



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

November 17, 2017

Information Reports

- [2017-INFO-125](#) Commissioner and Medical Officer of Health – re: Board of Health Self-Evaluation Survey
- [2017-INFO-126](#) Commissioner of Corporate Services – re: Minutes of Settlement between Covanta Durham York Renewable Energy Limited Partnership (Covanta) and the Owners
- [2017-INFO-127](#) Commissioner of Planning and Economic Development – re: Economic Development E-Newsletter – Q3 October 2017
- [2017-INFO-128](#) Commissioner and Medical Officer of Health – re: Program Reports

Early Release Reports

There are no Early release reports.

Staff Correspondence

There is no Staff Correspondence

Durham Municipalities Correspondence

1. [City of Oshawa](#) – re: Resolution adopted at their Council meeting held on November 6, 2017, with respect to the Cannabis Legislation Bill C-45 and C-46

Other Municipalities Correspondence/Resolutions

There are no Other Municipalities Correspondence/Resolutions

Miscellaneous Correspondence

1. [Association of Municipalities of Ontario \(AMO\)](#) – re: Policy Update – Province Releases New Action Plan for Seniors
2. [Association of Municipalities of Ontario \(AMO\)](#) – re: AMO Call to Action – Talk to your MPPs about Legislation Protection for Fire-Medic Approach for Municipalities
3. [Association of Municipalities of Ontario \(AMO\)](#) – re: Policy Update – New Apprenticeship Grant, Tax Cuts for Small Businesses at Centre of Fall Economic Statement
4. [Capstone Infrastructure Corp.](#) – re: Zep Wind Farm Ganaraska Community Liaison Committee. As part of the REA requirements, a Community Liaison Committee (CLC) has been established for the Project as a forum to exchange ideas, share information and provide regular updates regarding operation, maintenance and retirement of the Project. The third CLC meeting is scheduled for Wednesday, November 22, 2017 and is open to the general public for observation
5. [Canada Border Services Agency](#) – re: An open letter from Regional Director General Goran Vragovic regarding the Canada Border Services Agency office, located at the Oshawa Executive Airport
6. [Gravel Watch Ontario \(GWO\)](#) – re: Concerns regarding Cornerstone Standards Council Responsible Aggregate Standard and Certification System
7. [Enbridge Pipelines Inc.](#) – re: Correspondence dated November 15, 2017 – Enbridge Pipelines Update to Municipalities

Advisory Committee Minutes

There are no Advisory Committee Minutes

Members of Council – Please advise the Regional Clerk at clerks@durham.ca by 9:00 AM on the Monday one week prior to the next regular Committee of the Whole meeting, if you wish to add an item from this CIP to the Committee of the Whole agenda.



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2017-INFO-125
Date: November 10, 2017

Subject:

Board of Health Self-Evaluation Survey

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To summarize the results of the Board of Health (BOH) self-evaluation survey and identify opportunities for improvements in BOH effectiveness and governance.

2. Background

- 2.1 The Ontario Public Health Organizational Standards (OPHOS), published by the Ministry of Health and Long-Term Care (MOHLTC), establish the management and governance requirements for all BOHs, including requirements related to BOH structure, operations, leadership, trusteeship, community engagement and responsiveness, and management operations.
- 2.2 Under the OPHOS, the Durham Regional BOH (Regional Council) is required to conduct a self-evaluation of its governance practices and outcomes, at least every other year, to inform recommendations for improvements in BOH effectiveness and governance.
- 2.3 The last BOH self-evaluation was conducted by the former Health & Social Services Committee in 2014.

3. The Survey

- 3.1 On September 15, 2017, the Chair and members of Regional Council (Regional Councillors) were invited to participate in the BOH self-evaluation on-line survey.

- 3.2 The survey's original deadline of October 13, 2017 was extended to October 31, 2017 to facilitate greater participation.
- 3.3 Regional Councillors received weekly reminders to complete the survey.
- 3.4 The survey included questions related to BOH roles and responsibilities, BOH information sharing, BOH relations, annual review and planning, and the self-evaluation process itself.

4. Survey Results

- 4.1 Twelve Regional Councillors completed the survey.
- 4.2 The survey results are attached to this report and show that most Regional Councillors: understand their roles and responsibilities as BOH members; find the Durham Region Health Department (DRHD) information that is routinely shared helpful; have opportunities to raise issues and ask questions related to DRHD; and are familiar with key DRHD information and planning products such as the Durham Health Check-Up, annual Performance Reports, and annual Health Plans.
- 4.3 Responses to open-ended questions identified opportunities to clarify the roles and responsibilities of BOH members and strengthen engagement. Suggestions for improvement included continuous education or orientation refreshers, more time allocated to discuss DRHD issues, and a greater focus on the local impacts of issues brought forward and updates shared with Regional Council.
- 4.4 Suggestions for improvements to the BOH self-evaluation process included presenting data to demonstrate achievement of BOH objectives, evaluating if BOH members have sufficient information for decision-making and evaluating the frequency of meetings.
- 4.5 The majority of survey respondents indicated that the survey is an effective way to assess the BOH's governance practices and strategic outcomes.

5. Next Steps

- 5.1 The next BOH self-evaluation survey will be conducted in 2019, pending any new requirements communicated from MOHLTC. Suggestions for improvements to the BOH self-evaluation process will be incorporated where possible at that time.
- 5.2 It is expected that MOHLTC will release updated Standards for Public Health Programs and Services including an updated Accountability Framework and Organizational Requirements by the end of 2017.
- 5.3 The BOH orientation materials will be updated following the release of updated Standards and Organizational Requirements.

6. Attachments

Attachment #1: 2017 Board of Health Self-Evaluation Results

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Attachment #1: 2017 Board of Health Self-Evaluation Results

| 1. BOH Roles and Responsibilities | Count | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure | Strongly Agree/ Agree |
|---|-------|----------------|-------|----------|-------------------|----------|-----------------------|
| As a BOH member, I have a clear understanding of the BOH's roles. | 12 | 8% | 75% | 8% | 0% | 8% | 83% |
| As a BOH member, I have a clear understanding of the role of senior management in DRHD. | 12 | 25% | 58% | 8% | 0% | 8% | 83% |
| As a BOH member, I have a clear understanding of the BOH's responsibilities. | 12 | 8% | 67% | 17% | 0% | 8% | 75% |
| BOH has the appropriate committee structure to exercise its responsibilities; i.e., Committee of the Whole (COW). | 12 | 17% | 58% | 8% | 8% | 8% | 75% |
| BOH is adequately prepared to oversee an emergency situation. | 12 | 33% | 42% | 0% | 0% | 25% | 75% |
| BOH focuses primarily on long-term and policy issues. | 12 | 8% | 58% | 17% | 0% | 17% | 67% |
| BOH receives adequate information on the DRHD's compliance with applicable legislation. | 12 | 8% | 58% | 8% | 0% | 17% | 67% |
| BOH steers clear of discussion of short-term administrative matters. | 12 | 0% | 67% | 25% | 0% | 8% | 67% |
| BOH members have adequate information to approve the annual Business Plans and Budgets. | 12 | 8% | 42% | 25% | 0% | 17% | 50% |

| 2. BOH Information Sharing | Count | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure | Strongly Agree/ Agree |
|--|--------------|-----------------------|--------------|-----------------|--------------------------|-----------------|------------------------------|
| As a BOH member, I believe the Health Information Updates are helpful. | 12 | 33% | 67% | 0% | 0% | 0% | 100% |
| As a BOH member, I believe the Program Reports distributed at the COW meetings are helpful. | 12 | 25% | 75% | 0% | 0% | 0% | 100% |
| As a BOH member, I believe the Health Statistics in Durham Region is helpful. | 12 | 17% | 83% | 0% | 0% | 0% | 100% |
| As a BOH member, I believe the Health Neighbourhoods resource is helpful. | 12 | 25% | 67% | 0% | 0% | 8% | 92% |
| As a BOH member, I believe the Health Department Reference Manual is helpful. | 12 | 17% | 67% | 0% | 0% | 17% | 83% |
| As a BOH member, I believe that the above information assists the BOH in making sound decisions. | 12 | 33% | 42% | 0% | 0% | 25% | 75% |

Q. Do you currently follow the DRHD on social media such as Facebook [DurhamRegionHealth](#) or Twitter [@durhamhealth](#)?

A. Yes: **3** No: **8** Do Not Use Social Media: **1**

Q. If Yes, how useful do you find DRHD's social media strategy for information sharing?

A. Very helpful: **1** Somewhat helpful: **1**

| 3. Board Relations | Count | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure | Strongly Agree/ Agree |
|---|--------------|-----------------------|--------------|-----------------|--------------------------|-----------------|------------------------------|
| BOH members have adequate opportunities to ask questions related to DRHD at COW and Council meetings. | 12 | 42% | 50% | 0% | 8% | 0% | 92% |
| As a BOH member, I feel comfortable raising an issue related to DRHD that might be unpopular. | 12 | 58% | 25% | 8% | 8% | 0% | 83% |
| A climate of mutual trust and respect exists between the BOH and the Medical Officer of Health (MOH). | 12 | 50% | 33% | 8% | 0% | 8% | 83% |
| BOH members assist in developing and maintaining positive relations with key stakeholders. | 12 | 17% | 67% | 8% | 0% | 8% | 83% |
| A climate of mutual trust and respect exists between the BOH and DRHD staff. | 11 | 45% | 36% | 9% | 0% | 9% | 82% |
| There is sufficient time allocated for the full discussion of issues related to DRHD at COW and Council meetings. | 12 | 25% | 33% | 17% | 17% | 8% | 58% |

| 4. Annual Review and Planning | Count | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Sure | Strongly Agree/ Agree |
|---|--------------|-----------------------|--------------|-----------------|--------------------------|-----------------|------------------------------|
| As a BOH member, I am familiar with the DRHD's annual Durham Health Check-Up. | 12 | 8% | 83% | 0% | 0% | 8% | 92% |
| As a BOH member, I am familiar with the DRHD's annual Performance Reports. | 12 | 8% | 83% | 0% | 0% | 8% | 92% |
| As a BOH member, I am aware that the DRHD is an accredited public health agency. | 12 | 50% | 42% | 8% | 0% | 0% | 92% |
| As a BOH member, I am familiar with DRHD's annual Health Plans. | 11 | 9% | 82% | 0% | 0% | 9% | 91% |
| As a BOH member, I am familiar with the DRHD's annual Business Plans and Budgets. | 12 | 17% | 67% | 0% | 0% | 17% | 83% |
| As a BOH member, I am familiar with DRHD's annual Advocacy, Engagement & Partnerships Report. | 12 | 8% | 50% | 17% | 0% | 25% | 58% |
| As a BOH member, I am familiar with DRHD's Quality Enhancement Plan. | 11 | 9% | 36% | 18% | 0% | 36% | 45% |



The Regional Municipality of Durham Information Report

From: Commissioner of Corporate Services
Report: #2017-INFO-126
Date: November 17, 2017

Subject:

Minutes of Settlement between Covanta Durham York Renewable Energy Limited Partnership (Covanta) and the Owners

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 Upon direction of Council dated November 8, 2017 with respect to Item #18 of the Ninth Report of the Committee of the Whole, staff have been directed to release the Minutes of Settlement between Covanta Durham York Renewable Energy Limited Partnership (Covanta) and the Owners, dated September 28, 2017.

2. Attachments

Attachment #1: Durham York Energy Centre - Minutes of Settlement

Respectfully submitted,

Original signed by

D. Beaton
Commissioner of Corporate Services

If this information is required in an accessible format, please contact The Regional Municipality of Durham at 1-800-372-1102 extension 3560.



COPY

Sent via standard mail, email (BHowe@covanta.com), and facsimile (862-345-5140)

September 28, 2017

A. Bradley Howe
Vice President and Deputy General Counsel
Covanta Durham York Renewable Energy Limited Partnership
c/o Covanta Energy, LLC
445 South Street
Morristown, NJ 07960 USA

Dear Mr. Howe:

RE: Durham York Energy Centre – Minutes of Settlement

The Parties agree to the following:

The "Annual Adjustment for 2016" ("Invoice") shall be reissued by Covanta as agreed by the Parties and will reflect the following terms. The Owners shall agree to pay, and Covanta shall agree to accept as payment in full, the following amounts:

| | |
|--|-----------------------|
| Balance of Operating Fee | \$1,292,342.15 |
| Flow Through Cost Adjustment | -\$11,760.00 |
| 2016 Voluntary Stack Test Engineering Runs | \$0.00 |
| Bypass Waste (excluding tax) | \$462,780.26 |
| Credit for Bypass Paid by York | -\$375,939.00 |
| Total (Excluding Tax) | \$1,367,423.41 |

Further, the Parties agree that:

1. The sewer charges in the Invoice shall be adjusted retroactively. The Owners agree to approve the installation of an Appeal Meter, and that payment related to the sewer charges for 2016 will be adjusted retroactively based on actual measured flow over a one-year period. Covanta will agree to pay the adjusted sewer charge for 2016 in accordance with the Project Agreement.
2. The Owners agree that Form 6 ("Guaranteed Maximum Utilities – Reagents Utilization During Operation") will form part of the Project Agreement.

3. Covanta agrees to make payment to the Owners of \$1.715 million in satisfaction of all Project Agreement obligations related to 2016 for the purposes of the Project Agreement. The Parties agree that \$1.375 million of the payment shall be characterized as Performance Liquidated Damages for the purposes of the Project Agreement.
4. Covanta agrees to issue and the Owners agree to approve, at no cost to the Owners, a Change Request for the design, installation, operation, and maintenance of a Thermal Imaging System for a fire suppression and management system to include:
 - a. Remote operation controls for the existing two fire cannons from the facility control room;
 - b. Each fire cannon will be equipped with a thermal camera that will register in the facility control room alongside and shall work with the remote control for such fire cannon;
 - c. Two thermal cameras installed to oversee the tipping floor;
 - d. Routing of wiring from the two tipping floor cameras, two cannon cameras and remote controls for the two fire cannons;
 - e. Installation of server to control the system; and
 - f. The system shall have a warranty of five years from installation, thereafter any repairs, replacements, upgrades, etc. shall be at Owners' cost.
5. The Parties agree and acknowledge that these Minutes of Settlement are subject to approval by The Regional Municipality of Durham and The Regional Municipality of York and Covanta.
6. With the exception of Item 2 above addressing Form 6, the Terms of these Minutes of Settlement including the Invoice as agreed are without prejudice to the Parties and any positions they might take in the future.



The Regional Municipality of Durham Information Report

From: Commissioner of Planning and Economic Development
Report: #2017-INFO-127
Date: November 14, 2017

Subject:

Economic Development E-Newsletter – Q3 October 2017

Recommendation:

Receive for information

Report:

1. Purpose

1.1 The Economic Development e-newsletter is a quarterly snapshot of the Division's initiatives and activities. It serves as an environmentally-conscious, cost-effective tool to relay information regarding the latest news on economic development activity and initiatives to Council and the public.

2. Background

2.1 The Durham Economic Development e-newsletter was distributed to 1,069 subscribers in October 2017 with a 35% open rate. It is also posted on the Region's Economic Development website, and distributed via social media channels through the Corporate Communications office.

- View the [Economic Development e-newsletter](http://myemail.constantcontact.com/Economic-Development-News.html?soid=1101562300271&aid=ZbwfoTUOS00) online at <http://myemail.constantcontact.com/Economic-Development-News.html?soid=1101562300271&aid=ZbwfoTUOS00>.

2.2 The Economic Development e-newsletter is produced in cooperation with Corporate Communications.

Respectfully submitted,

Original signed by

B.E. Bridgeman, MCIP, RPP
Commissioner of Planning and
Economic Development



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2017-INFO-128
Date: November 17, 2017

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. The Chronic Diseases & Injuries Programs, Environmental Health & Emergency Preparedness Programs, Family Health Programs, Infectious Diseases Programs, Paramedic Services and Professional & Administrative Services Reports for September – October 2017 are attached to this report.
2. Key highlights include:
 - Chronic Diseases & Injuries – Chronic Disease Prevention and Prevention of Injury and Substance Misuse Updates
 - Environmental Health & Emergency Preparedness – Food Safety, Health Hazard Prevention and Management and Public Health Emergency Preparedness Updates
 - Family Health – Reproductive and Child Health Updates
 - Infectious Diseases – Infectious Diseases Prevention and Control, Rabies Prevention and Control, Sexual Health and Vaccine Preventable Diseases Updates
 - Paramedic Services – Administration, Logistics, Operations, and Quality Development Updates
 - Professional & Administrative Services – Epidemiology & Evaluation Information Products and Ethics Updates

3. Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA). Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

ABBREVIATIONS

- BBI – Blood-Borne Infection
- CYAC – Champions of Youth Advisory Committee
- DCDSB – Durham Catholic District School Board
- DDSB – Durham District School Board
- DRCCF – Durham Region Childcare Forum
- DRHD – Durham Region Health Department
- DRPS – Durham Regional Police Service
- DYDAC – Durham Youth Drug Awareness Committee
- E&E – Epidemiology and Evaluation Unit
- ECA – *Electronic Cigarettes Act, 2015*
- ECDC – Early Childhood Development Coalition
- ED – Emergency Department
- EDI – Early Development Instrument
- EH – Environmental Health Division
- ERC – Ethics Review Committee
- FSP – Family Service Plan
- FV – Family Visitor
- FYC – Firehouse Youth Centre
- GTA – Greater Toronto Area
- HBHC – Healthy Babies Healthy Children
- HKCC – Healthy Kids Community Challenge
- HMCA – *Healthy Menu Choices Act, 2015*
- HPV – Human Papillomavirus
- HREP – Harm Reduction Enhancement Plan
- IFSS – Infant Feeding Surveillance System
- IPAC – Infection Prevention and Control
- JHSDR – John Howard Society of Durham Region
- KPRDSB – Kawartha Pine Ridge District School Board
- LD – Lyme Disease
- MOHLTC – Ontario Ministry of Health and Long-Term Care
- MTO – Ontario Ministry of Transportation
- NDDS – Nipissing District Developmental Screen
- NFB – Nutritious Food Basket
- NICW – National Infection Control Week
- NRSW – National Road Safety Week
- NTDSW – National Teen Driver Safety Week
- OEYC – Ontario Early Years Centres
- OIPPN – Ontario Injury Prevention Practitioners Network
- OPHS – Ontario Public Health Standards
- OPP – Ontario Provincial Police
- OSDUHS – Ontario Student Drug Use and Health Survey
- PCI – Parent Child Interaction

- PHAC – Public Health Agency of Canada
- PHI – Public Health Inspector
- PIPE – Partners in Parenting Education
- PHO – Public Health Ontario
- PHN – Public Health Nurse
- PHNN – Public Health Nursing and Nutrition Division
- PHU – Public Health Unit
- PMO – Public Health Monitoring of Risk Factors in Ontario
- PSS – Personal Services Settings
- PSW – Personal Support Worker
- RDPS – Region of Durham Paramedic Services
- RECE – Registered Early Childhood Educators
- SFOA – *Smoke-Free Ontario Act*
- SHC – Sexual Health Clinic
- SSB – Sugar Sweetened Beverage
- STI – Sexually Transmitted Infection
- TEO – Tobacco Enforcement Officer
- UOIT – University of Ontario Institute of Technology
- VBD – Vector-Borne Diseases
- VPD – Vaccine Preventable Disease
- WHMIS – Workplace Hazardous Materials and Information System
- WHO – World Health Organization
- WNV – West Nile Virus



CHRONIC DISEASES AND INJURIES PROGRAMS

REPORT FOR SEPTEMBER – OCTOBER 2017

CHRONIC DISEASE PREVENTION

Community Food Security

DRHD has been conducting the NFB survey since 1998 as mandated by the OPHS. In May 2017, 9 grocery stores located throughout Durham Region were surveyed to determine the cost of 67 food items. The information collected was reported back to the MOHLTC in July, 2017.

Findings from the 2017 NFB survey reveal that the cost to purchase groceries for a basic healthy diet, based on recommendations in Canada's Food Guide, is **\$202** per week or **\$875** a month for a family of four – two parents, ranging in age from 31 to 50-years old, and two children, consisting of a fourteen-year old boy and an eight-year old girl.

Trends over time demonstrate that the monthly cost of a basic healthy diet for a family of four in Durham Region has increased from **\$702** in 2010 to **\$875** in 2017. This increase makes it difficult for low-income families to afford a basic healthy diet when faced with housing costs and other fixed expenses.

The results from Durham Region's NFB have consistently shown that low income households are unlikely to have enough money to purchase basic nutritious food and are likely experiencing food insecurity – inadequate or insecure access to food due to financial constraints. In 2014, **12%** of Durham Region households, approximately **78,000** people, experienced food insecurity. Inadequate income is considered the primary root cause of food insecurity and income responses are needed to effectively reverse household food insecurity.

Sugar Sweetened Beverages

Young Canadians consume too many SSBs, accounting for up to **20%** of their daily calorie requirements. In fact, SSBs are the main source of added sugar in the daily diets of children. SSBs often replace healthier choices that children and youth need to grow and be healthy, such as vegetables, fruit and milk. Having too many SSBs can lead to tooth decay, weight gain and obesity.

According to the 2014/2015 PMO, **43%** of Durham Region elementary school students and **47%** of secondary school students report drinking SSBs such as pop, sports drinks or pre-sweetened tea or coffee two to six times per week.

In 2017, PHNs developed and implemented strategies focusing on health communication, health education and building capacity that aim to reduce SSB consumption. Strategies focus on school and community interventions as well as communication through social media.

In total, **57** schools and community organizations have received health education from a PHN on SSBs. This includes **11** schools that received education as part of the Ajax HKCC theme “Water does Wonders”; **10** schools that received ongoing public health support as part of the Oshawa HKCC; and **10** community organizations that received health education on SSBs and water promotion.

A social media vlog on the topic of ‘Test Your Sugary Drink IQ’ was posted in August 2017 and resulted in a total of **5,891** (**3,892** Facebook, **1,999** YouTube) video views.

Posts on the Durham Healthy Families Facebook, Twitter and Instagram accounts also accompanied this vlog to further reach the target audience resulting in the following engagements:

- Facebook (likes, comments, shares, post clicks) - **315**
- Twitter (likes, retweets, comments) - **9**
- Instagram Engagements (likes, comments) - **10**

TOBACCO CONTROL

TEOs continue to complete the required mandatory inspections under the SFOA and ECA. This includes a second round of SFOA inspections, the single round of ECA youth access enforcement inspections, a SFOA display and promotion inspection, and responding to complaints related to smoking in prohibited places.

On October 10, 2017, MOHLTC released the Smoke-Free Ontario Modernization - Report of the Executive Steering Committee with recommendations on the modernization of the Ministry’s Smoke-Free Ontario Strategy.

There are currently about **2 million** smokers in Ontario. About half of those who continue to smoke long-term will die prematurely. The resulting costs to Ontario’s healthcare system and provincial economy are unsustainable.

The report calls for aggressive action to reduce tobacco use in Ontario to less than **5%** of the population by 2035 (a target already adopted by Health Canada). To accomplish this, the authors recommend comprehensive, evidence-based measures which involve: direct action to limit the influence and marketing strategies of the tobacco industry; greatly-increasing smoking cessation programs; and development of other policies designed to further protect Ontarians from second-hand smoke and prevent young people from starting smoking. Implementation of the report’s recommendations will also impact the government’s recently-announced cannabis legalization strategy.

PREVENTION OF INJURY AND SUBSTANCE MISUSE

Durham Region Opioid Forum

In Durham Region, opioid related emergency department visits have increased from **160** in 2013 to **274** in 2016 (PHO, 2017). Opioid related deaths have also increased from **18** in 2013 to **41** in 2016 (PHO, 2017).

In August 2017, the MOHLTC announced that Ontario PHUs will be accountable, under the Harm Reduction Program Enhancement , to work with community partners in the development of a coordinated local opioid response plan.

In an effort to meet these new accountabilities, DRHD hosted an Opioid Forum for local stakeholders on October 30, 2017. Approximately **90** stakeholders, representing over **35** different organizations, were in attendance.

Provincial and local perspectives regarding the current opioid situation were shared by the following speakers:

- Chief Medical Officer of Health from the MOHLTC, Dr. David Williams
- Commissioner & Medical Officer of Health –Durham Region, Dr. Robert Kyle
- Chief of Durham Regional Police Service, Paul Martin
- Chief and Director of Region of Durham Paramedic Services, Troy Cheseboro
- Director of Mental Health and Addictions of Pinewood Centre, Paul McGary and Emergency Department Physician at Lakeridge Health, Dr. Larry Nijmeh
- Founder of Inspire by Example, Chris Cull
- PHN from DRHD, Chris Arnott

As well, round table facilitated discussions took place to discuss the current opioid situation as well as solutions. As a result of the forum, a task force will be formed to develop a local opioid response plan, oversee naloxone distribution and identify an early warning and surveillance system.

Evaluation results for the forum indicated that participants strongly agreed or agreed with the following:

- **84%** reported that the forum increased their awareness and knowledge of the current opioid situation in Durham Region
- **85%** of participants reported that they have a better understanding of what is currently being done locally to address the issue
- **98%** reported having the opportunity to share their perspective regarding the opioid situation in Durham Region
- **96%** reported having the opportunity to connect with community partners
- **100%** reported feeling engaged in discussions about the opioid situation in Durham Region
- **94%** reported feeling engaged in generating ideas for a local opioid response
- **92%** reported that the forum met their expectations

Durham Youth Drug Awareness Committee Conference

The percentage of Durham Region students who self-reported the use of drugs in the past year included: **65%** alcohol; **33%** marijuana; **14%** tobacco; and **13%** opioid pain relievers (OSDUHS, 2014-2015). Furthermore, **27%** reported binge drinking in the past month and **20%** said they rode in a car when the driver had been using drugs (OSDUHS, 2014-2015).

These rates are concerning as the use of substances, such as cannabis and alcohol, before age 25 can lead to brain damage and long term problems. This is due to the fact that the frontal lobe of the brain is not fully developed until individuals reach their mid-twenties. The frontal lobe controls important cognitive skills, such as emotional expression, problem solving, memory, language and judgment.

DRHD is an active member of DYDAC. Additional partners include: DDSB, DCDSB, DRPS, Pinewood Centre for Addictions and Carea Community Health Centre.

On October 18, 2017, DYDAC held their *The Leader in Me: Awareness to Action* conference at the DDSB Main Office in Whitby. The goal of the DYDAC conference was to engage Durham Region secondary school students in developing youth-led comprehensive school-based action plans, and to increase awareness and youth action related to alcohol, tobacco, cannabis and opioids

This year, the conference was open to all secondary schools in Durham Region. A total of **14** secondary schools (approximately **120** students) attended the conference, with the following representation from all **4** local school boards: **2** from Whitby, **1** from North Durham, **3** from Oshawa, **2** from Clarington, **3** from Ajax, and **1** from Pickering.

The conference guest speaker Jeff Gauthier, MA, Registered Psychotherapist Senior Addiction Counsellor from the Durham Amaze Early Psychosis Intervention Program, engaged students with a presentation entitled "Understanding Substance Use". Students then rotated through **3** sessions on the topics of alcohol, marijuana/tobacco and opioids. Following the interactive sessions, students met with their school's PHN to begin planning youth led initiatives for their respective schools. Evaluation results indicated that **100%** found the conference increased their knowledge of substance use risks.

Falls Prevention

Falls are the leading cause of hospitalization due to injury among older adults, and half of all falls leading to hospitalization occur in the home (PHAC, 2016). Similar to other areas in Canada, Durham's demographic of older adults is increasing. In Durham Region, **1 in 5** adults aged 55 and over reported falling within the past year (DRHD, RRFSS, 2016). Older adults who fall remain hospitalized for longer periods of time compared to other causes of hospitalization, and are more likely than younger adults to experience negative health consequences including disability and death.

In an effort to promote healthy active aging and reduce falls in older adults, DRHD developed "Positive Steps Work", an interactive fall prevention e-learning course targeting personal support workers and other frontline individuals caring for community-dwelling older adults. This evidence-based course was developed with engagement and input from key stakeholders in and around Durham Region.

Since its launch in April 2016, more than **600** individuals have completed the course; over **400** completing it to date this year. Individuals completing the course come from various health and social service agencies including home care agencies, volunteer organizations and college programs. Positive Steps Work has been adopted by a provincial PSW professional organization and has been incorporated into **2** colleges' curricula for PSWs. In addition, Positive Steps Work is being promoted through 1 community of practice on their Ontario website, and **2** other PHUs are promoting Positive Steps Work within their own catchment areas.

Motor Vehicle Safety - Distracted Driving

In Durham Region, **1 in 10** teen drivers is involved in a car crash and almost every day one teen visits an emergency room for traffic crash related injuries (DRHD Quick Facts, 2014; MOHLTC, 2013). Evidence shows that most collisions are predictable and preventable.

In Ontario, distracted driving has become the leading cause of fatal crashes and every 30 minutes, one person is injured by distracted driving. Among all causes of distracted driving, youth texting and driving is of particular concern. Drivers younger than 25 years of age who read or send text messages while driving increase their risk of crashing by 23 times (PHO, 2014). The evidence recommends strategies that change social norms and acceptability of texting and driving (PHO, 2014), as well as comprehensive strategies involving partnerships and collaboration to achieve progress in road safety (Traffic Injury Research Foundation, 2016).

As a member of the Durham Youth Road Safety Coalition, DRHD PHNs participated in the development and implementation of a comprehensive road safety event for **75** teen leaders on July 26, 2017. Members of the coalition include representatives from MTO, Brain Injury Association of Durham Region, DRHD, DRPS, Youth in Policing, a Rally Race Team owner and a physician. The event featured interactive information, awareness and skill building sessions and a follow up participant kit on road safety with the goal to support youth participants in being Road Safety Ambassadors in their schools and communities.

Distracted driving interactive displays were promoted at **2** Durham College Orientation Week events in September and at Durham Region Headquarters during NTDSW, October 16 – 21. Related social media posts on Durham Healthy Families reached over **6,500** users resulting in **495** engagements. PHNs collaborated with **4** school boards in promoting road safety curriculum supports and strategies, including NTDSW. As a result, **12** secondary schools utilized resources including community partners and their PHN to plan and implement NTDSW initiatives.

DRHD is also a member of the OIPPN. In collaboration with the network, a PHN participated in the development of messages highlighting distracted driving myths, realities, recommended actions and awareness. These messages will be distributed to local road safety partners and used in future road safety awareness campaigns. Members of the provincial network include Parachute Canada, OPP, MTO, Ontario Injury Prevention Resource Centre, Ontario Trauma Centre, Heads Up Durham, Ontario Brain Injury Association and four GTA health departments.

Throughout the year DRHD's distracted driving campaign commercials were aired on CHEXTV and ads featured at Durham College, UOIT, local restaurants and via social media. Distracted driving campaign displays and resources including "A Parent's Guide to Teen Driving" were promoted and

displayed at Regional Headquarters and **2** workplaces during NRSW May 16 – 19. **One** workplace utilized comprehensive strategies with their PHN to promote workplace road safety including a focus on youth road safety for **75** staff including a group of summer workplace students, aged 19 – 25.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Public Health Nursing and Nutrition
Chief Nursing Officer

Original signed by

Ken Gorman
Director, Environmental Health



ENVIRONMENTAL HEALTH AND EMERGENCY PREPAREDNESS PROGRAMS

REPORT FOR SEPTEMBER – OCTOBER 2017

FOOD SAFETY

On January 1, 2017, the HMCA, required all regulated food service premises with **20** with **20** or more locations in Ontario to post calories for their standard food items. PHIs began compliance inspections in April 2017 of all regulated food services premises. Approximately **64% (492 of 767)** of these premises have been inspected. DRHD expects to complete the balance of the remaining inspections before the end of the year. The initial inspections are detailed and time consuming as PHIs make an effort to ensure operators have a better understanding of HMCA requirements.

The overall compliance rate of food service premises is approximately **45%**. Several additional re-inspections have been completed in an effort to improve compliance with HMCA requirements. PHIs have identified **437** infractions to date, which primarily relate to how the calories are being displayed and contextual statements.

PHUs are issuing warning letters to non-compliant food premises in an effort to achieve compliance within the next **4** months. PHUs and the MOHLTC will continue to work collaboratively with non-compliant food premises to resolve issues prior to implementing a progressive enforcement strategy that may include legal action/charges. Once HMCA compliance is achieved DRHD is required to investigate complaints about previously inspected food premises and conduct inspections of new premises.

A new prescribed contextual statement comes into to effect January 1, 2018. PHIs will be required to do additional HMCA inspections to ensure compliance with this statement and to follow-up on any outstanding requirements. HMCA inspections will be included as a component during routine food premises inspections.

DRHD has applied to MOHLTC for one-time funding related to this initiative and is expecting a response soon.

HEALTH HAZARD PREVENTION AND MANAGEMENT

The summer of 2017 was cool and wet with temperatures below seasonal norms resulting in only **2** heat warnings being issued. Heat warnings occur when the forecast conditions include a daytime high of at least 31°C and overnight temperatures of 20°C or greater, or with Humidex values of at least 40 for two or more days. Heat warnings are issued in accordance with the MOHLTC Harmonized Heat Warning and Information System Standard Operating Procedures. Community partners can subscribe to DRHD's heat warning list serve to be notified directly of heat warnings. This assists community partners such as; recreational centres, long-term care facilities and day camps to activate their heat response plans to minimize heat exposure for their clients during a heat warning. Heat warnings are also posted on the front page of DRHD's website including information on heat stress.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Communication campaigns to improve community awareness on the KI pill program, on the use of KI, and how to obtain KI are implemented **three** times per year. The third and final KI Tablet Communication Campaign for 2017 was launched in September. Information displays and pamphlets were provided in each municipality throughout the Region. The campaign also included posting of information on various social media sites throughout the month. Articles were also published in several printed publications and a vlog was created by DRHD aimed at improving community understanding of the basic facts surrounding KI tablets such as where to order KI pills, when to take them and how to store them. The YouTube video has been viewed over **325** times on DRHD's YouTube Channel since it was launched on Sept 11, 2017.

Respectfully submitted,

Original signed by

Ken Gorman
Director, Environmental Health



FAMILY HEALTH PROGRAMS

REPORT FOR SEPTEMBER – OCTOBER 2017

REPRODUCTIVE AND CHILD HEALTH

Durham Region Childcare Forum

To support continuous learning for RECEs, DRHD participates on a sub-committee of the DRCCF to offer professional education opportunities within Durham Region. On October 14, 2017, the DRCCF hosted its annual conference. Approximately **430** participants attended the day, which for the first time was offered in partnership with DDSB's "Fall Back into Math" event. Following a keynote address, delegates chose from **18** different break-out sessions offered twice during the day. In response to a need identified to offer more nutrition based sessions appropriate for dietary staff, a public health nutritionist collaborated with a certified Red Seal Chef to provide an interactive workshop about the nutritional benefits of pulses (dried edible seeds of plants in the legume family e.g. chickpeas, lentils) as well as strategies for incorporating them into menus and lesson plans. Both workshops reached capacity resulting in **32** registrants participating in the sessions. Of those who completed an evaluation **100%** reported that they planned to use the information they received in their daily work.

Healthy Babies Healthy Children Program

Experiences in a child's first five years of life can influence health across the lifespan. Unfortunately, for some children vulnerabilities due to socioeconomics, environmental and biological factors can put them at a disadvantage when it comes to healthy child development.

The HBHC program supports families in the early years from pregnancy until school entry to achieve their developmental potential. Families that have been identified with risk on the HBHC screen and confirmed with risk through an in-depth assessment are offered a referral to the program where they are visited at home by a PHN and lay FV.

During the course of their involvement in the program, families are supported to achieve goals according to a personalized FSP. FSP goals are designed to improve prenatal and birth outcomes, enhance parenting capacity, promote positive social support, improve the parent-child relationship,

improve the social capital of parents (e.g. parental health, education attainment, housing stability), and promote access to other community services and supports.

Between January 1 and September 30, 2017, **3,933** clients were screened with the HBHC screen. Of those screened, **1,930 (49%)** of clients were identified with risk and **457** of these clients accepted the offer of a home visit for an in-depth assessment. Following the in-depth assessment, **311 (68%)** families were confirmed with risk and offered referral into the blended home visiting program. Between January 1 and September 30, 2017, **245** families participated in the HBHC program and a total of **5,571** visits were completed with these families. FSP goals most commonly chosen by families included optimal growth and development (**70%**) and healthy attachment (**37%**).

The optimal growth and development goal is achieved when age appropriate milestones for biological, physical, social/emotional and language/cognitive development are being met. PHNs and FVs use a variety of strategies when supporting families with this goal, for example screening with the NDDS. The NDDS is a developmental screening tool for children from 1 month to 6 years of age. NDDS is a short checklist of some of the most important skills that a child should master by a particular age. This tool is completed with the parent and helps parents learn about their child's development, recognize their child's skills and abilities and identify developmental areas that may need extra attention. Results can help to inform strategies for intervention and the need for referrals to other community services. PHNs and FVs conducted **592** NDDS screens with parents between January 1 and September 30, 2017.

The healthy attachment goal is achieved when a parent is responsive to a child's cues, sensitive to the child's behaviour and responds appropriately to the child's stage of development. The parent is able to meet the child's emotional and physical needs in an affectionate and comforting manner. Healthy brain development relies on secure attachment and positive enriching experiences in the early years. PHNs assess parent-child interactions using the NCAST PCI scales. These scales are comprehensive clinical tools that reveal the infant or young child's changing needs as well as the parent's ability to adapt to those changes. Using these scales while observing the caregiver and child in a feeding or teaching interaction, the PHN is able to measure the caregiver's abilities with regards to sensitivity to cues, ability to respond to distress and ability to foster social/emotional and cognitive growth. From the same interaction the PHN can also measure the child's abilities in the areas of clarity of cues and responsiveness to caregiver. Following the observation the PHN provides immediate feedback to the caregiver highlighting strengths and identifying areas for further growth. Between January 1 and September 30, 2017, **187** NCAST PCI scales were administered by PHNs working with families in the HBHC program. Results from these assessments helped to inform and evaluate interventions designed to foster secure attachment between child and caregiver.

One of the interventions used by FVs is called PIPE. PIPE is an evidence-based education curriculum that integrates new parent knowledge with a parent-child activity supporting positive interaction. PHNs and FVs collaborate to determine; based on areas identified for further growth, which PIPE interventions would be best suited to a family. PIPE interventions involve the FVs sharing key concepts with the family, role modelling an activity for the caregiver, observing the caregiver engage in the activity with the child and providing feedback and encouragement about how the activity went. They are strength based and highlight for parents the importance of their interactions with their children in fostering social/emotional development. Key messages and strategies from a PIPE activity

can be re-visited with families over the course of a few visits depending on need. FVs conducted **205** PIPE activities with families between January 1 and September 30, 2017.

Evaluation of the progress of families in the HBHC program occurs in a number of ways including repeated assessments and re-screening to determine improvement as well as reviewing of FSP goals to determine the status of achievement. Between January 1 and September 30, 2017, a total of **487** FSP goals were assessed for completion. Of those, **329** were closed and considered to be completed and **308 (94%)** completed goals were either achieved or partially achieved by families while only **21 (6%)** were not achieved. In addition to these measures, important insight into the benefits of the HBHC program for families is often received directly from the clients themselves. For example, upon discharge from the program one client wrote: "Without you there to talk to and give me advice and help I truly don't believe I would be where I am today. You guys [PHN and FV] gave me strength and made me realize I had strength deep inside me when I felt I didn't." Another client wrote: "At the end of each visit [my PHN] would always leave me empowered to make the necessary changes required for me and my daughter. I can honestly say that while some of these changes were tough, [she] was by my side each step of the way."

Healthy Me, Healthy Us - Family Health Information Day

The Ajax/Pickering ECDC was formed as a collaborative, community planning table to address vulnerabilities in early child development. The Ajax/Pickering community was chosen as a pilot based on lower scores on the EDI, lower rates of well-baby visits, higher number of births and an increasingly diverse population. In addition, downtown Ajax has been identified as 1 of 7 priority neighbourhoods in Durham Region.

In 2016, the ECDC completed consultations with 87 parents and caregivers of children 0-6 years of age living in Ajax/Pickering. These consultations provided the ECDC with an understanding of the lived experience of parents/caregivers and identified their needs and perceptions of supports in their community. Parents and caregivers expressed a lack of awareness of community programs and supports, and indicated a need to enhance inclusivity and diversity within community programs.

As a result of the consultation responses, the Ajax/Pickering ECDC in collaboration with the Town of Ajax held a free family health information day for parents and caregivers of children 0-6 years of age. The *Healthy Me, Healthy Us- Family Health Information Day* was held on September 16, 2017 at the McLean Community Centre in Ajax. The event focused on key topics such as healthy growth and development, early learning, healthy eating, immunization, safety, resources in the community and diversity. The event aimed to strengthen a sense of belonging between parents, caregivers and community partners.

A total of **16** non-profit community partners participated in the event. The event provided an opportunity for families to visit interactive educational displays and receive health information and resources, as well as supports and referrals to parenting programs and services throughout Durham Region. Snacks were available at the event courtesy of the Ajax Rotary Club. There were **193** attendees at the event including a diverse population of parents, children, grandparents and caregivers reflective of the Ajax/Pickering community. Evaluation responses indicated that 94% of participants felt the event was excellent or very good and that in the future, they would access services from community partners present at the event.

Infant Feeding

In Durham Region, **95%** of mothers initiate breastfeeding; however, only **61%** are still breastfeeding at 6 months (IFSS, 2017). Based on evidence, experts agree that for the first 6 months, babies only need breastmilk. Solid foods should be introduced at about 6 months of age, with continued breastfeeding up to 2 years and beyond. Non-medically indicated supplementation of formula and early introduction of solids can impact breastfeeding exclusivity and duration. Early introduction of solid foods can: affect a mother's milk supply due to less frequent breastfeeding; reduce the immunological benefits that are passed through breastmilk; and result in a diet low in protein, fat, and other important nutrients for growing babies (WHO, 2003).

With **57%** of mothers living in North Durham breastfeeding at 6 months, an opportunity to collaborate with local physicians was identified (IFSS, 2017). A PHN and public health nutritionist held a physician in-service on September 27, 2017 at the Port Perry Medical Associates. The focus of the workshop was on breastfeeding rates in Durham Region, non-indicated supplementation of formula, early introduction of solids and community resources. A total of **10** physicians attended the in-service as well as **1** nurse educator.

Following the in-service, evaluations indicated physician knowledge increased significantly with regards to breastfeeding rates in Durham Region and awareness of community breastfeeding resources. Physicians in attendance also expressed interest in receiving future in-services related to common concerns and challenges with breastfeeding, perinatal mood disorders, healthy child growth and development, healthy family dynamics, and preconception health.

Ontario Early Years Centre Staff Education Day

OEYCs are places where parents, grandparents, caregivers and children 0-6 years play and learn together. These centres serve as a gateway for parents and caregivers to have their parenting related questions answered and learn about community programs and services.

PHNs provide support to OEYCs through the provision of resources and health information as well as collaboration on initiatives promoting optimal growth and development. PHNs also provide educational and skill building opportunities for the OEYC staff based on their identified needs. On October 20, 2017, an annual health education session was provided and included topics such as introduction to solid foods, keeping kids safe, breastfeeding after return to work/school, immunizations, and perinatal mood disorders. A total of **25** OEYC staff attended and evaluations indicated **100%** of staff rated their knowledge was high or very high after the presentations. Attendees also felt there is good communication between the OEYCs and DRHD.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Public Health Nursing and Nutrition
Chief Nursing Officer



INFECTIOUS DISEASES PROGRAMS

REPORT FOR SEPTEMBER – OCTOBER 2017

INFECTIOUS DISEASES PREVENTION AND CONTROL

19th Annual Flu Event

DRHD hosted the 19th Annual Flu event on October 24 at Regional Headquarters. This event attracts representatives from the long-term care and retirement home community. The keynote speaker from PHO gave a comprehensive overview of antivirals and vaccines for flu and reviewed current outbreak management strategies. This event was well attended, is a great forum to share ideas, and provides an opportunity for the attendees to pick up their pre-ordered flu vaccine for residents and staff.

Child Care Centres

EH is consulting with Corporate Services - Legal Services regarding processes required for the disclosure of inspections of child care centres similar to other on-line disclosure programs. An electronic inspection and risk assessment form has been developed to ensure the posting of information in a consistent manner. The environmental/IPAC inspection components will be added to the program that currently posts the results of food safety inspections. The fall *Wee Care* Newsletter has recently been distributed to all child care centres. This edition includes important information on the upcoming Flu season, KI tablets, and other health news.

Infection Control Week

NICW was celebrated October 16 – 20. This year's theme was "Infection Prevention and Control – It's a Team Thing", to complement the work of infection control professionals. The kick-off began with the annual DRHD Boot Camp featuring fun and interactive stations to encourage hand hygiene and other important IPAC measures to break the chain of infection. Over **50** attendees received relevant information on prevention of transmission of disease. Staff from; DRHD, Social Services, Works, Corporate Services, Finance and DRPS attended the camp. Staff from long-term care and retirement homes and members of the public also attended. Different strategies for infection prevention and control were highlighted with displays the rest of the week at Regional Headquarters.

IPAC Lapses

Between September and October, **2** IPAC lapses were posted from **5** complaints on PSS. These included; nail salons (**3**), hair styling (**1**) and tattooing (**1**) establishments. The **2** nail salons investigations were posted on the Region's web site in accordance with established MOHLTC protocols.

Know Before You Go

EH continues to work towards a web disclosure program for the PSS *Know Before You Go* that requires operators to post a coloured sign (green, yellow or red) at the entrance to these establishments. Plans are to move forward in 2018 to on-line posting of these inspection results similar to the successful *DineSafe Durham* food safety disclosure program.

In the MOHLTC Infection Prevention and Control Disclosure Guideline, 2017 a brief description of the corrective measures and any orders or directives issued will also be required to be posted on-line. This is above and beyond the current information provided on the *DineSafe Durham* website. This new requirement is linked to the successful implementation of the new EH information system scheduled to be implemented in early 2018. The design of this new information system will enable the posting of these inspections and additional requirements.

Outbreak Summary

Between September to October, **10** outbreaks in institutions have occurred; **8** respiratory and **2** enteric. No causative agents were identified for **8** of these outbreaks, while **2** outbreaks are pending results. There has been a change in laboratory testing and the lab will no longer report some of the non-reportable respiratory viruses that they reported to PHUs in the past. This will result in a higher number of "no causative agents identified" this season as seen above.

Reportable Diseases

EH investigated **89** confirmed sporadic reportable diseases from September to October. These include, in descending order: campylobacter (**36**); salmonella (**22**); **10** each of giardiasis and LD; **2** each of influenza, legionellosis and shigellosis; **1** each of amebiasis, malaria, typhoid fever, WNV illness and yersiniosis.

Vector-borne Diseases

The public continues to collect and submit ticks to EH. As of October 8, a total of **143** ticks have been submitted for identification. This resulted in **29** identified as black-legged ticks of which **7** tested positive for the LD bacteria. By comparison in 2016 a total of **83** ticks were submitted by the public for identification and testing. Human surveillance for LD this year has resulted in **41** cases being reported which is an increase from the **24** human cases reported in Durham Region in 2016. The volume of work related to LD and tick investigations has increased significantly each year and additional PHIs were needed to be reassigned to meet this need. EH Division continues to work with stakeholders in the Region to increase public awareness regarding risk areas for tick activity and the precautions the public should take to protect themselves from exposure to ticks.

In addition **3** human cases of WNV in Durham Region were reported to DRHD and **139** human cases reported in Ontario to date this season.

On October 25, 2017, the MOHLTC posted a summary of proposed changes to 11 regulations under the HPPA. The proposed changes are intended to modernize and update regulatory requirements to better reflect current evidence and practice for public health programs and services. Changes are intended to address inconsistencies, remove redundancies, provide clarity, and reflect updated terminology in the delivery of public health services. One of the regulations to be amended is the Ontario Regulation 199/03 Control of West Nile Virus. DRHD is reviewing the proposed amendments to this regulation and will provide input through the posting on the Ontario Regulatory Registry.

The VBD Annual Report 2017 is scheduled to be completed and released in early 2018.

RABIES PREVENTION AND CONTROL

To date **1,084** reports of animal bites have been investigated. This is an increase from the **1,055** reports during the same time period in 2016. DRHD has also issued **110** anti-rabies treatments to victims. In 2016 they issued a total of **127** treatments for the entire year.

DRHD has submitted a total of **41** animals for rabies testing in 2017 compared to **49** submissions in total for 2016. There has been **1** animal (bat) testing positive for the rabies virus to date this year in the Region. The bat bit a resident at their home in Oshawa and was subsequently submitted for rabies testing. The victim started post-exposure anti-rabies treatment the same day following the exposure. A media release was sent out searching for anyone else who may have had contact with a bat in the area to call DRHD. In Ontario as of June 2017, **88** animals have tested positive for rabies including raccoons (**53**) and skunks (**25**).

DRHD continues to collaborate, coordinate, and promote low-cost rabies vaccination clinics with our local veterinary community. In 2017, a total of **7** low-cost rabies vaccination clinics have been offered in our Region. These were held in Pickering (**2**), Whitby (**2**), Oshawa (**2**) and Clarington (**1**).

EH is also providing comments back on the proposed amendments to Ontario Regulation 567 Rabies Immunization, as well as Regulation 557 Communicable Diseases-General Rabies through a posting on the Ontario Regulatory Registry.

SEXUAL HEALTH

Promoting healthy sexuality and reducing the burden of STIs and BBIs is of public health importance in priority populations in Durham Region. The Municipality of Clarington has been identified as an area where there are limited sexual health services and limited access to services for youth ages 12-24 years.

Ten community partners, including JHSDR FYC, CYAC with representation from KPRSB and DDSB, DRPS and various other agencies supporting youth, met and identified that youth in Clarington had limited access to sexual health services. PHNs completed an environmental scan of sexual health services in Bowmanville and the surrounding area. The results confirmed that while there were **7**

medical clinics in Clarington, minimal sexual health services were geared specifically to youth. Services including access to low cost birth control, pregnancy testing and counselling and free STI treatment were limited. Results also indicated that youth had difficulty accessing existing SHC services in the neighboring city of Oshawa due to the availability and high cost of public transportation.

To address these barriers, a partnership with the JHSDR FYC was established. The FYC was identified as an optimal location for a SHC based on feedback received from a focus group conducted with youth. The FYC is located in the downtown area of Bowmanville and is within walking distance of **3** high schools (Centre for Individual Studies, Clarington Central Secondary School and Bowmanville High School).

To date, **20** evidence based activities have been implemented with the youth at the FYC with approximately **15** youth in attendance for each activity. Some activities included conducting education sessions on sexual health, healthy relationships, information on STIs, condom demonstrations and test your knowledge quizzes.

The Bowmanville satellite SHC currently offers services including low cost birth control and emergency contraception for females under 25, pregnancy testing, counseling and free STI treatment.

A communication plan was implemented to promote the Bowmanville satellite SHC. Strategies to promote the clinic included the following:

- Attended **3** meetings with the physical education and guidance staff at Bowmanville High School and Clarke High School
- Provided **2** Bowmanville satellite SHC tours for **170** grade 9 students in collaboration with Bowmanville High School and the FYC
- Participated in a health fair at Clarke High School for **70** students
- Sent **14** emails to KPRDSB secondary school educators
- Provided **2** presentations to the CYAC.
- Completed **1** outreach visit to Bowmanville Family Health Centre/Urgent Care Centre
- Distributed promotional materials to **3** Clarington libraries, **3** recreation/sport complexes and to **4** Clarington secondary schools

Future plans for the Bowmanville satellite SHC include increasing services to meet the needs of youth and evaluating progress made in addressing youth barriers to services.

Sexual Health Clinics
Check us out!

new

- ✓ Birth control counselling
- ✓ Low cost birth control
- ✓ Free condoms
- ✓ Emergency contraception pills (ECP)
- ✓ Pregnancy testing/counselling and referral
- ✓ Sexually transmitted infection (STI) treatment/counselling

No Ontario Health Card is required

Bowmanville Sexual Health Clinic
132 Church Street

DROP IN
Every 3rd Tuesday
between
2:30 - 5:00 pm
905-433-8901

CONFIDENTIAL • SUPPORTIVE • INFORMATIVE

durham.ca/sexualhealth

VACCINE PREVENTABLE DISEASES

Grade 7 Immunizations

There were a total of **7,921** Grade 7 students for the 2016-2017 cohort. **76%** of eligible Grade 7 students were fully immunized for hepatitis B vaccine. A total of **10,583** hepatitis B vaccine doses were administered to Grade 7s at school clinics. An additional **946** Grade 8 hepatitis B doses were administered to students who had not previously completed the series. By the end of Grade 8, **88%** of these students were fully immunized for hepatitis B (from **76%** at the end of grade 7 last year).

For the 2016-2017 cohort, **92%** of eligible Grade 7 students were fully immunized with Menactra. A total of **6,921** Menactra doses were administered to Grade 7 students at school clinics. An additional **298** Grade 8 Menactra® doses were administered to students who had not previously received the publicly funded dose in Grade 7. By the end of Grade 8, **97%** of these students were fully immunized for Menactra (from **88%** at the end of Grade 7 last year).

The 2016-2017 cohort was the first year Grade 7 boys and girls were offered the HPV vaccine and **66%** of eligible Grade 7 students were fully immunized for HPV (**64%** males, and **68%** females). A total of **11,400** doses were administered at school clinics.

Grade 8 Immunizations

There were a total of **3,962** Grade 8 female students in the 2016-2017 cohort. **70%** of eligible Grade 8 females were fully immunized for HPV. A total of **5,964** HPV doses were administered at school clinics.

School-based Immunization

The school-based immunization program provides access to publicly-funded vaccines for all eligible students in Durham Region. Through the provision of school-based immunization clinics, the program aims to reduce the incidence of VPDs by providing hepatitis B, meningococcal and HPV vaccines to eligible Grade 7 students, and HPV vaccine to eligible Grade 8 females. During the 2016-2017 school year, PHNs attended **183** schools, **3** times during the school year to provide immunizations to Grade 7 and 8 students.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Public Health Nursing and Nutrition
Chief Nursing Officer

Original signed by

Ken Gorman
Director, Environmental Health



PARAMEDIC SERVICES

REPORT FOR SEPTEMBER – OCTOBER 2017

ADMINISTRATION

RDPS will be hosting the MOHLTC Ambulance Service Review Team on November 21-23, 2017. The review will audit patient care activities, vehicle and equipment maintenance and certification as well as a review of our files to ensure compliance with MOHLTC standards and regulations.

RDPS is entering the interview phase of the hiring process for three Superintendent positions. We will announce the successful candidates in the next report.

LOGISTICS

Completion of the Sunderland Paramedic Response Station has again been delayed. The substantial completion date has now been moved to mid-January.

Production and installation of the Stryker Power Load System and Power cot has begun.

All front line ambulances should be fully equipped by the end of January. There are currently six ambulances outfitted and deployed in operations with the new system. Feedback from the paramedics has been overwhelmingly positive.

OPERATIONS

Arrangements have been made with the Brock Township Fire Department to house the newly-staffed Sunderland ambulance in the fire hall until our station is ready for occupancy.

As of October 15th, RDPS is deploying a fully staffed ambulance 24 hours per day, seven days per week out of the hall. This will assist us in enhancing response time reliability for the residents of North Durham.

QUALITY DEVELOPMENT

This fall's paramedic continuing education sessions include a Determinants of Health presentation by the PHNN, a live shooter table top exercise as well as WHMIS and MOHLTC Basic Life Support training updates.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/ Director



PROFESSIONAL AND ADMINISTRATIVE SERVICES

REPORT FOR SEPTEMBER – OCTOBER 2017

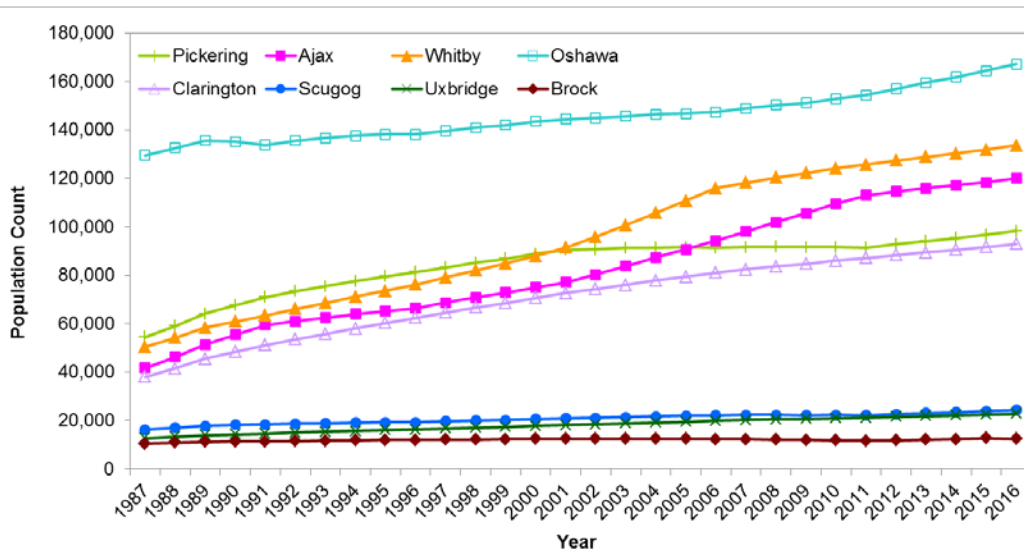
AT A GLANCE RESOURCES

Population At A Glance

The Population At A Glance resource has been updated with 2016 population estimates for Durham Region, Durham's eight municipalities and Ontario. This resource is updated on an annual basis as new estimates are produced by Statistics Canada and provided through the MOHLTC.

The Durham Region population in 2016 was estimated to be **671,840**. The largest population growth between 2006 and 2016 was seen in Ajax, with an increase of **27%** followed by Whitby with an increase of **15%**. The smallest growth was seen in Brock with an increase of less than **3%** between 2006 and 2016.

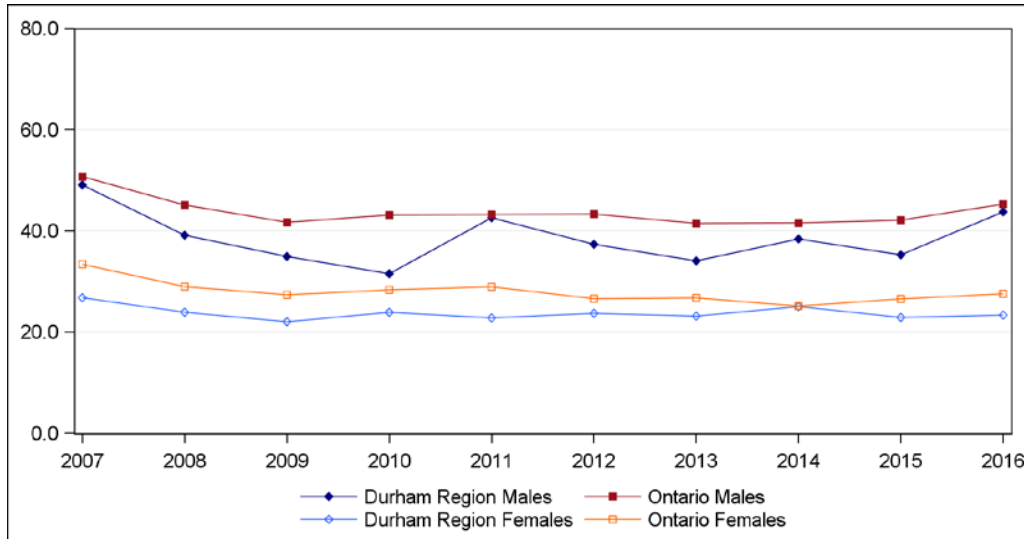
Region of Durham Municipalities Population, 1987 to 2016



Motor Vehicle Traffic Crashes At A Glance

There were over **140** ED visits for Durham Region children aged 0-9 in 2016. While provincial rates declined, the rates in Durham Region children are on the rise and are higher than Ontario's rates.

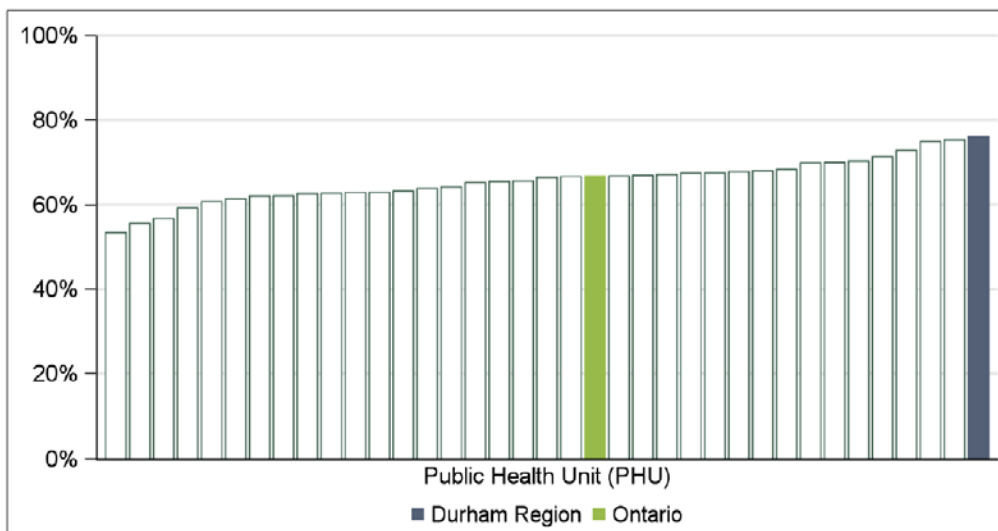
Age-standardized hospitalization rates per 100,000 for motor vehicle traffic crashes for Durham Region and Ontario, by sex, between 2007 and 2016



FACTS ON... DENTAL INSURANCE COVERAGE

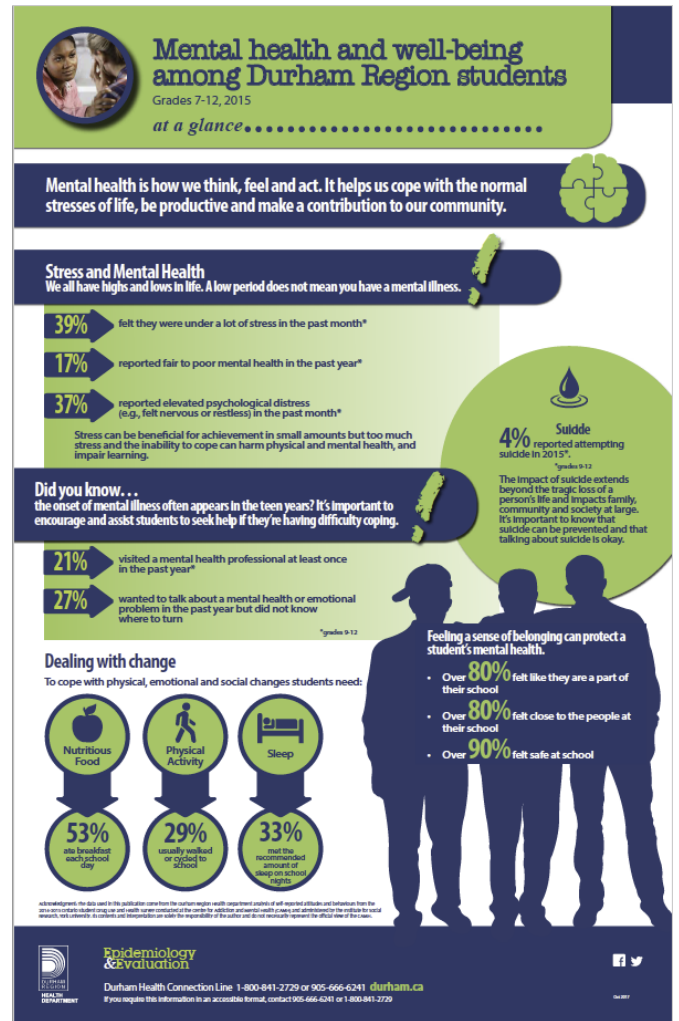
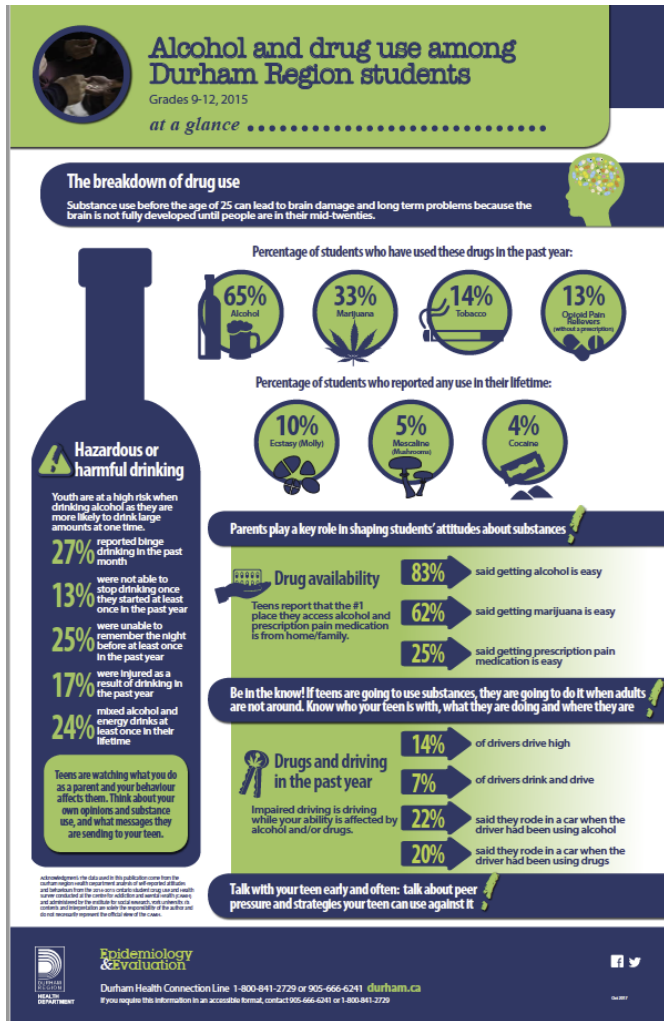
In 2013/2014, **3 out of 4** Durham Region residents 12 and older said they had dental insurance. Rates for both Durham Region and Ontario stayed the same since 2005. Those least likely to have dental insurance were older than 65; had less than secondary school education; and were in the lowest income group.

Proportion of respondents, aged 12 and older, indicating they had dental insurance, by Public Health Unit, 2013/2014



QUICK FACTS AND TRENDS IN DRUG USE AND MENTAL HEALTH INFOGRAPHICS

Two new infographics titled *Alcohol and drug use among Durham Region students*, and *Mental health and well-being among Durham Region students* highlight the results from the 2014-2015 OSDUHS. Two-thirds (65%) of Durham Region students reported drinking alcohol in the past year, followed by marijuana at 33%, tobacco at 14% and non-prescription opioid pain relievers at 13%. Almost 1 in 5 (17%) students reported fair to poor mental health in the past year, and many felt under a lot of stress (39%) or reported elevated psychological distress (37%) in the past month.



ETHICS

In the period of September – October 2017, 1 new research proposal was reviewed by ERC. In October 2017 the following 2 studies were approved:

Evaluation of a capacity building approach to support educators in teaching stress management in Durham Region classes

Principal Investigators/Research Leads: Jennifer Green, PHNN, DRHD; Michelle Ho, PHNN, DRHD

Co-Principal Investigators/DRHD Leads/Co-Investigators: Gillian Storry, Acting Manager, PHNN, DRHD; Fangli Xie, E&E, DRHD

Expected Completion Date: June 1, 2018

Kids Can Resource Evaluation

Principal Investigators/Research Leads: Matthew Way, PHNN, DRHD

Co-Principal Investigators/DRHD Leads/Co-Investigators: Gillian Storry, Acting Manager, PHNN, DRHD; Fangli Xie, E&E, DRHD

Expected Completion Date: December 18, 2017

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

File: A-2100

November 8, 2017

Ralph Walton, Regional Clerk/Director of Legislative Services
Region of Durham
Delivered By E-Mail – clerks@durham.ca

Re: Cannabis Legislation Bill C-45 and C-46

This is in response to your correspondence dated October 12, 2017 concerning the above noted matter.

City Council considered the matter at a meeting held on November 6, 2017 and adopted the following recommendation of the Corporate Services Committee:

“That Correspondence CORP-17-75 from Ralph Walton, Regional Clerk/Director of Legislative Services advising of Regional Council’s resolution with respect to Cannabis Legislation Bill C-45 and Bill C-46 be approved in principle”.

If you need further assistance concerning the above matter, please contact Jerry Conlin, Director, Municipal Law Enforcement and Licensing Services at the address listed or by telephone at 905-436-3311.



Mary Medeiros
Acting City Clerk
/ld

c. J. Conlin, Director, Municipal Law Enforcement and Licensing Services

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| G. Cubitt Dept. of Health Admins |
| emailed NOV 9.17 |
| C.C. S.C.C. File |
| Take Appr. Action |

Maria Flammia

From: AMO Communications <communicate@amo.on.ca>
Sent: November-08-17 4:33 PM
To: Clerks
Subject: AMO Policy Update - Province Releases New Action Plan for Seniors

November 8, 2017

Province Releases New Action Plan for Seniors

Yesterday, the Ontario government released *Aging with Confidence: Ontario's Action Plan for Seniors*. The plan includes commitments to a range of measures intended to support seniors including enhancing municipal services. Ontario will be investing \$155 million over three years through the action plan. This will include improving long-term care homes, supporting age-friendly communities, and providing additional services to seniors.

It is welcome news to see new government investments in seniors' services and planning initiatives. AMO has advocated for: increased hours of care in long-term care homes; enhancing culturally appropriate practices; engaging in a capacity review to determine the need for more long-term care beds; better transportation options in rural and northern areas; and, expansion of age-friendly programs that support municipal governments to provide services to seniors.

A full set of recommendations can be found in AMO's Health Task Force policy paper, *Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario: A New Conversation about the Municipal Role*.

Of significant interest to municipal government, the Province has committed to:

- expanding 30,000 new long-term care beds over the next decade with 5,000 created over the next four years;
- providing 15 million more hours of care in long-term care homes for nursing, personal support, and therapeutic care;
- facilitating greater access to culturally appropriate practices in long-term care homes and in-home supports;
- providing specialized training in behavioural supports and in palliative and end-of-life care;
- expanding the Age-Friendly Community Planning Grant for municipal governments;
- improving community transportation for seniors to connect them with services and support, particularly in Northern Ontario; and
- reconfirming the commitment to expand 40 more Seniors Active Living Centres across the province (formerly known as Elderly Persons Centres). Municipal governments and community agencies can apply for funding through Grants Ontario.

Other measures in the plan are intended to:

- support seniors at all stages of their life;
- support seniors to live independently in their communities;
- support seniors requiring enhanced supports at home and in their communities;
- support seniors living independently in the community; and,
- support seniors who require intensive supports.

For more information, see the Ontario government's [news release](#) or view the [full action plan](#).

AMO Contact: Michael Jacek, Senior Advisor, mjacek@amo.on.ca, 416.971.9856 ext. 329.

PLEASE NOTE: AMO Breaking News will be broadcast to the member municipality's council, administrator, and clerk. Recipients of the AMO broadcasts are free to redistribute the AMO broadcasts to other municipal staff as required. We have decided to not add other staff to these broadcast lists in order to ensure accuracy and efficiency in the management of our various broadcast lists.

DISCLAIMER: Any documents attached are final versions. AMO assumes no responsibility for any discrepancies that may have been transmitted with this electronic version. The printed versions of the documents stand as the official record.

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Maria Flammia

From: AMO Communications <communicate@amo.on.ca>
Sent: November-13-17 5:35 PM
To: Clerks
Subject: AMO Call to Action -Talk to Your MPPs about Legislated Protection for Fire-Medic Approach for Municipalities

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| Original |
| To: CIP ✓ |
| Copy on.ca |
| To: G. Curbell Dept. Health |
| Admin's email NOV 14 17 |
| Legislated Protection for Fire-Medic |
| C.C. S.C.C. File |
| Take App. Action |

November 13, 2017

Call to Action – Talk to Your MPPs about Legislated Protection for Fire-Medic Approach for Municipalities

AMO President, Lynn Dollin, is appearing before Standing Committee on November 16th to demand an amendment to legislation that would prevent arbitrators the scope of authority to impose a fire-medical service delivery on an unwilling municipal government. The province says that it is only for willing governments. We say, make that clear, real and true.

We need an amplified voice from members, particularly those delivering ambulance services. Many municipal governments have taken this position and now is the time to re-voice the concern and needed fix with your local MPPs, write the Standing Committee in support of AMO's submission and make sure the Ministers are copied. (See contacts below that will help you do this). The Standing Committee will be considering changes to the Bill over the next two weeks, so don't wait.

AMO continues to be told that these pilots are to be hosted by only willing municipalities but we have not yet received confirmation that amendments will be made to guarantee this protection. Municipal governments saw previously 24-hour shift pilots replicated by arbitrators across Ontario despite the employers' non-supportive position.

We are asking all parties to address the valid concerns of municipal employers by concurrently amending the *Fire Protection and Prevention Act* and the *Ambulance Services Collective Bargaining Act*.

Who to connect with:

- a. Standing Committee on General Government is accepting Bill 160 submissions by 12:00 noon on Thursday, November 23, 2017. [Committee Hearings Notice- Bill 160](#)
- b. Minister of Health and Long Term Care, Hon. Dr. Eric Hoskins at Eric.Hoskins@ontario.ca
- c. Minister of Community Safety and Correctional Services, Hon. Marie-France Lalonde at marie-france.lalonde@ontario.ca
- d. Minister of Labour, Hon. Kevin Flynn at kevin.flynn@ontario.ca
- e. Minister of Municipal Affairs, Hon. Bill Mauro at Minister.MMA@ontario.ca
- f. Office of the Premier, Hon. Kathleen Wynne at premier@ontario.ca

g. Your local MPP

Read AMO's Bill 160 written submission.

AMO Contact:

Monika Turner, Director of Policy, mturner@amo.on.ca, 416-971-9856 ext. 318.

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Maria Flammia

From: AMO Communications <communications@amo.on.ca>
Sent: November-14-17 5:03 PM
To: Clerks
Subject: AMO Policy Update - New Apprenticeship Grant, Tax Cuts for Small Businesses at Centre of Fall Economic Statement

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| Original |
| To: CIP |
| Copy G. Cebett |
| To: Dept. of Adm. & Enroll |
| NOV. 15. 17 |
| C.C. S.C.C. File |
| Take Appr. Action |

November 14, 2017

New Apprenticeship Grant, Tax Cuts for Small Businesses at Centre of Fall Economic Statement

Today's 2017 Fall Economic Statement tabled in the Legislature by the Honourable Charles Sousa, Minister of Finance contains a number of initiatives aimed at Ontario's communities and residents.

Foremost amongst them was support for small businesses in Ontario that includes a 1% corporate tax cut and other supports up to \$500 million. The Minister also announced initiatives to help small businesses access provincial procurements by dedicating one-third of Ontario procurements to small businesses by 2020. These initiatives come amid proposed tax reductions in other jurisdictions and as the province confirms its intention to increase the minimum wage next year.

The Statement also confirmed that Ontario's provincial fiscal plan is forecast as balanced for the next two budgets as well as the current year. This means that these changes are being financed out of revenues rather than borrowing.

The Statement also contained a number of other initiatives that are aimed at helping residents and communities across the province. This included a new apprenticeship grant for businesses hiring workers

The Fall Economic Statement also confirmed:

- Ontario's long-term infrastructure plan includes investments of \$190 billion over 13 years starting in 2014-15
- Pharmacare expansion to Ontarians under 25 as of January 1st, 2017
- Licensed child care expansion by 24,000 spaces this year
- Ontario's expansion of Long Term Care beds by 5,000 by 2020 and 30,000 beds over the next decade

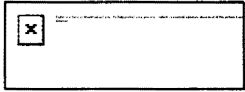
Although today's statement did not have a municipal focus, the 2018 Ontario Municipal Partnership Fund will be increased by \$5 million and details will be coming likely next week. AMO will provide you with an OMPF update once that information is available.

AMO Contact: Craig Reid, Senior Advisor, creid@amo.on.ca, (416) 971-9856 ext. 334

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ZEP WIND FARM GANARASKA COMMUNITY LIAISON COMMITTEE

On January 30, 2015, the Ministry of the Environment and Climate Change granted a Renewable Energy Approval (REA) for the ZEP Wind Farm Ganaraska (the Project), a 17.60 MW wind project consisting of 9 turbines in the Municipality of Clarington, Ontario. Construction activities commenced in late September 2015 and the Project reached commercial operation on May 6, 2016.

As part of the REA requirements, a Community Liaison Committee (CLC) has been established for the Project as a forum to exchange ideas, share information and provide regular updates regarding operation, maintenance and retirement of the Project. The third CLC meeting is scheduled for **Wednesday, November 22, 2017** and is open to the general public for observation.

Time: 6:30 - 8:30 pm

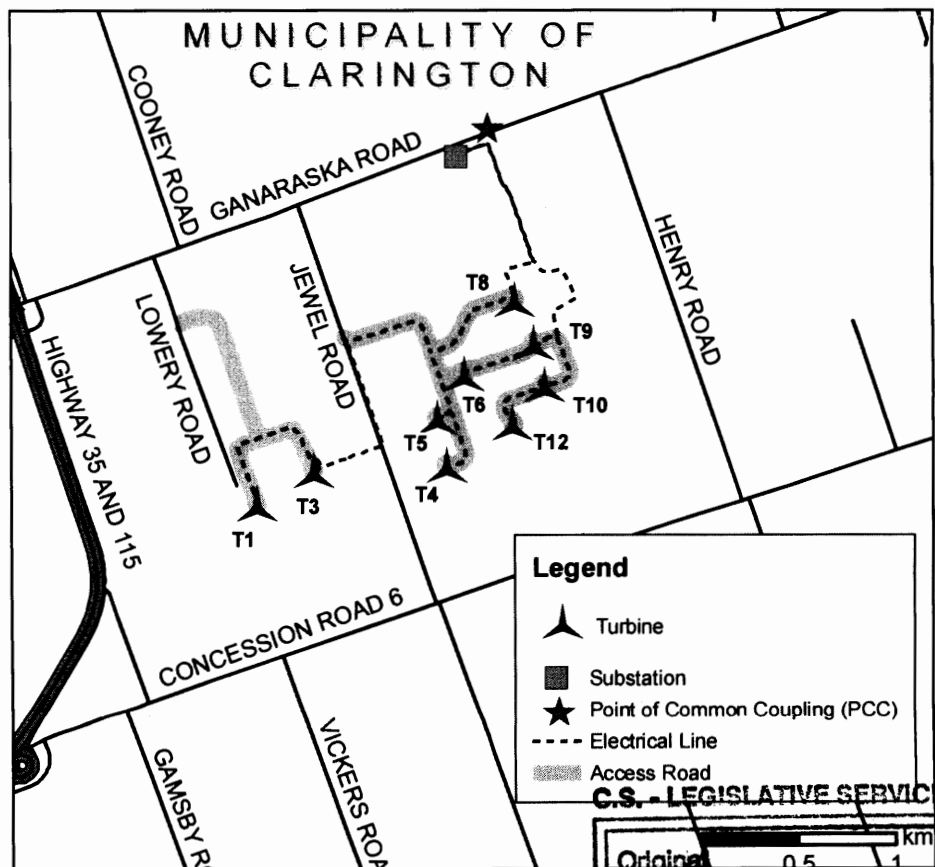
Place: **Orono Arena
and Community Centre**
2 Princess St, Orono, ON
LOB 1M0

The goal of the CLC will be to update the community on Project milestones, activities, issues, issue resolution and mitigation. If you are interested in having specific questions or topics addressed at the meeting, please submit your questions by November 17, 2017.

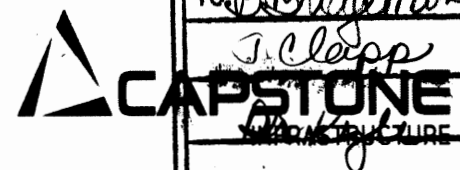
For further information, or to be added to our mailing list, please contact:

Dana Sallouha

HSE Coordinator
Capstone Infrastructure Corp.
155 Wellington Street West, Suite 2930
Toronto, Ontario M5V 3H1
dsallouha@capstoneinfra.com | Tel. (416) 649-1327
Subject: "Ganaraska CLC"
www.capstoneinfrastructure.com/ganaraska



C.S. - LEGISLATIVE SERVICES



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An Open Letter from Regional Director General Goran Vragovic

I would like to take the opportunity to advise that The Oshawa Executive Airport shall maintain its Airport of Entry designation, meaning that international flights will continue to arrive in Oshawa. I also want to outline the changes to services currently being offered at the Canada Border Services Agency (CBSA) office, located at the Oshawa Executive Airport.

On November 20, 2017, the CBSA will be changing how it provides service to its Oshawa clients. The changes will maintain and enhance the level of service being offered, and CBSA services will continue to be provided without disruption. Currently, any flights arriving from abroad contact the CBSA's Telephone Reporting Centre (TRC) to report their arrival and, when necessary, officers are dispatched to the airport to meet flights. These practices will not change, as aircraft will continue to call the TRC to report their arrival.

Most other services that are currently being provided by CBSA staff at the Oshawa office will now be provided from a central CBSA office at the Toronto Pearson International Airport. This central office offers commercial clearance services 24 hours a day, seven days a week, which means extended hours for our Oshawa clients and their business needs.

The decision to change how we deliver services in Oshawa was not taken lightly. It is the result of a long-term review of our operations. As federal public servants, we regularly review our services to make sure we are responsibly managing Canadians' tax dollars while effectively delivering on our mandate—to ensure the safety and security of our border, and facilitate the legitimate movement of people and goods.

The CBSA is modernizing and changing the way we do our business. We are committed to being a modern and world-class border management organization, and we are using technology to do that. Our electronic systems and new initiatives, like the Accounts Receivable Ledger, have all but eliminated the need for clients to visit CBSA offices in person. Improvements like these allow us to provide expanded options, such as 24/7 service, to our clients. We continue working to provide Canadians with enhanced services to meet their needs and expectation.

We remain committed to the communities we serve, and are working with the City of Oshawa, the Regional Municipality of Durham, its residents, and the business community to ensure a seamless transition. These partnerships and our continued dialogue will allow us to continue to service the needs of our Oshawa clients well into the future.

Goran Vragovic
Regional Director General
Greater Toronto Area Region
Canada Border Services Agency



Agence des services
frontaliers du Canada

Canada Border
Services Agency

Région du Grand Toronto
C.P. Boîte 7000, Poste "A"
Mississauga, Ontario
L5A 3A4

Greater Toronto Area Region
P.O. Box 7000, Station "A"
Mississauga, Ontario
L5A 3A4

2017-11-14

Lettre ouverte du directeur général régional Goran Vragovic

J'aimerais prendre un moment pour expliquer que l'Oshawa Executive Airport restera ouvert et maintiendra sa désignation d'aéroport d'entrée, ce qui signifie que les vols internationaux continueront d'arriver à Oshawa. Aussi, je veux expliquer les modifications des services qui sont actuellement offerts au bureau de l'Agence des services frontaliers du Canada (ASFC) situé à l'Oshawa Executive Airport.

Toutefois, le 20 novembre 2017, l'ASFC va changer la façon dont elle offre des services à ses clients d'Oshawa. Ce changement ne signifie pas que le niveau de service sera réduit; les services vont continuer d'être fournis sans interruption, et dans certains cas, seront améliorés. En ce moment, tous les vols qui arrivent de l'étranger communiquent avec le Centre de déclaration par téléphone (CDT) de l'ASFC pour signaler leur arrivée, et, au besoin, des agents sont dépêchés à l'aéroport pour accueillir les vols. Ces pratiques ne changeront pas, puisque les aéronefs vont continuer de communiquer avec le CDT pour signaler leur arrivée.

La plupart des autres services qui sont actuellement fournis par le personnel du bureau d'Oshawa seront maintenant fournis depuis un bureau central de l'ASFC situé à l'Aéroport international Pearson de Toronto. Ce bureau central offre des services de dédouanement des expéditions commerciales 24 heures par jour, 7 jours par semaine, ce qui signifie des heures prolongées pour nos clients d'Oshawa et leurs besoins opérationnels.

La décision de ne plus doter en personnel le bureau de l'ASFC à Oshawa n'a pas été prise à la légère. Elle est le résultat d'un examen à long terme de nos activités. En tant que fonctionnaires fédéraux, nous examinons régulièrement nos services pour nous assurer de gérer de façon responsable l'argent des contribuables canadiens tout en respectant de façon efficace notre mandat – assurer la sécurité de notre frontière et faciliter la circulation légitime des personnes et des marchandises.

L'ASFC modernise et change la façon dont elle fait ses affaires. Nous sommes déterminés à être une organisation de gestion frontalière moderne et de classe mondiale et nous utilisons la technologie pour le faire. Nos systèmes électroniques et de nouvelles initiatives, comme le Grand livre des comptes clients, ont presque tous éliminé le besoin que des clients se présentent en personne aux bureaux de l'ASFC. De telles améliorations nous permettent de fournir des options élargies, comme un service 24 heures par jour,

7 jours par semaine, à nos clients. Nous continuons de travailler afin de fournir aux Canadiens des services améliorés afin de répondre à leurs besoins et à leurs attentes.

Nous continuons d'avoir à cœur les collectivités que nous servons et nous travaillons avec la Ville d'Oshawa, la municipalité régionale de Durham, ses résidents et sa communauté d'affaires pour assurer une transition harmonieuse. Ces partenariats et notre dialogue continu nous permettront de continuer de répondre aux besoins de nos clients d'Oshawa pendant encore longtemps.

Goran Vragovic
Directeur général régional
Région du Grand Toronto
Agence des services frontaliers du Canada

Maria Flammia

From: Gravel Watch Ontario <info@gravelwatch.org>
Sent: November-14-17 10:04 AM
To: info@gravelwatch.org
Subject: GWO: Concerns regarding Cornerstone Standards Council Aggregate Program
Attachments: GWO CSC Municipal Outreach Letter - 201711.pdf

To: Clerk and Municipal Leaders

Attached please find correspondence from Gravel Watch Ontario regarding the Cornerstone Standards Council (CSC) Responsible Aggregate Standard and Certification System.

Gravel Watch Ontario is a province-wide coalition of citizens' groups and individuals. We act on behalf of our members in matters relating to aggregate resources. We are contacting municipal leaders across Ontario to ensure that they are informed regarding serious concerns with the claims made by the CSC program which are not supported by the program itself.

We request that the attached letter be included with your next municipal leaders meeting materials as received correspondence. We also recommend that the letter be circulated to appropriate municipal staff such as individuals dealing with roads, procurement, planning and environmental protection.

We thank you in advance for your assistance, and ask you to feel free to contact us If you have any questions or would like to discuss our comments further.

Sincerely,
Graham Flint
President, Gravel Watch Ontario
www.GravelWatch.org
grahamflint@gravelwatch.org
T: (905) 659-5417 F: (905) 659-5416

C.S. - LEGISLATIVE SERVICES

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Gravel WATCH

O N T A R I O

To: Clerk / Mayor / Reeve / Councillor / Warden

November 2017

Subject: Concerns regarding Cornerstone Standards Council (CSC) Responsible Aggregate Standard and Certification System

Background

Gravel Watch Ontario acts in the interests of residents and communities to protect the natural environment, health, safety and quality of life for Ontarians in matters relating to aggregate resources. We are a province-wide coalition of citizens' groups and individuals.

Aggregate (sand, stone & gravel) production has a long history of being controversial and challenging for municipalities. Ontario requires aggregate materials to support our built communities. Unfortunately, the process of extracting aggregate resources comes with inherent social and environmental impacts.

Many stakeholders, including the aggregate industry, governments, community and environmental groups have been seeking a way to deal with this challenge. The development of a voluntary enhanced aggregate standard was proposed. The envisioned standard would outline a set of requirements that aggregate producers could adopt and then be recognized for. After several years of work, the Cornerstone Standards Council Responsible Aggregate Standard and Certification System, the CSC program, was drafted.

Members of Gravel Watch Ontario served on the Cornerstone Standards Council Board and the founding Standard Development Panel for over two years. We have substantial knowledge of the Standard as written as well as the original intent. Gravel Watch Ontario is contacting municipal leaders across Ontario to ensure they are informed regarding serious concerns with claims made by the CSC program which are not supported by the Standard requirements. Indeed, the claims made in relation to the program outcomes appear at times to grossly misrepresent what the Standard requires.

CSC Does Not "Raise the Bar"

For example, the program claims that it "*recognizes and rewards both public and privately owned aggregate operations that go beyond regulatory compliance and adopt industry best practices*" and that it "*ensures high levels of operational practice are met and monitored*". Unfortunately, the Standard does not contain specific targets or requirements on some of the most relevant operational issues for aggregate production sites. For example, there are no operational targets set for noise, dust, vibration, ambient light, and water consumption, among other areas.

The Standard when addressing noise, dust, light and water has the following requirements:

"When addressing adverse environmental impacts ... the applicant implements (consistent with the scale and intensity of the operation) an Environmental Management System or a series of Standard Operating Procedures that are consistent with or exceed existing regulatory requirement". The Standard has no mandate to exceed regulatory requirements; being consistent is sufficient.

There is no reference in the Standard to adopting industry best practices and no reference to current industry norms. Certified sites may actually be performing below established industry benchmarks. Without

explicit requirements on the most relevant social and environmental aspects of aggregate production, the program cannot be delivering on the claims made above.

Further, a review of the audit reports relating to the four program certificates granted thus far, reveals that one or two CSC auditors spend a very limited time on an aggregate site; typically, only a day or two. The reports provide no indications that the auditors have taken any independent measurements of the environmental factors that the Standard claims to assure.

The environmental audit process seems to have become a paper exercise of reviewing reports, some of which appear to have been prepared during the application and licencing process as predictors of future outcomes and commitments for future actions. The degree to which these predictions actually became reality is unknown. Without actual measurements being taken or observations beyond a brief 48-hour interval, there can be no claims made as to how these sites generally operate. The current auditing process in no way supports the claims by CSC regarding full regulatory compliance, industry best practices and the monitoring of high levels of operational practice.

CSC “Lowers the Bar”

For any certification program to be legitimate, the requirements of the program must be met before certification is awarded. A review of the audit reports relating to the certificates already granted shows that none of the four sites certified have met all the requirements of the Standard. Even when non-conformances were in areas that CSC claims as a focus (e.g., addressing adverse environmental impacts), those sites were still granted a certificate based on a requirement for future corrective action.

More concerning though were sites that had non-conformances relating to compliance with existing regulatory requirements. Of the four sites certified by CSC thus far, two were found to have non-conformances with site plan requirements. Further, one site was reported to be in non-compliance with Ontario Regulation 127 which deals with Airborne Contaminant Discharge Monitoring and Reporting. If CSC certified sites are in violation of regulatory requirements, how can the program claim that CSC “recognizes and rewards... aggregate operations that go beyond regulatory compliance”?

Summary

Gravel Watch Ontario continues to believe there is value in a robust voluntary aggregates standard which recognizes performance that goes beyond existing regulation. That is why we dedicated over two years to the development of what we had hoped would be such a standard. To deliver on that promise, though, the standard must set a high bar and enforcement must be rigorous, thorough, and absolute. The current CSC Responsible Aggregate Standard and Certification System fails to deliver on those requirements and as a result fails to justify the outcomes that are being claimed.

Gravel Watch Ontario is committed to ensuring that municipalities across Ontario, as consumers and/or producers of aggregate resources, are informed regarding the Cornerstone Standards Council aggregate program. We ask that you add your voice to calls to improve the program and make it what it was originally intended to be. In its current form, it is a disservice to all those in Ontario who are working hard to address the inherent challenges for those communities where aggregate extraction activities occur.

If you have any questions or would like to discuss our comments further, please feel free to contact us.

Sincerely,
Graham Flint
President, Gravel Watch Ontario
www.GravelWatch.org
grahamflint@gravelwatch.org
T: (905) 659-5417 F: (905) 659-5416



November 15, 2017

Enbridge Pipelines Update to Municipalities

For Enbridge Pipelines Inc., keeping in touch with neighbours is a top priority. Several times each year we provide important information about pipeline safety and ongoing Enbridge activities to communities along our pipeline rights-of-way in Ontario and Quebec. Enbridge appreciates the opportunity to provide you with information that we believe is relevant and important to you.

About our Company

As North America's leading energy infrastructure company and a Global 100 Most Sustainable Corporation, Enbridge has safely and reliably fueled people's quality of life for more than 65 years. Our extensive network of pipelines moves about 30% of North America's crude oil and 20% of its natural gas, and we serve 3.5 million customers through our regulated natural gas distribution business. We also have a rapidly growing renewable power generation business.

All forms of energy—oil, natural gas and renewables—are required to meet future energy needs as the world transitions over time to a lower-carbon economy. This means leveraging all of our company's assets—whether it is oil or natural gas pipelines or innovative renewable energy projects—to provide an energy system that meets the demand for safe, reliable and affordable energy well into the future.

The diversification of our energy systems is a priority for Enbridge—one that supports ongoing efforts to reduce greenhouse gas emissions and the achievement of local, national, and global climate goals while enabling us to continue to deliver long-term value for our shareholders, customers, employees and the communities in which we operate.

As the largest energy infrastructure company in North America, our role is to deliver the energy to keep food on the table, keep people warm at night, power transportation, and light up our cities.

Renewable Energy

Since our initial investment in a wind farm in 2002, we've committed more than \$7.8 billion toward renewable energy and power transmission projects currently in operation or under construction. These projects together have the capacity to generate and transmit more than 3,900 megawatts (Mw) gross of zero-emission energy—enough to meet the electricity needs of more than 1.8 million homes.

Today, Enbridge is one of Canada's largest renewable energy companies and our portfolio of renewable energy projects is diversified and growing.

[Learn more about how Enbridge is supporting the transition toward a lower-carbon economy .](#)

Line 9 Pipeline

Enbridge has been operating Line 9 — a 762-mm (30-inch) diameter pipeline with the capacity to deliver approximately 300,000 barrels of oil per day—safely and reliably since 1976. The company's Eastern Canadian Refinery Access Initiative (Line 9B Reversal and Line 9 Capacity Expansion Project) has helped Canadian refineries become more competitive in the North American market, and continues to safeguard jobs in Quebec and Ontario and bolster the security of Canada's energy supply.

After an extensive and thorough review process by the National Energy Board (NEB), the Line 9B Reversal and Line 9 Capacity Expansion Project was approved in March of 2014 with 29 conditions that reflected the input of interveners and stakeholders throughout the consultation process. Enbridge continues to comply with all required conditions.

A few highlights of our initiatives and activities include:

- Bolstering our already highly proactive approach to pipeline preventative maintenance, we completed 15,681 pipeline inspections and carried out 1,306 preventative maintenance digs across our liquids and natural gas systems in 2016, including six inline tool inspections and 152 preventative maintenance digs on Line 9;
- An Integrated Contingency Plan (ICP), which includes an emergency response plan for Line 9. The ICP provides a plan for a number of emergency response contingencies, which include but are not limited to: equipment deployment at multiple locations on water; public notification; air monitoring; protection of water intakes; shoreline cleanup assessment; wildlife recovery; and education of first responders on pipeline emergencies. The ICP is available online;
- A Field Emergency Response Plan, which is specifically tailored to our liquids pipeline operations within Ontario and Quebec and outlines our ongoing collaboration with local stakeholders, including municipal first-response agencies and water department representatives. Annual updates of this plan are issued to all municipal first-response agencies and the plan now also available online;
- The ability to draw upon the considerable resources of Enbridge Gas Distribution and Union Gas to provide supplemental assistance for responding to incidents, if required;
- Establishing a stand-alone damage prevention and emergency response team in Mississauga, Ontario;
- Adding additional emergency response equipment, and enhanced contractual agreements with third-party response companies, to augment our spill response capabilities;
- Participating in the Canadian Energy Pipeline Association's newly created Mutual Emergency Assistance Agreement, which formalizes the sharing of human resources, equipment, and tools among companies;
- Committing to the NEB that Enbridge will continue to provide project updates and emergency response information to interested stakeholders along Line 9, and be available to meet to answer any outstanding questions;
- Consistent with the top priority Enbridge places on public safety and the environment, the Sectionalized Valve Placement approach was re-assessed to provide optimal valve locations to protect major water crossings and high consequence areas in the unlikely

event of a pipeline rupture. As a result, 17 new remote-controlled valves have been added to Line 9 since 2014, bringing the total number of valves along Line 9 to 51.

- Strengthening our Public Awareness Program through Enbridge's Keeping in Touch brochure, which contains information about pipeline safety precautions and emergency and Call Before You Dig telephone numbers, and is provided to every landowner along our pipeline network each year. Enbridge land agents meet regularly with landowners and pipeline landowner associations to discuss topics of interest and address concerns.

Our Commitment to Safety

Safety will always be our number one priority. Ensuring the safety of communities and the environment is our most important duty—and everything we do is based on this foundation.

In 2016, Enbridge pipelines safely delivered more than 3.5 billion barrels of crude oil and natural gas liquids through our systems to customers across North America and we invested over \$750 million in programs that help us to maintain system fitness and detect leaks across our operations in Canada and the US.

The best safe delivery record in our recent history shows that our safety focus is making a difference. But, like you, we know that even one spill is too many, and we apply what we learn from every incident to become even safer.

Engaging Communities

We value our relationships with landowners, neighbours, First Nations and municipalities along our pipeline corridors and where we have facilities and we thank you for your co-operation in helping keep our pipeline network one of the safest in the world.

As part of our commitment to transparent stakeholder engagement, please know that members of the Enbridge team are available to answer any questions your elected leaders or technical staff may have concerning Enbridge operations in your area. Should you have any questions or would like to arrange a meeting to learn more about our commitments, programs and policies, or any other aspect of our operations, please contact me directly.

Thank you and best regards,



Ken Hall
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Integrity. Safety. Respect.