Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, December 11, 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.

   1.2. **Staff Recognition – Acknowledgement of Years of Service**
   Kerri Tojcic, Computer Technician Analyst (25 years)
   Anne Gallant, Health Promoter (25 years)
   Tracey Stevens, Registered Dental Hygienist (30 years)
   Dr. Rosana Salvaterra, Medical Officer of Health

2. **Confirmation of the Agenda**

3. **Declaration of Pecuniary Interest**

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

   Board Members: *Please identify which items you wish to consider separately from section 9 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.11 9.1.2 9.2 a b c d e f g h i j k l 9.3.1 9.4.1 a b c d e*

5. **Delegations and Presentations**

6. **Confirmation of the Minutes of the Previous Meeting**

- Cover Report

a. November 14, 2019

7. Business Arising From the Minutes

7.1. Curve Lake First Nation – Safe Drinking Water

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- CLFN Notice to Members ***(web hyperlink)***

7.2. Planet Youth

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report
- ICSRA Paper

7.3. Off Road Vehicles

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

8. Staff Reports

8.1. Staff Presentation: Health in Official Plans: A Toolkit Project Update

Presenter: Janet Dawson, Health Promoter

- Cover Report

a. Presentation

8.2. Staff Presentation: Peterborough Public Health's 130th Anniversary in Review

Presenters: Brittany Cadence, Manager, Communications and I.T.
Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Presentation (to be circulated)

8.3. Oral Report: Board of Health Modernization Working Group Update

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

9. Consent Items

9.1. Correspondence for Direction

9.1.1. City of Hamilton - Request for Weekly Data Reports on Vaping Cases

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Statement by Minister Elliott ***(web hyperlink)***

b. City of Hamilton Letter

9.1.2. Public Health Sudbury & Districts - E-Cigarette and Aerosolized Product Prevention and Cessation

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. PHSD Letter

9.2. Correspondence for Information

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

a. Minister Elliott – PH Modernization Timelines
b. Invitation to Jim Pine - Consultations
c. MPP Smith – VCC / NPLC
d. alPHa – OPHA / Conference
e. Minister Hajdu – Vaping
f. Minister Scott – Autism Services
g. alPHa Response – OPHA / Conference
h. OPHA – Speech from the Throne
i. alPHa e-newsletter
j. alPHa – PH Modernization Webinar Overview
k. alPHa – PH Modernization Input
l. City of Hamilton – Co-payment for Dentures

9.3. Staff Reports

9.3.1. Staff Report: Ontario Seniors Dental Care Program Implementation

Donna Churipuy, Director of Public Health Programs

- Staff Report

9.4. Committee Reports

9.4.1. Governance Committee
Michael Williams, Committee Chair

- Cover Report

a. Governance Minutes, Sept. 3/19
b. 2-90 Human Rights and Discrimination
c. 2-92 Workplace Violence and Harassment Prevention
d. 2-151 Volunteer Remuneration
e. 2-280 Complaints, Public

10. New Business

11. In Camera to Discuss Confidential Matters

12. Motions for Open Session

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

Wednesday, January 8, 2020 – 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:	**Meeting Minutes, November 14, 2019**
DATE:	**December 11, 2019**
PREPARED BY:	**Wendy Freeburn, Executive Assistant**
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 November 14, 2019.

ATTACHMENTS

Attachment A – Board of Health Minutes, November 14, 2019

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

In Attendance:

Board Members:	**Deputy Mayor Bonnie Clark**
	Councillor Henry Clarke
	Mr. Gregory Connolley
	Ms. Kerri Davies, Vice Chair
	Deputy Mayor Matthew Graham
	Councillor Nodin Knott
	Mayor Andy Mitchell
	Ms. Catherine Praamsma
	Councillor Don Vassiliadis
	Mr. Michael Williams
	Councillor Kathryn Wilson, Chair
	Councillor Kim Zippel
Regrets:	**Ms. Natalie Garnett, Recorder**
	Mr. Andy Sharpe
	Ms. Alida Gorizzan, Executive Assistant
Staff:	**Ms. Brittany Cadence, Supervisor, Communication Services**
	Ms. Donna Churipuy, Director of Public Health Programs
	Ms. Wendy Freeburn, Executive Assistant - Recorder
	Dr. Rosana Salvaterra, Medical Officer of Health
	Mr. Larry Stinson, Director of Operations

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1. **Call to Order**

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

2. **Confirmation of the Agenda**

   MOTION:
   That the agenda be adopted as circulated.
   Moved: Mr. Gregory Connolley

Seconded: Councillor Henry Clark
Motion Carried: (M-2019-132)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 9.1.3, 9.2 b-i, 9.3.2 a-c, 9.4.1 a-e
Moved: Councillor Kim Zippel
Seconded: Ms. Kerri Davies
Motion Carried: (M-2019-133)

MOTION (9.1.3)
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.*

Moved: Councillor Kim Zippel
Seconded: Ms. Kerri Davies
Motion Carried: (M-2019-133)

MOTION (9.2 b-i):
That the Board of Health for Peterborough Public Health (PPH) receive the following items for information:

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.*

Moved: Councillor Kim Zippel
Seconded: Ms. Kerri Davies
Motion Carried: (M-2019-133)

MOTION (9.3.2 a-c):
That the Board of Health for Peterborough Public Health receive report, Q3 2019 Peterborough Public Health Activities, for information.

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

Moved: Councillor Kim Zippel
Seconded: Ms. Kerri Davies
Motion Carried: (M-2019-133)

MOTION (9.4.1 a-d):

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*

Moved: Councillor Kim Zippel
Seconded: Ms. Kerri Davies
Motion Carried: (M-2019-133)

5. Delegations and Presentations

5.1. Allyship In-Service

Tracey Taylor, Cultural Outreach Coordinator, and Anne Taylor, Cultural Archivist, Curve Lake First Nation provided an in-service on Allyship.

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

Session: Allyship In-Service
Moved: Deputy Mayor Matthew Graham
Seconded: Councillor Henry Clarke
Motion carried: (M-2019-134)

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on October 9, 2019.
Moved: Deputy Mayor Bonnie Clark
Seconded: Councillor Don Vassiliadis
Motion carried: (M-2019-135)

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 provided an update regarding the work taking place to support a community application for a supervised consumption site.

MOTION:
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.
Moved: Deputy Mayor Matthew Graham
Seconded: Ms. Catherine Praamsma
Motion carried: (M-2019-136)

8. Staff Reports

8.1. Staff Report and Presentation: Planet Youth

Sarah Gill, Health Promoter, provided a presentation regarding the Planet Youth project.

MOTION:
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.*

Moved: Deputy Mayor Matthew Graham
Seconded: Councillor Kim Zippel
Motion carried: (M-2019-137)

8.2. Stewardship Report: 2020 Cost-Shared Budget Approval

MOTION:
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.*

Moved: Councillor Henry Clarke
Seconded: Mr. Gregory Connolley
Motion carried: (M-2019-138)

Mayor Mitchell left the meeting at 6:29 p.m.

9. Consent Items

9.1. Correspondence for Direction

9.1.1. All-Terrain Vehicle (ATV) Injuries

MOTION:
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; and,*
- *if not already provided, forward a copy of the June 25th letter to all Townships, Curve Lake First Nation, Hiawatha First Nation and the City of Peterborough.*

Moved: Ms. Kerri Davies
Seconded: Deputy Mayor Bonnie Clarke
Motion Carried: (M-2019-139)

9.1.2. Municipal Alcohol Policies

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

- *receive the letter dated October 18, 2019, from Mr. Denis Doyle, Chair of the Bard of Health for the Kingston, Frontenac and Lennox & Addington Public Health for information;*
- *send a letter to our local municipalities and First Nations, with a copy to local MPPs, 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.*

Moved: Ms. Kerri Davies
Seconded: Deputy Mayor Matthew Graham
Motion carried: (M-2019-140)

9.2. Correspondence for Information

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

- *receive 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; and,*
- *request that staff diarize this item for follow-up in 2020.*

Moved: Ms. Kerri Davies
Seconded: Deputy Mayor Bonnie Clark
Motion: (M-2019-141)

9.3. Staff Reports

9.3.1. Staff Report: Climate Change and Health Vulnerability Adaptation

MOTION:
That the Board of Health for Peterborough Public Health receive the staff report, Climate Change and Health Vulnerability, for information.
Moved: Councillor Kim Zippel
Seconded: Councillor Henry Clarke

Motion carried: (M-2019-142)

9.4. Committee Reports

10. New Business

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

Dr. Salvaterra noted a Ministry webcast launching the next phase of consultations on public health and emergency health services will take place during the Board of Health Modernization Working Group meeting on November 18, 2019.

MOTION:
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; and,*
- *send a letter to alPHa regarding concerns of a recent decision to deny attendance of the Executive Director of the Ontario Public Health Association at alPHa's Fall Conference.*

Moved: Ms. Catherine Praamsma
Seconded: Deputy Mayor Bonnie Clark
Motion carried: (M-2019-143)

11. In Camera to Discuss Confidential Matters

MOTION:
That the Board of Health for Peterborough Public Health in accordance with the Municipal Act, 2001, move In Camera at 6:56 p.m. to discuss three items under:

- *Section 239(2)(b), Personal matters about an identifiable individual, including Board employees; and*
- *Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board.*

Moved: Ms. Kerri Davies
Seconded: Councillor Henry Clarke
Motion carried: (M-2019-144)

Ms. Kerri Davies left the meeting at 6:57 p.m.

MOTION:
That the Board of Health for Peterborough Public Health rise from In Camera at 7:11 p.m.

Moved by: Deputy Mayor Bonnie Clark
Seconded by: Deputy Mayor Matthew Graham
Motion carried: (M-2019-145)

12. Motions for Open Session

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

The next meeting will be held Wednesday, December 11, 2019, at the Dr. J. K. Edwards Board Room, 185 King Street, Peterborough Public Health at 5:30 p.m.

14. Adjournment

MOTION:
That the meeting be adjourned.
Moved: Mr. Gregory Connolley
Seconded: Councillor Henry Clarke
Motion carried: (M-2019-146)

Meeting was adjourned at 7:12 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Business Arising – Curve Lake First Nation Communal Water System**
DATE:	**December 11, 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 update, Curve Lake First Nation Communal Water System, for information.

BACKGROUND

At the November 14th meeting, the Board requested that staff diarize this item for follow-up in 2020.

On November 22nd, the Council for Curve Lake First Nation issued a notice (Attachment A) to their members advising that it will explore the possibility of bringing a class action claim against the Federal Government if there is consensus from the community to pursue this.

Staff will continue to monitor the issue, and will bring this forward to the Board in 2020.

ATTACHMENTS

Attachment A – Curve Lake First Nation Notice to Members re: Communal Water System ***(web hyperlink)***

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Business Arising – Planet Youth Implementation**
DATE:	**December 11, 2019**
PREPARED BY:	**Sarah Gill, Health Promoter**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the update, Planet Youth Implementation, for information.

BACKGROUND

At the November 14th meeting, the Board requested further information on Planet Youth, specifically regarding examples of interventions that could be implemented in the Planet Youth program.

Attached is an article from the Icelandic Center for Social Research and Analysis, it highlights the steps of implementation for Planet Youth in a community. Table 2 on page 7 highlights these examples.

ATTACHMENTS

Attachment A – Planet Youth Implementation

Implementing the Icelandic Model for Preventing Adolescent Substance Use

Alfgeir L. Kristjansson, PhD[1,2]
Michael J. Mann, PhD[3]
Jon Sigfusson, MEd[2]
Ingibjorg E. Thorisdottir, MPH[2]
John P. Allegrante, PhD[4]
Inga Dora Sigfusdottir, PhD[2]

This is the second in a two-part series of articles about the Icelandic Model for Primary Prevention of Substance Use (IPM) in this volume of Health Promotion Practice*. IPM is a community collaborative approach that has demonstrated remarkable effectiveness in reducing substance use initiation among youth in Iceland over the past 20 years. While the first article focused attention on the background context, theoretical orientation, evaluation and evidence of effectiveness, and the five guiding principles of the model, this second article describes the 10 core steps to practical implementation. Steps 1 to 3 focus on building and maintaining community capacity for model implementation. Steps 4 to 6 focus on implementing a rigorous system of data collection, processing, dissemination, and translation of findings. Steps 7 to 9 are designed to focus community attention and to maximize community engagement in creating and sustaining a social environment in which young people become progressively less likely to engage in substance use, including demonstrative examples from Iceland. And Step 10 focuses on the iterative, repetitive, and long-term nature of the IPM and describes a predictable arc of implementation-related opportunities and challenges. The article is concluded with a brief discussion about potential variation in community factors for implementation.*

Keywords: *adolescence; Icelandic Model; implementation; practice-based evidence; prevention; substance use*

INTRODUCTION

This article comprises Part 2 of a two-part series (see Kristjansson et al., 2019, for Part 1) that documents the Icelandic Model for Primary Prevention of Substance Use. In the former article, we described the context, theoretical orientation, and five guiding principles that underlie the Icelandic Prevention Model's (IPM) approach to adolescent substance use prevention, and summarized the evidence for effectiveness. In this article we describe the 10 core steps of effective practice-based implementation of the model.

THE 10 CORE STEPS OF THE ICELANDIC PREVENTION MODEL

Heavily informed by the five guiding principles described in the previous article, the IPM is implemented

[1]*West Virginia University School of Public Health, Morgantown, WV, USA*
[2]*Reykjavik University, Reykjavik, Iceland*
[3]*Boise State University, Boise, ID, USA*
[4]*Columbia University, New York, NY, USA*

Authors' Note: *Address correspondence to Alfgeir L. Kristjansson, Department of Social and Behavioral Sciences, School of Public Health, West Virginia University, Morgantown, WV 26505, USA; e-mail: alkristjansson@hsc.wvu.edu.*

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using 10 core steps (see Table 1). Although there can be some variation in how individual communities implement each step, completing each step is essential to engaging community efforts to prevent substance use among young people. Steps 1 to 3 focus on building and maintaining community capacity for model implementation. Sometimes communities may already have parts of the demonstrated capacity to address the primary prevention of substance use, while other may not. Steps 4 to 9 focus on implementing a process designed to focus community attention and to maximize community engagement in creating a social environment in which young people become progressively less likely to engage in substance use. Finally, Step 10 focuses on the iterative, repetitive, and long-term nature of the IPM and describes a predictable arc of implementation-related opportunities and challenges.

Step 1: Local Coalition Identification, Development, and Capacity Building

Because the IPM emphasizes changes in risk and protective factors at the local level, successful implementation of the model requires a local coalition or team to assume primary responsibility for implementation. Successful local coalitions include four main characteristics. First, maintaining a local ownership and grassroots orientation throughout their work. Although local coalitions often consult and benefit from the unique expertise of outside professionals, decisions should be made at the local level with a high degree of local ownership. Second, successful coalitions consist of a combination of key community members and a specific set of professionals serving in key roles. For example, high-performing coalitions often include school superintendents, principals, and faculty; parents and other caregivers; community professional providers (e.g., public health, medical, mental health, recreation, sports, faith community, law enforcement, etc.); elected officials; and social scientists/researchers able to work in an applied and community-engaged manner. Third, successful coalitions often include "local champions" who are respected members of the community and able to mobilize community and influence action. These individuals can draw a wide range of community members into the process and help the coalition access and garner support from key decision makers and funders. Perhaps most important, local champions should be consensus builders able to help community members and leaders find common priorities on which they can act together. Finally, the most successful coalitions find a way to fund at least one person with paid and protected time to build and maintain coalition capacity, to facilitate coalition activities, and to coordinate and conduct primary prevention implementation. This funding does not have to be new; often existing funds are reassigned for this purpose.

Step 2: Local Funding Identification, Development, and Capacity Building

The IPM intentionally emphasizes long-term contracting, grants, and collaboration as well as permanent reorganization of existing institutional and organizational infrastructure. One of the most important aspects of "matching the scope of the solution to the scope of the problem" (Guiding Principle 5 in Kristjansson et al., 2019) consists of matching how substance use prevention efforts are funded to the enormity of the problem. Changing the social environment takes time. As a result, short-term grants will always be an insufficient means of initiating and sustaining the cultural and community change necessary to prevent future substance use, especially in areas already burdened by a high prevalence of use.

Therefore, the IPM encourages establishing and distributing funding in a minimum of 5-year increments. This shift in funding strategy does not necessarily require an increase in total money spent. Over time, like most true primary prevention approaches, the model promises to be an extremely cost-effective means of reducing the total social and financial costs associated with substance abuse. However, creating these long-term benefits requires that initial investments in efforts designed to change the social environment are given adequate time to do so. In many communities, this requires initiating systems-level changes that include considering how to redeploy existing community financial resources.

Step 3: Pre–Data Collection Planning and Community Engagement

Activities in this step are meant to extend support from the local coalition into the communities themselves. To do so, the local coalition works to raise awareness related to community substance use prevention goals and the model as an intervention framework meant to reduce rates of youth substance use initiation.

Establishing community awareness and support are essential for several reasons. First, the IPM intervention approach is primarily implemented through the routine, day-to-day efforts of local adults as supported by the efforts of engaged local professionals. Early engagement and ownership of the process represent one way to maximize community participation. Second, making

TABLE 1
Summary of the 10 Core Steps of the Icelandic Prevention Model

Community Capacity Building			*Implementation of Core Processes*						*Repetition*
Step 1 (Local Coalition Identification, Development, and Capacity Building)	*Step 2 (Local Funding Identification, Development, and Capacity Building)*	*Step 3 (Pre–Data Collection Planning and Community Engagement)*	*Step 4 (Data Collection and Processing, Including Data-Driven Diagnostics)*	*Step 5 (Enhancing Community Participation and Engagement)*	*Step 6 (Dissemination of Findings)*	*Step 7 (Community Goal-Setting and Other Organized Responses to the Findings)*	*Step 8 (Policy and Practice Alignment)*	*Step 9 (Child and Adolescent Immersion in Primary Prevention Environments, Activities, and Messages)*	*Step 10 (Repeat Steps 1-9 Annually)*
Identify or develop a local prevention coalition, including school superintendents, school principals, school faculty, parents and other caregivers, community professional providers (public health, medical, mental health, recreation, faith community, law enforcement, etc.), elected officials, and other community leaders. Develop collective teamwork and capacity to achieve goals of reduced/eliminated substance use. Identify existing or new resources to include at least one professional dedicated to support coalition activities.	Identify existing and new resources. Reorganize funding to incorporate long-cycle grant funding (5 or more years) and contracting or make permanent structural changes to ensure ongoing funding.	Conduct community and school meetings designed to prepare the community for participation. Describe the Icelandic Prevention Model and data collection procedures, especially those protecting students and ensuring meaningful data collection. Answer community questions before each year's data collection begins.	Distribute consent forms/ introduction letters. Prepare final version of survey. Print surveys (if paper-and-pencil) and/or prepare for online distribution. Collect data from students, with data collection being primarily facilitated by an incentivized school leader, faculty, or staff member. Collect print surveys. Scan print surveys. Data are merged and cleaned. Descriptive data analysis is completed. Diagnostic data analysis is completed	Advertise community meetings using multiple channels. Extend invitations from local coalition "champions" to community and key stakeholders. Reduce barriers to community participation as needed, for example, providing child care, trans portation assistance, and meals as appropriate.	Reports are prepared. Reports are printed and disseminated to all involved using multiple media channels. Reports emphasize user-friendly and jargon free language and easy to interpret charts and graphs. Community presentations are advertised and conducted. Community presentations emphasize user-friendly and jargon free language and easy to interpret charts and graphs. Reports and presentations include no identifying information of individuals and are in confidential ownership of the local community in hand.	Local coalitions guide community in goal-setting activities. Set 3-4 specific goals related to community relevant risk and protective factors. Plan strategies/ actions based on selected goals. Communicate community-selected goals and strategies to parents and other caregivers throughout the community using multiple channels of communication.	Identify ways to align local policies and professional practice with goals selected by the community/ coalition Examples include School improvement plans and other community strategic plans. Identify and pursue necessary changes to current policy and professional practice. Communicate community-selected goals and strategies, as well as updates to policy and practice, to noncoalition, local professionals throughout the community using multiple channels of communication.	Children and adolescents receiving the "treatment" of time spent in a social environment are associated with reduced substance use initiation.	Evaluate opportunities to improve capacity and communication in Steps 1-3. Repeat Steps 4-9.

community members aware of the data collection procedures, explaining how the data collection team ensures it is safe for students to provide honest responses, and responding to community concerns and questions before data collection begins help ensure community trust in the integrity of the research and high rates of student participation. High levels of student participation are critical; acquiring a response rate of 80% or higher at each school facilitates accurate diagnostics and eliminates concerns by local personnel about whether the data accurately represent their specific school-community. Third, making decisions based on high-quality data is central to the IPM. Therefore, ensuring high-quality data collection maximizes the practice-based utility of data and subsequent data-driven diagnostics. Confidence in the data increases the likelihood that they will be used by the coalition and the community in future model steps.

Step 4: Data Collection and Processing, Including Data-Driven Diagnostics

Annually, or bi-annually, data are collected from each individual school and used to (a) monitor rates of student substance use over time, (b) identify locally relevant risk and protective factors that contribute to rates of substance use, and (c) make strategic decisions tailored to each specific school and the area it represents.

The IPM requires population-based data collection within individual local schools, and is not based on samples, randomly assigned or otherwise. This means that the data collection team attempts to collect data from all students in each school. In most cases, because the model is primarily an intervention activity designed for environmental change instead of a research activity, and is conducted without identifying individuals, parental consent has not been required by participating university institutional review boards and government agencies. In addition to the awareness activities described in Step 3 above, parental notification letters are sent to all parents with instructions for what to do if they would not like their child to participate in the survey. Through the combined efforts described in Step 3 and the "opt out" orientation of the parental notification letters, response rates of over 80% are routinely achieved.

The IPM survey includes measures about the incidence and prevalence of substance use in the school-community, as well as those related to the risk and protective factors found in the broader social environment, including well-established risk and protective factors in the model's four main intervention domains: (a) parents and family, (b) school, (c) peer group, and (d) leisure time outside of school.

IPM data are then analyzed with the goal of providing each school-community with diagnostic information describing "essential factors" in their environment. The IPM analysis begins by describing rates of substance use and trends in usage over time. But the central thrust of IPM data analysis is to determine the relative importance of various risk and protective factors on adolescent substance use in each specific school-community, thus ensuring that local coalitions and other community members can identify promising targets of intervention specific to the young people in their areas.

Finally, all data are collected via local schools. Most schools are already heavily tasked and underresourced. Therefore, it is essential to carefully prepare schools for data collection, to minimize the intrusion on school personnel, and to protect school personnel from any negative consequences associated with disappointing findings. Although schools are central to the IPM, they are not primarily responsible for rates of student substance use in any community. Taking steps to ensure that the whole community equitably shoulders responsibility for student substance use helps keep schools engaged in the data collection activities central to the IPM. For more detailed information about IPM data collection, see Kristjansson, Sigfusson, Sigfusdottir, and Allegrante (2013) for a previously published step-by-step description of data collection and preparation procedures.

Step 5: Enhancing Community Participation and Engagement

Although local coalition members and stakeholders are critical to the success of the IPM, parents, caregivers, other professionals, and community members play a comparatively outsized role as well. Changing the social environment requires the collaborative participation of a wide range of community members. Therefore, effective implementation of prevention strategies (see Steps 7-9) requires outreach designed to maximize community participation and engagement in all aspects of the approach. Although the specific strategies selected depend heavily on the norms of the community, it is essential to use appropriate communications and marketing strategies to increase community awareness and uptake of the efforts that will be described in Step 6. For example, encouraging community members to access dissemination reports, attend community presentations and goal-setting meetings, and participate in prevention-oriented activities. Additionally, it

is critical to consider and address additional barriers to participation in upcoming activities such as by providing food, child care, and transportation assistance at community meetings as needed. Early notice, open communication, and barrier-free participation, especially in the context of community social norms that addressing and preventing youth substance use is important, increases community engagement in following IPM steps.

Step 6: Dissemination of Findings

Within 2 to 3 months post each data collection, a detailed report on risk and protective factors and substance use outcomes is prepared by the research team and widely disseminated within each school-community. Report receivers typically include parental groups, school faculty and staff, and other relevant professionals at the school-community level; higher level administrative units such as county, municipality, or area representatives; and elected officials. The model prioritizes a quick turnaround to ensure the real-time utility of the data. All model reports use accessible, jargon-free language and present data using easily understood bar charts and line graphs whenever possible. The goal is for all model reports to be readable and easily understood by majority of community members.

Each report presents results from the data analysis and diagnostic strategies outlined in Step 4 above and include (a) describing rates of current substance use and trends over time and (b) identifying levels of locally relevant risk and protective factors and their relationship to community substance use. Typically, charts include a comparison between each school-community to other unidentified school-communities in the area. Most often, these data are presented in a chart with only the local school-community being featured in the report being identified. Providing comparison data has proven important, as it allows coalition and community members to understand their progress relative to other communities in the area.

Another central feature of the IPM includes considering the needs of noncoalition key stakeholders and presenting data in a manner likely to motivate them to align with and support the model and partake in future prevention activities. The model assumes that providing key stakeholders with data relevant to the level at which they are responsible is more likely to motivate corresponding action at that level than a collection of school-community reports. For instance, in addition to each local school-community report, additional reports are developed that align with the socioecological level that various key stakeholders serve. While school-neighborhood–level officials receive a report summarizing a specific school-neighborhood, school district–, city-, or state-level officials receive reports that are aligned with their catchment area. In this way, local community members bring heightened attention and motivation to data that describes what is happening in their school-communities, whereas higher level officials may bring attention and motivation to data that primarily align with their areas of concern.

Usually, coalition members, community members, and key stakeholders access the information presented in the annual or biannual reports through a community meeting or worksite meeting (e.g., school faculty and staff, county/municipal professionals, elected officials). Such meetings follow the same basic principles as the reports. They prioritize accessible, jargon-free language and present data visually whenever possible. Community meetings are designed to present data in a manner that maximizes community engagement, decision making, and commitment to participate in prevention activities. Often, existing school-based parent groups offer access to their memberships and align their meetings to ensure member participation in the IPM. In some cases, communities use social marketing to extend dissemination of report findings through a wide variety of media channels.

In all cases the local coalition retains ownership of all data collected, as well as all reports and presentations distributed, regardless of whom they may have hired or contracted with to complete these services. Furthermore, decisions regarding how to distribute each report and presentation materials are made by the local coalition sponsoring the IPM.

Step 7: Community Goal-Setting and Other Organized Responses to the Findings

The desired outcome of Steps 1 to 6 is that the local coalition will have led the way in establishing three to four widely supported community goals. Informed by the research evidence and local knowledge of area-based norms and culture, these goals should be focused on reducing risk factors and strengthening protective factors for substance use initiation identified as being especially relevant to the community. Goals should also include specific strategies tailored for success within the community context. Assuming that communities differ widely, the selection of goals and strategies is heavily dependent on local knowledge regarding what goals will resonate among community members and what implementation strategies are most likely to work in each specific

school-community. Individuals may require less motivation to do what they want to do. Likewise, communities may need less motivation to do what resonates with the community as a whole. Therefore, a key aspect of the IPM is a reliance on the wisdom of the local coalition to prioritize goal setting that makes sense to them and is aligned with the research findings. Table 2 includes a menu of examples of commonly selected community goals and strategies that have been widely used as part of the IPM.

Step 8: Policy and Practice Alignment

Once core community goals and strategies are selected by establishing a consensus among community members and researchers, the local coalition works to identify key policies and local mechanisms for achieving the community's intended outcomes and aligning those goals with current policy and practice. This is where administrative leaders and elected officials are often brought into the picture. As examples, in the United States, School Improvement Plans provide an opportunity to align model goals with existing monitoring and enforcement mechanisms. Similarly, in Iceland, the IPM survey findings have influenced laws around cigarette and alcohol advertisement, guiding regulations on outside hours, and parental norms on community-based monitoring efforts.

While Step 6 focused on activating the participation of the community-at-large, Step 8 focuses on activating and aligning the policy-making and professional practice communities with broader community goals. Because a central feature of the IPM is collaboration among groups of people that commonly do not engage with one another, the IPM relies on policy makers and relevant professionals to join community groups as partners willing to add professional weight to locally derived goals and strategies. This type of local–professional integration typifies the model's framework and approach to substance use prevention. Community leadership and participation supported and enhanced by organized professional action.

Step 9: Child and Adolescent Immersion in Primary Prevention Environments, Activities, and Messages

After selecting goals and strategies to reduce risk factors and strengthen protective factors in Step 7 and aligning them with current policies and practice in Step 8, the community is now ready to immerse children and adolescents in the environment designed to achieve these goals. If the core goal of the IPM is changing the social environment, then the core treatment of the model is exposing children and adolescents to changed environments that are aligned with the model's theoretical propositions about preventing substance use initiation. When high-quality data and local diagnostics are properly aligned with community-specific knowledge about what will work in each community, then youth in those environments will be less likely to initiate substance use over time. Therefore, Step 9 focuses on maximizing student exposure to a social environment that is unlikely to breed substance use. Below are demonstrative examples of four goals and five strategies that many municipalities and communities in Iceland have successfully operated as part of their implementation of the model:

Goals

1. Employ special prevention workers in all municipalities (full-time) and schools within them (part-time) with protected time to work on primary prevention.
2. Strengthen parental groups at the school-community level.
3. Decrease late outside hours and unsupervised parties.
4. Increase participation in organized recreational and extracurricular activities.

Strategies

1. Prevention workers communicate with parental groups at the school-community level to increase participation and involvement. Organize regular parental meetings.
2. At parental meetings the research findings are introduced by the research team and used to demonstrate the importance of the issue and that parents need to work together to prevent substance use by their and other youth in the community.
3. Policy makers create guidelines around outside hours based on summer and winter sunlight periods. The guidelines are widely disseminated and advertised.
4. Empowered by participation in parental groups in schools, parents mutually agree to not allow alcohol and other substance use by youth in their homes, to prevent unsupervised parties, and to follow guidelines for outside hours made by policy makers.
5. Policy makers and municipal administrative leaders increase funding for organized recreational and extracurricular activities and create a platform to make such opportunities available to all children and youth.

TABLE 2
Example Icelandic Prevention Approach Community-Developed Goals and Strategies

Domain	*Example Community-Developed Goals*	*Example Community-Developed Strategies*
Family	Improve parental knowledge and understanding of the impact of alcohol, tobacco and other drugs (ATOD) on their children	1. Conduct parent meetings in schools that use local survey findings to demonstrate the preventive impact of family factors on ATOD use 2. Provide original parent educational programs related to the impacts of ATOD on adolescents 3. Connect families to existing educational resources in community, such as existing community campaigns, factually accurate websites, documentaries 4. Initiate regular ongoing educational communications and reminders through social media, phone-based announcement systems, and take-home mail 5. Ensure parents can identify community educational and treatment resources related to ATOD 6. Reduce student access to ATOD in the home
	Strengthen connections and communications between adolescents and their families	7. Increase the amount of time parents spend with children each week 8. Increase parental monitoring to ensure parents are consistently aware of where adolescents are, who they are with, and what they are doing 9. Increase adolescent perceptions of the quality and value of time spent with family members by setting aside routine daily or weekly family time 10. Use clear and consistent parental messages about expectations related to ATOD 11. Ensure all adolescent can identify at least one family member they can ask for help with issues related to ATOD
	Strengthen connections and collaboration between families	12. Increase social cohesion among families through shared activities and communications, e.g., share a monthly meal with your child's friends' families or other shared activity 13. Increase parental comonitoring/co-communication about their children's activities and whereabouts 14. Use parental contracts to agree on common goals and behavioral limits for their children 15. Assemble a group of parents that engage in regular parental walks around the community 16. Develop parent agreements about consistent messages regarding ATOD
School	Strengthen parent appreciation of the benefits of positive student experiences in school and enhance commitments parent-school to partnerships	1. Conduct parent and school personnel meetings in schools that use local survey findings to demonstrate the preventive impact of school factors on ATOD use 2. Establish parent agreements to provide consistently supportive messages to their adolescents about the importance of school 3. Establish agreements from school personnel to provide consistently important messages about the value of family 4. Increase the number of positive communications between parents and school personnel, i.e., catching students doing something "right" 5. Establish parent–school agreements to give each other the benefit of the doubt when communicating about student challenges 6. Conduct or enhance parent–teacher nights/school-wide celebrations of student success 7. Strengthen existing parent–teacher organizations 8. Increase participation of parents as volunteers/comonitors at school and school events
	Improve adolescent wellbeing in schools and enhance the capacity of schools to improve student health and wellbeing	9. Fund and support coordinated school health programs in schools that include effective counseling, clinical services, parent and community engagement, etc., e.g., the Centers for Disease Control and Prevention/ASCD's Whole School, Whole Community, Whole Child model 10. Establish multitiered systems of support for student mental and emotional health that include the following: a. Promoting a positive school climate for all students, including positive relationships with school personnel and classmates b. Proactively identifying groups of vulnerable students and providing prevention services and programs c. Referring students in need of additional individual assistance to community-based or school-based clinical mental health providers 11. Adopt a "health in all policies" approach to all school policy development

(continued)

TABLE 2 (CONTINUED)

Domain	*Example Community-Developed Goals*	*Example Community-Developed Strategies*
	Strengthen adolescent connections to school and school-based messages related to ATOD	12. Engage all school faculty and staff as advocates for ATOD prevention 13. Ensure that all school provide clear pathways to academic and life success 14. Ensure all students can identify at least one adult at school they can ask for help related to issues with ATOD 15. Set clear expectations and consequences regarding using and distributing ATOD use at school and during school activities, e.g., dances, athletic events, field trips 16. Establish or strengthen student clubs or "sober societies" in schools dedicated to ATOD prevention and creating an adolescent culture that supports delaying the use of ATOD
Peers	Improve adult and adolescent knowledge and understanding of the impact of peer influences on ATOD use	1. Conduct parent meetings in schools that use local survey findings to demonstrate the preventive impact of peer factors on ATOD use 2. Conduct parent meetings in schools that use local survey findings to describe local peer norms related to ATOD among community adolescents 3. Provide student educational workshops focused on building positive peer relationships and peer support for positive ATOD-related decision making
	Improve parent knowledge of their children's friends/ friends' families	4. Increase number of parent-supervised activities that include adolescents' friends 5. Increase number of family-to-family activities that include adolescents' friends and their families 6. Increase rates of parents attending students' events featuring their children and their children's friends, e.g., athletic events, recitals, shows
	Increase associations with prosocial peers and decrease associations with peers using ATOD	7. Encourage adolescents' attendance at structured and supervised leisure time activities 8. Encourage adolescents' attendance in structured and supervised youth centers 9. Provide adult role models demonstrating prosocial relationships at home, school, leisure time
	Decrease ATOD access through peers	10. Organize a monitoring system for tobacco and alcohol outlets and appropriate punishments for breaching 11. Enforce legal limits to the sale of alcohol and tobacco to minors
Leisure time	Improve adult knowledge and understanding of the impact of leisure time on ATOD use	1. Conduct parent, policy maker, and other community member meetings in schools that use local survey findings to demonstrate the preventive impact of leisure time factors on ATOD use
	Increase opportunities for structured and organized leisure time activities such as sports, drama clubs, dance, scouting programs, religious groups	2. Raise municipal and area-based funding for organized activities 3. Make organized leisure time activities accessible to all children, ex. distribute a prepaid leisure time card (voucher) to all children, paid for by the municipality 4. Increase the number and range of leisure time options to reflect a wide range of student interests
	Ensure there are safe and healthy places for adolescents to spend time and engage with each other	5. Open area-based youth clubs that are supervised by responsible adults where tobacco and alcohol use are strictly prohibited
	Decrease the number of unstructured and unmonitored leisure time hours among adolescents	6. Decrease rates of late outside hours (e.g., after midnight) 7. Use parental school–community meetings to demonstrate the importance of reasonable limits to late outside hours

(continued)

TABLE 2 (CONTINUED)

Domain	*Example Community-Developed Goals*	*Example Community-Developed Strategies*
	Reduce adolescent access to ATOD during leisure time.	8. Organize a monitoring system for tobacco and alcohol outlets and appropriate punishments for breaching 9. Enforce legal limits to the sale of alcohol and tobacco to minors
Common cross-domain goals		1. Create a cohesive team of adults dedicated to preventing ATOD use among adolescents 2. Coordinate adult participation in strategies related to ATOD prevention 3. Unify adult messages regarding ATOD 4. Reduce adolescent access to ATOD 5. Reduce unstructured and unmonitored hours among adolescents in which they could use ATOD 6. Ensure all adolescent have regular access to adults from whom they feel comfortable asking for help with ATOD issues 7. Sustain community attention, commitment, and action dedicated to preventing ATOD use among adolescents

To cut a long story short, the result of these goals and strategies have been that parental collaboration and co-communication at the local level has been improved substantially throughout large parts of the country, and parental monitoring has increased. Furthermore, late outside hours and participation in unsupervised parties among youth have both decreased greatly, and participation in organized activities such as sports, music, drama clubs, and so on, has increased significantly (Kristjansson et al., 2016; Kristjansson, James, Allegrante, Sigfusdottir, & Helgason, 2010). These holistic changes have then led to decrease in substance use initiation among youth in the country.

Step 10. Repeat Steps 1 to 9 Annually

The effects of the IPM are considerably strengthened over time. At a fundamental level, the model relies on a repetitive and iterative process that increasingly permeates the social and cultural fabric of each school-community year by year. This approach assumes that the relationships among the local coalition and the capacity established between researchers, administrative leaders, policy makers, practitioners, and community members will strengthen if properly attend to in Steps 1 to 3. Similarly, the data collection, analysis, reporting, goal-setting, and alignment described in Steps 4 to 9 will also deepen with repeated use. Continued utilization of research findings to evaluate if progress is being made in the selected goals and strategies will lead to reaffirmation by the community to continue the work. Ultimately, the goal of the IPM is to facilitate a paradigm shift in community norms and culture. A paradigm shift is established incrementally and will most likely require years to fully solidify in most communities. Therefore, repetition and continuation are essential parts of "matching the scope of the solution to the scope of the problem."

DISCUSSION

The IPM proposes the tailoring of specific intervention processes that are consistent with local needs. Therefore, strong participation and collaboration among local community members are essential. Although researchers will provide the results of analyses of routine data to guide community-level practice and give regular feedback, a high degree of participation and leadership among local personnel is necessary to facilitate a long-term change in behavioral sanctions and norms (Sigfusdottir, Kristjansson, Gudmundsdottir, & Allegrante, 2011; Sigfusdottir, Thorlindsson, Kristjansson, Roe, & Allegrante, 2009). As such, the mechanisms underlying the risk and protective factors within the four domains of parents and family, peer group, school, and leisure time that were emphasized in Iceland may not necessarily be appropriate elsewhere. For example, as stated earlier, in Iceland the most effective approach to strong parental involvement and collaboration at the local community level is the parent–teacher organizations within schools. Those are typically organized and maintained by the schools with support from the municipalities. In other places, the local church may be better suited to bring parents together for this purpose. Put differently, what may have worked in Iceland to get parents organized may not necessarily work in other countries. Another example is the area-based sports teams that have played an important role for prevention in Iceland. In other places, schools are often the main provider of organized sports. Whether the data will show sports participation that is affiliated with schools, and that functions similarly for prevention

to the area-based teams in Iceland, is a question to be assessed.

With regard to overcoming the challenges of implementation (see Kristjansson et al., 2019), we underline the guiding principles (the first article) and 10 core steps to implementation (this article) that have been formulated largely in response to the challenges presented in standardizing our description of implementation with this flexible approach. Through experience, both domestically in Iceland and in several other countries, we have learned that when municipalities, cities, and/or other organizational units follow this process, they do tend to produce better outcomes. Furthermore, the IPM is deeply rooted in the premise of collaboration. This is important both across organizations and among individuals, professionals, and laypeople alike. In this respect, the model can be regarded as a process tool to facilitate collaboration for substance use prevention. Challenging the organizational silos and nontransferable funding lines that are often a feature of efforts may be necessary. Team building, capacity assessment, and the procurement of secure funding on the front end of the approach will be paramount for future success. Allowing sufficient time to achieve this capacity building is critical for success in the post–data collection and dissemination phases of implementation. Moreover, allowing the inclusion of all relevant stakeholders in the effort of immersing youth in intervention activities post data translation and local dialogue has shown to be critical for sustainable success of substance use prevention.

In conclusion, the IPM is not a program in the conventional sense but rather a local community collaborative. It emphasizes primary prevention and a shift in local community norms and culture that can be achieved only with access to practice-based local data (Green, 2006, 2008), long-term intervention efforts across a spectrum of prevention activities (Cohen & Swift, 1999), and substantial local input and community voice.

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PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Business Arising: Off Road Vehicles**
DATE:	**December 11, 2019**
PREPARED BY:	**Hallie Atter, Manager, Family and Community Health**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- send a letter to the Ministers of Transportation and Health expressing concern that Bill 107, the *Getting Ontario Moving Act*, 2019 will decrease road safety and increase the risk of injury related to off road vehicle (ORV) use; and,
- copy the Premier of Ontario, Chief Medical Officer of Health, local MPPs, Opposition Health Critics, the Association of Local Public Health Agencies and Ontario Boards of Health.

BACKGROUND

On June 6, 2019, Bill 107, *Getting Ontario Moving Act* received Royal Assent and passed into law. At the time, it was suggested that the changes in this new law would not take effect for 18-24 months to support municipalities in preparing for this legislative change and develop bylaws as deemed necessary. The intention of the law is to enable the upload of new subway builds to the province to ensure subway lines get built faster however also includes changes that are intended to make roads safer, enhance business for tourism operators and make it easier for recreational off-road vehicle drivers to drive on municipal roads unless specifically prohibited.

At the November 14th, 2019 Board of Health Meeting, the Board of Health received a letter from Ms. Jill Darnell regarding all-terrain vehicle (ATV) injuries, for information. The Board of Health directed staff to respond to Ms. Darnell sharing a copy of a 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. Staff were also directed to send information to local municipalities and First Nations for consideration in the development of by-laws related to Bill 107, the *Getting Ontario Moving Act*, 2019.

In October, 2019, Bill 132, the *Better for People, Smarter for Business Act*, was introduced, passed second reading on November 7, 2019 and is currently being considered by the Standing Committee on General Government. This *Act* will outline the necessary changes to Ontario Regulation 316/03 to support the *Getting Ontario Moving Act,* change the definition of Off Highway Vehicles to "2 or more wheels" (versus 3 or more) and outline the specific requirements for a municipality to permit off-road vehicles (ORV) on their roads. Consultation will occur with

the industry, the ORV riding community, municipalities and enforcement services. More information on these updates is expected in January 2020.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Staff Presentation: Health in Official Plans: A Toolkit Project Update**
DATE:	**December 11, 2019**
PREPARED BY:	**Janet Dawson, Health Promoter**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

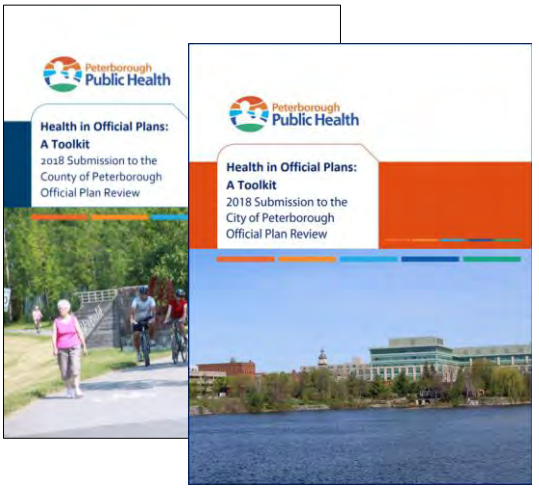
That the Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: Health in Official Plans: A Toolkit Project Update
Presenter: Janet Dawson, Health Promoter

ATTACHMENTS

Attachment A - Presentation

Health in Official Plans: A Toolkit Project Update

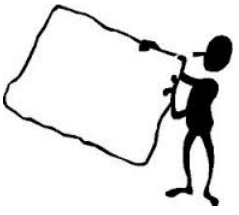
Peterborough Public Health
Board of Health
December 11, 2019
Janet Dawson, Health Promoter



Peterborough Public Health

Scope of the presentation

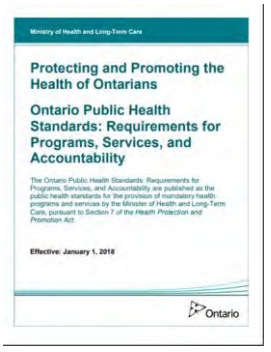
- Public Health mandate re: built environment
- Status of Official Plans in Peterborough
- PPH involvement in local Official Plan Reviews
- Example
- Next steps



Peterborough Public Health

Public Health & Built Environment

- Healthy Environments Standard
  - Goal:
    - **To reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.**

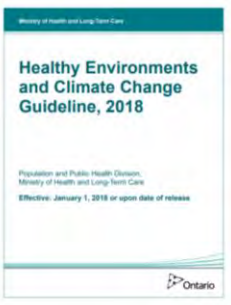


Peterborough Public Health

Public Health & Built Environment

Requirement #1: Engaging with Municipalities:

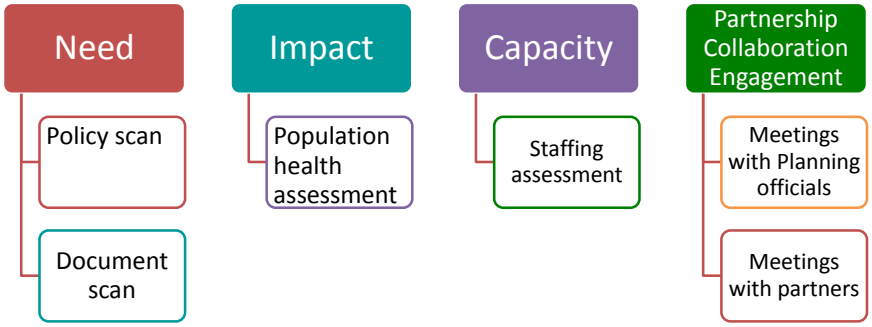
- BOH shall collaborate with municipalities under the Ontario Planning Act to address local impacts of climate change and reduce exposure to environmental health hazards in the community. Collaboration activities include reviewing and providing comments to local planning authorities on regional and local official plans not less than every 5 years as part of the local planning cycle.



Peterborough Public Health

Background work needed

Where to begin?



Peterborough Public Health

Involving a cross section of programs

- Selecting programs/topic areas that will work on this project.

Health Hazards	Cancer Prevention	Tobacco
Physical activity	Injury prevention	Healthy Eating/Food security
Age-friendly	Substance misuse prevention	Healthy housing
Health Equity	Poverty & Health	Child Development

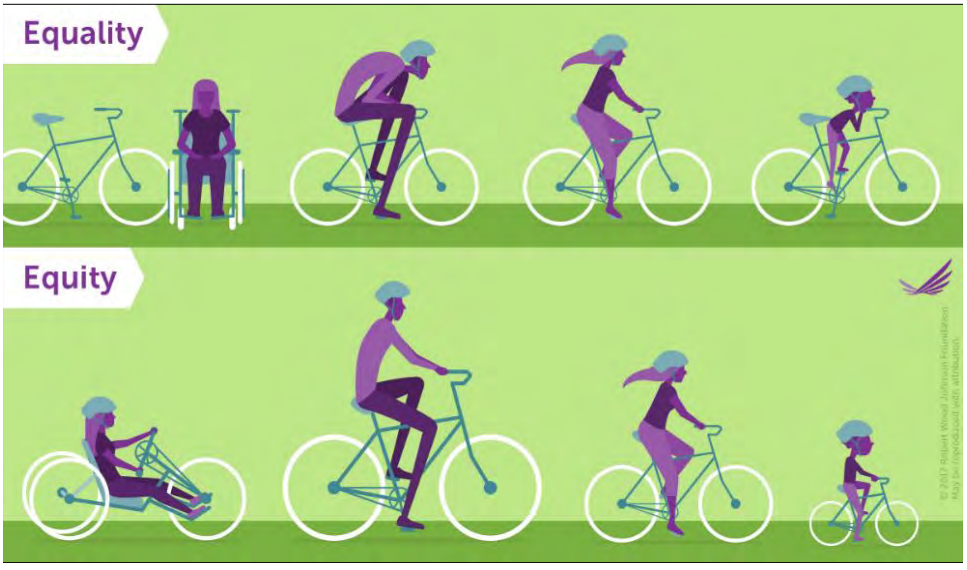
Peterborough Public Health

Grounded in evidence

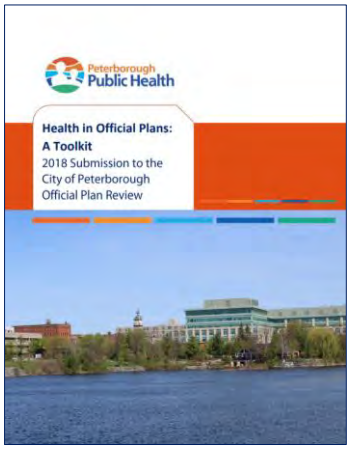
- Healthy Built Environment Linkages toolkit from BC.
- Intended to be a living synthesis of current research on healthy built environments.
- Features a series of illustrations that show the weight of research correlations between planning principles, impacts on the built environment and health outcomes.

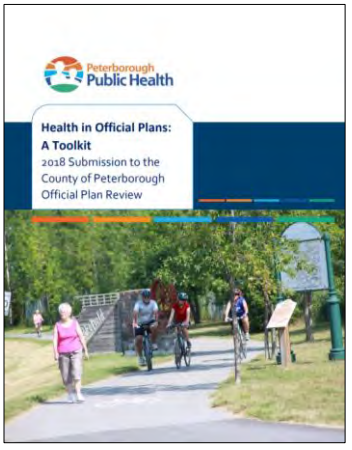
Peterborough Public Health

Adding a health equity lens



Health in Official Plans: A toolkit





Peterborough Public Health

PPH recommendations..

- **Healthy Community Design**
- **Healthy Transportation Systems**
- **Healthy Housing**
- **Healthy Food Systems**
- **Healthy Natural Environments**

Peterborough Public Health

Each report contains…

- Why does this matter in Peterborough?
- How will this impact health?
- What can be done?
- How does this issue link to the PPS and GPGGH?
- What local plans and policies support our recommendation?
- Examples of Official Plan policies.
- Examples of tools to implement Official Plan policies.

Peterborough Public Health

Health in Official Plans: Example

<u>Access to Healthy Food:</u>

- The issue
  - –Food is a basic need for all.
  - –1 in 6 households in Peterborough are food insecure.
  - –Clusters of grocery stores in Peterborough, leaving big pockets of the City without grocery store access.
  - –There has been an increase in ultra processed foods being consumed.

Peterborough Public Health

Health in Official Plans: Example

Access to Healthy Food:

- 2019 City of Peterborough Draft Official Plan section 4.1.5 General Policies for Food Stores (p. 27)
  - "The creation of complete communities is key priority of this Plan. This Plan acknowledges convenient access to healthy food as the cornerstone to achieving complete communities. It is the intent of this Plan to encourage a greater number of small-scale food stores that are well-distributed throughout the City as opposed to fewer, large-scale food stores being concentrated in a few areas of the City."

Peterborough Public Health

Health in Official Plans: Example

Access to Healthy Food:

- 2019 City of Peterborough Draft Official Plan section 4.1.5 General Policies for Food Stores (p. 27)
  - Large-scale food stores will be mapped and distributed across the City by a per capita calculation.
  - Small-scale food stores are a distinct category within the Neighbourhood Supportive Use policies.

Peterborough Public Health

Ongoing involvement with OP reviews…

- Member of the City Official Plan Working Group.
- Provide presentations to planning officials and other stakeholders to share recommendations and research.
- Shared with planning and public health colleagues across the province.
- Ongoing support to policy writing phase of OP review.
- Submit comments during OP commenting periods.

Peterborough Public Health

Janet Dawson, Health Promoter
Peterborough Public Health
705-743-1000, ext. 392
jdawson@peterboroughpublichealth.ca

Peterborough Public Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Staff Presentation: Peterborough Public Health's 130th Anniversary in Review**
DATE:	**December 11, 2019**
PREPARED BY:	**Brittany Cadence, Manager, Communications and I.T.**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:
Staff Presentation: Peterborough Public Health's 130th Anniversary in Review
Presenters: Brittany Cadence, Manager, Communications and I.T.
Dr. Rosana Salvaterra, Medical Officer of Health

ATTACHMENTS

Attachment A - Presentation

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Oral Report: Board of Health Modernization Working Group Update**
DATE:	**December 11, 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 oral report, Board of Health Modernization Working Group Update, for information.

BACKGROUND

This working group met last on November 18, 2019. Membership includes Mayor Mitchell, Kerri Davies, Deputy Mayor Graham, Cathy Praamsma, Councillor Clarke and senior PPH staff.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction – Letter from the City of Hamilton, Request for Weekly Data Reports on Vaping Cases**
DATE:	**December 11, 2019**
PREPARED BY:	**Carolyn Doris, Manager, Family and Community Health**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the letter dated October 30, 2019, from the City of Hamilton regarding a request for weekly data reports on vaping cases, for information;
- send a letter supporting their position to the Ontario Minister of Health requesting that reports of severe pulmonary disease sent to Ontario's Chief Medical Officer of Health by Peterborough Regional Health Centre be shared with Peterborough Public Health's Medical Officer of Health.

BACKGROUND

On September 18, 2019, Minister Christine Elliott released a statement expressing concern regarding the prevalence and possible health consequence of vaping (Attachment A). At that time, Minister Elliott issued a Minister's Order under section 77.7.1 of the Health Protection and Promotion Act requiring public hospitals in Ontario to provide the Chief Medical Officer of Health with statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease.

Communication is sent directly from hospitals to the Chief Medical Officer of Health. As requested by the Mayor of Hamilton (Attachment B), providing this information directly to Peterborough Public Health's Medical Officer of Health is important as part of local surveillance and increasing awareness of the impacts of vaping locally.

ATTACHMENTS

Attachment A: Statement by Minster Elliott ***(web hyperlink)***
Attachment B: City of Hamilton Letter

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliot
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
christine.elliott@pc.ola.org

RE: Request for Weekly Data Reports on Vaping Cases

Dear Minister Elliott,

At its meeting on October 18, 2019 the City of Hamilton Board of Health discussed the potential health effects associated with the use of electronic cigarettes, in particular, the current outbreak of severe pulmonary disease, and your recent order for hospitals to report such cases to Ontario's Chief Medical Officer of Health.

In order to enable Hamilton's Board of Health to better assess the extent of the ill-effects of vaping on the health of those in Hamilton, I am writing on behalf of the Hamilton Board to request that any such reports to Ontario's Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health.

Sincerely,

Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain

.../2

71 MAIN STREET WEST, 2ND FLOOR, HAMILTON, ONTARIO L8P 4Y5 PHONE 905.546.4200 FAX: 905.546.2340

Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction – Letter from Public Health Sudbury & Districts re: E-Cigarette and Aerosolized Product Prevention and Cessation**
DATE:	**December 11, 2019**
PREPARED BY:	**Carolyn Doris, Manager, Family and Community Health**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive for information the letter dated December 3, 2019, from Public Health Sudbury & Districts regarding e-cigarette and aerosolized product prevention and cessation; and,
- send a letter supporting their resolution to the Minister of Health with copies to the Premier of Ontario, Ontario Chief Medical Officer of Health, local MPPs, Opposition Health Critics, the Attorney General of Ontario, the Association of Local Public Health Agencies and Ontario Boards of Health.

BACKGROUND

Public Health Sudbury & Districts passed a resolution at their November 21, 2019 Board of Health Meeting and shared this, along with an infographic (Attachment A) with the Honourable Christine Elliott, Minister of Health. Along with congratulating Minister Elliott on recently announced changes, effective January 2020, banning the promotion of e-cigarettes/vapour products in corner stores and gas stations, the Board of Health also urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.

The previous Smoke-Free Ontario Strategy, released in May 2018, provided an updated framework for tobacco control, guiding direction across the province on tobacco prevention, cessation, protection and enforcement. Considering the increase in use of vapour products and the ongoing prevalence of tobacco use impacting the lives of Ontarians, it is a critical in this time of public health modernization for the Ministry of Health to develop a new comprehensive tobacco and e-cigarette strategy.

A greater proportion of the Peterborough population 12 years and older are currently smoking (2013/2014) compared to both the province and the Peer Group, at 27.0%, 17.3%, and 20.6% respectively.[1] Recent data from 2014/15 demonstrated that 24.1% of Peterborough area students in grades 9 to 12 have tried electronic cigarettes.[2] Further to this, Professor David

Hammond of the University of Waterloo, found that among Ontario youth 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%.[3]
The recent rise in youth addiction to vaping products seen in local secondary schools and requests for prevention supports in elementary schools, speaks to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy now to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

ATTACHMENTS

Attachment A: Letter from PHSD

REFERENCES

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

[2] During the 2014/2015 school year, the Peterborough County City Health Unit (PCCHU) collected data on 1,358 students at six (out of nine) different secondary schools across Peterborough with support from the Propel Centre for Population Health Impact at the University of Waterloo. This represents approximately 15% of the population 15 through 19 according to Statistics Canada's 2011 Census. Source: University of Waterloo. Canadian Student Tobacco, Alcohol, and Drugs Survey. Available: https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

[3] Hammond, D., Reid, J., Rynard, V., Fong, G., Cummings, K.M., McNeill, A., Hitchman, S., Thrasher, J., Goneiwicz, M., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., White, C. (2019) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal* 365:l2219.

Public Health
Santé publique
SUDBURY & DISTRICTS

December 3, 2019

VIA EMAIL

The Honourable Christine Elliott
Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Re: E-Cigarette and Aerosolized Product Prevention and Cessation

On behalf of the Board of Health for Public Health Sudbury & Districts, I am very pleased to convey our congratulations on your recent decision to protect Ontarians by banning the promotion of vapour products in corner stores and gas stations. This is an important first step in reducing exposure and accessibility to vapour products and working toward improving the health of Ontarians.

By the enclosed resolution, the Board of Health further urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education.

Minister, we recognize that your Ministry is committed to establishing a patient centered system for health, and to ensuring system sustainability for Ontarians now and into the future. To this end, we strongly endorse that any vaping strategy is firmly grounded in the connect between vaping and tobacco use.

As you are aware, although vaping is not without risk, tobacco causes nearly 16 000 deaths per year[i] and costs Ontario nearly $7 billion ($2.7 billion direct health care, $4.2 billion indirect costs) annually.[ii] Cigarettes are known to be toxic and cause cancer, lung, and heart disease when used as intended[iii] and nearly one in five Ontarians continue to smoke[iv]. Reducing supply and exposure to products must be part of the system sustainability goal. This holds true for tobacco and anything that may

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t: 705.522.9200
f: 705.677.9611

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

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

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

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

Toll-free / Sans frais
1.866.522.9200

phsd.ca
@PublicHealthSD

promote or normalize its use, such as vaping. Below, we are sharing a compelling infographic developed by Public Health Sudbury & Districts to convey this important message to our publics.

Thank you again for your leadership in the protection of youth from the risks of vaping. We urge you to consider in your next steps the linkages between vaping and tobacco and develop a comprehensive tobacco and e-cigarette strategy. Please know that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

Sincerely,

René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

Enclosures (2)

cc: The Honourable Doug Ford, Premier, Minister of Intergovernmental Affairs
All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable Jamie West, MPP, Sudbury
The Honourable France Gélinas, MPP, Nickel Belt
The Honourable Michael Mantha, MPP, Algoma-Manitoulin
Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Constituent Municipalities within Public Health Sudbury & Districts
The Honourable Doug Downey, Attorney General of Ontario

[i] Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.

[ii] CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2019). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

[iii] Health Canada. (2019). Smoking, vaping and tobacco. Retrieved from https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html

[iv] Ministry of Health and Long-Term Care. (2018). Smoke-Free Ontario: The Next Chapter – 2018. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf

The need for a comprehensive tobacco and e-cigarette strategy

The **rapid** proliferation of e-cigarette use is fuelling mass recruitment of new consumers by an established industry, which profits from nicotine addiction.

Many e-cigarette users are **unaware** of the potential harms of regular or occasional use. There is evidence that e-cigarette use **increases youth uptake of tobacco**.

Tobacco continues to kill its users and cause cancer, lung and heart disease, and grips 1.8 million Ontarians daily.

Ingredients of a **comprehensive tobacco and e-cigarette strategy** include cessation, prevention (denormalization, education, taxation), and protection (enforcement, controls, regulations).

In time, e-cigarettes may be proven to help people quit smoking. What's the message to everyone else?

IF YOU DON'T SMOKE, DON'T VAPE.

Public Health
Santé publique
SUDBURY & DISTRICTS

December 2019

Moved by Hazlett - Thain
Approved by Board of Health for Public Health Sudbury & Districts, November 21, 2019

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**December 11, 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 November 18, 2019 to Minister Elliott regarding previously communicated timelines related to the modernization of public health and dissolution of boards of health.

b. Letter dated November 20, 2019 to Jim Pine, Provincial Advisor, extending an invitation to hold a consultation session in Peterborough.

c. Letter dated November 22, 2019 to MPP Smith regarding support for the Virtual Care Clinic and 360 Nurse Practitioner-Led Clinic.

d. Letter dated November 27, 2019 to the Association of Local Public Health Agencies (alPHa) Board of Directors regarding access to the recent conference.

e. Letter dated November 28, 2019 to Minister Hajdu regarding vaping.

f. Letter dated November 28, 2019 from Minister Smith, Ministry of Children, Community and Social Services, in response to the Board Chair's initial letter dated June 17, 2019, regarding autism services.

g. Letter dated November 29, 2019 from Carmen McGregor, alPHa President, in response to the Board Chair's letter on November 28, 2019.

h. Email dated December 6, 2019 from the Ontario Public Health Association regarding a recap of the Speech from the Throne.

Correspondence from alPHa:

i. E-newsletter dated November 18, 2019

j. Email dated November 19, 2019 providing an overview of the Ministry webinar on public health and emergency health services modernization.

k. Email dated November 20, 2019 requesting input for the public health modernization survey.

Correspondence from other Local Public Health Agencies:

l. City of Hamilton Board of Health regarding Co-payment for dentures.*

*Background: The new Ontario Seniors Dental Care Program is a government-funded dental care program. It provides free, routine dental services for low-income seniors who are 65 years of age or older and includes dentures in its schedule of services. The OSDCP includes partial coverage for denture services for eligible clients. OSDCP denture services may be available through local Public Health agencies, Community Health Centres or Aboriginal Health Access Centres.

Initially, the Ministry of Health indicated that seniors enrolled in the OSDCP would have to provide a 10% co-payment for dentures, however this was recently amended to a co-payment of approximately $80 for a full set of dentures. There are no additional payments for adjustments, repairs or relines. The remainder of the cost will be covered by the OSDCP.

A 10% co-payment would have likely resulted in a substantial barrier for many seniors however the greatly reduced co-payment does not seem to be perceived as a barrier for local seniors. Rather, individuals report that they are content with the amount compared to the high cost of purchasing dentures themselves.

PPH staff will continue to monitor this issue, along with other potential barriers to the OSDCP, as the program is implemented over the coming months.

Peterborough Public Health

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

November 18, 2019

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: ***christine.elliott@pc.ola.org***

Dear Minister Elliott,

Thank you for providing local public health agencies, partners and stakeholders with an opportunity to be engaged in upcoming consultations which officially launched today. Several of our board of health members were in attendance and were encouraged to learn that there would be ample opportunities to provide input to Jim Pine over the next few months. We look forward to participating in the process.

In response to questions, Assistant Deputy Minister (ADM) Alison Blair remarked that the April 2020 date that had been communicated to us by Ontario Chief Medical Officer of Health (CMOH) Dr. David Williams on an April 18, 2019 teleconference with Medical Officers of Health for the dissolution of boards of health was no longer applicable. She also remarked that there are no predetermined outcomes to the consultations and that the Ministry looks forward to receiving and examining the results of the consultation before proceeding with any changes. This was welcomed news.

Minister, it would provide reassurance to our board, staff and municipal stakeholders if you could provide written confirmation that current boards of health will continue to exist and function under the authority of the Health Protection and Promotion Act beyond April 1, 2020 and up until a time that is yet to be determined.

The April 2020 date has had the consequences of fermenting a great deal of uncertainty and fear among our employees. It also makes the recruitment of new staff to fill vacancies very challenging. The announcement of a broad-based and in-depth consultation prior to proceeding with any structural reforms and the commitment not to proceed with changes on April 1 will insert a renewed sense of stability into our sector.

Thank you for your commitment to listening and your determination to ensure public health agencies provide the best possible service to its clients.

We look forward to hearing from you.

Sincerely,

R Salvaterra

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

cc: Alison Blair, Executive Lead, Public Health Modernization; ADM, Emergency Health Services (EHS)
Dr. David Williams, Ontario Chief Medical Officer of Health
Jim Pine, Provincial Advisor, Public Health and EHS Modernization
Colleen Kiel, Director of Strategy and Planning, Ministry of Health

November 19, 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 for the modernization of public health and emergency health services.

In follow-up to the launch of the consultation period, Peterborough municipalities and the Peterborough Public Health Board of Health would like to invite you and your team to utilize our community as a location to conduct face-to-face meetings with stakeholders and parties.

We believe Peterborough can provide both you and invited participants with a site that is easily accessed by road or bus from Toronto, as well as by neighbouring municipalities. It is connected to the GO Train system via a GO Bus departing from the Oshawa station. In addition, both Curve Lake First Nation and Hiawatha First Nation, which have Section 50 Agreements (Health Protection and Promotion Act) with our local board of health, are just a short drive away. As you may be aware, Peterborough is unique as one of the few local public health agencies with these standing agreements.

Peterborough Public Health has a centrally-located facility that would allow up to 120 guests seated theatre style, or 72 café style (with tables). We would be happy to facilitate arrangements for refreshments and food.

Please advise us at your earliest convenience of your interest in holding a consultation in Peterborough by contacting Alida Gorizzan, Executive Assistant to the Board of Health at (705-743-1000 x264, or agorizzan@peterboroughpublichealth.ca).

Sincerely,

Original signed by

Dr. Rosana Salvaterra,
Medical Officer of Health,
Peterborough Public Health

Sandra Clancy
Chief Administrative Officer
City of Peterborough

Troy Speck
Chief Administrative Officer,
County of Peterborough

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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peterboroughpublichealth.ca

November 22, 2019

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

Dear MPP Smith,

The Board of Health (BOH) for Peterborough Public Health (PPH) believes that primary care is the foundation for health care and a critical component of preventing hallway medicine. Peterborough is fortunate to have both the Peterborough Family Health Team (PFHT) as well as the 360 Nurse Practitioner-Led Care Clinic (360 NPLC) as our primary care providers for our communities. PPH works very closely with these partners and relies on them for their support in vital areas of prevention, such as immunization, early identification of developmental delays, screening for chronic disease/cancer and individualized health promotion.

We are aware that as of September 28th, the PFHT had almost 4,000 people registered on the PFHT waiting list and the 360 NPLC had over 650 individuals are registered on theirs. Given our experience with PPH routine immunization and sexual health clinics, we believe that this is only a fraction of people without access to regular comprehensive primary care here in Peterborough. Our community continues to grow in size and in this time of transition to the new Ontario Agency and Ontario Health Teams, we need to ensure that the primary care system keeps pace with the growing demand and need for care.

We are writing to you to request that you champion on behalf of the PFHT and 360 NPLC for urgent and sustained funding to ensure that the Virtual Care Clinic and PFHT Clinic in Lakefield can continue beyond March 2020, when their current funding runs out. Without your intervention, these services will close and people without family physicians will be left with no other option than to go to the PRHC Emergency Department. The 360 NPLC has been requesting the addition of a 5th Nurse Practitioner from the Ministry of Health for the last few years to provide care for an additional 800 patients and has been unsuccessful. It too needs your urgent support so that services can be expanded to meet the needs of a vulnerable population.

We understand that together, these organizations are seeking an additional $350,000 of annual ongoing funding. The BOH wishes you to know that we support this request and believe it needs urgent attention.

We appreciate anything you can do to prevent the closure of the Virtual Care Clinic – we see and hear the benefits of this services every day as it is located in our building. We appreciate any efforts on your part to secure an additional NP for the 360 NPLC so that more vulnerable patients can get the health care they urgently need.

Thank you for your attention to this community health priority.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: The Hon. Christine Elliott, Minister of Health
Renato Discenza, Acting CEO, Transitional Regional Lead for Eastern Ontario LHINs
Peterborough Family Health Team
Peterborough 360 Degree Nurse Practitioner-Led Clinic

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
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peterboroughpublichealth.ca

November 27, 2019

Board of Directors
Association of Local Public Health Agencies
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Sent via email: ***info@alphaweb.org***

Dear alPHa Board Members:

On behalf of the Board for Peterborough Public Health I am writing to express my concern and disappointment regarding recent decisions and actions taken by alPHa's leadership. It was brought to my attention in the days preceding alPHa's Fall Conference that a request had been made to allow the attendance of the Executive Director of Ontario Public Health Association, Pegeen Walsh, which was met with an absolute denial. Despite follow up discussions between our Medical Officer of Health with the Chair of COMOH and alPHa's Board Chair there was no moving off of this position. To me this was shortsighted, reflects a lack of collaborative spirit and was a missed opportunity for broader engagement.

When a system is feeling under threat, there can be a tendency to protect our own interest and see others as competitors instead of potential collaborators. It is my hope that alPHa's leadership can recognize the importance of the collective voice of public health stakeholders and take the opportunity provided to us to work together for a strong and unified public health system. In our Board's resolution, approved at the alPHa AGM in June, we asked that you encourage the province to conduct outreach to all stakeholders. Denying an important colleague attendance at a presentation by our provincial leaders is in complete contradiction to the intent of this statement. Our Board has written several letters to the alPHa Board in the past encouraging a strong working relationship between alPHa and OPHA. There have been many successful outcomes as a result, including shared Work Groups and combined project funding efforts. OPHA and alPHa have different, but overlapping missions, and now more than ever it is important that efforts and resources are combined for the best public health outcomes.

I understand that alPHa is a membership-based organization and its goals are strongly focused on supporting the needs of members. We know, however, that the goals of public health and of local public health agencies cannot be met without partnerships. OPHA is and will continue to be an important resource for the public health system and an important partner for alPHa. I hope the Board can recognize the decision regarding the conference was based on poor judgement and that it will recommit to a more collaborative approach with provincial partners, including OPHA.

Yours truly,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

Peterborough Public Health
1889-2019 LOCAL & STRONG

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November 29, 2019

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Sent via e-mail: ***Patty.Hajdu@parl.gc.ca***

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH 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). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.[1]

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.[2] 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 sixty (60) days of a forming government.

We ask that action using the interim order 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. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health, Ontario
Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

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[1] CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from: https://www.cbc.ca/news/canada/london/middlesex-london-heatlh-unit-vaping-respiratory-illness-1.5288065

[2] CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027

Ministry of Children, Community and Social Services

Minister's Office

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Ontario

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Ms. Kathryn Wilson
Councillor
Chair, Board of Health
Peterborough Public Health
Jackson Square
185 King Street
Peterborough, Ontario
K9J 2R8

Dear Councillor Wilson:

Thank you for contacting the former minister, the Honourable Lisa MacLeod, regarding the Ontario Autism Program (OAP) and the Board of Health's interest in needs-based supports for children and youth with Autism Spectrum Disorder (ASD). As the new Minister of Children, Community and Social Services, I apologize for the delay in responding.

Ontario is progressing towards our commitment of a new needs-based and sustainable program that will improve long-term outcomes for children and youth on the autism spectrum. Over the past few months, I have met with many families, service providers, researchers, clinicians and other experts who also share the goal of providing the best quality care and making a positive difference in the lives of children living with autism and their families.

.../cont'd

To help us achieve our commitment, we formed a 20-member Ontario Autism Program advisory panel made up of parents with lived experience, autistic adults, educators and other experts from a range of disciplines, including psychology, behaviour analysis, rehabilitation services, developmental paediatrics and research. The panel was tasked with providing recommendations on the design of the new OAP within an increased $600-million funding envelope. They reviewed information gathered through extensive public consultations – which included an online survey, telephone town halls, written submissions and MPP roundtables – in addition to considering and analyzing relevant evidence, science and data to inform their recommendations. On October 30, 2019, the government received the advisory panel's final report. It is available online at www.children.gov.on.ca/htdocs/English/documents/specialneeds/autism/AutismAdvisoryPanelReport_2019.pdf.

My colleagues and I are reviewing the report thoroughly and carefully, giving it the time and consideration it deserves. I am confident that the panel's recommendations will serve as a strong foundation for the new Ontario Autism Program.

The ministry has also taken important steps to provide continuity of service for families while providing the necessary time to design and implement a needs-based autism program. Existing behaviour plans have been extended and the ministry will continue to issue Childhood Budgets to children on the waitlist. Families currently in service will continue to receive services outlined in their current behaviour plan until its end date. They will then be able to renew their plan for a second six-month extension at their current level of intensity, or less where clinically appropriate.

Childhood Budgets will continue to be issued to eligible families on the waitlist as of April 1, 2019. Families that receive a Childhood Budget will maintain their position on the waitlist based on their first registration date for entry into the new needs-based program.

The ministry is also working closely with the Ministry of Education to better align and integrate services and supports for school-aged children with autism. We are committed to ensuring Ontario schools are safe and inclusive places for students with autism.

Our goal is to have a sustainable, needs-based Ontario Autism Program that supports as many children and youth with autism and their families as possible. If you have additional questions about the Ontario Autism Program, I encourage you to visit our website at ontario.ca/autism.

Again, thank you for writing.

Sincerely,

Todd Smith
Minister

alPHa
Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006

Councillor Kathryn Wilson
Chair, Board of Health
Peterborough Public Health
185 King Street
Peterborough, ON K9J 2R8

November 29, 2019

Dear Ms. Wilson,

Thank you for your letter dated November 27, 2019. We appreciated hearing from you.

The Association of Local Public Health Agencies (alPHa) supports a strong local public health system in Ontario that maintains a focus on the wellbeing of Ontario's residents, increases efficiencies in service delivery, improves alignments with the health care system, enhances staff recruitment and retention and improves public health promotion and protection. In keeping with this, alPHa works closely with stakeholders, including the Ontario Public Health Association (OPHA), to advance the public health system across Ontario. Here are a few examples of the close working relationship that is shared by OPHA and alPHa:

- **The Ontario Public Health Convention (TOPHC)**
  Public Health Ontario (PHO), OPHA and alPHa annually partner on The Ontario Public Health Convention (TOPHC) which involves actively working together throughout the year. This joint event takes place every March and brings together over 1,000 participants from across the public health sector. This is an opportunity for attendees to explore and discuss strategy, leadership and practice regarding emerging public health issues and changes in the sector. TOPHC also engages in discussions on the implementation and impact of evidence-based and evidence-informed strategies, programs, and policies to promote and protect the public's health; considerations and approaches for enhancing collaboration and partnerships to address current and emerging public health issues; challenges to current public health practice and policy and discuss opportunities and potential solutions to address these gaps; and to create new or enhanced skills to questions and concerns facing public health professionals and clients. PHO, OPHA and alPHa each have their respective President host one of the three days of the event with staff attending and participating throughout the event.

- **Ontario Chronic Disease Prevention Alliance**
  The Ontario Chronic Disease Prevention Alliance (OCDPA) is dedicated to improving the health of all Ontarians. alPHa and OPHA are two of the founding members and continue to be actively involved. The Alliance provides collaborative leadership to support a comprehensive chronic disease prevention system for Ontario. The Alliance members work together to foster communities where population and individual health are supported by healthy societal conditions, public policies, and personal behaviours. Activities include the creation of joint reports and educational material. In addition, there are meetings with MPPs and most recently with the Minister of Health, the Hon. Christine Elliott.

- **EcoHealth Ontario**
  EcoHealth Ontario (EHO) is a collaborative of professionals in the fields of public health, medicine, education, planning and the environment. Members of EHO work together to increase the understanding of the relationships between environment and health with the aim of finding ways to increase the quality and diversity of the urban and rural spaces in which we live. alPHa and PHO jointly represent the interests of Public Health at the table and both organizations have done much, working together, to strengthen the public health connections to the built and green environments.

- **Health Equity Work Group**
  The joint alPHa/OPHA Health Equity Workgroup (HEWG) identifies, recommends and implements strategies that address, diminish and mitigate social inequities in health in Ontario populations. HEWG promotes the inclusion of activities that address the social and economic determinants of health within the mandate of public health units in Ontario. The group advocates for policies at all levels that work to reduce social inequities in health and to monitor advocacy efforts and policy changes at the municipal, provincial and national level that impact inequities in health. It supports knowledge exchange related to health equity principles, competencies and promising practices in public health, health promotion, and disease and injury prevention and to facilitate sharing of tools and resources to health units, the Provincial government and relevant agencies to assist in program and policy development that aim to reduce health inequities.

- **Public Health Early Years**
  The Public Health Early Years (PHEY) group bring together public health professionals from across alPHa and OPHA to speak with one voice to influence evidence-based decisions regarding public health's role in supporting optimal early child development. Established in 2011, PHEY provides a forum for public health units across Ontario and acts as an advisory and workgroup dedicated to improving awareness, understanding and action related to the social determinants of health and early childhood development.

OPHA is represented on our Board as an Associate Member, and while this is a non-voting position, it affords the OPHA representative on our Board the opportunity to update our Board on OPHA activities and to contribute to discussions that inform alPHa's decision-making. In addition, at recent Board meetings, the OPHA representative had the opportunity to participate in discussions with provincial colleagues, including the Minister of Health, the Chief Medical Officer of Health, the Executive Lead for Public Health Modernization and the President and CEO of Public Health Ontario.

As you noted, alPHa is a membership-based organization and we offer a number of member-only events. While there are many public-health related events, conferences, and meetings, including TOPHC, which bring together people from across the public health sector, the annual alPHa conference and symposiums are for our members. This is the basis upon which many speakers and attendees decide to come to our events and it is a key reason for the success of these events. It is a benefit of membership, particularly in a time of Public Health Modernization and with current and future fiscal constraints.

I am sorry that you were unable to have a conversation with me that you requested on Saturday, November 16th and I appreciated the opportunity to speak with Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough Public Health, who took the call in your place. I also welcomed the opportunity shortly thereafter to speak with Karen Ellis-Scharfenberg, President, OPHA and current cross-appointee to the alPHa Board, on Monday, November 18th. We had a constructive conversation regarding alPHa's annual conference and symposiums as member-only events. In addition, alPHa's Executive Director, Loretta Ryan spoke with

OPHA's Executive Director, Pegeen Walsh, on Thursday, November 21st and I understand that they plan to meet again soon. They frequently see each other in meetings, often share information and communicate well with each other. alPHa values this close working relationship with OPHA at the Board and staff levels and we appreciate the open lines of communication.

Please contact alPHa Executive Director Loretta Ryan at loretta@alphaweb.org or 647-325-9594, should you require any further information.

Yours sincerely,

Carmen McGregor
alPHa President

Copy: Dr. Rosana Salvaterra, Medical Officer of Health, Peterborough Public Health
Karen Ellis-Scharfenberg, President, OPHA
Pegeen Walsh, Executive Director, OPHA

From: onpha@memberclicks-mail.net [mailto:onpha@memberclicks-mail.net]
Sent: Friday, December 06, 2019 9:39 AM
To: Rosana Salvaterra <rsalvaterra@peterboroughpublichealth.ca>
Subject: Federal Speech from the Throne: Health and SDOH Commitments

Dear OPHA Members,

December 5th marked the beginning of the 43rd Parliamentary Session with Governor General Julie Payette delivering the Speech from the Throne. As this speech outlines the federal government's goals for the next few years and plans for achieving them, this note provides a summary of the key commitments made related to health and the determinants of health.

The Trudeau government has interpreted the election results as providing them with a "a mandate to fight climate change, strengthen the middle class, walk the road of reconciliation, keep Canadians safe and healthy, and position Canada for success in an uncertain world." The speech outlined a range of commitments touching on mental health, pharmacare, affordable housing, lower taxes, minimum wage, Indigenous health and wellbeing, gun violence, climate change to job creation.

Recognizing its position as a minority government, the speech called for "unity in the pursuit of common goals and aspirations" and signaled the government's intend to "work in collaboration with provinces, territories, municipalities, Indigenous groups, stakeholders, industry, and Canadians to find solutions" to the array of issues facing our country.

We will continue to keep an eye on the federal scene and share with you key developments that effect Canadians' health and wellbeing and signal opportunities to influence healthy public policy

Pegeen

P.S. if you haven't signed up yet for our December 19th Member Only Online Forum on public health modernization, you can do so here.

Summary of Health Related Commitments in the Federal Government's December 5, 2019 Speech from the Throne .

Here's a list of the key commitments made by the federal government related to health and the determinants of heath.

Health:

- Work with provinces, territories, health professionals and experts in industry and academia to make sure that all Canadians can access a primary care family doctor
- Introduce mental health standards in the workplace, increase access to mental health care services as well as supports to address opioids and substance abuse
- Take steps to introduce and implement a national pharmacare program
- Explore the idea of a universal dental care program
- Improve mental health care and housing supports for veterans

Climate Change:

- Protect and preserve the environment and reduce net emissions to zero by 2050
- Continue to put a price on pollution and take steps to make our air cleaner, including planting two billion trees
- Promote clean technology and make energy-efficient homes and zero-emission vehicles more affordable
- Eliminate plastic pollution and find natural substitutes for plastic
- Support those displaced by climate-related disasters
- Protect 25 percent of Canada's land and oceans by 2025

Strengthening the Middle Class:

- Reduce taxes for all but the wealthiest
- Invest in affordable housing and make it easier for first time home buyers
- Make before and after school care more accessible and affordable
- Cut the cost of cell and wireless services by 25 percent
- Strengthen pensions
- Increase the federal minimum wage
- Provide greater support to students (e.g. with loan repayments or mid-career retraining)

Keeping Canadians Safe:

- Ban military-style firearms
- Implement a firearms buy-back program
- Allow municipalities and communities to ban handguns
- Support cities in fighting gang-related violence
- Develop a National Action Plan on Gender-Based Violence

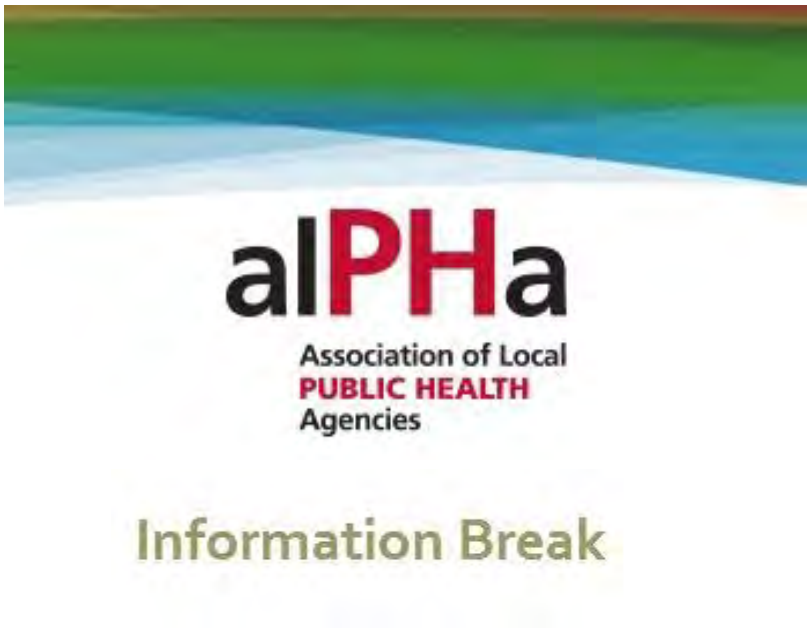
Indigenous Reconciliation:

- Co-develop new legislation with Indigenous peoples to implement the United Nations Declaration on the Rights of Indigenous Peoples as well as to access to "culturally relevant" health care and mental health services
- Compensate Indigenous children who were subjected to the discriminatory child welfare system
- Continue to implement the Truth and Reconciliation Commission's Calls to Action as well as the National Inquiry into Missing and Murdered Indigenous Women and Girls
- Ensure safe drinking water by eliminating all long-term drinking water advisories on reserve by 2021
- Support new infrastructure and other Indigenous priorities, in collaboration with Indigenous partners
- Respect the spirit and intent of treaties, agreements, and other arrangements made with Indigenous Peoples

International Issues:

- Provide targeted resources for international development assistance, including investments in education and gender equality to help the world's poorest and most vulnerable
- Partner with other countries to promote democracy and human rights, the fight against climate change and environmental protection, and the development, ethical use of artificial intelligence and rules-based international order

From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Monday, November 18, 2019 1:14 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - November 18, 2019



November 18, 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, via webinar, the Ministry of Health launched the long-awaited consultation process for public health and emergency health services modernization. The Deputy Premier and Minister of Health, the Hon. Christine Elliott, announced there would be two discussion papers that will "anchor consultations in the coming weeks." Jim Pine, Special Advisor on Public Health and Emergency Health Services, noted the ministry was keen on meeting with as many stakeholders as possible and looked forward to "thoughtful input and dialogue" with stakeholders, who will be invited to make written submissions via email and a Ministry survey during the process. Chief Medical Officer of Health Dr. David Williams outlined a few of the key challenges in the public health discussion paper after speaking to the need for changing the current systems. Alison Blair, ADM, Emergency Health Services and Executive Lead for Public Health Modernization, also spoke to the key challenges facing the emergency health services sector that will be addressed in the consultations. In our ongoing efforts to help members stay updated on the latest news, alPHa will draft a summary shortly on the information presented at the webinar and share it broadly with the membership, so please stay tuned.

On November 15, alPHa submitted a foundational document, *Statement of Principles for Public Health Modernization*, to the Minister of Health, the Chief Medical Officer of Health,

and the Special Advisor and the Executive Lead for Public Health Modernization. Approved by the alPHa Board, the document will inform the association's contributions to the upcoming consultations and is in advance of responses that will be submitted.
View the Statement of Principles here
Go to alPHa's web page on Public Health Modernization

The recently concluded alPHa Fall Symposium, held on November 6, featured many key figures in public health modernization. Minister Christine Elliott provided welcoming remarks to the assembled delegates and confirmed that keeping patients as healthy as possible in their communities and out of hospitals through investments in health protection and promotion is a key pillar in Ontario's comprehensive plan to end hallway health care. She also provided updates on the Public Health Modernization consultations, approaches to reducing youth vaping and the launch of this year's Universal Influenza Immunization Program. Dr. David Williams, along with Alison Blair and Jim Pine, led a panel to update members on the upcoming consultations.

At their November 5 meeting, alPHa Board members met with Jim Pine, Alison Blair and Colleen Kiel from the Ministry of Health. Mr. Pine looked forward to working with the sector during the consultations, noting that he and staff had been given a mandate by the Minister to meet with many stakeholders and to listen to as much feedback as possible. He also shared his expectation that the consultations would be fairly broad in scope and cover much ground on system-related issues.

Fall 2019 Symposium

alPHa held its best-attended Fall Symposium last week in Toronto. More than 130 attendees gathered at the Dalla Lana School of Public Health to hear from high-profile speakers in government and partner organizations on transformation and change management. Ending the day was a reception and guest lecture by Dr. Peter Donnelly, President and CEO of Public Health Ontario. His message was that catastrophic biological risks are ever-present and that investment, vigilance and the capacity to apply lessons learned can only reinforce public health's resident experience and expertise to respond to them.

Many thanks to the members and speakers for participating and the Dalla Lana School of Public Health for providing the venue, all of which helped to make the day a successful event.

Please click the link below to view the slide decks from November 6 and the Section meetings of November 7 (login and password required).
Download the Fall 2019 Symposium & Section Meeting presentations

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alPHa Strategic Plan

The alPHa Board of Directors approved a new 2020-2023 strategic plan at its meeting in November. The three-year plan builds on the previous one, which focused on member relations, and adds an external component that will see alPHa leading the dialogue and

engaging with government and ministries to advocate for the health of Ontarians through a strong local public health system. Click the link below to view the updated alPHa Strategic Plan.
Learn more about alPHa's 2020-2023 Strategic Plan here

Rapid Risk Factor Surveillance System (RRFSS) Update

It's not too late to sign up for the Rapid Risk Factor Surveillance System (RRFSS) 2020 data collection! There are more reasons than ever to be a member of RRFSS: Survey questions can be added at any time during the year on new/emerging issues (such as e-cigarettes and cannabis) and RRFSS sample area/size can be adapted very quickly if needed. Contact Lynne Russell, RRFSS Coordinator, at lynnerussell@rrfss.ca for more information.

News Roundup

Province reorganizes LHINs to five transitional regions and transfers five provincial agencies to new Ontario Health - 2019/11/13

Ontario announces Digital First for Health Strategy to improve patient experience - 2019/11/13

Expert panel releases report, When Antiobotics Fail, on socioeconomic impacts of antimicrobial resistance - 2019/11/12

Ontario undertakes multi-sector provincial climate impact assessment - 2019/11/07

Province releases 2019 Ontario Economic Outlook and Fiscal Review - 2019/11/06

Standing Committee on Public Accounts' Report on Public Health: Chronic Disease Prevention - 2019/11/05

Ontario legislature resumes and announces priorities for upcoming session - 2019/10/28

Province gives $143M funding to municipalities to help lower costs and improve municipal services - 2019/10/25

Government of Ontario bans vaping product promotion outside of specialty stores - 2019/10/25

Ministry of Finance allocates 2020 Ontario Municipal Partnership Fund - 2019/10/24

CIHI releases data on changing opioid prescribing practices - 2019/10/17

Current Consultations of Public Health Interest

Health units and boards of health are invited to provide comments this month on a number of provincial regulatory amendments affecting public health practice. For many of these, the deadline to submit input is November 27, 2019. Click the link below to see a list of proposed amendments.
Go to alPHa's Current Consultations web page

Upcoming Events - Mark your calendars!

Winter 2019 Symposium/Section Meetings -Tentative dates: February 20 & 21, 2020, Toronto.

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; 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.

From: Gordon Fleming [mailto:gordon@alphaweb.org]
Sent: Tuesday, November 19, 2019 9:31 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: alPHa Summary - Public Health and Emergency Health Services Modernization Launch Webcast

ATTENTION
FOR BROAD DISTRIBUTION
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Please find attached alPHa's notes from yesterday's webcast (November 18, 2019) to launch the first phase of the Emergency Health Services and Public Health Modernization consultation process. Along with a summary, links to a recording of the webcast and all of the documents referred to therein are included (reproduced below for quick access).

- Consultation Website English and French (portal to most of what is included below).
- Discussion Paper: Public Health Modernization
- November 18, 2019 Webcast recording
- Survey Tool
- Memo to First Nations / Indigenous Communities

Inquiries and submissions are also welcome through the EHS modernization team's dedicated e-mail address: ehsphmodernization@ontario.ca.

We hope you find this information useful.

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

Summary
Emergency Health Services and Public Health Modernization Webinar
November 18, 2019
10:00 – 11:00 AM

A live webcast was held on November 18, 2019 to launch the first phase of the Emergency Health Services and Public Health Modernization consultation process, featuring remarks from Christine Elliott, Minister of Health and Deputy Premier; Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Executive Lead for Public Health Modernization; and Jim Pine, Special Adviser, Public Health Modernization; followed by a question-and-answer period moderated by Colleen Kiel, Director (Acting), Strategy and Planning Branch, Ministry of Health.

The following is a summary of key messages. Content has been edited and condensed for clarity and to focus on issues of most interest to alPHa's members. A recording of the full webcast is available on the consultation website along with all of the resources referred to therein.

Minister Elliott: Opening Remarks

Minister Elliott characterized this initiative as part of the broader transformation of Ontario's health sector, the goal of which is to ensure that an integrated health system is available to everyone who needs care when they need it. She touched on the progress that has already been made with Ontario Health Teams before introducing the need to ensure that public health and emergency health services are modernized and strengthened in parallel.

She added that municipal partners have clearly communicated the need for a longer and more substantial consultation process, which is what is being launched today. She then introduced the team that will be leading the process to ensure that changes are informed by the expertise and daily experience of those who are on the front lines.

Jim Pine: *Remarks*

Jim Pine introduced the consultation plan, which he characterized as "resetting the discussion" to gather the best ideas that we can and learn from as many stakeholders as possible throughout the province to modernize these two sectors (EHS and Public Health). He clarified that the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector. Two separate discussion papers will be released later today, which will outline key challenges (i.e. the "why") and propose some ideas to address them (i.e. the "what").

Timing and location of the consultations are to be determined, and the aim will be to conduct them as part of existing meetings in a variety of settings and locations to make it as convenient for stakeholders as possible. Submissions in writing will also be welcome and there is a dedicated e-mail address to receive these. A survey tool will also be made available and regular updates will be posted on the Connected Care platform (subscribe to these here). He then reported that they are planning to provide a preliminary presentation of what the team has heard to date at the Rural Ontario Municipal Association conference in January 2020.

David Williams: Remarks

Dr. Williams indicated that neither the challenges facing public health nor the prospect of significant change are anything new, and this is another chance to examine the strengths of the existing system and the emerging issues that are confronting it to generate ideas for a vision of what we want the sector to look like in the long-term. The Discussion Paper will be a core aspect of these discussions, in that it will focus on improving capacity, strengthening alignments with other stakeholders, eliminating duplication and inefficiencies, fostering more consistent priority setting, and ensuring that responses to public health emergencies is robust throughout the province. The team will also be asking stakeholders to provide ideas on the consultation process itself.

Alison Blair: Remarks

Alison Blair focused mainly on the EHS aspect of this consultation. She reiterated that this is in fact a reset and that there are no predetermined outcomes. Please see the recorded webinar if you are interested in more details about this (her remarks begin approximately 20 minutes in).

Colleen Kiel: Q&A

Is there a plan to merge PH and EHS?
No. The discussion papers are separate and the consultations for each are being carried out at the same time simply because of their respective integration with the municipal sector.

Is there consideration of the role of PHO?
Yes. The concept of the "three-legged stool" (Ministry, PHO, local public health) remains foundational and the modernization is expected to touch on all three as part of an iterative process.

What about First Nations and Indigenous communities?
Specific consideration is being given. Please see the memo linked below.

Where and when will consultations take place?
The goal is to start meetings towards the end of this month. Plenty of notice will be provided to allow for proper preparation and every effort will be made to piggyback on existing meetings (e.g. conferences, board meetings etc.). The process itself will be flexible in this regard and ideas about specific timing, locations and engagement with other stakeholders will be welcome. The deadline for submitting responses to the discussion paper questions via the survey tool will be February 10. Initial set of recommendations will likely not happen until early spring 2020.

Will written submissions be accepted?
Written submissions are encouraged and can be transmitted via the ehsphmodernization@ontario.ca e-mail address.

What are the major public health issues now?
Coordination, updating and integration of technology, need for consistency and improving communications to ensure that each part of the system knows what the others are doing. Monitoring of health status is becoming imperative and we need improve the collection and analysis of data for more

timely and decisive responses, better targeting of resources and staff to ensure equity, addressing needs of high-risk groups, and how we apply our epidemiological knowledge to the health care system.

Are the April 2020 dates for implementation that were announced in the 2019 Ontario Budget still valid?
No. We can't implement what we don't know we're implementing.

RESOURCES:

- Consultation Website English and French (portal to most of what is included below).
- Discussion Paper: Public Health Modernization
- November 18, 2019 Webcast recording
- E-mail address: ehsphmodernization@ontario.ca.
- Survey Tool
- Memo to First Nations / Indigenous Communities
- Sign up here to receive Connected Care updates.

alPHa will be making a submission to the consultation and will be requesting feedback from our members to inform it. Please visit alPHa's Public Health Modernization page to view materials collected to date related to this initiative since the 2019 Budget announcement on April 11.

We hope you find this information useful.

From: Gordon Fleming [mailto:gordon@alphaweb.org]
Sent: Wednesday, November 20, 2019 3:58 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: alPHa Submission: Public Health Modernization - Invitation for Member Feedback

ATTENTION
MEDICAL OFFICERS OF HEALTH / CHIEF EXECUTIVE OFFICERS
CHAIRS, BOARDS OF HEALTH
****

Dear alPHa Members,

As you are aware, the formal consultation for the Ontario Government's plan to modernize public health and emergency health services was launched on November 18. The PH / EHS Modernization team (Dr. David Williams, Chief Medical Officer of Health; Alison Blair, Executive Lead for Public Health Modernization; Jim Pine, Special Adviser, Public Health Modernization; and Ministry Staff) will be seeking input from a variety of stakeholders in a variety of formats in the coming months, and alPHa intends to make a formal submission.

To that end, we are seeking input from our members to inform a collective response. This response is intended to reflect the major themes and top priorities that are common throughout the local public health sector while acknowledging that different local circumstances will generate different points of view. Our submission will build upon the alPHa Statement of Principles that was released on November 15, 2019.

We are asking our members to carefully review the Discussion Paper and the alPHa Statement of Principles and provide answers to the consultation questions that have been reproduced in the attached template. In keeping with the theme of finding efficiencies, we are inviting **ONE (1) response per health unit**, **to be submitted to gordon@alphaweb.org by January 3rd, 2020**. Responses will be synthesized, condensed and edited for clarity and respondents will not be identified.

Please note that this is not intended to replace your own responses to the consultation, and we understand that our deadline is well ahead of the Ministry's. We hope that developing your response to alPHa will lay the foundations for your own and alPHa encourages all of its members to provide feedback via the various opportunities being provided during this process to ensure that the local voice is heard alongside the collective one.

Resources

- Discussion Paper: Public Health Modernization
- alPHa Statement of Principles
- alPHa Public Health Modernization Web Page (collected resources).
- Ministry Consultation Portal: Modernizing Public Health and Emergency Health Services

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliot
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

RE: Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program

Dear Minister Elliott,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the Ontario Senior's Dental Program. As a result, the Board of Health was very happy to have this new program, but concerned about a possible co-payment for dentures.

Many seniors in Hamilton cannot afford dental care and either pay out of pocket or forgo regular dental care. As a result, many seniors increasingly seek dental care in hospital emergency departments. Seniors living in low-income areas are two times more likely to visit hospitals than those living in high income areas.

Oral health is linked to overall health and is an important health matter for many seniors in the community. As people age, their oral health may become worse due to medications, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

In Hamilton there are approximately 10,230 seniors who could be eligible for the new Ontario Seniors Dental Care program (OSDCP). Local population health data indicates that 47% of all seniors wear dentures, and without regular dental care it could be surmised that the proportion of low-income seniors would be greater than the overall 47%. Dentures are important functional appliances to replace missing teeth. Dentures allow people to speak and chew properly therefore supporting good nutrition, communication, social interaction and self esteem.

.../2

The purpose of the new OSDCP program is to increase access and reduce barriers to care so low-income seniors could be provided with proper dental care and maintain good oral health, without the cost of dental care being a factor.

Given that the cost of dental care has been identified as one of the main barriers to care, imposing a 10% co-payment would compound this barrier and dentures would remain inaccessible for many low-income seniors. This would adversely affect seniors' overall quality of life and is contrary to the original purpose of the program. Due to the factors listed above, we are opposed to the possibility of a 10% co-payment for the OSDCP.

Sincerely,

Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Ontario Seniors Dental Care Program Implementation**
DATE:	**December 11, 2019**
PREPARED BY:	**Christine Post, 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 the staff report, *Ontario Seniors Dental Care Program Implementation*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications for the Board of Health (BOH) arising from this report.

BACKGROUND

This report provides an update on the implementation of the Ontario Seniors Dental Care Program (OSDCP) at Peterborough Public Health, building on a presentation made to the BOH on September 18, 2019.

Key Elements of the OSDCP:

The Ontario Seniors Dental Care Program (OSDCP) was officially launched on November 20, 2019, as a new program to help meet the dental needs of low income seniors in Ontario. In Peterborough City and County the program is being delivered by Peterborough Public Health, in the Community Dental Health Clinic at 185 King Street.

In order to be eligible, a person must:

- Be a resident of Ontario
- Be age 65 or older
- Have an annual net income of **$19,300** or less for a single person, or a combined annual net income of **$32,300** or less for a couple
- Have no access to any other form of dental benefits (e.g., through private insurance or other government programs. Access to the NIHB program makes First Nations Seniors ineligible.

Dental services covered under this program include the following:

- Examinations/assessments
- Preventive services (e.g., cleanings)
- Restorative services to repair broken teeth and cavities

- X-rays
- Oral surgery services to remove teeth or abnormal tissue
- Anaesthesia
- Endodontic services to treat infection and pain
- Periodontal services to treat gum conditions and diseases.

Prosthodontic services, including dentures, will also be covered under the OSDCP, but the Community Dental Health Clinic at Peterborough Public Health is not initially providing these services. Similarly, partnerships will be developed in the future to provide those endodontic services and oral surgery services which cannot be provided in our clinic.

In order to enroll in the OSDCP, seniors may fill out an application form online on the website of the Ministry of Health at www.Ontario.ca/SeniorsDental; print, fill out and mail in an application; or obtain a paper copy and get support completing an application at Peterborough Public Health.

If a senior doesn't have a social insurance number, or hasn't filed a Personal Income Tax return for the most recent tax year, they can still apply for the program, using a special form, and a Guarantor. Emergency dental services are also available to seniors who are not yet enrolled in the OSDCP, but individuals need to enroll in the program to receive additional services.

It is anticipated that about 1,200 seniors may make use of the program in Peterborough City and County each year. An annual budget of $700,100 has been approved for Phase 1, pro-rated to reflect a mid-year implementation date.

Stage 1 Update:

Ministry of Health:

Over the last three months, the Ministry of Health has finalized the OSDCP *Application Form* and *Application through Guarantor Form*, and the *Schedules of Dental Services for Dentists and Non-Dentist Providers* under the OSDCP. They have also produced OSDCP communication products in the form of brochures, posters and fact sheets, and placed supporting information on their website. A telephone Contact Centre has been opened to support seniors through the application process. The electronic reporting system (OHISS), used in our other dental programs, has been expanded to incorporate information from the new seniors dental program.

Peterborough Public Health:

Public Communication: Following the provincial launch of the OSDCP, an introductory e-mail was sent to 63 community organizations, municipal CAOs, all local dentists and family physicians under Dr. Salvaterra's signature. An OSDCP webpage was created on the PPH website, and a dedicated PPH telephone extension (Ext 321) was activated to respond to calls from members of the public. To date, over 90 calls have been answered. Two staff members are also providing one-on-one assistance at PPH to seniors to help them enroll in the program. A local media launch, hosted by our representing MPPs is planned for Friday, December 13th at the Community Dental Health Clinic. This event will provide an opportunity to highlight the program through local television, radio, and newspaper outlets.

Program Delivery:
Staffing: Planning and development of the OSDCP is currently supported by the Director of Public Health Programs, a full-time Health Promoter, and an Administrative Assistant. Within the Clinic, a new full-time Certified Dental Assistant has been brought on board. An Oral Health Manager, additional part-time dentist(s) and a Registered Dental Hygienist are being recruited.

Clinic Operation: Additional hours of service for seniors have been made available in the Clinic, and the Clinic reception area is being re-designed to better serve clients. To date, two clients have been seen on an emergency basis, but we have not yet had visits from enrolled clients. It is anticipated we will be able to serve 18 seniors per week once Stage 1 is fully up and running.

Partnerships with Dental Professionals: Management staff are presently working with other members of the dental community to develop partnerships to support the delivery of specialized services such as dentures, endodontic and oral surgery services.

Stage 2 Update:

A capital application was submitted in the summer of 2019 for Stage 2 of the OSDCP. It includes building two more dental suites on the first floor at 185 King Street, creating more storage space and increasing staff by 4.3 full-time equivalents (FTE). We are anticipating a response shortly.

If we receive Ministry approval we will be asked to develop a business case for renovations, with further design and costing details.

STRATEGIC DIRECTION

The development and implementation of the Ontario Seniors Dental Care Program at Peterborough Public Health supports the BOH strategic directions of *Community-Centred Focus, Determinants of Health and Health Equity, and Capacity and Infrastructure.*

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Governance Committee Report**
DATE:	**December 11, 2019**
PREPARED BY:	**Alida Gorizzan, Executive Assistant, on behalf of Michael Williams, Committee Chair**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive meeting minutes of the Governance Committee from September 3, 2019, for information; and,
- approve the following by-laws and policies:
  - *2-90 Human Rights and Discrimination (reviewed, no changes)*
  - *2-92 Workplace Violence and Harassment Prevention (reviewed, no changes)*
  - *2-151 Volunteer Remuneration (revised)*
  - *2-280 Complaints, Public (revised)*

BACKGROUND

The Governance Committee met last on November 19, 2019. At that meeting, the Committee requested that these items come forward to the Board at its next meeting.

ATTACHMENTS

Attachment A – Governance Minutes, September 3, 2019
Attachment B – 2-90 Human Rights and Discrimination
Attachment C – 2-92 Workplace Violence and Harassment Prevention
Attachment D – 2-151 Volunteer Remuneration
Attachment E – 2-280 Complaints, Public

Board of Health for
Peterborough Public Health
MINUTES
Governance Committee Meeting
Tuesday, September 3, 2019 – 5:00 p.m.
Mississauga Room, 185 King Street, Peterborough

Present:	**Deputy Mayor Bonnie Clark**
	Mr. Greg Connolley
	Ms. Kerri Davies
	Mr. Michael Williams, Chair
Regrets:	**Councillor Don Vassiliadis**
Staff:	**Ms. Natalie Garnett, Recorder**
	Mr. Larry Stinson, Director of Operations

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1. Call to Order

Mr. Williams, Chair, called the meeting to order at 5:00 p.m.

2. Confirmation of the Agenda

MOTION:
That the Agenda be accepted as circulated.
Moved: Mr. Connolley
Seconded: Ms. Davies
Motion carried. (M-2019-014-GV)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

5. Delegations and Presentations

6. Confirmation of the Minutes of the Previous Meeting

MOTION:
That the minutes of the Governance Meeting of April 2, 2019 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Mr. Connolley
Seconded: Ms. Davies
Motion carried. (M-2019-015-GV)

7. Business Arising from the Minutes

8. Staff Reports

8.1 By-laws, Policies and Procedures for Review

MOTION:
That the Governance Committee recommend that the Board of Health for Peterborough Public Health approve the following:

- *By-law Number 5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health (revised)*
- *By-law Number 10, Conduct of Open and In-Camera Meetings (no changes)*
- *2-153 Board Remuneration Review (revised)*
- *2-402 Immunization (no changes)*

Moved: Deputy Mayor Clark
Seconded: Ms. Davies
Motion carried. (M-2019-016-GV)

9. Consent Items

10. New Business

10.1 Update – Fundraising Strategy

With the changes proposed for local Heath Units, it was decided not to proceed with examining the Fundraising Strategy.

MOTION:
That the Update- Fundraising Strategy be received for information.
Moved: Ms. Davies
Seconded: Mr. Connolley
Motion carried. (M-2019-017-GV)

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

13. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on November 19, 2019.

14. Adjournment

MOTION:
That the Governance Committee meeting be adjourned.
Moved by: Mr. Connolley
Seconded by: Deputy Mayor Clark
Motion carried. (M-2019-018-GV)

The meeting was adjourned at 5:17 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-90	**Title:** Human Rights and Discrimination
Approved by: Board of Health **Signature:** *Original signed by Board Chair* **Date** (YYYY-MM-DD)**:** 2017-03-08		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2011-11-09** **Author:** Medical Officer of Health
Reference: Board of Health Policy 2-92, Workplace Violence and Harassment Prevention Board of Health Policy 2-280, Complaints Organizational Policy 12-101, Complaints, Employee		

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

POLICY

The Board of Health for Peterborough Public Health (PPH) recognizes that the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world and is in accord with the Universal Declaration of Human Rights as proclaimed by the United Nations.

Ontario's Human Rights Code provides for equal rights and opportunities without discrimination that is contrary to law. The Board of Health recognizes the right of all persons living within the public health unit to equal access, where eligible, to all its programs and services, free from discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, record of offences, family status or disability.

As an employer, the Board of Health recognizes that the right to "equal treatment with respect to employment" ensures freedom from discrimination that is contrary to law and covers applying for a job, being recruited, training, transfers, promotions, dismissal and layoffs. It also covers rate of pay, overtime, hours of work, holidays, benefits, shift work, discipline and performance evaluations.

We will support the accommodation of employees and job applicants who require workplace accommodation under any of the grounds described in the Human Rights Code. We will work to achieve a workplace free of barriers by providing accommodation for the needs of those individuals covered by the Code, up to the point where it causes undue hardship for the Board.

All employees, students, volunteers and clients of the board of health have the right to be free from humiliating or annoying behaviour that is based on one or more grounds in the Code. Harassment requires a "course of conduct," which means that a pattern of behaviour or more than one incident is usually required. Please refer to Board of Health Policy 2-92, Workplace Violence and Harassment Prevention.

For all other Human Rights and Discrimination complaints, employees should refer to Organizational Policy and Procedure 12-101, Complaints, Employee. Clients of PPH should follow Board of Health policy 2-280, Complaints, to report any incidents experienced while accessing PPH programs or services.

No employee will suffer reprisal for filing a complaint in good faith.

Review/Revisions

On (YYYY-MM-DD)**:** 2011-11-09
On (YYYY-MM-DD)**:** 2014-11-12
On (YYYY-MM-DD)**:** 2017-03-08
On (YYYY-MM-DD)**:**

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-92	**Title:** Workplace Violence and Harassment Prevention
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 2011-11-09**
Signature: *Original signed by Board Chair*		**Author:** Medical Officer of Health
Date (YYYY-MM-DD)**:** 2017-03-08		
Reference: Occupational Health and Safety Act, Section 32 Board of Health Policy 2-90, Human Rights and Discrimination Board of Health Policy 2-280, Complaints Organizational Policy 12-380, Harassment - Workplace		

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POLICY

The Board of Health for Peterborough Public Health (PPH) is committed to providing a work environment in which all individuals are treated with respect and dignity.

The PPH Board of Health is committed to the prevention of workplace violence and harassment and is ultimately responsible for employee health and safety. We will take whatever steps are reasonable to protect our employees from workplace violence from all sources.

Violent behaviour or harassment in the workplace is unacceptable from anyone. This policy applies to all employees, volunteers, students and other members of the public participating in a program or receiving a service offered by PPH. Everyone is expected to uphold this policy and to work together to prevent workplace violence and harassment and will be held accountable by the employer.

Harassment may also relate to a form of discrimination as set out in the Ontario Human Rights Code, but it does not have to. Ontario's Human Rights Code states that "Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status or disability." Sexual harassment, including solicitation, is also prohibited under the Human Rights Code. Please refer to Board policy 2-90, Human Rights and Discrimination, for further details.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. These functions include management's right to:

- establish terms and conditions of employment;
- maintain order, discipline, and efficiency;
- hire, discharge, direct, transfer, classify, promote, demote or discipline employees; and,
- generally manage the organization.

Employees are encouraged to report any incidents of workplace violence or harassment please refer to Organizational policy 12-380, Harassment – Workplace, to report these incidents. The Board of Health will ensure that t**here will be no negative consequences for reports made in good faith**. Management will investigate and deal with all concerns, complaints, or incidents of workplace violence or harassment in a timely and fair manner while respecting employees' privacy, to the extent possible.

Nothing in this policy prevents or discourages an employee from filing an application with the Ontario Human Rights Tribunal on a matter related to the Ontario Human Rights Code within one year of the last alleged incident. An employee also retains the right to exercise any other legal avenues available.

There is a workplace violence and harassment prevention program that implements this policy and complies with Section 32 of the *Ontario Occupational Health and Safety Act*. It includes measures and procedures to protect employees from workplace violence, a means of summoning immediate assistance and a process for employees to report incidents, or raise concerns. The program outlines how the employer will investigate and deal with incidents or complaints of workplace violence or harassment and any other elements prescribed in the regulation.

The PPH Board of Health as the employer will ensure that this policy and the supporting organizational policy and procedures are implemented and maintained and that all employees and supervisors have the appropriate information and instruction to protect them from violence in the workplace. Supervisors will adhere to this policy and the supporting program. Supervisors are responsible for ensuring that measures and procedures are followed by employees and that employees have the information that they need to protect themselves. Every employee must work in compliance with this policy and the supporting organizational policy and procedures.

Clients of PPH should follow Board of Health policy 2-280, Complaints, to report any incidents of violence and/or harassment experienced while accessing PPH programs or services.

This policy is to be reviewed annually by the board of health and posted in the workplace.

Definitions

Bullying[1]: A conscious, willful, and deliberate hostile activity intended to induce intimidation through the threat of further emotional or physical harm. It includes the following three elements:

1. Imbalance of power: The bully can be older bigger, stronger, more verbally adept, higher up on the social ladder and/or decision-making ladder (i.e. people with authority over others), of a different race or of the opposite sex.
2. Intent to harm: The bully means to inflict emotional and/or physical pain, and expects the action to hurt. Bullying is no accident, mistake, or slip of the tongue.
3. A pattern of behaviour: The negative behaviour toward the victim has happened more than once and has caused fear in the victim that it will happen again.

Workplace bullying[2]: Persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress.

Workplace harassment[3]*:* Engaging in a course of vexatious comment or conduct against a worker, in a workplace, that is known or ought reasonably to be known to be unwelcome.

Workplace violence[4]*:*
(a) the exercise of physical force by a person against an employee, in a workplace, that causes or could cause physical injury to the employee,
(b) an attempt to exercise physical force against an employee, in a workplace, that could cause physical injury to the employee,
(c) a statement or behaviour that it is reasonable for an employee to interpret as a threat to exercise physical force against the employee, in a workplace, that could cause physical injury to the employee.

Vexatious: An act by a person in order to annoy, embarrass or otherwise aggravate another person.

References:

[1]Anoka-Hennepin School Board definition
[2]Amicus-MSF trade union
[3]Ontario Occupational Health and Safety Act
[4]Ontario Occupational Health and Safety Act

Review/Revisions:
On (YYYY-MM-DD)**:** 2011-11-09
On (YYYY-MM-DD)**:** 2014-11-12 (2-94 incorporated and retired)
On (YYYY-MM-DD)**:** 2017-03-08
On (YYYY-MM-DD)**:**

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-151	**Title:** Remuneration of Board of Health Volunteers
Approved by: Board of Health **Signature:** *Original signed by MOH* **Date** (YYYY-MM-DD)**:** 2017-06-14		**Original Approved by Board of Health** **On** (YYYY-MM-DD)**: 2015-01-14** **Author:** Director of Operations
Reference: 2-150 Remuneration of Members		

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

OBJECTIVE

The Board appreciates community members volunteering their time, wisdom and experience to help the organization achieve its mission and does not believe it appropriate for a volunteer to have to pay to generously give of their time when providing assistance to the Board.

POLICY

Volunteers on board of health Committees will be reimbursed for all "out-of-pocket" costs. Out-of-pocket costs include mileage, parking and any other expense the volunteer may incur while volunteering for the board of health. Mileage will be reimbursed at the current Peterborough Public Health staff rate.

Volunteers appointed to the Indigenous Health Advisory Circle by the Board of Health will be entitled to a meeting honorarium equal to eligible board members, as per policy 2-150.

PROCEDURE

Volunteers should advise the Executive Assistant (EA) to the Medical Officer of Health of any expenses incurred, including the number of kilometers driven. Receipts should be submitted where available.

The EA will prepare the required paperwork for approval and payment.

Review/Revisions

On (YYYY-MM-DD)**:** 2015-01-14
On (YYYY-MM-DD)**:** 2017-06-14
On (YYYY-MM-DD)**:**
On (YYYY-MM-DD)**:**

PETERBOROUGH PUBLIC HEALTH
Board of Health
POLICY AND PROCEDURE

Section: Board of Health	**Number:** 2-280	**Title:** Complaints, Public
Approved by: Board of Health		**Original Approved by Board of Health On** (YYYY-MM-DD)**: 1997-02-12**
Signature: *Original signed by Board Chair*		**Author:** Medical Officer of Health
Date (YYYY-MM-DD)**:** 2017-09-13		
Reference:		

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

POLICY

Objective

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

All complaints received by members of the Board of Health will be referred to the Medical Officer of Health for investigation and follow up.

PROCEDURE

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Peterborough Public Health (PPH) staff. Submissions can also be sent via e-mail to info@peterboroughpublichealth.ca.

2. One copy of the complaint is forwarded to the applicable Director and another copy is forwarded to the Medical Officer of Health. The Director has fourteen days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the Medical Officer of Health.

3. If the response is not satisfactory to the complainant he or she will be directed to the Medical Officer of Health for follow-up.

4. The Medical Officer of Health will investigate the complaint and issue a report to the complainant within two weeks. If the Medical Officer of Health is of the opinion that the complaint is frivolous, vexatious, made in bad faith, or an abuse of process, she/he will bring it to the attention of the Board.

~~4.~~5. ~~Board members will forward all complaints received from the public, stakeholders, and partners to the Medical Officer of Health.~~ Should a Board member be approached directly with a complaint, they will advise the complainant to submit their grievance using the process outlined in this procedure.

~~5. The Medical Officer of Health will investigate the complaint and issue a report to the Board member within two weeks.~~

~~6. If the issue is not resolved to the satisfaction of the Board member, the issue will be brought to the attention of the Chairperson of the Board of Health.~~

~~7. The Chairperson of the Board of Health, in consultation with the board member who received the complaint and the Medical Officer of Health, will attempt to resolve the issue.~~

~~8. If the issue is not resolved, the Chairperson of the Board of Health will refer the matter to the Board of Health for a final decision. The parties involved would be invited to present their concerns to the Board of Health.~~

~~9.~~6. The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health. This report will be provided to the Board no later than in the first quarter of the following year.

~~10.~~7.

Review/Revisions

On (YYYY-MM-DD)**:** 2009-02-11 (Board)
On (YYYY-MM-DD)**:** 2015-09-09 (Board – procedure 2-281 incorporated)
On (YYYY-MM-DD)**:** 2017-09-13
On (YYYY-MM-DD)**:**