

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Thursday, November 14, 2019 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 185 King Street
Peterborough Public Health**

1. Call to Order

Councillor Kathryn Wilson, Chair

1.1. Opening Statement

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

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1.1 9.1.2 9.1.3 9.2 a b c d e f g h i 9.3.1 9.3.2 a b c 9.4.1 a b c d e

5. Delegations and Presentations

5.1. Allyship In-Service

Facilitators:

Tracey Taylor, Cultural Outreach Coordinator, Curve Lake First Nation

Anne Taylor, Cultural Archivist, Curve Lake First Nation

- [Cover Report](#)
- a. [Indigenous Ally Toolkit \(web hyperlink\)](#)

- b. Build Together: Indigenous Peoples of the Building Trades – Indigenous Allyship (*web hyperlink*)
- c. Indigenous Allyship: An Overview (*web hyperlink*)

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. October 9, 2019

7. Business Arising From the Minutes

7.1. Efforts to Support a Community Application for a Supervised Consumption Site

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

8. Staff Reports

8.1. Staff Report and Presentation: Planet Youth

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report
- Presentation

8.2. Stewardship Report: 2020 Cost-Shared Budget Approval

Cathy Praamsma, Committee Chair

- Cover Report
- a. Staff Report

9. Consent Items

9.1. Correspondence for Direction

9.1.1. All-Terrain Vehicle (ATV) Injuries

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Letter from Jill Darnell, Resident of Cavan, Ontario
- b. Public Health Ontario Report (*web hyperlink*)
- c. Letter to Elana Arthurs, Clerk, Township of Cavan Monaghan

9.1.2. Municipal Alcohol Policies

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. KFL&A Letter

9.1.3. Letter of Support for the Virtual Care Clinic and 360 Nurse Practitioner-Led Clinic

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. PFHT/NPLC Email
- b. City Council Letter

9.2. Correspondence for Information

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Indigenous Services – CLFN Water
- b. NDP – National School Food Program
- c. alPHa e-newsletter
- d. Helen Angus – PH Modernization
- e. NDP Leader/Health Critics – AMO Opioid Recommendations
- f. City Council – Local Health Care Services
- g. Jim Pine – FN Engagement
- h. MP Monsef – Vaping
- i. CAOs – Gas-Powered Leaf Blowers

9.3. Staff Reports

9.3.1. Staff Report: Climate Change and Health Vulnerability Adaptation

Dr. Rosana Salvaterra, Medical Officer of Health

- Staff Report
- a. Theory of Change

9.3.2. Report: Q3 2019 Peterborough Public Health Activities

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- a. Q3 2019 Overall Compliance Status
- b. Q3 2019 Communications and I.T. Report
- c. Q3 2019 Social Media Report

9.4. Committee Reports

9.4.1. Stewardship Committee

Cathy Praamsma, Committee Chair

- Cover Report
- a. Stewardship Minutes, August 14/19
- b. Staff Report: 2019/2020 Budget Approval - Healthy Babies, Healthy Children
- c. Q3 2019 Finance Report
- d. Q3 2019 Standards Activity Report – Risk Management

10. New Business

10.1. Conference Report: Association of Local Public Health Agencies (alPHA) 2019 Fall Symposium

Dr. Rosana Salvaterra, Medical Officer of Health
Mayor Andy Mitchell, Board Member

- Cover Report

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

12. Motions for Open Session

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

Wednesday, December 11, 2019 – 5:30 p.m.

Dr. J. K. Edwards Board Room, 185 King Street, Peterborough Public Health

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:	Allyship In-Service
DATE:	November 14, 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:

Session: Allyship In-Service

Facilitators:

Tracey Taylor, Cultural Outreach Coordinator, Curve Lake First Nation

Anne Taylor, Cultural Archivist, Curve Lake First Nation

ATTACHMENTS:

ATTACHMENT A - [Indigenous Ally Toolkit](#) (*web hyperlink*)

ATTACHMENT B - [Build Together: Indigenous Peoples of the Building Trades – Indigenous Allyship](#) (*web hyperlink*)

ATTACHMENT C - [Indigenous Allyship: An Overview](#) (*web hyperlink*)

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Meeting Minutes, October 9, 2019
DATE:	November 14, 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 October 9, 2019.

ATTACHMENTS

[Attachment A – Board of Health Minutes, October 9, 2019](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, October 9, 2019 – 5:30 p.m.
Lower Hall, Administration Building
123 Paudash St., Hiawatha First Nation**

In Attendance:

Board Members:

Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Ms. Kerri Davies, Vice Chair
Deputy Mayor Matthew Graham
Councillor Nodin Knott
Ms. Catherine Praamsma
Mr. Andy Sharpe
Councillor Don Vassiliadis
Councillor Kathryn Wilson, Chair
Councillor Kim Zippel

Regrets:

Mr. Gregory Connolley
Mayor Andy Mitchell
Mr. Michael Williams

Staff:

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

1. Call to Order

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

Opening Prayer

Phyllis Williams, Assistant Health Manager, Hiawatha First Nation, led the Board in an opening prayer.

2. Confirmation of the Agenda

MOTION:

That the agenda be adopted as amended (5.2).

Moved: Councillor Clarke

Seconded: Deputy Mayor Graham

Motion carried. (M-2019-123)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following item be passed as part of the Consent Agenda: 9.3.1

Moved: Ms. Davies

Seconded: Councillor Zippel

Motion carried. (M-2019-124)

MOTION (9.3.1):

That the Board of Health for Peterborough Public Health:

- *receive the staff report, Should Municipalities Ban the Use of Gas-Powered Leaf Blowers? for information;*
- *share the staff report with local municipalities; and,*
- *direct staff to offer support to any local municipality looking to establish or amend local by-laws that involve restricting the use of gas-powered leaf blowers.*

Moved: Ms. Davies

Seconded: Councillor Zippel

Motion carried. (M-2019-124)

5. Delegations and Presentations

5.1. Hiawatha First Nation L.I.F.E. Services Centre: Building for Our Future

MOTION:

That the Board of Health for Peterborough Public Health receive the following for information: Presentation: Hiawatha First Nation L.I.F.E. Services Centre: Building for Our Future by Sharon Wilshaw.

Moved: Councillor Clarke
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-125)

6. Confirmation of the Minutes of the Previous Meeting

a. September 18, 2019

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on September 18, 2019 be approved as circulated.

Moved: Mr. Sharpe
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-126)

7. Business Arising From the Minutes

7.1. Staff Report: Efforts to Support a Community Application for a Supervised Consumption Site

Kim Dolan, Executive Direction, Peterborough Aids Resource Network (PARN), attended the meeting and provided an update on the activities related to establishing a Supervised Consumption Site.

MOTION:

Due to the opioid crisis in Peterborough, the Board of Health for Peterborough Public Health supports the utilization of a moveable Safe Injection Site with the understanding that this is considered an emergency and interim measure;

That the Board of Health of Peterborough Public Health continue to work with the community to find a long-term and permanent solution; and,

That a letter of advocacy be circulated to the Minister of Health and Long-Term Care, local MPPs, provincial health critics, the City and County of Peterborough, and Curve Lake and Hiawatha First Nations.

Moved: Ms. Davies
Seconded: Deputy Mayor Clark
Motion carried. (M-2019-127)

8. Staff Reports

9. Consent Items

9.1 Correspondence for Direction - Vaping

MOTION:

That the Board of Health for Peterborough Public Health:

- *receive correspondence from the Simcoe Muskoka District Health Unit (SMDHU) dated September 18, 2019, and Kingston Frontenac Lennox & Addington (KFL&A) Board of Health dated September 27, 2019, for information;*
- *support the SMDHU position and motion from KFL&A and communicate this support to the newly elected Federal Minister of Health (post-election) and the Ontario Minister of Health, with copies to Dr. Theresa Tam, Chief Public Health Officer of Canada, Dr. David Williams, Chief Medical Officer of Health, newly elected local MPs, local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health; and,*
- *include a request that the newly-elected Federal Government, within 60 days of forming government, use the proposed interim order through the Department of Health Act that will result in having protective restraints in place by the end of 2019 through the powers of the Department of Health Act; and,*
- *that this information be provided to the campaign offices of local candidates in the federal election.*

Moved: Ms. Davies
Seconded: Ms. Praamsma
Motion carried. (M-2019-128)

9.2 Correspondence for Information

MOTION (c):

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

- a. Letter dated October 1, 2019 from the Board Chair to Minister Elliott regarding the opioid emergency (AMO recommendations); and,*
- b. That this letter be circulated to the provincial health critics.*

Moved: Ms. Davies
Seconded: Deputy Mayor Graham
Motion carried. (M-2019-129)

9.3. Staff Reports

9.3.2 Staff Report: Health Care Worker Influenza Immunization: 2018-2019

MOTION:

That the Board of Health for Peterborough Public Health receive the staff report, Health Care Worker Influenza Immunization: 2018-2019, for information; and,

That staff examine the correlation between reduced immunization and outbreaks over a five-year period.

Moved: Ms. Davies

Seconded: Deputy Mayor Clark

Motion carried. (M-2019-130)

9.4. Committee Reports

10. New Business

10.1 Board/Management Planning Session Date (2020)

Due to uncertainty during the amalgamations of Local Health Units, the annual Board/Management Planning Session will not be scheduled for January.

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

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

The next meeting will be held Thursday, November 14, 2019 at the Dr. J.K. Edwards Board Room, 185 King Street, at 5:30 p.m.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Clark

Seconded by: Councillor Zippel

Motion carried. (M-2019-131)

The meeting was adjourned at 6:59 p.m.

Chairperson

Medical Officer of Health

DRAFT

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report: Update - Support for a Community Application for a Supervised Consumption Site
DATE:	November 14, 2019
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *Update - Support for a Community Application for a Supervised Consumption Site*, for information.

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Planet Youth
DATE:	November 14, 2019
PREPARED BY:	Sarah Gill, Health Promoter
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 and presentation, *Planet Youth*, for information; and
- refer to the Stewardship Committee to consider the use of Peterborough Public Health reserves to collaborate with the Icelandic Center for Social Research and Analysis, fund a coordinator and support the community in implementation of Planet Youth.

FINANCIAL IMPLICATIONS AND IMPACT

Financial implications for Peterborough Public Health (PPH) related to the local implementation of Planet Youth can be found in Appendix A.

DECISION HISTORY

The Board of Health has not previously made a decision on this topic.

BACKGROUND

Youth are considered to be at an increased risk for harms associated with substance use. The adolescent brain continues to develop well into young adulthood. Substance use during this time has impacts on normal brain development and can be associated with impairments in cognition and academic achievement.¹ As the adolescent brain continues to mature, substances have the largest impact on learning, memory, and decision making. These impairments lead to elevated rates of substance-related injury, problematic use later in life, and decreased academic performance.^{2,3} A longitudinal study of Ontario youth determined that early initiation of alcohol and cannabis use was associated with students failing to attend class, complete homework, and lower levels of academic achievement compared to their abstaining peers.⁴

Current rates for substance use among youth in Peterborough are higher than the Ontario average. When comparing population health data by health unit across Ontario, Peterborough ranks second highest for youth self-reported underage drinking rates with 52.7% of youth

reporting drinking underage (See Appendix B).⁵ Peterborough also ranks second highest for emergency department visits related to cannabis use among youth 13-18 years (See Appendix C).⁶ Across Ontario, Peterborough has lower than average youth abstinence rates for tobacco smoking with 78.7% of youth abstaining compared to the Ontario average of 89.7% (See Appendix D).⁷ Vaping rates are also a top concern for youth and continue to increase across the country. A recent study found a substantial 74% increase (8.4% to 14.6%) in past 30-day use of vapes among Canadian youth from 2017-2018.⁸ This study also showed an increase in cigarette smoking rates from 10.7% to 15.5%. These findings align with evidence that shows vape use contributes to the risk of ever trying tobacco cigarettes.⁹

Traditional methods of substance use prevention for youth have largely focused on drug education, fear-based messaging, and programming to build refusal skills to peer pressure. All have been proven ineffective for preventing and delaying youth use.¹⁰ Research is now showing that for a program to be successful at addressing youth substance use we must first evaluate the risk factors in our social environment that contribute to use.

The Icelandic Model (IM) that was developed in Iceland in the late-'90s has been successful at reducing rates of youth use through prevention efforts. Based on evidence that was collected from previous substance use prevention programming, the model was developed to address risk factors for youth use and build resilience at the community level.¹¹ The IM recognizes that communities have unique assets available that contribute to the overall resilience of youth. ICSRA researchers used schools as community hubs to collect data from students and implement targeted interventions to address identified risk factors and increase resilience for youth at the local level.

The IM is based on five principles:

1. Apply a primary prevention approach to enhance the social environment of each community. This is achieved through an evaluation of social risk factors for each community. These risk factors can be categorized into four domains: family factors, peer groups, leisure time, and overall well-being. These risk factors have proven links that contribute to youth substance use.
2. Emphasize a community based approach to reducing risk factors. By evaluating risk factors at a community level, those risk factors will need to be addressed at that same level.
3. Empowering community members to address risk factors. Interventions are determined based on best practices and evidence based approaches. Community members are able to use their local context and make decisions in the best interest of fellow community members. Empowering communities to use their knowledge of local context, as well as best practices for substance use prevention in youth, will allow for the most effective prevention strategies for each community.
4. Act collaboratively as a team between researchers, policy makers, and community members to take a comprehensive approach to substance use prevention. This approach needs to be evidence based and works from the ground up to prevent substance use for youth.

5. Match the scope of the intervention to the scope of the problem. Communities must create interventions that address the magnitude of the risk factor in question.¹²

RATIONALE

In Iceland, before the implementation of the IM, rates of youth substance use had been progressively increasing. Within the first 10 years of the model being implemented, rates decreased significantly. From 1998 to 2007 the proportion of grade 10 students reporting drunkenness within the past month decreased from 42% to 20%. Daily cigarette use among Grade 10 students decreased from 23% to 10%. Alcohol-related injuries among youth decreased from 14% to 4%. These decreased rates were found to be unique to Iceland as other European countries youth substance use rates remained consistent (See Appendix E).¹³ Within 10 years, Iceland facilitated a cultural shift in the social acceptability of youth using substances. The success of the model lies in the data collection. Assessing each community's unique needs allows for interventions to be tailored to the local context and for individuals to participate in strengthening their community.

Due to the success in Iceland, the ICSRA has partnered with many communities across the world using their model, under the brand Planet Youth, to address youth substance use. Most notably, Lanark County in Ontario is working with the ICSRA currently as a prevention strategy for their region. Partnering with the ICSRA allows communities to access validated data collection tools and utilize data analysis services in a short period of time. The ICSRA also helps to build capacity in communities to address risk factors with evidence-based interventions.

Addressing social issues require vision, planning and sustained commitment including financial resources. Success of this model is based on an ongoing effort to create and sustain environments that protect young people from substance use and so prioritizing building community capacity and long-term commitments are necessary to be impactful. At minimum, Planet Youth requires a five year commitment to implement the first cycles of data collection and interventions. However, the community needs to remain committed for a longer period in order to see real change in the culture of youth substance use at the local level. (We are recommending an initial 10-year commitment for partners interested in reducing youth substance rates here in Peterborough.)

Once there is a commitment from the community for at least the initial five years, then an assessment of all grade 10 students in the region by the ICSRA can be initiated to determine which risk factors need to be addressed. From there, the ICSRA analyses the data and assists in making recommendations on how to intervene within each community. Every community is different and has a unique set of strengths and challenges. With the help of ICSRA, communities are able to determine which interventions are best suited to their local context and the needs of their youth. The project is evaluated after 3 and 5 years to determine if the intended impacts are being achieved. As schools provide the best avenue to access youth and act as a community hub, data collection will need to be done in the secondary schools for all Grade 10 students.

Peterborough City, County, Hiawatha First Nation, and Curve Lake First Nation currently recognize that action needs to be taken to address the increasing rates of substance use among youth. Committing to Planet Youth demands at least a 10-year commitment from ourselves, school boards, other community partners and the ICSRA (for the first 5 years). The Directors of the two area District School Boards have agreed in principle to the objectives of this program including the collection of data from Grade 10 students. The Peterborough Drug Strategy partners have also agreed to the program in principle. Bringing the community together, and partnering with the ICSRA, is an opportunity to support substantial change in our community.

CONCLUSION

Peterborough City, County and our First Nations would benefit over the long-term by preventing youth substance use through a shift in cultural norms. The Planet Youth program delivered in collaboration with the community and the ICSRA is a proven evidence based program. It fits current best practice for reducing the rate of substance use and associated harms of substance use among youth. PPH, with current partnerships and experience, is well positioned to support the community in action to reduce substance use among youth using a community focused program.

It is recommended that the Board of Health support the use of PPH funds in the amount of \$569,500 to hire the ICSRA and a project coordinator as well as other related administrative costs (see Appendix A for details). These funds would ensure that we secure Planet Youth services and have dedicated and consistent leadership for intervention implementation. The remaining costs for intervention implementation for the five years would come from a variety of sources including but not limited to municipal and other community partner contributions, fundraising and grants. These funds would also be leveraged in order to attract additional resources to sustain this work for a minimum of 10 years.

STRATEGIC DIRECTION

This report applies to the following strategic directions:

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

APPENDICES

[Appendix A – Financial Implications for Peterborough Public Health](#)

[Appendix B – Self-reported underage alcohol use by Health Unit](#)

[Appendix C – Rate of ED visits due to cannabis-related harms by Health Unit](#)

[Appendix D – Proportion of youth abstaining from cigarette smoking by Health Unit](#)

[Appendix E – 10-year Substance use trends in Iceland after implementation of Planet Youth](#)

REFERENCES

1. Kooreman, H.E. 2017. *Impact of substance use on the developing brain*. Center for Health Policy.
<https://scholarworks.iupui.edu/bitstream/handle/1805/16570/The%20impact%20of%20substance%20use%20on%20the%20developing%20brain.pdf?sequence=1&isAllowed=y>
2. Canadian Institute for Health information. 2019. *Hospital Stays for Harm Caused by Substance Use Among Youth Age 10 to 24*.
<https://www.cihi.ca/sites/default/files/document/hsu-youth-report-2019-en-web.pdf>
3. King, K.M. & Chassin, L. 2006. *A prospective study of the effects of age of initiation of alcohol and drug use on young adult substance dependence*. Journal of Studies on Alcohol and Drugs. 68(2):256-265.
https://www.researchgate.net/publication/6519129_A_Prospective_Study_of_the_Effects_of_Age_of_Initiation_of_Alcohol_and_Drug_Use_on_Young_Adult_Substance_Dependence
4. Patte, K.A., Qian, W. & Leatherdale, S.T. 2017. *Marijuana and alcohol use as a predictor of academic achievement: a longitudinal analysis among youth in COMPASS study*. Journal of School health. 87(5):310-318.
5. Public Health Ontario. 2018. *Alcohol use snapshot (2015-16)*.
<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/alcohol-use>
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<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/cannabis-harms>
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<https://www.publichealthontario.ca/en/data-and-analysis/substance-use/smoking-status>
8. Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). *Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys*. Bjm, 365, 12219.
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https://www.researchgate.net/publication/23655343_Substance_use_prevention_for_adolescents_The_Icelandic_Model
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<https://journals.sagepub.com/doi/pdf/10.1177/1524839919849032>
13. Tam, T. 2018. *Preventing problematic substance use in youth*. CPHO Report on the Health Status of Canadians. <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth/2018-preventing-problematic-substance-use-youth.pdf>

APPENDIX A:

It is recommended that we hire the Icelandic Center for Social Research and Analysis (ICSRA) to assist with the project. This includes:

- Workshops to build capacity in committee members and communities;
- Survey development for secondary school students;
- Data analysis; and
- Assistance with recommendations for interventions for each community.

The ICSRA team has extensive experience with helping communities develop their own unique solutions based on current and relative data achieved through comprehensive questionnaires and expert and timely analysis of the responses. As their program is fully developed and evidence-based program, they would be ready to implement as soon as possible. Choosing not to partner with the ICSRA is an option, however, this would require finding and hiring another agency to develop a tool for neighbourhood evaluations (City and County), analyzing data, and assisting with developing recommendations. This option would delay the project but does allow for increased flexibility with survey questions, defining a 'community', and intervention recommendations.

Plant Youth and the Healthy Kids Community Challenge have similar models with respect to engaging community and creating interventions to impact health behaviours. By reviewing both the successes and challenges of the Healthy Kids Community Challenge project and applying them to Planet Youth, we have determined that a 1.0 FTE project coordinator is necessary for addressing the needs of the community. Having someone who was paid and had protected time to build and maintain coalition capacity, to facilitate coalition activities, and to coordinate and conduct prevention activities contributed to the success of the project.

The recommendation for PPH funds be used to hire the ICSRA, a project coordinator and for other related administrative costs ensures that we secure Planet Youth services and have dedicated and consistent leadership for intervention implementation. We estimate this cost to be \$569,500 for the 5-year project. The remaining \$325,000 of the budget is designated for intervention implementation over the 5 years. This portion of the budget can be generated through municipal and community partner contributions, fundraising and possible grant funding. Allowing communities to assist in raising money for the betterment of their community facilitates strengthening relationships. This allows for greater connection to community and builds resilience which is a protective factor against substance use.

The budget chart below describes the total estimated cost for implementing Planet Youth for Peterborough City, County, Hiawatha and Curve Lake First Nations.

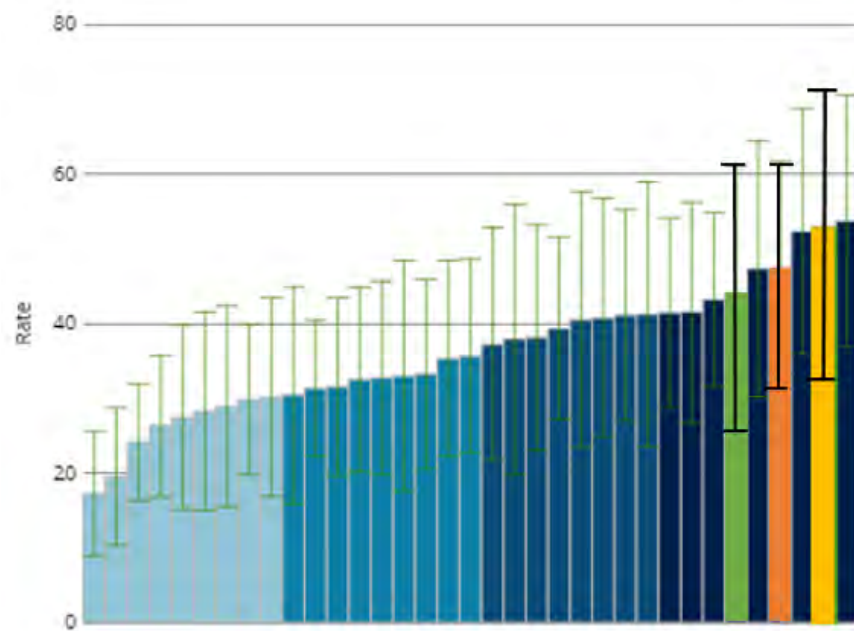
	A	
Expenses	Annual	Once
Coordinator Salary + Benefits	\$86,000	
Hire ICSRA ¹		\$100,000
ICSRA Travel		\$7,000
Mileage for coordinator	\$1,000	
Office Supplies	\$500	
Admin	\$5,000	
Intervention Fees		
Intervention Costs	\$60,000	
Fee for service (ie. Communication support)	\$5,000	
Total	\$157,500	\$107,000
Project total over 5 Years	$(\$157,500 \times 5) + \$107,000 = \$894,500$	

¹ This is an estimate based off previous conversations with the ICSRA. Price is subject to change.

APPENDIX B:

52.7% of youth in Peterborough report underage alcohol use. Yellow bar represents Peterborough Public Health region compared to other Ontario public health unit regions. In comparison, the average rate of underage alcohol use for urban center health units with a rural mix is 39.6%. Haliburton, Kawartha, Pine Ridge District Health Unit is represented as the orange bar and the green bar represents Hastings Prince Edward Public Health.⁴

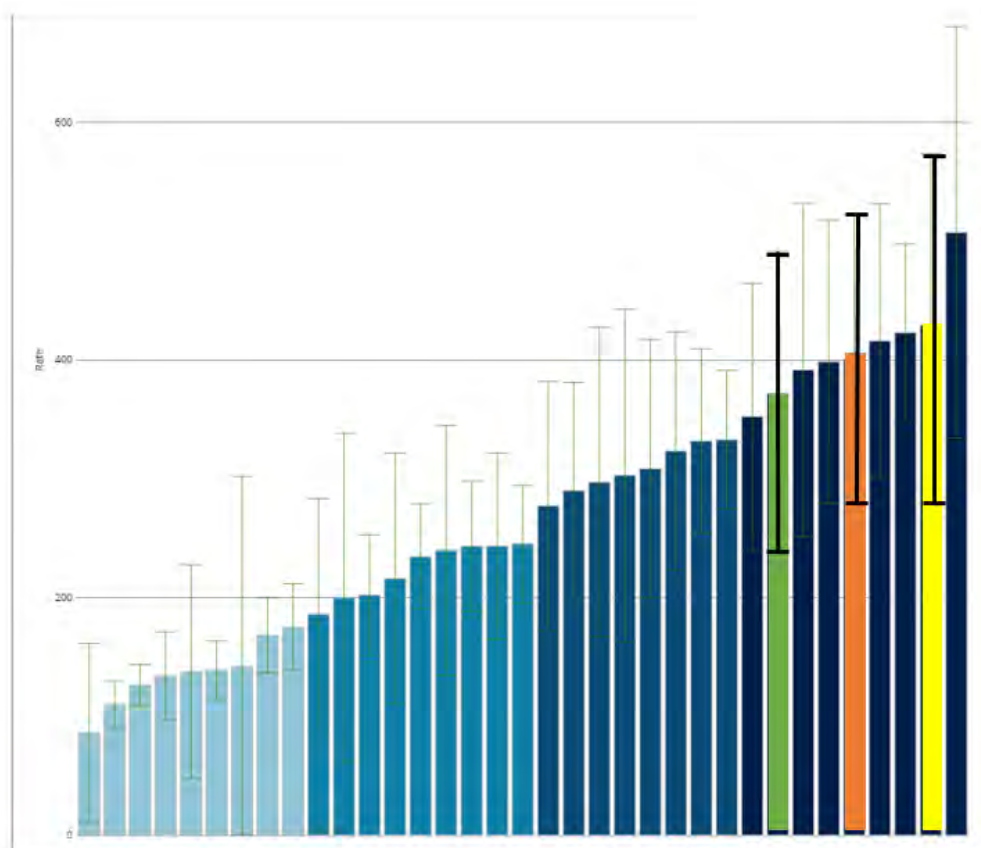
Self-reported underage alcohol use by Health Unit



APPENDIX C:

Peterborough Public Health region has the second highest rate of emergency department visits due to cannabis-related harms for youth 13-18 years old in Ontario. Yellow bar represents Peterborough Public Health Region. In comparison, Haliburton, Kawartha, Pine Ridge District Health Unit is represented as the orange bar and the green bar represents Hastings Prince Edward Public Health.⁵

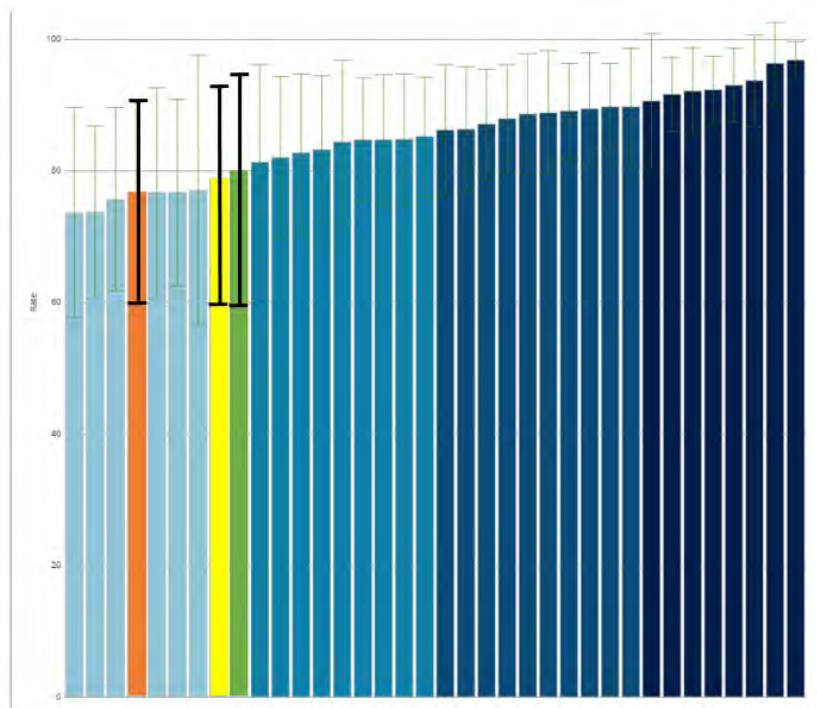
Rate of ED visits due to cannabis-related harms by Health Unit



APPENDIX D:

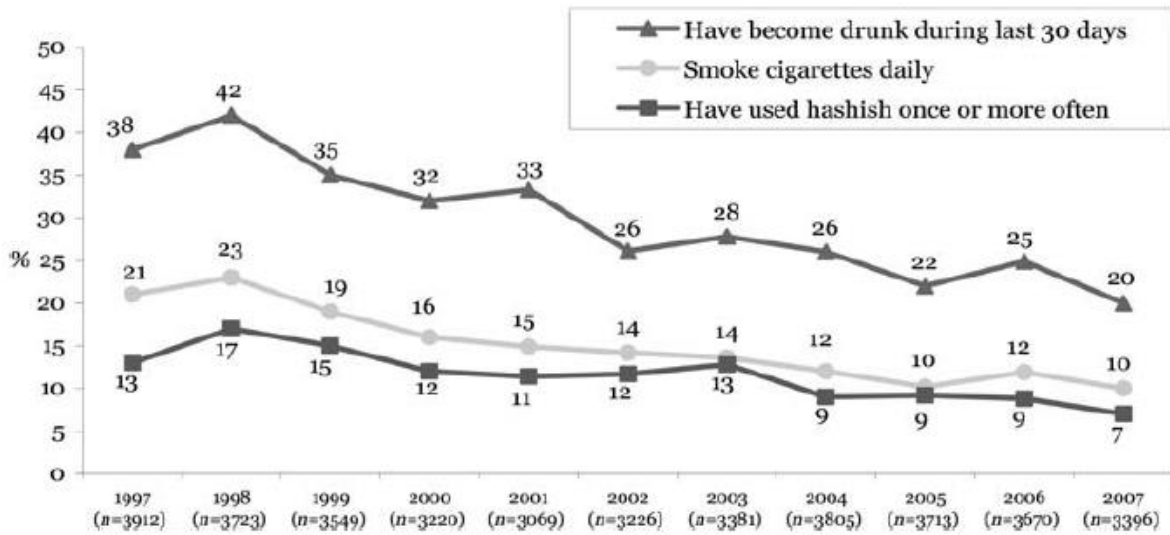
78.7% of youth in Peterborough aged 12-19 abstain from cigarette smoking. Yellow bar represents Peterborough Public Health region. In comparison, Haliburton, Kawartha, Pine Ridge District Health Unit is represented as the orange bar and the green bar represents Hastings Prince Edward Public Health.⁶

Proportion of youth abstaining from cigarette smoking by Health Unit



APPENDIX E:

10-year substance use trends in Iceland after implementation of Planet Youth in 1998.¹¹



Planet Youth

Hallie Atter & Sarah Gill
Peterborough Public Health
October 24, 2019



Proposed Recommendation

That the Board of Health for Peterborough Public Health:

- receive the staff report and presentation, *Planet Youth*, for information; and
- refer to the Stewardship Committee to consider the use of Peterborough Public Health reserves to collaborate with the Icelandic Center for Social Research and Analysis, fund a coordinator and support the community in implementation of Planet Youth.



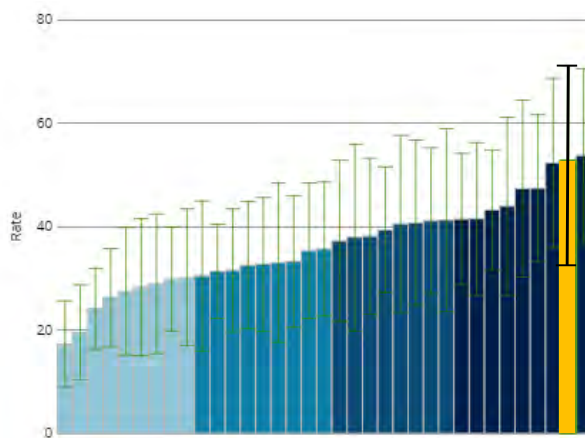
Overview

- Local Context
- What is Planet Youth
- How was Planet Youth successful
- Opportunities for success



Youth substance use in Peterborough

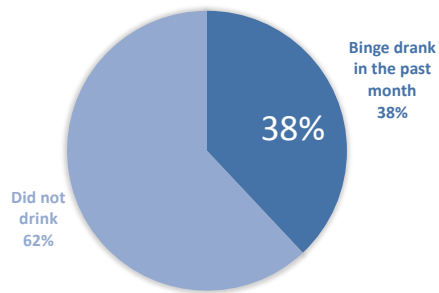
52.7%
Report drinking
underage



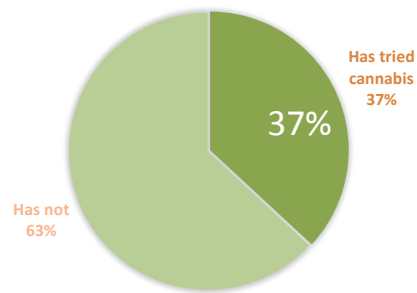
PHO snapshot, 2018

Youth substance use in Peterborough

ALCOHOL USE



CANNABIS USE



CSTADS, 2015

Rising Trends

Change in youth e-cigarette and smoking use in Canada from 2017-2018

Vaping rates increase:

↑ 74%

Cigarette use rates increase:

↑ 45%

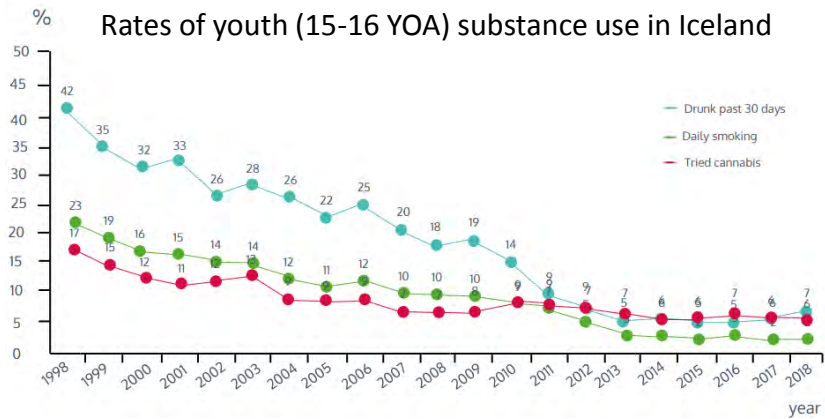


Hammond, et al., 2019

Previous efforts and next steps



Planet Youth



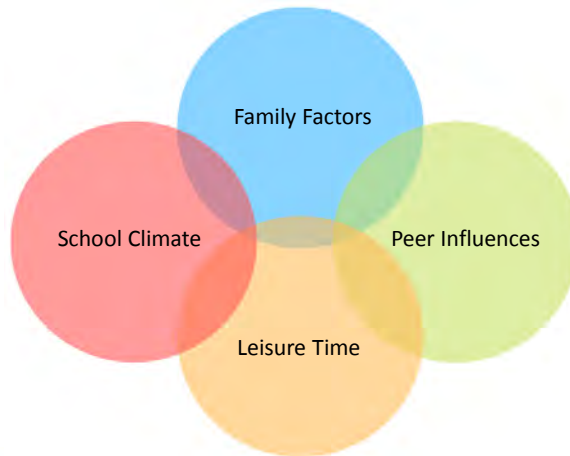
PHO, 2019



- Community-based
- Using global research and local context
- Addresses risk factors for youth use
- Create supportive environments



Research



The Process





Next Steps



Things we need to explore for success...

- Make this an organization priority
- Stated commitment for length of project
- Sustained funding for length of project
- Data sharing agreements
- Succession planning for sustained momentum



**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report - 2020 Cost-Shared Budget Approval
DATE:	November 14, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Cathy Praamsma, Committee Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2020 Cost-Shared Budget Approval, for information; and
- approve the 2020 cost-shared budget for public health programs and services in the amount of \$10,481,171.

BACKGROUND

The Stewardship Committee met last on October 29, 2019. At that meeting, the Committee requested that this item come forward to the Board at its next meeting.

ATTACHMENTS

[Attachment A – Staff Report, 2020 Cost-Shared Budget Approval](#)

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH - STAFF REPORT

TO:	Stewardship Committee
TITLE:	2020 Cost-Shared Budget Approval
DATE:	October 29, 2019
PREPARED BY:	Dale Bolton, Manager, Finance and Property Larry Stinson, Director of Public Health Programs
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- receive the staff report, 2020 Cost-Shared Budget, for information; and
- recommend Board approval of the 2020 cost-shared budget for public health programs and services in the amount of \$10,481,171.

FINANCIAL IMPLICATIONS AND IMPACT

The budget includes all cost-shared programs (which as of January 2020 includes all previously 100% funded Ministry of Health programs, with the exception of the Seniors Dental Program and the Medical Officer of Health Compensation Fund).

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

The proposed budget is based on 2020 Budget Planning Assumptions as shared by the Ministry of Health staff in September, 2019. This includes:

- A 0% increase from the Ministry calculated base for 2018 actuals (using 2018 Q3 Report projections and 2018 Settlement documents) and 2019 projected (using 2019 Q3 Report projections).
- A 70% provincial and 30% local funding allocation.
- Provision of one-time Mitigation Funding for 2020 based on a 10% cap on the increase to municipal funder's contributions.
- Approvals of the Provincial 2020/2021 Budget and Ministry of Health allocations.

DECISION HISTORY

The Health Protection and Promotion Act section 72(1) states that the budget for public health programs and services is the responsibility of the obligated municipalities. In 2004, the

provincial government announced, “the Ministry will review Board of Health-approved budgets in relation to guidelines and approve its share according to the following” funding ratio; “75% province, 25% municipalities”. In April 2019 the Ontario Budget document revealed a plan for funding obligations to change in 2019 to 70% provincial and 30% local for all Ministry of Health cost-shared and 100% funded programs, and move to 60% provincial and 40% local funding by 2021. In May, it was announced by the Minister of Health that the funding changes were delayed until 2020. At the Association of Municipalities of Ontario (AMO) meeting in August, it was confirmed that public health funding would change to the 70:30 model for the 2020 public health fiscal year, and to assist municipalities with the transition, mitigation funding would be provided to cap municipal increases from 2019 to 2020 at 10%.

BACKGROUND

The proposed budget is based on the assumptions provided by the Ministry. In a presentation to the Association of Ontario Public Health Business Administrators (AOPHBA), Ministry staff informed members of these underlying assumptions with the proviso that this is all pending their own budget approval for their 2020/2021 fiscal year. Under these assumptions, the anticipated funding amount received from the province for 2020 will be based on actual expenditures in 2018 and projected expenditures in 2019 for both current cost-shared and 100% funded programs. The new base for cost-shared programs will then create funding requirements for the province and local funders at the 70% and 30% proportions respectively.

The other key assumption for 2020 is that the province will provide Mitigation Funding in the amount necessary to cap the local funding increase at 10% over the contribution for 2019. Given this assumption, we begin the 2020 budget process assuming the same level of revenue for 2020 as the previous two years.

For the 2020 budget the following are additional assumptions that have been made:

1. Minimal adjustments to total FTE staffing;
2. Salaries are based on existing union settlements and projection of settlements;
3. There will be no new Pay Equity adjustments;
4. Anticipate general inflation of 1.5% however budget reflects 0% except where costs are outside of our control (e.g. mileage);
5. There will be no significant change in Influenza, HPV or Meningitis C immunization rates;
6. OMERS pension rates are known and all other benefit costs are based on in-year estimates;
7. Allocation of local contributions between the City and County are based on published 2016 population census data and First Nation contributions are an estimate of per capita cost based on population data provided by the First Nations.

RATIONALE

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

The 2020 Ministry of Health cost-shared budget presented is balanced based on anticipated revenue and projected expenses, despite a 0% increase for the second year in a row. The adjustments within the budget that explain how a balanced budget is achieved include:

1. Staffing levels are maintained with the exception of gapping one non-union position. Staffing costs are only slightly (0.46%) higher than the previous year, despite anticipated wage increases due largely to recent staff turnover and increased proportion of staff at the lower end of the pay grids.
2. Savings on budget lines for Professional Services and Communications budget lines. Although Professional Services Costs have increased, it is offset by the removal of the Dental Consultant allocation. Savings in the Communications line are a result of newly negotiated contracts for internet and phones.
3. Budget lines held at 0% increase except where outside of our control, including travel and benefits.
4. An increase in expense recoveries resulting from the introduction of the Seniors Dental Program and the related administrative and occupancy costs (with no corresponding increase in staff or space).

It should be acknowledged that although the proposed budget is a balanced budget, there is no room for unanticipated expenses. Any additional budget pressures or funding shortfall will require use of reserves to balance the budget.

STRATEGIC DIRECTION

The 2020 approved budget allows the Board to address all its strategic priorities.

APPENDICES

[Appendix A – Draft 2020 PPH Cost-Shared Budget](#)

PETERBOROUGH PUBLIC HEALTH
DRAFT 2020 - Combined Ministry of Health and Long Term Care Programs

		Formally Cost Shared Budget	Formally 100% Funded Budget	2020 Combined Total	2019 Combined Cost-Shared & 100% Funded	% Change		
EXPENDITURES								
1	Salaries and wages	5,621,748	1,315,492	6,937,240	6,897,169	0.58%		
2	Employee benefits	1,606,393	374,909	1,981,302	1,951,455	1.53%		
3	% benefits of salary and wages	28.57%	28.50%	28.56%	28.29%	0.94%		
4	Staff Training	42,539	3,000	45,539	45,539	0.00%		
5	Board Expenses	48,598	-	48,598	48,598	0.00%		
6	Travel	45,496	16,900	62,396	59,034	5.70%		
7	Building Occupancy	701,171	-	701,171	721,771	-2.85%		
8	Office Expenses, Printing, Postage	36,534	-	36,534	36,534	0.00%		
9	Materials, Supplies	292,842	160,572	453,414	453,319	0.02%		
10	Office Equipment	12,840	-	12,840	12,840	0.00%		
11	Professional and Purchased Services	323,410	227,375	550,785	553,249	-0.45%		
12	Communication costs	82,111	4,000	86,111	102,311	-15.83%		
13	Information and Information Technology Equipment	61,189	-	61,189	61,189	0.00%		
14	Alloocated Administration & Occupancy	-	132,852	132,852	132,352	0.38%		
EXPENDITURES		8,874,871	2,235,100	11,109,971	11,075,360	0.31%		
FEES & OTHER REVENUES								
14	Expenditure Recoveries Flu, HPV, MenC	23,800	-	23,800	22,500	5.78%		
15	Expenditure Recoveries & Offset Revenues	413,000	192,000	605,000	575,200	5.18%		
FEES & OTHER REVENUES		436,800	192,000	628,800	597,700	5.20%		
NET EXPENDITURES - Cost Shared Budget		8,438,071	-	8,438,071	8,434,560	0.04%		
- Ministry Programs (Formally 100% Funded		-	2,043,100	2,043,100	2,043,100	0.00%		
Total NET EXPENDITURES - All Programs		8,438,071	2,043,100	10,481,171	10,477,660	0.03%		
PARTNER CONTRIBUTIONS – 2020							2020 Partner Contributions	Ministry Mitigation Funding **
16	Ministry of Health & Long-Term Care	- Cost Shared	5,906,650	1,430,170	7,336,820	8,074,900	-9.14%	
17	County of Peterborough		1,033,905	250,338	1,284,243	928,080	38.38%	1,020,888
18	City of Peterborough		1,482,155	358,872	1,841,027	1,330,450	38.38%	1,463,495
19	Curve Lake First Nation		11,599	2,809	14,408	10,412	38.38%	11,453
20	Hiawatha First Nation		3,762	911	4,673	3,377	38.38%	3,715
FUNDING PARTNER CONTRIBUTIONS			8,438,071	2,043,100	10,481,171	10,347,219	1.29%	2,499,551
Projected Deficit			(0)	(0)	0	(130,441)		644,799

**** Ministry will provide One-Time Mitigation funding for 2020 to offset the increase in funding required by Local Partners with the transition from 75 / 25 to 70/ 30 including both Cost-Shared and formerly 100% Funded programs**

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction – All-Terrain Vehicle Injuries
DATE:	November 14, 2019
PREPARED BY:	Carolyn Doris, 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 (PPH):

- receive the letter dated October 16, 2019 from Ms. Jill Darnell regarding all-terrain vehicle (ATV) injuries, for information;
- advise Ms. Darnell that the report she shared from Public Health Ontario, *The Epidemiology of All-Terrain Vehicle and Snowmobile-Related Injuries in Ontario*, is a source that PPH staff have used when communicating with local municipalities regarding by-law development related to off-road vehicles on municipal roads specifically related to reducing the burden of preventable injuries and increasing road safety;
- share a copy of the letter sent by PPH on June 25, 2019 to the Clerk of the Township of Cavan Monaghan regarding Off Road Vehicles (ORV) and note that similar correspondence, framed as an informed decision-making tool, have been provided to other local municipalities; and,
- share that PPH will continue to share evidence related to injuries/mortalities related to ORVs as the County of Peterborough completes the Transportation Master Plan Update.

BACKGROUND

Correspondence from Ms. Jill Darnell from Cavan, Ontario, was sent to the Board of Health and included for PPH information, a reference from Public Health Ontario entitled *The Epidemiology of All-Terrain Vehicle and Snowmobile-Related Injuries in Ontario (April 2019)*. (Attachment B)

PPH staff sent a communication to the Clerk of the Township of Cavan Monaghan on June 25, 2019 sharing statistics related to the burden of preventable injuries (including deaths, Emergency Department visits and hospitalizations) specifically related to ORV use. Additional evidence related to risks ORVs on roadways and multi-use trails was also provided. The reference from Public Health Ontario provided by Ms. Darnell was used to inform the content of this communication to the Township Clerk for consideration of the development of local bylaws. Similar communication was sent to other local municipalities for consideration in the development of bylaws related to Bill 107, the *Getting Ontario Moving Act, 2019*.

PPH staff will seek opportunities to work with the County of Peterborough and help to inform the County's Transportation Master Plan Update that is anticipated within the next two years.

ATTACHMENTS

Attachment A: Letter from Ms. Jill Darnell, Resident of Cavan, Ontario

Attachment B: The Epidemiology of All-Terrain Vehicle and Snowmobile-Related Injuries in Ontario, Public Health Ontario, April 2019 (*web hyperlink*)

Attachment C: Letter from Donna Churipuy, Direction of Public Health Programs to Elana Arthurs, Clerk, Township of Cavan Monaghan sent June 25, 2019

To the attention of: The Chair, The Peterborough Public Health, Board of Health and
 The Medical Officer of Health

In June, 2019, Bill 107 received Royal Assent. This means that rules have been amended to allow off-road vehicles on municipal roads in all areas of the province. This amendment reverses the onus as these vehicles are currently prohibited unless a municipal government passes a by-law to allow them.

I am writing to you to ask you to review the report I have attached called "The Epidemiology of All-Terrain and Snowmobile Injuries in Ontario", and to consider petitioning the Provincial government to request that they repeal this amendment to Bill 107.

I am also asking you to contact the County of Peterborough and all municipalities within the county and your jurisdiction to request that they refrain from passing any by-laws allowing ATVs on their roads and if any such by-laws are currently in place, that they be revoked.

My request is based on information I found in the above-mentioned report which brings to light the many unnecessary injuries caused by ATVs and discusses concerns about the human cost and financial burden of this in Ontario. Two quotes directly from the report state:

"At a population level, the predictable and preventable nature of ATV and snowmobile injuries provides an opportunity for public health action. In addition, off-road vehicle safety is included as a topic of consideration in the 2018 Ontario Public Health Standards. PHUs can use the information in this report to inform prevention planning."

"Roles for Public Health Practice ATV-related morbidity and mortality in children and youth is a significant public health issue amenable to primary prevention. Public health is well positioned to reduce the number and risk of injuries related to ATVs and snowmobiles."

I believe that once these vehicles are allowed on roads, the number of injuries will greatly increase. I feel that the Province should be doing something to try to reduce the number of these injuries. Instead, by opening up roads in our province, they have taken an action that will increase injuries and along with increasing the number of injuries, add to an over-burdened and under-funded health care system which all taxpayers have to pay for. I am hoping that you will take my comments and the information in this report into consideration and put pressure on the Provincial government to make changes to Bill 107.

The number of injuries to children caused from ATV's is truly shocking and completely unnecessary. Particularly when these young people may receive life changing injuries that they will have to live with their entire lives. There is both a human and financial cost to the injuries that are caused by ATVs, and it is going to rise once ATVs are on more roads.

As detailed in the report, there are a high number of injuries and some fatalities due to use of ATVs. These machines are not designed to be ridden/driven on roads. The injuries caused by ATVs are preventable and unnecessary, and they place a burden on an already overtaxed health care system. In addition to attaching the report, below are a few quotes taken directly from it which I feel are important and would like to bring to your attention.

"All-Terrain Vehicles (ATVs) and snowmobiles are popular transport and recreational devices; however, there is a risk of serious injury with their use. In the 2014 and 2015 calendar years, there were 13,590 emergency room (ER) visits and 1,288 hospitalizations related to the use of ATVs and snowmobiles in Ontario."

"ATVs, also known as quad or farm bikes, are motorized vehicles designed for off-road use. They weigh up to 600 lbs and can travel more than 90 km/h. As the use of ATVs grows in Canada, the number of associated injuries has risen accordingly."

"In order to assess the burden of injury in Ontario, we conducted a descriptive study of both ATV and snowmobile-related injuries and behaviours using health administrative data (i.e., emergency room visits, hospitalizations and fatalities), select questions from the 2013 Canadian Community Health Survey and surveillance data from the Canadian Hospitals Injury Reporting and Prevention Program. We found that the number of ER visits and hospitalizations related to ATV and snowmobile use are high, with over 11,000 ATV-related and 2,900 snowmobile-related ER visits in 2015 – 2016."

"Off-road vehicle safety is a topic for consideration in the 2018 Ontario Public Health Standards. Understanding the rates of injury by PHU, as well as the common injury types, location and mechanisms of injury can be used to inform prevention planning. In addition, the predictable and preventable nature of ATV and snowmobile injuries provides an opportunity for public health action given the number of potentially effective interventions, including implementation and enforcement of minimum age restrictions and mandatory helmet use that apply to on and off-road ATV and snowmobile use."

"According to the 2018 Ontario Injury Data Report, there were 13,590 emergency room visits and 1,288 hospital visits related to ATVs, snowmobiles and other off-road vehicles in the 2014–15 fiscal years (April 1, 2014 to March 31, 2016). This translates into a crude rate of 49.5 per 100,000 population and 4.7 per 100,000 population, respectively. The age group with the highest rate of emergency room and hospital visits were those ages 15 to 19 years, followed by 20 to 24 year olds and 10 to 14 years old. In total, there were 204 fatalities resulting from ATVs, snowmobiles and other all-terrain vehicles use in Ontario from 2008–2012, with 20 to 24 year olds representing the highest rate of fatality, although the fatality rate across all age groups is low."

"When stratifying the body region of injury by age group for ATV and snowmobile-related emergency room visits, it is shown that head and neck injuries, as well as upper body extremity injuries account for a higher proportion of injuries among the younger age groups, where the proportion decreases as age groups increase. The opposite pattern exists for trunk injuries where older age groups have higher

proportions of trunk injuries compared to younger age groups. This may indicate the way children are getting injured on ATVs or snowmobiles may be different compared to adults; where children riding adult-sized ATVs or snowmobiles may sustain injuries to their head/neck from impact with the handlebars whereas adults would sustain a trunk related injury given the same mechanism of impact.

What is concerning is the high proportion of head/neck injuries in young children, particularly given the known short and long-term risks associated with minor and major head injuries."

"A number of risk factors for ATV-related injuries have been identified in previous literature, including young age, male gender, having multiple passengers, driving age-inappropriate vehicles, engaging in risky behaviours and lack of protective equipment."

"Numerous studies have shown that there are a number of ATV related behaviours that are associated with a higher risk of injury, including the use of ATVs for recreation instead of work purposes, the use of alcohol and drugs while driving, driving at night, having multiple passengers and engaging in risky driving, such as making jumps or driving at high speeds."

"As with many self-reported surveys, the CCHS is also susceptible to social desirability bias. Individuals may be uncomfortable answering questions that they perceive to be as socially undesirable, such as the consumption of alcohol before riding an ORV, which could lead to an underestimation of this behaviour. Respondents may also over-report the use of protective equipment for the same reason. Surveys are also susceptible to response bias, whereby there may be a difference between those who choose to respond to the survey or not and recall bias, whereby participants may be unable to accurately recall the answer to the question."

"Overall, we have found that the rates of emergency room visits and hospitalizations related to ATV and snowmobile use are high. Males, children under the age of 16 and drivers represent a large proportion of these injuries. The most common type of injury requiring hospitalization was fractures and the most common mechanism of injury was falling off or being ejected from the vehicle, followed closely by the vehicle rolling over. The rate of ATV and snowmobile related injuries vary across PHUs; units categorized as mainly rural appear to have higher rates of injury compared to units categorized as non-rural. "

There are many injuries and deaths in our county and province that we can only do little, if anything about. I believe that injuries due to ATVs are one of the things that we can do something about.

Thank you for your time.

Sincerely

Jill Darnell
Cavan, Ontario

June 25, 2019

Elana Arthurs, Clerk
Township of Cavan Monaghan
988 County Rd 10
Millbrook, ON L0A 1G0

Re: Off Road Vehicles in Cavan Monaghan Township

Dear Elana:

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.¹ One of our stated goals is to reduce the burden of preventable injuries. Given this, we would like to offer comments and statistics to help inform the Council of Cavan Monaghan in their consideration of bylaw development relating to off road vehicles (ORVs) on municipal roads, as well as on the Millbrook Valley Trail (MVT) system. For the purpose of this letter, ORVs will include all-terrain vehicles (ATVs), side-by-side off-road vehicles, multi-purpose off-highway utility vehicles, and utility-terrain vehicles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.^{2,3} There were 435 ATV/dirt bike users seriously injured and 103 ATV/dirt bike fatalities in Canada in 2010. This compares to 149 seriously injured users in 1995 and 45 fatalities in 1990.

More recently in our province of Ontario, there were over 11,000 ATV-related Emergency Department (ED) visits in 2015 to 2016, and over 1,000 ATV-related hospitalizations.⁴ There have been between 29 and 52 fatalities each year relating to ATV or snowmobile use between 2005 and 2012. Children and youth aged 0 to 15 made up approximately 20% of ED visits,⁴ and 17% of the serious injuries and deaths related to ATV/dirt bike use.^{2,4} However, the most affected demographic group has been males aged 16-25.^{2,4} The most common cause of death is due to head and neck injuries.⁴

Locally, statistics show that from 2003 to 2016 there were 1,626 ED visits among Peterborough (City and County) residents resulting from an ORV injury, which is an average of 116 visits per year. When the injury is severe the patient requires hospitalization. During this same time period, there were 149 hospitalizations among Peterborough residents as a result of ORV injuries, which is an average of 11 per year. When assessing death statistics from 2000 to 2015 there were 21 deaths as a result of an ORV among Peterborough residents. It is concerning that there seems to be an increasing trend of ORV fatalities. From 2011 to 2015 there were 9 deaths, which is elevated from the previous five-year periods: 6 deaths during 2006 to 2011, and 5 deaths during 2001 to 2005. See the Appendix for more information and data sources.

Off Road Vehicles on Roadways

Research investigating ORV injuries based on location of use indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways (“traffic”) compared to off-roadways (“non-traffic”).^{5,6,7} Being on roadways increases the risk of collisions with other motor vehicles.^{8,9} In Peterborough, ORV traffic incidents contribute to only 7.7% of ORV ED visits and 12.8% of ORV hospitalizations, but 38.1% of deaths. These local statistics demonstrate that ORV injuries as a result of traffic incidents have a much higher fatality rate when compared to non-traffic related incidents.

Some of the associated risk factors related to ORVs used in Ontario include alcohol use, riding at night, lack of helmet use, and excessive speed.^{4,10} As such, we recommend that speed of the vehicle, helmet use, and night time riding is addressed in relevant bylaw development.

Off Road Vehicles on Multi-Use Trails

While ORV traffic incidents are more likely to be fatal than non-traffic incidents, non-traffic incidents contribute the vast majority of ED visits (92% in Peterborough from 2003 to 2016) and hospitalizations (87% in Peterborough from 2003 to 2016). Non-traffic incidents contributed to 61.9% of ORV fatalities. There are limitations in interpreting non-traffic statistics. The records do not provide any information about what the cause of the incident was, or where it happened (e.g., on a trail; in a field; on a driveway). An American study found that nearly three out of four off-road fatalities from 1985 to 2009 were caused by a non-collision event such as a rollover.⁸ Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.⁴

In addition to concerns of safety, Peterborough Public Health acknowledges the value of the existing MVT system in supporting the physical and mental health of Cavan Monaghan residents and visitors. Walking is an important and accessible leisure time activity for achieving the recommended levels of physical activity.¹¹ Walking in natural environments has particular benefits on mental health and wellness.¹² The introduction of off-road vehicles to the trail system has the potential to discourage walkers from using the trail system, particularly vulnerable populations such as young children and older adults.^{13,14} In fact, the County of Peterborough Active Transportation Master Plan notes that “prohibiting motorized vehicles on recreational trails unless designated by municipal by-law” is a best practice for supporting active transportation.¹⁵ Special consideration should be made to trails that may be used by children to get to school.

Consultation with current trail users and nearby residents will be important in the consideration of permitting ORVs on the MVT system. Nearby residents, for instance, may also be concerned about noise produced by ORVs and the impact on their wellbeing. If consultation results in permitting ORVs on trails, we recommend that a precautionary approach is taken that utilizes input from all trail users and nearby residents. For example, you may want to “pilot” ORVs on a few trails that are less utilized by vulnerable walkers, such as Cedar and Meadow Trails. Update/development and promotion of relevant trail rules and etiquette may assist in this transition. The piloting process should be evaluated to inform decision-making regarding further steps such as repealing or expanding where ORVs are permitted on the MVT system. Measures should be taken to reduce the risks of ORV use on the trail. It is imperative that the trails are assessed for risk of roll-over and that these risks are addressed. We also hope there is a process for enforcement of other risk factors such as speed, helmet use, proper number of riders (e.g., only one rider on single-rider ATVs), impaired driving, and age of driver (e.g., at least 12 years old).

In summary, ORV-related incidents continue to be a significant cause of injury, with a higher number of severe injury and fatalities occurring on roads than off. We appreciate your consideration of the health implications of ORVs as you consider developing one or more relevant bylaws. Please feel free to use the local statistics we have provided you, which are summarized in the Appendix for ease of reference.

If you have any questions or would like additional information about our comments, please contact Deanna Leahy, Health Promoter, at 705-743-1000 ext. 354 or via email at dleahy@peterboroughpublichealth.ca.

Sincerely,

Original signed by

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

References

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Appendix: Off-Road Vehicle (ORV) Injuries in Peterborough City and County

Emergency Department (ED) Visits resulting from an ORV Injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Thursday, March 16, 2018.

Between 2003 and 2016, there were:

- 1,626 ED visits among Peterborough residents resulting from an ORV injury which is an average of 116 visits per year;
- Males accounted for 78.2% of all ED visits during this time; 7.7% of ORV related visits were a result of a traffic accident; and
- The majority of visits occurred among those aged ten through 29 (54.1%), similar to the Ontario rates.

Hospitalizations as a result of ORV injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Thursday, March 16, 2018.

Between 2003 and 2016, there were:

- 149 hospitalizations among Peterborough residents as a result of ORV injuries which is an average of 11 per year;
- Males accounted for 87% of the hospitalizations during this time;
- 12.8% of hospitalizations were a result of a traffic accident,* this is similar to comparative Ontario results; and
- 46.3% of hospitalizations due to ORV injury occurred among 10 to 39 year olds.

Deaths as a result of ORV injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Tuesday March 19, 2019.

Between 2000 and 2015 there were:

- 21 deaths as a result of an ORV among Peterborough residents;
- Males accounted for the large majority of deaths; and
- Deaths occurred among persons aged 14 through 71 (average: 37); and eight deaths (38.1%) were a result of a traffic accident.*

Definition

Traffic accident (incident) - is any vehicle accident occurring on the public highway (i.e., originating on, terminating on, or involving a vehicle partially on the highway). A vehicle accident is assumed to have occurred on the public highway unless another place is specified.

Retrieved from: <http://apps.who.int/classifications/icd10/browse/2016/en#/V80-V89>

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction – Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms
DATE:	November 14, 2019
PREPARED BY:	Hallie Atter, Manager, 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 letter dated October 18, 2019, from Mr. Denis Doyle, Chair of the Board of Health for the Kingston, Frontenac and Lennox & Addington Public Health for information;
- send a letter to our local municipalities and First Nations regarding alcohol policy changes and local policy options available to mitigate harms associated with alcohol consumption; and
- seek opportunities to support First Nations Councils in developing and updating local policies related to provincial changes around alcohol regulations.

BACKGROUND

Correspondence from Mr. Doyle of Kingston, Frontenac and Lennox & Addington Public Health (KFLAPH) was sent to Peterborough Public Health (PPH) Board of Health regarding a recommendation to the City of Kingston to reach out to KFLAPH for support in strengthening each municipality's Municipal Alcohol Policy (MAP).

Municipalities and First Nation Councils play an important role in mitigating harms associated with alcohol consumption for their residents. Opportunities exist for municipalities and First Nations to create policies in the best interest of the public's health and safety with regards to alcohol consumption. Recent Provincial changes have the potential to increase access to alcohol, therefore increasing consumption and harms. Current proposed changes impacting communities and municipalities include:

- Changes to Special Occasion Permits (SOP) through the Alcohol and Gaming Commission of Ontario (AGCO) loosening regulations on hours of sale, eliminating barriers around licensed areas for consumption, and ending the regulation on serving food at events.
- New SOP for Tailgating Events allowing patrons to bring their own alcohol to consume in a confined area for exclusive sporting events including professional sports, semi-professional sports, and post-secondary events
- Allowing Municipalities to designate public spaces for the consumption of alcohol. This includes parks, beaches, and other municipal property.

Through Municipal Alcohol Policies and other policy opportunities at the local level, municipalities and First Nations have the opportunity to manage these changes. Increasing accessibility of alcohol will lead to an increased use among the population. This has the potential to impact costly locally funded services including maintenance, emergency services, and public health. In 2014, the total cost attributed to alcohol use was \$14.6 billion. This includes the cost for healthcare services, criminal justice, loss of productivity, and direct costs.¹ Increased access and acceptability of alcohol will lead to increased harms for residents and therefore a higher burden of cost for municipalities.

In 2013, Peterborough Public Health hosted a municipal alcohol policy workshop which was attended by representatives from First Nations and local municipalities. Currently all townships in our jurisdiction, the City of Peterborough, and the County of Peterborough have Municipal Alcohol Policies (MAP) ranging from 1996-2015. In 2017, Peterborough Public Health staff assessed each MAP through the 2013 version of the Quality Measure Form to assess and identify gaps. As there have been many changes at the provincial level regarding alcohol regulations, it is important to revisit this process and support municipalities in addressing these changes.

ATTACHMENTS

[Attachment A: KFLAPH letter re: Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol harms](#)

REFERENCES

1. Canadian Center for Substance Use and Addiction. 2019. *Canadian Substance Use Costs and Harms*. <https://csuch.ca/explore-the-data/>

October 18, 2019

Mayor Bryan Paterson and City Council
City of Kingston
City Hall
216 Ontario Street
Kingston, ON K7L 2Z3

Dear Mayor Paterson and Council:

RE: Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms

Recently announced provincial regulatory changes will impact the sale, service and consumption of alcohol in local communities. These changes include:

- Municipalities now have the authority to designate public areas, such as parks, for the consumption of alcohol through a local by-law.
- Special Occasion Permit events will have extended hours for the sale of alcohol, will no longer have to serve food at these events, and will not have to physically separate areas where alcohol is sold and consumed from the rest of the event.
- Tailgate Events, where patrons bring their own booze, will be allowed at professional, semi-professional, or post-secondary sporting events.

It is anticipated that these changes will increase alcohol consumption and its concomitant harms, along with demand, and hence cost, for municipal services such as police, EMS, fire services and public health. In fact, in 2014, the cost of alcohol 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. With increased consumption, these costs will only increase.

Ontario municipalities can use Municipal Alcohol Policies (MAPs), along with other municipal policies, to balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm for events hosted on municipal property, and to protect local governments from liability and from increasing costs to manage alcohol-related harms. In the context of the Government of Ontario's alcohol policy reforms, municipalities must consider the following:

- By loosening public consumption controls, the risk increases significantly for underage drinking, harmful alcohol consumption, intoxication, and alcohol-related harms, and could lead to serious injury and death, and consequently municipal liability. Further still, public consumption of alcohol will further normalize its use and its consumption or over consumption in public spaces may hinder the public's enjoyment of community spaces.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

- While there are AGCO guidelines for Tailgate Events, there are insufficient parameters related to the management or monitoring of the Bring Your Own Booze provision, enforcement or staff training. Many municipalities are impacted by unsanctioned street parties involving the over consumption of alcohol by students and other individuals. Unrestricted access to alcohol in this type of environment contributes to harmful drinking behaviour and has the potential to place an undue burden on surrounding neighbourhoods, police and paramedic services. Queen's University Homecoming and St. Patrick's Day give rise to massive gatherings or street parties that are accompanied by a spike in Emergency Department visits in Kingston each year.
- Evidence indicates that expanding hours of alcohol service is related to increased alcohol consumption and related harms. This policy also contributes to the normalization of alcohol use among vulnerable populations including children and youth.

As such, at the October 16, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

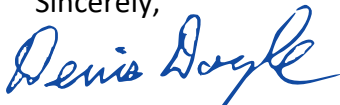
THAT the KFL&A Board of Health strongly advise municipalities to continue to prohibit alcohol consumption in public spaces such as parks as per current *Liquor License Act, 2019*,

THAT the KFL&A Board of Health strongly urges all KFL&A municipalities to strengthen or to develop municipal alcohol policies that balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm, and to include, at a minimum, the following provisions in their Municipal Alcohol Policy (MAP):

- **Specify times permitted for alcohol service and maintain permissible start time of 11 AM at provincially issued SOP events on municipal properties,**
- **Require that food be made available at all provincially issued SOP events on municipal properties; i.e. do not permit alcohol-only,**
- **Specify that designated alcohol service and consumption areas be physically separated from non-designated areas at provincially issued SOP events on municipal properties, and**
- **Prohibit provincially issued SOP Tailgate Events on municipal properties.**

I strongly encourage all of our municipalities to reach out to Daphne Mayer, Manager of the Substance Use, Mental Health and Injury Prevention Team, to develop or strengthen your Municipal Alcohol Policy to preserve the health and safety of our residents.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

cc to: Monica Turner, Association of Municipalities of Ontario
Pegeen Walsh, Ontario Public Health Association
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Direction – Letter of Support for the Virtual Care Clinic and the 360 Nurse-Practitioner Led Clinic
DATE:	November 14, 2019
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the email dated October 18, 2019 from Lori Richey (Executive Director, Peterborough Family Health Team) and Suzanne Galloway (Executive Director, 360 Nurse-Practitioner Led Clinic (NPLC));
- receive the letter dated October 30, 2019 from John Kennedy, City Clerk, regarding Peterborough City Council's support for these clinics; and,
- request the Medical Officer of Health send a letter of support to secure additional funding for these clinics.

BACKGROUND

Peterborough Family Health Team (PFHT) and the 360 Nurse-Practitioner Led Clinic (NPLC) have been providing primary care to people throughout the health unit who do not have a family doctor. As their letter outlines, there are waiting lists for existing practices, and the urgent care clinics are well subscribed. In this period of health care transition, they are appealing directly to MPP Dave Smith for increased funding to allow them to respond to the unmet needs in our community for primary care access. This access is vital to protecting our existing Emergency Department services for critically ill patients who require this level of care.

Staff recommends that the board receive this letter and request the Medical Officer of Health's assistance in drafting a letter for the signature of the Chair as soon as possible, in order to be presented to MPP Smith at their meeting this month.

Disclosure: Dr. Salvaterra volunteers as a member of the NPLC board of directors. She receives no honorarium or other funds for this service.

ATTACHMENTS

[Attachment A: Email from PFHT/NPLC](#)

[Attachment B: City Council Letter](#)

From: Lori Richey [<mailto:lori.richey@peterboroughfht.com>]

Sent: October-18-19 12:00 PM

Subject: Joint request for letter of support for Virtual Care Clinic and Additional NP for 360 NPLC - Requested by October 31st

Dear Valued Community Partner,

Access to quality, comprehensive primary health care is a basic right as a Canadian, or at least it should be. As you are all aware, we have a very large population of patients without an ongoing physician or nurse practitioner within Peterborough City and County. As of Sept. 28th, the Peterborough Family Health Team (PFHT) has 3880 people were registered on the PFHT waiting list and over 650 individuals are registered on Peterborough 360 Degree Nurse Practitioner-Led Clinic (360 NPLC) waitlist and we believe that this only represents half of the people without access to regular comprehensive primary care. We do not anticipate the need for more primary care providers to disappear anytime soon - our community is growing rapidly and many of our existing physicians are nearing retirement age. We need to continue to be creative.

As you will see from the data below as well as attached to this message, many of the patients served are marginalized and require fulsome support to ensure their holistic well-being. Also, these individuals do not have easy access to specialist care or lab work without access to a primary care provider. It was also determined via the data collection that some patients require additional support to engage and would benefit from the expert care of the 360 NPLC.

That is why PFHT & 360 NPLC Clinic have joined forces to advocate to the government for a further investment in primary care for our community. As of today, the funding for the Virtual Care Clinic and administrative support for the PFHT Clinic in Lakefield runs out mid-March 2020, with no clear options on the horizon. If no funding is secured the VCC clinic will be closing. The 360 NPLC has been requesting the addition of a 5th Nurse Practitioner from the Ministry of Health for the last few years and has been unsuccessful.

We are writing to you today to assist our collective lobbying efforts to secure an additional \$350,000 of annual ongoing funding to our community to keep the VCC & PFHT Clinics open, as well as have the ability to care for an additional 800 patients at the 360 NPLC with the addition of a 5th NP.

We need to hear from you, our community partners.

What do these services mean to your patients/clients?

What would it mean if they no longer have access to these comprehensive primary care services?

We are requesting a letter of support addressed to MPP Smith that we will present at an in person meeting in November. We have been collecting this same feedback from patients which will also be shared at that time.

With appreciation for your support,

Lori Richey
Executive Director
PFHT

Suzanne Galloway
Executive Director
360 NPLC

	VCC patients referred to the nurse navigator services (n=1,088)	360NPLC patients completing demographic survey (N=977)
Income	38.7% report they “have ever had difficulty making ends meet at the end of the month	77% report incomes below the Low Income Cut-Off
Food security	21.2% report they “have ever eaten less than they felt they should because there wasn’t enough money for food”	45% of patients report being food insecure (in the past year not being able to get enough food, or using a food bank)
Housing	11.6% report they may not have stable housing in the next two months; 11.8% report “problems with bug infestations, mold, inadequate heat, or have safety concerns with their place of residence	28% are inadequately housed (13% report being homeless ; 15% report having inadequate housing which means housing is precarious or does not meet public health and safety standards)
Indigeneity	4.2% identify as an Indigenous/Inuit/Metis person and are seeking connection to traditional resources	8.8% report having Indigenous ancestry

The 360° NPLC Clinic serves complex and vulnerable individuals:

- 20% identify as a racialized minorityⁱ
- 8.8% report having Indigenous ancestry
- 12% identify as gay, bisexual, lesbian, queer, two-spirit, or “other”
- 77% have incomes below the Low Income Cut-Off (LICO)
- 45% of patients report being food insecure
- 15% report having inadequate housing
- 13% report being homeless

Chronic Health Condition	Prevalence (age 18+*)		360° NPLC Patient Complexity Indicators ⁱⁱ	
	360° NPLC patients	General population	Prescribed five or more medications	39%
Anxiety <i>8 times more likely</i>	40%	5% lifetime prevalence ⁱⁱⁱ	Prescribed one or more mental health medications	38%
Depression <i>7 times more likely</i>	38%	5.4% aged 15 and older ^{iv}	Prescribed methadone opioid agonist therapy	7.7%
Coronary Artery Disease <i>4 times more likely</i>	33.7%	8% ^v	Disability¹	
Obesity (BMI > 30)	32.5%	25.8% ^{vi}	Patients reporting having one disability	76%
Asthma	14.5%* (includes children)	8.1% * aged 12 and over ^{vii}	Patients reporting 3 or more of the disabilities below (“other” not included).	16.6%
COPD/emphysema	14.4%	10% ^{viii}	Mental Illness	38%
Serious mental illness (psychotic disorders, bipolar disorder, personality disorders, etc.)	13.7%	1% schizophrenia ^{ix} 1% bipolar disorder	Physical Disability	20%
Diabetes Mellitus II	9.9%	8%	Learning Disability	16%
Hepatitis C infection <i>12 times more likely</i>	8.5%	0.7% ^{xxi}	Chronic Illness	15%
HIV Infection <i>400+ times more likely</i>	0.7%	0.0017% ^{xii}	Drug/Alcohol Dependence	14%
			Sensory Disability (hearing or vision loss)	7%
			Other Disability	6%
			Developmental Disability	5%

ⁱ Demographic survey completed by 977 patients (46% of patients over age 16)

ⁱⁱ Data from 360° NPLC electronic medical record

ⁱⁱⁱ Stats Canada <https://www150.statcan.gc.ca/n1/pub/82-619-m/2012004/sections/sectionb-eng.htm#a4>

^{iv} Stats Canada <https://www.canada.ca/en/public-health/services/chronic-diseases/mental-illness/what-depression.html>

^v Stats Canada Prevalence of Chronic Disease for Canadian Adults 2015-16

^{vi} Public Health Ontario <https://www.publichealthontario.ca/-/media/documents/ohp-obesity.pdf?la=en>

^{vii} Stats Canada <https://www150.statcan.gc.ca/n1/pub/82-625-x/2015001/article/14179-eng.htm>

^{viii} Stats Canada Prevalence of Chronic Disease for Canadian Adults 2015-16

^{ix} Canadian Mental Health Association <http://ontario.cmha.ca/wp-content/uploads/2016/10/CMHA-Mental-health-factsheet.pdf>

^x CATIE <https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hepatitis-c-canada>

^{xi} Stats Canada (Ontario Prevalence, 2017) <https://www150.statcan.gc.ca/n1/pub/82-625-x/2018001/article/54982-eng.htm>

^{xii} CATIE <https://www.catie.ca/en/fact-sheets/epidemiology/epidemiology-hepatitis-c-canada>

Peterborough Virtual Care Clinic (PVCC) and PFHT Clinic Lakefield (PFHTC) - Data Collection Summary

Time Period: September 10, 2018 to October 11, 2019

Note: The PVCC opened on August 13, 2018 however data capture began on September 10, 2018

Visit Summary	PVCC	PFHTC	TOTAL
# visits	2,855	2,106	4,961
# visits - GP Psychotherapist	127		127
Avg # visits per day	12.1	11.2	
Avg # no shows/cancellations per day	2.9	1.7	

People Presenting at Clinics	PVCC	PFHTC	TOTAL
Unattached	1,790	1,699	3,489
Attached	439	172	611
• PFHT Provider	20	19	39
• External - Ptbo Resident	391	117	508
• External - Fleming Student	4	2	6
• External - Trent Student	9	15	24
• Ptbo 360 NP-Led Clinic	7		7
• Keene NP-Led Clinic			
• Other	6	19	25
• Refused to disclose	2		2
• Seasonal (PFHTC only)		222	222
TOTAL	2,229	2,093	4,322

Unattached Age Analysis	PVCC	PFHTC	TOTAL
Under 18	41	110	151
18-24	226	136	362
25-34	318	271	589
35-44	218	248	466
45-54	341	195	536
55-64	287	377	664
65-74	218	211	429
75+	133	148	281

If this clinic was not available, where people would have gone for

care:	PVCC	PFHTC	TOTAL
Nowhere	334	1,031	1,365
Other VCC	55		55
Other Walk-in	507	356	863
ER Department	830	287	1,117
Outside of city/county	31		31
TOTAL	1,757	1,674	3,431

Health System Cost Savings - ER Diversion

	Estimated Cost Savings
\$234.00 per ER visit*	\$261,378.00

*Only includes nursing, diagnostic and therapeutic services, administration and overhead costs

# Linkages/Referrals	PVCC	PFHTC	TOTAL
Cancer Screening	147	117	264
CCRC - Counselling	4	12	16
CCRC - Credit Counselling	2		2
CMHA Mental Health	20	8	28
Dental	1		1
Diagnostic Imaging/Ultrasound	296	222	518
Employment	1		1
Food	6	2	8
Foot Care		1	1
Fourcast		6	6
GAIN Clinic	4	3	7
Geriatric Emerg Nurse			
Home and Community Care		3	3
Housing	12	1	13
John Howard Society		3	3
Lab Services	772	673	1445
LHIN Physio (includes other Physio)	1	23	24
LHIN Self-Management Workshops			
LHIN Total Contact Casting			
LHIN Wound Care		2	2
Nijikiwendidaa Anishnaabekwewag Services Circle			
Nogojwanong Friendship Centre			
Ontario Aboriginal Housing Services		1	1
Ontario Shores CBT Demo Project	19		19
OSAP	1		1
OTN Telehomecare (COPD or CHF)			
OTN Telemed Psych	20	1	21
OW	4	2	6
PARN	1		1
PASE Clinic		1	1
PFHT CHF Workshop	1		1
PFHT Clinical Support Services (CSS)		11	11
PFHT Craving Change™		3	3
PFHT Diabetes Prevention Workshop	11	11	22
PFHT FHT to Quit Smoking Cessation	20	10	30
PFHT Heart Health Workshop	11	1	12
PFHT INR Clinic	5	1	6
PFHT MBCT/Mindfulness	44	13	57
PFHT Sleepless in Peterborough (CBT-I)	6	8	14
PFHT Trans Care Clinic	9		9
PPH Immunization	1		1
PPH Sexual Health Clinic		3	3
PRHC Diabetes Education Centre	8	4	12
PRHC Psych	47	4	51
PRHC Women's Health Centre		1	1
Ptbo 360 NP-Led Clinic			
RAAM Clinic	2	1	3
Social Services - Child Care	3	1	4
Specialist	456	325	781
Transportation	1	1	2
Victim Services			
YWCA/Crossroads			
Other	17	4	21
TOTAL	1,953	1,483	3,436

People Presenting by Residing Location

	Unattached	Attached*	TOTAL
Asphodel-Norwood	94	7	101
Cavan-Monaghan	69	11	80
City of Peterborough	1,999	325	2,324
Curve Lake First Nation	30	4	34
Douro-Dummer	428	40	468
Galway-Cavendish and Harvey	99	11	110
Havelock-Belmont-Methuen	50	4	54
Hiawatha First Nation	4		4
North Kawartha	177	2	179
Otonabee-South Monaghan	53	8	61
Selwyn	150	20	170
Other	247	59	306
Unknown	89	16	105
TOTAL	3,489	507	3,996

Note: Only includes "External - Ptbo Resident"

Unattached Patient Survey Completion

# surveys	1,238
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Includes surveys collected through PVCC, PFHT Clinic, PFHT Web, and Community Partners

Wait List Analysis

	Waiting	Placed	Inactive	TOTAL
# People	3,431	324	234	3,989
• PVCC Wait list	1,058	162	118	1,338
• PFHTC Wait list	554	32	45	631
• PFHT Website Wait list	1,819	130	71	2,020

By Age Category	Waiting	Placed	Inactive	TOTAL
Under 18	218	38	23	279
18-24	375	34	32	441
25-34	791	41	38	870
35-44	498	35	42	575
45-54	439	39	31	509
55-64	599	50	24	673
65-74	364	45	27	436
75+	147	42	17	206
TOTAL	3,431	324	234	3,989

By Residing Location	Waiting	Placed	Inactive	TOTAL
Asphodel-Norwood	79	1		80
Cavan-Monaghan	164	16	12	192
City of Peterborough	2,351	290	212	2,853
Curve Lake First Nation	25			25
Douro-Dummer	283	1	2	286
Galway-Cavendish and Harvey	76			76
Havelock-Belmont-Methuen	55			55
Hiawatha First Nation	5		1	6
North Kawartha	58		1	59
Otonabee-South Monaghan	78	13	5	96
Selwyn	194	3	1	198
Other	63			63
TOTAL	3,431	324	234	3,989

By Model of Care	Waiting	Placed	Inactive	TOTAL
Traditional Model	1,729	130	71	1,930
Alternate Care Model	90			90
TOTAL	1,819	130	71	2,020

Note: Only captured on PFHT Website Wait List

Reasons for Inactive Status	#	%
Patient didn't follow through (i.e. no showed to initial appt)	10	4.3%
Patient didn't return calls	50	21.4%
Patient moved away	2	0.9%
Patient not interested	12	5.1%
Patient stated already has an MD or has since found MD	81	34.6%
Unable to contact (i.e. # not in service/wrong #)	78	33.3%
Other	1	0.4%



City of Peterborough

500 George Street North, Peterborough Ontario, K9H 3R9

October 30, 2019

RECEIVED

NOV - 5 2019

Peterborough Public Health

The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Minister of Health
The Honourable Merrilee Fullerton, Minister of Long-Term Care
MPP Dave Smith, Peterborough-Kawartha
Peterborough Public Health
Peterborough Family Health Team
360 Degree Clinic

Subject: Funding for Virtual Care Clinic and Peterborough Family Health Team Clinics

The following resolution, adopted by City Council at its meeting held on October 28, 2019 is forwarded for your information and necessary action. Thank you.

Whereas the City and County of Peterborough currently has 3,880 people registered on the Peterborough Family Health Team (PFHT) wait list for a physician and an additional 650 individuals are on the Peterborough 360 Degree Nurse Practitioner-Led Clinic (360NPLC) wait list; and,

Whereas the PFHT operates a Virtual Health Clinic to assist individuals without access to a primary care physician; and,

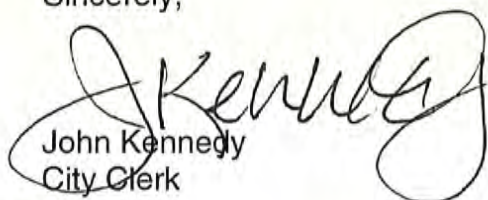
Whereas the 360NPLC serves many marginalized, complex and vulnerable individuals; and,

Whereas the 360NPLC has been unsuccessful in requesting an additional 5th Nurse Practitioner from the Ministry of Health and Long-Term Care for several years; and,

Whereas the funding for the Virtual Care Clinic and administrative support for the PFHT Clinic in Lakefield will cease in March 2020;

Therefore be it resolved that the City of Peterborough requests the Province of Ontario to provide an additional \$350,000 of annual ongoing funding to enable the Virtual Care Clinic and PFHT Clinics to remain open and serve an additional 800 patients at the 360NPLC with the addition of a 5th Nurse Practitioner.

Sincerely,


John Kennedy
City Clerk

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	November 14, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- a. Letter dated October 4, 2019 from Anne Scotton, Indigenous Services Canada, in response to the Board Chair's initial letter dated August 15, 2019, to the Minister of Indigenous Services regarding safe drinking water for Curve Lake First Nation.
- b. Email dated October 8, 2019 from the Office of Canadian NDP Leader Jagmeet Singh, in response to the Board Chair's initial letter dated July 19, 2019, regarding a National School Food Program.
- c. E-newsletter dated October 10, 2019, from the Association of Local Public Health Agencies.
- d. Letter dated October 10, 2019 from Helen Angus, Deputy Minister, Ministry of Health, regarding an update on the modernization of public health and emergency services (EMS).
- e. Email dated October 17, 2019 to Ontario NDP Leader Andrea Horwath, and Health Critics, regarding the Association of Municipalities of Ontario (AMO) opioid recommendations.
- f. Letter dated October 30, 2019 from Peterborough City Council regarding local health care services.
- g. Letter dated October 31, 2019 to Jim Pine, Provincial Advisor on the modernization of public health and EMS, regarding First Nations engagement.
- h. Email dated October 31, 2019, to MP Monsef, in follow up to an earlier communication to all local federal candidates, regarding the promotion and display of vaping products.
- i. Email dated November 7, 2019, to the Chief Administrative Officers of local municipalities regarding gas-powered leaf blowers.



OCT 04 2019

MIN-A2519

Dr. Rosana Salvaterra
Medical Officer of Health
Peterborough Public Health
185 Jackson Square
PETERBOROUGH ON K9J 2R8
rsalvatterra@peterboroughpublichealth.ca

Dear Dr. Salvaterra:

Thank you for your correspondence of August 15, 2019, addressed to the Honourable Seamus O'Regan, Minister of Indigenous Services, regarding the need for clean, safe drinking water for the residents of Curve Lake First Nation. The Minister has asked that I respond on his behalf.

As you may know, studies were conducted to determine if the wells at Curve Lake First Nation have the capacity to service member residents' drinking water needs. This has proven that there is insufficient ground water to sustain the community's long-term needs.

In August and September 2019, meetings were held between departmental and First Nation officials to discuss how to move forward. Rest assured that progress is being made regarding developing a plan to meet the community's long-term drinking water needs. Options being considered include moving ahead with certain elements of the project in phases and providing financing based on community support to provide some of the required funding.

Thank you for your interest in this issue.

Sincerely,

Anne Scotton
Regional Director General, Ontario Region
Indigenous Services Canada

655 Bay Street, 3rd Floor
TORONTO ON M5G 2K4

Alida Gorizzan

From: Canada's NDP <canadasndp@ndp.ca>
Sent: Tuesday, October 08, 2019 2:22 PM
To: Alida Gorizzan
Subject: Re: CORRESPONDENCE: PPH Board of Health re: National School Food Program

WARNING: This email did not originate from an internal source. Do not open attachments or click on links unless you know it is safe. ONLY if you suspect this is a phishing or fraudulent email, please forward it to IT's dedicated account for suspicious emails.

Dear Councillor Wilson,

Thank you so much for writing, and for sharing the concerns of the Board of Health for Peterborough Public Health in support of healthy school food programs. New Democrats agree that no student should go hungry, and we support increased federal funding for such programs.

In this election, New Democrats are proud to have committed to partnering with provinces, territories, municipalities, and Indigenous communities to work towards a national school nutrition program that will give every child in Canada access to healthy food and the food literacy skills to make healthy choices for life. We'll aim to make culturally-appropriate food available to children in every community in Canada, so that all children can grow and learn.

The rest of our campaign platform has now been set and is published online, [A New Deal for Canadians: New Democrats' Commitments to You](#), and can be read at: www.ndp.ca/commitments.

Thank you again for your continued advocacy in support of healthy food school programs, and we hope that this response has demonstrated that we are your natural allies in this pursuit. We hope that you will reach out again should you have comments, concerns, or questions during or after this campaign.

Sincerely,



If you wish to follow our campaign on social media, see the following links:

Canada's NDP on Facebook: <https://www.facebook.com/NDP.NPD?fref=ts>

Canada's NDP on Twitter: <https://twitter.com/ndp>

Canada's NDP YouTube Channel: <https://www.youtube.com/user/NDPCanada>

Jagmeet Singh on Twitter: <https://twitter.com/thejagmeetsingh>

Jagmeet Singh on Facebook: <https://www.facebook.com/jagmeetndp/>

Jagmeet Singh on Instagram: <https://www.instagram.com/jagmeetsingh/>

From: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>

Sent: Friday, July 19, 2019 3:01 PM

To: Trudeau, Justin - Député <justin.trudeau@parl.gc.ca>; Bernier, Maxime - Député <maxime.bernier@parl.gc.ca>; May, Elizabeth - M.P. <Elizabeth.May@parl.gc.ca>; Scheer, Andrew - M.P. <andrew.scheer@parl.gc.ca>; Singh, Jagmeet - M.P. <Jagmeet.Singh@parl.gc.ca>

Cc: Schmale, Jamie - M.P. <Jamie.Schmale@parl.gc.ca>; Rudd, Kim - M.P. <Kim.Rudd@parl.gc.ca>; Monsef, Maryam - M.P. <Maryam.Monsef@parl.gc.ca>; 'info@alphaweb.org' <info@alphaweb.org>; Rosana Salvaterra <rsalvaterra@peterboroughpublichealth.ca>; Carolyn Doris <cdoris@peterboroughpublichealth.ca>; Luisa Magalhaes <lmagalhaes@peterboroughpublichealth.ca>

Subject: CORRESPONDENCE: PPH Board of Health re: National School Food Program

Good afternoon,

At its June 12, 2019 meeting, the Board of Health for Peterborough Public Health requested that the attached correspondence regarding the above-noted matter be sent to your attention.

With thanks,
Alida Gorizzan

Alida Gorizzan

*Executive Assistant to Dr. Rosana (Pellizzari) Salvaterra,
Medical Officer of Health and the Board of Health
Peterborough Public Health
Jackson Square, 185 King St., Peterborough, ON K9J 2R8*

Celebrating 130 years of local and strong public health www.peterboroughpublichealth.ca/130

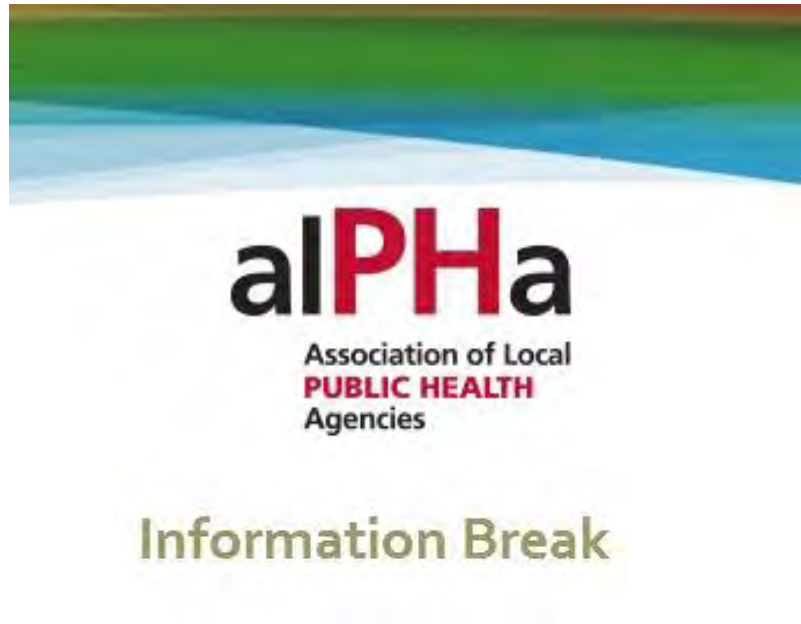
Follow us on [Twitter](#) | [Facebook](#)

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

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From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Thursday, October 10, 2019 3:29 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - October 10, 2019



October 10, 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.

Update on Public Health Modernization

Today, the Ontario government announced Jim Pine as Special Advisor on Public Health and Emergency Services Consultations. Mr. Pine is the Chief Administrator Officer of the County of Hastings and a former member of the board of directors of the Association of Municipalities of Ontario. He is expected to "play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders." See a message from Jim Pine in the latest [Connected Care Update](#). Deputy Minister Helen Angus has also sent a [letter to stakeholders](#) regarding his appointment and the upcoming consultations.

[Read Ontario's news release on the Special Advisor here](#)
[Sign up to receive Connected Care Updates here](#)

In other news, the Chief Medical Officer of Health, Dr. David Williams; Alison Blair, Executive Lead, Public Health Modernization, Assistant Deputy Minister, Emergency Health Services; and Directors Liz Walker and Colleen Kiel, Ministry of Health, attended the September 27th alPHa Board meeting. alPHa was pleased to have Dr. Williams and his staff at the Board meeting and appreciated the opportunity to welcome Alison Blair to her new role. It was noted during the meeting that consultations with public health partners and

municipalities on public health modernization are expected to commence in the near future and will include working with a municipal advisor and the release of a discussion paper. alPHa will share any updates, as soon as these are available, with the membership.

alPHa Joins Minister's Roundtable Discussion on Youth and Vaping

Following reports of hospital admissions due to vape-related respiratory illness, the Ontario government has expressed concerns about the prevalence and health consequences of youth vaping. On October 8, the Minister of Health convened a round table to seek feedback from leading experts on the challenges related to youth vaping and advice on practical solutions. alPHa's Executive Director attended this meeting to reiterate alPHa's position on marketing, display and promotion. Speaking notes are available [here](#).

Fall 2019 Symposium & Section Meetings

Meet with colleagues at alPHa's events next month to engage in public health modernization. The Fall Symposium (November 6 at Dalla Lana School of Public Health) will feature a range of high profile speakers, including Minister of Health Christine Elliott. New AMO president Jamie McGarvey will also be on hand to update members on his association's activities. On the following morning, board of health members and COMOH members can attend Section business meetings at the Chestnut Conference Centre to discuss the latest issues in public health. For more information regarding the Symposium and Section meetings and to register, please click the links below.

[View Nov. 6 Symposium program here](#)

[View the Nov. 7 BOH Section meeting agenda here](#)

[Register for Fall 2019 Symposium & Section Meetings](#)

[Go to the Symposium event page](#)

ODPH Launches Revised No Money for Food is Cent\$less Campaign

The Ontario Dietitians in Public Health (ODPH) has launched the updated *No money for food is...Cent\$less* campaign. The goal of the campaign is for all Ontarians (and Canadians) to have adequate income for food without compromising their ability to pay for other basic necessities. The aim is to make food insecurity an issue for the upcoming federal election and put food insecurity on the policy agenda for the next federal government.

[Learn more about Cent\\$less here](#)

News Roundup

[Ontario Names Special Advisor on Public Health Consultations](#) - 2019/10/10

[Minister Elliott orders hospitals to provide information on vaping-related severe respiratory illness to CMOH](#) - 2019/09/18

[WHO's Global Preparedness Monitoring Board releases first annual report calling for action on global health emergencies](#) - 2019/09/18

[Ontario Attorney General makes statement on opioid crisis](#) - 2019/09/17

[Cancer survival rates for blood cancers show biggest increase over 20-year period](#) - 2019/09/04

alPHa Resolutions

To stay updated on alPHa's resolutions and the actions taken on them, visit our webpage below. Here you will find correspondence to government and key officials on member-endorsed resolutions as well as their responses and developments on the resolution. If you are attending stakeholder meetings, check this resource to learn whether alPHa has a position on the issues you will be discussing.

[Go to alPHa's Resolutions web page here](#)

Upcoming Events - Mark your calendars!

Fall 2019 Symposium - November 6, 2019; Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto. View program details [here](#). Register [here](#).

Section Meetings for BOH and COMOHO Members - November 7, 2019; Chestnut Conference Centre, 89 Chestnut St., Toronto. Register [here](#).

Winter 2019 Symposium/Section Meetings - TBD

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. www.tophc.ca

June 2020 Annual General Meeting & Conference - June 10-12, 2020; Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto.

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

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

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October 10, 2019

MEMORANDUM TO: Public Health and Emergency Health Services Stakeholders

FROM: **Helen Angus**
Deputy Minister
Ministry of Health

RE: Update on Public Health and Emergency Health Services
Modernization

Dear colleagues,

As you know, our health system is in need of transformational change. Over the past year, the ministry has made great progress to building a connected, integrated, and coordinated system of care – centred around the patient. This includes the creation of Ontario Health, the province's new central health agency, and the work that's been accomplished toward establishing the first wave of local Ontario Health Teams to serve our communities.

As part of this plan, we must also consider how best to deliver public health – a central component of community health – in a way that is resilient, nimble, and meets the evolving health needs and priorities of Ontario's families. Within the context of this broader health transformation, we have an opportunity to modernize and strengthen the role of public health, and to consider how it is connected to our communities.

Another part of transforming the health system is to modernize the way emergency health services are delivered in the province. In addition to our plans to upgrade the ambulance dispatch system and support new models of care for 911 patients, we are looking for ways to improve emergency health services and ensure that dispatch centres and paramedic services work well together.

Today, I am pleased to introduce Mr. Jim Pine, who will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership. Mr. Pine started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his nine years with the ministry including as regional director for eastern Ontario. He is well respected across the province and has been in municipal affairs for 39 years, working as a city administrator, and as a chief administrative officer in small municipalities, most recently for the County of Hastings. He has also served in a number of roles with Association of Municipalities of Ontario (AMO), including as secretary-treasurer and as a member of the Board of Directors. Mr.

.../2

Pine is also the co-lead of the Eastern Ontario Regional Network, and chairs the ONWARD Initiative which is a network of all the major municipal staff organizations in Ontario dedicated to staff training and improvement.

Building upon the work of the technical tables established with the AMO, Association of Local Public Health Agencies (alPHa), and the City of Toronto, the ministry has begun work with Mr. Pine on launching a renewed consultation with municipalities and our partners in public health and emergency health services. Through this consultation process, we will ensure that sufficient time is provided for thoughtful dialogue and implementation planning. This next phase of engagement will also include the release of a discussion paper.

If you have any feedback that you would like to share prior to the beginning the consultation period, please email us at ehsphmodernization@ontario.ca. Thank you all for your continued support and collaboration.

A handwritten signature in black ink, appearing to read 'H. Angus', with a horizontal line underneath.

Helen Angus
Deputy Minister, Ministry of Health

c: Alison Blair, ADM Emergency Health Services & Executive Lead, Public Health Modernization
Dr. David Williams, Chief Medical Officer of Health

Alida Gorizzan

From: Alida Gorizzan
Sent: Thursday, October 17, 2019 3:40 PM
To: ahorwath-qp@ndp.on.ca; fgelinas-qp@ndp.on.ca; Jfraser.mpp.co@liberal.ola.org
Cc: Rosana Salvaterra
Subject: CORRESPONDENCE: PPH Board of Health re: Addressing the Opioid Emergency in Ontario - AMO Recommendations
Attachments: 191001 Elliott AMO Opioid Recommendations.pdf
Importance: High

Good afternoon,

At its October 9, 2019 meeting, the Board of Health for Peterborough Public Health received the attached correspondence for information, and requested that it be forwarded to the attention of opposition Health Critics, as well as to MPP Horwath, who requested to be copied on correspondence relating to the opioid crisis following her visit to Peterborough earlier this year.

With thanks,
Alida Gorizzan

Alida Gorizzan

*Executive Assistant to Dr. Rosana (Pellizzari) Salvaterra,
Medical Officer of Health and the Board of Health
Peterborough Public Health
Jackson Square, 185 King St., Peterborough, ON K9J 2R8
P: 705-743-1000 or 1-877-743-0101, ext. 264 | F: 705-743-1810
E: agorizzan@peterboroughpublichealth.ca
www.peterboroughpublichealth.ca*



City of
Peterborough

500 George Street North, Peterborough Ontario, K9H 3R9

October 30, 2019

RECEIVED

NOV - 5 2019

Peterborough Public Health

The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Minister of Health
The Honourable Merrilee Fullerton, Minister of Long-Term Care
MPP Dave Smith, Peterborough-Kawartha
Peterborough Public Health
Peterborough Family Health Team
360 Degree Clinic

Subject: Local Health Care Services

The following resolution, adopted by City Council at its meeting held on October 28, 2019 is forwarded for your information and necessary action. Thank you.

Whereas the public health care consistently ranks as the top priority in public opinion polls, and;

Whereas Public Health provides vital health promotion and prevention services based on the unique demographic and economic, social, and cultural needs of our communities, and;

Whereas the evidence from hospital amalgamation in Ontario and across Canada is that they have cost billions of dollars and have not yielded the promised administrative savings but have taken money away from frontline care, and;

Whereas there is no evidence to support the proposed closure of 25 out of 35 local Public Health Units, the closure of 12 of 22 local ambulance dispatch centers, and the closure of 49 out of 59 local ambulance services, and;

Whereas there is a deep consensus among virtually all stakeholders that increasing acuity in our long-term care homes requires additional staff and resources, not cancellation of the two special funds and real dollar cuts to per diem funding of our long-term care homes, and;

Whereas our local hospitals have been downsized for an entire generation and cannot meet population needs while sustaining real dollar cuts to hospital global budgets.

Therefore be it resolved:

The City of Peterborough calls upon the Ontario government to halt the closures of, mergers of, and cuts to our local health care services including Public Health Units, land ambulance services, hospitals and long-term care homes.

Sincerely,



John Kennedy
City Clerk

October 31, 2019

Mr. Jim Pine
Chief Administrative Officer
Hastings County
235 Pinnacle St.
Belleville, ON K8N 3A9
Sent via e-mail: pinej@hastingscounty.com

Dear Mr. Pine,

Congratulations on your appointment to oversee this period of consultation.

My name is Kathryn Wilson and I am a First Nation Council Member for Hiawatha First Nation. I am also the current Chair of the board of health for Peterborough County-City Health Unit, otherwise known as Peterborough Public Health.

The two local First Nations, Curve Lake and Hiawatha, have had a relationship with the board of health in Peterborough since 1968. We have been engaged and active partners on issues of public health that impact our communities. Issues such as representation and accountability are just as important to us as are issues of program and service delivery. We value our role in governance of public health and are very concerned about the potential unintended consequences of any provincial restructuring. We worry about the size of new public health regions and the challenges that would place on the ability of First Nations that have Section 50 agreements under the HPPA to connect and participate in an authentic and meaningful way.

When we met with our local MPP in July, we asked about the plans for First Nations engagement and were advised that this had not yet been determined. We have been eagerly awaiting details on how the province plans to engage with First Nations and other Indigenous representatives that have a stake in the health outcomes and wellbeing of our communities. We care very deeply about our role and responsibilities and are prepared to give any proposed change a great deal of thought and consideration.

I am writing to you to request a response on how you plan to ensure that First Nations like Curve Lake and Hiawatha will be engaged in this upcoming consultation process. We do not want our 51-year relationship with the board of health to be diminished or overlooked. Although our communities may represent only a fraction of the population served by the board, given our history and the legacy of colonization, the board is committed to be an effective public health partner, advocate and ally. I hope you will ensure that our voices and our recommendations will be heard.

On behalf of the board, I look forward to your leadership and wisdom in the next several months. Peterborough has a strong and proud history of public health action, now in its 131st year. We are open to change, and are committed to evaluation, research and using evidence in making decisions.

We hope that this period of consultation will prove to be fertile ground upon which we can provide public health with the foundations it needs to be relevant and effective shapers of a healthier future for all.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Dr. David Williams, Ontario Chief Medical Officer of Health (CMOH)
Liz Walker, Director, Accountability and Liaison Branch, Office of the CMOH
Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough Public Health

Alida Gorizzan

From: Rosana Salvaterra
Sent: Thursday, October 31, 2019 2:49 PM
To: Maryam Monsef - Liberal (Maryam.Monsef@parl.gc.ca)
Cc: Carolyn Doris
Subject: Follow Up -- CORRESPONDENCE: PPH Board of Health re: Vaping
Attachments: Vaping Call For Interim Order.pdf

Importance: High

Dear MP Monsef,

Congratulations on your recent re-election to represent the constituents of Peterborough-Kawartha!

During the campaign period, I sent the enclosed communication to you regarding our Board's concerns related to youth vaping incidence locally and across Canada.

We ask that as your party forms government, that action is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. We will also be communicating with the Ontario Ministry of Health and the new Federal Minister of Health for further action as well. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Attached is the initial call from a number of federal and provincial health organizations regarding use of an interim order (sent previously). Also of interest would be a recent [Op Ed in MacLean's](#) authored by Dr. Andrew Pipe, a professor in the Faculty of Medicine at the University of Ottawa and Dr. David Jones, Canada's first chief public health officer. Both are members of the board of directors at the Heart and Stroke Foundation.

Sincerely,
Dr. Rosana Salvaterra

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

From: Rosana Salvaterra
Sent: October-18-19 12:32 PM
To: askme@judiforbes.ca; Jamie Schmale - Conservative (Jamie.Schmale@parl.gc.ca) <Jamie.Schmale@parl.gc.ca>; info@barbaradoyle.ca; elizabeth.fraser@greenparty.ca; Kim Rudd - Liberal (Kim.Rudd@parl.gc.ca) <Kim.Rudd@parl.gc.ca>; philiplawrence2019@gmail.com; Mallory MacDonald@ndp.ca; jeff.wheeldon@greenparty.ca; Maryam Monsef - Liberal (Maryam.Monsef@parl.gc.ca) <Maryam.Monsef@parl.gc.ca>; michael@mskinner.ca; Candace.Shaw@ndp.ca; andrew.macgregor@greenparty.ca

Cc: Carolyn Doris <cdoris@peterboroughpublichealth.ca>; Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>

Subject: CORRESPONDENCE: PPH Board of Health re: Vaping

Importance: High

On behalf of Peterborough Public Health, I am writing to you following a discussion at the October 9, 2019 Board of Health meeting about the impacts of vaping on health and to share concerns regarding the promotion and display of vapour products.

While research has shown that vaping is less harmful than smoking tobacco, the same research shows that vaping still introduces poisonous substances into the body. Vaping is clearly not harmless. The use of vaping technology as a vehicle for nicotine and cannabis has become more common, particularly among youth and non-smokers, and we continue to advocate that these products must be regulated the same as tobacco which has strict prohibitions on promotion and display. Peterborough Public Health has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019).

Without regulatory changes, the increase in youth vaping will likely continue due to marketing and availability. The most recent data we have for vaping, showed that in 2015, 24.1% of youth in grades 9-12 attending Peterborough high schools had tried vaping. Based on communication local School Board administrators and educators, we anticipate this number will be much higher in 2019.

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products (see attached). These groups **urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within 60 days of a forming government.**

If you are elected to represent local residents, we ask that you and your party support the use of the proposed interim order that would act as an interim health protection measure as federal and provincial policies and regulations are refined. We plan to communicate with the Ontario Ministry of Health and the new Federal Minister of Health for further action as well. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Thank you for your commitment to serve the public and to your urgent attention to this matter.

Sincerely,
Dr. Rosana Salvaterra

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

Alida Gorizzan

From: Alida Gorizzan
Sent: Thursday, November 07, 2019 4:38 PM
To: Alana Solman - Township of North Kawartha (A.Solman@northkawartha.ca); cwhite@asphodelnorwood.com; Dave Clifford (davec@dourodummer.on.ca); Greg Borduas (gborduas@osmtownship.ca); Janice Lavalley - Township of Selwyn (jlavalley@selwyntownship.ca); Pat Kemp (pkemp@hbmtp.ca); pavgoustis@trentlakes.ca; Sandra Clancy (sclancy@peterborough.ca); Yvette Hurley (yhurley@cavanmonaghan.net)
Cc: tspeck@ptbocounty.ca; 'Julie Ingram (jingram@peterboroughpublichealth.ca)'; Wanda Tonus
Subject: CORRESPONDENCE: PPH report on Gas-Powered Leaf Blowers
Attachments: PPH Staff Report Gas-Powered Leaf Blowers.pdf

Good afternoon,

At its October 9, 2019 meeting, the Board of Health for Peterborough Public Health received the attached report, and requested that it be shared with local municipalities for your information. Should you have any questions related to establishing or amending local by-laws that involve restricting the use of gas-powered leaf blowers, please feel free to contact Wanda Tonus, Public Health Inspector, copied above or at (705) 743-1000 x285.

With thanks,
Alida Gorizzan

Alida Gorizzan
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PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH – STAFF REPORT

TITLE:	Climate Change and Health Vulnerability Adaptation
DATE:	November 14, 2019
PREPARED BY:	Monique Beneteau, Health Promoter Jocelyn Corradetti, Health Promoter
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, *Climate Change and Health Vulnerability*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

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

BACKGROUND

Climate change is receiving a great deal of attention. According to the United Nations, it is the defining issue of our time.¹ In 2018, Peterborough Public Health (PPH) asked Peterborough County and City residents participating in the Rapid Risk Factor Surveillance System (RRFSS) survey their opinions regarding climate change; of the people surveyed, 90% reported being concerned about climate change.

Evidence shows that the Earth's climate is changing precipitously. The Intergovernmental Panel on Climate Change (IPCC) states with high confidence that should the current rate of warming continue, global warming will reach 1.5°C by 2030 – 2052.² To date it is believed that around 1.0°C of global warming has been caused by human beings and their daily activities, compared to human activities in pre-industrial times (1850–1900).³

As the Earth warms, it is anticipated that local communities will experience an increase in extreme temperatures and an increase in the frequency, duration, and intensity of extreme weather events (e.g., flooding, ice storms, and wildfires).⁴ An increased burden of heat-related illness, illness as a result of mould exposures due to flooding, and injuries from severe storms are only some of the health-related issues potentially facing local communities.⁵ A warmer climate will see an expansion of the geographic range of insects and ticks carrying viruses and

diseases that impact humans; local cases of Lyme disease and West Nile virus could become more common.⁶ The negative impacts of climate change on physical and mental health include aggravated respiratory and cardiovascular illnesses, increased risk of depression and anxiety, and higher rates of injury and death.⁷ According to the World Health Organization, climate change is one of the largest threats to the health of the global population in the 21st century; it will greatly impact physical and financial burdens to healthcare systems and communities.⁸

About five years ago, PPH completed some climate change-based work that focused specifically on flooding. To build on this work, and to better understand and plan for the demands that climate change will place on local public health and health care systems, PPH is currently conducting a health vulnerability assessment.

In the fall of 2018, staff began working on a comprehensive Climate Change and Health Vulnerability Adaptation Plan specifically for the communities served by PPH. The [Ontario Climate Change and Health Toolkit](#)⁹ (2016) has been used as a guide for staff in planning the health vulnerability assessment, which will contribute to the creation of the Climate Change and Health Vulnerability Adaptation Plan. According to the Ontario Climate Change and Health Toolkit, completing a local assessment will:

- improve evidence and understanding of the current associations between weather/climate and health outcomes;
- provide health and emergency management officials, stakeholders, and the public with information on the magnitude and pattern of current and future health risks associated with climate variability and change, including the populations most vulnerable to these risks;
- identify opportunities to incorporate climate change concerns into existing policies and programs designed to manage health risks associated with weather and climate, and to develop new programs where necessary to prevent and reduce the severity of future risks;
- serve as a baseline analysis against which future changes in risks and in associated policies and programs can be monitored; and
- forge collaborations with sectors such as water and infrastructure to further promote activities to improve population health in a changing climate.”¹⁰

This will be a community plan with local external stakeholders being asked to have roles in the health vulnerability assessment, and in the development, implementation, and evaluation of health-specific adaptation strategies. This will lead to:

- greater community understanding of climate-related health impacts;
- community support and sense of ownership of climate adaptation strategies; and
- effective climate adaptation policies and programs that will help foster wellbeing among the community.

Work on PPH’s Climate Change and Health Vulnerability Adaptation Plan is being directed by a large project team consisting of both internal and external representatives. The majority of the work, including data analysis, synthesis of the literature, and report writing, is being carried out

by three staff members: two health promoters and one epidemiologist. An internal working group with significant management representation has been guiding this work to date. An external advisory committee has been convened to inform decision-making and to provide subject matter knowledge. A theory of change for this work (Appendix A) was developed to provide a visual depiction of the project along with a narrative describing the key project elements and the assumptions being made.

For the next two months climate change work at PPH will largely focus on data collection, data analysis, reviewing literature, and gathering information from key community partners. Both quantitative and qualitative data will contain information about the local climate, exposures to health hazards, the current burden of climate-related illnesses, and possible adaptation strategies. Much of the quantitative data is being collected from weather stations, climate models, surveys (including RRFSS), and administrative health databases for data analysis. The planned methods for community engagement and qualitative data include:

- a) internal consultations with all public health staff during team meetings;
- b) key informant interviews with representatives from various community partners (e.g., municipal, conservation, health);
- c) conversations with one or more Elders and Knowledge Keepers from local Indigenous communities who can share their insights and Traditional Ecologic Knowledge;
- d) a focus group with representatives from the health sector; and
- e) an invitation-only web-based survey to be completed by representatives of local climate change interest and advocacy groups.

The first phase of this engagement work is intended to be completed by December, 2019. At this time, the expected completion of the Climate Change and Health Vulnerability Adaptation Plan is by March, 2020.

PPH is assessing our community's vulnerability to climate change from a public health perspective and developing health-specific adaptation plans. Other local agencies also have climate change plans. Most notably, the [Sustainable Peterborough Climate Change Action Plan](#)¹¹ was developed by Sustainable Peterborough for the City and County of Peterborough, the eight townships, Curve Lake First Nation and Hiawatha First Nation. In 2016, Sustainable Peterborough released this plan with the objective to reduce community and corporate greenhouse gas emissions, reduce the use of fossil fuels, lower energy consumption, and adapt to a changing climate. PPH's Climate Change and Health Vulnerability Adaptation Plan will complement this work.

RATIONALE

As of January 1st, 2018, the [Ontario Public Health Standards \(OPHS\)](#)¹² require PPH to collect information related to the effects of climate change on health. In addition, PPH is required to identify vulnerable populations who will be most impacted by climate change. Based on this information, PPH is mandated to create a plan to prepare its communities for climate change;

this adaptation plan will focus on reducing the harms associated with local changes to the climate.

As recommended by the Ontario Climate Change and Health Toolkit, PPH's work is considering six health hazards related to climate change.¹³ In September, a variety of staff and managers came together to participate in an exercise to rank the health hazards according to the likelihood of occurrence, and the severity of the health impacts that may result. The exercise was adapted from the Hazard Identification and Risk Assessment Guideline, 2019. The results of the exercise prioritized the health hazards outlined in the Ontario Climate Change and Health Toolkit and provided focus for next steps. In order of priority according to the likelihood of occurrence in PPH's geographical area, and the severity of the health impacts that may result, the health hazards are:

- 1) Extreme weather events;
- 2) Extreme temperatures;
- 3) Food and waterborne illnesses;
- 4) Air quality;
- 5) Vector borne illnesses, and;
- 6) UV exposure.

Given time and capacity constraints, it has been determined that the first report will focus on at least the first two hazards: extreme weather events and extreme temperatures. This assessment and the Climate Change and Health Vulnerability Adaptation Plan will be useful in providing support and aligning the adaptation strategies of PPH, and possibly other local agencies, to the strategies adopted by the City of Peterborough in their response to a [declaration of a climate emergency](#).¹⁴

STRATEGIC DIRECTION

The Climate Change and Health Vulnerability Adaptation Plan directly relates to the mission of PPH, as the Plan will promote and protect the health of individuals residing in and visiting Curve Lake and Hiawatha First Nations, and Peterborough City and County through adaptation strategies relating to climate change. The Climate Change and Health Vulnerability Adaptation Plan meets the following strategic directions:

- **Community-Centered Focus**
 - The Plan will be community-based. External partners and stakeholders will be involved from the initial decision-making phase to the implementation phase. Each partner will be responsible for fulfilling the specific climate-related adaptation strategies that connects to their personal and/or organizational mission.
- **Determinants of Health and Health Equity**
 - The Plan will focus on the impacts of climate change on the health of the most vulnerable populations within the communities of Curve Lake and Hiawatha First

Nations, Peterborough City and County. These populations include, but are not limited to: the homeless or individuals living rough, those living with chronic illnesses, children, seniors, and outdoor recreationalists. To ensure that inequities are being addressed and access to public health programs and services are being improved, diverse community partners will be engaged in the development and implementation of the Plan.

- Capacity and Infrastructure
 - The climate change adaptation strategies within the Plan will describe specific opportunities that could lead to an enrichment of organizational policies and procedures within PPH. These strategies may impact the way that PPH operates, ranging from the methods in which the organization produces and processes waste, to the methods in which staff use to travel to and facilitate meetings.

ATTACHMENTS

[Attachment A – Theory of Change](#)

REFERENCES

¹ United Nations. (2019). *Climate Change*. Retrieved on October 16, 2019 from <https://www.un.org/en/sections/issues-depth/climate-change/>

² IPCC, 2018: Summary for Policymakers. In: Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty, p. 4. Retrieved on October 7, 2019 from: https://www.ipcc.ch/site/assets/uploads/sites/2/2019/05/SR15_SPM_version_report_LR.pdf

³ IPCC, 2018: Summary for Policymakers. In: Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty, p. 4.

⁴ Levison, M., Whelan, M., Butler, A. (2017). *A Changing Climate: Assessing health impacts and vulnerabilities due to climate change within Simcoe Muskoka*. Simcoe Muskoka District Health Unit. Retrieved on October 15, 2019 from: <http://www.simcoemuskokahealth.org/docs/default-source/topic-environment/smdhu-vulnerability-assessment-2017-finale1e3e25f97be6bc38c2dff0000a8dfd8.pdf?sfvrsn=0>

⁵ Levison, M., Whelan, M., Butler, A. (2017). *A Changing Climate: Assessing health impacts and vulnerabilities due to climate change within Simcoe Muskoka*.

⁶ Ibid.

⁷ Ibid.

⁸World Health Organization. (2015). *WHO calls for urgent action to protect health from climate change – Sign the call*. Retrieved on October 15, 2019 from <https://www.who.int/globalchange/global-campaign/cop21/en/>

⁹ Ministry of Health. (2016). Climate Change and health Toolkit. Retrieved on October 7, 2019 from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_toolkit.aspx

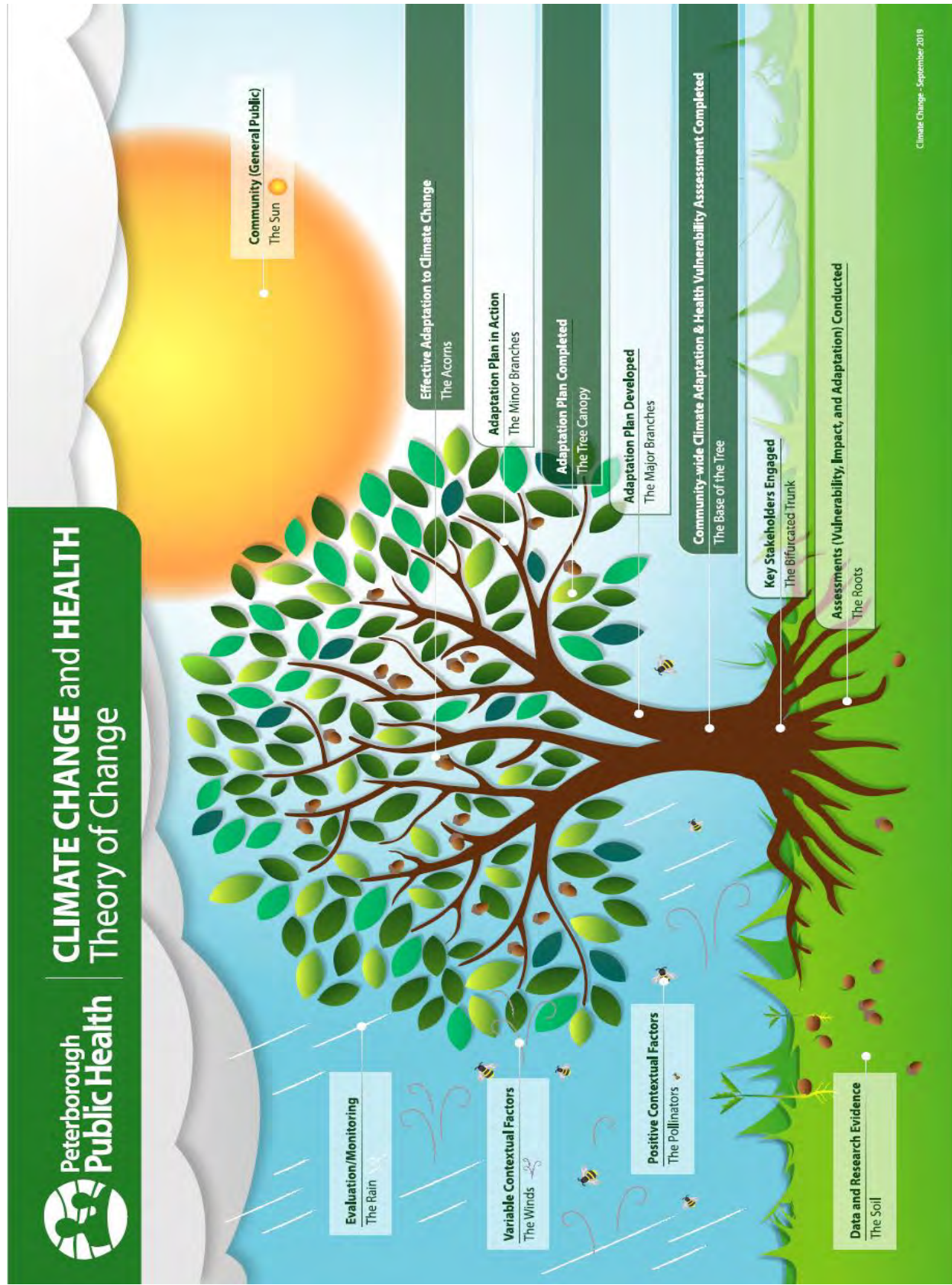
¹⁰ Ebi, K., Anderson, V., Berry, P., Paterson, J., and Yusa, A. (2016). *Ontario Climate Change and Health Vulnerability and Adaptation Assessment Guideline. Workbook*. Ministry of Health and Long-Term Care, p. 5. Retrieved on October 7, 2019 from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_health_va_guidelines.pdf

¹¹ Sustainable Peterborough. (2016). Climate Change Action Plan. Retrieved on October 7, 2019 from: <https://sustainablepeterborough.ca/wp-content/uploads/2017/11/Greater-Peterborough-Area-Climate-Change-Action-Plan-FINAL-October-2017.compressed.pdf>

¹² Ministry of Health and Long-Term Care. (2018). *Protecting and Promoting the Health of Ontarians. Ontario Public health Standards: Requirements for Programs, Services, and Accountability*. Retrieved on October 7, 2019 from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

¹³ Ministry of Health. (2016). Climate Change and health Toolkit. Retrieved on October 7, 2019 from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_toolkit.aspx

¹⁴ Kovach, J. (2019). *Peterborough declares climate emergency*. The Peterborough Examiner. Retrieved on October 16, 2019 from <https://www.thepeterboroughexaminer.com/news-story/9611898-peterborough-declares-climate-emergency/>



CLIMATE CHANGE and HEALTH | Theory of Change

This theory of change is a visual depiction of the process that Peterborough Public Health (PPH) will use to arrive at the long-term goal of reducing climate sensitive health risk and burdens within vulnerable populations through the completion of a climate change adaptation plan. This is a living document.

Conducting Assessments (Vulnerability, Impact and Adaptation) [The Roots]

Drawing from the data and evidence, the assessment summarizes the impacts of six climate change health hazards on vulnerable populations. The six hazards include: extreme temperatures, extreme weather, air pollution, food- and water-borne illnesses, vector-borne illnesses and UV exposure.

ASSUMPTIONS:

- The data and evidence is accessible.

Engaging Key Partnerships [The Tree Base]

The base of the tree represents the solid and stable commitment and contribution of Peterborough Public Health (PPH) and its external partners. PPH is responsible for completing this work but can only do so with successful collaboration and recognition of the strengths of key community partners.

ASSUMPTIONS:

- PPH executive commits resources to the completion of this work and the Board of Health supports this work.
- Key community partners want to contribute to this work.
- Key community partners change/grow depending on the proposed amalgamation.

MILESTONE: Peterborough County and City Climate Adaptation and Health Vulnerability Assessment Completed [The Trunk]

Developing Adaptation Plan [The Major Branches]

One branch represents PPH's organizational commitment to climate change adaptation. Through staff knowledge and skill building, PPH has the capacity to action the Adaptation Plan.

The second branch represents an understanding of the Plan by external partners which results in partner and community commitment.

ASSUMPTIONS:

- The Adaptation plan is part of the PPH culture.
- Community partners support and contribute to the development of the Adaptation Plan.
- The Plan emboldens community partners and supports their own missions.

MILESTONE: Adaptation Plan Completed [The Tree Canopy]

Putting the Adaptation Plan into Action [The Minor Branches]

The branches within the canopy represent the programs and policies identified in the Adaptation Plan. Some branches intersect and come into contact with other branches.

ASSUMPTIONS:

- The Adaptation Plan includes policies and programs that make an impact in climate change adaptation related to health.

MILESTONE: Effective Adaptation to Climate Change [The Acorns]

The acorns represent the fruits of our labour. They are the measurable outcomes from the actions implemented. Acorns on the ground represent new initiatives that will grow and adapt.

ASSUMPTIONS:

- We have clearly defined indicators that accurately measure the outcomes.
- PPH has the appropriate resources to collect the information.
- The process is iterative and current programs and policies feed into new, responsive programs and policies.

Data and Research Evidence [The Soil]

The root of this work is the collection of evidence including local and environmental data, academic literature, expert knowledge, Traditional Ecological Knowledge*, and best and promising practices.

ASSUMPTIONS:

- A comprehensive foundation of knowledge contributes to an understanding of the local climate change situation and informs our adaptation plan.
- PPH is well positioned to contribute local data in a broader climate change initiative if amalgamation occurs.

The Community [The Sun]

The sun's rays represent the community's influence throughout the process of the assessment, development and implementation of the Adaptation Plan.

ASSUMPTIONS:

- The general community is interested in learning about and contributing to health-related climate change adaptation.

Positive Contextual Factors [The Pollinators]

There are many community champions and initiatives that help to feed and cross-pollinate ideas. These pollinators include environmental groups, sustainability programs, a vocal youth movement, and concerned citizens.

ASSUMPTIONS:

- These champions and initiatives continue to be relevant and complement PPH's work.

Variable Contextual Factors [The Winds]

The political context can vary over time. The wind may be mild resulting in little interference. At other times, the winds gust, representing a potential threat to the health of the tree, from breaking off some branches to knocking the tree down.

ASSUMPTIONS:

- Climate change continues to be in our mandate.
- Amalgamation of public health agencies influences the trajectory of this work.
- The provincial government is unpredictable and may have varying impacts on this work.
- Other levels of government might influence this work (e.g. grant opportunities).

Evaluation/Monitoring [The Rain]

Evaluation provides valuable feedback throughout the process of assessment, development and implementation of the Adaptation Plan.

ASSUMPTIONS:

- A clear evaluation plan is developed.
- Resources are available to complete a robust evaluation at key stages of this process.

*Traditional Ecological Knowledge (TEK) is "...evolving knowledge acquired by indigenous and local peoples over hundreds or thousands of years through direct contact with the environment. It is...an accumulating body of knowledge, practice, and belief, evolving by adaptive processes and handed down through generations by cultural transmission, about the relationship of living beings (human and non-human) with one another and with the environment. It encompasses the world view of indigenous people which includes ecology, spirituality, human and animal relationships, and more." - U.S. Fish and Wildlife Service: www.fws.gov/nativeamerican/poll/tek-fact-sheet.pdf (p. 1)

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – REPORT

TITLE:	Q3 2019 Peterborough Public Health Activities
DATE:	November 14, 2019
PREPARED BY:	Management Staff
APPROVED BY:	Donna Churipuy, Director of Public Health Programs Larry Stinson, Director of Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health receive *report, Q3 2019 Peterborough Public Health Activities, for information.*

ATTACHMENTS

[Attachment A – Q3 2019 Overall Compliance Status](#)
[Attachment B – Q3 2019 Communications and I.T. Report](#)
[Attachment C – Q3 2019 Social Media Report](#)

PETERBOROUGH PUBLIC HEALTH

Quarter 3 2019 Status Report (July 1 – September 30, 2019)

Overall Compliance Status

Ontario Public Health Standard Mandated Programs	# Requirements Compliant
Program Standards	
Chronic Disease Prevention and Well-Being	3/4
Food Safety	4/5
Healthy Environments	4/10
Healthy Growth and Development	3/3
Immunization	10/10
Infectious and Communicable Diseases Prevention and Control	21/21
Safe Water	8/8
School Health	6/10
Substance Use and Injury Prevention	3/4
Foundational Standards	
Population Health Assessment	7/7
Health Equity	4/4
Effective Public Health Practice	8/9
Emergency Management	1/1
Non-OPHS Mandated Programs	Status
Infant and Toddler Development	ME
Safe Sewage Disposal	ME

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to [Ontario Public Health Standards](#)

Chronic Disease Prevention and Well-Being

Julie Ingram, Manager, Environmental Health

Program Compliance:

Requirement #4: Enforcement of the *Healthy Menu Choices Act*, 2015 continues however due to an exceptionally busy third quarter with a significantly increased number of rabies investigations, as well as it being the peak of the Environmental Health season, the planned eleven remaining inspections for the Menu Labelling Protocol were not completed. Plans to complete these inspections have been put in place for the fourth quarter and they will be completed before the end of the year. Re-inspections and response to complaints are occurring as needed.

Food Safety

Julie Ingram, Manager, Environmental Health

Program Compliance:

Requirement #4: The majority of the components of the Food Safety Program are being met. At this point in the year, it is expected that some food premises may not receive the required number of routine inspections for the year. This is a result of other program areas (i.e., Rabies Response) taking priority over food premises inspections, as well as challenges encountered when attempting to complete inspections, for instance, finding seasonal food premises in operation at

the time of arrival to the facility. The majority of premises lacking inspections will be seasonal, low risk food premises. All year-round moderate-risk and all high-risk facilities have received the required number of inspections to date and are expected to meet the required number of inspections for the year.

Healthy Environments

Julie Ingram, Manager, Environmental Health

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

Program Compliance:

Requirements #2-7: Due to limitations in staffing capacity, interventions for a comprehensive approach have been planned and prioritized, but not all activities will be ready for implementation this year. Work on the *Climate Change Adaptation Plan* is underway. Additional resources, including the hiring of a temporary Epidemiologist have been provided to ensure the completion of the project. Much progress has been made over the third quarter including the completion of a partial *Hazard Identification and Risk Assessment* to prioritize the hazards that will be addressed in the plan. A *Communications and Engagement Plan* depicting both internal and external focus groups, interviews, surveys, and committees has been established. Over the fourth quarter, work will continue with key informant interviews, a health sector focus group, a targeted public survey, and the formation and inaugural meeting of the External Advisory Group.

Foundational Standards

Jane Hoffmeyer, Manager, Foundational Standards

Program Compliance: Effective Public Health Practice:

Requirement #2: A temporary staffing gap within the team will affect full achievement of some objectives related to planning and evaluation for the remainder of the year however plans are in place to ensure timely completion of Annual Service Plans and recruitment for the staffing gap is underway.

School Health

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

Program Compliance:

Requirements #2-4: Due to staff absence, only some planned interventions will be implemented in 2019. Unless requested, we are not providing population health information, including social determinants of health and health inequities data, relevant to the school population to school boards and schools to identify public health needs in schools.

Labour relations in publicly-funded school boards impacted approvals for the elementary School Health Newsletter.

With the exception of Connect-Change-Connect cessation programming, Challenges Beliefs Changes program, InTouch and Grade 8 Sexual Health Curriculum support in class, and support for Student Nutrition Programs, our ability to support schools is limited to the supply of available resources on the following topics upon request:

- Concussions and injury prevention
- Healthy eating behaviours
- Physical activity and sedentary behavior
- Road and off-road safety
- Substance use and harm reduction
- UV exposure
- Violence and bullying
- Life promotion, suicide risk and prevention
- Mental health promotion

Requirement #9: Due to staffing capacity, only some interventions will be planned and implemented in 2019, example: continuing to exploring *Make Cancer History* campaign as a way to increase HPV vaccine uptake by Grade 7 students with the 130th Anniversary Committee.

Substance Use and Injury Prevention

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

Program Compliance:

Requirement #2: Due to limited staffing capacity, interventions for a comprehensive approach to substance use prevention have been planned and prioritized, but not all activities will be ready for implementation until the fourth quarter. We have continued to implement activities under the Harm Reduction Enhancement Program. Work in the area of tobacco prevention and cessation continues. Activities planned for Q4 include:

- Consumption and Treatment site application including Federal exemption (including site location);
- Provincial Cannabis Edibles Campaign;
- Garnering support for Planet Youth substance prevention project; and,
- Adverse Childhood Experiences Provincial Environmental Scan with Local Public Health Agencies.

Staff have supported the Peterborough Drug Strategy to complete their strategic planning framework, however, activity planning will begin in the fourth quarter.

Violence and Road Safety activities are limited to participation on Peterborough Domestic Abuse Network, the local Transportation Safety Committee and some specific by-law comments on off-road vehicle use in municipalities.

The following topics have not been prioritized:

- Alcohol
 - Concussions
 - Falls
 - Life promotion, suicide risk and prevention
 - Off-road safety
-

Communications – Q3 2019

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q3 comparison	
	2019	2018
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner and PTW columns, op eds, BOH meeting summaries, etc.)	34	34
Number of media interviews	33	22
Number of media stories captured directly covering PPH activities	110	109

Activity	Yearly Totals				
	2019 (YTD)	2018	2017	2016	2015
Press releases/media products issued	132	131	181	158	165
Media interviews	99	77	86	92	82
Number of media stories directly covering PPH activities	450	465	329	340	540
Communications tickets	468	649	680	n/a	n/a

Communications Highlights:

- Supported GE asbestos home insulation story that appeared on the front page of the Toronto Star and on CBC TV's The National, and on CBC Radio's Ontario Morning
- September 19, 2019 press conference re: public notification of IPAC Lapse
- Launched Care-Hope-Vote campaign and rabies awareness campaign

Information Technology - 2019 Q3

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

System Status This Quarter:

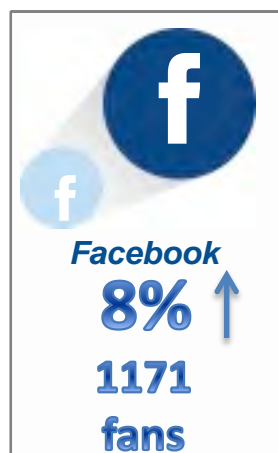
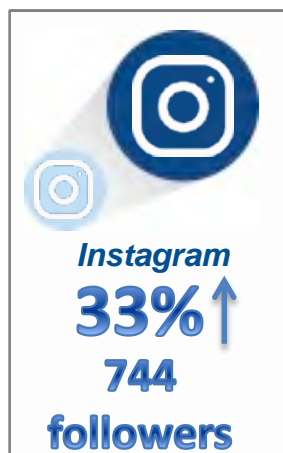
Service Description	Planned Outage - % downtime of total	Unplanned Outage - % downtime of total	Total Uptime
MS Exchange Email server	0.09%	0.18%	99.73%
Phone server	0.09%	0.0%	99.91%
File server	0.09%	0.0%	99.91%
Backup server	0.0%	0.0%	0%

Total Number of Helpdesk Tickets Served:

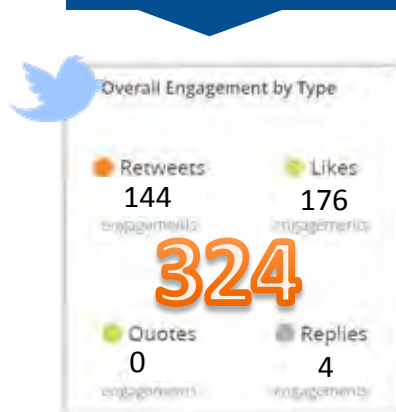
Activity	Yearly Totals				
	2019 (YTD)	2018	2017	2016	2015
IT Tickets	993	1696	1426	1277	945

IT Highlights:

- Added email security for external messages
- Implemented Windows Update server to roll out updates automatically
- Two Factor Authentication for VPN users



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

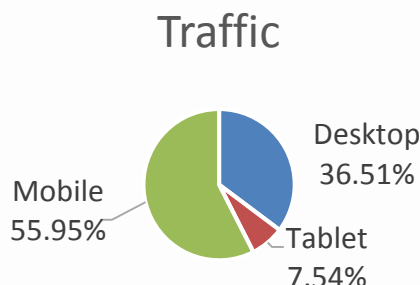


Depth... How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca
 Homepage: 10362
 Beach Testing Results: 6776
 Employment: 4549
 Kawartha Endodontics: 4504
 Beach Testing: 2511
 Contact Us: 2258
 Sexual Health Clinic: 1843
 Clinics & Classes: 1665
 Blue Green Algae: 1363
 For Professionals: 1263

Website visitors by device



Clickthroughs from tweet/post to our website

951
1117

Loyalty... How effectively are we keeping visitors engaged?

Video is taking over in engagement!

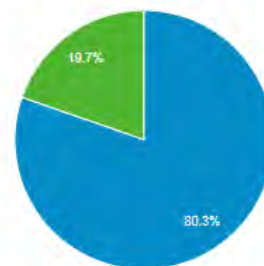


400+ Views



■ New Visitor ■ Returning Visitor

Jul 1, 2019 - Sep 30, 2019



www.peterboroughpublichealth.ca

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



@MENTIONS



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

Ad Campaigns

There were no paid ad campaigns during this period, however we had significant engagement with the Care, Hope, Vote! Campaign. This campaign runs into the fourth quarter, and final figures will be available at this time.



Glossary... What do these social media terms mean?

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

Engagement rate: Number of engagements divided by impressions.

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

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

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

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

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

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report
DATE:	November 14, 2019
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Cathy Praamsma, Committee Chair
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

- a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from August 14, 2019, for information.
- b. That the Board of Health for Peterborough Public Health approve 2019/2020 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413.
- c. That the Board of Health for Peterborough Public Health receive the Q3 2019 Financial Report for information.
- d. That the Board of Health for Peterborough Public Health receive the Q3 2019 Standards Activity Report – Risk Management, for information

BACKGROUND

The Stewardship Committee met last on October 29, 2019. At that meeting, the Committee requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

[Attachment A – Stewardship Minutes, August 14, 2019](#)
[Attachment B – Staff Report: 2019/2020 Budget Approval - HBHC](#)
[Attachment C – Q3 2019 Financial Report](#)
[Attachment D – Q3 2019 Standards Activity Report - Risk Management](#)

**Board of Health for
Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Wednesday, August 14, 2019 – 4:30 – 5:00 p.m.
Mississagua Lake Room, 2nd Floor
Peterborough Public Health, 185 King Street**

Present: Councillor Henry Clarke
Mayor Andy Mitchell
Mr. Andy Sharpe
Ms. Catherine Praamsma, Chair
Councillor Kathryn Wilson

Staff: Ms. Dale Bolton, Manager, Finance and Property
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Dr. Rosana Salvaterra, Medical Officer of Health
Larry Stinson, Director of Operations

1. Call to Order

Ms. Praamsma called the Stewardship Committee meeting to order at 4:31 p.m.

2. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Clarke

Seconded: Mr. Sharpe

Motion carried. (M-2019-031-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately (nil)

5. Delegations and Presentations (nil)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the Meeting of July 11, 2019 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mayor Mitchell
Seconded: Councillor Clarke
Motion carried. (M-2019-032-SC)

7. Business Arising From the Minutes (nil)

8. Staff Reports

8.1. Q2 2019 Finance Report

Two minor corrections were noted in the report, and will be amended prior to submission to the Board.

MOTION:

That the Stewardship Committee:

- *receive the Q2 2019 Finance Report for information; and,*
- *provide it to the Board of Health at its next meeting for information.*

Moved: Councillor Clarke
Seconded: Mr. Sharpe
Motion carried. (M-2019-033-SC)

8.2. Staff Report: Pre-2020 Budget Review

MOTION:

That the Stewardship Committee receive the staff report, Pre-2020 Budget Review, for information.

Moved: Councillor Clarke
Seconded: Mayor Mitchell
Motion carried. (M-2019-034-SC)

9. Consent Items (nil)

10. New Business

11. In Camera to Discuss Confidential Matters (nil)

12. Motions for Open Session (nil)

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

October 2, 2019, 5:00 – 6:30 p.m. at Peterborough Public Health, or at the call of the Chair.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Mayor Mitchell

Seconded: Mr. Sharpe

Motion carried. (M-2019-035-SC)

The meeting was adjourned at 12:55 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH BOARD OF HEALTH - STAFF REPORT

TO:	Stewardship Committee
TITLE:	2019/2020 Budget Approval – Healthy Babies, Healthy Children
DATE:	October 29, 2019
PREPARED BY:	Dale Bolton, Manager, Finance and Property
APPROVED BY:	Larry Stinson, Director, Operations Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- receive the staff report, *2019/2020 Budget Approval - Healthy Babies, Healthy Children Program*, for information; and
- recommend to the Board of Health approval the 2019/2020 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413.

FINANCIAL IMPLICATIONS AND IMPACT

The HBHC budget is 100% funded by the Ontario Ministry of Children, Community and Social Services (MCCSS)

Historically, the HBHC program has been funded on a calendar year basis. In March 2019, the Board of Health approved the 2019 annual operating budget for the program for the period of January through December. In August, the Ministry announced that the program would now be funded on a fiscal basis of April through March, similar to other MCCSS programs. An amended Funding Agreement was received for a 15-month funding period of January to March 2019 and April 2019 through March 2020.

For the current year, two budget submissions are required by the Ministry. The three-month period ending March 2019 was completed based on planned staffing and actual expenditures incurred in the first quarter. The 2019/2020 budget has been completed based on the provincial funding allocation of \$928,413. The provincial allocation has not been increased since 2013 when funding was received for a 1.0 Public Health Nurse (PHN) full-time equivalent (FTE) position associated with a new client screening tool. Funding for the base operations of the program have not increased since 2007.

Lack of funding increases to cover the cost of increasing wage and benefit costs, has resulted in compromised staffing levels over the past number of years despite the growing demand in the program. For 2019/2020, the program staff will be maintained at the previous year levels with 4.8 PHN FTE's, 1.8 FTE's Family Home Visitors (FHV's), 1.1 FTE Administrative Assistant (AA) and a share of Program Manager. The program continues to struggle to continue to meet program service targets without additional funding.

The proposed budget for April 2019 through March 2020 is balanced within the funding allocation of \$928,413.

Healthy Babies Healthy Children Program Budget – 2019/2020

Expenditures

Salaries	\$678,007
Benefits	199,481
Universal screening & other	25,975
Staff development	1,000
Travel	13,000
Audit fees	1,800
Communications	3,000
Program resources	<u>6,150</u>

Total Program Expenditures **\$928,413**

Funding

Ministry of Children, Community
and Social Services **\$928,413**

DECISION HISTORY

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as the Association of Local Public Health Agencies) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100% provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on public health agencies themselves as employers.

BACKGROUND

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a requirement within the Healthy Growth and Development standard of the 2018 Ontario Public Health Standards of the Ministry of Health and Long-Term Care.

HBHC is a prevention and early intervention program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service through screening, assessment and the provision of home visiting services.

Number of visits and interactions between 2014- 2018

	2014	2015	2016	2017	2018
# of families visited by a Family Home Visitor	70	32	47	31	27
# of families visited by a PHN	1054	930	952	1093	963
# of interactions	7149	6479	6422	6725	6203

In 2018, several of the provincial targets for screening were not met however 90% of families screened prenatally and confirmed for risk received family home visiting services and 100% of families referred to the HBHC program who were identified with risk in the postpartum and early childhood received home visiting services. Fifty-two percent of families had a Family Service Plan and an In-Depth Assessment within the reporting period; which exceeds provincial targets by 2%. However, the frequency, duration and length of service to families did not meet the provincial benchmarks. For example, the average time between visits increased from 15.8 days in 2017 to 21 days in 2018. The provincial benchmark is less than or equal to 14 days between visits. Also, typically there are 3 - 5 families on a waiting list for a period of 13 - 20 days before service is initiated.

STRATEGIC DIRECTION

The HBHC program is identified as a requirement under the Healthy Growth and Development standard in the Ontario Public Health Standards, 2018. Approval of the budget will contribute to the program and Peterborough Public Health's ability to continue to meet the strategic directions of:

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

Financial Update Q3 2019 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2019

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2019 Submission (100%)	Year To Date Expenditures to Sept. 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs	MOHLTC Cost Shared (CS)	8,137,186	14-Nov-18	20-Aug-19	6,102,890	5,695,795	70.0%	407,095	Operating well within budget submission. Underspending due staff gapping in first six months of year and hiring of staff at lower grid than budgetted. Planned hiring of staffing and additional program resources to be purchased in final quarter. Recommendation to reduce overall spending by \$130,000 in an effort to preserve the approved transfer from reserve to balance the budget.
Small Drinking Water Systems	CS	90,800	08-Nov-17	20-Aug-19	68,100	72,387	79.7%	(4,287)	Operating above budget submission due to legal services in 2nd quarter. Overage may be offset by projected savings in Vector Borne Diseases.
Vector- Borne Disease (West Nile Virus)	CS	76,133	14-Nov-18	19-Aug-19	57,100	23,382	30.7%	33,718	Operating within budget submission. West Nile Virus program measures and students begin in May.
Infectious Disease Control	100%	222,300	14-Nov-18	20-Aug-19	166,725	165,259	74.3%	1,466	Operating within budget submission.
Infection Prev. & Control Nurses	100%	90,100	14-Nov-18	20-Aug-19	67,575	66,468	73.8%	1,107	Operating within budget submission.
Healthy Smiles Ontario (HSO)	100%	763,100	14-Nov-18	20-Aug-19	572,325	518,053	67.9%	54,272	Operating within budget submission. Program dental billings in excess of budget resulting in reduced overall net expenditures. Program over past few years has been underspent.

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2019 Submission (100%)	Year To Date Expenditures to Sept. 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Enhanced Food Safety	100%	25,000	14-Nov-18	20-Aug-19	18,750	15,908	63.6%	2,842	Operating within budget submission.
Enhanced Safe Water	100%	15,500	14-Nov-18	20-Aug-19	11,625	13,260	85.5%	(1,635)	Operating above budget. Student employed during 2nd quarter resulting in higher expenditures to date. Anticipate being within budget by end of year.
Needle Exchange Initiative	100%	57,000	14-Nov-18	20-Aug-19	42,750	19,967	35.0%	22,783	Operating well within budget submission. Underspending due to additional resources being purchased in prior year. Program plans in place to spend budget by end of year.
Harm Reduction Enhancement	100%	150,000	14-Nov-18	20-Aug-19	112,500	116,004	77.3%	(3,504)	Operating above budget submission due to approved additional Epi services in 1st quarter. Anticipate being within budget by end of year.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	180,500	14-Nov-18	20-Aug-19	135,375	136,011	75.4%	(636)	Operating just above budget submission. Anticipate being within budget by end of year.
Chief Nursing Officer Initiative	100%	121,500	14-Nov-18	20-Aug-19	91,125	91,743	75.5%	(618)	Operating just above budget submission. Anticipate being within budget by end of year.
Smoke Free Ontario (SFO) - Control	100%	100,000	14-Nov-18	20-Aug-19	75,000	72,134	72.1%	2,866	Operating within budget submission.
SFO - Enforcement	100%	202,100	14-Nov-18	20-Aug-19	151,575	152,500	75.5%	(925)	Operating just above budget. Anticipate being within budget by end of year.

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2019 Submission (100%)	Year To Date Expenditures to Sept. 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
SFO - Youth Prevention	100%	80,000	14-Nov-18	20-Aug-19	60,000	32,015	40.0%	27,985	Operating well below budget due to staff gapping since early in 2nd quarter. Plans in place to address surplus funds in the final quarter.
SFO - Prosecution	100%	6,700	14-Nov-18	20-Aug-19	5,025	717	10.7%	4,308	Operating within budget based on program demand.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	14-Nov-18	20-Aug-19	21,975	21,369	72.9%	606	Operating within budget submission.
Medical Officer of Health Compensation	100%	59,187	NA	Awaiting approval	44,390	43,976	74.3%	414	Operating within budget submission. In August, the Ministry approved a 3% increase retroactive to April 1, 2019.
Ontario Seniors Dental	100%	245,005	NA	20-Aug-19	183,754	3,792	2.1%	179,962	Prorated funding approved of \$525,075 for 2019 based on annual funding of \$700,100. In September, request for funding submitted to Ministry for projected costs up to December 31 of \$245,005. Awaiting approval of submission for potential capital funding to support expansion of clinic area. Program activity expected to start November 1, 2019.
Total - Ministry Funded - 2019		10,651,411			7,988,559	7,260,740	68.17%	727,819	

One-Time Programs Funded April 1, 2019 to March 31, 2020

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2019 Submission (100%)	Year To Date Expenditures to Sept. 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
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PHI Practicum	100%	20,000	NA	20-Aug-19	21,849	-	50.0%	21,849	Funding for 2 practicum PHI student for 12 weeks during January - March 2020.
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Programs funded April 1, 2019 to March 31, 2020									
	Funding Type	2019 - 2020	Approved by Board	Approved by Province/Other	YTD Budget \$ (100%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	253,817	6-Mar-19	Awaiting approval	126,909	128,903	50.8%	(1,995)	Operating just above board approved budget. Budget submitted to Ministry on October 24 for approval.
Healthy Babies, Healthy Children	100% MCCSS	928,413	06-Mar-19	19-Aug-19	464,207	448,876	48.3%	15,331	Program now funded on fiscal basis of April 2019 to March 2020. Historically funded on calendar year. Program operating well within budget due to some savings in salary and benefits from changes in staffing positions.
Speech	100% FCCC	12,670	Annual Approval	12,670	6,335	6,335	50.0%	-	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2019

	Funding Type	2019	Approved By Board	2019 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Sept. 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	242,530	272,592	67.7%	(30,062)	Program funded entirely by user fees. Expenditures are within budget, however revenue from User Fees are below budget resulting in a deficit of \$30,062. Anticipated reduced revenue due to two townships no longer having service provided by program. Program reserve available to offset deficit pending final program activity.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	78,000	66,677	68.4%	11,323	Program funded entirely by fees. Program activity commenced in early May. Operating within budget. Higher revenue in 3rd quarter due to completion of inspections. Anticipate program operating close to budget by end of year.
Total - All		12,366,586			8,928,387	8,184,123	66.18%	744,264	

TO:	Stewardship Committee
TITLE:	Q3 2019 Standards Activity Report – Risk Management
DATE:	October 29, 2019
PREPARED BY:	Larry Stinson, Director of Operations
APPROVED BY:	Dr. Rosana Salvaterra, Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

- receive the report, *Q3 2019 Standards Activity Report – Risk Management*, for information; and,
- provide it to the Board of Health at its next meeting for information.

BACKGROUND

The Ontario Public Health Standards Activity Reports are a new set of reporting tools that boards of health are required to submit quarterly as per the Ontario Public Health Standards and Public Health Funding and Accountability Agreement.

The intent of the reports is to communicate quarterly financial forecasts and interim information on program achievements. Through these reports, boards of health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.

The Risk Management portion of this report has been appended for your information. The purpose of this worksheet is for boards of health to report, in a standardized manner, the high risks and key risk mitigations that are currently being managed by each board.

ATTACHMENTS

[Attachment A – Q3 2019 Standards Activity Report – Risk Management Worksheet](#)

Board of Health for the Peterborough County-City Health Unit

2019 Standards Activity Reports

Risk Management







Ref. #	Description	Category	Impact	Likelihood		Overall Risk Rating		Key Risk Mitigations	Date reported to the Board
A	B	C	D	E		F = D x E		G	H
1	IPAC Lapse at Kawartha Endodontics. Potential legal action and personal attacks made against PPH and staff as a result of health protection actions.	Compliance Legal	4	3	4x3		high	Engaged legal representation. Consulted with Ministry of Health staff, police and professional colleges. Monitoring actions of business owner on social and traditional media.	14-Nov-19
2	Plans for amalgamation: potential for staff losses, especially in critical positions and difficulty for recruitment and retention during times of uncertainty.	People / Human resources	5	3	5x3		high	Reviewed succession plan in context of the current environment and will revisit as context changes. Filling vacancies at the management level with temporary positions and monitoring changes to staff level positions at Executive Committee.	14-Nov-19
3	Deferred full implementation of a current Strategic Plan. Continuing with use of previous strategic plan from 2013-2017 and Phase 1 outputs for next strategic plan.	Strategic / Policy	3	5	3x5		high	Management and staff continue to refer to the previous strategic directions, the revised value statements and the outputs from phase one of strategic planning work done in 2018. Priorities for resource allocation are discussed at Executive Committee.	14-Nov-19
4	Plans for amalgamation: potential impacts on local governance representation, local programming and allocations for local health promotion programs.	Political	5	3	5x3		high	The Board of Health and a designated Work Group continue to review information released about amalgamation plans and will continue to advocate for changes to occur in alignment with principles established by the Board.	14-Nov-19
5	Risk of corruption of our technology systems from hacking, ransomware and phishing attacks.	Technology	4	3	4x3		high	Firewall protection; anti-virus software; staff education; regular security audits.	14-Nov-19
6	Uncertain commitment to receiving adequate financial resources to adequately meet the minimum expectations for program delivery. Late in-year approval of provincial portion of budgets.	Financial	4	3	4x3		high	Executive and Management Teams continue to plan and make decisions strategically about priorities and areas where less than full compliance can occur. Board and senior leaders work with funders to ensure planning is based on best available information.	14-Nov-19

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

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

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Oral Report: Association of Local Public Health Agencies (aLPHa) 2019 Fall Symposium
DATE:	November 14, 2019
PREPARED BY:	Dr. Rosana Salvaterra, Medical Officer of Health Mayor Andy Mitchell, Board Member

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *Association of Local Public Health Agencies (aLPHa) 2019 Fall Symposium*, for information.