two

Definitions

Section 2.01 in this Agreement,

(i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of 10,000 litres per day or less ;

(ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three

Services of the Health Unit

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(i) Receive and process application and requests related to activates listed in paragraphs (ii) and (iv) of this section.

(ii) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.

(iii) Issue Permits under the Act and Building Code relating to Sewage Systems (a “Permit”).

(iv) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(v) Conduct land inspections to determine the acceptability of applications for minor variances or lot line adjustments, as they relate to existing and proposed Sewage Systems and review official plans and zoning by-laws and amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.

(vi) Conduct inspection of land which is the subject of an application for severance, where no municipal sewage services are proposed, to ensure that each lot will be suitable for the installation of a Sewage System.

(vii) Provide reports and comments on minor variances and severances directly to the appropriate planning authority

(viii) Review planning documents including, but no limited to, subdivision or condominium proposals, draft official plans, and proposed amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.

(ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiii) Issue orders under the Act relating to Sewage Systems.

(xiv) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xv) Provide all forms necessary for the administration of this Agreement.

(xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four

Collection of Fees

Section 4.01 **Collection of Fees:** The Health Unit shall collect and retain all fees, as set out in Schedule A, payable by any person for work performed by the Health Unit hereunder as compensation for its services provided hereunder and all persons required to pay any fee shall pay the fee to the Health Unit.

Section 4.02 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis only. The Health Unit shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Health Unit without the approval of County Council.

Article Five

Inspectors

Section 5.01 **Qualifications:** The Health Unit shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six

Liabilities and Insurance

Section 6.01 **Liability of the Health Unit:** The Health Unit shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Health Unit in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Health Unit. The Health Unit shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Health Unit will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven

Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five (5) years commencing May 18, 2019 and ending May 17, 2024.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight

Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Health Unit:

Board of Health for the Peterborough County-City Health Unit
185 King St.
Peterborough, ON K9J 8M1
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON K9H 3M3
Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

_____
Chairperson

_____
Rosana Salvaterra, M.D.
Medical Officer of Health

The Corporation of the County of Peterborough

_____

J. M. Jones
Warden

_____

Lynn Fawn
Clerk

We have the authority to bind the Corporation

Schedule A

Fee Schedule for Sewage System Effective **May 18, 2019**

Service	Type	Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	$750.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and 10,000 litres per day or less	$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	$400.00
	Permit for Class 5 Sewage System (Holding Tank)	$750.00
	Permit for Class 3 Sewage System (Cesspool)	$500.00
	Permit for Class 2 Sewage System (Greywater System)	$500.00
	Leaching Bed Repair or Replacement	$500.00
Significant Permit Amendment	Includes ownership changes and situations where additional inspections are required	$400.00
Permit Renewal	Renew a Septic Building Permit (one, maximum two-year extension)	$50.00
Change of Use Permit / Renovation	Existing Sewage System Inspection/Review Change of Use, Building Renovations, Building Additions, Deck or Porch Construction, Pool Installation, Outbuilding Construction, etc.	$350.00
Severance for Subdivision Comments	First lot…… Each additional lot…….	$300.00 $200.00
Property Owner-requested copy of septic permit/final/ drawing	Copies of archived permits (not a full file search); must be requested by the property owner	$35.00
File Search	File Search – applicable to requests from: Real Estate Agents, Lawyers, and Property Owners	$150.00

Schedule B
Insurance Coverage of the
Peterborough County-City Health Unit

Professional and General Liability	$5,000,000.00
Administrator's Errors and Omissions	$5,000,000.00

APPENDIX B

Sewage System Management Agreement

This Agreement dated this xx day of May, 2019

Between:

Board of Health for The Peterborough County-City Health Unit
(hereinafter called the "Health Unit")

- And –

The Corporation of the City of Peterborough
(hereinafter called the "City")

WHEREAS this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Health Unit certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the sewage systems (with a capacity of less than 10,000 litres per day or less);

NOW THEREFORE IN CONSIDERATION of the mutual covenants herein contained, the parties hereto hereby agree as follows:

Article One

General

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Health Unit shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two

Definitions

Section 2.01 in this Agreement,

(i) "**Sewage System**" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of 10,000 litres per day or less;

(ii) "**Inspecto**r" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three

Services of the Health Unit

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(xv) Receive and process application and requests related to activates listed in paragraphs (ii) and (iv) of this section.

(xvi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.

(xvii) Issue Permits under the Act and Building Code relating to Sewage Systems (a "Permit").

(xviii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(xix) Conduct land inspections to determine the acceptability of applications for minor variances or lot line adjustments, as they relate to existing and proposed Sewage Systems and review official plans and zoning by-laws and amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.

(xx) Conduct inspection of land which is the subject of an application for severance, where no municipal sewage services are proposed, to ensure that each lot will be suitable for the installation of a Sewage System.

(xxi) Provide reports and comments on minor variances and severances directly to the appropriate planning authority

(xxii) Review planning documents including, but no limited to, subdivision or condominium proposals, draft official plans, and proposed amendments to ensure compliance with provisions of the Act and Building Code relating to Sewage Systems.

(xxiii) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(xxiv) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xxv) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xxvi) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xxvii) Issue orders under the Act relating to Sewage Systems.

(xxviii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xv) Provide all forms necessary for the administration of this Agreement.

(xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Section 3.02 **Services for Mandatory Re-inspection of On-site Sewage Systems:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i.e., mandatory - on-site sewage systems located in "vulnerable areas" as outlined in source protection plans).

(ii) Conduct a re-inspection of the on-site sewage system identified in (i).

(iii) Issue a "Certificate of Re-inspection" to the property owner indicating that the on-site sewage system is not needed for an upgrade/replacement at the time of the re-inspection.

(iv) If (iii) is not satisfied, then issue a "notice of upgrade/replacement" to the property owner requiring them to upgrade or replace their on-site septic system.

(v) Receive and process applications and requests related to activities listed in paragraph (iv)

(vi) Inspect properties prior to the issuance of a permit for the construction, installation,
establishment, enlargement, extension or alteration of a Sewage System.

(vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").

(viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and

Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiii) Issue orders under the Act relating to Sewage Systems.

(xiv) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xv) Provide all forms necessary for the administration of this Agreement.

(xvi) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four

Collection of Fees

Section 4.01 **Collection of Fees:** The Health Unit shall collect and retain all fees, as set out in Schedule A, payable by any person for work performed by the Health Unit hereunder as compensation for its services provided hereunder and all persons required to pay any fee shall pay the fee to the Health Unit.

Section 4.03 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis only. The Health Unit shall submit to City Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Health Unit without the approval of City Council.

Article Five

Inspectors

Section 5.01 **Qualifications:** The Health Unit shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six

Liabilities and Insurance

Section 6.01 **Liability of the Health Unit:** The Health Unit shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Health Unit in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Health Unit. The Health Unit shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Health Unit will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven

Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five years commencing May 18, 2019 and ending May 17, 2024.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight

Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Health Unit:

Board of Health for the Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, ON K9J 8M1
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the City of Peterborough
470 Water St.
Peterborough, ON K9H 3M3

Attention: The City Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

IN WITHNESS WHEREOF the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

_____
Chairperson

_____
Rosana Salvaterra, M.D.
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the
City of Peterborough

_____

Mayor

_____

City Clerk

We have the authority to bind the Corporation

Schedule A

Fee Schedule for Sewage System Effective **May XX, 2019**

Service	Type	Fee
Sewage System Permits	Permit for Class 4 Sewage System, design capacity less than or equal to 4500 litres per day	$750.00
	Permit for Class 4 Sewage System, design capacity greater than 4500 litres per day and 10,000 litres per day or less	$1,200.00
	Permit for Class 4 Sewage System Tank Replacement Only	$400.00
	Permit for Class 5 Sewage System (Holding Tank)	$750.00
	Permit for Class 3 Sewage System (Cesspool)	$500.00
	Permit for Class 2 Sewage System (Greywater System)	$500.00
	Leaching Bed Repair or Replacement	$500.00
Significant Permit Amendment	Includes ownership changes and situations where additional inspections are required	$400.00
Permit Renewal	Renew a Septic Building Permit (one, maximum two-year extension)	$50.00
Change of Use Permit / Renovation	Existing Sewage System Inspection/Review Change of Use, Building Renovations, Building Additions, Deck or Porch Construction, Pool Installation, Outbuilding Construction, etc.	$350.00
Severance for Subdivision Comments	First lot…… Each additional lot…….	$300.00 $200.00
Property Owner-requested copy of septic permit/final/ drawing	Copies of archived permits (not a full file search); must be requested by the property owner	$35.00
File Search	File Search – applicable to requests from: Real Estate Agents, Lawyers, and Property Owners	$150.00

Schedule B

Insurance Coverage of the Peterborough County-City Health Unit

Professional and General Liability	$5,000,000.00
Administrator's Errors and Omissions	$5,000,000.00

APPENDIX C - Historical Annual Operations Fee Summary

Peterborough Public Health											
Summary of Safe Sewage Program - Annual Operations											
* Information extracted from Audited Financial Statements											
											Draft
Safe Sewage Program		**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Revenues											
Fees Collected **		297,208	318,783	300,750	313,896	303,505	342,727	388,581	375,413	421,546	384,120
Interest		-	145	155	156	748	1,359	948	1,008	1,273	1,843
		297,208	**318,928**	**300,905**	**314,052**	**304,253**	**344,086**	**389,529**	**376,421**	**422,819**	**385,963**
Expenditures		**277,282**	**320,516**	**300,750**	**261,639**	**267,737**	**361,730**	**375,536**	**366,306**	**387,806**	**409,319**
Net Operations - Surplus/(Deficit)		**$ 19,926**	**-$ 1,588**	**$ 155**	**$ 52,413**	**$ 36,516**	**-$ 17,644**	**$ 13,993**	**$ 10,115**	**$ 35,013**	**-$ 23,356**
Safe Sewage Program Reserve - Balance		**$ 17,041**	**$ 15,453**	**$ 15,608**	**$ 68,021**	**$ 104,537**	**$ 86,893**	**$ 100,886**	**$ 111,001**	**$ 146,014**	**$ 122,658**

APPENDIX D - Projected Annual Operations Fee Summary

	Peterborough Public Health					
	Safe Sewage Program					
	Projection - Five Year With Proposed Fee Schedule					
		2019	**2020**	**2021**	**2022**	**2023**
	Revenue					
	Septic Permit	370,600	376,122	377,955	379,752	381,567
	Severances	14,500	15,100	15,700	16,300	16,900
	Search Permits	16,697	16,917	17,242	17,567	17,892
	Total	401,797	408,139	410,897	413,619	416,359
	Expenditures					
	Salaries	253,043	253,851	256,345	258,564	261,004
	Benefits	71,611	71,840	72,546	73,174	73,864
	Materials and Supplies	4,000	4,000	4,000	4,000	4,000
	Professional Fees - Audit /Legal	6,000	6,000	6,000	6,000	6,000
	Rent	7,000	7,000	7,000	7,000	7,000
	Travel	27,000	27,500	27,775	28,000	28,280
	Staff Development	2,000	2,000	2,000	2,000	2,000
	Allocated Administration	42,355	42,855	43,100	43,455	44,055
		413,009	**415,046**	**418,765**	**422,193**	**426,203**
	Net Program Operations - Surplus / (Deficit)	**- 11,212**	**- 6,907**	**- 7,868**	**- 8,574**	**- 9,845**
Safe Sewage Reserve						
	Current Balance - 2018 - approx	122,658	111,446	104,539	96,671	88,097
	Impact of above operations	- 11,212	- 6,907	- 7,868	- 8,574	- 9,845
	Net Reserve	**111,446**	**104,539**	**96,671**	**88,097**	**78,252**

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Safe Sewage Disposal Program – Renewal of Mandatory and Non-mandatory and Sewage System Re-inspection By-laws - County of Peterborough**
DATE:	**April 10, 2019**
PREPARED BY:	**Atul Jain, Manager Environmental Health**
APPROVED BY:	**Donna Churipuy, Director, Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the report, *Safe Sewage Disposal Program – Renewal of Mandatory and Non-mandatory and Sewage System Re-inspection By-laws - County of Peterborough*, for information; and
- recommend to the County of Peterborough that the attached (Appendices A and B) draft five year by-laws (with fee schedule) be approved, confirming that Peterborough Public Health:
    - will be the principal authority;
    - will conduct mandatory re-inspections of on-site sewage systems; and
    - will conduct non-mandatory re-inspections of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.

Please note that the scope of this report does not include septic systems in Curve Lake or Hiawatha First Nations. If invited or requested, staff would be happy to explore options for providing assistance to First Nation partners.

BACKGROUND

Under Part IV of the Clean Water Act, the principal authority is required to conduct maintenance inspections also known as mandatory re-inspections of on-site sewage systems located in "vulnerable areas" as outlined in source protection plans.

The Otonabee Region Conservation Authority, Kawartha Region Conservation Authority and the Crowe Valley Conservation Authority, working with the Lower Trent Conservation Source Protection Committee identified, mapped and geocoded these vulnerable areas as part of the Trent Assessment and Trent Source Protection Plan.

According to the Trent Assessment and Trent Source Protection plan there are a total of 141 on-site systems that require maintenance re-inspections within the Peterborough County-City Health Unit ; 17 in Asphodel-Norwood, 3 in Cavan Monaghan, 15 in Douro-Dummer, 15 in

Havelock-Belmont-Methuen, 18 in Otonabee-South Monaghan, 8 in the City of Peterborough, 1 in Selwyn, and 64 in Trent Lakes.

Discretionary maintenance inspection programs, also known as non-mandatory re-inspection programs are established by municipalities in conjunction with the principal authority having jurisdiction (for sewage systems) to protect the environment and people from contaminated water and other hazards. They are desire-based and not mandatory under Source Protection Plans or the Clean Water Act. Legislation for these inspections comes from the Building Code Act, sections 34 (2.1) and 34 (2.2).

FINANCIAL IMPLICATIONS AND IMPACT

The sewage system inspection program currently offered by Peterborough Public Health (PPH) is a full cost-recovery program. Fees generated by applications, permits and file searches are used to offset all operational expenses. The extension to this by-law would be based on the same approach, minimizing financial risk to the Board of Health.

A historical summary of operational fees (Appendix C) shows substantial reserves for 2017. These reserves were due to cost savings from employing a student Public Health Inspector in the program rather than a fully certified Public Health Inspector (PHI). A certified PHI is fully trained under the Ontario Building Code, can make recommendations, can identify other health hazards, and provides consistent service. Over time the re-inspection process has become more invasive and comprehensive and requires the skills, knowledge and abilities of a fully certified Public Health Inspector. As a result, students are not being used and annual surpluses are lower.

Decision History

The Ontario Building Code (Ontario Regulation 350/06) was amended in 2010 by Ontario Regulation 315/10. This Regulation establishes and governs mandatory sewage system maintenance inspection programs. These programs must be administered in certain areas of Ontario, by principal authorities – defined by the Building Code Act as a municipality, a board of health or a conservation authority.

Most of these amendments came into force on January 1, 2012. The balance of the Regulation, pertaining to certain areas around the Lake Simcoe shoreline and watershed, came into effect on January 1, 2016.

The Board of Health for Peterborough Public Health has previously made a decision in regards to this matter (November, 2016) confirming PPH as the principal authority and proposing PPH conduct the mandatory re-inspection of on-site sewage systems until May 18, 2019 and conduct non-mandatory re-inspections of on-site sewage systems in consultation with the local municipality, cottage associations, or other stakeholders.

DELIVERY OPTIONS AND RATIONALE

There are two options for the delivery of the mandatory re-inspections of on-site sewage systems:

(i) Peterborough Public Health
(ii) County of Peterborough or Local Municipalities

On the other hand, since non-mandatory inspections are not required to meet requirements under the Building Code, there are three options for the delivery of the non-mandatory re-inspection of on-site sewage systems:

(i) Peterborough Public Health
(ii) County of Peterborough or Local Municipalities
(iii) Cottage associations or stakeholders

In consideration of the costs and benefits of these options, it is recommended that PPH be the delivery agent for both the mandatory and non-mandatory re-inspections. Based on our review, it would be most beneficial to the property owners within the County, City of Peterborough and the local municipalities for the reasons outlined below.

Peterborough Public Health:

- is currently the principal authority;
- has successfully conducted sewage system inspections for more than 25 years;
- houses the historical files and corporate memory on the locations of sewage systems identified for mandatory and non-mandatory re-inspections;
- can ensure cost neutrality, professional delivery of service and consistency;
- has staff with the training, qualifications, and required appointments as sewage system inspectors under the Building Code Act;
- has sewage system inspectors with the ability and professional experience to identify other health hazards;
- is a neutral third party (i.e., can be objective) separate from the local municipality or other interest groups; and
- already has an administrative support system and a current sewage system database in place.

Peterborough Public Health, as sole provider of sewage system re-inspections minimizes confusion and errors, ensures timely program implementation and leverages established skills, knowledge and abilities.

Fee and Cost Recovery of Fee

A fee of $325.00 will be collected by municipalities for both the mandatory and non-mandatory re-inspections of on-site sewage systems. There is no increase in this fee from the previous by-laws and will remain in place until May 18, 2024 (five years).

The fee noted above will ensure cost neutrality and recovery of expenses for PPH. At this time, one lower tier municipality participates in the non-mandatory re-inspection program. A historical fee summary has been provided for reference (Attachment C).

The township is responsible for re-payment of the fees to PPH and determines the mechanism for re-payment that is most feasible for residents. During this agreement period, municipalities will be consulted to identify other fee structures and incentives for sewage system maintenance.

STRATEGIC DIRECTION

Although this program is not part of the Ontario Public Health Standards, it is consistent with the goals of promoting and protecting the health of the population in Peterborough County and City.

The delivery of this program also supports our efforts to improve “Quality and Performance“, assess partnerships and leverage those that address local needs, and therefore also a “Community-Centred Focus” in the area of environmental health.

APPENDICES

Appendix A – Proposed County By-law –Mandatory Re-inspection of On-site Sewage Systems
Appendix B – Proposed County By-law –Non-mandatory Re-inspection of On-site Sewage Systems
Appendix C – Historical Fee Summary

APPENDIX A

Mandatory Re-Inspection of On-site Sewage Systems Agreement

This Agreement dated as of the day of xx, 2019 and authorized by the Corporation of the County of Peterborough By-law No. 2019-XX .

Between:

Board of Health for the Peterborough County-City Health Unit
(hereinafter called the "Board of Health")
of the First Part

- And –

The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Board of Health certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the re-inspection of on-site sewage systems (with a capacity of 10,000 litres per day or less);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto
hereby agree as follows:

Article One
General

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands").

Section 1.02 **Duties:** The Board of Health shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two
Definitions

Section 2.01 in this Agreement,

(i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of 10,000 litres per day or less;

(ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three
Services of the Board of Health

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i.e., mandatory - on-site sewage systems located in "vulnerable areas" as outlined in source protection plans).

(ii) Conduct a re-inspection of the on-site sewage system identified in (i).

(iii) Issue a "Certificate of Re-inspection" to the property owner indicating that the on-site sewage system does not require an upgrade/replacement at the time of the re-inspection.

(iv) If (iii) is not satisfied, then issue a "notice of upgrade/replacement" to the property owner requiring them to upgrade or replace their on-site septic system.

(v) Receive and process applications and requests related to activities listed in paragraph

(vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.

(vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").

(viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or

through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiv) Issue orders under the Act relating to Sewage Systems.

(xiii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xvi) Provide all forms necessary for the administration of this Agreement.

(xvii) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four
Collection of Fees

Section 4.01 **Mandatory Re-inspections of On-site Sewage Systems**: The township is responsible for re-payment of the fees to the Board of Health. The township will determine a mechanism for re-payment that is most feasible for their residents.

Section 4.03 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis. The Board of Health shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Board of Health without the approval of County Council.

Article Five
Inspectors

Section 5.01 **Qualifications:** The Board of Health shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector

Article Six
Liabilities and Insurance

Section 6.01 **Liability of the Board of Health:** The Board of Health shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Board of Health in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Board of Health. The Board of Health shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Board of Health will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven
Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five (5) years commencing May 18, 2019 and ending May 18, 2024.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight
Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is

given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Board of Health:

Board of Health for the Peterborough County-City Health Unit
185 King St.
Peterborough, ON K9J 2R8
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON K9H 3M3
Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect. In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for the Peterborough County-City Health Unit

_____
Kathryn Wilson
Chairperson

_____
Rosana Salvaterra, M.D.
Medical Officer of Health

We have the authority to bind the Board

The Corporation of the
County of Peterborough

_____

J. M. Jones
Warden

_____

Lynn Fawn
Clerk

We have the authority to bind the Corporation

Re-inspection of On-site Sewage Systems Fees in Effect until May 18, 2024

Service Type	Fee
Certificate of Re-inspection	$325.00

Schedule B
Insurance Coverage of the
Peterborough County-City Health Unit

Professional and General Liability	$5,000,000.00
Administrator's Errors and Omissions	$5,000,000.00

APPENDIX B

Non-Mandatory Re-Inspection of On-site Sewage Systems Agreement

This Agreement dated as of _____ day of _____, 2019.

Between:
Board of Health for Peterborough Public Health
(hereinafter called the "Board of Health")
of the First Part

- And –

The Corporation of the County of Peterborough
(hereinafter called the "Municipality")
of the Second Part

Whereas this Agreement is being entered into pursuant to the Building Code Act (hereinafter called the "Act"), for the purpose of delegating to the Board of Health certain responsibilities under the Act and the Building Code, as they are from time to time amended, as set out herein with respect to the re-inspection of on-site sewage systems (with a capacity of less than 10,000 litres per day or less);

Now therefore in consideration of the mutual covenants herein contained, the parties hereto hereby agree as follows:

Article One
General

Section 1.01 **Application:** This Agreement shall be applicable to all lands where no municipal sewers are available in the Municipality (hereinafter called the "Lands"). A local municipality may choose not to participate with the Board of Health for the provision of a non-mandatory septic system re-inspection program.

Section 1.02 **Duties:** The Board of Health shall faithfully carry out its duties hereunder in accordance with the Act and the Building Code in force from time to time, this agreement and any other legislation contemplated hereunder.

Article Two
Definitions

Section 2.01 in this Agreement,

(i) "Sewage System" means any works for the collection, transmission, treatment and disposal of sewage or any part of such works to which the Act applies with a capacity of 10,000 litres per day or less;

(ii) "Inspector" means an inspector appointed under section 3.1(2) of the Building Code Act, 1992 as amended;

Article Three
Services of the Board of Health

Section 3.01 **Services:** The Peterborough County-City Health Unit shall provide the following services in relation to the Lands:

(i) Review the files in relation to the properties that the on-site sewage system is required to be re-inspected (i those properties requested by the municipality (non-mandatory).

(ii) Conduct a re-inspection of the on-site sewage system identified in (i).

(iii) Issue a “Certificate of Re-inspection” to the property owner indicating that the on-site sewage system does not require an upgrade/replacement at the time of the re inspection.

(iv) If (iii) is not satisfied, then issue a “notice of upgrade/replacement” to the property owner requiring them to upgrade or replace their on-site septic system.

(v) Receive and process applications and requests related to activities listed in paragraph (iv)

(vi) Inspect properties prior to the issuance of a permit for the construction, installation, establishment, enlargement, extension or alteration of a Sewage System.

(vii) Issue permits under the Act and Building Code relating to Sewage Systems (a "Permit").

(viii) Following the issuance of a permit, inspect and re-inspect when necessary, Sewage System installations to ascertain compliance with the permit and other requirements under the Act or Building Code.

(ix) Maintain adequate records of all documents and other materials used in performing the duties required under this Agreement.

(x) Upon reasonable notice by the Municipality, provide reasonable access to the Municipality of all records kept under subsection 3.01 (ix).

(xi) Respond to inquiries made by any person under the Freedom of Information and Protection of Privacy Act and related Regulation, as amended from time to time, or through any other legal channel.

(xii) Investigate complaints and malfunctioning Sewage Systems, undertake compliance counselling and preparation of reports for abatement action as it relates to existing and proposed Sewage Systems.

(xiv) Issue orders under the Act relating to Sewage Systems.

(xiii) Prepare documentation necessary for prosecution activities relating to Sewage Systems under the Act and Building Code. Administer proceedings relating to Sewage Systems pursuant to the Provincial Offenses Act, R.S.O. 1990, c. P.33.

(xvi) Provide all forms necessary for the administration of this Agreement.

(xvii) Be responsible for any other matters related to the administration or enforcement of the Act or Building Code relating to Sewage Systems.

Article Four
Collection of Fees

*Section 4.01 **Non-Mandatory Re-inspections of On-site Sewage Systems:** The township is responsible for re-payment of the fees to Board of Health and will determine a mechanism for re-payment that is most feasible for their residents

Section 4.02 **Fee Schedule:** It is agreed and understood that the fees charged in association with the provision of the above services shall be on a cost recovery basis The Board of Health shall submit to County Council for approval the proposed fee schedule with supporting documentation verifying that the fees are not in excess of actual costs. The Municipality reserves the right to reduce any or all fees charged by the Board of Health, however, it is expressly understood that in doing so, the Board of Health may bill the Municipality directly for any costs not covered by the reduced fee schedule.

Section 4.03 **Amendment of Fee Schedule:** Any amendments to the fee schedule shall not be made by the Board of Health without the approval of County Council.

Article Five
Inspectors

Section 5.01 **Qualifications:** The Board of Health shall appoint Inspectors who meet the requirement of the Act and the Building Code and shall issue a certificate of appointment to each appointed Inspector.

Article Six
Liabilities and Insurance

Section 6.01 **Liability of the Board of Health:** The Board of Health shall indemnify and save harmless the Municipality from and against all claims, demands, losses, costs, damage, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the

activities of the Board of Health in executing the work under this Agreement. The Municipality shall be named as an additional insured on the policy of the Board of Health. The Board of Health shall provide a certificate of insurance annually to the Municipality.

Section 6.02 **Insurance:** For the term of this Agreement, the Board of Health will, at its expense, maintain liability insurance contracts of the nature, in the amounts and containing the terms and conditions, if any, set out in Schedule B.

Article Seven
Term and Termination of Agreement

Section 7.01 **Term:** This Agreement shall continue in force for a period of five (5) years commencing May 18, 2019 and ending May 18, 2024.

Section 7.02 **Termination:** This Agreement may be terminated by either party upon written notice being received six (6) months prior to the proposed termination date.

Article Eight
Miscellaneous

Section 8.01 **Preamble:** The preamble hereto shall be deemed to form an integral part hereto.

Section 8.02 **Gender, etc.:** Whenever the singular form is used in the Agreement and when required by the context, the same shall include the plural, the plural shall include the singular and the masculine gender shall include the feminine and neuter genders.

Section 8.03 **Amendments:** This Agreement shall not be changed, modified, or discharged in whole or in part except by instrument in writing signed by the parties hereto, or their respective successors or permitted assigns, or otherwise as provided herein.

Section 8.04 **Assignment:** This Agreement shall not be assignable by either party hereto without the written consent of the other party being first obtained.

Section 8.05 **Notices:** Any notice, report or other communication required or permitted to be given hereunder shall be in writing unless some other method of giving such notice, report or other communication is expressly accepted by the party to whom it is given and shall be given by being delivered or mailed to the following addresses of the parties respectively:

(a) To the Board of Health:

Board of Health for Peterborough Public Health
185 King St. W.
Peterborough, ON K9J 2R8
Attention: The Medical Officer of Health

(b) To the Municipality

The Corporation of the County of Peterborough
470 Water St.
Peterborough, ON K9H 3M3
Attention: The County Clerk

Any notice, report or other written communication, if delivered, shall be deemed to have been given or made on the date on which it was delivered to any employee of such party, or if mailed, postage prepaid, shall be deemed to have been given or made on the third business day following the date on which it was mailed (unless at the time of mailing or within forty-eight hours thereof there shall be a strike, interruption or lock-out in the Canadian postal service, in which case service shall be by way of delivery only). Either party may at any time give notice in writing to the other party of the change of its address for the purpose of this Section 8.05.

Section 8.06 **Headings:** The section headings hereof have been inserted for the convenience of reference only and shall not be constructed to affect the meaning, construction or effect of this Agreement.

Section 8.07 **Governing Law:** The provisions of this Agreement shall be constructed and interpreted in accordance with the laws of the Province of Ontario as at the time in effect.

In Witness Whereof the parties hereto have executed this Agreement as of the day and year first written above.

Board of Health for Peterborough Public Health

_____
Chairperson

_____
Rosana Salvaterra, M.D. Medical Officer of Health

We have the authority to bind the Board

The Corporation of the County of Peterborough

_____

J. Murray Jones Warden

_____

Lynn Fawn Clerk

We have the authority to bind the Corporation

Schedule A

Non-Mandatory
Re-inspection of On-site
Sewage Systems Fee
In Effect until
May 18, 2024

Service Type	Fee
Certificate of Re-inspection	$325.00

Schedule B
Insurance Coverage of the
Peterborough County-City Health Unit

Professional and General Liability	$5,000,000.00
Administrator's Errors and Omissions	$5,000,000.00

APPENDIX C: HISTORICAL FEE SUMMARY

Peterborough Public Health						
Summary of Safe Sewage Program - Annual Operations						
* Information extracted from Audited Financial Statements						
					Draft	
Re-Inspection Program		**2015**	**2016**	**2017**	**2018**	
MRSS						
Revenue		17,280	78,030	101,725	98,205	
Expenditures		17,280	65,341	79,781	93,548	
Net Operations - Surplus		**-**	**12,689**	**21,944**	**4,657**	
PRSS						
Revenue		0	14,850	-	325	
Expenditures		0	11,183	-	325	
Net Operations - Surplus		**0**	**3,667**	**-**	**-**	
Reserve Summary						
- MRSS		-	12,689	21,944	4,657	**39,290**
- PRSS		-	3,667	-	-	**3,667**

*MRSS – Municipal Non-Mandatory Re-Inspections
*PRSS- Provincial Mandatory Re-Inspections

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Correspondence for Direction - Alcohol Availability in Ontario, Ontario Public Health Association Alcohol Work Group**
DATE:	**April 10, 2019**
PREPARED BY:	**Hallie Atter, Manager, Family and Community Health**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive for information the briefing note dated March 19, 2019 from the Ontario Public Health Association Alcohol Work Group regarding alcohol availability in Ontario; and,
- support their position and communicate this support to Premier Ford, with copies to Minister Elliott, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

On October 5th, 2017, the Board of Heath wrote a letter to the Minister of Health and Long-Term Care requesting a comprehensive alcohol strategy.

BACKGROUND AND RATIONALE

The Ontario Public Health Association has recently outlined the need for a comprehensive province wide strategy to minimize alcohol-related harm and support safer consumption of alcohol in the province in the attached briefing note (Appendix A).

Conclusion

A comprehensive, evidence-based approach is critical to limit the harms of alcohol use. However, recent changes in the way alcohol is sold are unlikely to improve the situation in Ontario. These changes include reducing the minimum retail price of beer, halting the annual inflation-indexed increase in the beer tax, and extending the hours of sale for alcohol retail outlets. This action follows the introduction of alcohol sales in grocery stores, and the current commitment to increase availability of alcohol in convenience stores.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use as the government liberalizes access. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

STRATEGIC DIRECTION

A comprehensive provincial alcohol strategy would include both a health and an equity lens and would be consistent with the goals of promoting and protecting the health of the population of Curve Lake and Hiawatha First Nations and Peterborough County and City.

This report applies to the following strategic direction(s):

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

ATTACHMENTS

Attachment A - The Ontario Public Health Association Alcohol Work Group: Alcohol Availability in Ontario; March 19, 2019

To: Substance Use & Injury Prevention Managers, Chronic Disease Prevention Managers, and all other Managers working on alcohol harm prevention

From: The Ontario Public Health Association Alcohol Work Group

Date: March 19, 2019

Briefing Note

Alcohol Availability in Ontario

This briefing note outlines the key public health concerns related to changes in government policy around alcohol sales and distribution; recommends actions the provincial government could take to address the potential harms of increased access to alcohol; documents the steps that have been taken by the government over the last 5 years to expand the sale of alcohol; and outlines recommended actions by public health stakeholders.

Since early 2014, the Ontario government, led by the Ministry of Finance, has taken calculated measures to rapidly and fundamentally transform the retail sale and distribution of alcohol. In that time, alcohol availability has increased more than 15% and can now be purchased in select grocery stores, at Farmers' Markets, through many new manufacturer retail outlets, and online through the LCBO's e-commerce and delivery platform.[1,2,3] More recently, the government has further increased alcohol availability by reducing the minimum price of beer from $1.25 to $1, extending alcohol retail sale hours from 9am-11pm seven days a week, and halting the annual beer tax increase.[4,5,6] Expansion of alcohol sales into more private outlets is also planned and will include additional grocery stores, big-box stores and corner stores.[7]

Public Health Concerns

Alcohol use is a leading preventable cause of morbidity and mortality in Ontario. Four-in-five adults in Ontario have used alcohol in the past year and more than 1-in-6 exceed Canada's Low-Risk Alcohol Drinking Guidelines. Alarmingly, nearly 1-in-10 alcohol users report weekly sessions of binge drinking, and 1-in-10 report daily drinking, representing an almost 2-fold increase in daily drinking since 2002. The average number of drinks consumed weekly has also nearly doubled in both male and female drinkers since the late 90's.[8] Alcohol consumption is causally related to chronic disease and injury in Ontario, including nearly 3000 cases of cancer, or 2 to 4 percent of all new cancers.[9]

Alcohol harms extend beyond the user and impact family, friends, working relationships, and communities. Addressing the harms of alcohol use has major implications at both the provincial and municipal levels and impacts police, EMS, fire services, the health care system, and public health. In 2014, the cost of alcohol in Ontario to the healthcare system, criminal justice system, workplaces and other direct costs was $1.4 billion, $1.3 billion, $2.1 billion and $495 million, respectively.[10] It is estimated that Ontario incurs a net loss of $456 million from alcohol-related health care and enforcement costs relative to alcohol revenue.[11]

Research has long established that increasing access to alcohol is related to a subsequent increase in alcohol use.[12] It is therefore reasonable to be concerned that Ontario government actions to increase alcohol access will contribute to increases in alcohol-related costs and harms. Lessons learned from other Canadian provinces that have introduced full or partial privatization of alcohol sales tell us that privatization increases the availability of alcohol through increased store fronts and hours of sale, and that this increase in availability has had many undesired social harms and consequences. Following full privatization of

alcohol sales in Alberta in 1993, alcohol outlet density increased by 73%, consumption increased by nearly 10% in the first year and the number of alcohol-related traffic incidents and suicides increased significantly.[13] A 20% increase in outlet density was associated with an increase in alcohol-related mortality by 3.25%.[14] Alberta has the second highest impaired driving rate out of all the provinces, and in 2009, the per capita rate of impairment-related crashes was 175% higher in Alberta than in Ontario.[15,16] In British Columbia, partial privatization resulted in a rapid rise in private liquor stores between 2003 and 2008, which was associated with a significant increase in rates of alcohol-related death, especially in privatization areas.[17]

Privatization is also related to reduced compliance with age of sale policies, which can be observed by the low rates of compliance in privatized stores in Alberta and BC, in comparison with very high rates of compliance among government run stores in BC and Ontario.[18] The implication is that the sale of alcohol becomes easier for underage drinkers, increasing the risk of alcohol-related harms for youth.

The government has made a commitment to make the purchase of alcohol easier and cheaper for Ontarians and to invest in small business through the expansion of privatized alcohol sales, ultimately putting business above the health of the people. The objective of private business is to sell product and maximize profit, which jeopardizes social responsibility.[14] With increased privatization, the Ontario government would relinquish control of outlet location and density and incur greater costs for enforcement that would not be offset by alcohol sales revenue. These investments are short-sighted and create a false economy, whereby the immediate decrease in the cost of alcohol to the consumer masks the ultimate increase in long-term costs to the social systems affected by alcohol-related harms.

Public health stakeholders strongly advise the government to create a comprehensive alcohol strategy to address the harms of increasing access to alcohol. A timeline illustrating key steps in Ontario's modernization of retail alcohol sales is shared below.

References

1. Evidence Exchange Network. Alcohol availability in Ontario Infographic. CAMH Provincial System Support Program. Retrieved from: http://eenet.ca/sites/default/files/2018/Alcohol%20Availability%20in%20Ontario%20Infographic.pdf.
2. Government of Ontario (2016, February 19). Newsroom: Wine, cider and fruit wines coming to grocery stores and Farmers' Markets across Ontario. Retrieved from: https://news.ontario.ca/omafra/en/2016/02/wine-cider-and-fruit-wines-coming-to-grocery-stores-and-farmers-markets-across-ontario.html.
3. Government of Ontario (2016, July 26). Newsroom: Ontario launces online shopping through LCBO.com. Retrieved from: https://news.ontario.ca/mof/en/2016/07/ontario-launches-online-shopping-through-lcbocom.html.
4. Government of Ontario (2018, August 7). Newsroom: Premier Doug Ford announces return of 'Buck-a-Beer' to Ontario. Retrieved from: https://news.ontario.ca/opo/en/2018/08/premier-doug-ford-announces-return-of-buck-a-beer-to-ontario.html.
5. Alcohol and Gaming Commission of Ontario (2018, November 15). Info Bulletin no. 54: Changes to Permitted Sunday Retail Sale Hours. Retrieved from: https://www.agco.ca/bulletin/2018/info-bulletin-no-54-changes-permitted-sunday-retail-sale-hours.
6. Government of Ontario (2018, October 12). Newsroom: Premier Ford announces halt to beer take hike, Government for the People will leave more money in consumers' pockets. Retrieved from: https://news.ontario.ca/opo/en/2018/10/premier-ford-announces-halt-to-beer-tax-hike.html.
7. Government of Ontario, Ministry of Finance (2018, November 15). A Plan for the People: Saving Money, while improving choice and convenience for beer and wine consumers. Retrieved from: https://www.fin.gov.on.ca/fallstatement/2018/fes18-beer-and-wine-en.pdf.

8. Lalomiteanu, A.R, Hamilton, H.A, Adlaf, E.M., & Mann, R.E. (2018). CAMH Monitor eReport 2017: Substance Use, Mental Health and Well-Being among Ontario Adults, 1977-2017. CAMH Research Document Series No. 48. Toronto, ON: Centre for Addiction and Mental Health. Retrieved from: http://www.camh.ca/camh-monitor
9. Cancer Care Ontario. Cancer Risk Factors in Ontario: Alcohol- Proportion of cancers in Ontario attributable to consumption. Retrieved from: https://www.cancercareontario.ca/sites/ccocancercare/files/assets/CCORiskFactorsAlcoholConsumption.pdf.
10. Canadian Centre on Substance Use and Addiction (2008). Canadian Substance Use Costs and Harms, 2007-2014. Retrieved from: http://www.ccsa.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2018-en.pdf.
11. Thomas, G. (2012). Analysis of beverage alcohol sales in Canada. Alcohol Price Policy Series: Report 2. Ottawa, ON: Canadian Centre on Substance Abuse. Retrieved from: http://www.ccsa.ca/Resource%20Library/CCSA-Analysis-Alcohol-Sales-Policies-Canada-2012-en.pdf.
12. Popova, S., Giesbrecht, N., Bekmuradov, D. & Petra, J. (2009). Hours and days of sale and density of alcohol outlets: Impacts of alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500-516.
13. Flanagan, G (2003). Sobering Result: The Alberta Liquor Retailing Industry Ten Years after Privatization. Canadian Centre for Policy Alternatives and Parkland Institute. Retrieved from: https://www.policyalternatives.ca/sites/default/files/uploads/publications/National_Office_Pubs/sobering_result.pdf
14. Campanella, D. & Flanagan, G (2012). Impaired Judgment: The Economic and Social Consequences of Liquor Privatization in Western Canada. Canadian Centre for Policy Alternatives. Retrieved from: https://www.policyalternatives.ca/sites/default/files/uploads/publications/Saskatchewan%20Office/2012/10/Impaired_Judgement_Oct2012.pdf.
15. Statistics Canada (2015). Impaired driving in Canada, 2015. Retrieved from: https://www150.statcan.gc.ca/n1/en/daily-quotidien/161214/dq161214b-eng.pdf?st=ZXKFqtLj.
16. Solomon, R., Cardy, J. Noble, I., & Wulkan, R. Mapping Our Progress to Safer Roads: The 2012 Provincial and Territorial Legislative Review. Retrieved from: http://www.madd.ca/media/docs/MADD_Canada_2012_Provincial_and_Territorial_Legislative_Review_FINAL.pdf.
17. Stockwell, T., Zhao, J., Macdonald, S., Vallance, K., Gruenewald, P., Ponicki, W., Holder, H. and Treno, A. (2009, 2011, 2013), Impact on alcohol-related mortality of a rapid rise in the density of private liquor outlets in British Columbia: a local area multi-level analysis. Addiction, 106: 768–776
18. MADD (2014). Provincial Liquor Boards: Meeting the Best Interests of Canadians. Retrieved from: http://www.madd.ca/media/docs/MADD_Canada_Provincial_Liquor_Boards.pdf.

Timeline | Modernisation of Alcohol Retail Sales in Ontario

2014	**April:** Convening of the **Premier's Advisory Council on Government Assets** (the Council) to advise on maximising the value and performance of government business enterprises and Provincial assets. **May:** Beginning of **VQA wine sales** at farmers' markets in Ontario (2-year pilot project).
2015	**April:** Release of the Council's final report on beer sales, recommending changes in the retail sales of beer, including expansion to up to **450 grocery stores**. **September:** Signing of the **Master Framework Agreement** between the Ontario Government and The Beer Store, requiring minor operational changes at The Beer Store and LCBO, and clearing the way for the expansion of alcohol retail sales. **December:** Beginning of **beer sales** in grocery stores. The Ontario Government also reiterated its commitment to develop a '**comprehensive, province wide Alcohol Policy**' to support the safe and responsible consumption of alcohol.
2016	**June:** Beginning of **cider sales** in grocery stores. **July:** Launch of LCBO's **e-commerce platform** with delivery options. **October:** Beginning of **wine sales** in grocery stores and expansion of alcohol sales at farmers' markets to include **fruit wines and ciders**.
2017	**June:** Passing of the (federal) Budget implementation bill, including an automatic annual increase in **excise duty rates** on alcohol products. **December:** Announcement of new (Ontario) **drug-impaired driving** measures.
2018	**March:** Announcement of Health Canada's plan to regulate **sugar-sweetened, high-alcohol beverages**, following Quebec teen's death after consuming 'FCKD UP'. **August:** Reduction of the **minimum retail price** of beer (below 5.6% ABV) from $1.25 to $1.00. Participating manufacturers given enhanced promotion in LCBO. **October:** End of the annual increase on the **beer basic tax**. **December:** Canada's new **impaired driving laws** come into effect and alcohol retail sales hours are extended (up to 11 PM on Sundays).
2019	**January:** End of the Ontario Government's survey on **increasing alcohol convenience**. **February:** End of Health Canada's consultation on **purified alcoholic beverages**. **March:** Ontario government roundtable discussions held with key stakeholders on **alcohol choice and convenience**.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**April 10, 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. Email dated March 13, 2019 from the Chief Medical Officer of Health regarding the release of the 2017 CMOH annual report.

b. Letter dated April 3, 2019 to Ministers MacLeod and Elliott from the Board Chair regarding Bill 60.*

c. Letter dated April 3, 2019 to Minister MacLeod from the Board Chair the Healthy Babies, Healthy Children program.*

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

d. Email dated March 8, 2019 regarding the Ministry of Finance Round Tables on Alcohol Retail.**

e. Email dated March 20, 2019 regarding alPHa 2019 Winter Symposium proceedings.

f. E-newsletter dated March 26, 2019.

**Enclosures removed, previously circulated.*
***Additional enclosures available upon request.*

From: Dr.David.Williams@ontario.ca
Sent: March 13, 2019 1:57 PM
Subject: 2017 Chief Medical Officer of Health Annual Report - Connected Communities: Healthier Together

Dear Colleagues,

I am pleased to provide you with a copy of my 2017 Annual Report, *Connected Communities: Healthier Together*.

Loneliness and social isolation are serious public health problems that cost all of us. They affect our productivity, health, well-being and even how long we live. Strong social connections, found in community, are critical to a more productive, healthy and safe Ontario. Data shows that Ontarians with a very weak sense of community belonging are also more likely to be in the top 5% of users of health care services, many of them requiring emergency and hospital care.

Connected Communities: Healthier Together calls for a reinvestment in the value of community to protect the health of Ontarians

The report calls for collaborative effort to face the complex systemic issues threatening our sense of connection and belonging. Governments must be community-friendly, public health units must continue their work as community enablers and as individuals, we must all be community-driven.

As with my previous reports, *Connected Communities* continues to advocate for the collection of neighbourhood-level data in order to inform community-building initiatives. This report is the third and final installment in a series of Annual Reports with key messages around data, health equity and community development.

The report may also be found live on the Ministry's website:

English
http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_19/default.aspx
French http://www.health.gov.on.ca/fr/common/ministry/publications/reports/cmoh_19/default.aspx
Thank you for your ongoing support. I am hopeful this report's recommendations will start a dialogue on the importance of community across the province.

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

April 3, 2019

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
lisa.macleod@pc.ola.org

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Part, 5th Floor
777 Bay Street
Toronto, ON M7A 213
christine.elliott@pc.ola.org

Dear Ministers:

RE: Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission)

I am writing to you on behalf of the Board of Health for Peterborough Public Health in support of the North Bay Parry Sound District Health Unit's call for the establishment of the Social Assistance Research Commission (SARC). We urge the passing of Bill 60 as an important step towards fiscal responsibility for health care costs and to address health inequities associated with food insecurity.

Food insecurity is inadequate or insecure access to food due to financial constraints. It is an extremely significant cost to the Ontario health care system. Between 2005 and 2010, health care costs were 23-121% higher for Ontarians in food insecure households. Having enough money for healthy food is critical for health and well-being, and when people are food insecure, they are more likely to suffer chronic health conditions such as heart disease, diabetes, and cancer.

Our region has some of the highest food insecurity rates in Ontario, with 1 in 6 households worrying about not having enough money for food. In 2013-14 in Ontario, 64% of households on social assistance experienced food insecurity. The root cause of food insecurity is insufficient income to pay for food. In 2018, a single man in our region on Ontario Works had only $105 left after paying market rent for a bachelor apartment, but the cost of food was just over $300 (See the attached 2018 Limited Incomes Report). If social assistance rates are insufficient to meet rent and food costs, our residents on social assistance cannot meet these and other basic needs, such as utilities, clothing, and transportation? Basic needs of residents on social assistance must be met to ensure that all Ontarians can achieve physical, mental and social well-being.

Establishment of a SARC would determine the cost of living for Ontario residents on social assistance. This is an important step towards residents having adequate income for food which in the long term will lower costs to the Ontario Health System.

Furthermore, our Board of Health is committed to addressing upstream approaches to support health, and striving for equity in our community. We view adequacy of income as crucial to the health and well-being of all residents. On behalf of the Board of Health, I respectfully urge the Standing Committee on Social Policy to promptly move ahead with hearings on Bill 60.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Vic Fedeli, Minister of Finance
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

April 3, 2019

The Honourable Lisa MacLeod
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M74 1E9
lisa.macleod@pc.ola.org

Dear Minister MacLeod:

Re: Funding for the Healthy Babies, Healthy Children Program

At its meeting on March 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Thunder Bay District Health Unit (TBDHU) regarding the above noted matter. We are in full support of TBDHU's call to action and share their concern and the concern of other local public health agencies regarding the Healthy Babies, Healthy Children (HBHC) program funding.

Similarly, to other communities the demand for HBHC services in our community continues to climb, the need is great. As well, Peterborough Public Health has seen an increase in the complexity of clients in the HBHC program.

As you are aware, in 2016 the firm MNP performed a review of the HBHC program provincially and found a funding gap of approximately $7.08M (Ministry of Children and Youth Services-Healthy Babies, Healthy Children Program Review Executive Summary p.7). This gap continues to grow every year with increases in salaries, benefits and operational costs. This gap creates barriers by reducing our reach to at-risk clients and families, as well as creating a wait-list for our services.

We appreciate your attention to this important public health issue.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

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

From: Gordon Fleming [mailto:gordon@alphaweb.org]
Sent: Friday, March 08, 2019 9:11 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Ministry of Finance Round Tables on Alcohol Retail

ATTENTION
MEDICAL OFFICERS OF HEALTH
CHAIRS, BOARDS OF HEALTH
SENIOR MANAGERS, SUBSTANCE USE & CHRONIC DISEASE PREVENTION PROGRAMS
****

Please find attached information related to a series of round tables hosted by the Ministry of Finance this week that provided stakeholders with the opportunity to discuss further expansion of alcohol sales in Ontario. alPHa President Robert Kyle and alPHa Executive Director Loretta Ryan participated on Wednesday March 6th, and Dr. Eileen de Villa (MOH – Toronto) and Dr. Jessica Hopkins (MOH – Peel) participated on behalf of COMOH on Monday, March 4th.

Attached materials:

- Original invitation from the Minister of Finance (issued to the COMOH Chair; alPHa received a similar one).
- Speaking notes and some additional documents referred to by Dr. Kyle
- alPHa Letter that was sent to the Minister on January 31st

COMOH will be submitting a follow-up letter to reiterate key messages, and the attached alPHa speaking notes (which were shared with attendees* on paper) will also be sent.

We hope you find this information useful.

*Attendees at the Wednesday session included the Ontario Restaurant Hotel and Motel Association (ORHMA), Arrive Alive Drive Sober, Canadian Federation of Independent Grocers (CFIG), Mothers Against Drunk Driving (MADD), Ontario Craft Brewers (OCB) and Ministry of Finance staff.

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
Association of Local
PUBLIC HEALTH
Agencies

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

Retail Expansion Roundtable
Ontario Ministry of Finance

375 University Ave, 7th Floor, Toronto, ON M5G 2J5
Wednesday, March 6, 2019
Speaking Notes

Introduction

- alPHa represents all 35 boards of health and all associate/medical officers of health
- Thank you for inviting us to attend today's roundtable
- The focus of our remarks is on:
    - Rules for sale and consumption
    - Safe and healthy communities
- Alcohol is responsible for the second highest rate of preventable death and disease in Canada, following tobacco. Additionally, alcohol is responsible for the greatest proportion of costs attributed to substance use in Ontario;[i] it is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. It is necessary to balance consumer demand for convenience with policy supports aimed at ensuring the health of Ontarians remains a priority.

Background

- Alcohol availability in Ontario has increased 22 percent from 2007 to 2017 and will continue to increase under the government's proposed sale expansion plan.[ii]
- Ontario has committed to making wine, beer and cider available in up to 450 grocery stores.
- In August 2018, there was a reduction in the minimum retail price of beer (below 5.6% ABV) from 1.25 to $1.00; participating manufacturers were given enhanced promotion in LCBO retail stores.
- In December 2018, alcohol retail hours of sale were extended to 9 – 11 AM, seven days a week.

Current State

- Alcohol use is associated with addiction, chronic diseases, violence, injuries, suicides, fetal alcohol spectrum disorder, deaths from drunk driving, increased HIV infections, unplanned pregnancies, violence, assaults, homicides, child neglect and other social problems.
- Alcohol causes cancers of the mouth, esophagus, throat, colon and rectum, larynx, breast and liver.
- Even low to moderate alcohol consumption can cause cancer and damage to the brain.
- Alcohol outlet density has been shown to be related to heavy episodic drinking by youth and young adults.[iii] [iv]

- Privatized liquor sales, often associated with high density and increased sales to minors, can have troubling results for youth, including significantly more hospital visits, increased theft, increased acceptance of drinking among youth, and an increase in the number of "drinking days" among youth who were already drinking.[v]
- 1 in 3 Ontarians experience harms because of someone else's drinking.
- Evidence shows a consistent and positive association between alcohol outlet density and excessive alcohol consumption and related harms. The largest effect sizes were seen between outlet density and violent crime.[vi]
- Evidence shows that restricting the physical availability of alcohol by regulating the times when alcohol can be sold and limiting outlet density will decrease alcohol harm e.g., road traffic casualties, alcohol related disease, injury and violent crime.
- Increasing the hours of sale by greater than 2 hours has been shown to be related to increases in alcohol-related harms, such as an 11% relative increase in traffic injury crashes and a 20% relative increase in weekend emergency department admissions.[vii]
- A recent study by the Canadian Institute for Health Information estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol; there were more hospital admissions in Canada in 2017 for alcohol-related conditions than heart attacks.[viii]
- Increasing access to alcohol works against the government's efforts to reduce health care costs and end "Hallway Medicine".
- Alcohol-related costs currently exceed alcohol-related net income within Ontario.
- Alcohol-related costs in Ontario amount to at least $5.3 billion annually:[ix]
    - $1.5billion in healthcare
    - $1.3 billion in criminal justice
    - $2.1 billion related to lost productivity
    - $500 million in other direct costs
- In the United States, growth in life expectancy has stagnated and even decreased slightly in recent years, owing mainly to deaths attributed to alcohol and drug use or to suicide in lower socioeconomic strata; in Canada, rates of "deaths of despair" have also increased, particularly for opioid overdoses and alcoholic liver cirrhosis; as such, it is important for Canada to avoid further inequalities in income, to reduce rates of opioid prescribing and to strengthen alcohol control policies.[x]

Recommended Risk Mitigation Actions/Options:

Retail Siting and Setbacks

- Consider implementing the following setbacks, density and sensitive land use measures related to alcohol retailers:
    - Child care centres
    - Post-secondary schools
    - Elementary and secondary schools
    - Gaming facilities/casinos
    - Health care facilities, such as hospitals

- Long-term care homes
- Recreation and sports facilities
- Arcades, amusement parks, and other places where children and youth congregate
- Separation distances between retailors
- High priority neighbourhoods where there is more crime or higher socioeconomic disparity. DRHD priority neighbourhood data can be found at the following link: https://www.durham.ca/health.asp?nr=/departments/health/health_statistics/health_neighbourhoods/index.htm

Retail Density and Hours of Operation

- Take an incremental approach to alcohol sales expansion, including retail density and hours of sale, which will allow the government to monitor and evaluate the impact of any changes or increase in harms gradually.[xi]

Public Education, Prevention Strategies and Treatment Services

- Provide financial assistance to public health agencies to implement comprehensive and sustained prevention and harm reduction approaches that promote awareness of alcohol related harms and delay age of initiation amongst youth and young adults.
- Allocate a portion of additional revenue generated by increased alcohol availability directly to mental health and addictions services, which would assist in meeting current gaps in funding for direct service provision.

Pricing

- Adopt alcohol pricing policies that more effectively target hazardous patterns of drinking. These policies include:[xii]
  - setting and enforcing a minimum price per standard drink and applying it to all products
  - altering markups to decrease the price of low alcohol content beverages and increase the price of high alcohol content beverages
  - indexing minimum prices and markups to inflation to ensure that alcohol does not become cheaper relative to other commodities over time.

Note: Saskatchewan has demonstrated an effective strategy to bring revenue to the province while reducing alcohol related harms:
  - increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption; Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of $9.4 million last year.[xiii]

Youth

- Maintain a government monopoly for off premise sales, including strong compliance checks.
- Limit retail density in areas frequented by youth.
- Ban the use of alcohol advertising, marketing and power walls in retailers that permit youth access.

Conclusion

- Notwithstanding competing pressures and priorities, government policies should strive to work in concert to support the health of all Ontarians.
- There are a number of options available to the government as in proceeds with alcohol retail expansion to mitigate the risks, especially to youth and vulnerable populations and to ensure safe and healthy communities.
- alPHa asks the government to fully consult with health experts, including the Association of Local Public Health Agencies, Centre for Addiction and Mental Health, and Ontario Public Health Association before making changes to the availability of alcohol.
- In addition, alPHa asks the government to develop, implement and evaluate a provincial alcohol strategy in consultation with the same experts cited above.

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

For further information contact:
Loretta Ryan
Executive Director, alPHa
647-325-9594 loretta@alphaweb.org

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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

Hon. Vic Fedeli
Minister of Finance
Room 281, Main Legislative Building,
Queen's Park
Toronto, Ontario M7A 1A1

January 31 2018

Dear Minister Fedeli,

Re: Alcohol Choice & Convenience and a Provincial Alcohol Strategy

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 our input to your Government's plans for modernizing the rules for the sale and consumption of alcohol in Ontario. We are especially interested in helping you achieve the stated goal of ensuring safe and healthy communities by reiterating our call for a Provincial Alcohol Strategy.

Over the past few years, Ontario has been steadily increasing the availability of and access to beverage alcohol by relaxing long-standing controls over its sale and distribution, such as expanding the number and type of retail outlets, extending hours of service, allowing online ordering with home delivery and reducing over-the-counter prices. Your Government's plan to expand the sale of alcohol to corner stores, additional grocery stores and big-box stores would be a significant move towards further loosening these controls.

While we understand the consumer convenience aspect of these decisions, we are very concerned that the negative societal and health impacts of increasing the availability of alcohol continue to be overlooked.

Alcohol is no ordinary commodity. It causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death. Its contributions to liver disease, fetal alcohol spectrum disorder, acute alcohol poisoning and various injuries owing to intoxication are well known and evidence of its links to mental health disorders and a range of cancers continues to mount. In fact, a recent study by the Canadian Institute for Health Information (CIHI) estimated that there were over 25,000 hospitalizations in one year in Ontario that were entirely caused by alcohol[1].

In addition to the personal health impacts, alcohol is a significant factor in the public costs associated with health care, social services, law enforcement and justice, and lost workplace productivity.

We have expressed our opposition to expanding the nature and number of retailers permitted to sell alcohol in the past, based on clear evidence that increasing access is detrimental to public health, and this remains our position. Given that such expansion continues to proceed in Ontario however, we must reinforce the importance of developing a comprehensive, provincially led alcohol strategy that can help mitigate the otherwise entirely preventable negative impacts of increased alcohol availability, which include increasing hallway medicine and waste of taxpayers' money.

It is well-established that increasing alcohol availability is directly related to increased consumption and alcohol-related harms. A comprehensive, evidence-based approach to alcohol policy is therefore critical to limiting these harms.

We would be pleased to meet with you to further discuss our views on the public health impacts of alcohol availability and to lend our expertise to the development of a made-in-Ontario alcohol strategy. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Robert Kyle,
alPHa President

COPY: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health

Encl.

1. *Canadian Institute for Health Information. Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI; 2017.*

alPHa RESOLUTION A11-1

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

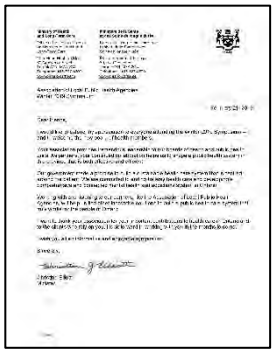
ACTION FROM CONFERENCE: **Resolution CARRIED**

Association of Local PUBLIC HEALTH Agencies

WINTER SYMPOSIUM PROCEEDINGS
Thursday, February 21, 2019
Chestnut Conference Centre
89 Chestnut St., Toronto

Welcoming Remarks *Symposium Chair: Dr. Robert Kyle, alPHa President*

Dr. Robert Kyle, President of alPHa welcomed delegates to alPHa's Winter Symposium, with an acknowledgement that it was held on the Ancestral Traditional Territories of the Ojibway, the Anishnabe and the Mississaugas of the New Credit, which is covered by the Upper Canada Treaties.



He thanked the Medical Officers of Health, Associate Medical Officers of Health, Affiliates, and Board of Health members – particularly those who are new to their role – for demonstrating their dedication to the public health system by attending this event in an unpredictable climate, both political and actual. He also read a letter of greeting that was received from the Minister of Health and Long-Term Care.

Plenary – Making the Connection Between Public Health and Mental Health

Speaker: Lori Spadorcia, Vice President, Communications and Partnerships, Centre for Addiction and Mental Health (CAMH)

Commentators: Trudy Sachowski, Chair, alPHa Boards of Health Section & Dr. Christopher Mackie, Chair, Council of Ontario Medical Officers of Health

Lori Spadorcia gave a brief history of the Centre for Addiction and Mental Health's Toronto campus, to illustrate the importance of breaking down both literal and figurative walls to drive policy change and attitudes related to mental health. The campus itself has evolved from an asylum isolated from the city to an integral and welcome part of the surrounding neighbourhood, as have many of the people who have benefitted from its services.

Despite the measurable progress, there are still science, justice and advocacy gaps. Research on the physiological and psychological factors underlying mental health continues but what is unknown still outweighs what we have learned. Investments in how the justice system deals with mental health are not where they should be and public funding of effective treatments (e.g. cognitive behavioural therapies) is largely absent. The stigma that remains around mental health issues aggravates these gaps, in that it makes advocacy by or on behalf of people living with mental health issues very difficult.

She then reinforced the importance of asking why some diseases get treatment and others get judgment with the

assertion that the burden of mental illness and addictions is higher than that for all cancers combined. It has in other words become an enormous and poorly addressed health issue that could benefit from the same upstream approaches that we use to address physical wellbeing.

She used the example of housing, which has become one of CAMH's top advocacy priorities, to illustrate this idea. The evidence that stable housing is one of the strongest determinants of health is robust and CAMH has had a great deal of success, despite the predictable challenges and resistance, in transitioning close to 100 patients into the community. This however remains a matter that is not being adequately addressed through public policy, and even the most complex cases can be transitioned with the proper supports within a well-connected system of multisectoral care with central access points, strong continuing care and monitoring.

A broader advocacy focus is the message that mental health is health, because it remains marginalized and poorly understood by the health and education systems, employers and society at large. This magnifies the haphazard approaches following diagnoses of mental disease, which in turn highlights the importance of achieving parity with the clear and accepted responses following diagnosis of physical disease. She submitted that the upstream determinants of health approach will be an important foundation for employing a common language for both. In addition, discovery and innovation will remain the foundation of treating mental health the same way that we do physical health, opening options for treatment and, most importantly, providing hope.

Following Lori's presentation, Trudy Sachowski (Chair of alPHa's Boards of Health Section) and Dr. Christopher Mackie (Chair of alPHa's Council of Ontario Medical Officers of Health) were invited to provide further comments from a public health perspective and lead the ensuing discussion.

Trudy spoke of the prevalence of alcohol abuse in her community and the importance of getting to people when they are young through schools, teams, positive reinforcement, supports for assistance, seminars and educational sessions. In the north, this also requires partnering with indigenous associations to ensure that any intervention or program is culturally sensitive and is led by the indigenous community.

Lori agreed with these points and added that having different partners at the table has contributed to the success of a variety of initiatives. Implementing mental health strategy takes a village, which includes schools, social services, police, public health etc., as the audiences are often the same, so innovation and a variety of coordinated approaches can be employed. It is also important to understand that audience through involvement – there is no standard approach that can be expected to work in all cases.

Dr. Chris Mackie continued with a reference to the stigma, noting that the subject of his Master's degree was de-institutionalization of mental health and indicating that this needs to focus on providing supports to individuals who need them and not strictly on reducing the burden on the institutions themselves. He observed that mental health was only incorporated into the Ontario Public Health Standards in 2018, and that this will provide an important foundation for building on the activities that public health had already initiated (e.g. early years, anti-bullying and post-partum programs) by making it a core part of its practice and facilitating further collaboration to reduce the enormous burden of illness. Public health can have a tremendous impact through prevention approaches, especially if the potential of programs such as Healthy Babies, Healthy Children can be unlocked

through proper funding and resources. Roles in secondary and tertiary prevention where mental illnesses and physical illnesses such as TB intersect are also becoming clearer.

The ensuing discussion covered the importance of raising awareness and translating it into action and well-resourced programs and services (the Bell "Let's Talk" campaign was referenced), addressing workplace culture, building community capacity, and reinforcing the idea that determinants of health – especially when applied in the earliest stages of life – will improve mental health outcomes just as much as they do physical ones.

alPHa Strategic Plan

Speaker: Maria Sanchez-Keane, Principal Consultant, Centre for Organizational Effectiveness

Dr. Robert Kyle welcomed Maria Sanchez-Keane to facilitate a session that would give delegates the opportunity to provide feedback on the new alPHa Strategic Plan, which has been under development throughout the past year.

She provided a summary of the process so far and the agreed-upon strategic directions, indicating that this phase is intended to gather further direction from the membership on implementation of the plan. The work on this began some time ago and has been developed through input from two alPHa Boards and their respective Executive Committees as well as alPHa staff. Delegates were asked to continue the focus on what alPHa can do to advance public health through the leveraging of its diversity of membership and variety of perspectives in three key areas and considering criteria that should be employed in decision-making processes.

Small-group discussions were organized for each of the key areas (strengthen the local public health system, especially local public health, by leading the dialogue with governments and Ministries; provide leadership in building collaborations and alliances focusing on provincial and municipal levels; build opportunities for multiconstituent connections amongst alPHa members). Written / oral feedback was collected to inform the next version of the Plan. Further work on this will be done by the alPHa Board of Directors during their February 22nd and April 26th meetings. The final Strategic Plan is expected to be presented to the membership during the June 2019 Conference in Kingston.

Panel – Managing Risk in Public Health

Moderator:
Dr. Peter Donnelly, President & CEO, Public Health Ontario

Panelists:
Dr. Penny Sutcliffe, MOH, Public Health Sudbury & Districts
Dr. Robert Kyle, MOH, Durham Region Health Department

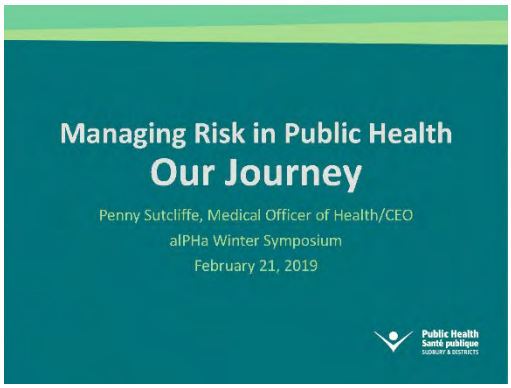
This panel was assembled to provide members with a chance to build on previous alPHa sessions on risk management (2015 and 2016) at a time when significant systemic changes are occurring.

Dr. Peter Donnelly launched the panel with introductory comments, observing that managing risk should be closely integrated into governance and there can be consequences if it isn't. He shared a story from his former career about a board of health CEO whose sole focus was on achieving targets without paying attention to process and inherent risk led to high levels of workplace stress, "hockling the books" and an ignorance of underlying governance shortcomings. The negative outcome of this approach was entirely predictable, and the resulting organizational damage took years to undo.

He continued with a similar story about a board of health in a small and insular community that concerned itself entirely too much with the day-to-day activities of operational staff without paying much attention to matters of governance. When the local dysfunction became apparent, the government had to send in agents to redress the situation, which was not looked upon kindly by the community.

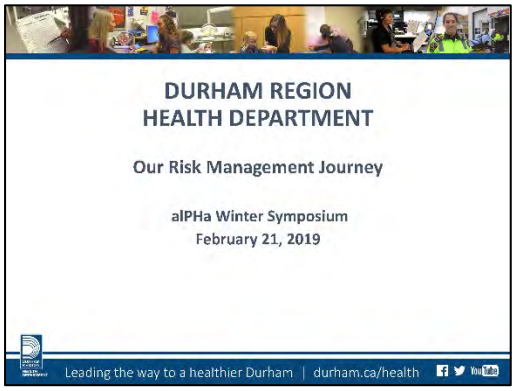
Taken together, these stories were meant to convey the idea that an effective governance structure keeps its eyes on but hands off what it is governing. By focusing on governance, it is easier to identify organizational risks to operational undertakings. In any case, it is essential to remind front-line staff of the value and importance of what they are doing.

Dr. Penny Sutcliffe continued with the storytelling direction, recalling a hot day in July 2016 when an overheated server room resulted in a critical failure of all Public Health Sudbury and Districts' communications systems. This in turn caused serious implications for service delivery and led to the realization that because there was no contingency plan, the outcome of this failure was far worse than it needed to be.



The response was a full examination of potential risks and their likely impacts in order to make decisions about allocating resources and included consideration of risk tolerance to make sure that opportunities would not be missed. The formal risk management policy and procedure is now embedded into the culture and operations of the agency, which equipped it well for the incorporation of risk management into the accountability requirements of the 2018 Ontario Public Health Standards.

She concluded with a summary of lessons learned and indicated that risk management must be a continuous process if it is to be effective. Dr. Donnelly referred to the summary of the process in Dr. Sutcliffe's presentation and suggested that while it may appear intimidating, one must measure this front-loaded work against what might be required after a failure that results from not doing it.



Robert Kyle, presenting in place of originally-scheduled Corinne Berinstein, outlined his health department's risk management journey, which, like in Dr. Sutcliffe's case, was prompted by a crisis.

The loss of an unencrypted USB key that contained the personal health information of more than 83,000 people who had visited Durham's H1N1 immunization clinics in 2010 sensitized the Region to the importance of examining and fortifying its data and information systems. It has also been a primary consideration in Durham's decision not to sign on to Panorama precisely because data hosting agreements have no language about managing risk in a shared information system.

The formalization of the general local risk management approach contained many of the same elements outlined by Dr. Sutcliffe, including keeping organizational values and risk appetite in the background, developing risk-mitigation plans, and continual monitoring, reporting and evaluation. He echoed the importance of integrating risk management into the institutional culture, with leadership from the executive team and engagement of the management team.

Dr. Donnelly then summarized risk management as both a science and an art. It must be methodical and detailed, informed by risk appetite, and developed with the knowledge that, irrespective of the quality of planning, the human response to crises is rarely governed completely by reason.

The ensuing discussion focused on different kinds of risk and the incredible value of the application of lessons learned in planning. Many suggested that alPHa could have an important role in facilitating a system-wide risk management dialogue among its members, as well as supporting collective responses to some of the persistent issues where technology and protection of personal information intersect.

Evening Reception & Special Guest Lecture co-hosted by alPHa and the Dalla Lana School of Public Health

Introductions: Dr. Robert Kyle, President, alPHa & Professor Adalsteinn (Steini) Brown, Dean, Dalla Lana School of Public Health

Special Guest Speaker: Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine

alPHa delegates were invited to conclude the day with an evening presentation from Dr. Rueben Devlin, who provided additional details and context for the vision of the Premier's Council on Improving Health Care and Ending Hallway Medicine that was described in the Council's initial report.

COLLECTED SLIDE DECKS

SPEAKER BIOS
(in order of appearance)

ROBERT KYLE has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently President of the Association of Local Public Health Agencies; Chair of tdohe Durham Nuclear Health Committee; past Chair of the Port Hope Community Health Centre; Chair of the Public Health Ontario Board of Directors and Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

LORI SPADORCIA serves as the Vice President, Communications and Partnerships at the Centre for Addiction and Mental Health (CAMH). Her portfolio includes community engagement, public affairs, public policy, strategic planning and the Provincial Systems Support Program. She supports the alignment of mission critical activities which are designed to be responsive to CAMH's many stakeholders, and engaging partners and resources to better position the hospital to make a sustainable system contribution to mental health. As a senior advisor to Cabinet Ministers at the federal and provincial level, Ms. Spadorcia played a key role in finding solutions that yield advancements in public policy. In Ontario, she served as a senior adviser to the Minister of Finance, where she advised on the creation and execution of the provincial budget. As a policy and communications expert, Ms. Spadorcia is bringing awareness and understanding of mental illness to the broader public and working with governments and communities to develop policies to promote better health systems, support vulnerable populations and drive social change.

MARIA SANCHEZ-KEANE is the Principal Consultant for the Centre for Organizational Effectiveness, an organization she founded in 2000 that is focused on assisting non-profit and public organizations in the areas of strategy, capacity building and evaluation. She has worked within health, public health, child welfare, children's mental health, education and community health sectors.

TRUDY SACHOWSKI is a provincially appointed, active member of the Northwestern Board where she currently serves as Vice Chair, Chair of the Executive Committee and Chair of the Constitution Review Work Group. Trudy's volunteering has included numerous local, regional and provincial organizations for which she has received recognition locally and provincially. Trudy has completed one term on the alPHa Board of Directors as the North West region board of health representative. In this capacity, she serves on the current alPHa Executive Committee, chairs the Boards of Health Section and has participated on the alPHa 2018 Election Task Force and other planning tables for the association.

CHRISTOPHER MACKIE is the Medical Officer of Health and CEO for the Middlesex-London Health Unit, and is an Assistant Professor, Part Time at McMaster University. Before coming to London, Dr. Mackie was Associate Medical Officer Health for the City of Hamilton for four years. He also worked as a Public Health Physician with Public Health Ontario. As a COMOH representative for the South West Region, he is the current Chair of COMOH, a section of alPHa.

PETER DONNELLY is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

PENNY SUTCLIFFE was appointed as Medical Officer of Health for the Sudbury & District Health Unit in August 2000. Before coming to Sudbury, she was the Medical Officer of Health for Yellowknife, Northwest Territories. Her first position as Medical Officer of Health was with the Burntwood Regional Health Authority in northern Manitoba. A specialist in Community Medicine, Dr. Sutcliffe has a longstanding interest in socioeconomic inequalities in health and is a strong advocate for incorporating broader determinants of health into core public health programming. She is particularly interested in pursuing opportunities for healthy public policy development at the local and regional level

and to this end is engaged with local healthy community initiatives and with critically examining and modifying local public health practice.

DENIS DOYLE studied at Carleton University and York University. After a long career at Xerox Canada, Denis spent six years in Information Technology management at CIBC. Warden Doyle began serving on Township Council in 2006 and was elected as Mayor of Frontenac Islands in 2010. At the County, Warden Doyle serves on the Sustainability Advisory Committee and the Trails Advisory Committee. Denis was County Warden in 2014 – 2015 and has served on the Kingston, Frontenac, Lennox and Addington Board of Health since 2014. He has been Chair of the Board since January 2017.

KIERAN MOORE is the Medical Officer of Health for the Kingston, Frontenac, Lennox and Addington (KFL&A) Public Health Unit. At Queen's University, he is a Professor of Family and Emergency Medicine and the director for the Public Health & Preventive Medicine Residency Program. He is also an Attending Physician in the Department of Emergency and Family Medicine at the Kingston Health Sciences Centre. A champion for a national Lyme disease surveillance network to government, he presently serves as Network Director of the Canadian Lyme Disease Research Network.

EVENING GUEST LECTURE:

ADALSTEINN (STEINI) BROWN is Dean of the Dalla Lana School of Public Health at the University of Toronto and the Dalla Lana Chair of Public Health Policy at the University of Toronto. He is currently a member of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. His past roles include senior leadership roles in policy and strategy within the Ontario government, founding roles in start-up companies, and extensive work on performance assessment. He received his undergraduate degree in government from Harvard University and his doctorate from the University of Oxford, where he was a Rhodes Scholar.

REUBEN DEVLIN is an orthopaedic surgeon who completed his medical school and orthopaedic training at the University of Toronto. During his 17 years practicing in Newmarket, he held senior hospital positions, including Chief of Surgery and Chair of the Medical Advisory Committee. He had a special interest in joint replacement and sports medicine. Subsequently, Dr. Devlin served as the President and Chief Executive Officer of Humber River Hospital in Toronto from 1999 to 2016. He was appointed as Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine in June 2018. As Chair, he is leading a group of visionary health system leaders who have come together to identify for the Premier of Ontario and Minister of Health and Long-term Care strategic priorities and actions that will lead to improved health and wellness outcome for Ontarians, high patient satisfaction, and more efficient use of government investment using an effective delivery structure.

PLEASE JOIN US IN KINGSTON FOR THE alPHa ANNUAL CONFERENCE!

Dr. Kieran Moore, Medical Officer of Health and Dennis Doyle, Board of Health Chair for the Kingston, Frontenac, Lennox and Addington (KFL&A) health unit were on hand to personally invite Symposium delegates to alPHa's June 2019 AGM and Conference in Kingston, Ontario.

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Tuesday, March 26, 2019 1:33 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - March 26, 2019

alPHa
Association of Local PUBLIC HEALTH Agencies

Information Break

March 26, 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.

Proceedings 2019 Winter Symposium

alPHa has prepared proceedings for last month's Winter Symposium that took place in Toronto. The write-up includes summaries of presenters' talks, links to their presentations as well as photos from the event. Thanks goes to everyone who participated and attended.
View the alPHa 2019 Winter Symposium Proceedings

---

alPHa Consultations

alPHa will be reviewing the upcoming provincial Spring 2019 Budget when it is released on April 11, so stay tuned for an update.

On March 6, alPHa president Dr. Robert Kyle and executive director Loretta Ryan participated in a provincial roundtable regarding alcohol retail expansion. A public health and safety perspective was provided on the Ontario government's plans to expand the sale of alcohol into corner and big-box stores, and further expand into grocery stores (see link below). Earlier on March 4, COMOH members Drs. Eileen de Villa and Jessica Hopkins attended a similar roundtable on behalf of the medical and associate medical officers of health. In January, alPHa wrote a letter to the province about alcohol choice and convenience (see link below).
Read alPHa's roundtable submission on alcohol retail expansion
Read alPHa's letter on proposed changes to the sale of alcohol

On February 20, COMOH representatives Drs. David Colby, Eileen de Villa, Janet DeMille and Robert Kyle provided testimony to the Standing Committee on Public Accounts concerning the Auditor General's 2017 report, which included an audit on public health and chronic disease prevention. A key message delivered to the standing committee focused on the fact that Ontario is equipped with a

interconnected and well-regulated public health system to tackle chronic diseases.
Read the 2017 Auditor General's report on chronic disease here

---

2019 Annual Conference

This year's annual conference, *Minding Public Health*, will take place at the Four Points by Sheraton in Kingston, Ontario. The June 9-11 event will feature an address by Canada's Chief Public Health Officer, Dr. Theresa Tam, as well as panel presentations on the upstream and downstream approaches to mental health issues taken by public health and partnering sectors. In addition to guest presentations, there will be an opening reception at the offices of conference co-host KFL&A Public Health, an awards luncheon honoring distinguished service in public health, the AGM and Resolutions Session, and business meetings for board of health members and COMOH members. Registration for the conference will open in April, so look for news in this space and upcoming emails. In the meantime, check out the conference page (link below) to learn more about this event and book your guest accommodations.
Learn more about alPHa's 2019 Annual Conference here
View the latest program-at-a-glance here

Call for Resolutions

Health units and their boards have until April 26, 2019 to submit resolutions to alPHa for consideration at the June annual conference. For resolutions amending the association's Constitution, the deadline is April 11, 2019.
View the 2019 Call for Resolutions here

---

alPHa Fitness Challenges

Now that spring has arrived, get ready to take part in this year's annual alPHa Fitness Challenges for health unit employees and boards of health. Health units are challenged to involve all staff in 30 minutes of physical activity on May 9. Boards of health are encouraged to get their members to participate in 30 minutes of physical activity as well during April and May. Health units and boards of health with the highest participation rate will be recognized at the upcoming June conference.
Learn more about the health unit employee Fitness Challenge
Learn more about the Fitness Challenge for boards of health

---

alPHa Video: What is Public Health?

alPHa has produced a short video explaining public health, the determinants of health, and its role in the community. The resource is uploaded on the association's website and may be referenced by health units and boards of health to help create awareness of public health's work and it value.
View alPHa's public health video here

News Round Up

Chief Public Health Officer's statement on World TB Day - 2019/03/24

Province appoints special advisor for alcohol review - 2019/03/21

Province launches new local food goal - 2019/03/18

(Video) Battling Vaccine Myths, The Agenda with Steve Paikin, tvo.org - 2019/03/14

Chief Public Health Officer's statement on measles and vaccine hesitancy - 2019/03/12

(Podcast) Social media and vaccine hesitancy, The Current, CBC Radio - 2019/03/11

Health Canada announces further restrictions on opioids marketing - 2019/03/11

Minister Elliott releases declaration of patient values - 2019/03/08

Province names Ontario Health Board of Directors - 2019/03/08

Health Canada sets new guideline for lead in drinking water - 2019/03/08

Ontario to release 2019 Budget on April 11 - 2019/03/07

Ontario releases 2017 Annual Report of the Chief Medical Officer of Health - 2019/03/06

Health Canada funds $1.7M toward reducing climate change impacts - 2019/03/01

Canada strengthens accountability and transparency for sustainable development - 2019/03/01

Provinces urged to put health measures in tobacco lawsuits - 2019/02/26

Province announces next stage in environment plan - 2019/02/12

Upcoming Events - Mark your calendars!

March 27, 28 & 29, 2019 - TOPHC 2019, Beanfield Centre, Toronto, Ontario.

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 and draft program.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Response to Notice of Intent – Potential Measures to Reduce the Impact of Vaping Products Advertising on Youth and Non-users of Tobacco Products**
DATE:	**April 10, 2019**
PREPARED BY:	**Keith Beecroft, Health Promoter, Family and Community Health**
APPROVED BY:	**Donna Churipuy, Director, Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Response to Notice of Intent – Potential Measures to Reduce the Impact of Vaping Products Advertising on Youth and Non-users of Tobacco Products,* for information.

FINANCIAL IMPLICATIONS AND IMPACT

The Smoke-Free Ontario Act (SFOA), 2017 references Part IV Division 2 of the federal Tobacco Vaping and Products Act (TVPA). As such, changes to the TVPA could require provincial Tobacco Enforcement Officers (TEOs), including Peterborough Public Health's (PPH) two full-time TEOs, to inspect additional items as part of their routine inspections.

DECISION HISTORY

- On July 3, 2018 PPH wrote a letter to the new Minister of Health urging that the SFOA be modernized, as prioritized by the previous government.
- On October 4, 2018 PPH submitted a response to the provincial government that was seeking input on changes to the SFOA.
- At its October 10, 2018 meeting, the Board of Health received a staff report entitled "Changes to the Cannabis and Smoke-Free Ontario Acts" with direction for staff to continue to advocate for changes to the SFOA and support community outreach on the topic.

BACKGROUND

On February 5, 2019, Health Canada released a consultation, which sought comments on proposed measures to limit the advertising of vaping products, entitled, ***Potential measures to reduce the impact of vaping products advertising on youth and non-users of tobacco products***. The consultation, which closed on March 22, 2019, focused on Health Canada's proposed limits on advertising of vaping products, including:

- the places where advertisements can be placed,
- the content in advertisements,

- the display of vaping products in certain retail locations; and,
- the inclusion of health warnings on vape products.

The proposed restrictions on advertising align with many current tobacco advertising restrictions. However, there are areas in which the restrictions could be strengthened to further protect Canadians, particularly youth and young adults, from the harmful effects of vaping products.

Attached as Appendix A is Peterborough Public Health's submission to the federal government in response to the Notice of Intent.

RATIONALE

In 2016, 24.1% of high school students in Peterborough City and County had tried an e-cigarette.[1] PPH is in the process of conducting another survey to gain further insight into current trends, however, program staff, school administrators, and educators all suspect this number to be much higher in 2019 than it was in 2016. These anecdotes are supported by the increased number of calls PPH staff have received from concerned parents and educators about vaping. One local school even went so far as to remove the doors from bathrooms to prevent students from vaping inside.

Local enforcement data indicates that since January 1, 2019 PPH TEOs have charged 6 students with SFOA vaping infractions, and warned 4 others that charges could be laid if further infractions occur.

It is clear that we need laws will restrict the promotion of electronic cigarettes.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

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

REFERENCES

1. Peterborough County-City Health Unit (2016). Tobacco Use in Peterborough: Priorities for Action Peterborough, ON: Beecroft, K., Kurc, AR.

APPENDICES

Appendix A – Peterborough Public Health Submission to Health Canada's Notice of Intent

Peterborough Public Health
1889-2019 LOCAL & STRONG

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

March 22, 2019

Manager, Regulations Division
Tobacco Products Regulatory Office
Tobacco Control Directorate
Controlled Substances and Cannabis Branch
Health Canada
Sent via e-mail: hc.pregs.sc@canada.ca

Re: RESPONSE TO NOTICE OF INTENT (NOI) – POTENTIAL MEASURES TO REDUCE THE IMPACT OF VAPING PRODUCTS ADVERTISING ON YOUTH AND NON-USERS OF TOBACCO PRODUCTS

Peterborough Public Health (PPH) is pleased to provide the following comments to the Health Canada proposals intended to control the rapid increase in youth and non-users of tobacco products using vaping products across the country.

In 2016, 24.1% of high school students in Peterborough City and County had tried an e-cigarette.[1] PPH is in the process of conducting another survey to gain further insight into current trends, however, program staff, school administrators, and educators all suspect this number to be much higher in 2019 than it was in 2016. These anecdotes are supported by the increased number of calls PPH staff have received from concerned parents and educators about vaping. One local school even went so far as to remove the doors from the bathrooms to prevent students from vaping inside.[2]

The proposed restrictions on advertising align with many current tobacco advertising restrictions. However, there are areas in which the restrictions could be strengthened to further protect Canadians, particularly youth and young adults, from the harmful effects of vaping products, as outlined below.

Regulatory measures under consideration

1. *Placement of Advertisements: Point of Sale, Public Places, Broadcast Media, and Publications:*

Over the past 30 years, the Government of Canada has introduced a number of tobacco advertising, promotion and sponsorships restrictions that have positively impacted the health of Canadians by contributing to the reduced tobacco consumption rates and smoking initiation among young people.[3]

Currently, the advertising of vapour products can be seen online, in newspapers and magazines, stores, and on television. Convenience stores, once free from commercial tobacco advertising, have now become a hot bed of e-cigarette marketing. (Appendix 1) The presence of in-store advertising is shown to have the strongest association with youth's openness and curiosity to use vaping products. Internet and point-of-sale based advertising have been shown to be particularly impactful on youth's susceptibility and

willingness to vaping product use.[4] The Ontario Tobacco Research Unit (OTRU) reports exposure to the marketing and promotion of vaping products is high for Canadian youth and young adults, with 48% reporting exposure to such marketing on the internet.[5]

These advertisements are not going unnoticed by Peterborough area residents either:

"This morning, as I was filling my gas tank at the McEwen station at the corner of Lansdowne and the Parkway, I was shocked to see the attached advertising poster above one of the gas pumps promoting an addictive nicotine product by the name "JULE" (sic). See attached. Is this legal? If not, I hope plans are in the works to make any form of nicotine-based advertising illegal."[6]

Research shows that prohibiting advertisements and promotions removes sensory cues to purchase and use these products, and helps to de-normalize use.[7] As such, federal regulations that restrict children and youth exposure to marketing and advertising of vaping products are critical to reduce the normalization of youth vaping and the associated health impacts.

Recommendation: The proposal to prohibit vaping products "advertisements" at any point of sale where youth are allowed access should be formulated so as to prevent any type of physical or electronic promotions including countertop displays, free-standing advertisements, and images on convenience stores screens.

Recommendation: Restrict marketing such that youth will not be exposed to e-cigarette marketing online through social media (including YouTube), or web browsing.

Recommendation: In general, permitted messaging should be as small and unattractive as possible. Signage indicating the availability and price of vaping products that could be displayed "under certain conditions" should have those conditions very precisely defined, including the size of type, the size and form of typeface, the colour for such signage (black ink on white background), and prescribed descriptive wording.

Recommendation: The catalogues or pamphlets that would be allowed to provide information on available brands of vaping products should be defined in order to ensure that they only contain a minimum of necessary factual information about vaping products. No brand logos or other promotional markings or messages should be permitted in these catalogues. Black ink and white paper only should be permitted, with plain typeface.

PPH agrees that these restrictions need not apply at points of sale where youth do not have access, such as specialty vaping stores which under Ontario law do not permit minors to enter the premises.

2. *Content of advertisements:*

PPH understands that the two examples identified in the NOI are just examples, however, the proposed/suggested warnings do little to warn of the risks that nicotine has on a developing brain.[8]

There is strong evidence that plain packaging of commercial tobacco products reduces the attractiveness of tobacco products, restricts the use of the packaging as a form of advertising and promotion, limits misleading packaging and increases the effectiveness of health warnings.[9]

Furthermore, in June of last year, the Canadian government set out to further restrict the branding and labeling permitted with conventional tobacco products and noted that "The proposed [plain packaging] Regulations will support the new tobacco strategy and work in tandem with other factors in the environment to reduce inducements to tobacco use. The proposed Regulations are expected to primarily benefit youth and young adults by supporting the prevention of tobacco initiation and the dependence on tobacco products that could result and continue over a lifetime."[10]

Recommendation: PPH recommends that plain and standardized packing regulations considered for conventional tobacco products also be consistently applied to both e-cigarette and e-juice packages, and that those packages contain information about the full breadth of health risks posed by these products. A cessation support 'quit line' phone number should also be included on these packages.

We applaud the Federal government for demonstrating a willingness to update the TVPA in light of evidence that supports advertising restrictions that will protect youth and young adults, and people that currently do not smoke from vape industry marketing practices. It is imperative that Health Canada considers the urgency of this issue and the need for immediate attention to protect youth and non-smokers across Canada.

Sincerely,

Original signed by

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

Appendix 1:

[1] https://www.peterboroughpublichealth.ca/wp-content/uploads/2018/05/2016-Tobacco-Use-in-Peterborough-Report.pdf
[2] https://www.thepeterboroughexaminer.com/news-story/9131230-peterborough-high-school-removes-washroom-doors-to-prevent-vaping/
[3] Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017. https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf
[4] Margolis, K. A., Donaldson, E. A., Portnoy, D. B., Robinson, J., Ne, L. J., & Jamal, A. (2018). E-cigarette openness, curiosity, harm perceptions and advertising exposure among U.S. middle and high school students. Preventive Medicine, 112(September 2017), 119–125
[5] Ontario Tobacco Research Unit (2018) Youth and Young Adult Vaping in Canada. https://www.otru.org/wp-content/uploads/2018/10/recigwp_project_news_oct2018.pdf
[6] Personal Communication, February 22, 2019.
[7] Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017. https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf
[8] https://www.canada.ca/en/health-canada/programs/consultation-measures-reduce-impact-vaping-products-advertising-youth-non-users-tobacco-products/notice-document.html
[9] Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017. https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf
[10] http://gazette.gc.ca/rp-pr/p1/2018/2018-06-23/html/reg9-eng.html

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**alPHa Resolution for Submission - Public Health Support for including Hepatitis A Vaccine in the School Immunization Program**
DATE:	**April 10, 2019**
PREPARED BY:	**Edwina Dusome, Manager**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the submission of the following draft resolution for the Association for Local Public Health Agencies (alPHa) Resolution Session (2019): Public Health Support for including Hepatitis A Vaccine in the School Immunization Program.

BACKGROUND

The 2019 Annual General Meeting (AGM) of the Association of Local Public Health Agencies will be held at the Four Points by Sheraton in Kingston, Ontario on Monday, June 10, 2019 at 8:00 a.m. at the 2019 Annual Conference.

Resolutions to be tabled at the AGM must be submitted to alPHa before Friday, April 26, 2019, at 4:30 p.m.

A reminder that if Board Members are interested in attending part or all of the alPHa Conference, please send expressions of interest to Alida Gorizzan no later than April 19, 2019.

ATTACHMENTS

Attachment A – Draft Resolution and Backgrounder

ATTACHMENT A - Backgrounder:

Peterborough Public Health is recommending the combined hepatitis A/B vaccine replace the single antigen hepatitis B vaccine in the publicly-funded school-based vaccine program. Currently, in Ontario, the hepatitis B vaccine is offered free of charge to all Grade 7 students.

In addition to the Grade 7 students, the hepatitis A vaccine in Ontario is also offered free of charge to those considered at high risk for the disease (men who have sex with men, intravenous drug users, and those with chronic liver disease (including hepatitis B and C)). Recently, the Centres for Disease Control and Prevention recommended adding homelessness as a risk factor for receiving the hepatitis A vaccine in the United States.[1] In Ontario, there were 120 outbreak cases reported from June 1, 2017 to November 30, 2018 which were linked to recent outbreaks in Europe and the United Kingdom primarily among men who have sex with men[2]. Given that it is difficult to reach these groups when exposures occur, pre-exposure vaccinating would be a more cost-effective and pro-active approach.

The cost of managing hepatitis A cases involves public health rapidly mobilizing staff to conduct product recalls, case/contact management, public and health care consultations, teleconferences and ad-hoc vaccination clinics to prevent outbreaks. In this day and age, food is distributed from many countries across Ontario and Canada. It is consumed in the home before products are recalled therefore when a foodborne outbreak occurs, many public health agencies must mobilize in an effort to protect the public. This comes at a very high cost for affected local public health agencies to manage the case and related risk of spread to susceptible exposed community members. Integrating routine hepatitis A vaccination pre-exposure into our publicly funded vaccine schedule can reduce the size of the at-risk population over time and thereby reducing the risk for large-scale outbreaks.

The combined vaccine has been available for many years. It is safe and effective. It can be easily interchanged logistically into the current school-based vaccine program as seen in Quebec. Quebec already offers both hepatitis A and hepatitis B vaccinations in a school-based program (NOTE: This program offers 1 dose of the combined vaccine and one dose of hepatitis B vaccine in Grade 4.[3])

ATTACHMENT B

TITLE: Public Health Support for including Hepatitis A Vaccine in the School Immunization Program

SPONSOR: Peterborough Public Health

WHEREAS hepatitis A is a viral liver disease that can cause mild to severe illness, and according to the World Health Organization (2018), epidemics that can be difficult to control and cause substantial economic loss[4]; and

WHEREAS recent hepatitis A outbreaks have been reported in Ontario and through-out North America, related to infected food handlers and to food products (strawberries, scallops, pomegranate seeds, organic berries)[5] ; amongst men who have sex with men; people who use illicit drugs, and people experiencing homelessness[2]; and

WHEREAS hepatitis A is one of the most common vaccine preventable diseases in travellers. Protection against hepatitis A is recommended for all travellers to hepatitis A endemic countries[6]; and

WHEREAS recovery from hepatitis A infection may take months, with about 25% of adult cases requiring hospitalization, resulting, in Ontario (2016/2017) with potential hospital stays costing is over $5300 per person[7]; and

WHEREAS in 2018, 12 million Canadians reported travel to overseas countries[8]; and

WHEREAS studies estimate that 44% to 55% of reported HA cases in Canada are linked to travel with low-budget travellers, volunteer humanitarian workers, and Canadian-born children of new Canadians returning to their country of origin to visit friends and relatives being at highest risk[6]; and

WHEREAS immunization is a cost-effective health intervention that reduces the burden on the health care system and offsets the high costs of doctor visits, trips to the emergency room, hospitalizations, medication therapy and outbreak management[9]; and

WHEREAS pre-exposure hepatitis A immunization is at least 90% to 97% effective with protective concentrations of hepatitis A antibody likely persisting for at least 20 years, possibly for life, following immunization with 2 doses of hepatitis A-containing vaccine[10]; and

WHEREAS increasing access to publicly funded vaccinations such as those offered in school clinics improves health equity and reduces disparities in immunization coverage across communities; and

WHEREAS combined vaccines result in fewer injections, fewer office visits, more convenience for clients, simplified logistics and increased compliance[11]; and

WHEREAS a combined hepatitis A/B vaccine could easily be implemented in the existing school-based clinic schedule provided in conjunction with the human papillomavirus (HPV) vaccine at 0 and 6 months[12]; and

WHEREAS there is no increase in adverse events with the combined hepatitis A/B vaccine when compared with the hepatitis A vaccine given alone or concomitantly with the hepatitis B vaccine[13]; and

WHEREAS the logistics and the related costs to adding a combined vaccine would be nil or minimal for the current Ontario school-based vaccine program and would further be reduced through bulk purchasing; and

WHEREAS the process of obtaining consent for the combined hepatitis A/B vaccine may be easy to update given that information on hepatitis is already included in the current package and thus, would require minimal modification; and

WHEREAS a goal of the Ministry of Health and Long-Term Care's **Immunization 2020 – Modernizing Ontario Publicly Funded Immunization Program (2015)**, is to improve access to immunizations by offering additional vaccines and catch-up immunizations for school-aged children and adolescents through school-based immunization clinics[9].

NOW THEREFORE BE IT RESOLVED THAT that the Association of Local Public Health Agencies (alPHa) endorse the replacement of the hepatitis B vaccine in the school-based program with the combined hepatitis A/B vaccine;

AND FURTHER that alPHa request that the provincial Government include the combined hepatitis A/B vaccine in the provincially funded immunization program as a way to reduce vaccine-preventable diseases and promote the health of all Ontarians.

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health for Ontario, the Ontario Public Health Association and the Ministry of Health and Long-Term Care be so advised.

---

[1] Centres for Disease Control and Prevention (2019). Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. Available from: https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm

[2] Public Health Ontario (2019). Public health responses to recent hepatitis A outbreaks: Spotlight on San Diego County, California and Middlesex-London, Ontario: Introduction. Available from: https://www.publichealthontario.ca/-/media/documents/presentations/grand-rounds-january-15-2019.pdf?la=fr

[3] Quebec Immunisation Program: https://www.quebec.ca/en/health/advice-and-prevention/vaccination/hepatitis-a-and-b-vaccine/

[4] World Health Organization (2018). Available from: https://www.who.int/news-room/fact-sheets/detail/hepatitis-a

[5] Public Health Ontario (2019). Monthly Infectious Diseases Surveillance Report (February 2019). Available from: https://www.publichealthontario.ca/-/media/documents/surveillance-reports/surveillance-report-infectious-diseases-jan-dec-2018.pdf?_cldee=YXRhbm5hQHBjY2h1LmNh&recipientid=contact-4b1b4f0d4ab1e411bbf30050569e0009-e8e486622bdd4328a78300abe0c2ad02&esid=cbd675d2-bb24-e911-ab0a-0050569e0009

[6] Canadian Immunization Guide. Part 4 active vaccines: Hepatitis A vaccine https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines

[7] Canadian Institute for Health Information (2019) Available from: https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/015/cost-of-a-standard-hospital-stay/;mapC1;mapLevel2;provinceC5001;trend(C1,C5001);/

[8] Statistics Canada (2018). Travel between Canada and other countries, December 2018. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/190221/dq190221c-eng.htm

[9] Ministry of Health and Long Term Care. Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program (2015). Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf

[10] Centers for Disease Control and Prevention (2018): Hepatitis A Questions and Answers for Health Professionals Available from: https://www.cdc.gov/hepatitis/outbreaks/hepatitisaoutbreaks.htm

[11] Bakker, M et al. (2016) Immunogenicity, effectiveness and safety of combined hepatitis A and B vaccine: a systematic literature review, Expert Review of Vaccines, 15:7, 829-851.

[12] Ministry Health of Health and Long Term Care Publicly Funded Immunization Schedules for Ontario – December 2016. Available from: http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf

[13] Canadian Immunization Guide. Part 4 active vaccines: Hepatitis B vaccine https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html#a10

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Governance Committee Report**
DATE:	**April 10, 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

That the Board of Health for Peterborough Public Health receive meeting minutes of the Governance Committee from January 12, 2019, for information.

BACKGROUND

The Governance Committee met last on April 2, 2019. At that meeting, the Committee requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

Attachment A - Meeting Minutes, January 12, 2019

Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Saturday, January 12, 2019 – 10:00 a.m.
Rice Lake Room, 185 King Street, Peterborough

Present:	**Mr. Greg Connolley** **Ms. Kerri Davies** **Councillor Don Vassiliadis** **Mr. Michael Williams, Chair**
Guest:	**Deputy Mayor Bonnie Clark**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Natalie Garnett, Recorder**

---

1. Call to Order

Dr. Salvaterra, Medical Officer of Health called the Governance Committee meeting to order at 10:38 a.m.

2. Elections

2.1 Chairperson

Dr. Salvaterra called for nominations for the position of Chairperson for the Governance Committee for Peterborough Public Health for the year 2019.

MOTION:
That Michael Williams be appointed Chair of the Governance Committee for 2019.
Moved: Mr. Connolley
Seconded: Ms. Davies
Motion carried. (M-2019-001-GV)

Mr. Williams assumed the Chair.

2.2 **Vice Chairperson**

Mr. Williams, Chair called for nominations for the position of Vice Chairperson for the Governance Committee for Peterborough Public Health for the year 2019.

MOTION:
That Ms. Kerri Davies be appointed Vice Chair of the Governance Committee for 2019.
Moved: Mr. Connolley
Seconded: Councillor Vassiliadis
Motion carried. (M-2019-002-GV)

Deputy Mayor Clark indicated that she would like to sit on the Governance Committee, and the Committee was supportive of her membership.

3. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Councillor Vassiliadis
Seconded: Mr. Connolley
Motion carried. (M-2019-003-GV)

4. Declaration of Pecuniary Interest

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting held November 1, 2018 be approved as circulated and provided to the Board of Health at its next meeting for information.
Moved: Mr. Connolley
Seconded: Mr. Williams
Motion carried. (M-2019-004-GV)

7. Business Arising from the Minutes

8. Staff Reports

9. Consent Items

10. New Business

10.1 Review Committee Terms of Reference

MOTION:
That the Governance Committee recommend to the Board of Health for Peterborough Public Health that the Terms of Reference for the Governance Committee remain unchanged.
Moved: Councillor Vassiliadis
Seconded: Ms. Davies
Motion carried. (M-2019-005-GV)

10.2 Establish Date and Time of 2019 Meetings

MOTION:
That the Governance Committee establish April 16, August 20 and November 19, as the dates for 2019 Committee meetings; and,

That the meetings be held from 5:00 p.m. – 6:30 p.m.
Moved: Councillor Vassiliadis
Seconded: Mr. Connolley
Motion carried. (M-2019-06-GV)

10.3 2019 Workplan Discussion

The Committee reviewed the 2019 Workplan.

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

13. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on April 16, 2019.

14. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Councillor Vassiliadis
Seconded by: Mr. Connolley
Motion carried. (M-2019-007-GV)

The meeting was adjourned at 10:59 a.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Indigenous Health Advisory Circle Report**
DATE:	**April 10, 2019**
PREPARED BY:	**Alida Gorizzan, Executive Assistant, on behalf of Chief Phyllis Williams, 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 Indigenous Health Advisory Circle from November 6, 2018, for information.

b. That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle from January 12, 2019, for information.

c. That the Board of Health for Peterborough Public Health approved 2-345 Indigenous Health Advisory Circle Terms of Reference (revised).

d. That the Board of Health for Peterborough Public Health approved 2-50 Land Acknowledgement (new).

BACKGROUND

The Indigenous Health Advisory Circle met last on March 26, 2019. At that meeting, the Circle requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

Attachment A - Meeting Minutes, November 6, 2018
Attachment B - Meeting Minutes, January 12, 2019
Attachment C - 345 Indigenous Health Advisory Circle Terms of Reference (revised)
Attachment D - 2-50 Land Acknowledgement (new)

Indigenous Health Advisory Circle Meeting
MINUTES
Tuesday, November 6, 2018 – 5:00 p.m.
Dr. J.K. Edwards Board Room, 185 King Street, Peterborough

Present:	**Deputy Mayor John Fallis** **Ms. Kerri Davies** **Councillor Kathryn Wilson, Chair** **Ms. Lori Flynn** **Mr. Andy Dufrane**
Regrets:	**Councillor Henry Clarke** **Chief Phyllis Williams**
Staff:	**Dr. Rosana Salvaterra, Medical Officer of Health** **Ms. Natalie Garnett, Recorder** **Donna Churipuy, Director of Public Health Programs, Chief Nursing Officer & Privacy Officer**

---

1. Call to Order

Councillor Wilson, Chair, called the Indigenous Health Advisory Circle meeting to order at 5:01 p.m.

2. Confirmation of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Deputy Mayor Fallis
Seconded: Ms. Davies
Motion carried.

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1 **May 29, 2018**

MOTION:
That the minutes of the First Nations Committee Meeting held May 29, 2018, be approved and provided to the Board of Health at its next meeting for information.
Moved: Deputy Mayor Fallis
Seconded: Ms. Flynn
Motion carried.

6. Business Arising from the Minutes

6.1 Terms of Reference Revision and Meeting Format

It was discussed and agreed that:

- Terms of Reference will include mention of the Métis Nation (Mr. Dufrane will provide wording)
- Ms. Flynn will provide Terms of Reference from the Central East LHIN committee
- There will no longer be formal motions
- Meetings will follow a consensus decision-making model. If there is not consensus, a vote will be taken.
- Minutes will indicate any member who does not agree with the decision

6.2 2017-2018 Committee Work Plan – Progress Update

Dr. Salvaterra led the Circle through an update of the 2017-2018 work plan.

7. Correspondence

Dr. Salvaterra provided a review of the five items of correspondence:

a. Letter dated June 11, 2018 from the Director General of Education Branch to the Board Chair, in response to his initial letter dated April 24, 2018, regarding federal education funding for First Nations children of Curve Lake First Nation.

b. Letter dated June 21, 2018 to Ministers Bennett and Philpott regarding an invitation for a Peterborough November Treaty Celebration in November 2018. NOTE: Due to lack of response, cancellation of this invitation/event was sent to MP Monsef on October 18, 2018 by Dr. Salvaterra via email.

c. Letter dated July 1, 2018 to Minister Hussen regarding citizenship and TRC #93 & 94.

d. Letter dated July 19, 2018 to Minister Duncan regarding TRC #89.

e. Letter dated October 23, 2018 from Minister Duncan (response to item d).

8. New Business

8.1 Staff Report: Traditional Foods in Indigenous Health & Food Safety

The members of the Indigenous Health Advisory Circle agreed that:

- The staff report "Traditional Foods in Indigenous Health & Food Safety", be received for information; and,
- Recommend to the Board of Health that a policy be adopted to exempt Curve Lake First Nation and Hiawatha First Nation and Indigenous organizations in Peterborough County and City from Ontario Food Premises Regulation 493/17 so they can serve uninspected wild meat off reserve.
- That Indigenous individuals have an inherent right to harvest, including wild game.

8.2 Briefing Note: Indigenous Parenting Programs

The members of the Indigenous Health Advisory Circle agreed that:

- PPH encourage all local agencies which provide parenting support and programs to assess and address the need for enhanced access to parenting programs for Indigenous parents and ensure that their staff have completed cultural safety training;
- PPH staff continue to offer support to Indigenous organizations to enhance and evaluate culturally relevant parenting programs and services; and
- That all PPH staff who offer parenting support programs complete cultural safety training.

8.3 Report: Public Health Ontario Locally Driven Collaborative Project – Talking Together to Improve Health: Ontario Public Health Unit Survey

The members of the Indigenous Health Advisory Circle reviewed the report.

8.4 Report: Opioid Use Amount First Nations in Ontario

The members of the Indigenous Health Advisory Circle reviewed the report.

8.5 **Reconciliation Work by other Local Public Health Agencies**

The members of the Indigenous Health Advisory Circle reviewed the report.

8.6 **Memorandums of Understanding between Local Public Health Agencies and Local School Boards**

It was noted that KPR has an Indigenous Trustee on the Board. Councillor Wilson will share Hiawatha First Nations agreement with the board.

8.7 **PPH Internal Assessment of Staff Capacity – Discussion**

The Circle reviewed the survey results. It was noted that there is a great deal of staff interest in Indigenous Health matters, but little direct connection (i.e. Indigenous language skills, self-identify as an Indigenous person).

Ms. Flynn advised that she has a new staff member and would like PPH to meet with her and discuss this matter.

Mr. Dufrane advised that the Métis Nation of Ontario also has a staff member who could receive an orientation along with the Age Friendly consultant.

8.8 **Cannabis Legalization and Next Steps for Indigenous Communities - Discussion**

Dr. Salvaterra noted that Peterborough Public Health is available to provide assistance on this issue.

9. In Camera to Discuss Confidential Matters

10. Motions for Open Session

11. Date, Time and Place of Next Meeting

The next meeting will be held Saturday, January 12, 2019 in the Dr. J.K. Edwards Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough, with the time to be confirmed.

Dr. Salvaterra asked the Committee members to contact Ms. Gorizzan if they wish to be reappointed to the Committee.

12. Adjournment

The meeting ended at 6:34 p.m.

Chairperson	Medical Officer of Health

Indigenous Health Advisory Circle
Saturday, January 12, 2019 – 10:00 – 11:00 a.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough
MINUTES

Present:	**Ms. Lori Flynn** **Chief Phyllis Williams** **Councillor Kathryn Wilson** **Councillor Kim Zippel**
Regrets:	**Mr. Andy Dufrane**
Staff:	**Donna Churipuy, Director of Public Health Programs, Chief Nursing Officer & Privacy Officer** **Ms. Alida Gorizzan, Recorder**

---

1. Call to Order

Donna Churipuy, Director of Public Health Programs, called the Indigenous Health Advisory Circle (IHAC) meeting to order at 10:41 a.m.

2. Elections

Donna Churipuy sought consensus from the group regarding the election of a Chair and Vice Chair for the IHAC.

DECISION: Chief Phyllis Williams was supported as Chair, Lori Flynn was supported as Vice Chair.

Chief Williams accepted the nomination, however she made the members aware that Curve Lake First Nation Council elections will occur in June 2019, and that this may impact her chairing beyond that date.

3. Confirmation of the Agenda

The agenda was confirmed, a number of items were deferred to the next regular meeting given that the purpose of this meeting was to confirm the Chair and Vice Chair.

4. Declaration of Pecuniary Interest *(nil)*

5. Delegations and Presentations ***(nil)***

6. Confirmation of the Minutes of the Previous Meeting

6.1. **November 6, 2018**

ACTION: Deferred.

7. Items Arising From the Minutes ***(nil)***

8. New Business

8.1. **Terms of Reference**

ACTION: Deferred.

8.2. **Meeting Dates**

ACTION: Alida will poll the members to secure a March 2019 date.

8.3. **2019 Work Plan**

ACTION: Deferred.

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

To be determined.

10. Adjournment

The meeting was adjourned at 11:00 a.m.

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-352	**Title:** Indigenous Health Advisory Circle, Terms of Reference
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2016-02-10**
Signature:		**Author:** Indigenous Health Advisory Circle
Date (YYYY-MM-DD)**:** 2018-11-14		
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

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

Objectives

The Indigenous Health Advisory Circle (IHAC) will:

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

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

3. advise and support the BOH and its staff on ways to strengthen relationships with local Indigenous partners and the broader Indigenous stakeholder community;

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

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

Membership

The Circle will be composed of a minimum of three Board Members in addition to the Chair (ex-officio member). This membership must include representation from both CLFN and HFN.

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

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

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

Quorum

A majority of Circle members constitute a quorum.

Reporting

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

The Chair will take recommendations deemed appropriate by the Circle forward to the Board of Health at the next scheduled meeting.

Meetings

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

Minutes

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

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

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 and Meeting Proceedings

1. Agendas will be prepared and distributed in a format to be determined by the Circle.

2. Formal motions will not be utilized, however actions and decisions will be captured in meeting minutes.

3. All decisions will be reached by consensus.

Terms of Reference

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

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

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-50	**Title:** Land Acknowledgement
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**:**
Signature:		**Author:** Indigenous Health Advisory Circle
Date (YYYY-MM-DD)**:**		
References: Inaakonigewin Andaadad Akid: Michi Saagiig Treaties: Defining Relationships Between Peoples *(Accessible to staff on the HUB (PPH Intranet) > Staff Orientation)*		
Forms:		

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.

POLICY:

Definition:

The tradition of recognizing the land and territory where we are situated dates back centuries for Indigenous peoples. Currently, a territorial or land acknowledgement is an act of reconciliation that involves making a statement recognizing the traditional territory of the Indigenous people who called the land home before the arrival of settlers, and in many cases still do call it home.

Objective:

For non-Indigenous people living in Peterborough (Nogojiwanong), acknowledging the Indigenous history of this land can be a first step in a reconciliation journey. It represents an opportunity to pay our respects to the original inhabitants and owners of the lands within our health unit boundaries, and to acknowledge their ongoing custodial role. As a daily practice for those of us who identify as settlers, it provides an opportunity for self-reflection and growth in our roles as allies and advocates. For those of us who self-identify as Indigenous, it reminds us of our connection to this land, and can strengthen our belonging and self-worth.

Policy Statement:

Peterborough Public Health will incorporate a land acknowledgement as a regular practice at all meetings that are hosted by the organization. Staff are encouraged to incorporate a land acknowledgement as part of their meeting agendas.

PROCEDURE:

There are three parts:

1. **Read the land acknowledgement:** The land acknowledgement takes place at the beginning of your event, before any other business. Use either the one that has been created and endorsed by Curve Lake First Nation, found in Appendix A, or if choosing to use a different one, check with local Indigenous partners to ensure you are acknowledging the correct nations or peoples, using the correct pronunciation and spelling. Acknowledge the traditional caretakers of the land you occupy, as well as the current or more recent Indigenous peoples who have lived there.

2. **Acknowledge your commitment to working to improve relationships with Indigenous people.** This is not a chance to brag, but a reminder of the work still to be done.

3. **If you have invited guests or Elders from an Indigenous community to your event, you can ask them to welcome the meeting attendees to their territory.** A non-Indigenous person can acknowledge territory, but only a member of the Indigenous community can welcome others to their land.

APPENDIX A – PPH LAND ACKNOWLEDGEMENT

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.

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