Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, February 12, 2020 – 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Welcome and Opening Statement

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

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

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: *Please identify which items you wish to consider separately from section 12 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 9.1 9.2 a b c d e f 9.3.1 9.3.2 9.3.3 9.3.4 a b c d 9.3.5*

5. Delegations and Presentations

5.1. PRHC - Transforming Healthcare Within a Shifting Provincial Landscape

Presenters:
Dr. Peter McLaughlin, President & Chief Executive Officer
Don Gillespie, Board Chair

- Cover Report

a. Presentation

6. Confirmation of the Minutes of the Previous Meeting

- Cover Report

a. January 8, 2020

7. Business Arising From the Minutes

7.1. Oral Update: Consumption and Treatment Site

Dr. Rosana Salvaterra, Medical Officer of Health

- Cover Report

8. Staff Reports

8.1. Staff Report: BWXT Nuclear Energy Canada: Application for Licence Renewal

- Staff Report

a. PPH Written Intervention to the CNSC

8.2. Staff Presentation: Annual Service Plan 2020

Presenter: Donna Churipuy, Director of Public Health Programs

- Cover Report

a. Presentation

9. Consent Items

9.1. Correspondence for Direction – Provincial Immunization Registry

- Cover Report

a. City of Hamilton Letter

b. COMOH Letter

9.2. Correspondence for Information

- Cover Report

a. Health Canada – Vaping Regulations

b. MPP Smith - Provincial Appointments

c. Minister Elliott – E-Cigarettes

d. CAOs – Off-Road Vehicles

e. Ministers Mulroney - Off-Road Vehicles

f. alPHa e-newsletter

9.3. Staff Reports

9.3.1. Staff Report: Summary of Donations, 2019

- Staff Report

9.3.2. Staff Report: Summary of Complaints, 2019

- Staff Report

9.3.3. Staff Report: Summary of Research Activities, 2019

- Staff Report

9.3.4. Report: Q4 2019 Peterborough Public Health Activities

- Cover Report

a. Q4 2019 Overall Compliance Status
b. Q4 2019 Communications and I.T. Report
c. Q4 2019 Social Media Report
d. Q4 2019 Finance Report

9.3.5. Staff Report: Audit Letter of Engagement, 2019

- Staff Report

a. Audit Planning Report

9.4. Committee Reports *(nil)*

10. New Business

11. In Camera to Discuss Confidential Matters

In accordance with the Municipal Act, 2001,
239(2)(d) Labour relations or employee negotiations
239(2)(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or by or on behalf of the municipality or local board.

12. Motions for Open Session

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

Wednesday, March 11, 2020, 5:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor, Jackson Square, 185 King Street, Peterborough

14. Adjournment

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

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Presentation: PRHC - Transforming Healthcare Within a Shifting Provincial Landscape**
DATE:	**February 12, 2020**

PROPOSED RECOMMENDATIONS

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

Presentation: PRHC - Transforming Healthcare Within a Shifting Provincial Landscape
Presenters:
Dr. Peter McLaughlin, President & Chief Executive Officer
Don Gillespie, Board Chair

Note: Mary Ferguson-Paré (Vice Chair) and Lesley Beagrie (Board Member) will also be in attendance as guests.

ATTACHMENTS

Attachment A – Presentation

Transforming healthcare within a shifting provincial landscape

Dr. Peter McLaughlin, President & CEO
Don Gillespie, Chair, Board of Directors
Mary Ferguson-Paré, Vice Chair, Board of Directors
Lesley Beagrie, Member, Board of Directors

PRHC
Peterborough Regional Health Centre

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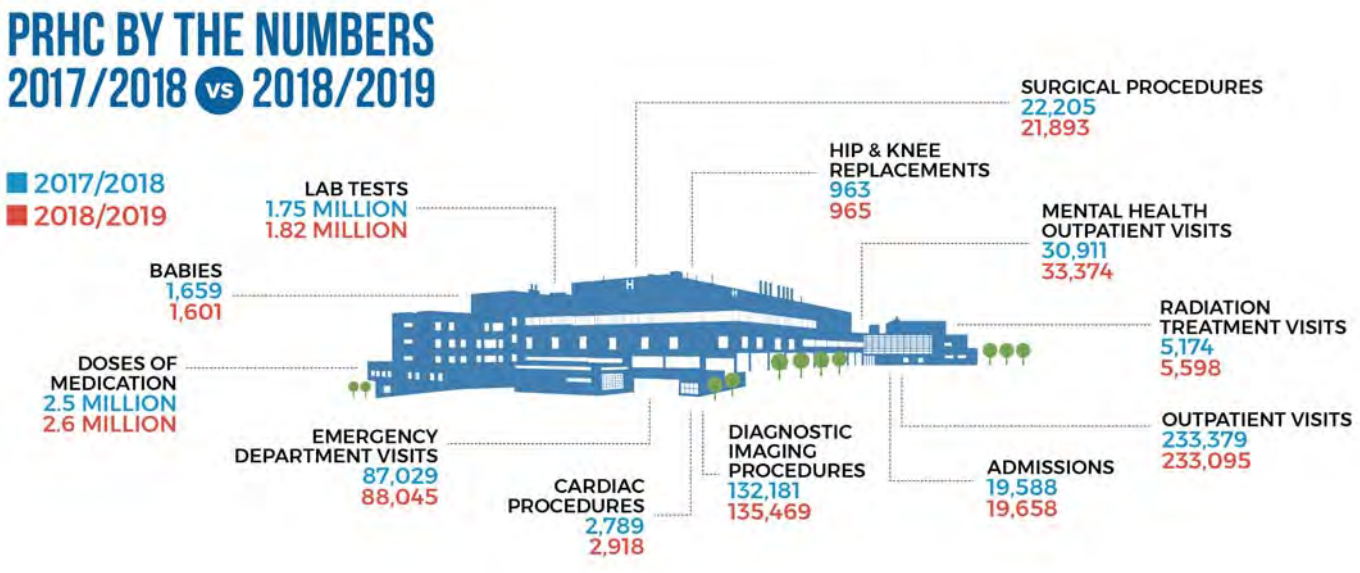
Ontario's "Quadruple Aim" for healthcare

- Improve the patient and caregiver experience
- Improve patient and population health outcomes
- Improve value and efficiency
- Improve provider experience

Strategic Plan 2020-2023

- PRHC's Strategic Plan for 2020-2023 will be released later this year
- Over the next several years, we will continue to invest in:
  - Our regional Centres of Excellence for Cardiac, Vascular, Cancer Care and Seniors' Care.
  - Ongoing collaboration with our partners in the community and region, including the new Peterborough Ontario Health Team.
  - Technology, infrastructure and equipment, as we plan ahead for the future of healthcare over the next 5, 10 and 20 years.



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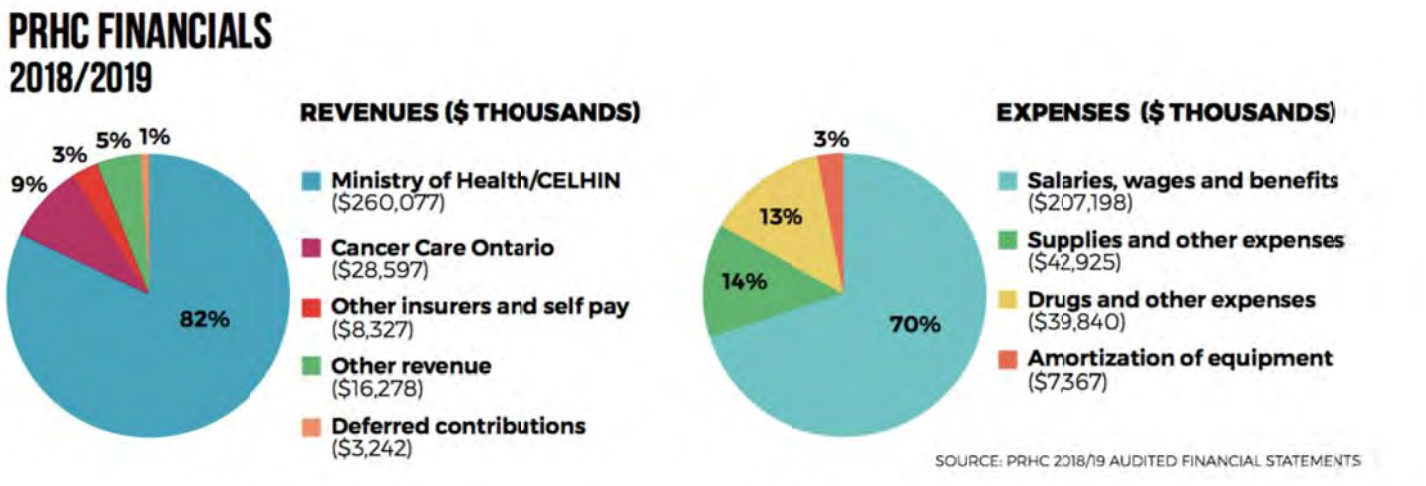

Our challenges

Continuing to provide excellent, safe care and achieve our strategic goals while addressing and adapting to:

- Ongoing growth & service population challenges.
- Annual funding that has not kept pace with growth or inflation.
- System-wide pressures and transformation.

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Our evolution

- The infographic at right illustrates PRHC's substantial growth in a number of key areas over the past four years.
- We continue to be at or above 100 per cent inpatient bed occupancy on a year-round basis – an issue being seen across Ontario.
- While patient volumes have continued to rise in all areas of the hospital, patients designated Alternate Level of Care (ALC) continue to be a key factor driving our occupancy rates.

DEFINITION:
ALTERNATE LEVEL OF CARE (ALC)

A patient who is designated ALC no longer requires hospital-level care and is waiting for their next destination, which may be long-term care, home or another appropriate setting.

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Alternate Level of Care

- On a daily basis, PRHC has approximately 100 patients designated ALC in hospital beds.
- This means about 25 per cent of our beds are occupied by patients who no longer require hospital-level care but who remain in hospital until the appropriate level of care is available in the community.
- We continue to work with our partners to find innovative ways to support ALC patients in accessing the appropriate level of care outside the hospital setting.

Alternate Level of Care

- An additional 20 ALC patients are currently receiving the appropriate level of care in a transitional care unit made possible by a partnership between PRHC and Rubidge Retirement Residence and funding from the Ministry of Health.
- A partnership with Peterborough Housing Corporation, Peterborough Family Health Team and Home & Community Care will bring new safe, affordable seniors' supportive housing options to Peterborough.

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Peterborough Ontario Health Team

- Peterborough's Ontario Health Team is among the first in the province to be approved by the Ministry of Health to move ahead.
- Our 22 partners have been collaborating successfully for many years, both formally and informally, to provide care for patients in the Peterborough community and region.
- As an OHT, we are committed to building on these partnerships to ensure the patients we serve are able to navigate through the healthcare system in a seamless and coordinated way.

Peterborough Ontario Health Team

- Peterborough OHT's Year 1 target populations are:
  - Frail, complex, elderly patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), including those with comorbidities of diabetes and palliation.
  - Patients requiring care for mental health & addictions.

- Watch for news and updates in the coming months as our Year 1 work gets underway.

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Health Minister and Deputy Premier Christine Elliott poses with MPP Dave Smith and representatives from 22 current partners of the new Peterborough Ontario Health Team at a media announcement on December 9, 2019.

Seniors' Care Centre of Excellence

- The Peterborough region is one of the fastest-growing communities in the country, as well as the oldest population demographically in Canada.
- Understanding and meeting the needs of older patients is important to providing the best possible care for this population at PRHC, which is why we have committed to becoming a Centre of Excellence for Seniors Care.
- We continue our work to build a network of services to meet the needs of older adults, in collaboration with our partners in the community and region.

Clinical Information System (CIS)

- Work is ongoing with our hospital partners in the central east region to develop and launch a shared clinical information system.
- The regional CIS will offer valuable tools and technology to support improved patient care, safety and health outcomes.
- Patients will have access to a personalized electronic “portal” to access and track their own health information, among other features.
- For healthcare providers, it will provide easy access to information when and where they need it, allowing them to work more efficiently and collaboratively to meet the needs of our patients and their families.
- We look forward to sharing more news and information over the coming year.

Our good news stories

PRHC Learning Centre

- In May 2019, we celebrated the grand opening of PRHC’s new Martin & Denise Pick Learning Centre.
- Made possible by $3.1 million in donor funding, the 4300-square-foot Learning Centre offers the largest available meeting space in the hospital and a dedicated clinical training area providing a wide range of state-of-the-art tools, technology and equipment in a simulated patient care environment.
- Thank you to the generous PRHC Foundation donors who have made the Martin & Denise Pick Learning Centre a reality for PRHC.

Martin, Denise and Charles Pick with Dr. Rardi van Heest at the official dedication of the new Martin and Denise Pick Learning Centre at Peterborough Regional Health Centre on May 14, 2019.

They toured the clinical training room, where a simulation of minimally invasive surgical training was demonstrated.

Our good news stories

TALK NOW Walk-In Clinic

- In 2019, PRHC joined forces with Peterborough Youth Services (PYS) and Kinark to invest in the opening of the TALK NOW Youth Mental Health Walk-In Clinic.
- The walk-in clinic is currently open on Tuesdays from 2:00 p.m. to 6:00 p.m. at PYS while our partners look for a permanent location to expand the service.
- Plans are underway with our community partners to develop and launch a walk-in mental health clinic for adults in 2020/21.

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Patient & Caregiver Experience

In December 2019, PRHC received our highest-ever patient satisfaction score in response to our post-discharge phone survey:

98% of patients said they "would definitely recommend PRHC to friends and family"

This result highlights the excellent patient care that continues to be provided across PRHC, even as we work to address complex issues being seen across the healthcare system.

Thank you.

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PRHC Peterborough Regional Health Centre

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Meeting Minutes, January 8, 2020**
DATE:	**February 12, 2020**
PREPARED BY:	**Natalie Garnett, Board Secretary**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on January 8, 2020.

ATTACHMENTS

Attachment A – Board of Health Minutes, January 8, 2020

Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, January 8, 2020 – 5:30 p.m.
Dr. J.K. Edwards Board Room
Jackson Square, 185 King Street

In Attendance:

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

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1. Call to Order

Dr. Rosana Salvaterra, Medical Officer of Health, called the meeting to order at 5:30 p.m.

Recognition of Outgoing Board of Health Chair – Councillor Kathryn Wilson

Dr. Rosana Salvaterra, Medical Officer of Health, thanked Councillor Wilson for her work as the Board Chair in 2019.

2. Elections and Appointments

2.1 Elections

Dr. Rosana Salvaterra, Medical Officer of Health, called for nominations for the Chair of the Board of Health for 2020.

MOTION:
That Mayor Andy Mitchell be appointed as Chair of the Board of Health.
Moved: Councillor Clarke
Seconded: Ms. Davies
Motion carried. (M-2020-001)

Mayor Mitchell assumed the Chair and called for nominations for the position of Vice Chair for the Board of Health for 2020.

MOTION:
That Keri Davies be appointed as Vice Chair of the Board of Health.
Moved: Deputy Mayor Clark
Seconded: Councillor Zippel
Motion carried. (M-2020-002)

2.2 Committee Appointments

MOTION:
That the Board of Health for Peterborough Public Health appoint members to its Committees as follows:
***Indigenous Health Advisory Circle** - Councillor Nodin Knott, Mr. Michael Williams, Councillor Kathryn Wilson, Councillor Kim Zippel*
***Governance Committee** - Mr. Andy Sharpe, Mr. Greg Connolley, Councillor Don Vassiliadis, Deputy Mayor Bonnie Clark*
***Stewardship Committee** - Councillor Henry Clarke, Ms. Kerri Davies, Deputy Mayor Matthew Graham, Ms. Catherine Praamsma*

That the Board of Health for Peterborough Public Health appoint the following community members to the Indigenous Health Advisory Circle: Ms. Lori Flynn, Nogojiwanong Friendship Centre, Ms. Kari Lepine, Métis Nation of Ontario Peterborough and District Wapiti Métis Council
Moved: Mr. Williams
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-003)

2.3 Provincial Appointments

MOTION:
That the Board of Health for Peterborough Public support the renewal of provincial appointments for Catherine Praamsma, Kerri Davies and Greg Connolley.
Moved: Ms. Praamsma
Seconded: Mr. Sharpe
Motion carried. (M-2020-004)

3. Establishment of Date and Time of Regular Meetings

MOTION:
That the regular meetings for the Board of Health for Peterborough Public Health in 2020 be held on the following dates starting at 5:30 p.m., or at the call of the Chairperson:
Dates:
January 8, February 12, March 11, May 13, September 9, November 11, December 9. Location: Dr. J. K. Edwards Board Room, Jackson Square, 185 King Street, Peterborough.

Date: April 8 Location: TBD, Township of Havelock-Belmont-Methuen

Date: June 10 Location: Lower Hall, Administration Building, 123 Paudash St., Hiawatha First Nation.

Date: October 14 Location: Board Room, Curve Lake Health Centre / Oshkiigmong MnoBmaadziwin Gamiing, 38 Whetung Street East, Curve Lake First Nation.
Moved: Mr. Connolley
Seconded: Ms. Davies
Motion carried. (M-2020-005)

4. Establishment of Honourarium for 2020

MOTION:
That the Board of Health for the Peterborough Public Health approve a 1.7% increase in honourarium for its members, representing a total amount of $154.16.
Moved: Councillor Clarke
Seconded: Deputy Mayor Graham
Motion carried. (M-2020-006)

5. Confirmation of the Agenda

MOTION:
That the agenda be adopted as circulated.
Moved: Deputy Mayor Graham
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-007)

6. Declaration of Pecuniary Interest

7. Consent Items to be Considered Separately

MOTION:
That the following items be passed as part of the Consent Agenda: 12.2 a-g, and 12.3.1.
Moved: Ms. Praamsma
Seconded: Councillor Wilson
Motion carried. (M-2020-008)

MOTION (12.2 a-g):
That the Board of Health for Peterborough Public Health receive the following for information:

a. Letter dated December 11, 2019 to Chief Whetung and Council regarding community alcohol policies.
b. Letter dated December 11, 2019 to Chief Carr and Council regarding community alcohol policies.
c. Letter dated December 11, 2019 to Health Canada regarding an application for an exemption for a consumption and treatment service for Peterborough.
d. Letter dated December 11, 2019 to the Ministry of Health regarding an application for a consumption and treatment service for Peterborough.
e. E-newsletter dated December 13, 2019 from the Association of Local Public Health Agencies (alPHa).
f. Letter dated December 16, 2019 to local Chief Administration Officers regarding municipal alcohol polices.
g. Letter dated January 2, 2020 to Minister Elliott regarding a request for weekly data reports on vaping cases.

Moved: Ms. Praamsma
Seconded: Councillor Wilson
Motion carried. (M-2020-008)

MOTION (12.3.1):
That the Board of Health for Peterborough Public Health receive the staff report, Guarding Minds @ Work Update, for information.
Moved: Ms. Praamsma
Seconded: Councillor Wilson
Motion carried. (M-2020-008)

8. Delegations and Presentations

9. Confirmation of the Minutes of the Previous Meeting

a. December 11, 2019

MOTION:
That the minutes of the Board of Health for the Peterborough Public Health meeting held on December 11, 2019 be approved as circulated.
Moved: Mr. Sharpe
Seconded: Councillor Clarke
Motion carried. (M-2020-009)

10. Business Arising From the Minutes

11. Staff Reports

12. Consent Items

12.3.2 No Money for Food is Cent$less Report (2019 Limited Income Report)

MOTION:
That the Board of Health for Peterborough receive the report, No Money for Food is Cent$less (Limited Incomes Report, 2019), for information.
Moved: Ms. Davies
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-010)

13. New Business

13.1 Modernization of Public Health – PPH Response

MOTION:
That the Board of Health for Peterborough Public Health approve the following items for submission: - Discussion Paper - Modernization of Public Health (Survey Response from PPH) - Position Paper - Submission to Jim Pine, Special Advisor
Moved: Mr. Connolley
Seconded: Deputy Mayor Clark
Motion carried. (M-2020-011)

14. In Camera to Discuss Confidential Matters

15. Motions from In Camera for Open Session

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

The next meeting will be held Wednesday, February 12, 2020 at 185 King Street, Peterborough, at 5:30 p.m.

17. Adjournment

MOTION:
That the meeting be adjourned.
Moved by: Deputy Mayor Graham
Seconded by: Councillor Knott
Motion carried. (M-2020-012)

The meeting was adjourned at 6:33 p.m.

Chairperson

Medical Officer of Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Oral Report: Consumption and Treatment Site Update**
DATE:	**February 12, 2020**
PREPARED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, *Consumption and Treatment Site Update*, for information:

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**BWXT Nuclear Energy Canada: Application for Licence Renewal**
DATE:	**February 12, 2020**
PREPARED BY:	**Julie Ingram, Manager of Environmental Health**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *BWXT Nuclear Energy Canada: Application for Licence Renewal,* 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

Purpose of the Report

This report has been prepared to provide Board of Health members with an overview of Peterborough Public Health's involvement and assessments in relation to BWXT's licence renewal application to the Canadian Nuclear Safety Commission.

BWXT Nuclear Energy Canada

In December 2016, BWXT Canada (a subsidiary of BWX Technologies Inc.) acquired GE Hitachi Nuclear Energy Canada Inc. Currently, BWXT Nuclear Energy Canada (BWXT NEC) operates the Peterborough facility located on Monaghan Road at the former General Electric Peterborough complex.

This facility assembles CANDU® (Canada Deuterium Uranium) fuel bundles for CANDU® reactors, such as those located at the Pickering and Darlington nuclear generating stations. The facility is licenced by the Canadian Nuclear Safety Commission (CNSC), the federal regulator for the nuclear sector in Canada. On November 12, 2018, BWXT NEC submitted an application to the CNSC for the renewal of its operating license for a ten (10) year period. The current licence applies to both BWXT Peterborough and Toronto facilities, and expires on December 31, 2020.

The application submitted by BWXT NEC is seeking authorization from the CNSC to permit the production of natural uranium pellets at the Peterborough facility. Currently, pelleting operations are only conducted at the Toronto facility. The Peterborough facility is licenced to produce and test fuel bundles using the uranium dioxide pellets, which have been manufactured in Toronto. BWXT NEC's website states: *"While there is currently no plan to change the existing state of operations, including the flexibility to allow BWXT NEC's Peterborough facility to conduct pelleting will help to ensure that BWXT NEC has the ability to adapt as needed to changing business needs over the decade-long licence period."*

The CNSC will host public hearings for the proposed licence renewal application on March 2 and 3, 2020 in Toronto and on March 4, 5 and 6, 2020 in Peterborough.

Peterborough Public Health's Engagement in the Licence Renewal Application

Peterborough Public Health (PPH) has been involved with the activities surrounding the licence renewal application for BWXT Peterborough. A summary of these activities is provided below:

- meetings with BWXT Executives;
- meetings and consultation with CNSC staff;
- meetings and discussion with members of CARN – Citizens Against Radioactive Neighbourhoods;
- meeting with the Kawartha Pine Ridge District School Board;
- consultations with Public Health Ontario;
- consultations with Ministry of the Environment, Conservation and Parks;
- consultations with the City of Peterborough Environmental Protection Division;
- collaboration with Toronto Public Health;
- attendance at various information nights hosted by BWXT and the CNSC;
- review of the evidence surrounding the health-related impacts of the Peterborough operations;
- comprehensive review of the Commission Member Document (December, 2019);
- development of website content for public education and outreach;
- collaboration with an expert from Trent University; and
- response to public questions and inquires.

These activities have enabled PPH to enhance our understanding of the operations at BWXT Peterborough and complete risk assessments of the various potential public health hazards related to operations at BWXT Peterborough. On January 27, 2020, PPH provided a written submission, otherwise known as an intervention, to the CNSC with a request to present orally during the public hearings in Peterborough (see Appendix A). Our submission was accepted and our request to present was granted. Furthermore, it is our understanding that a request will come from the CNSC for PPH to be present at the public hearings to answer health-related questions from Commission members, pertaining to the licence renewal.

On February 11, 2020 PPH staff, management and executive will be touring the BWXT Toronto facility in order to better-understand pelleting operations and the potential risks in the event that pelleting operations are relocated to Peterborough.

Summary of Peterborough Public Health's Written Intervention to the CNSC

A complete copy of PPH's written submission to the CNSC is provided in Appendix A. In summary, PPH supported the conditions recommended by CNSC staff in the Commission Member Document, particularly those outlined in Licence Conditions 15.1: Environmental Monitoring and 15.2: Commissioning Report. However, PPH is urging commission members to consider the following additional recommendations:

1. **That BWXT implement a comprehensive environmental monitoring program to provide sufficient data to assess the full extent of uranium and beryllium emissions in the surrounding area prior to any decision regarding renewal of the licence and the addition of pelleting at the Peterborough site.**
2. **That the BWXT Peterborough facility retain the services of an independent, neutral third party for soil, water, and air testing for Uranium and Beryllium, as appropriate, and publicly share all reports and test results in their entirety; and**
3. **That the BWXT Peterborough facility establish a Community Liaison Committee (CLC) in Peterborough, similar to that which has been established in Toronto.**

We are hopeful that these additional recommendations will be considered by the Commission and believe that these measures will help increase our community's confidence with sampling results and ensure that moving forward, our community's concerns are addressed.

PPH is aware of the many concerns from community members related to the location of the facility. Given that the Peterborough BWXT facility is located within a residential neighbourhood and adjacent to an elementary school, the concerns of the community are understandable. Accordingly, we have stated in our written submission that should the licence be renewed to allow BWXT to continue operating, it would be essential to ensure that the surrounding community has the information it requires, in a timely and transparent manner, to reassure residents that emissions into the environment are not posing a risk to health.

Generally, children can differ from adults in their susceptibility to hazardous chemicals, but whether there is a difference depends on the chemical itself. The physiology and behaviour of children may result in increased exposure. For example, if a chemical is found in high concentrations in the soil, children may be more likely to be exposed due to their tendency for increased hand-to-mouth contact. When it comes to chemical toxicity, children may be more vulnerable due to their longer remaining lifetime for the damage from chemicals to become evident, which is particularly relevant for cancer.

As part of our comprehensive risk assessment, PPH has considered the following potential hazards associated with current and proposed operations at the BWXT plant:

- Uranium Dioxide (currently present)
- Beryllium (currently present)
- Liquid Hydrogen (proposed for pelleting)

The BWXT Peterborough and Toronto facilities are licenced and regulated by the Canadian Nuclear Safety Commission (CNSC) whose role is to regulate the nuclear sector in Canada and protect health, safety, security and the environment. The CNSC also ensures that Canada complies with its international obligations on the peaceful use of nuclear materials and technology. Licences granted by the CNSC outline various requirements for operations including fire safety and emergency response plans, as well as establish action levels and release limits for radioactive or hazardous substances into the environment. An action level is set as a type of early warning system as it indicates when releases may be deviating from the norm. The licence issued by the CNSC sets facility-specific release limits, which are derived to protect the health and safety of the public and the environment. At the Peterborough BWXT facility, there are guidelines and limits for both uranium and beryllium.

Uranium

Uranium is a naturally occurring element that is present at low levels in various chemical forms in the environment. It is a heavy metal and is found in various rocks and ores, soils, water, air, plants, and at low concentrations in animal tissue. Uranium is present in drinking water and food and small amounts are ingested and inhaled by everyone every day. It has been estimated that the average person ingests 1.3 µg or micrograms (0.033 Bq or becquerel) of uranium per day, corresponding to an intake of 11.6 Bq per year. It has also been estimated that the average person inhales 0.6 µg (15 mBq or megabecquerels) annually.[1] On average, about 90 µg of uranium exist in the human body from daily intakes of water, food and air; approximately 66% is found in the skeleton, 16% in the liver, 8% in the kidneys and 10% in other tissues.[2] Radiation, including UV radiation from the sun, is a known carcinogen, but natural uranium is not. It has not been classified as a carcinogen by the International Agency for Research on Cancer (IARC).[3]

Most of the naturally occurring uranium is uranium 238, which is considered to be weakly radioactive. Its half-life is 4.5 billion years – which means it takes 4.5 billion years for it to lose half of its radioactive alpha particles, on its way to becoming Thorium 234. Most people are primarily exposed to uranium through the ingestion of food and water, however exposure can also be as a result of inhalation or dermal contact. The amount of uranium in air is generally very small. BWXT uses uranium dioxide, a naturally occurring oxide of uranium.

The biological and health effects of uranium are due to both its chemical and radiological toxicity. In general, this toxicity, as demonstrated in animal studies done since 1949, is caused by chemical rather than radiological components, although there is still some uncertainty about a possible cumulative effect. Exposure to uranium primarily results in damage to the kidneys, and the severity of health effects is partially dependent upon the level and duration of exposure.[4] Occupational and epidemiologic studies in humans have failed to consistently demonstrate a higher risk of deaths from respiratory disease or cancers of any kind. Workers exposed to insoluble uranium compounds did not show renal toxicity.

Evidence reviews completed up to 2016 do not provide any information on whether or not children are more susceptible than adults to natural uranium.[5] Although we believe that children would likely show the same health effects as adults, we do not know whether children are more susceptible than adults to uranium effects.

There are three exposure pathways for uranium: air, soil and water. The Radiation Protection Regulations established under the Nuclear Safety and Control Act sets a public dose limit for radiation at 1 mSv or millisievert/year.[6] To put this limit into perspective, a typical chest CT scan provides a 7mSv dose of radiation, the average dose from natural background radiation in Canada is 1.8mSv per year and a typical cross-Canada flight results in 0.2 mSv.[7] The Canadian regulations comply with the recommendations of the International Commission on Radiological Protection.

For air, Ontario maintains a list of Ambient Air Quality Criteria (AAQC), which is developed by the Ministry of Environment, Conservation and Parks. The limit for uranium and uranium compounds in coarse particulate matter (PM10) is 0.03 µg/m3. The limit for uranium and uranium compounds in total suspended solids, is 0.06 µg/m3. These limits are annual averages and are deemed to be health-protective.[8] PPH staff is awaiting additional clarification on how these limits are derived.

Limits for uranium in soil are determined by the Canadian Council for Ministers of the Environment (CCME) as outlined in the Canadian Soil Quality Guidelines for the Protection of Environmental and Human Health. The limit for uranium in soil for residential and parkland areas is 23 mg/kg.[9]

Finally, the regulatory limit for the discharge of uranium into wastewater is based on the CCME Water Quality Guidelines for the Protection of Aquatic Life, which sets a limit of 15 µg/L.[10] Additionally, the City of Peterborough has a sewer use by-law (number 15-075)[11] which allows the discharge of waste radioactive materials under a licence from the CNSC.

Beryllium

Beryllium is a naturally-occurring element present in a variety of materials including rocks and soil. Beryllium is an important metal used in a number of industries; it is known for being lightweight and for its exceptional strength, stability and heat-absorbing capability.[12] Beryllium is used at the BWXT Peterborough facility in the fuel bundle manufacturing process.

Human exposure to beryllium occurs primarily in the workplace and inhalation is the most common route of exposure with respiratory disease typically being the end result. Based on sufficient evidence for carcinogenicity in humans and animals, the International Agency for Research on Cancer (IARC) has classified beryllium in Group 1, carcinogenic to humans.[13]

While there is little evidence surrounding the effects of beryllium on children, it is likely that health effects of beryllium exposure on children would be similar to the effects seen in adults.

According to the Toxicological Profile for Beryllium[14], no data were located that examined age-related differences in the toxicity of beryllium.

Most information regarding adverse health effects in humans after the inhalation of beryllium come from occupational exposure studies, where significant exposure has occurred. The respiratory tract is the primary target of beryllium toxicity. Inhalation of beryllium dust or fumes in an occupational setting can result in chronic beryllium disease, which is scarring of the lungs that is irreversible and potentially fatal. Lung cancer may also be a result of occupational beryllium exposure.[15] It is important to be mindful that the health-related outcomes described above are observed only in occupational settings. Beryllium is not likely to cause any respiratory disease from exposure in the general environment because ambient air levels of beryllium are very low.

There are regulatory limits for beryllium based on the potential routes of exposure including air, soil and water. Ontario's AAQC for beryllium is 0.01 µg/m3 in a twenty-four hour period[16], based on potential health effects. Like uranium, limits for beryllium in soil are determined by the CCME Canadian Soil Quality Guidelines for the Protection of Environmental and Human Health. The limit for beryllium in soil for residential and parkland areas is 4 mg/kg.[17] Finally, beryllium discharge to wastewater also falls under the City of Peterborough's sewer use by-law, which allows for the annual release limit determined by the CNSC licence for the facility. Release limits of beryllium into the wastewater stream from the Peterborough facility are based on the Ontario Provincial Water Quality Objectives, which is 11µg/L.[18]

For comparison, according to information received from Public Health Ontario, the occupational exposures that can lead to chronic beryllium disease or lung cancer occurred at levels 50 to 100 times the Ontario AAQC limit of 0.01µg/m^3.[19] Acute beryllium disease (berylliosis) has been documented in the past (1950s) where exposure to high levels of soluble beryllium compounds in some cases led to progressive upper and lower respiratory tract symptoms, and in a small number of severe cases, death. The concentrations of exposure in these cases were approximately 10,000 times greater than the Ontario AAQC.

Liquid Hydrogen

Liquid hydrogen is not currently stored on site at BWXT Peterborough but it is stored on site at the Toronto facility. In the event that pelleting is relocated to Peterborough, the storage of liquid hydrogen would likely be required as it is used in the manufacturing of uranium pellets. Liquid hydrogen is flammable and explosive when combined with air. Liquid hydrogen is also stored at an extremely low temperature, which poses an additional occupational hazard for handling.

According to the BWXT 2018 Annual Compliance and Monitoring Report,[20] there are fire safety and evacuation emergency response plans for the Peterborough and Toronto facilities. PPH staff consulted with City of Peterborough staff, who have indicated that fire services and emergency management staff meet annually with BWXT to discuss emergency response and review emergency response plans. City staff advised that in the event pelleting is relocated to

Peterborough and there is the need to store liquid hydrogen at the facility, protective measures will be required, developed and implemented.

For the following section of this report, data provided by CNSC and BWXT has been reviewed to determine whether or not emissions are posing a risk to the health to the general public. Occupational health concerns fall within the mandate of Ontario's Ministry of Labour and are outside the scope of this review.

RESULTS

PPH has reviewed data for current and historical emissions of beryllium and uranium from the BWXT Peterborough and Toronto facilities. In addition, we have reviewed the findings of Toronto Public Health in its 2018 report to its board of health.[21] Overall, emissions are typically well below the release limits outlined in the operating licence for the BWXT facilities, which are set to achieve the environmental and health standards and guidelines previously described in this report.

Radiation Dose

Uranium exposures have both a radiological and a chemical component. Table 3.6 from the CNSC report provides data on the annual doses to the public from both the Toronto and the Peterbrough site. Dosimeters were added in Peterborough in 2016.

BWXT is required to estimate the total radiation dose to members of the public resulting from its operations. These estimated radiation doses assume that a member of the public occupies the boundary of the facility continuously for 24 hours per day, 365 days per year. Recall that the regulatory effective public dose limit is 1mSv per year. At the Peterborough facility, the 2018 estimated radiation dose to a member of the public was 0.00mSv, contributing 0% to the public dose limit. This has been the case from 2014 to 2018, inclusive. At the Toronto facility, the 2018 estimated radiation dose to a member of the public was 0.0004 mSv, contributing 0.04% to the public dose limit.

Radiation from the Toronto site, where pelleting currently takes place, has resulted in annual doses since 2014 that range from 0.41 µSv or microSieverts to 17.49 µSv, well below the limit of 1000 µSv, or 1 mSv. In the event that pelleting operations relocate to Peterborough, we might expect higher emissions of uranium, and therefore expect a higher estimated radiation dose. From 2014 to 2018 inclusive, the highest estimated dose in Toronto was 0.0175 mSv, which contributed approximately 1.8% of the public dose limit.

Figure 1

Table 3.6: Estimated annual public doses from air emissions and environmental thermoluminescent dosimeter (TLD) for both Toronto and Peterborough facilities respectively [8-12][22]

Period	Toronto			Peterborough			Public dose limit [µSv]
	Gamma dose from TLD/Survey Meters [µSv]	Dose from air emissions [µSv]	Total [µSv]	Gamma dose from TLD [µSv]	Dose from air emissions [µSv]	Total [µSv]	
2014	4.8	0.41	5.2	N/A	0.00	0.00	1000
2015	9.4	0.41	9.8	N/A	0.00	0.00	
2016	0.00	0.7	0.7	0.00	0.00	0.00	
2017	17	0.49	17.49	0.00	0.00	0.00	
2018	0.00	0.41	0.41	0.00	0.00	0.00	

In addition to the radiation dose, data on chemical exposures for both uranium and beryllium will now be discussed.

Uranium

Air emissions of uranium at the Peterborough BWXT facility are from a single point. Emissions are exhausted through a High Efficiency Particulate Air (HEPA) filter and continuous in-stack monitoring is performed. In 2018, the highest recorded release of uranium was 0.006µg/m3 (recall that the standard is 0.03 µg/m3), and there was a total discharge of 0.002 grams of uranium for the year. This is thousands of times lower than the licence release limit of 550 grams. Over the last five years, total annual air emissions of uranium at the Peterborough plant have ranged from 0.002 to 0.004 grams.

Figure 2

Table 3.1: Uranium air emissions (kg/year) monitoring[23]

Parameter	Uranium - Toronto	Uranium - Peterborough
Licence Limit (FLOLs)	**0.76**	**0.55**
2011	0.00928	0.000011
2012	0.01267	0.000005
2013	0.00579	0.000013
2014	0.01090	0.000003
2015	0.01080	0.000003
2016	0.01080	0.000004
2017	0.00744	0.000002
2018	0.00628	0.000002

If pelleting operations are relocated to Peterborough, the emission of uranium might be expected to increase to similar amounts observed at the Toronto facility. A review of the data from the Toronto facility over the last five years shows that uranium emissions in the air have ranged from 6.3 to 10.9 grams per year. Although this is many times higher than the current air emissions of uranium at the Peterborough facility, it is still well below the licence release limits.

Additional air monitoring is conducted at the boundary of the Toronto facility and over the last three years, the highest average concentration was 0.001µg/m3, which is thirty times lower than Ontario's AAQC limit of 0.03µg/m3.

Boundary monitoring is not currently conducted at the Peterborough facility, but CNSC's recommended licence renewal conditions requires that it be implemented prior to pelleting being relocated to Peterborough. Ambient air samples were collected as part of the CNSC's Independent Environmental Monitoring Program (IEMP) in 2014, 2018 and 2019. According to the CNSC, results were 0.0013µg/m^3 (2014), <0.003 µg/m^3 (2018) and <0.00009 µg/m^3 (2018)[24], all well below the requirements of Ontario Regulation 419/05 *Air Pollution – Local Air Quality Regulation*[25], which sets the release limit as 0.03µg/m^3 on an annual basis.

At the Peterborough facility, uranium may be discharged with the wastewater stream as a result of routine activities such as washing floors, walls and equipment. Prior to release, all wastewater that is potentially contaminated with uranium is held for the determination of the quantity and concentration of uranium. The water is filtered prior to sampling and once the results of batch samples are verified to be below control levels (6 parts per million (ppm) per batch and 3ppm annual average) the water is filtered again during discharge to the sanitary sewer system. From 2016 to 2018, no samples exceeded action levels and in 2018, 0.01 grams of uranium was discharged with the wastewater stream. From 2014 to 2018 inclusive, annual releases ranged from 0.01 to 0.14 grams, and the licence release limit is 760 kilograms. A similar process is followed at the Toronto facility. From 2014 to 2018 inclusive, annual releases ranged from 0.39 to 0.94 kilograms. This is significantly higher than the releases from the Peterborough facility, however, the amounts remain well below the licence limit. PPH staff have consulted with the City of Peterborough Environmental Protection Division to discuss the release of uranium through wastewater from the BWXT facility and no concerns were identified by City staff.

Figure 3

Table 3.3: Uranium liquid effluent (kg/year) monitoring results and licence limits for BWXT Toronto and Peterborough (2011-2018) [4-12][26]

Parameter	Uranium - Toronto	Uranium - Peterborough
Licence Limit (FLOL)	**9,000**	**760**
2011	1.05	0.00010
2012	0.90	0.00010
2013	0.83	0.00020
2014	0.72	0.00014
2015	0.39	0.00006
2016	0.65	0.00013
2017	0.94	0.00003
2018	0.94	0.00001

Air emissions are the primary pathway for potential release from the BWXT facilities into the natural environment by impingement on the surface of the ground. Available data indicate that air emissions of uranium from the Peterborough facility are extremely low therefore, soil sampling is not required or conducted in Peterborough as part of the facility's licence conditions. However, soil sampling is conducted in Toronto on an annual basis and samples are collected at 49 locations in accordance with a documented plan. In 2018, without exception, all samples fell below the acceptable standard for residential and park land (23mg/kg = 23µg/g) and ranged from <1.0 to 11.9µg U/g soil. Some soil sampling has been done in Peterborough as part of CNSC's IEMP. The results of soil samples collected and tested for uranium concentrations were all below the regulatory limits as determined by the CCME Soil Quality guidelines, described in the background section of this report.

Beryllium

As stated in the background, inhalation is the most common route of exposure for beryllium. There are three stacks that act as air emission points for beryllium at the Peterborough facility. The CNSC requires BWXT to monitor beryllium concentrations in each stack. This is achieved with continuous in-stack monitoring which involves drawing a sample of air across a filter capable of trapping beryllium. The filter is analyzed and the result is related to the air volume passed through the filter. According to the 2018 Annual Compliance Monitoring Report, the highest value recorded for beryllium air emissions was 0.001µg/m^3, which is ten times less than the internal control level, which is 0.01µg/m^3, the same as Ontario's AAQC guidelines for beryllium in a twenty-four hour period.

Beryllium emissions were reviewed back as far as 2013 and all were below the licence action level.

Air monitoring at the Point of Impingement (the plant/public boundary) for beryllium is not currently required as part of BWXT's licence conditions for the Peterborough facility. However,

ambient air samples were collected and tested as part of CNSC's IEMP in 2014, 2018 and 2019. According to the CNSC, results were 0.000077µg/m^3 (2014), <0.003 µg/m^3 (2018) and <0.0003 µg/m^3 (2018), all below the requirements of Ontario Regulation 419/05 *Air Pollution – Local Air Quality Regulation*, which sets the release limit as 0.01µg/m^3 at the point of impingement.[27]

Beryllium may also be released from BWXT Peterborough with wastewater that is generated from equipment use and washing. Potentially contaminated water passes through a settling weir system (a weir tank or frac tank is used to hold water for up to twenty-four hours to allow solids to settle out), prior to release to the sanitary sewer. There are release limits outlined in BWXT's operating licence and internal control levels are set to provide additional protection. Upon reviewing beryllium releases with wastewater, they are below the established release limits. The limits are set using the Ontario Provincial Water Quality Objectives, which for beryllium is 11µg/L.

Figure 4

Table 3.2: Average Beryllium concentrations in liquid effluent (µg/L) for BWXT Peterborough (2011-2018) [4-12][28]

Parameter	Beryllium - Peterborough
BWXT's Internal Control Level[1]	**4.0**
2011	N/A[2]
2012	N/A[2]
2013	0.38
2014	1.34
2015	4.5
2016	0.4
2017	1.0
2018	0.6

[1] United States Environment Protection Agency maximum contaminant level for drinking water [42]
[2] Beryllium liquid effluent monitoring results were not reported until 2013

PPH staff consulted with the City of Peterborough Environmental Protection Division to discuss the release of beryllium through wastewater from the BWXT facility. No concerns were identified and City staff indicated that beryllium will start being monitored as part of routine sampling procedures. Over the last three years, the maximum beryllium concentration measured in the wastewater from the facility ranged from 2.5 to 5.4 µg/L.

Just prior to this board report, concerns have emerged regarding the concentrations of beryllium in the soil close to the Peterborough facility. Soil monitoring in Peterborough is not required as part of BWXT's operating licence, however, it too is conducted as part of CNSC's IEMP. The upper limit has been steadily increasing: 1.1 mg/kg (2014) 1.34mg/kg (2018) and 2.34 mg/kg (2019). Although the results continue to be below the CCME Soil Quality Guidelines (4.0 mg/kg), the results are approaching the guideline and require further study to determine if there are fugitive beryllium emissions from the facility. Increasing concentrations in soil, if

validated, are a concern, given the proximity of the facility to the elementary school across Monaghan Road, which includes a playground for the youngest and potentially the most vulnerable children. Although data on susceptibility in children is not available, children are considered to be at risk for increased exposure through ingestion and dermal contact.

As described above, the air effluent monitoring results at the beryllium emission points for the BWXT Peterborough facility have been reported since 2013 and appear to be below the action levels in the licence conditions. Therefore, it is not clear whether or not the increase in beryllium in the soil sampling is attributable to the BWXT Peterborough facility and for this reason, PPH has recommended to the CNSC that a more comprehensive environmental monitoring program be completed prior to the decision regarding the renewal of the licence and/or moving the pelleting process to the Peterborough facility.

Liquid Hydrogen

In an effort to further understand the risks, PPH staff consulted with Public Health Ontario (PHO) as to the potential health hazards associated with the storage of liquid hydrogen. PHO suggests that the hazards would occur from the low temperature and/or high pressure under which the liquid hydrogen is stored, and is likely more of a workplace health and safety concern. PHO indicated that an engineering assessment may be beneficial to assess the potential for offsite impacts and ensure that appropriate protective measures are implemented. PPH will be visiting the BWXT Toronto facility on February 11, 2020 at which time we intend to ask questions and gather additional information about the storage, use and safety of the liquid hydrogen at that facility. An oral update will be provided to the Board of Health on February 12, 2020.

CONCLUSION

Based on our review of the available data associated from the storage and use of uranium dioxiode at the Peterborough site, we believe that the additional radiation dose to the general public is neglible. At the Toronto site, levels well below the limits are documented.

For nonradiologic health effects, results of current and historic emissions of uranium and beryllium from the Peterborough facility suggest that the emissions are below regulatory requirements and well within facility licence release limits for BWXT. For Peterborough, there is more limited data upon which to base this assessment, and we have noted a concerning trend in the levels of beryllium in soil samples located near the facility. It would be prudent to determine whether or not the increases in beryllium found in the soil are attributable to fugitive emissions from BWXT Peterborough prior to making a decision about licensing.

Review of the data from the Toronto facility indicates that if pelleting operations are relocated to Peterborough, uranium emissions will be expected to increase however, they will still fall within regulatory guidelines and the licence limits for the Peterborough facility. There is no evidence to support any exceedances, even if pelleting operations come to Peterborough and the evidence indicates that the health of community and the environment will be protected.

Additional monitoring and sampling, including for soil and ambient air, should be in place prior to the implementation of pelleting in Peterborough. One of the best ways to ensure that there are no risks or threats to public health is to ensure the presence of a robust sampling program and full communication of sampling results in their entirety with the local community. It is for these reasons PPH is recommending the implementation of a comprehensive monitoring program to fully assess current uranium and beryllium emissions prior to any decision regarding the licence renewal and the addition of pelleting.

Additionally, in order to increase public confidence with sampling, we recommend that an independent, third party be retained and that a Community Liaison Committee be established in Peterborough.

STRATEGIC DIRECTION

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

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

APPENDICES

Appendix A – PPH Written Intervention Submission to the CNSC (January 27, 2020)

LIST OF FIGURES

Source for Figures 1 – 4: A Licence Renewal BWXT Nuclear Energy Canada Inc.: Application to renew licence for the Toronto and Peterborough Facilities. Canadian Nuclear Safety Commission. http://www.nuclearsafety.gc.ca/eng/the-commission/hearings/cmd/pdf/CMD18/CMD20-H2.pdf

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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

January 27, 2020

Canadian Nuclear Safety Commission
280 Slater Street, P.O. Box 1046, Station B
Ottawa, ON K1P 5S9

Dear Canadian Nuclear Safety Commission Members,

RE: Application for Renewal of the BWXT Nuclear Energy Canada Inc. Class 1B Fuel Facility Operating Licence for the facilities in Toronto and Peterborough, Ontario

Please accept this written submission with respect to the above-mentioned licence renewal for BWXT Nuclear Energy Canada Inc. (BWXT NEC). The comments made in this submission pertain to the Peterborough BWXT facility, which falls within the geographical jurisdiction served by the Board of Health for the Peterborough County-City Health Unit (operating name, Peterborough Public Health (PPH)).

According to Ontario's Health Protection and Promotion Act (HPPA), a medical officer of health shall investigate complaints regarding potential hazards related to occupational or environmental health in the health unit.[1] In addition, the HPPA requires medical officers of health to stay informed on matters related to occupational and public health.[2] As such, PPH has been engaged with community members, CNSC staff, the Ministry of Environment, Conservation and Parks, the City of Peterborough, and Public Health Ontario, as well as directly with BWXT in relation to the license renewal.

When considering whether or not the licence renewal should be approved, PPH urges commission members to consider the location of the BWXT NEC Peterborough facility. It is located within a residential neighbourhood and adjacent to an elementary school. The playground for the youngest children in the school is across the road from the facility. Should the licence be renewed to allow BWXT to continue operating, it would be essential to ensure that the surrounding community has the information it requires, in a timely and transparent manner, to reassure residents that environmental emissions are not posing a risk to health. In our opinion, strengthening the relationship with, and accountability to, the surrounding residential neighbourhood presents a challenging but worthwhile endeavour for any long term operation of BWXT in Peterborough.

PPH has reviewed the Commission Member Document (CMD) submitted by CNSC staff, dated December 20, 2019[3] regarding the *BWXT Nuclear Energy Canada Inc. Application to renew licence for the Toronto and Peterborough Facilities*. Upon review of this document, PPH believes that the recommendations proposed by CNSC staff in the CMD will help to ensure that if the uranium dioxide pelleting operations are relocated to Peterborough, emissions from the Peterborough BWXT facility can be controlled and maintained at levels that are protective for the community's health. However, we believe the implementation of recommendations and licence conditions proposed by CNSC staff, including those outlined in Licence Conditions 15.1: Environmental Monitoring and 15.2: Commissioning Report[4], are critical prior, and not subsequent, to the approval of any changes in operations at the Peterborough BWXT facility, including the initiation of pelleting operations.

Current data for emissions of uranium in water and air at the Peterborough facility is published in the facility's annual compliance reports. Additionally, the Independent Environmental Monitoring Program (IEMP) provides additional sample results. Although reassuring, these snapshots do not provide PPH with enough data upon which to base, with confidence, a recommendation regarding the safety of the facility. It appears that the uranium emissions into air and water are far below the level that would impact human health, but we would appreciate a much more robust data set to support our assertions. It would be beneficial for this purpose for the IEMP to expand the number and location of samples collected and include additional air monitoring for uranium and beryllium.

In addition, we note what appears to be an upward trend of beryllium present in the results of the soil monitoring conducted as part of the IEMP.[5] The samples show an upward trend in the presence of beryllium in soil testing conducted in 2014, 2018 and 2019. The latest results did not become available until after the CMD had been posted. The upper limit has been steadily increasing: 1.1 mg/kg (2014) 1.34mg/kg (2018) and 2.34 mg/kg (2019). Although the results continue to be below the CCME Soil Quality Guidelines (4.0 mg/kg), the results are approaching the guideline and require further study to determine if there are fugitive beryllium emissions from the facility.

A comprehensive and robust monitoring program is quintessential to prevent exposure and protect public health. According to the current licence, monitoring for beryllium is not required at or outside of the fence line. The facility does conduct continuous in-stack monitoring. Given the trends in the soil samples collected as part of the IEMP, additional environmental monitoring outside of the fence of the facility should be considered, including air monitoring in areas where soil samples have been collected as part of the IEMP.

As the beryllium results have recently come to light, it would be most prudent to investigate with the establishment of a more comprehensive environmental monitoring program to be done first, prior to the decision regarding the renewal of the licence and/or the moving of the pelleting process to the Peterborough site. It would be our recommendation that this monitoring should be undertaken with the full participation of representatives of the local community.

Further to the licence conditions outlined by CNSC staff in the CMD, Peterborough Public Health encourages commission members to consider these additional recommendations:

1. **That BWXT implement a comprehensive environmental monitoring program to provide sufficient data to assess the full extent of uranium and beryllium emissions in the surrounding area prior to any decision regarding renewal of the licence and the addition of pelleting at the Peterborough site.**
2. **That the BWXT Peterborough facility retain the services of an independent, neutral third party for soil, water, and air testing for Uranium and Beryllium, as appropriate, and publicly share all reports and test results in their entirety; and**
3. **That the BWXT Peterborough facility establish a Community Liaison Committee (CLC) in Peterborough, similar to that which has been established in Toronto.**

We believe that these additional measures will help to increase the level of confidence that our community has in sampling results and will help to ensure that, moving forward, community concerns will be heard and addressed.

Peterborough Public Health plans to attend the public hearings in Peterborough on March 5 and 6, 2020 in order to address any public health-related questions from commission members.

Thank you in advance for considering this submission.

Sincerely,

Original signed by

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

[1] Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 11(1) https://www.ontario.ca/laws/statute/90h07#BK12 (January 14, 2020)
[2] Ibid. s. 12(1)
[3] Canada. Canadian Nuclear Safety Commission. *BWXT Nuclear Energy Canada Inc. Application to renew licence for the Toronto and Peterborough Facilities.*CMD 20-H2. December 20, 2019.
[4] Ibid. pp. 223 – 226.
[5] Canada. Canadian Nuclear Safety Commission. *Environmental Protection Review Report: BWXT Nuclear Energy Canada Inc.Toronto and Peterborough Facilities – FFOL – 3620.01/2020 Licence Renewal*. e-Doc 6018621 (PDF). December 20, 2019.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Staff Presentation: Annual Service Plan 2020**
DATE:	**February 12, 2020**
PREPARED BY:	**Donna Churipuy, Director of Public Health Programs and Chief Nursing Officer**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive the staff presentation, Annual Service Plan 2020, for information; and,
- approve the submission of the Annual Service Plan to the Ministry of Health, in principle.

ATTACHMENTS

Attachment A - Presentation

Annual Service Plan: 2020

Dated: February 12, 2020
Presenter: Donna Churipuy

Peterborough Public Health

Proposed Recommendation

That the Board of Health for Peterborough Public Health:

- receive the staff presentation, Annual Service Plan 2020, for information; and,
- approve the submission of the Annual Service Plan to the Ministry of Health, in principle.

Peterborough Public Health

What is the Annual Service Plan?

- Budget expenditures and high level program plans for Ministry of Health funded standards
- Description of the programs and interventions that the Board is planning to deliver in accordance with the OPHS
- Based on local needs and program level budgets

What are its Components?

- Organized according to the Standards
  - Narrative detail and budget financial data is required for each standard
- Community Assessment
  - Community Needs and Priorities
    - Process oriented questions – how do we assess community needs
  - Priority Populations
    - High level description
  - Unique Challenges and Risks

The following Programs are included:

- **Foundational Standards**
  - Population Health Assessment
  - Health Equity
  - Effective Public Health Practice
  - Emergency Management
- **Chronic Disease Prevention and Well-being**
- **Food Safety**
- **Healthy Environments**
- **Healthy Growth and Development**
- **Immunization**
- **Infectious and Communicable Diseases Prevention and Control**
- **Safe Water**
- **School Health**
- **Substance Use and Injury Prevention**

Peterborough Public Health

Foundational Standards Include

- Population Health Assessment
  - Description
    - Evaluation and research projects
    - Role of BOH in research
    - Engagement with health care and other partners
- Health Equity
  - Description
    - Incorporation of health equity approach in all programs and services
    - Identification of strategies to reduce health inequities
    - Role of Social Determinants of Health Public Health Nurses in this work

Peterborough Public Health

- Effective Public Health Practice
  - Description
    - Program planning, evaluation and evidence-informed decision making
    - Research, knowledge exchange and communication
    - Quality and transparency
- Emergency Management
  - Description (planning, communication, recovery, capacity building, evaluation)
  - Objectives
  - Key partners

Peterborough Public Health

Program Standards must address

- Community needs and priorities
  - Key data and information
  - Determination of priorities
- Key partners and stakeholders
  - Internal and external
- Programs
  - Descriptions
  - Objectives
  - Interventions (descriptions)

Peterborough Public Health

What else must be included?

- Staff allocation to programs
- MOH and Administration
- Allocation of Expenditures
- Budget Summaries
- One-time Requests
- Board of Health Membership
- Apportionment of BoH costs
- Key Contacts and Certification

Peterborough Public Health

Guided by our "Theory of Change"

Intended Impact Statement

By 2025, priority populations residing in Peterborough County and City, and Hiawatha and Curve Lake First Nations, will experience an increase in the number of healthy years lived.

Results Chain

- The proposed results chains spans the levels within the socio-ecological model to contribute to the Intended Impact.

Peterborough Public Health

Strategies

There are four categories of strategies.
Each contributes to the Results Chain.

Assessing and Reporting	Engaging in Multi-Sectoral Collaboration	Health Equity Analysis, Policy Development and Advancing Healthy Public Policies	Modifying and Orienting Public Health Interventions

Peterborough Public Health

Community Assessment

- How do we identify needs/priorities?
- Priority populations
- Unique about Peterborough

Peterborough Public Health

Chronic Disease Prevention and Well-being

- Community Needs and Priorities
  - Cancer and circulatory diseases are the leading causes of death.
  - 3102 low income seniors living in Peterborough County and City (2016 Census)
  - Between 2003 and 2017, there were 12,449 ED visits due to dental issues among Peterborough residents with an average of 830 visits per year.

Peterborough Public Health

Chronic Disease Prevention

- Programs
  - Blue and Green Spaces
  - Healthy Eating
  - Healthy Kids Community Challenge/Keeping Kids Healthy
  - Ontario Seniors Dental Care Program
  - Non-mandatory Oral Health Programs
  - Skin Cancer Prevention Program
  - Menu Labelling Program

Peterborough Public Health

Chronic Disease Prevention: Programs

Blue and Green Spaces

Families with children living on low income have been identified as the priority population for interventions.

- The objectives :
  - Increase partners and stakeholder knowledge about importance of health promoting blue and green spaces and children's play
  - Build capacity for partners and stakeholder to increase access to blue and green spaces and opportunities for play
  - Provide information and perspective for community planners and providers of healthy play spaces
- Interventions
  - Access to blue and green spaces
  - Active transportation
  - Access to recreation

Peterborough Public Health

Chronic Disease Prevention: Programs

Healthy Eating

Priority population includes families and children living on low income.

- Program Objectives:
  - Provide opportunities to increase food literacy
  - Provide support to child care facilities to develop and implement healthy eating policies
  - Provide support to child care facilities to incorporate healthy eating into curriculum
- Interventions
  - Food Literacy
  - Food Environments
  - Access to Healthy foods

Peterborough Public Health

Chronic Disease Prevention: Programs

Healthy Kids Community Challenge/Keeping Kids Healthy

- Program Objectives:
  - Implement activities to improve healthy behaviours among children related to healthy eating and physical activity.
  - Increase the number of activities that promote systems change and improved collaboration between partners
- Interventions
  - HKCC Coordination

Peterborough Public Health

Chronic Disease Prevention: Programs

Ontario Seniors Dental Care Program

- Objectives:
  - To increase and ensure easy access among low income seniors to preventive, treatment and prosthodontic services by December 31, 2020.
  - To ensure that the OSDCP meets the needs of the priority population.
  - To increase awareness among community organizations of the impacts of poor oral health and opportunities for preventive and treatment services.
- Interventions:
  - Oral Health Navigation
  - Clinical Services
  - Specialty Services
  - Dentures

Peterborough Public Health

Chronic Disease Prevention: Programs

Non-Mandatory Oral Health Programs

- Program Objectives:
  - Provide access to preventive and early treatment dental services to eligible adults that may not otherwise be able to access them.
- Interventions
  - Preventive and Treatment Services

Peterborough Public Health

Chronic Disease Prevention: Programs

Skin Cancer Prevention

Priority population for this program is adolescents.

- Program Objective: To ensure compliance with the Act and reduce the incidence of skin cancer.
- Interventions:
  - Inventory
  - Inspections
  - Public Disclosure

Menu Labelling

- Program Objective: To ensure compliance with the Act and increase awareness of energy content of food
- Interventions:
  - Inventory
  - Inspection
  - Reporting

Peterborough Public Health

Food Safety

- Community Needs and Priorities
  - There are 1152 food premises within the City and County of Peterborough Fully subsidized food handler courses for volunteers, home based childcare providers etc.
  - Develop risk assessment policies and standard process for all Farmers' Markets and Special Events
  - Further explore regulations and promotions of cultural foods and the creation of a local perspective will be explored
  - Cultural safety/humility training/education for PHIs

Peterborough Public Health

Food Safety

- Objectives
  - Increase access to food handler courses especially among priority pop'ns
  - Prevent the incidence of foodborne illness within the community.
  - Maintain a reliable and current system for public disclosure Enhance public awareness and use of the disclosure system.
  - Collaborate with First Nation partners to provide food safety inspection services, as requested.
- Programs
  - Inspections
  - Education
  - Enhanced Food Safety

Peterborough Public Health

Food Safety: Programs

- **Inspections**
  - Emphasis will be placed on the inspection of food banks and community feeding organizations to protect priority populations
- **Education**
  - Offer food handler courses only to those who live or work in PCCHU or CLFN or HFN
  - Development and dissemination of educational resources re Food Safety practices surrounding the use of Traditional Foods for our Indigenous population

Peterborough Public Health

Food Safety: Programs

Enhanced Food Safety

- Dedicated webpage for disclosure of farmers' markets
- Develop risk assessment tool for special events

Peterborough Public Health

Healthy Environments

Community Needs and Priorities

- In 2019, PHIs responded to approximately 135 complaints related to potential Health Hazards within private residences.
- The following facilities are routinely inspected:
  - 8 facilities that house migrant farm workers
  - 6 recreational camps
  - 10 funeral homes
  - 13 arenas
- In 2019, application was submitted by BWXT Nuclear Energy Canada Inc. to renew and expand their license for the Peterborough facility through the Canadian Nuclear Safety Commission

Peterborough Public Health

Healthy Environments

- Programs
  - Surveillance and Monitoring
  - Inspections and Investigations
  - Climate Change

Peterborough Public Health

Healthy Environments: Programs

Surveillance and Monitoring

- Objectives
  - Reduce the exposure to health hazards
  - Identify risk factors and priority health needs
- Interventions:
  - Local Environmental and Public Health Hazards
  - Radon Monitoring
  - Stakeholder Engagement

Peterborough Public Health

Healthy Environments: Programs

Inspections and Investigations

- Objectives:
  - To ensure compliance with HPPA and regulations
- Interventions
  - Inspections and Re-inspections of Facilities
  - Response to complaints
  - Disclosure
  - 24/7

Peterborough Public Health

Healthy Environments: Programs

Climate Change

- Objectives:
  - Achieve compliance with protocol
  - Reduce impact of extreme temperature on human health
- Interventions
  - Heat alerts
  - Cold alerts
  - Community Health Vulnerability Assessment and Adaptation Plan
  - Communication campaign

Peterborough Public Health

Healthy Growth and Development

Community Needs and Priorities

- higher neonatal and overall infant mortality rates a higher rate of high birth weight (HBW) and large for gestational age (LGA) babies
- higher rate of congenital heart defects
- twice the proportion of mothers smoke tobacco at admission
- higher proportion of mothers who report using alcohol or an illicit substance during pregnancy.
- higher rates of hospitalization of infants affected by maternal use of addictive drugs
- breastfeeding rates higher than Ontario's
- a notable increase in the proportion of children vulnerable in one or more Early Development Instrument (EDI) domains over the last ten years;

Peterborough Public Health

Healthy Growth and Development

- Program Interventions
  - ACEs
  - Infant Feeding
  - Access to parenting supports
  - Perinatal health
  - Basic Needs

Peterborough Public Health

Healthy Growth and Development: Programs

ACEs

Priority populations are lone parents, particularly female-led lone parent families

Objectives

- Promote awareness and provide health education to support positive parenting, healthy growth and development and perinatal health
- Increase public awareness and knowledge, skills, environments and policies to support positive parenting and healthy growth and development

- Interventions:
  - PHO and Healthy Growth and Development Evidence Network
  - Determine public health intervention
  - Community engagement
  - Theory of change

Peterborough Public Health

Healthy Growth and Development: Programs

Infant Feeding

- Objectives:
  - Foster infant feeding best practices including breastfeeding
- Interventions
  - Maintain principles of BFI
  - Coordinate education activities
  - Collaboration on breastfeeding promotion
  - Surveillance

Peterborough Public Health

Healthy Growth and Development: Programs

Access to parenting supports

Objectives

Improve language and literacy skills and promote learning

- Provision of resources and supports
- Health promotion campaigns and targeted education
- Positive parenting training
- Provision of screening tools and referral information

Perinatal Health

Objectives

Enhance healthy growth and development

- Prenatal education
- Provision of resources
- Networks and collaboratives
- Tobacco cessation

Peterborough Public Health

Healthy Growth and Development: Programs

Basic Needs

Objective

Support community coalitions/networks to influence policy related to SDOH and health inequities.

- Quality child care
- Better employment opportunities
- Work with partnerships to plan and implement activities that increase access to basic needs
- Participate in key networks to support HG&D and public health practice

Peterborough Public Health

Immunization: Programs

- Percent of day nursery attendees adequately immunized for their age (Q3 2019- 66%; Q3 2018- 43%)
- Number of immunizations administered at the Routine Immunization Clinic for individuals without a primary health care provider (Q3 2019- 1532; Q3-2018- 955)
- Number of cold chain inspections (Q3 2019- 117; Q3 2018- 103)
- Percent of Grade 7 students who have completed immunizations for HPV– by school year (Q3 2019- 70%; Q3 2018-61%)
- Percent of Grade 7 students who have completed immunizations for hepatitis B – by school year (Q3 2019- 76%; Q3 2018-68%)
- Percent of Grade 7 students who have completed immunizations for meningococcus – by school year (Q3 2019- 90%; Q3 2018-83%)

Peterborough Public Health

Immunization: Programs

- Programs:
  - Community-Based Immunization Outreach
  - Immunization Monitoring and Surveillance
  - Vaccine Administration
  - Vaccine Management

Peterborough Public Health

Immunization Programs

Community-Based Immunization Outreach

- Objective:
  - to increase knowledge and confidence related to immunizations and increase access to vaccine administration for priority populations
- Interventions
  - Collaboration with HCPs
  - Collaboration with DSBs
  - Collaboration with shelters

Peterborough Public Health

Immunization Programs

Immunization Monitoring and Surveillance

- Objectives:
  - detection of outbreaks, identification of AEFI trends, a nimble and organized response to a VPD related outbreaks and increase vaccine coverage rates for priority populations.
- Interventions
  - Data input
  - Data analysis
  - AEFI reporting
  - VPD Outbreak response

Peterborough Public Health

Immunization Programs

Vaccine Administration

- Objective:
  - to reduce vaccine preventable diseases and increase the number of adequately immunized individuals
  - to increase the uptake of Grade 7 immunizations
- Interventions
  - Routine clinics
  - School based Clinics
  - Catch up clinics
  - Influenza clinics

Peterborough Public Health

Immunization Programs

Immunization Management

- Objective
  - to ensure compliance by each premise and avoid vaccine wastage

  Interventions
  - PPH Storage and Distribution
  - Education and Inspection

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control

- Community Needs and Priorities
  - Chlamydia- 570 cases (5 year average 512)
  - Gonorrhea- 66 cases (5 year average 37.8)
  - Syphilis- 15 cases (5 year average 5.4)
  - Influenza 208 cases (5 year average 143)
  - Campylobacter: 42 cases (5 year average 33)
  - institutional outbreaks - 40 (5 year average 37)
  - Significant dental IPAC investigations – 2
  - Build capacity among HCPs to diagnose, stage and treat syphilis

Peterborough Public Health

- In 2019, 283 ticks involving human contact submitted to PPH for testing.
- By the end of July, 2019, 27 of the 153 ticks submitted (17.6%) were positive for the Borrelia burgdorferi; of the 27 positive ticks, 8 (29.6%) were from the County.
- In 2018, within PCCHU, six human cases of Lyme disease; there were 624 cases in Ontario.
- In 2019, a total of 781 WNV carrier mosquitos were identified; all were negative for WNV.
- In 2019, Peterborough Public Health investigated 498 reported potential rabies exposures; this was a 48% increase in the number of investigations from 2018.
- In 2019, of the specimens submitted for testing by Peterborough Public Health, one brown bat was positive for the rabies virus.
- In 2019, 84 residents of the residents living within the geographical area served by PPH received PEP for potential rabies exposures.

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control

- Programs
  - Vector Borne Disease
  - Rabies Prevention and Control
  - Zoonotic Disease Surveillance and Monitoring
  - Sexual Health
  - Management of Infectious Diseases
  - IPAC

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control

Vector Borne Disease

- Objective
  - Prevent and reduce the number of human cases with WNv and Lyme disease.
- Interventions
  - Lyme Disease Prevention, Surveillance and Response
  - WNv Prevention, Surveillance and Response
  - Public Education and Outreach

Peterborough Public Health

Rabies Prevention and Control

- Objectives
  - Prevent human cases of rabies
- Interventions
  - Surveillance and Monitoring
  - Investigation of potential human exposure
  - Vaccine management and distribution
  - Education and prevention
  - 24/7 availability

Peterborough Public Health

Zoonotic Disease Surveillance and Monitoring

- Objective
  - Reduce the impact of exposure to zoonotic disease to human health
- Interventions
  - Response to reports of zoonotic cases

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control: Programs

Sexual Health

- Objective
  - to prevent and control sexually transmitted and blood-borne infections (STBBIs) and promote healthy sexuality and safer sexual practices for priority populations, cases and contacts.
- Interventions
  - Management of STBBIs
  - Clinic services
  - Collaboration with HCPs and community partners

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control

Management of Infectious Disease

- Objective:
  - to reduce the burden of infectious and communicable diseases of public health importance
- Interventions:
  - Case management
  - Outbreak management
  - Collaboration with HCPs and community partners

Peterborough Public Health

Infectious and Communicable Diseases Prevention and Control: Programs

IPAC

- Objective:
  - to minimize the risk of contracting blood-borne infections and other infections through surveillance, inspection, investigation, education, enforcement and reporting.
- Interventions
  - Inspection and education
  - Investigation of complaints
  - Collaboration with local HCPs and community partners

Peterborough Public Health

Safe Water

Community Needs and Priorities

- Twenty-two (22) public beaches routinely sampled during the summer months and 326 sampling occurrences.
- 18 occurrences of beaches being posted as having conditions unsafe for swimming.
- 95 active recreational water facilities routinely inspected by Peterborough Public Health – 9 wading pools, 7 splash pads, 65 swimming pools, and 14 public spas (hot tubs).
- 348 Small Drinking Water Systems registered with PPH - 6 are high risk, 77 are medium risk, and 265 are low risk. 47% of the systems are seasonal and 53% are year-round.

Peterborough Public Health

Safe Water

- Programs
  - SDWS
  - Municipal and Private Drinking Water
  - Recreational Water and Facilities
  - Seasonal Beach Monitoring

Peterborough Public Health

Safe Water: Programs

SDWS

- Objective
  - Reduce the number of medium-risk SDWS and increase the number of low-risk SDWS by the end of 2020 by ensuring owners and operators have completed the required training as outlined in Directives
  - Ensure access to safe drinking water
- Interventions
  - Inspections
  - Education and training
  - Inventory, surveillance and monitoring
  - Response to AWQIs
  - Public disclosure

Peterborough Public Health

Safe Water: Programs

Municipal and Private Drinking Water

- Objective:
  - prevent and reduce the burden of water-borne illness related to drinking water
- Interventions
  - Awareness and education
  - 24/7 response
  - Public disclosure
  - Liaison and collaboration
  - Fluoride monitoring

Peterborough Public Health

Safe Water: Programs

Recreational Water and Facilities

- Objective
  - Prevent water borne illness
- Interventions
  - Surveillance and monitoring
  - Inspections
  - Education and training
  - 24/7 response
  - Public disclosure

Peterborough Public Health

Safe Water: Programs

Seasonal Beach Monitoring

- Objective
  - Prevent water borne illness
- Interventions
  - Surveillance and monitoring
  - Sampling of public bathing beaches
  - Liaison and collaboration
  - 24/7 response
  - Public disclosure

Peterborough Public Health

School Health

- Community Needs and Priorities
  - Children and youth spend close to 1300 hours per year in school; next to family, school exerts the greatest influence on children and youth.
  - Three school boards and numerous private schools operate 60 schools;
  - Student population is over 18,000.
  - Significant home school population in Peterborough and area.
  - There are 38 publicly funded elementary schools and 7 private schools in Peterborough County and City and Curve Lake First Nation. For the 2018-19 school year, of the 3891 children screened for oral health 8.43% required urgent care at the time of screening.

Peterborough Public Health

School Health

- Programs
  - Oral Health
    - HSO
    - Oral health assessment and surveillance
  - Vision
    - Child visual health and vision screening
  - Immunization
    - Immunization for children in schools and licensed child care settings
  - Other
    - Comprehensive School Health
    - Industry denormalization

Peterborough Public Health

School Health: Programs

HSO

- Objectives:
  - To increase easy access to and enrolment in preventive and early treatment dental services to more than 75 unique children and youth that may not otherwise be able to gain access
  - To increase awareness among community organizations, for example, EarlyON programs, of the HSO program and the impact of low income on oral health.
- Interventions
  - Preventive
  - Emerging and Essential

Peterborough Public Health

School Health: Programs

Oral Health Assessment and Surveillance

- Objectives:
  - To detect and identify children and youth at risk of poor oral health outcomes and their associated risk factors by the end of the school year.
  - To assess and identify emerging oral health trends among school children including high intensity schools and use that data to plan programs, policy and investments.
  - To increase awareness of preventive measures for pre-school age children and their families.
- Interventions
  - Oral health screening
  - Oral health surveillance

Peterborough Public Health

School Health: Programs

Child visual health and vision screening

- Objective:
  - To increase awareness and access to vision health and vision screening services including (OHIP funded) for school aged children among parents and guardians
- Interventions
  - Vision health supports
  - Vision screening

Peterborough Public Health

School Health: Programs

Immunization

- Objective
  - Ensure children are protected through routine immunization.
  - Progress towards the National Vaccination Coverage Goals of 95% coverage by age two and seven, and 90% coverage goals for all adolescents that are 17 years of age.
  - To address barriers, PPH will explore offering other options for parents/guardians to report immunization status to PPH.
- Interventions
  - Collection of demographic and immunization information
  - Assessments
  - Suspension orders

Peterborough Public Health

School Health: Programs

Comprehensive School Health

- The objectives for 2020:
  - School-aged children and youth obtain and sustain optimal health and developmental potential.
  - Monitor and assess needs and opportunities for action in schools, with school boards or across regional public health units through the collection or use of local data generated at school level.
  - Determine process to prioritize schools based on health inequities.
  - Provide support to schools to develop and implement healthy eating policies
  - Provide support to schools for implementing H&PE curriculum
- Interventions
  - School Health Liaison
  - Healthy Schools
  - Curriculum supports
  - Substance use prevention
  - Active and Safe Routes to School
  - School Nutrition Program
  - Risk Watch

Peterborough Public Health

School Health: Programs

Industry Denormalization:

- The objectives for 2020 include:
  - Implement a Theory of Change for industry denormalization focus of work with adolescents in schools
  - adapt the Challenges, Beliefs, and Changes (CBC) program to include decision making skills critical in an industry dominated environment across topic areas including substance use (tobacco, vaping, alcohol, cannabis)
  - Train secondary school students who in turn will deliver programing to Gr 8 students preparing to enter secondary school
- Interventions
  - Informed decision making

Peterborough Public Health

Substance Use and Injury Prevention

Community Needs and Priorities

- Peterborough region has a higher number of smokers and binge drinkers than the provincial average (Statistics Canada, 2017)
- Self-reported rate of exceeding low-risk alcohol drinking guideline for injury prevention age standardized rate for both sexes, 2015/16 is 43.7 % in Peterborough similar to 42.2 % in Ontario (PHO)
- Self-reported underage drinking rate (crude rate both sexes) 52.7% compared to 30.2 % in Ontario (PHO Snap Shots)
- In the first quarter of 2019 the rate of deaths due to opioid poisoning in Peterborough is 25 per 100,000 compared to the Ontario rate of 12 per 100,000. In the same time frame, the rate of ED visits due to opioid poisoning in Peterborough is 161.1 per 100,000 compared to the Ontario rate of 81.7 per 100,000. (PHO)
- Emergency department visits for injuries due to motor vehicle collisions age standardized (both sexes), 2017 is 768.8 per 100,000 compared to the province at 607.8 per 100,000 (PHO)
- Emergency department visits for injuries due to falls age standardized (both sexes), 2017 is 4050.9 per 100,000 compared to 3150.4 per 100,000 in Ontario. (PHO)

Peterborough Public Health

Substance Use and Injury Prevention

Programs

- Harm Reduction Program Enhancement
- Harm Reduction Community
- Substance Use
- Injury Prevention
- Smoke-Free Ontario

Peterborough Public Health

Substance Use and Injury Prevention

Harm Reduction Program Enhancement

- Objectives:
  - To continue the distribution of naloxone.
  - Provide at least 6 overdose prevention training sessions.
  - To maintain opioid surveillance and early warning system in collaboration with community partners.
  - Provide opioid harm data to community partners on a quarterly basis.
- Interventions:
  - Local response
  - Naloxone distribution
  - Surveillance and early warning

Peterborough Public Health

Substance Use and Injury Prevention

Harm Reduction- Community

- Objectives:
  - Provide harm reduction services of needle exchange and provision of disposal equipment to reduce the burden of STBBIs.
  - To increase public awareness around the safe disposal of found needles.
- Interventions:
  - Needle Exchange
  - Community harm reduction/found needles

Peterborough Public Health

Substance Use and Injury Prevention

Substance Use – General

- Objectives:
  - Increase knowledge of the Lower Risk Cannabis Use Guidelines
  - Increase community knowledge of low risk drinking guidelines
  - Increase the capacity of local municipalities and FN communities in updating developing/implementing municipal and FN Community alcohol policies.
  - Facilitate the creation of environments that support cannabis and alcohol wise living in community settings
- Interventions:
  - Cannabis Misuse Prevention
  - Alcohol Misuse Prevention

Peterborough Public Health

Substance Use and Injury Prevention

Injury Prevention

- Objectives:
  - Support local initiatives that will create complete streets
  - Support local initiatives that will create a transportation safety plan.
  - Support community initiatives that promote transportation safety
  - Support community initiatives that promote the prevention of concussions
- Interventions
  - Road safety
  - Concussion Prevention Initiatives

Peterborough Public Health

Substance Use and Injury Prevention

Smoke-Free Ontario

- Objectives:
  - Increase quit attempts particularly among youth and priority populations
  - To reduce exposure to second-hand smoke
  - Support landlords and tenants to establish and maintain smoke-free MUDs
  - To support ORCA in the development and implementation of smoke-free policies
  - To support implementation/enforcement of local smoke-free by-laws and the SFOA
  - To collaborate with municipal partners for the cooperative enforcement of the SFOA in municipally-owned public spaces and review success of such collaborations on a quarterly basis.

Peterborough Public Health

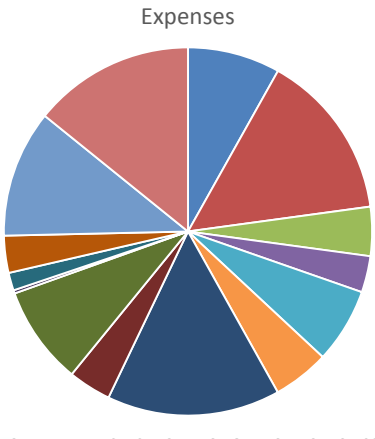
Substance Use and Injury Prevention: Programs

SFO

- Interventions:
  - Tobacco/Cannabis Wise Living (prevention, cessation, protection)
  - Enforcement
  - Prosecution

Peterborough Public Health

2020 Budget Allocation



2019/2020 Comparison by Standard

Program Standard	2019	2020	Change
Healthy Growth and Development	863,008	763,994	-126,014
Immunization	390,110	554,621	+164,551
Food Safety	435,517	482,620	+47,103
Safe Water	417,040	421,557	+4,517
Infectious and Communicable Disease Prevention and Control	1,706,947	1,701,056	-5,891

2019/2020 Comparison by Standard

Program Standard	2019	2020	Change
School Health – Oral Health	966,066	968,382	+2,316
School Health – Vision Screening	29,540	31,825	+2,285
School Health – Immunization	187,127	174,502	-12,625
School Health – Comprehensive	391,290	364,120	-27,170

Peterborough Public Health

2019/2020 Comparison by Standard

Program Standard	2019	2020	Change
Foundational Standards	916,768	909,164	-7,604
Chronic Disease Prevention	1,629,075	1,643,823	+14,748
Healthy Envt.	210,450	357,200	146,750
Substance Use and Injury Prevention	1,272,343	1,249,179	-23,164
Public Health Administration	1,637,379	1,586,228	-51,151
Total	11,052,660	11,181,271	+128,611

Peterborough Public Health

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Direction – Provincial Immunization Registry**
DATE:	**February 12, 2020**
PREPARED BY:	**Patti Fitzgerald, Manager, Infectious Diseases**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- receive correspondence from the City of Hamilton Board of Health, dated October 30, 2019, and correspondence from the Council of Ontario Medical Officers of Health (COMOH), dated March 19, 2019, for information; and,
- support their positions related to a provincial immunization registry and communicate this support to the Ontario Minister of Health, with copies to the Ontario Chief Medical Officer of Health, local MPPs, Opposition Health Critics, COMOH, the Association of Local Public Health Agencies (alPHa) and Ontario Boards of Health.

BACKGROUND

Correspondence from City of Hamilton Board of Health (Attachment A) was forwarded to all Ontario Boards of Health on October 30, 2019. PPH supports their recommendation that a seamless immunization registry would address several of the challenges with the current system, including:

- eliminating the burden of parents/guardians needing to report vaccines to local public health agencies;
- reducing the risk of inaccurate information being reported by parents/guardians;
- reducing staff time and resources needed to manually input vaccine records; and
- reduce the number of suspension due to the lack of reporting by parents/guardians.

In a letter to Minister Elliott dated March 14, 2019 (Attachment B), COMOH communicated their full support to the Ministry of Health for moving forward with Electronic Medical Records and Digital Health Immunization Repository Integration Project. PPH is in agreement that seamless reporting of immunizations from health care providers directly to local public health agencies will not only address the challenges as stated above, but will also assist in the investigation of outbreaks of vaccine preventable diseases when they occur. Having one database containing immunization records will allow for a quick identification of those individuals who are susceptible and vulnerable. In addition, an immunization registry aligns with the Ministry of Health's intent to create efficiencies and improve outcomes by introducing technology solutions into health care.

ATTACHMENTS

Attachment A: City of Hamilton Board of Health Letter
Attachment B: COMOH Letter

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
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

Dr. David Williams
Chief Medical Office of Health
Ministry of Health and Long-Term Care
21st Flr, 393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
dr.david.williams@ontario.ca

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

.../2

A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in additional to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public 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
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

ATTACHMENT 2

coMOH
Council of Ontario
MEDICAL OFFICERS OF HEALTH

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

The Council of Ontario Medical Officers of Health (COMOH) is a Section of

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

March 14, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Support of Immunizations and the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project

On behalf of the Council of Ontario Medical Officers of Health, I am writing to express our thanks for the Minister's support of immunizations and the immunization programs in Ontario. Getting the public support of the Minister in the face of so much misinformation on vaccines is very valuable and appreciated.

We would also like to provide our full support to the Ministry for moving forward with online health records for patients, and in particular, the Electronic Medical Record (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, namely the seamless reporting of immunizations from health care providers directly to local public health. This will reduce the considerable burden on parents to manually report their child's immunizations to local public health units. It will also be more efficient and ensure more accurate vaccine records. If done well, it could also serve as a model for future digital integration between electronic medical record solutions and other provincial health digital assets, supporting the Ontario government's priorities for digitization.

Public health uses vaccination records in the DHIR to prevent and stop outbreaks of infectious diseases such as measles. When EMR integration with the DHIR is established, in order for a vaccination record to be shared between a patient's physician and public health, consent from the patient or their guardian would be required. We would like to encourage the Ministry to consider removing the need for individual informed consent to share vaccine records to improve the efficiency for public health to prevent the spread of infectious diseases.

The Ministry might also consider being the Health Information Custodian for immunization records in the DHIR, administering the DHIR in a manner similar to other Ministry assets like the Ontario Laboratory Information System (OLIS) and the Digital Health Drug Repository. This would further simplify the system by eliminating the need for individual agreements between each of the 35 local public health units and the Ministry and streamline the current process where each local PHU must verify immunization records as they are added to the DHIR.

If the Ministry prefers that local medical officers of health remain the health information custodians for the immunization records of their respective health units, a new consent form would be required. A Ministry-approved, IPC-compliant consent form for the collection of non-ISPA/CCEYA information would be needed for use by all 35 public health units prior to the project being implemented.

Having one database containing the immunization records for all Ontarians would also provide added protection and benefit when outbreaks of infectious diseases occur: quickly identifying those that are susceptible and vulnerable and inform the provision of timely vaccinations to interrupt transmission.

Vaccine wastage or inappropriate administration could also be managed by permitting patients and health care providers across the province to easily access recorded immunization histories.

The proposed project is also consistent with the mention in "Ending Hallway Medicine" to consider technology solutions to improve health outcomes for patients, to integrate care at the local level, and to identify options for integrated health information systems that would facilitate smooth transfers between care settings, in this case from doctor's offices to local public health.

To that end, we thank you again for your announced commitment to this project and look forward to working with your office towards an efficient health care system that meets the needs of Ontarians.

Yours sincerely,

Dr. Chris Mackie
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. David Williams, Chief Medical Officer of Health
Dr. Rueben Devlin, Chair, Premier's Council on Improving Healthcare and Ending Hallway Medicine

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	**Correspondence for Information**
DATE:	**February 12, 2020**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

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

a. Letter dated January 16, 2020 to Health Canada regarding Vaping Products Promotion Regulations.

b. Letter dated January 20, 2020 to MPP Smith regarding provincial appointments to the Board of Health.

c. Letter dated January 22, 2020 to Minister Elliott regarding e-cigarette and aerosolized product prevention and cessation.

d. Letter dated January 24, 2020 to Chief Administrative Officers for the City, County and Lower-Tier Municipalities regarding off-road vehicles. Similar letters were also sent to Curve Lake First Nation and Hiawatha First Nation.

e. Letter dated January 29, 2020 to Ministers Mulroney and Elliott regarding off road vehicles.

f. E-newsletter dated February 3, 2019 from the Association of Local Public Health Agencies (alPHa).

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

January 16, 2020

Tobacco Products Regulatory Office
Tobacco Control Directorate,
Controlled Substances and Cannabis Branch,
Health Canada
150 Tunney's Pasture Driveway,
Ottawa, ON K1A 0K9
Sent via e-mail: ***hc.pregs.sc@canada.ca***

To whom it may concern:

Re: Canada Gazette, Part I, Volume 153, Number 51: Vaping Products Promotion Regulations

Foremost we wish to congratulate Health Canada for exploring the necessary steps to further protect Canadians, especially young Canadians, from the yet to be fully understood long-term health effects of vaping.

The Vaping Products Promotion Regulations (proposed Regulations) are an overdue but essential step in mitigating some of the harms that come from youth vaping. That said, Peterborough Public Health (PPH) would recommend that the proposed Regulations be implemented such that they mirror the regulations currently in place for conventional tobacco products. Using the evidence that has guided conventional tobacco control for decades would increase enforcement effectiveness and efficiencies, promote health equity, and increase vendor compliance, all while further protecting the health of all Canadians.

Part 1 — Advertising and Point of Sale Promotion

We agree with Health Canada that "Simply requiring visitors to 'check the box'" as described in the proposed Regulations is not enough to restrict online sales, and welcome more stringent controls to verify that the person visiting the e-cigarette website is in fact the age they claim to be.

With regards to Point of Sale (POS) advertising, we agree that "Only black characters on a white background would be permitted and no visual, sound or other effects would be permitted that may draw attention to it" is a good start. However, we would encourage Health Canada to consider further restrictions on the copy of these signs, as advertising flavours could be seen as proprietary promotion. For example, this is how two brands distinguish themselves between similar flavours:

- JUUL "Vanilla" versus VYPE "Infused Vanilla";
- JUUL "Mango" versus VYPE "Ripe Mango"; and,
- JUUL "Mint" versus VYPE "Crisp Mint".[1,2]

Further restrictions are recommended, otherwise e-cigarette brands could be identified through the signage.

Permitting the promotion of vaping products through pamphlets and brochures upon the request of an adult could increase the chances that youth are involuntarily exposed to these documents; forgotten or misplaced pamphlets and brochures left at the POS increases the risk to youth. Our recommendation is that all promotion of vaping products that youth have access to (i.e., convenience stores, gas stations, etc.) be prohibited the same as conventional cigarettes.

POS advertising has long been a strategy used by the tobacco, and now vaping industries, to target potential customers. However, there is a disparity between how, where and to whom these products are marketed. "Certain racial and ethnic communities, low-income communities, and LGBTQ communities are exposed to more POS advertising, live in places with a higher concentration of retailers that sell tobacco products, and have a higher prevalence of smoking"[3] than their peers that aren't at risk. Furthermore, the tobacco industry's own documents show that this marketing tactic is not a coincidence.[4]

To ensure health equity and positive health outcomes, all POS advertising where youth have access to needs to be prohibited.

Part 2 - Required Information in Advertising

Many proponents of vaping argue that nicotine is as "harmless as caffeine".[5] However nicotine is not a harmless substance,[6] and the main purpose for vaping devices is nicotine delivery.[7,8,9] Despite this information, a recent focus group identified concerning trends among the younger participants in the study. This study found that participants were not concerned about becoming addicted to nicotine, and most had not observed any health related warnings about these products.[10] A recent study of Ottawa, Ontario high school students found that "48 per cent mistakenly believe that even regular vaping doesn't pose a health a risk".[11] Furthermore, a 2019 study about health warnings and e-cigarettes noted that "the most promising warnings include health hazards (other than nicotine addiction) and imagery."[12] As such, any health warnings that are included in the proposed regulations must alert people to the fact that using an e-cigarette comes with a variety of potential harms including, but not limited to, nicotine addiction.[13]

Restricting the advertising of vaping products at POS and enhancing health warnings of these products is a critical first step. However, in light of the most recent survey data that shows a doubling of e-cigarette use by Canadian youth from 2016-17 to 2018-19,[14] it is clear that a comprehensive and fulsome approach needs to be deployed to address this issue.[15]

Dr. Sandy Buchman, the Canadian Medical Association president, notes that "immediate action is needed to respond to the crisis in youth vaping. We have enough evidence from decades of work in tobacco control. We don't have to reinvent the wheel. What we need is political commitment."[16] To this end we look forward to working with Minister Hajdu and other local leaders to protect Canadian youth from the vaping industry.

Respectfully,

Original signed by

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

/ag

[1] https://www.juul.ca/en-CA/shop/pods
[2] https://govype.ca/buy-online/vype-epen-3-cartridges
[3] https://countertobacco.org/resources-tools/evidence-summaries/health-equity-and-point-of-sale-tobacco-control-policy/?ct=t(Counter_Tobacco_2019_December)
[4] https://tobaccocontrol.bmj.com/content/23/e2/e139
[5] https://tobacco.ucsf.edu/nicotine-not-caffeine
[6] https://otru.org/wp-content/uploads/2017/02/update_feb2017.pdf
[7] https://www.juul.ca/en-CA/our-technology
[8] https://govype.ca/faq
[9] https://logicvapes.ca/faq/why-do-your-e-liquids-contain-nicotine-salts/
[10] https://www.otru.org/wp-content/uploads/2019/03/otru_projectnews_mar2019.pdf
[11] https://www.cbc.ca/news/canada/ottawa/youth-vaping-epidemic-ottawa-public-health-1.5178586
[12] https://tobaccocontrol.bmj.com/content/early/2019/07/10/tobaccocontrol-2018-054878
[13] https://www.nap.edu/resource/24952/012318ecigaretteConclusionsbyEvidence.pdf
[14] https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html
[15] http://smoke-free-canada.blogspot.com/2019/12/response-to-health-canadas-proposals-to.html
[16] https://www.cma.ca/immediate-action-needed-respond-crisis-youth-vaping-cma-among-health-groups-calling-federal-action

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

January 20, 2020

Mr. Dave Smith, M.P.P. Peterborough-Kawartha
1123 Water Street, Unit 4
Peterborough, ON K9H 3P7
Sent via email: dave.smithco@pc.ola.org

Dear M.P.P. Smith,

As you know, the Board of Health for the Peterborough County-City Health Unit (operating name - Peterborough Public Health) is an autonomous board, and has a complement of five provincially-appointed representatives. This year, terms for the following members are set to expire:

- Catherine Praamsma, April 26, 2020
- Michael Williams, April 26, 2020
- Kerri (Keryl) Davies, October 21, 2020
- Gregory Connolley, November 18, 2020

With the exception of Michael Williams, the remaining three members have expressed interest in renewing their terms. At its meeting on January 8th, the board supported these renewals given the valued contributions of these members and their dedication to public health in Peterborough City and County.

We hope that the Province will be able to make a timely decision on this matter so that our board of health will benefit from full and robust membership. We thank you in advance for your consideration of this request, should you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Dr. Rosana Salvaterra, Medical Officer of Health
Public Appointments Unit, Ministry of Health

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

January 22, 2020

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:

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received correspondence from Public Health Sudbury & Districts (enclosed) regarding e-cigarette and aerosolized product prevention and cessation.

Foremost, we wish to congratulate the Ministry for the recently announced changes to the *Smoke-Free Ontario Act* that, effective January 2020, ban the promotion of e-cigarettes/vapour products in corner stores and gas stations. The Board of Health for Peterborough Public 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] These rates have the potential to increase with 24.1% of Peterborough area students in grades 9 to 12 trying 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, speak to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

We look forward to working with the Ministry and local partners to develop and implement a comprehensive tobacco and e-cigarette strategy that will ultimately protect the health of all Ontarians.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
Hon. Doug Downey, Attorney General of Ontario
France Gélinas, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

[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.

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

January 24, 2020

Chief Administrative Officers
City of Peterborough
County of Peterborough
Lower-Tier Municipalities
Sent via e-mail

Dear Chief Administrative Officer:

Re: Off Road Vehicles

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.[1] One of our stated goals is to reduce the burden of preventable injuries, where road safety is an important factor. Given the Provincial government's recent passing of Bill 107, which includes provisions to change legislation to permit Off-Road Vehicles (ORVs) on municipal roads, we know many local municipal Councils will be considering new by-laws or changing current by-laws. As a result, we wanted to provide you with a summary of recent evidence and local ORV-related death and injury statistics for your consideration. For the purpose of this letter, the term ORV is inclusive of all-terrain vehicles (ATVs), side-by-side ATVs, utility-terrain vehicles, and off-road motorcycles (i.e. dirt bikes), and does not include snowmobiles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.[2,3] In 2010 there were 435 ORV users seriously injured and 103 ORV-related fatalities in Canada. This compares to 149 seriously injured users in 1995, and 45 fatalities in 1990.[2] These statistics are based on police reported data and medical examiner files.

Hospital records are another source of data where Emergency Department (ED) visits, more serious hospitalizations, and deaths are identified to be caused by an ORV injury. In 2015 to 2016 in Ontario, there were over 11,000 ORV-related ED visits and over 1,000 ORV-related hospitalizations.[4] There have been between 29 and 52 fatalities each year relating to ORV or snowmobile use from 2005 to 2012.[4] Children and youth aged 0-15 made up approximately 20% of ED visits,[4] and 17% of the hospitalizations and deaths related to ORV use.[2,4] However, the most affected demographic group has been males aged 16-25.[2,4] Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.[4] The most common cause of death is due to head and neck injuries.[4]

Locally, statistics show that from 2003 to 2018 there were 1,862 ED visits among Peterborough (City and County) residents resulting from an ORV injury, which is an average of 116 visits per year. During this same time period, there were 172 hospitalizations as a result of ORV injuries, which is an average

of 11 per year. When assessing death statistics, from 2001 to 2015 there were 20 deaths as a result of an ORV incident among Peterborough residents. It is concerning that there seems to be an increasing trend of ORV-related fatalities. From 2011 to 2015 there were 9 deaths, which is elevated from the previous five-year periods: 6 deaths during 2006 to 2010, and 5 deaths during 2001 to 2005. Across ED visits, hospitalizations and deaths, males make up a large proportion of these incidents, and those aged ten to 29 are highly represented in the statistics. See the Appendix for more information and data sources.

ORV-related incidents are classified according to whether they occur on roadways ("traffic")* or off-roadways ("non-traffic"). Research indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways compared to off-roadways.[5,6,7] Being on roadways increases the risk of collisions with other motor vehicles.[5,8,9] Also, certain design characteristics of these vehicles, particularly ATVs, make them unsafe on roadways.[5,10] In Peterborough, ORV incidents on roadways contributed to only 7.7% of ORV-related ED visits, but 14.0% of ORV hospitalizations and 40.0% of ORV-related deaths. These local statistics demonstrate that ORV injuries as a result of traffic incidents have a much higher fatality rate when compared to non-traffic incidents. Some of the associated risk factors related to ORVs used in Ontario include alcohol and drug use, riding at night, lack of helmet use, and excessive speed.[4,11] It has been found that the majority of ORV-related ED visits occur on the weekend (Friday to Sunday), and almost all are related to recreational use of ORVs.[4]

With these factors in mind, in consideration of developing or revising an ORV by-law, we recommend the following:

- Specify the roads that will permit or prohibit ORV use
    - Assess the safety conditions for ORVs to travel along all municipal roads. Consideration of traffic volume and road shoulder characteristics may lead to decisions to prohibit ORV use on certain municipal roads.
- Specify speed limits
    - As per O. Reg. 316/03 (2018), set maximum speed limits of 20 kilometres per hour, if the roads speed limit is not greater than 50 kilometres per hour, and 50 kilometres per hour, if the roads speed limit is greater than 50 kilometres per hour.
- Specify restrictions to time of use
    - Prohibit night-time riding. Language that references "dusk to dawn" may address seasonality of night-time. Restricting access to roads during certain months of the year may also be considered.
- Emphasize provincial regulations relating to minimum age and safety requirements, such as requirement to wear an approved helmet.

Finally, we encourage your municipality to determine ways that they can educate users about ORV road-use laws and the risks of riding on the roads.

In summary, ORV-related accidents continue to be a significant cause of injury, with on roadway accidents resulting in higher proportions of severe injury (hospitalization) and fatalities than off roadway accidents. We appreciate your consideration of the health implications of ORVs as you consider developing or revising your current by-law. Please feel free to use the local statistics we have provided you, which are summarized in the Appendix for ease of reference.

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

Sincerely,

Original signed by

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

/ag

References

1. Ontario Ministry of Health and Long-term Care. (2018). *Ontario Public Health Standard: Requirements for Programs, Services, and Accountability*. Toronto, ON: Author.
2. Vanlaar, W., McAteer, H., Brown, S., Crain, J., McFaull, S., & Hing, M. M. (2015). Injuries related to off-road vehicles in Canada. Accident Analysis & Prevention, 75, 264-271.
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Appendix: Off-Road Vehicle (ORV) Injuries in Peterborough City and County

Emergency Department Visits resulting from an ORV Injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Wednesday August 14, 2019.

Between 2003 and 2018 (16 years), there were:

- 1,862 Emergency Department (ED) visits among Peterborough residents resulting from an ORV injury, which is an average of 116 visits per year;
- Males accounted for 78.1% of these ED visits;
- 144 (7.7%) of these visits were a result of a traffic accident;*
- The majority of visits occurred among those aged ten through 29 (53.8%). For traffic accidents specifically, this age group makes up a similar proportion (49.3%) of visits.

Hospitalizations as a result of ORV injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Wednesday August 14, 2019.

Between 2003 and 2018 (16 years), there were:

- 172 hospitalizations among Peterborough residents as a result of ORV injuries which is an average of 11 per year;
- Males accounted for 87.2% of these hospitalizations;
- 24 (14.0%) of these hospitalizations were a result of a traffic accident;
- 36.7% hospitalizations occurred among those aged ten through 29. There were smaller but noticeable peaks in admissions of patients aged between 40 and 45 and between 53 and 56 as well, contributing to another 25% of hospitalizations collectively.

Deaths as a result of ORV injury

Data source: Ambulatory Emergency External Cause (Chapter 20), MOHLTC, IntelliHEALTH ONTARIO, extracted Wednesday August 14, 2019.

Between 2001 and 2015 (15 years) there were:

- 20 deaths as a result of an ORV among Peterborough residents;
    - 9 from 2011 to 2015, rate: 6.6 deaths per 100,000 over 5 years, averaging 1.32 per 100,000 each year.
    - 6 from 2006 to 2010, rate: 4.5 deaths per 100,000 over 5 years, averaging 0.90 per 100,000 each year.
    - 5 from 2001 to 2005, rate: 3.9 deaths per 100,000 over 5 years, averaging 0.77 per 100,000 each year.
- Males accounted for the large majority (over 80%) of deaths;
- Deaths occurred among persons aged 14 through 71 (median: 40, mean: 37); and eight deaths (40.0%) were a result of a traffic accident.

Definition

**Traffic accident (incident)* - is any vehicle accident occurring on the public highway (i.e. originating on, terminating on, or involving a vehicle partially on the highway).
Retrieved from: http://apps.who.int/classifications/icd10/browse/2016/en#/V80-V89

ICD-10 Codes included: V86, excluding snowmobiles.

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

January 29, 2020

The Honourable Caroline Mulroney
Minister of Transportation
Sent via e-mail: minister.mto@ontario.ca

The Honourable Christine Elliott
Minister of Health
Sent via e-mail: christine.elliott@ontario.ca

Dear Honourable Ministers,

Re: Off Road Vehicles (ORV) and Bills 107 and 132

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.[1] One of our stated goals is to reduce the burden of preventable injuries, where road safety is an important factor. Given the Provincial Government's recent passing of Bills 107 and 132, we anticipate changes to Ontario Regulation 316/03 are being drafted and wish to express several concerns and propose recommendations to consider. For the purpose of this letter, the term ORV is inclusive of all-terrain vehicles (ATVs), side-by-side ATVs, utility-terrain vehicles, and off-road motorcycles (i.e., dirt bikes), and does not include snowmobiles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.[2,3] In Canada in 2010 there were 435 ORV users seriously injured and 103 ORV-related fatalities. This compares to 149 seriously injured users in 1995 and 45 fatalities in 1990.[2] These statistics are based on police reported data and medical examiner files. Hospital records are another source of data where Emergency Department (ED) visits, hospitalizations, and deaths may be identified to be caused by an ORV injury. In Ontario in 2015 to 2016, there were over 11,000 ORV-related ED visits and over 1,000 ORV-related hospitalizations.[4] There have been between 29 and 52 fatalities each year relating to ORV or snowmobile use from 2005 to 2012.[4] The most affected demographic group has been males aged 16-25.[2,4] Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.[4] The most common cause of death is due to head and neck injuries.[4]

ORV-related incidents are classified according to whether they occur on roadways ("traffic") or off-roadways ("non-traffic"). Research indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways compared to off-roadways.[5,6,7] Riding on roadways increases the risk of collisions with other motor vehicles.[5,8,9] Also, design characteristics of certain classes of ORVs make them unsafe on roadways.[5,10,11] Indeed, across the border in 2007 it was found that 65% of ATV rider deaths occurred on roads. There was also a greater increase in on-road than off-road deaths between 1998 and 2007, which coincided with more states increasing legal ATV access to roads in some way.[11]

Some of the associated risk factors related to ORVs used in Ontario include alcohol and drug use, riding at night, lack of helmet use, and excessive speed.[4,12] It has been found that the majority of ORV-related ED visits occur on the weekend (Friday to Sunday), and almost all are related to recreational use of ORVs.[4]

With these factors in mind, in revision of O. Reg 316/03, we recommend the following in PART III:

- Equipment requirements:
    - Maintain current* contents of section, ensuring content is up-to-date and is applicable to all classes of ORVs that will be permitted on roads.
- Operation requirements:
    - Maintain current* contents of section and requirements. Specifically:
        - Requiring the driver to hold a valid driver's licence, with restrictions on number of passengers at night for novice young drivers;
        - Requiring all riders to wear an approved helmet; and
        - Setting maximum speed limits of 20 kilometres per hour, if the roads speed limit is not greater than 50 kilometres per hour, and 50 kilometres per hour, if the roads speed limit is greater than 50 kilometres per hour.
    - Under "Driver's licence conditions", include the condition that the blood alcohol concentration level of young or novice drivers be zero, as per the Highway Traffic Act (2019).

Finally, we encourage the Ministry of Transportation and the Ministry of Health to establish an effective communication strategy to educate all road users about forthcoming changes to ORV road-use laws, as well as to communicate the risks of riding ORVs on roads.

In summary, ORV-related accidents continue to be a significant cause of injury, with on roadway accidents resulting in higher proportions of severe injury (hospitalization) and fatalities than off roadway accidents. We appreciate your consideration of the safety implications of on-road ORV use as you revise O. Reg. 316/03.

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

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: The Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Local MPPs
Opposition Health Critics
The Association of Local Public Health Agencies
Ontario Boards of Health

**"current" refers to O. Reg. 316/03: Operation of off-road vehicles on highways, dated January 1, 2018*

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1. Ontario Ministry of Health and Long-term Care. (2018). *Ontario Public Health Standard: Requirements for Programs, Services, and Accountability*. Toronto, ON: Author.
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7. Denning, G. M., & Jennissen, C. A. (2016). All-terrain vehicle fatalities on paved roads, unpaved roads, and off-road: Evidence for informed roadway safety warnings and legislation. Traffic injury prevention, 17(4), 406-412.
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11. Consumer Federation of America. (2014). ATVs on roadways: A safety crisis. Retrieved from https://consumerfed.org/pdfs/ATVs-on-roadways-03-2014.pdf.
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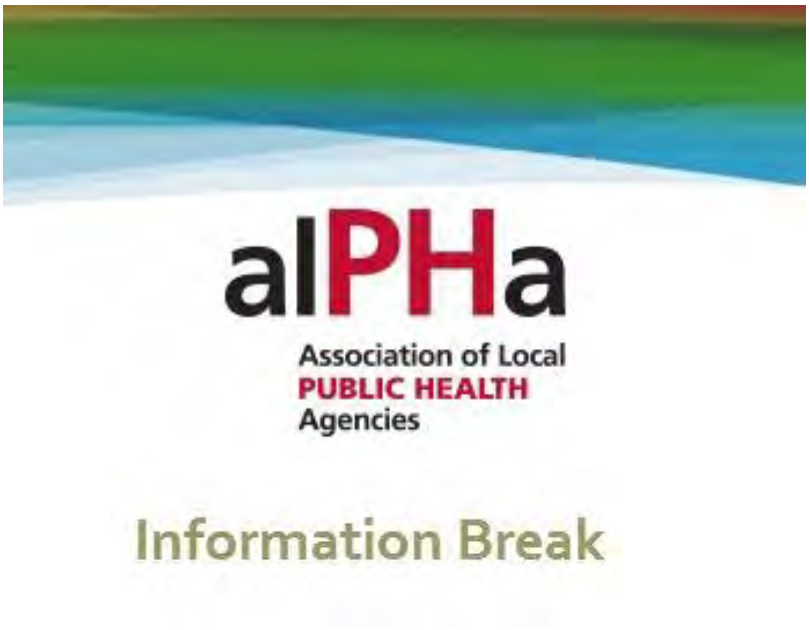
From: info@alphaweb.org [mailto:info@alphaweb.org]
Sent: Monday, February 03, 2020 12:14 PM
To: Alida Gorizzan <agorizzan@peterboroughpublichealth.ca>
Subject: alPHa Information Break - February 3, 2020



February 3, 2020

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

On January 30, alPHa submitted its response to the Ministry of Health's discussion paper on public health modernization and shared a copy with all health units afterward. The submission followed a teleconference held the previous day between the alPHa Board of Directors and Ministry of Health representatives that included Jim Pine, Special Advisor. Mr. Pine updated the board on feedback received to date from stakeholders since the release of the discussion paper. He also noted that while several in-person consultations with stakeholders have been completed to date, others will be taking place in different regions over the next month or so. He further indicated that the February 10 cutoff to respond to the consultation paper is no longer a fixed deadline.
Download alPHa's response on public health modernization
Go to the Ministry of Health's public health consultations website

alPHa invites health units and their boards to share their submissions to the provincial discussion paper with us by emailing them to Gordon Fleming at gordon@alphaweb.org. These will be uploaded to alPHa's dedicated resource page on public health modernization (link below), which contains announcements, responses and updates on related matters.
Visit alPHa's Public Health Modernization resource web page

Novel Coronavirus

As part of the collective effort to communicate timely information about novel coronavirus (2019-nCoV), alPHa is attending daily ministry-led briefings and sending daily situation reports from the Ministry of Health to update health units on this emerging issue. COMOH members are monitoring the situation closely and, through the COMOH Chair, are in frequent contact with provincial officials, including Chief Medical Officer of Health Dr. David Williams, to ensure the health and well-being of the public. For convenience, alPHa has provided links to the Ministry's dedicated website and others on its home page and below.
Go to the Ministry of Health's novel coronavirus website
Visit the Ministry's page for health professionals here
Go to Public Health Ontario's novel coronavirus website
Visit the Government of Canada's website on novel coronavirus

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Winter 2020 Symposium & Section Meetings

alPHa looks forward to members' participation at the upcoming Winter 2020 Symposium and Section Meetings on February 20 and 21 at the Central YMCA in downtown Toronto. The not-to-miss program includes a leadership workshop led by Tim Arnold of Leaders for Leaders, a consultation session with Ministry of Health representatives on public health modernization, and an update from the Association of Municipalities of Ontario (AMO). For more information about this event, please click the link below.
Register here to attend
Visit the Winter 2020 Symposium & Section Meetings page

TOPHC 2020

Members are advised to register for TOPHC 2020 early and and book their preferred workshop as space is limited. The annual event will take place March 25-27 at the Beanfield Centre in Toronto. Highlights include keynotes on the impact of racism on communities' health, and how persuasive technologies (apps, games) can improve health and wellness behaviours. This year's HOT TOPHC focuses on the causes and characteristics of syndemics and their effect on health. Early bird promotional pricing ends February 12, so register soon.
Learn more about TOPHC 2020 here
Register for TOPHC 2020

Public Health News Roundup

Minister Elliott lauds public health's response to coronavirus - 2020/01/31

Ontario confirms third case of novel coronavirus - 2020/01/31

World Health Organization declares novel coronavirus a global public health emergency - 2020/01/30

British Columbia reports first presumed confirmed case of novel coronavirus - 2020/01/28

Ontario briefs leaders from colleges and universities on novel coronavirus and directs public to trusted information resources - 2020/01/28

Ontario confirms second presumptive case of novel coronavirus - 2020/01/27

Ontario briefs school boards' directors of education on novel coronavirus - 2020/01/26

Toronto reports first presumptive confirmed case of novel coronavirus - 2020/01/25

Ontario confirms first case of new coronavirus - 2020/01/25

Canada announces screening measures for novel coronavirus at major airports - 2020/01/24

US Surgeon General releases first report on smoking cessation in 30 years - 2020/01/23

Ontario Minister of Health designates novel coronavirus as a reportable disease - 2020/01/22

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alPHa's New Address

In case you missed the announcement, alPHa relocated its office in December to 480 University Avenue, Suite 300, Toronto ON M5G 1V2. E-mails and phone numbers remain the same; however, our extensions are now three digits --a '2' has been added to the beginning of our previous extensions. Please update your records accordingly.

Upcoming Events - Mark your calendars!

Winter 2020 Symposium/Section Meetings - February 20 & 21, 2020, Central YMCA, 20 Grosvenor St., Toronto. Register here before the February 13 deadline. View the draft program.

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Register here. Early bird registration ends February 12, 2020.

June 2020 Annual General Meeting & Conference - June 7-9, 2020, Chestnut Conference Centre, 89 Chestnut St., Toronto. View the notice and calls.

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of Donations, 2019**
DATE:	**February 12, 2020**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director, Operations** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Donations, 2019,* for information.

FINANCIAL IMPLICATIONS AND IMPACT

For the year ending December 31, 2019, Peterborough Public Health (PPH) received a total of $40,255 in charitable donations for programs.

DECISION HISTORY

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

BACKGROUND

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

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

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

Internal charitable donations from our employees are received through payroll deduction, which are receipted through their T4. In 2019, sixty-four employees made charitable donations through payroll deductions, with donations being directed to the public health programs and/or the United Way. A total of $12,637 was donated by PPH employees through payroll contributions to the United Way and PPH programs.

In 2019, Peterborough Public Health received $3,640 after transactions fees through the donation web site *Canada Helps*. The funds are reflected below under individual donations.

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

Year	2018	2019
Total Cheques / Cash Received	$24,746 (47 donors)	$32,117 (25 donors)
Total On-Line Canada Helps	$1,794 (24 donors)	$3,640 (21 donors)
Total Payroll Deductions	$3,504 (34 donors)	$4,498 (36 donors)
Total Donations	**$30,044**	**$40,255**

Table 2: External and Payroll Donations by Designation

Program	2018	2019
Collective Kitchens	$4,300	$2,700
Community Kitchen	$467	$464
Contraceptive Assistance Fund	$310	$176
Dental Treatment Assistance Fund (DTAF)	$3,799	$3,521
Food for Kids (FFK)	$20,203	$32,216
Food Security	$190	$91
Healthy Babies, Health Children (HBHC) Equipment and Supply Fund	$410	$646
Prenatal Classes for Young Parents	$181	$78
Infant Toddler Equipment Fund	$0	$155
Gleaning Program	$0	$198
Undesignated	$184	$10

Table 3: Donations by Donor Type

Donor Type	2018	2019
Business	$7,429	$17,290
Church	$7,450	$2,000
Individual	$3,326	$3,817
Payroll Deduction	$3,504	$4,498
Service Clubs/ Foundations	$8,335	$12,650

Food for Kids, Dental Treatment Assistance Fund and Collective Kitchens activities rely heavily on donations. FFK continues to receive some larger donations from a local service club and food

supply businesses to support ongoing school breakfast program activities. Overall, donations for majority of public health programs were slightly lower in 2019 than the previous year, with the exception of the significant increase for FFK. The donations provide the much needed support to offer the programs to our community members in throughout 2019 and in the upcoming year.

RATIONALE

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

Peterborough Public Health will continue to:

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

STRATEGIC DIRECTION

This report applies to the following strategic directions:

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

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

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of Complaints, 2019**
DATE:	**February 12, 2020**
PREPARED BY:	**Alida Gorizzan, Executive Assistant**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Summary of Complaints, 2019*, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

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

BACKGROUND

During the 2019 calendar year, the organization received five complaints. In comparison, there was one in 2018, and four complaints in 2017.

Details regarding the complaints are as follows:

No.	Nature of Complaint	Comments	Status
1	Complaint related to requirements under the Immunization of School Pupils Act.	The complainant has lodged a complaint against PPH with the Human Rights Tribunal of Ontario.	Ongoing.
2	Complaint regarding the actions of an inspector.	The complainant communicated concerns during an inspection regarding lack of equipment and vehicle idling. The complaint was investigated and addressed with staff.	Resolved.

No.	Nature of Complaint	Comments	Status
3	Complaint regarding the actions of an inspector.	The complainant took issue with the conduct of a Public Health Inspector (PHI). The complaint was investigated, and it was determined that the actions of the PHI were within the scope of their duties.	Resolved.
4	Complaint regarding the actions of the Medical Officer of Health.	A complaint was brought forward to the Board of Health. It was dismissed by the Board on the grounds that it was vexatious in nature.	Dismissed.
5	Complaint regarding pest and infection control, and storm water management at a local health care facility.	A complaint was received requesting that PPH investigate concerns communicated by the complainant. These were investigated by a PHI and the results were provided in a response. The complainant was not satisfied with our response.	Resolved.

Peterborough Public Health strives to respond to all complaints in a timely and respectful manner.

STRATEGIC DIRECTION

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

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Summary of PPH Research Activities, 2019**
DATE:	**February 12, 2020**
PREPARED BY:	**Jane Hoffmeyer, Manager, Foundational Standards**
APPROVED BY:	**Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health (PPH) receive the staff report, *Summary of Research Activities (2019),* for information.

FINANCIAL IMPLICATIONS AND IMPACT

There is no direct financial impact.

DECISION HISTORY

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

BACKGROUND

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

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

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

RATIONALE

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

STRATEGIC DIRECTION

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

- Capacity and Infrastructure
- Quality and Performance

Attachments:

Attachment A – Summary Table of Peterborough Public Health Research Activities (2019)
Attachment B – OPHS 2018 Research-related Requirements

Attachment A - Summary Table of Peterborough Public Health Research Activities (2019)

General Overview

In 2019, all Peterborough Public Health (PPH) research initiatives were a continuation of work already underway in 2018. In total, there were seven research projects as described in the table below.

PPH's role across the set of research activities varies and entail being a lead organization, collaborator or knowledge user. PPH staff have also contributed individually as key informants/survey respondents to at least two public health research projects (one listed below, the other led by another LPHA).

The Locally Driven Collaborative Project research initiative led by Public Health Ontario has funded three of these projects.

Principle Investigator Organization (s)	Project Title	Summary	Status
Trent University Dr. Dr. Terry Humphreys, Ph.D.	**Sexual Health Survey**	Co-collaboration between Trent University, Fleming College and Peterborough Public Health. The purpose of this study is to examine the sexual health-related behavioural practices of the local community. This information is intended to assist in the design and delivery of sexual health services and programming for local residents and students.	Phase 2 data collection completed in late 2019 (including control group). Phase 1 report is anticipated in Q1 2020. Phase 2 report anticipated in Q2 2020. The results from this study, based on local data, will assist in determining priorities for PPH.

Principle Investigator Organization (s)	Project Title	Summary	Status
Halliburton Kawartha and Pine Ridge District Health Unit; Middlesex London Health Unit	**Measuring Food Literacy** (Locally Driven Collaborative Project)	Year 1: To identify and summarize the attributes* of food literacy including food skills, in the literature. Determine which attributes of food literacy, including food skills, are priorities for measurement and tool development. *Attribute defined: The quality or feature regarded as a characteristic or inherent part of someone or something Year 2 and 3: (December 2017 to May 2019) To develop a food literacy measurement tool for use with youth (age 16-19 years), and young parents and pregnant women (aged 16-25 years) at risk for poorer health.	In 2019, pilot testing took place. PPH was involved in participant recruitment, revisions of the tool, website content review, and knowledge exchange planning. A PPH Nutritionist represents PPH as a knowledge user at monthly meetings, provides feedback as part of an expert panel, and contributes to knowledge exchange activities. In 2020, knowledge exchange will take place through provision of train-the-trainer workshops, online training on the tool, exploration of housing of the tool on an online platform, presentations at conferences, and preparation of a manuscript.

Principle Investigator Organization (s)	Project Title	Summary	Status
Precarious Employment Research Initiative (PERI) Project Group Group membership includes: Peterborough Public Health; Workforce Development Board; City of Peterborough Social Services; Peterborough and District Labour Council; United Way of Peterborough; Literacy Ontario Central South; and Dr. Fergal O'Hagan, Trent University.	**Precarious Employment Research Initiative (PERI)** (previously referenced in 2016 report as "PEPSO Employment Research Study")	This study is based on research initially completed by McMaster University within the Poverty and Employment Precarity in Southern Ontario (PEPSO) work. PERI replicated the process used in Toronto and London. The goal is to have local information about people's employment and working conditions as well as the impact on their health. The research will be used by Peterborough Public Health as well as several community partners in identifying future areas of focus for program and service delivery, public awareness and education and policy development.	The PPH website now houses: • An interactive data dashboard (using Tableau Public) of the research • InfoBriefs • Proceedings from the 2018 conference www.peterboroughpublichealth.ca/PERI. Phase 2 is under consideration to add qualitative data and to repeat the survey. Plans will be completed in early 2020.

Principle Investigator Organization (s)	Project Title	Summary	Status
Windsor Essex County Health Unit (lead health unit)	**Children Count Pilot Study** (Locally Driven Collaborative Project)	The Children Count Pilot Study (Jan 2018 – Dec 2019) aims to develop a novel approach to collect local health data on school-aged children through the School Climate Survey which is mandatory by the Ministry of Education. Public health units in collaboration with English and French school board partners participating in this study have developed a new health survey module with questions about healthy eating, physical activity and mental health. Pilot site school boards will collect data from students (grades 4 to 12) by integrating this new module into their School Climate Survey.	Completed. Final reports received.
University of Western Ontario Dr. Benita Cohen, Dr. Marlene Janzen LeBer and Dr. Anita Kothari	**Health Equity Indicators User Guide Evaluation** (Locally Driven Collaborative Project)	We aim to evaluate the outcomes and impacts of health equity indicators in use by Ontario LPHAs. The project objectives are to: 1. Identify if and how the health equity indicators' knowledge products (i.e., Phase 1 Report: Review of the Literature, Phase 2 Report: A Case Study Approach to Pilot Test Indicators, User Guide, associated presentations and publications) have helped LPHAs assess their health equity work. 2. Examine if and how these knowledge products have been used for health equity capacity building within Ontario's local public health system.	Completed Spring 2019. Final report was shared with LPHAs.

Principle Investigator Organization (s)	Project Title	Summary	Status
		3. Explore if and how these knowledge products influenced organizational health equity decision- making in LPHAs.	
University of Waterloo Dr. John Garcia Deanna White (Ph.D. candidate)	**Rural Public Health Systems Research Study** "Factors that Facilitate and Impede the Implementation of Evidence-Informed Chronic Disease Prevention Programs and Policies in Rural Ontario Public Health Units"	The purpose of this study is to understand implementation of evidence-informed chronic disease prevention practice in Ontario rural public health units. Knowledge and information generated from this study may help to make a practical contribution to improve the performance of public health in rural areas, through a better understanding of factors that facilitate and impede the implementation of evidence-informed chronic disease prevention programs and policies in rural areas.	Completed 2019. Publication pending completion of dissertation.
St. Michael's Centre for Urban Health Solutions Dr. Ketan Shankardass	**Strengthening the Implementation of "Health in All Policies" at the local level in Ontario and Quebec**	Four year project funded by Canadian Institute of Health Research. Dr. Salvaterra is a co-applicant. Co-collaborators include Public Health Agency of Canada and the National Collaborating Centre for Healthy Public Policy. The research engages six knowledge user sites from Ontario (including Peterborough) and Quebec.	Launched in Oct 2018. Peterborough was selected as a case study site. Local data collection began in 2019 and will continue into 2020.

Principle Investigator Organization (s)	Project Title	Summary	Status
		The three main objectives of the research are: "(1) Conduct six explanatory case studies of HiAP implementation in local governments of Ontario and Quebec to ask: (i) What social mechanisms explain positive and negative outcomes of implementation?, and (ii) What influence did provincial governments have on implementation? (2) Directly mobilize knowledge by facilitating a community of practice, generating local policy briefs, and hosting interactive KM workshops and webinars with knowledge users; (3) Evaluate the impacts of the KM activities on HiAP implementation."	

Attachment B – 2018 OPHS Research-related Requirements

Foundational Standards

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

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

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

Good Governance

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

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

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – REPORT

TITLE:	**Q4 2019 Peterborough Public Health Activities**
DATE:	**February 12, 2020**
PREPARED BY:	**Management Staff**
APPROVED BY:	**Donna Churipuy, Director of Public Health Programs** **Larry Stinson, Director of Operations** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATION

That the Board of Health for Peterborough Public Health receive *report, Q4 2019 Peterborough Public Health Activities, for information.*

ATTACHMENTS

Attachment A – Q4 2019 Overall Compliance Status
Attachment B – Q4 2019 Communications and I.T. Report
Attachment C – Q4 2019 Social Media Report
Attachment D – Q4 2019 Finance Report

Quarter 4 2019 Status Report
(September 1, 2019 – December 31, 2019)

Overall Compliance Status

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

ME: Meeting Expectations PME: Partially Meeting Expectations

Link to Ontario Public Health Standards

Food Safety

Julie Ingram, Manager, Environmental Health
Program Compliance

Requirement #4: The majority of the components of the Food Safety Program were met however not all routine compliance inspections were completed for low risk food premises and several seasonal moderate-risk food premises. Overall, the compliance inspection rate for moderate risk food premises was 92% and the compliance inspection rate for low risk food premises was 67%. Unfortunately, in 2019 a spike in rabies investigations took priority and required greater than normal hours of staff time to investigate animal bites. There was a 48% increase in the number of investigations required in 2019 compared to 2018. This had a substantial impact on the time available for Public Health Inspectors to complete food safety inspections. The decision was made to prioritize and complete inspections of all high and non-seasonal moderate risk premises.

Healthy Environments

Julie Ingram, Manager, Environmental Health
Hallie Atter/Carolyn Doris, Managers, Family and Community Health

Program Compliance:

Requirement 3: Work on the Climate Change Health Vulnerability and Adaptation Plan is advancing. In Q4, a lot of progress was made with the collection and analysis of data and stakeholder engagement. Analysis of Rapid Risk Factor Surveillance System data for climate was completed. The analysis of health data is underway. Informant interviews have been conducted and the External Advisory Committee was formed and met in October and November. All internal focus groups were completed in December, 2019. Vulnerable populations have been identified and data has been collected. This data includes historical temperature and precipitation data for projections for 2050 and 2080. It also includes hospitalization and emergency room visits related to weather and temperature. Overall, the vulnerability assessment and adaptation plan should be completed for two hazards (extreme weather and extreme temperatures) close to the end of Q1 2020.

Requirement 4 to 7: A comprehensive approach to creating health-promoting built and natural blue and green spaces has been prioritized. Priorities for 2019 were to a) complete a Theory of Change (TOC) Results Chain (which has been completed) and b) engage in activities to contribute to Blue and Green Space content in built and natural environment policies i.e. City/County OP, City Parks Open Space Study, Township Parks and Recreation Plans, Transportation Master plans, Food Charter. These priorities were determined based on commitment to finalizing the Theory of Change, selection of health promotion strategies that promote health equity and current policy opportunities. Priorities for 2020 are to continue with activities that support the both the Blue and Green Space and PPH TOC Results Chain, including determining barriers to accessing blue and green space. We will also continue to engage in policy development activities.

School Health

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

Program Compliance:

Requirement 2 to 4: Due to staff capacity and school climate, with the exception of Challenges, Beliefs Changes, Cessation Support and Healthy Sexuality, curriculum supports to schools were limited to resources upon request. Completion of a District School Board – local Public Health Agency Memorandum of Understanding focusing on working relationships was delayed due to modernization of public health discussions and labour relation priorities in schools. In Q4, support was provided to schools working towards Ophea

Healthy School designation. Internal coordination of staff supporting comprehensive school health activities was reinstated in Q4.

Requirement 9: Due to school climate and identification of alternative evidence based approaches, plans for a 130th Anniversary vaccination campaign and competition were not completed. The alternative approaches identified are included in operational plans for 2020.

Substance Use and Injury Prevention
Hallie Atter/Carolyn Doris, Managers, Family and Community Health

Program Compliance:
Requirement 2: Due to limited staffing capacity (resignation of staff in Cannabis role; staff being assigned to other areas i.e. Emergency Management, Climate Change, Planet Youth; surge in Opioid response required increase in staff time) interventions were mainly focused on our local opioid response, Smoke Free Ontario Act activities, and responses to the implementation of the cannabis legalization and off road safety legislation.

Foundational Standards
Jane Hoffmeyer, Manager, Foundational Standards

Program Compliance – Effective Public Health Practice:
Requirement #2: A temporary staffing gap within the team affected achievement of 2019 objectives related to planning and evaluation. Delivery of learning opportunities for program evaluation and evidence-informed decision making were affected as was progress on evaluation planning on our implementation of the Community Engagement framework. Also, there was reduced support for managers as they entered into the 2020 planning cycle.

Recruitment to replace the Health Promoter role within the team was successful. Unmet objectives for 2019 will be revisited during operational planning for 2020 and reprioritized with new or emerging needs.

Program Compliance – Health Equity
*Note: While minimal compliance was maintained in Q4, staff FTE's were reduced due to the need to temporarily shift some staffing to assist with the local start-up phase of the Ontario Seniors Dental Care Program.

Communications – Q4 2019

Brittany Cadence, Manager, Communications & IT Services

Media Relations

Activity	Q4 comparison	
	2019	2018
Total media products produced (news releases, audio files, letters to the editor, monthly Examiner and PTW columns, op eds, BOH meeting summaries, etc.)	31	44
Number of media interviews	23	19
Number of media stories captured directly covering PPH activities	96	84

Activity	Yearly Totals				
	2019 (YTD)	2018	2017	2016	2015
Press releases/media products issued	163	131	181	158	165
Media interviews	122	77	86	92	82
Number of media stories directly covering PPH activities	546	465	329	340	540
Communications tickets	574	649	680	n/a	n/a

Communications Highlights:

- First frostbite alert of the season
- Radio ads on six local stations ran campaigns on child literacy, smoke-free arenas, and cannabis edibles.

Information Technology - 2019 Q4

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

System Status This Quarter:

Service Description	Planned Outage - % downtime of total	Unplanned Outage - % downtime of total	Total Uptime
MS Exchange Email server	0%	0%	100%
Phone server	0%	0%	100%
File server	0%	0%	100%
Backup server	0%	0%	100%

Total Number of Helpdesk Tickets Served:

Activity	Yearly Totals				
	2019 (YTD)	2018	2017	2016	2015
IT Tickets	1303	1696	1426	1277	945

IT Highlights:

- Human firewall cybersecurity presentation to ALL STAFF
- Quarterly maintenance to upgrade firewall and troubleshoot code white intercom

Peterborough Public Health

1889-2019 LOCAL & STRONG

Follow us @Ptbohealth

SOCIAL MEDIA Q4 REPORT

October 1 – December 31/19

Twitter: In Q4 our followers grew

1.9%

to **2380**

92 tweets

Instagram

18% ↑

906

followers

Facebook

9% ↑

1289

fans

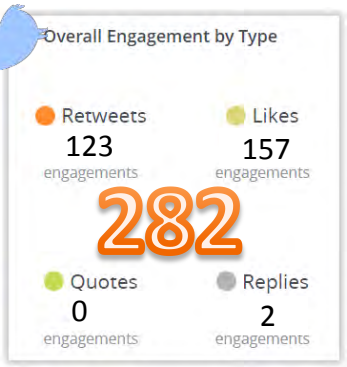
56,731

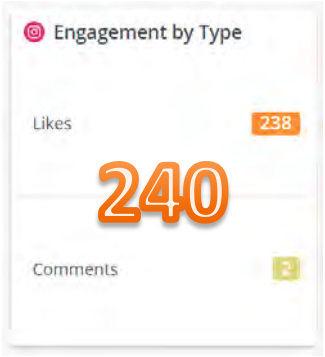
webpage views

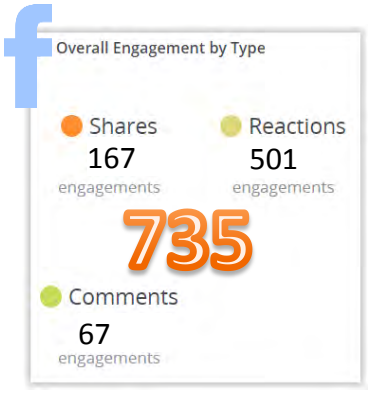
-26.97%

*due to spike in Q3 due to Kawartha Endodontics lapse

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







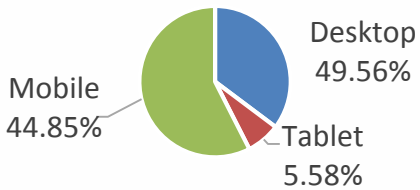
Depth… How are people reaching us and what are they looking for?

TOP 10

pages: peterboroughpublichealth.ca

Homepage: **9,257**
Employment: **4,508**
Flu Clinics: **2,707**
Sexual Health Clinic: **2,096**
Contact Us: **1,951**
Clinics and Classes: **1,704**
For Professionals: **1,477**
Food Handler Course: **1,288**
Your Health: **1,143**
Reports and Data: **876**

Website visitors by device



Clickthroughs from tweet/post to our website

219

289

Loyalty… How effectively are we keeping visitors engaged?

Ptbo Public Health @Ptbohealth
Dr. Salvaterra: Peterborough Public Health is protecting you behind the scenes: http://ow.ly/f6N650wHVYj

Via @PtboExaminer

866 impressions, 4.3% engagement rate

www.peterboroughpublichealth.ca

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

@MENTIONS

Glossary… What do these social media terms mean?

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

Engagement rate: Number of engagements divided by impressions.

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

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

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

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

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

Financial Update Q4 2019 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2019

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget $ Based on 2019 Submission (100%)	Year To Date Expenditures to Dec. 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs	MOHLTC Cost Shared (CS)	8,137,186	14-Nov-18	20-Aug-19	8,137,186	8,042,319	98.8%	94,867	Operated within budget submission. Underspending due some staff gapping through year. In final quarter, some additional staff hired to address program vacancies and purchase of program resources aquired reducing previously reported underspending. Portion of underspending to offset overage in Small Drinking Water. Planned reduction in spending based on 3rd quarter to maintain budgetted transfer from reserve.
Small Drinking Water Systems	CS	90,800	08-Nov-17	20-Aug-19	90,800	104,258	114.8%	(13,458)	Operated above budget due to legal fees incurred. Overage partially offset by savings in Vector Borne Diseases and in Mandatory Programs.
Vector- Borne Disease (West Nile Virus)	CS	76,133	14-Nov-18	19-Aug-19	76,133	71,487	93.9%	4,646	Operated within budget. Underspending to fund overage in Small Drinking Water.
Infectious Disease Control	100%	222,300	14-Nov-18	20-Aug-19	222,300	222,300	100.0%	-	Operated within budget submission.
Infection Prev. & Control Nurses	100%	90,100	14-Nov-18	20-Aug-19	90,100	90,100	100.0%	-	Operated within budget submission.
Healthy Smiles Ontario (HSO)	100%	763,100	14-Nov-18	20-Aug-19	763,100	726,786	95.2%	36,314	Operated within budget submission. Program dental billings in excess of budget resulting in reduced overall net expenditures. Historically program over has been underspent as staffing not at full complement.

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget $ Based on 2019 Submission (100%)	Year To Date Expenditures to Dec. 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Enhanced Food Safety	100%	25,000	14-Nov-18	20-Aug-19	25,000	25,000	100.0%	-	Operated within budget approval.
Enhanced Safe Water	100%	15,500	14-Nov-18	20-Aug-19	15,500	15,500	100.0%	-	Operated within budget approval.
Needle Exchange Initiative	100%	57,000	14-Nov-18	20-Aug-19	57,000	53,902	94.6%	3,098	Operated within budget. Underspending of base funding due to additional one time funding in the first quarter of 2019.
Harm Reduction Enhancement	100%	150,000	14-Nov-18	20-Aug-19	150,000	148,545	99.0%	1,455	Operated just below budget approval.
Social Determinants of Health Nurses Initiative - Nurses Commitment	100%	180,500	14-Nov-18	20-Aug-19	180,500	180,500	100.0%	-	Operated within budget approval.
Chief Nursing Officer Initiative	100%	121,500	14-Nov-18	20-Aug-19	121,500	121,500	100.0%	-	Operated within budget approval.
Smoke Free Ontario (SFO) - Control	100%	100,000	14-Nov-18	20-Aug-19	100,000	100,000	100.0%	-	Operated within budget approval.
SFO - Enforcement	100%	202,100	14-Nov-18	20-Aug-19	202,100	212,162	105.0%	(10,062)	Operated above budget approval. Program resources purchased in Q4 offset by underspening in Youth Engagement.

	Funding Type	2019 Submission	Approved by Board	Approved by Province	YTD Budget $ Based on 2019 Submission (100%)	Year To Date Expenditures to Dec. 31	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
SFO - Youth Prevention	100%	80,000	14-Nov-18	20-Aug-19	80,000	49,417	61.8%	30,583	Operated well below budget due to staff gapping since early in 2nd quarter. Underspending will offset overage in Enforcement.
SFO - Prosecution	100%	6,700	14-Nov-18	20-Aug-19	6,700	1,920	28.7%	4,780	Operating within budget based on program demand. Historically underspending in program.
Electronic Cigarettes Act - Protection & Enforcement	100%	29,300	14-Nov-18	20-Aug-19	29,300	29,300	100.0%	-	Operated within budget approval.
Medical Officer of Health Compensation	100%	59,187	NA	20-Dec-19	59,187	59,187	100.0%	-	Operated within budget approval.
Ontario Seniors Dental	100%	245,005	NA	20-Aug-19	245,005	55,473	22.6%	189,532	Prorated funding approved of $525,075 for 2019 based on annual funding of $700,100. Program activity commenced November 1, 2019 resulting in reduced spending as some staffing postions not filled and no specialist dental service in 2019. Staffing and specialists will be in place for 2020 and anticipate utilizing approved budget.
Total - Ministry Funded - 2019		**10,651,411**			**10,651,411**	**10,309,656**	**96.79%**	**341,755**	

One-Time Programs Funded April 1, 2019 to March 31, 2020									
	Funding Type	**2019 Submission**	**Approved by Board**	**Approved by Province**	**YTD Budget $ Based on 2019 Submission (100%)**	**Year To Date Expenditures to Dec. 31**	**Year to Date % of Budget Submission**	**Year to Date Variance Under/(Over)**	**Comments**

PHI Practicum	100%	20,000	NA	20-Aug-19	15,000	-	34.3%	15,000	Funding for 2 practicum PHI student for 12 weeks during January - March 2020.

Programs funded April 1, 2019 to March 31, 2020									
	Funding Type	**2019 - 2020**	**Approved by Board**	**Approved by Province/Other**	**YTD Budget $ (100%)**	**Year To Date Expenditures to Dec. 31**	**% of Budget**	**Year to Date Variance Under/(Over)**	**Comments**
Infant Toddler and Development Program	100% MCCSS	253,817	6-Mar-19	27-Jan-20	190,363	193,288	76.2%	(2,925)	Operating just above approved budget due some additional staffing costs in Q3. Anticipate being within budget by end of year.
Healthy Babies, Healthy Children	100% MCCSS	928,413	06-Mar-19	19-Aug-19	696,310	674,058	72.6%	22,252	Program operating well within budget due to savings in salary and benefits due to staffing changes during 3rd quarter. Anticipate spending budget by end of March as new program manager to be hired in final quarter and purchase of program resources.
Speech	100% FCCC	12,670	Annual Approval	12,670	9,503	9,503	75.0%	-	Operating within budget.

Funded Entirely by User Fees January 1 to December 31, 2019									
	Funding Type	**2019**	**Approved By Board**	**2019 Budget**	**YTD Revenue $ (100%)**	**Year To Date Expenditures to Dec. 31**	**% of Budget**	**Year to Date Variance Under/(Over)**	**Comments**
Safe Sewage Program	Fee for Service	402,775	NA	402,775	332,769	363,023	90.1%	(30,254)	Program funded entirely by user fees. Expenditures are within budget, however revenue from User Fees are below budget resulting in a deficit of $30,254. Anticipated reduced revenue during year due to two townships no longer having service provided by program. Program reserve will be used to offset defict based on final audit.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	94,900	94,426	96.8%	474	Program funded entirely by fees. Program activity based on number of properties inspected during the period of May through November. Operated within budget.
Total - All		**12,366,586**			**11,990,255**	**11,643,954**	**94.16%**	**346,302**	

PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	**Audit Letter of Engagement, 2019**
DATE:	**February 12, 2020**
PREPARED BY:	**Dale Bolton, Manager, Finance and Property**
APPROVED BY:	**Larry Stinson, Director, Operations** **Dr. Rosana Salvaterra, Medical Officer of Health**

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health:

- Receive the staff report, *Audit Letter of Engagement, 2019*, for information;
- Engage the audit services of Baker Tilly Kawarthas LLP, formerly Collins Barrow Chartered Accountants LLP; and
- Authorize the Chair and Vice-Chair to sign the Letter of Engagement.

FINANCIAL IMPLICATIONS AND IMPACT

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

DECISION HISTORY

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

BACKGROUND

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

RATIONALE

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

These relationships include:

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

The auditors have not identified any relationship.

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

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

The auditors will:

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

The Board or delegated committee is required to:

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

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

STRATEGIC DIRECTION

This report applies to the following strategic direction:

- Quality and Performance

APPENDICES

Attachment A – PPH Audit Planning Report

Audit planning report

Peterborough Public Health

2019 Audit

Prepared by Baker Tilly KDN LLP

January 28, 2020

bakertilly

Purpose of the report

To Members of the Board of Health:

We have been engaged to express an audit opinion on the consolidated financial statements of Peterborough Public Health ("the Health Unit") in accordance with Canadian Public Sector Accounting Standards for the year ended December 31, 2019, as outlined in our engagement letter dated January 28, 2020.

The purpose of this report is to communicate certain matters related to the planning of our audit that we believe to be of interest to you.

This report is confidential and is intended solely for the information and use of the Board of Health. No responsibility for loss or damages, if any, to any third party is accepted as this report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purposes.

Yours very truly,

Baker Tilly KDN LLP
Chartered Professional Accountants, Licensed Public Accountants

Per: Richard Steiginga, CPA, CA

We look forward to discussing the contents of this report and answering any questions you may have.

Table of contents

Overview and audit approach

Key audit dates

Interim testing – December 3-4, 2019

Year end testing – February 18-21, 2020

Audit approach

Our audit of the consolidated financial statements will be conducted under generally accepted Canadian auditing standards and is designed to obtain reasonable, rather than absolute, assurance as to whether the consolidated financial statements are free of material misstatement. We develop our audit approach based on the risk assessment and understanding of control systems design and implementation. Our risk assessment is based on our understanding of the Health Unit, industry, ratepayer and supplier relationships, and analysis of financial information provided prior to the start of the audit.

Engagement team

The key individuals involved in the audit:

Richard Steiginga, Engagement Partner – rsteiginga@bakertilly.ca, (705) 742-3418 ext. 248

Colin Heffernan, Engagement Senior – crheffernan@bakertilly.ca, (705) 742-3418 ext. 259

Audit plan

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

Management is responsible for the accounting estimates included in the consolidated financial statements. Estimates and the related judgements and assumptions are based on management's knowledge of the business and past experience about current and future events.

Based on our knowledge of the Health Unit's business and our past experience, we have identified the following areas that have a potentially higher risk of a material misstatement.

Area of audit emphasis	Planned procedures
Revenue / deferred revenue	Testing to ensure deferred revenue recorded meets recognition criteria and does not result in an overstatement deferred revenue and an understatement of revenue.
Long term debt	Testing to ensure the Health Unit is meeting the debt service coverage ratio required in the loan agreement.

Materiality

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

Materiality will be used throughout the audit and in particular when:

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

We set our materiality at $370,000 (2018 - $370,000).

Materiality was calculated as a percentage of total revenue.

The base and percentage applied in the current year are consistent with those used in the prior audit.

Data analytics

We may integrate various automated tools and techniques throughout our audit, owing to our continuing dedication to enhancing the relevance and value of the audit process. By incorporating data analytics into our audit process, we are better able to identify potential risks around financial reporting, including fraud and error. Through the use of analytics, we are able to enhance the quality of our audits by relying less on sampling while reviewing complete data sets.

We're always looking for innovative ways to evolve our current practices to better equip our staff, improve your experience through the various audit phases and help support your business success.

Specific areas where we may choose to use these tools:

Planning and risk assessment	We may leverage data analytics tools to identify risk areas, unusual transactions and trends through an improved understanding of your operations and associated risks, including the risk of fraud. This allows us to more effectively design procedures to specifically target the identified risks.
Journal entry testing	We may leverage data analytics tools to identify transactions more susceptible to management override of controls by applying processes designed to analyze multiple criteria at once.
Identification of misstatements	By examining 100% of the items in certain populations, where deemed relevant, we are able to lower the risk of missing possible misstatements.
Two-way communication with your team	By gaining insight through our ability to analyze greater volume of transactions, we engage your team in focused discussions about your operations.
Reporting	Where deemed relevant, we will provide a summary of results obtained through application of various data analytics tools to you.

Other matters

Independence

We advise you that we are not aware of any relationships between the Health Unit and our firm that, in our professional judgement, may reasonably be thought to bear on our independence.

We confirm we are independent of the Health Unit.

Fraud Discussion

Our procedures with respect to fraud and illegal acts are outlined in Appendix A.

If you have any knowledge of actual, suspected or alleged fraud or illegal acts, we ask that you inform us.

Responsibilities

Refer to **Appendix A** for discussion on responsibilities.

Conclusion

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

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

Yes / No (please circle one)

If yes, please contact our office immediately.

Acknowledgement of the Board of Health:

We have read this report.

_____	_____
Name, Position	Signature
_____	_____
Name, Position	Signature

Appendices

Appendix A – Responsibilities

Appendix A – Responsibilities

Our responsibilities as auditor

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

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

Our audit includes:

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

Our responsibilities as auditor (continued)

As part of our audit, we obtain a sufficient understanding of the operations and internal control structure of the Health Unit to plan the audit. This includes management's assessment of:

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

The engagement team undertakes a documented planning process prior to commencement of the audit to identify concerns, addresses independence considerations, assesses the engagement team requirements, and plans the audit work and timing.

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

Illegal acts, fraud, intentional misstatements and errors

Our auditing procedures, including tests of your accounting records, are limited to those considered necessary in the circumstances and will not necessarily disclose all illegal acts should any exist. Under CAS, we consider the Health Unit's control environment, governance structure, circumstances encountered during the audit and the potential likelihood of fraud and illegal acts occurring.

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

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

Related party transactions

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

Board of Health member responsibilities

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

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

Management’s responsibilities

Management is responsible for:

- The preparation and fair presentation of the consolidated financial statements;
- Establishing and maintaining an adequate internal control structure and procedures for financial reporting, including the design and maintenance of accounting records, recording transactions, selecting and applying accounting policies, safeguarding of assets and preventing and detecting fraud and error;
- Ensuring completeness of information with regards to financial records and data and providing us with information on non-compliance, illegal acts, related party transactions;
- Ensuring proper recognition, measurement and disclosure with respect to selection of accounting policies, significant assumptions, future plans, related party transactions, any claims and possible claims, contingent gains and losses and subsequent events;
- Providing to us a written confirmation of significant representations.

Management’s responsibilities are outlined in detail in our engagement letter.

Baker Tilly KDN LLP

Tax

Our tax services are designed to meet your business tax compliance and consulting needs.

- Tax Advisory
- Indirect Tax
- Transfer Pricing
- Cross Border & International
- SR&ED
- Personal and Corporate Tax Compliance
- Tax Minimizing Strategies
- Corporate Reorganizations
- Tax Dispute Resolution

Advisory

Across our advisory service lines, we get to the essence of value drivers so clients can realize optimal value and achieve their business objectives.

- Organizational Effectiveness & Productivity
- Operational Performance Reviews
- Business Development
- Social Enterprise Development
- Project Management
- Corporate & Organizational Governance
- Human Resources
- Financial and Risk Management
- Government Funding Applications
- Succession Planning
- Marketing and Client Strategy

Assurance

When you're facing a changing global economy, it's important to have someone next to you who will help navigate through the evolving accounting standards and changing regulatory environment.

- Entrepreneurial
- Audit & Accounting
- Private Enterprise
- Public Sector

Transaction

Whether you are a buyer or a seller, knowledge is power and decisive action begins with clarity.

- Mergers & Acquisitions
- Capital Raising
- Transaction Support
- Valuations
- Corporate Finance
- Restructuring & Recovery

IT

Navigating through the maze of information technology needs and business optimization planning is a challenge to most businesses in today's evolving world.

- Security & Data Protection
- Network Assessment
- Infrastructure Recommendations & Implementation
- Backup Solutions

Local insight meets global reach

4 offices | 20 partners | 120 professionals


Thank you
bakertilly