Board of Health for Peterborough Public Health AGENDA

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

1. Call to Order

Councillor Henry Clarke, Chair

1.1. Welcome and Opening Statement

We acknowledge that where we meet is the land and territory of the Anishnaabeg [Ah-nish-naw-beg] people. We gather with gratitude to our Mississauga neighbours. We say "meegwetch" to thank them and other Aboriginal peoples for taking care of this land from time immemorial and for sharing this land with those of us who are newcomers. Out of that gratitude, we are called to treat the land, its plants, animals, stories, and its Peoples with honour and respect. We are all Treaty people.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

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

5. Delegations and Presentations

5.1. Presentation: Inaakonigewin Andaadad Aki: Michi Saagiig Treaties

Introduction - Chief Phyllis Williams

- Cover Report (p. 5)
- 6. Confirmation of the Minutes of the Previous Meeting
 - 6.1. February 14, 2018

- Cover Report (p. 6)
- a. Minutes February 14, 2018

7. Business Arising From the Minutes

8. Staff Reports

8.1. Staff Presentation: Community Dental Health Centre Move Update

Patti Fitzgerald, Manager, Child Health Services

- Cover Report (p. 13)
- a. Presentation

8.2. Staff Presentation: The Case for Smoke-Free Movies

Logan Kelly, Peer Leader Meagan Lecompte, Peer Leader

- Cover Report (p. 17)
- a. Presentation

8.3. <u>Staff Presentation: Ontario Public Health Standards – New Foundational Standard for</u> Public Health

Jane Hoffmeyer, Manager, Foundational Standards

- Cover Report (p. 26)
- a. Presentation

9. Consent Items

9.1. Correspondence for Direction

a. Repeal of Section 43 of the Criminal Code Refresh 2017 – HKPR (p. 34)

9.2. Correspondence for Information

- Cover Report (p. 37)
- a. Minister Hoskins Expert Panel (p. 38)
- b. cbc.ca Report Hepatitis C (web hyperlink)
- c. Food Insecurity / Nutritious Food Basket Costing Grey Bruce (p. 40)
- d. Income Security: Roadmap For Change Middlesex London (p. 41)
- e. Publically Funded Vaccine for Childcare Workers Grey Bruce (p. 42)
- f. Smoke-Free Modernization Grey Bruce (p. 43)
- g. Tobacco and Smoke-Free Campuses Sudbury & Districts (p. 44)

9.3. Staff Reports

9.3.1. <u>Staff Report: Assessing Attitudes for Developing Smoke-Free Policies on Post-</u> Secondary Campuses

Keith Beecroft, Health Promoter

• Staff Report (p. 47)

9.3.2. Report: MOH Vacation Coverage

Dr. Rosana Salvaterra, Medical Officer of Health

• Report (p. 50)

9.4. Committee Reports

9.4.1. Stewardship Committee

Mayor Rick Woodcock, Chair, Stewardship Committee

- Cover Report (p. 51)
- a. Minutes, Jan. 13/18 (p. 52)
- b. Terms of Reference (p. 55)
- c. HBHC Budget 2018/19 (p. 58)
- d. ITDP Budget 2018/19 (p. 61)

10. New Business

10.1. Request for Stewardship Committee Appointment

Mayor Rick Woodcock, Chair, Stewardship Committee

• Cover Report (p. 64)

10.2. Association of Local Public Health Agencies 2018 Winter Conference

Councillor Lesley Parnell Larry Stinson, Director of Operations

• Cover Report (p. 65)

11. In Camera to Discuss Confidential Matters (nil)

12. Motions for Open Session (nil)

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

Date: April 11, 2018

Location: Council Chambers, Township of Cavan Monaghan Municipal Office,

988 County Road 10, Millbrook

Jackson Square, 185 King Street, Peterborough

14. Adjournment

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

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Presentation: Inaakonigewin Andaadad Aki: Michi Saagiig Treaties

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health, receive the presentation, Inaakonigewin Andaadad Aki: Michi Saagiiq Treaties, for information.

Background:

The presentation will feature a screening of the documentary film which looks at the various treaties the Michi Saagiig (Mississauga) participated in between 1781 and 1923. There are 46 treaties that cover the lands of Ontario, 18 of which include the Michi Saagiig.

Interpreted by the People of Curve Lake First Nation, the film explores the early history of initial agreements made between the Crown (and later Canada) and the Michi Saagiig, and the residual impacts of these treaties, including the controversial Williams Treaties which covers approximately 13 million acres of present day Ontario, the effects of which are still being felt today.

Chief Williams has graciously offered to provide an introduction to the film to Board Members.

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Board of Health Minutes – 7 , 2018

Date: March 14, 2018

Proposed Recommendation:

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

Attachments:

Attachment A – Board of Health Minutes, February 14, 2018

Board of Health for Peterborough Public Health DRAFT MINUTES

Board of Health Meeting

Wednesday, February 14, 2018 – 5:00 p.m.

Dr. J.K. Edwards Board Room Jackson Square, 185 King Street

In Attendance:

Board Members: Councillor Henry Clarke

Councillor Gary Baldwin Councillor Lesley Parnell Mr. Gregory Connolley Mayor Mary Smith Mr. Andy Sharpe

Regrets: Ms. Kerri Davies

Deputy Mayor John Fallis Chief Phyllis Williams Councillor Wilson Mayor Rick Woodcock

Staff: Mr. Larry Stinson, Director of Operations

Ms. Natalie Garnett, Recorder

Dr. Rosana Salvaterra, Medical Officer of Health

Ms. Alida Gorizzan, Executive Assistant

1. <u>Call to Order</u>

Councillor Clarke, Chair, called the meeting to order at 5:03 p.m.

1.2. Introduction: Donna Churipuy, Director of Public Health Programs

Dr. Salvaterra, Medical Officer of Health, introduced Donna Churipuy, the new Director of Public Health Programs.

2. Confirmation of the Agenda

MOTION:

That the agenda be amended by adding item 1.3 to the agenda.

Moved: Mayor Smith Seconded: Mr. Sharpe Motion carried. (M-2018-011)

1.3. Andy Sharpe, Provincial Appointee

Dr. Salvaterra, Medical Officer of Health, advised that the province has reappointed Andy Sharpe for a three-year term, ending in 2021.

3. Declaration of Pecuniary Interest

Councillor Clarke declared an interest in item 9.2.a., as his employer is involved with the production of energy drinks.

4. <u>Consent Items to be Considered Separately</u>

MOTION (9.2.a):

That the Board of Health for Peterborough Public Health receive the letter dated January 3, 2018 from Karen McIntyre, Health Canada to the Board Chair, in response to the initial letter dated October 31, 2017 regarding energy drinks.

Moved: Mr. Connolley
Seconded: Councillor Baldwin
Motion carried. (M-2018-012)

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

MOTION:

That the following items be passed as part of the consent agenda: 9.2.b-g, 9.3.1, 9.3.2, 9.3.3, 9.3.4, 9.3.5, 9.3.6, 9.3.7, and 9.4.1.a-e.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.2.b-g):

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

- b. Letter dated January 11, 2018 from Premier Wynne to the Board Chair, in response to the initial letter dated January 8, 2011, regarding Rowan's Law.
- c. Letter dated January 16, 2018 from MPP Leal to Minister Hoskins regarding the Expert Panel report.

d. Letter dated February 1, 2018 from Dr. Salvaterra on behalf of the Board Chair, to Ministers Hoskins, Milczyn and Jaczek regarding food insecurity and income security

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

- e. Letter, January 5, 2018 Joint letter with the Ontario Public Health Agency regarding the report Income Security: A Roadmap for Change. References: Full Report Income Security: A Roadmap for Change
- f. E-mail, January 22, 2018 Update for Board Chairs

Letters/Resolutions from other Local Public Health Agencies:

Income Security: Roadmap For Change

g. Northwestern

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.1):

That the Board of Health for Peterborough Public Health receive the report, Q4 2017 Peterborough Public Health Activities, for information.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.2):

That the Board of Health for Peterborough Public Health (PPH) receive the report, Health Equity Indicators 2017 Summary Report, for information.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.3):

That the Board of Health for Peterborough Public Health receive the staff report, Summary of Research Activities (2017), for information.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.4):

That the Board of Health for Peterborough Public Health receive the staff report, 2017 Complaints, for information.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.5):

That the Board of Health for Peterborough Public Health receive the staff report, 2017 Donations, for information.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.6):

That the Board of Health for Peterborough Public Health:

- receive the staff report, 2017 Audit Letter of Engagement, for information;
- engage the audit services of Collins Barrow Chartered Accountants LLP; and
- authorize the Chair and Vice-Chair to sign the Letter of Engagement.

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

MOTION (9.3.7):

That the Board of Health for Peterborough Public Health:

- receive the staff report, Signing Authorities, for information; and
- approve the removal of Patti Fitzgerald (former Assistant Director), and the instatement of Donna Churipuy (new Director of Public Health Programs) as a signing authority with our banking institution.

Moved: Councillor Parnell
Seconded: Mr. Williams
Motion carried. (M-2018-013)

MOTION (9.4.1 a-e):

- a. That the Board of Health for Peterborough Public Health receive the meeting minutes of the Governance Committee from January 13, 2018, for information;
- b. That the Board of Health for Peterborough Public Health retire 4-60 Accommodations:
- c. That the Board of Health for Peterborough Public Health approve 2-190 Sponsorship (revised);
- d. That the Board of Health for Peterborough Public Health approve 2-191 Sponsorship EthicScan (revised);

e. That the Board of Health for Peterborough Public Health approve 2-403 Ethics Report Policy (new).

Moved: Councillor Parnell Seconded: Mr. Williams Motion carried. (M-2018-013)

5. <u>Delegations and Presentations</u>

6. Confirmation of the Minutes of the Previous Meeting

6.1 January 13, 2018

MOTION:

That the minutes of the Board of Health for the Peterborough Public Health meeting held on January 13, 2018 be approved as circulated.

Moved: Councillor Parnell Seconded: Mayor Smith (M-2018-014)

7. Business Arising From the Minutes

8. Staff Reports

8.1 <u>Staff Presentation: Ontario Public Health Standards – Foundational Standard, Health Equity</u>

Jane Hoffmeyer, Manager, Foundational Standards, provided a presentation on "Ontario Public Health Standards – Foundational Standard, Health Equity."

MOTION:

That the Board of Health for Peterborough Public Health, receive the presentation, Ontario Public Health Standards – Foundational Standard, Health Equity, for information.

Moved: Mr. Connolley
Seconded: Councillor Parnell
Motion carried. (M-2018-015)

9. <u>Consent Items</u>

10. New Business

11. In Camera to Discuss Confidential Matters

12. Motions from In Camera for Open Session

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

The next meeting will be held March 14, 2018 in the Dr. J.K. Edwards Board Room, 3rd Floor, Peterborough Public Health, Jackson Square, 185 King Street, Peterborough, 5:30 p.m.

14. <u>Adjournment</u>

| MOTION: | | | |
|--|--------------------|---------------------------|--|
| That the meeting be | adjourned. | | |
| Moved by: | Councillor Parnell | | |
| Seconded by: | Mr. Connolley | | |
| Motion carried. | (M-2018-016) | | |
| The meeting was adjourned at 5:43 p.m. | | | |
| | | | |
| | | | |
| Chairnerson | | Medical Officer of Health | |

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Staff Presentation: Community Dental Health Centre Move Update

Presenter: Patti Fitzgerald, Manager, Child Health Services

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, Community Dental Health Centre Move Update, for information.

Attachments:

Staff Presentation: Community Dental Health Centre Move Update

Community Dental Health Centre Move Update



Presentation to: Board of Health

Presentation by: Patti Fitzgerald, Manager,

Child Health Services

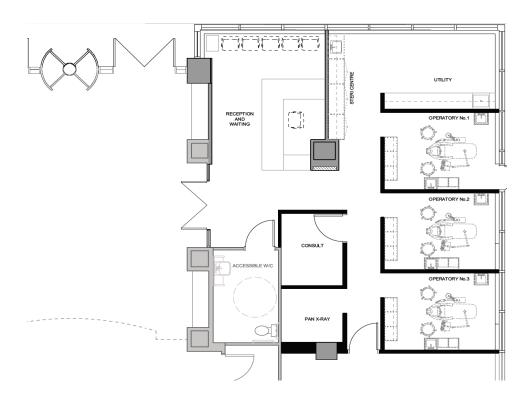
Date: March 14, 2018



What have we completed to date?

- Hired a project manager
- Finalized concept drawings (Lett Architect)
- Submitted x-ray permit application to the X-ray Inspection Service (MOHLTC)
- Submitted a demolition permit application to the City of Peterborough





| Next Steps | Timelines |
|----------------------------|-------------------------------------|
| Obtain building permit | Up to 6 weeks (after submission) |
| Construction drawings | Finalized in the next one-two weeks |
| Demolition | March – April 2018 |
| Begin Construction | April- May 2018 |
| Finalize move plan | Ongoing |
| MOVING DAY(S) | June- July 2018 |
| Commissioning of equipment | Following move and installation |



And then...

Open for Service







To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Staff Presentation: The Case for Smoke-Free Movies

Presenters: Logan Kelly, Peer Leader; Meagan Lecompte, Peer Leader

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, The Case for Smoke-Free Movies, for information.

Attachments:

Staff Presentation: The Case for Smoke-Free Movies

THE CASE FOR SMOKE FREE MOVIES!





WHAT IS "SMOKE FREE MOVIES?"

- An initiative to remove onscreen tobacco use in movies rated for children (G, PG, PG-13, and 14A)
- Preventing youth from smoking by prohibiting unnecessary social exposure to tobacco use in movies
- A tobacco prevention campaign aiming to inform parents about the risks of children seeing tobacco in film





WHY IS THIS AN ISSUE?

- Movies are the last place the Tobacco Industry is able to advertise to children
 - "While this cigarette is geared to the youth market no attempt (obvious) can be made to encourage persons under 21 to smoke. The package design should be geared to attract the youthful eye … not ever-watchful eye of the federal government" Letter from Lorillard advertising account executive to a marketing professor, soliciting help from his students with advertising designs (1970)









The pictures above show past marketing strategies that the tobacco industry is no longer allowed to utilize.

WHY IS THIS AN ISSUE?

- Longitudinal surveys show that smoking in movies is directly linked to smoking in adolescent populations
- In 2014, 86% of movies in Ontario with smoking on screen were youth rated as opposed to 53% in the USA
- 185,000 Ontario children and teens (aged 0-17) will begin smoking due to tobacco use seen in movies





WHY IS THIS AN ISSUE?

- In 2016, youth rated movies (G, PG, PG-13, 14-A) had more smoking than the year before, seeing an increase in on- screen tobacco use
 - Universal Pictures aims for no more than 1 tobacco reference per children's movie in a year... they averaged 17.7 in 2016
- It is known that the tobacco industry pays production companies to place tobacco imagery/use in their movies (Smoke-Free Movies: From Evidence To Action World Health Organization, 2015)





The tobacco industry never had labelled trucks to transport their cigarettes to distributors since they would be easy targets for theft. Marlboro would have paid to have this imagery placed in "Superman" to more than likely target a younger audience. They still do this today as a form of indirect advertising.

Rango (2011)



Rating PG

This movie was put out by Paramount Pictures, and was advertised on the Disney channel. This scene takes place in a saloon where the characters are drinking alcohol and smoking cigars/cigarettes.

WHY ARE WE WORRIED ABOUT CHILDREN'S MOVIES?

HOW CAN THE TOBACCO INDUSTRY BE TARGETING SUCH YOUNG CHILDREN?





QUOTES FROM THE TOBACCO INDUSTRY

• "The studies reported on youngsters' motivation for starting, their brand preferences, etc., as well as the starting behavior of children as young as 5 years old... very young smokers at first believe they cannot become addicted, only to later discover, to their regret that they are." – Apparent Difficulties and Relevant Facts (Campaign for Tobacco-Free Kids, 2001)



OUT IN THE COMMUNITY



127 Petitions Were Signed In Favour of Changing the Rating of Movies that Contain Smoking to 18A



TOBACCO CONTROL AREA NETWORK

- 1 out of 6 Public Health units of the Central East Region (Peel to Peterborough)
- Hey Parents Provincial Campaign coordinated from Central East Region





SHORT TERM GOAL

- To enhance Provincial collaboration on smoke-free movies initiatives.
- To develop, implement, and evaluate a Provincial strategy for increasing awareness among parents/guardians about the impact of smoking and tobacco imagery in movies on the smoking behaviours of children and youth.

LONG TERM GOAL

- Gather public and stakeholder support for the 5 policy changes to that have been endorsed by leading health organizations including the World Health Organization to protect children and youth from the promotion of tobacco products in movies:
- Adult-rate future films with tobacco. (18A in Ontario)
- Require strong anti-smoking ads prior to movies depicting tobacco use in all distribution channels.
- · No "pay-offs" for displaying tobacco.
- · Prohibit tobacco brand displays in movies
- Require films with tobacco imagery assigned a youth rating to be ineligible for government film subsidies.

THANK YOU





REFERENCES

TBDHealthUnit. *YouTube*, YouTube, 19 Feb. 2016, www.youtube.com/watch?v=PLENXpOztdU&index=1&list=PLvYzL0dE0G nO5hZWem4WsUdX0X2JscxeD

Luk R. and Schwartz R. Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2014. OTRU Special Report. Toronto, ON: Ontario Tobacco Research Unit, September 2015. http://otru.org/wp-content/uploads/2015/09/special_movies.pdf

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Staff Presentation: Ontario Public Health Standards – New Foundational

Standard for Public Health

Presenter: Jane Hoffmeyer, Manager, Foundational Standards

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the presentation, Ontario Public Health Standards – New Foundational Standard for Public Health, for information.

Attachments:

Staff Presentation: Ontario Public Health Standards – New Foundational Standard for Public Health

New Foundational Standard for Public Health

Presentation to: Board of Health

Presentation by: Jane Hoffmeyer, Manager

Foundational Standards
Date: March 14, 2018



New Foundational Standards

Health Equity

Community
Health
Assessment

Effective Public
Health Practice

Emergency
Management



Community Health Assessment

The measurement, monitoring, analysis and interpretation of population health data and knowledge and intelligence about the health status of populations and sub-populations

Also includes the systematic and ongoing collection, collation and analysis of health-related information communicated timely so that action can be taken.



2018 OPHS

GOAL: Public health responds effectively to current and evolving conditions, and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.

6 outcome statements, 7 requirements, 1 protocol + multiple associated Acts, protocols or guidelines embedded in the program Standards



Community Health Assessment at PPH



- Participate in public health information systems
- Surveillance that enables timely response to health needs (influenza, opioid overdoses)
- Generate health status reports/information products – periodic, responsive
- Access to external data products (PHO Snapshots)
- Leadership on locally-led evidence generating activities (breastfeeding follow up by HBHC)
- Aid staff interpretation of reports and research



Effective Public Health Practice

- Program Planning, Evaluation and Evidenceinformed Decision-Making
- Research, Knowledge Exchange and Communication
- Quality and Transparency



2018 OPHS

GOAL: Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

- 9 outcome statements
- 9 requirements (across the 3 themes)



Effective Public Health Practice at PPH

- Ongoing and iterative planning cycle
- · Evidence informed decision making
- Participation in and use of research
- Program evaluation
- Quality improvement
- Communication
- Transparency





Emergency Management

- Ready to cope with and recover from threats to public health or disruptions to provision of public health programs and services
- A range of activities in coordination with other community partners



2018 OPHS



GOAL: To enable consistent and effective management of emergency situations.

Ministry policy and expectations of public health within the health system have yet to be outlined

BOH one stakeholder within a broader integrated health system



Emergency Management (Preparedness) at PPH



- Readiness (knowledge and applied skills) to apply Incident Management System
- Risk assessment and create plans including continuity of operations
- Test and monitor systems
 - 24/7 On Call
 - all staff alert (ERMS)



Moving Forward

Unknowns – Pending policy and guidelines

FS and EM Staff review of standards, policy and guidelines – implications

Management input on implications of FS and EM changes

Planning – want to do, should do, can do



Questions?



To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Direction - Repeal of Section 43 of the Criminal Code Refresh

2017, Haliburton, Kawartha, Pine Ridge District Health Unit

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health:

- receive for information, Resolution #2017-03 dated December 7, 2017 from the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) regarding the Repeal of Section 43 of the Criminal Code Refresh 2017; and,
- support their position and communicate this support to the Minister of Justice with copies to the Prime Minister, Local Members of Parliament, Local Members of Provincial Parliament, Local Government Councils, Local Boards of Education, Local Children's Planning Tables, Ontario Boards of Health, and the Association of Local Public Health Agencies.

Background:

Correspondence from the Haliburton, Kawartha, Pine Ridge District Health Unit (appended) was forwarded via e-mail to all Ontario Boards of Health by the Association of Local Public Health Agencies on February 20, 2018.

Section 43 of the Criminal Code of Canada allows teachers and parents to use reasonable force under the circumstances to discipline children, and reads as follows: "Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances."

The board of health has a history on this issue. In December 2005, the following motion was passed: *That:*

- 1. public awareness strategies be developed and implemented to communicated the risks associated with physical punishment of children; and
- 2. a clear message be given to all parents and caregivers that hurting children and youth is not an acceptable or effective method of managing their behaviour.

Moved: Councillor Clarke. Seconded: Mr. Watton. M-05-120

It is also important to note that the Truth and Reconciliation Commissions' (TRC) Calls to Action include a call for the federal government to repeal Section 43. Given the Board's historical support on this issue, as well as its support of the TRC Calls to Action, staff recommends that the Board endorse the motion from HKPR and communicate its support for the repeal of Section 43 to the appropriate parties.



RESOLUTION #2017-03

Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit

December 7, 2017

Repeal of Section 43 of the Criminal Code Refresh 2017

WHEREAS, research indicates that physical punishment is harmful to children and youth and is ineffective as discipline; and

WHEREAS, the goal of the Ontario Public Health Standards (OPHS) Child Health Program (2008) is to enable all children to attain and sustain optimal health and developmental potential and of the draft Ontario Standards for Public Health Programs and Services (2017) Healthy Growth and Development Standard is to achieve optimal maternal, newborn, child, youth, and family health; and

WHEREAS, Section 43 of the Criminal Code of Canada justifies the use of physical punishment of children between the ages of 2 and 12; and

WHEREAS, the Ontario Public Health Association (OPHA) supports the repeal of Section 43 of the Criminal Code of Canada, as repeal would provide children the same protection from physical assault as that given to adults; and

WHEREAS, over 550 organizations in Canada, including the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (in 2006) and the City of Kawartha Lakes, have endorsed the *Joint Statement on Physical Punishment of Children and Youth;* and

WHEREAS, calls for the repeal of Section 43 of the Criminal Code of Canada have been made repeatedly for almost 40 years; and

WHEREAS, Prime Minister Justin Trudeau stated the Calls to Action of the Truth and Reconciliation Commission, which includes the repeal of Section 43, would be fully implemented;

THEREFORE BE IT RESOLVED that the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit support the repeal of Section 43 of the Criminal Code of Canada and write to the Minister of Justice indicating the Board's position and urging swift action on this matter;

BE IT FURTHER RESOLVED that copies of this resolution be sent to the Prime Minister, all local Members of Parliament, all local Members of Provincial Parliament, all Member Municipalities, all local Boards of Education, all Ontario Boards of Health, and all local children's planning tables for support.

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence for Information

Date: March 14, 2018

Proposed Recommendation:

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

- a. Letter dated February 23, 2018 from Minister Hoskins to MPP Leal regarding the Expert Panel report.
- b. News release dated March 5, 2018 from cbc.ca regarding provincial funding for hepatitis C drugs.** (web hyperlink, included as the Board has previously taken a position)

Letters/Resolutions from other Local Public Health Agencies:

Food Insecurity / Nutritious Food Basket Costing

c. Grey Bruce*

Income Security: Roadmap For Change

d. Middlesex London*

Publically Funded Vaccine for Childcare Workers

e. Grey Bruce*

Smoke-Free Modernization

f. Grey Bruce*

Tobacco and Smoke-Free Campuses

g. Sudbury & Districts

^{*}Enclosures available upon request. The Board has previously taken a position on these items.

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block 80 Grosvenor Street Toronto ON M7A 2C4 Tel. 416 327-4300 Fax 416 326-1571 www.ontario.ca/health

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10° étage 80, rue Grosvenor Toronto ON M7A 2C4 Tél. 416 327-4300 Téléc. 416 326-1571 www.ontario.ca/sante





Peterborous II real to Health

HLTC2966MC-2018-912

FEB 23 2018

Her Worship Mary Smith Mayor Municipality of Selwyn Chair, Peterborough Public Health 185 King Street Peterborough ON K9J 2R8

Dear Mayor Smith:

Jeff Leal, MPP for Peterborough, wrote to me on your behalf about the report of the Minister's Expert Panel on Public Health.

First, I would like to assure you that we have not made any decisions about the recommendations outlined in the panel's report. The report captures the independent views and recommendations of the expert panel, and my ministry is currently reviewing the panel's advice and the feedback we have received from stakeholders. We will carefully consider all input prior to making any decisions.

We established the Expert Panel on Public Health in January 2017 to strengthen and increase the integration of the public health sector within the rest of the health care system. The panel was asked to provide advice on structural, organizational and governance changes for public health to support greater integration with other health system partners.

The expert panel's report recommends strengthening public health's relationships with primary care, community care and other partners, so that all health care services are more responsive to community needs. It states that stronger relationships between public health and other partners will make it easier to integrate health protection and promotion into all health care services. The recommendations also focus on preserving the independent public health voice and core public health functions.

I appreciate your interest, and I will keep your concerns in mind as we work to strengthen the public health sector and improve public health capacity and delivery in Ontario.

Yours sincerely,

Dr. Eric Hoskins

Minister

c: Jeff Leal, MPP



February 15, 2018

Honourable Katheen Wynne
Premier, Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Wynne:

Re: Food Insecurity/Nutritious Food Basket Costing

On December 15, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Sudbury and District Health Unit regarding food insecurity and nutritious food basket costing. The following motion was passed:

Moved by: Stewart Halliday

Seconded by: David Shearman

"THAT, the Board of Health support item 8.3, Sudbury and District Board of Health resolution regarding food insecurity and nutritious food basket costing."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc Acting Medical Officer of Health

Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

From: Info [mailto:info@alphaweb.org] **Sent:** Monday, January 29, 2018 3:20 PM

To: All Health Units <AllHealthUnits@lists.alphaweb.org>

Cc: Lynn Guy < lynn.guy@mlhu.on.ca>

Subject: Roadmap for Change

PLEASE SEND TO:

All Ontario Boards of Health

The Northwestern Health Unit Board of Health passed a resolution at its January 19, 2018 meeting commending the work done in producing the <u>Income Security: A Roadmap for Change</u> report, and supporting the recommendations in the report.

The Roadmap makes recommendations on:

- What an adequate standard of living should be for people who get income supports from benefit programs in Ontario
- How to change the social assistance system so it supports people and responds quickly and appropriately to their needs and goals
- How to make social assistance programs work better for Indigenous people in Ontario
- Improving benefits and supports that go to all low-income people in Ontario, whether they're on social assistance or not
- How to ensure the rights of First Nations to create and administer their own social programs, and the importance of providing appropriate levels of funding
- The investments that government should make immediately to help those in deepest poverty.

It was also resolved that the resolution and supporting materials be shared with municipalities, community agencies, elected representatives, all Ontario Boards of Health, alPHa and others as appropriate.

Lindsay Wenaas

Northwestern Health Unit 210 First Street North Kenora, ON P9N 2K4 (807) 468-3147 ext. 3253 www.nwhu.on.ca

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February 15, 2018

Honourable Katheen Wynne Premier, Minister of Intergovernmental Affairs Room 281 Main Legislative Building Queen's Park Toronto ON M7A 1A1

Dear Premier Wynne:

Re: Vaccine Recommendations for Childcare Workers

On October 27, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Durham Region Public Health and the Council of Ontario Medical Officers of Health regarding vaccine recommendations for childcare workers. The following motion was passed:

Moved by: Alan Barfoot

Seconded by: Arlene Wright

"WHEREAS, it is the position of the Grey Bruce Health Unit to support vaccines for high risk groups and those working with high risk groups, which would include child care workers, and

WHEREAS, it is the position of the Health Unit that access to services should not be restricted due to financial hardship,

THEREFORE BE IT RESOLVED THAT, the Board of Health supports the recommendations of the Council of Ontario Medical Officers of Health with respect to providing publically funded vaccines for child care workers."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc Acting Medical Officer of Health Grey Bruce Health Unit

All Ontario Boards of Health

Encl.

Cc:

Working together for a healthier future for all.



February 15, 2018

Honourable Dr. Eric Hoskins Minister of Health and Long-Term Care 10th Floor, Hepburn Block 80 Grosvenor Street Toronto ON M7A 2C4

Dear Minister Hoskins:

Re: Smoke-Free Modernization

On November 24, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit regarding Smoke-Free Ontario Modernization. The following motion was passed:

Moved by: Mitch Twolan

Seconded by: Mike Smith

"THAT the Board of Health endorse Simcoe Muskoka District Health Unit's recommendation's to the province regarding the Smoke-Free Ontario Modernization strategy and commitment to the Tobacco Endgame for Canada."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc Acting Medical Officer of Health

Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.



February 27, 2018

Dr. Pierre Zundel, Interim President and Vice-Chancellor Laurentian University

Email: president@laurentian.ca

Mr. Daniel Giroux, President

Collège Boréal

Email: daniel.giroux@collegeboreal.ca

Mr. William Best, President

Cambrian College

Email: william.best@cambriancollege.ca

Dear Dr. Zundel, Mr. Giroux and Mr. Best:

Re: **Tobacco and Smoke-Free Campuses**

Post-secondary institutions have an important and unique opportunity to positively impact on the health and wellness of young people. By creating smoke and tobacco-free campuses, post-secondary institutions proactively put students' health first and significantly reduce harms from the use of tobacco and other substances.

At its meeting on February 15, 2018, the Board of Health for Public Health Sudbury & Districts considered the health effects and epidemiology of smoking and the leadership on this issue of McMaster University. The Board carried the following resolution #07-18:

WHEREAS on January 1, 2018, McMaster University became the first post-secondary institution in Ontario to establish a 100% tobacco and smoke-free campus; and

Sudbury

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

Rainbow Centre

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

Sudbury East / Sudbury-Est

1 rue King Street Box / Boîte 58 St.-Charles ON POM 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 POP 1SO t: 705.370.9200 f: 705.377.5580

Chapleau

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

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1.866.522.9200

phsd.ca







Page 2

WHEREAS the presence of tobacco use on campus further normalizes tobacco use, undermining provincial and local tobacco prevention and cessation efforts; and

WHEREAS an <u>Environmental Scan of Ontario College and University Tobacco</u>
<u>Control Policies 2016-2017</u>, indicates that while the three post-secondary campuses in Sudbury have policies exceeding the current Smoke-Free Ontario Act (SFOA), they maintain on-campus Designated Smoking Areas (DSA's);

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts congratulate area post-secondary institutions for their tobacco-related health protective policies surpassing current provincial legislation; and

FURTHER that the Board strongly urge and support area post-secondary institutions to enhance existing policies to achieve 100% tobacco and smoke-free campuses within an accelerated timeframe; and

FURTHERMORE that the Board share this motion with area post-secondary leadership, alPHa, the Chief Medical Officer of Health, Minister of Health and Long-Term Care, Ministry of Advanced Education and Skills Development, and local MPPs.

Post-secondary campuses offer a unique opportunity to intervene and support large numbers of young adults to not start – or quit – smoking, and to protect them, as well as staff, faculty, administration, and visitors, from exposure to second-hand smoke through a tobacco and smoke-free campus policy. The presence of tobacco use on campus encourages and facilitates further tobacco use, undermining tobacco prevention and cessation efforts.

Tobacco and smoke-free policies, which include tobacco, cannabis, shisha, the use of an electronic cigarettes, and other emerging products, eliminate exposure to the harmful effects of tobacco and other smoking products and work to denormalize smoking.

We are committed to creating opportunities for health for all in our communities and look to your continued leadership to protect and promote the health of those who learn, live, work and play on post-secondary campuses.

Dr. Zundel, Mr. Giroux and Mr. Best

Re: Tobacco and Smoke-Free Campuses

Page 3

We would be pleased to work with you as you investigate opportunities on your campus. Public Health Sudbury & Districts staff will be in contact shortly to explore how we might best support your work.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC

Medical Officer of Health and Chief Executive Officer

cc: The Honourable Helena Jaczek, Minister of Health and Long-Term Care
The Honourable Mitzie Hunter, Ministry of Advanced Education and Skills
Development

Dr. David Williams, Chief Medical Officer of Health

Mr. Glenn Thibeault, MPP, Sudbury

Ms. France Gélinas, MPP, Nickel Belt

Mr. Michael Mantha, MPP, Algoma-Manitoulin

Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies All Ontario Boards of Health

Mr. David Lindsay, President and Chief Executive Officer, Council of Ontario Universities

Ms. Linda Franklin, President and Chief Executive Officer, Colleges Ontario

Staff Report



Assessing Attitudes for Developing Smoke-Free Policies on Post-Secondary Campuses

| Date: | March 14, 2018 | |
|-------------------------|--|---------------------------------|
| То: | Board of Health | |
| From: | Dr. Rosana Salvaterra, Medical Officer of Health | |
| Original approved by | | Original approved by |
| Rosana Salvaterra, M.D. | | Keith Beecroft, Health Promoter |

Proposed Recommendations

That the Board of Health for Peterborough Public Health receive the staff report, Assessing Attitudes for Developing Smoke-Free Policies on Post-Secondary Campuses, for information.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

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

Background

The *Smoke-Free Ontario Act* (*SFOA*) protects Ontarians across the lifespan from the dangers of secondhand smoke in many settings including daycares and elementary and secondary schools. However, the *SFOA* does not identify post-secondary institutions in the legislation.

In the absence of provincial legislation, <u>Leave the Pack Behind</u> (LTPB), a Smoke-Free Ontario Strategy funded tobacco control program for young adults, is encouraging and supporting post-secondary institutions to develop smoke-free post-secondary campus policies.

Historically, it was believed that young adults' were unlikely to start using tobacco products if they did not begin to smoke before or during secondary school.¹ However, more recent research indicates that up to 20% of smokers report having their first cigarette after the age of 18, after entering university or college.² Although most begin to smoke during high school, they are usually considered occasional smokers at that time. It is during young adulthood that youth become regular or daily users.³

LTPB's notes that "[al]though Canada has had much success in decreasing smoking rates, smoking among young adults between the ages of 25 and 29 still remains higher than any other age group at 22.8% and the smoking rate of 17.3% among 20 to 24 year olds is another cause for concern."⁴

Smoke- free campus policy development is relevant to Peterborough Public Health because in 2013/2014, the proportion of young adults who were current smokers (40.5%) was statistically significantly greater than Ontario (20.4%) and the Peer Group (20.8%).

Colleges and universities are uniquely positioned to address this issue simply due to the large number of young adults that are regularly in contact with these institutions. In Peterborough, smoke-free campus policies could positively impact more than 14,000 people (7,413 students and 1,163 faculty at <u>Trent University</u> and 6,275 full time students at <u>Fleming College</u>).

Rationale

A recent literature review conducted by LTPB concludes that initiation of tobacco use during young adulthood is not uncommon and highlights the need for tobacco use prevention programs and policies that target young adults including smoke-free post-secondary campus.⁵

McMaster University became Ontario's first post-secondary campus to implement a 100% smoke-free campus policy.⁶ The University of Toronto, Western University, and the University of Ottawa are considering a similar policy.

Peterborough Public Health staff are supporting Trent University's LTPB Student Ambassadors and the Manager of Trent Student Health Services as they seek to understand the attitudes of students and staff towards a smoke-free campus policy on Trent University's Peterborough campus. In November 2017, 286 surveys were administered and preliminary survey results indicate that there is an appetite to explore smoke-free policies at Trent University.

Peterborough Public health intends to partner with staff and students at both Fleming College and Trent University to collect additional data assessing readiness for policy development.

Seneca College also has a campus in Peterborough however staff and students use classroom space at the Peterborough Airport. In 2015, staff of Seneca College consulted with Peterborough Public Health (Spring 2015) to ensure that their workplace and classrooms are compliant with the SFOA.

Strategic Direction

The report applies to the strategic directions of Community-Centre Focus and Determinants of Health and Health Equity.⁷

Contact:

Keith Beecroft
Health Promoter, Promoter – Tobacco Use Prevention
(705) 743-1000, ext.238
kbeecroft@peterboroughpublichealth.ca

¹ Centers for Disease Control and Prevention (CDC). (2013). Preventing Tobacco Use among Youth and Young Adults: A Report of the Surgeon General. US Department of Health and Human Services. https://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html

² Bernat, D. H., Klein, E., & Forster, J. (2012). Smoking Initiation During Young Adulthood: A Longitudinal Study of a Population-based Cohort. Journal of Adolescent Health, 51(5), 497-502. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479406/

³ Caldeira, K. M., O'Grady, K. E., Garnier-Dykstra, L. M., Vincent, K. B., Pickworth, W. B., & Arria, A. M. (2012). Cigarette Smoking Among College Students: Longitudinal Trajectories and Health Outcomes. Nicotine & Tobacco Research, 14(7), 777-785. https://www.ncbi.nlm.nih.gov/pubmed/22589418

⁴ Making Campuses Smoke-free: A student guide to action. https://www.leavethepackbehind.org/wp/wp-content/uploads/2018/02/OntarioTobacco-FreeStudentToolkit-21.02.18-ENGLISH.pdf

⁵ Bernat, D. H., Klein, E., & Forster, J. (2012). Smoking Initiation During Young Adulthood: A Longitudinal Study of a Population-based Cohort. Journal of Adolescent Health, 51(5), 497-502. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479406/

⁶ https://dailynews.mcmaster.ca/article/mcmaster-to-become-tobacco-and-smoke-free-campus-january-1-2018/

⁷ Health Equity in Tobacco Prevention and Control https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf

To: All Members

Board of Health

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: <u>Medical Officer of Health - Coverage Request</u>

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health approve the appointment of Dr. James R. Pfaff, former Associate Medical Officer of Health for the Simcoe Muskoka District Health Unit, as Acting Medical Officer of Health for Peterborough Public Health for the period of March 31 – April 8, 2018.

Dr. Pfaff has provided coverage on a number of occasions for Dr. Salvaterra in the past, Board approval was not required as it was covered by <u>Board policy 2-345</u>, <u>Medical Officer of Health Absence</u>.

Dr. Pfaff has since retired from Simcoe Muskoka however is still a physician in good standing and fully capable of providing coverage for this absence.

To: All Members

Board of Health

From: Mayor Rick Woodcock, Chair, Governance Committee

Subject: <u>Committee Report: Stewardship</u>

Date: March 14, 2018

Proposed Recommendations:

a. That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from January 13, 2018, for information.

- b. That the Board of Health for Peterborough Public Health approve revisions to the Stewardship Committee's Terms of Reference;
- c. That the Board of Health for Peterborough Public Health:
 - receive the staff report, 2018 Budget Approval Healthy Babies, Healthy Children Program, for information; and
 - recommend to the Board of Health approval the 2018 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413
- d. That the Board of Health for Peterborough Public Health:
 - receive the staff report, 2018-19 Budget Approval Infant and Toddler Development Program (ITDP), for information; and
 - recommend to the Board of Health approval of the 2018-19 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

Background:

The Stewardship Committee met last on March 8, 2018. At that meeting, the Committee requested that these items come forward to the Board of Health.

Attachments:

- a. Stewardship Committee Minutes, January 13, 2018
- b. 2-354 Stewardship Committee, Terms of Reference (revised)
- c. 2018 Budget Approval Healthy Babies, Healthy Children Program
- d. 2018-19 Budget Approval Infant and Toddler Development Program

Board of Health for Peterborough Public Health MINUTES

Stewardship Committee Meeting
Saturday, January 13, 2018 – 10:00 – 10:30 a.m.
Mississagua Lake Room, 2nd Floor
Jackson Square, 185 King Street, Peterborough

Present: Councillor Gary Baldwin

Ms. Catherine Praamsma Chief Phyllis Williams Mayor Rick Woodcock

Regrets: Councillor Henry Clarke

Staff: Ms. Wendy Freeburn, Executive Assistant, Recorder

Larry Stinson, Director of Operations

1. Call to Order

Larry Stinson, Director of Operations called the Stewardship Committee to order at 10:21 a.m.

2. <u>Elections</u>

2.1. Chairperson

Larry Stinson, Director of Operations, called for nominations for the position of Chairperson for the Stewardship Committee for Peterborough Public Health for the year 2018.

MOTION:

That Mayor Woodcock be appointed Chair of the Stewardship Committee for 2018.

Moved: Councillor Baldwin Seconded: Chief Williams (M-2018-001-SC)

Mayor Woodcock assumed the Chair.

2.2. Vice-Chair

Mayor Woodcock called for nominations for the position of Vice Chair for the

Stewardship Committee for Peterborough Public Health for the year 2018.

MOTION:

That Ms. Catherine Praamsma be appointed Vice-Chair for the Stewardship Committee

for 2018.

Moved: Councillor Baldwin

Seconded:

Motion carried. (M-2018-002-SC)

3. Confirmation of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Baldwin
Seconded: Chief Williams

Motion carried. (M-2018-003-SC)

4. Declaration of Pecuniary Interest

5. <u>Delegations and Presentations</u>

6. <u>Confirmation of the Minutes of the Previous Meeting</u>

6.1. Minutes, October 18, 2017

MOTION:

That the Stewardship Committee meeting held October 18, 2017, be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Ms. Praamsma
Seconded: Councillor Baldwin
Motion carried. (M-2018-004-SC)

7. <u>Business Arising From the Minutes</u>

8. Staff Reports

9. Consent Items

10. New Business

10.1. Review Committee Terms of Reference

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

10.2. Establish Date and Time of 2018 Meetings

The next meeting of the Stewardship Committee will be held on Thursday, February 22, 2018, at 1:00 p.m. at 185 King St.

Staff were directed to bring recommendations to this Committee of items of priority for the first quarter and arrange for the next two meetings to take place in March, 2018.

11. <u>In Camera to Discuss Confidential Matters</u>

12. <u>Motions for Open Session</u>

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

The next meeting will be held on February 22, 2018, at 1:00 p.m., at 185 King St.

14. Adjournment

MOTION:

That the meeting be adjourned.

Moved: Councillor Baldwin Seconded: Chief Williams (M-2018-005-SC)

The meeting was adjourned at 10:54 a.m.

| Chairperson | Medical Officer of Health |
|-------------|---------------------------|



Board of Health

POLICY AND PROCEDURE

| Section: | Board of Health | Number: 2-354 | Title: Stewardship Committee, Terms of Reference | |
|-----------|--------------------|---------------|--|--|
| | | ealth | Original Approved by Board of Health On (YYYY-MM-DD): 2016-09-14 | |
| Signature | e: | | Author: Governance Committee | |
| Date (YY) | /Y-MM-DD): | 2016-09-14 | | |
| Referenc | e: | | | |

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.

<u>Goal</u>

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

Duties and Responsibilities:

1. Financial Planning:

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

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

The Committee will review and recommend approval to the Board:

- a. financial management by-laws and polices;
- b. Ministry accountability reports;
- c. quarterly financial statements; and
- d. annual audited financial statements.
- 3. External Audit:

The Committee will:

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

4. Internal Controls:

The Committee will:

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

5. Risk Management:

The Committee will:

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

Membership

The Committee will be composed of a minimum of three-four Board members with maximum of at least one representative from the City, County, Province ial Representatives, and or First Nations representatives, in addition to the Chair of the Board who is an ex-officio member.

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

Internal staff resources will be provided for the Committee through the Medical Officer of Health and the Director of Operations.

Quorum

A majority of Committee members constitute a quorum.

Reporting

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

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

Meetings

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

Extraordinary meetings to address specific items may be held at the call of the Chair of the Stewardship. Timelimited sub-committees may be formed to address specific issues.

The Stewardship Committee will meet with other Board Committees as required.

Minutes

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

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

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

Agendas

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

Terms of Reference

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

Attachment:

Integrated Risk Management Quick Reference Guide

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Staff Report



2018 Budget Approval - Healthy Babies, Healthy Children Program

| Date: | March 8, 2018 | |
|-------------------------|--|--|
| То: | Stewardship Committee | |
| From: | Dr. Rosana Salvaterra, Medical Officer of Health | |
| Original approved by | | Original approved by |
| Rosana Salvaterra, M.D. | | Dale Bolton, Manager, Finance and Property |

Proposed Recommendations

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

- receive the staff report, 2018 Budget Approval Healthy Babies, Healthy Children Program, for information; and
- recommend to the Board of Health approval the 2018 budget for the Healthy Babies, Healthy Children (HBHC) program in the total amount of \$928,413.

Financial Implications and Impact

The HBHC budget is 100% funded by the Ontario Ministry of Children and Youth Services (MCYS).

The 2018 budget has been completed based on the provincial funding allocation of \$928,413. The provincial allocation has not been increased since 2013 when funding was received for a 1.0 Public Health Nurse (PHN) full-time equivalent (FTE) position. However the funding received in 2013 was associated with a new client screening tool and did not help with existing programs requirements. Funding for the base operations of the program have not increased since 2007.

Lack of funding increases to cover the cost of increasing wage and benefit costs, has resulted in a steady decline in staffing levels over the past number of years. In 2018, no additional funding is anticipated. The program staff will be maintained at the previous year levels with 4.8 PHN FTE's, 1.8 FTE's Family Home Visitors (FHVs), 1.1 FTE Administrative Assistant (AA) and a share of Program Manager. The program continues to struggle to maintain program services and targets without additional funding.

The proposed budget for January – December 2018 is balanced within the funding allocation of \$928,413.

Healthy Babies Healthy Children Program Budget - 2018

Expenditures

| Salaries | \$685,365 |
|--------------------------------|-----------|
| Benefits | 193,343 |
| Universal screening – Early ID | 25,575 |
| Staff development | 500 |
| Travel | 10,000 |
| Audit fees | 1,800 |
| Communications | 5,100 |
| Program resources | 6,730 |
| | |

Total Program Expenditures \$928,413

Funding

Ministry of Children Youth Services \$928,413

Decision History

The Board of Health has hosted and supported the HBHC program since its inception in 1998. Letters have been sent by this Board and other provincial public health agencies (such as aIPHa) to the provincial government, government ministers, and opposition party critics. These letters have advocated that HBHC be maintained as a 100 percent provincially-funded program; and that sufficient increases to the annual budget be granted to keep pace with demands from client families, partner agencies, and the community, and on public health agencies themselves as employers. In early 2017, the Medical Officer of Health and Board Chair met with Local MPP, Jeff Leal to discuss the funding shortfall to support the program.

Background and Rationale

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

HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service. A revised protocol was received in January 2018 and an updated Guidance Document is expected by the end of 2018.

Strategic Direction

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

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

Contact:

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

Patti Fitzgerald, Manager, Child Health Services Healthy Babies, Healthy Children Program (705) 743-1000, ext. 295 pfitzgerald@peterboroughpublichealth.ca

Staff Report



2018-19 Budget Approval - Infant and Toddler Development Program

| Date: | March 8, 2018 | |
|-------------------------|--|--|
| То: | Stewardship Committee | |
| From: | Dr. Rosana Salvaterra, Medical Officer of Health | |
| Original approved by | | Original approved by |
| Rosana Salvaterra, M.D. | | Dale Bolton, Manager, Finance and Property |

Proposed Recommendations

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

- receive the staff report, 2018-19 Budget Approval Infant and Toddler Development Program (ITDP), for information; and
- recommend to the Board of Health approval of the 2018-19 budget for the Infant and Toddler Development Program in the total amount of \$242,423.

Financial Implications and Impact

The ITDP is funded 100% by the Ministry of Children and Youth Services (MCYS).

The 2018/19 budget has been completed based on the Ministry funding allocation of \$242,423. There have been no funding increases to the program since 2003. The budget reflects staffing, resources, occupancy costs and a reasonable recovery of costs to administer the program. Operating costs continue to be limited to the approved funding level of \$242,423. The lack of funding increases to cover the cost of increasing wage and benefit costs has impacted staffing levels over the past number of years. To maintain existing program staff FTE's and balance the budget in 2018/19, \$10,008 will need to be used from reserves set aside for the program in prior years. The reserve funds will ensure the current staffing levels of 1.8 Infant Development Workers, .2 Administrative Assistant and .1 Program Manager are maintained. The remaining

reserve balance of approximately \$7,000 is available for the 2019/20 fiscal year to support the program.

Budget to be submitted to MCYS is presented below.

Infant Toddler Development Program Budget – 2018-2019

Expenditures

| Salaries | \$158,230 |
|------------------------------|-----------|
| Benefits | 43,513 |
| Materials and Supplies | 2,200 |
| Staff development | 500 |
| Travel | 4,700 |
| Occupancy | 15,396 |
| Audit and legal fees | 1,800 |
| Communications | 1,850 |
| Allocated administration | 24,242 |
| Total Program Expenditures | \$252,431 |
| Less: Transfer from Reserves | (10,008) |
| Net Program Expenditures | \$242,423 |

Funding

Ministry of Children Youth Services \$242,423

Decision History

The Board of Health has operated the ITDP Program since 1981.

Since 2008, the Board has annually reviewed the impact of funding shortfalls and communicated to the funder the resulting challenges. Senior management has continued to communicate with MCYS regarding funding requirements. Over the years, they have met at least annually with provincial representatives, and MCYS has committed to allowing the budget to cover off a more reasonable reflection of the organization's costs to operate the program, but MCYS is unable to provide any additional funds.

In June 2017, the in camera staff report Infant Toddler Development Program highlighted to the Board of Health the ongoing funding issues. The use of reserves to balance program operations is not a viable solution to the funding shortfall in the long-term. Without additional Ministry funds, there will not be sufficient resources available in 2019/20 to sustain existing staffing levels for the program.

Background and Rationale

The ITDP is funded 100% by the MCYS. The ITDP is for families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

Strategic Direction

Although not part of the Ontario Public Health Standards, the ITDP assists Peterborough Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Child Health program. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain the Community-Centred Focus.

Contact:

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Patti Fitzgerald Manager, Child Health Services Infant and Toddler Development Program (705) 743-1000, ext. 295 pfitzgerald@peterboroughpublichealth.ca To: All Members

Board of Health

From: Mayor Rick Woodcock, Chair, Stewardship Committee

Subject: Request for Stewardship Committee Appointment

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health appoint an additional Board Member to the Stewardship Committee for 2018.

Background:

The Stewardship Committee met last on March 8, 2018. At that meeting, upon reviewing and revising Terms of Reference, the Committee felt that the appointment of an additional Board Member would alleviate concerns for ensuring quorum for future meetings. For your reference, membership on Board of Health Committees for 2018 is as follows:

Stewardship Committee

Councillor Gary Baldwin Catherine Praamsma Chief Phyllis Williams Mayor Rick Woodcock

First Nations Committee

Kerri Davies
Deputy Mayor John Fallis
Chief Phyllis Williams
Councillor Kathryn Wilson
Lori Flynn (community volunteer)

Governance Committee

Greg Connolley
Councillor Lesley Parnell
Andy Sharpe
Mayor Mary Smith
Michael Williams

The Board Chair, Councillor Henry Clarke, is an ex-officio member to all Committees.

To: All Members

Board of Health

From: Councillor Lesley Parnell

Larry Stinson, Director of Operations

Subject: <u>Association of Local Public Health Agencies 2018 Winter Conference</u>

Date: March 14, 2018

Proposed Recommendation:

That the Board of Health for Peterborough Public Health receive the oral update, Association of Local Public Health Agencies 2018 Winter Conference, for information.

Background:

Councillor Parnell and Larry Stinson attended the Board of Health Section meeting as part of the Association of Local Public Health Agencies (alPHa) 2018 Winter Conference in Toronto on February 23, 2018.