



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

March 10, 2017

Information Reports

[2017-INFO-27](#) Commissioner of Planning and Economic Development – re: Monitoring of Land Division Committee Decisions of the February 13, 2017 Meeting

Early Release Reports

There are no Early Release Reports

Staff Correspondence

1. [Memorandum from Dr. R. Kyle](#), Commissioner and Medical Officer of Health – re: 2016 Performance Report
2. [Memorandum from Dr. R. Kyle](#), Commissioner and Medical Officer of Health – re: Ontario Public Health Standards Modernization
3. [Memorandum from Dr. R. Kyle](#), Commissioner and Medical Officer of Health – re: Health Information Update – March 3, 2017
4. [Memorandum from Roger Anderson](#), Regional Chair and CEO - Certificate of Proclamation proclaiming the week of March 20 to 27, 2017 as Water Week

Durham Municipalities Correspondence

1. [Municipality of Clarington](#) – re: Resolution passed at their Council meeting held on February 27, 2017, regarding Council Code of Conduct and Appointment of Integrity Commissioner

Other Municipalities Correspondence/Resolutions

1. [Corporation of the Municipality of Thames Centre](#) – re: Resolution passed at their Council meeting held on February 22, 2017, regarding developing a policy that would enable all schools and school boards in Ontario to have an Automated External Defibrillator installed

2. [Township of Zorra](#) - re: Resolution passed at their Council meeting held on February 14, 2017, regarding developing a policy that would enable all schools and school boards in Ontario to have an Automated External Defibrillator installed

Miscellaneous Correspondence

1. [Honourable Dipika Damerla, Minister of Seniors Affairs](#) – re: 2017 Senior of the Year Award – Final 2017 Senior of the Year Call for Nominations with Minister Signature

Advisory Committee Minutes

1. Accessibility Advisory Committee (AAC) minutes – [February 28, 2017](#)

Action Items from Council (For Information Only)

[Action Items](#) from Committee of the Whole and Regional Council meetings

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 of Planning and Economic Development
Report: #2017-INFO-27
Date: March 8, 2017

Subject:

Monitoring of Land Division Committee Decisions of the February 13, 2017 Meeting

Recommendation:

Receive for information

Report:

1. Overview

1.1 Attachment 1 summarizes decisions made by the Land Division Committee at its meeting of February 13, 2017. The approved applications conform to the Durham Regional Official Plan. No appeals are recommended

2. Distribution

2.1 A copy of this report will be forwarded to the Land Division Committee

3. Attachments

Attachment #1: Monitoring Chart for the February 13, 2017 Meeting

Respectfully submitted,

Original signed by

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



Monitoring of Land Division Committee Decisions for the Meeting Date of Monday, February 13, 2017

Appeal Deadline: Tuesday, March 14, 2017

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 018/2015	Burton, Kevin Burton, Susan	Part lot 27, Conc. 2 Municipality of Clarington (former Clarke)	Consent to sever a vacant 563.46 square metre residential lot, retaining a 973.08 square metre residential lot with a dwelling.	Does not conform	Denied unanimously
LD 128/2016	Emmanuel, Jerad	Part lot 26, Conc. 3 Town of Whitby	Consent to sever a 966 square metre residential lot, retaining a 976.7 square metre residential lot with an existing dwelling to be demolished.	Conforms	Approved unanimously
LD 013/2017	Torfs, Magda	Part lot 34, Conc. 5 Twp. of Uxbridge (former Scott)	Consent to add a 9.1 hectare vacant residential parcel of land to the north, retaining a 12.2 hectare residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 015/2017	Shahid, Maleeha Bola, Surinderpal	Part lot 29, Conc. 2 Town of Whitby	Consent to sever a 627.73 square metre residential lot with an existing dwelling to be demolished, retaining a 626.36 square metre residential lot.	Conforms	Approved unanimously
LD 016/2017	Wright, Ethel	Part lot 35, Conc. 7 Twp. of Uxbridge (former Scott)	Consent to sever a vacant 2,283 square metre hamlet lot, retaining a 3,196 square metre hamlet lot with an existing dwelling to remain.	Conforms	Approved unanimously
LD 019/2017	Caiata, Antonio Caiata, Joseph	Part lot 31, Conc. BF City of Pickering	Consent to sever a vacant 1,998 square metre residential lot, retaining a 905.86 square metre residential lot with an existing dwelling.	Conforms	Approved unanimously

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 020/2017	Hanratty, David	Part lot 9, Conc. 4 Twp. of Brock (former Brock)	Consent to add a vacant 5.983 hectare industrial parcel of land to the property to the north, retaining a vacant 6.620 hectare industrial parcel of land.	Conforms	Approved unanimously
LD 021/2017	Hanratty, David	Part lot 10, Conc. 4 Twp. of Brock (former Brock)	Consent to sever a 19.624 hectare agricultural parcel of land with an existing dwelling, retaining a 255.06 hectare parcel of land.	Conforms	Approved unanimously



Interoffice Memorandum

Date: March 10, 2017

To: Committee of the Whole

From: Dr. Robert Kyle

Subject: 2016 Performance Report

Health
Department

The 2016 Performance Report is attached. It reports on the performance of the Durham Region Health Department's (DRHD's) Chronic Diseases & Injuries Programs, Environmental Health & Emergency Preparedness Programs, Family Health Programs, Infectious Diseases Programs, Paramedic Services and Professional & Administrative Services.

Section 1 measures the implementation of the 2016 Health Plan priorities. In summary, 82 (82%) priorities were completed; 7 (7%) were in progress; 1 (1%) were incomplete. This section also lists the statutory or policy requirements for each program and the estimated compliance with these requirements. The key outstanding requirements and standards of the *Ontario Public Health Standards* are listed as well. These requirements and standards are key drivers of the Public Health business plans and budgets.

Section 2 lists DRHD's key accomplishments. This section complements and "quantifies" section 1.

Section 3 lists the major research & evaluation projects and student teaching activities of DRHD staff by Division. In many instances, these activities were carried out in collaboration with local and/or provincial partners. It also indicates which research & evaluation projects were reviewed by the DRHD's Ethics Review Committee and which completed projects were summarized in poster and/or slide presentations at scientific meetings. This section complements the periodic reports on ethics reviewed research & evaluation conducted by Health staff and their partners that are noted in the regular Professional & Administrative Services Reports.

The Appendix lists the *Ontario Public Health Organizational Standards* requirements and summarizes DRHD's corresponding level of compliance.

The Health Plan, Program and Performance Reports are key components of the Health Department's 'Accountability Framework' that also includes Health Information updates, program and other reports, 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

Leading the Way to a Healthier Durham



HEALTH
DEPARTMENT

2016 PERFORMANCE REPORT

An Accredited Public Health Agency

Table of Contents

Abbreviations.....	4
Chronic Diseases & Injuries Programs	10
Chronic Disease Prevention Component 1.....	10
Chronic Disease Prevention Component 2.....	12
Chronic Disease Prevention Component 3.....	14
Prevention of Injury and Substance Misuse Component 1	16
Prevention of Injury and Substance Misuse Component 2	18
Prevention of Injury and Substance Misuse Component 3.....	20
<i>Smoke-Free Ontario Act</i> Enforcement.....	22
<i>Electronic Cigarettes Act, 2015</i> Enforcement.....	24
Environmental Health & Emergency Preparedness Programs.....	26
Environmental Help Line	26
Food Safety	28
Health Hazard Prevention and Management.....	30
<i>Ontario Building Code – Part 8 (Sewage Systems)</i>	32
Public Health Emergency Preparedness	34
Quality Assurance and Continuous Quality Improvement	36
Safe Water	37
Vector-Borne Diseases.....	39
Family Health Programs	41
Durham Health Connection Line	41
Infant and Child Development	43
Oral Health	45

Reproductive and Child Health – Component 1 (Healthy Babies Healthy Children).... 47

Reproductive and Child Health – Component 2 (Healthy Families)..... 49

Infectious Disease Programs 52

Infectious Diseases Prevention and Control (EH) 52

Infectious Diseases Prevention and Control (PHNN) – Infectious Diseases 54

Infectious Diseases Prevention and Control (PHNN) – Sexual Health 56

Infectious Diseases Prevention and Control (PHNN) – Vaccine Preventable Diseases
..... 58

Rabies Prevention and Control..... 60

Paramedic Services..... 62

Paramedic Services..... 62

Professional & Administrative Services 65

Community and Resource Development 65

Epidemiology and Evaluation 67

Privacy and Information Security..... 69

Support Services 70

2016 Key Accomplishments 72

Chronic Diseases & Injuries Programs..... 72

Environmental Health & Emergency Preparedness Programs 75

Family Health Programs 77

Infectious Diseases Programs..... 79

Paramedic Services..... 82

Professional & Administrative Services 82

Research & Evaluation Projects..... 85

Environmental Health Division..... 85

Epidemiology and Evaluation Unit.....	85
Paramedic Services.....	85
Public Health Nursing and Nutrition Division	85
Chronic Disease Prevention	85
Durham Health Connection Line.....	86
Prevention of Injury and Substance Misuse.....	86
Reproductive and Child Health	86
Education	87
Environmental Health Division.....	87
Epidemiology and Evaluation Unit.....	87
Oral Health Division.....	87
Paramedic Services.....	87
Public Health Nursing and Nutrition Division	87
Faculty Appointments	88
Appendix: Ontario Public Health Organizational Standards	89
1. Board Structure	89
2. Board Operations	90
3. Leadership.....	91
4. Trusteeship.....	91
5. Community Engagement and Responsiveness.....	91
6. Management Operations	92

Abbreviations

- ACP – Advanced Care Paramedic
- AEFI – Adverse Events Following Immunization
- ALPS - Amiodarone, Lidocaine or Plain Saline
- AM – Assistant Manager
- AS – Administrative Support
- AVL – Automatic Vehicle Locator
- BBI – Blood-Borne Infections
- BETTER - Building on Existing Tools To Improve Chronic Disease Prevention and Screening
- BScN – Bachelor of Science in Nursing
- CACC – Central Ambulance Communications Centre
- CAMH – Centre for Addiction and Mental Health
- CARD – Community and Resource Development Unit
- CCC – Child Care Centres
- CCEYA – *Child Care and Early Years Act, 2014*
- CDA – Certified Dental Assistant
- CDC – Community Development Coordinator
- CDP – Chronic Disease Prevention Program
- CFA – Community Food Advisor
- CFAC – Community Food Advisor Coordinator
- CFIA – Canadian Food Inspection Agency
- CH – Child Health Program
- CHN – Community Health Nurse
- CQI – Continuous Quality Improvement
- CSR – Complaint Service Requests
- DA – Dental Assistant
- DC – Durham College

- DCDSB – Durham Catholic District School Board
- DDSB – Durham District School Board
- DEIMS – Durham Environmental Information Management System
- DEMO – Durham Emergency Management Office
- DH – Dental Hygienist
- DHCL – Durham Health Connection Line
- DLSPH – Dalla Lana School of Public Health
- DO – Designated Officer
- DON – Designated Offload Nurses
- DOT – Directly Observed Therapy
- DRHD – Durham Region Health Department
- ED – Emergency Department
- E&E – Epidemiology and Evaluation Unit
- EH – Environmental Health/Division
- EHIMS – Environmental Health Information Management System
- EHL – Environmental Help Line
- EIDM – Evidence-Informed Decision Making
- EMR – Electronic Medical Record
- ERC – Ethics Review Committee
- FdIS – Foundational Standard
- FS – Food Safety Program
- FTE – Full Time Equivalent
- FV – Family Visitor
- GPS – Global Positioning System
- HBHC – Healthy Babies Health Children Program
- HCP – Health Care Provider
- HF – Healthy Families

- HHPM – Health Hazard Prevention and Management Program
- HIV – Human Immunodeficiency Virus
- HN – Health Neighbourhoods
- HPPA – *Health Protection and Promotion Act*
- HPV – Human Papillomavirus
- HSO – Healthy Smiles Ontario
- HWIS – Heat Warming and Information System
- ICD – Infant and Child Development Program
- ID – Infectious Diseases
- IDA – In-Depth Assessment
- IDPC – Infectious Diseases Prevention and Control Program
- IFSS – Infant Feeding Surveillance System
- IMS – Incident Management System
- IPAC – Infection Prevention and Control
- IRIS – Immunization Records Information System
- ISPA – *Immunization of School Pupils Act*
- KPRDSB – Kawartha Pine Ridge District School Board
- LD – Lyme Disease
- LDCP – Locally Driven Collaborative Project
- LH – Lakeridge Health
- LSPP – Lake Simcoe Protection Plan
- MBTA - *Mandatory Blood Test Act, 2006*
- MCYS – Ontario Ministry of Children and Youth Services
- MERS – Middle East Respiratory Syndrome
- MHSc – Master of Health Sciences
- MN – Master of Nursing
- MOHLTC – Ontario Ministry of Health and Long-Term Care

- MPH – Master of Public Health
- MPOC – Measures of Process of Care
- N/A – Not Applicable
- NP – Nurse Practitioner
- NRT – Nicotine Replacement Therapy
- OBC – *Ontario Building Code*
- OEYC – Ontario Early Years Centres
- OH – Oral Health/Division/Program
- OPHS – *Ontario Public Health Standards*
- OT – Occupational Therapist
- PCP – Primary Care Paramedic
- PH – Public Health
- PHEP – Public Health Emergency Preparedness Program
- PHFAA – Public Health Funding and Accountability Agreement
- PHI – Public Health Inspector
- PHN – Public Health Nurse
- PHNN – Public Health Nursing and Nutrition Division
- PHU – Public Health Unit
- PIA – Privacy Impact Assessment
- PIS – Privacy and Information Security
- PISM – Prevention of Injury and Substance Misuse Program
- PMD – Perinatal Mood Disorder
- PMO – Public Health Monitoring of Risk Factors in Ontario
- POC – Point-Of-Care
- PSS – Personal Services Settings
- PUP – Periodic Update
- PVNCCDSB – Peterborough Victoria Northumberland Clarington Catholic District School Board

- RCH – Reproductive and Child Health Program
- RDH – Registered Dental Hygienist
- RDPS – Region of Durham Paramedic Services
- RFP – Request for Proposal
- RH – Reproductive Health Program
- RKE – Research and Knowledge Exchange
- ROC – Resuscitation Outcomes Consortium
- RPC – Rabies Prevention and Control Program
- RN – Rapid Notify
- RRFSS – Risk Factor Surveillance System
- RU – Ryerson University
- SCPA – *Skin Cancer Prevention Act (Tanning Beds), 2013*
- SDOH – Social Determinants of Health
- SDWS – Small Drinking Water Systems
- SFOA – *Smoke-Free Ontario Act*
- SH – Sexual Health
- SM – Social Media
- SMILE – Supporting Mothers and Infants Learning Experience
- SPSS – Statistical Package for the Social Sciences
- STI – Sexually Transmitted Infections
- STIX – Student Information Exchange
- SW – Safe Water Program
- SWMP – Storm Water Management Pond
- TB – Tuberculosis
- TEO – Tobacco Enforcement Officer
- TRA – Threat and Risk Assessment
- UOIT – University of Ontario Institute of Technology

- U of T – University of Toronto
- VBD – Vector-Borne Diseases Program
- VF – Ventricular Fibrillation
- VPD – Vaccine Preventable Diseases Program
- WNV – West Nile Virus

Chronic Diseases & Injuries Programs



Chronic Disease Prevention – Component 1

<p>Program Manager *</p> <p>(* as of Dec. 31, 2016 throughout report)</p>	<p>Human Resources (FTEs)**</p> <p>(** as of Jan. 1, 2016 throughout report)</p>
<p>Regina Elliott</p>	<p>10.0 PHNs</p>

<p>Program Goals</p>
<p>To reduce the burden of preventable chronic diseases* of public health importance.</p> <p>*Chronic diseases of public health importance include cardiovascular diseases, cancer, respiratory diseases, and type 2 diabetes.</p> <p>Risk factors for chronic diseases include, but are not limited to poor diet, obesity, tobacco use, physical inactivity, alcohol misuse, exposure to ultraviolet radiation as well as work stress.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to promote a reduction in screen time for 0-12 year olds in collaboration with RCH	100% implemented	100% implemented	Complete
Implement a plan to promote physical activity through engagement with community partners	100% implemented	100% implemented	Complete
Implement a plan to increase awareness of health inequities and the SDOH	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CDP 1-12	CDP 1-12	N/A

Chronic Disease Prevention – Component 2

Program Manager	Human Resources (FTEs)
Nasreen Giga (Acting AM)	10.0 PHNs 1.0 PH Nutritionist

Program Goals
To reduce the burden of preventable chronic diseases of public health importance.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to provide <i>Discover Your Inner Chef!</i> Food Budgeting Educator training to FVs to expand its reach in priority neighbourhoods	100% implemented	50% implemented	In progress
Implement a plan to support schools to create environments supportive of health eating in collaboration with PISM	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a communication plan to promote healthy weights in priority neighbourhoods	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CDP 1-12	CDP 1-12	N/A

Chronic Disease Prevention – Component 3

Program Manager	Human Resources (FTEs)
Becky Wall	11.0 PHNs

Program Goals
To reduce the burden of preventable chronic diseases of public health importance.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Develop a plan for the BETTER program in priority neighbourhoods in collaboration with E&E	100% developed	100% developed	Complete
Implement a plan to support schools in priority neighbourhoods in collaboration with PISM and community partners	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a communication plan that promotes tobacco-free living young adults 18-29 years of age	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CDP 1-12	CDP 1-12	N/A

Prevention of Injury and Substance Misuse – Component 1

Program Manager	Human Resources (FTEs)
Kim Davis (AM) Melissa Hutchinson Gillian Storry (AM)	9.0 Public Health Nurses

Program Goals
To reduce the frequency, severity and impact of preventable injury and substance misuse.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Complete the community report that examines the impact of alcohol consumption and alcohol-related harms	100% developed	100% developed	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to support schools to incorporate alcohol and marijuana use prevention into the Healthy Schools approach in collaboration with CDP	100% implemented	100% implemented	Complete
Implement a plan to address marijuana use amongst youth in collaboration with CDP	100% implemented	100% implemented	Complete
Implement a social media plan to engage parents and caregivers of children 0-18 years of age in collaboration with CDP, IDPC and RCH	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	PISM 1-5	PISM 1-5	N/A

Prevention of Injury and Substance Misuse – Component 2

Program Manager	Human Resources (FTEs)
Kim Davis (AM) Melissa Hutchinson Gillian Storry (AM)	9.0 Public Health Nurses

Program Goals
To reduce the frequency, severity and impact of preventable injury and substance misuse.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to address sports-related concussions amongst youth 12-18 years of age	100% implemented	100% implemented	Complete
Implement an online falls prevention learning module for seniors' service providers	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to address youth road safety issues in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	PISM 1-5	PISM 1-5	N/A

Prevention of Injury and Substance Misuse – Component 3

Program Manager	Human Resources (FTEs)
Kim Davis (AM) Melissa Hutchinson Gillian Storry (AM)	10.0 Public Health Nurses

Program Goals
To reduce the frequency, severity and impact of preventable injury and substance misuse.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to support school communities to use a comprehensive approach in promoting mental health in children and youth in collaboration with CDP	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a youth engagement strategy to support student mental health during transition into secondary school in collaboration with CDP	50% implemented	50% implemented	Complete
Implement a plan to address youth suicide in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	PISM 1-5	PISM 1-5	N/A

Smoke-Free Ontario Act Enforcement

Program Manager	Human Resources (FTEs)
Greg Annis	5.0 TEOs

Program Goals
To de-normalize tobacco, reduce smoking, limit illegal sale of tobacco products to youth, and eliminate involuntary exposure to environmental tobacco smoke in public and workplaces.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement enforcement strategies that conform with the <i>OPHS</i> and <i>SFOA</i>	100% implemented	100% implemented	Complete
Implement youth access inspections of all tobacco vendors	100% implemented	100% implemented	Complete
Implement compliance inspections of all tobacco vendors	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>CDP 13</p>	<p>CDP 13</p>	<p>N/A</p>

Electronic Cigarettes Act, 2015 Enforcement

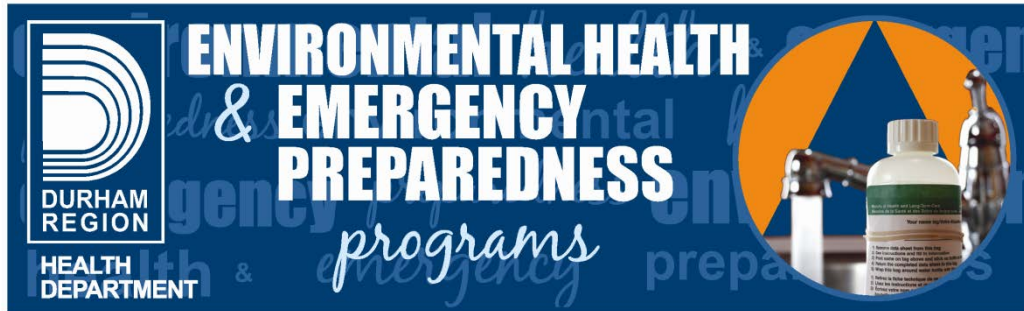
Program Manager	Human Resources (FTEs)
Greg Annis	5.0 TEOs

Program Goals
To de-normalize e-cigarette use, restrict illegal e-cigarettes sales, prohibit e-cigarette displays and eliminate vaping in public and workplaces.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement enforcement strategies that conform with the OPHS and SFOA	100% implemented	100% implemented	Complete
Implement youth access inspections of all e-cigarette vendors	100% implemented	100% implemented	Complete
Implement compliance inspections of all e-cigarette vendors	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>CDP 13</p>	<p>CDP 13</p>	<p>N/A</p>

Environmental Health & Emergency Preparedness Programs



Environmental Help Line

Program Manager	Human Resources (FTEs)
Ross MacEachern	Allocated in other programs

Program Goals
To respond to public inquiries and to provide information on EH issues.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Provide assessment and EH information to callers	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Promote the EHL and the Region's website as resources on EH programs, services and issues	100% implemented	100% implemented	Complete
Implement a plan to continuously inform EHL staff on new EH programs activities and services	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
N/A	N/A	N/A	N/A

Food Safety

Program Manager	Human Resources (FTEs)
Greg Annis	10.6 PHIs 3.4 Senior PHIs

Program Goals
To prevent or reduce the burden of food-borne illness.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Conduct inspections/re-inspections and enforcement strategies on a priority/risk assessment basis in accordance with the OPHS	100% implemented	100% implemented	Complete
Participate in the modernization of the Food Premises Regulation consultation process and evaluate the impact	100% monitored	100% monitored	Complete (finalization expected in 2017)

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Explore increasing the use of social media for food safety messages	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	FS 1-7	FS 1-7	N/A

Health Hazard Prevention and Management

Program Manager	Human Resources (FTEs)
Anthony Di Pietro (Acting)	5.6 PHIs 1.0 Senior EH Specialist 1.3 Senior PHIs

Program Goals
To prevent or reduce the burden of illness from health hazards in the physical environment.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Respond to all inquiries or complaints about health hazards within 24 hours	100% implemented	100% implemented	Complete
Implement consistent health hazard enforcement strategies in collaboration with community partners	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Harmonize HWIS in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	HHPM 1-9	HHPM 1-9	N/A

Ontario Building Code – Part 8 (Sewage Systems)

Program Manager	Human Resources (FTEs)
Laura Freeland	1.5 PHIs 0.7 Senior PHI

Program Goals
To prevent diseases in humans and contamination of the physical environment due to on-site private sewage systems.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Renew the sewage system management agreements	100% implemented	100% implemented	Complete
Plan for phase 2 of sewage system maintenance program under the LSPP and OBC in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with <i>OBC</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	N/A	N/A	N/A

Public Health Emergency Preparedness

Program Manager	Human Resources (FTEs)
Ken Gorman	1.0 Senior PHI

Program Goals
To enable and ensure a consistent and effective response to public health emergencies and emergencies with public health impacts.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Participate in exercises in conjunction with DEMO, Regional departments and community partners	100% implemented	100% implemented	Complete
Incorporate IMS concepts and principles in the DRHD Emergency Master Plan	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Test the effectiveness of the RN notification process	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	PHEP 1-8	PHEP 1-8	N/A

Quality Assurance and Continuous Quality Improvement

Program Manager	Human Resources (FTEs)
Anthony Di Pietro	Allocated in other programs

Program Goals
To continuously improve the efficiency and effectiveness of services provided to local clients.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement the required number of field audits for PSS	100% implemented	100% implemented	Complete
Implement record audits for CSRs	100% implemented	100% implemented	Complete
Participate in the LDCP for CQI in Public Health	100% implemented	100% implemented	Complete

Safe Water

Program Manager	Human Resources (FTEs)
Laura Freeland	9.05 PHIs 1.6 Senior PHIs

Program Goals
<p>To prevent or reduce the burden of water-borne illness related to drinking water.</p> <p>To prevent or reduce the burden of water-borne illness and injury related to recreational water use.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Conduct surveillance and inspections of regulated and non-regulated recreational water facilities in accordance with the OPHS	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Conduct surveillance and inspections of SDWS in accordance with the HPPA and OPHS	100% implemented	100% implemented	Complete
Implement social media campaigns to increase regular testing of private DWS	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	SW 1-14	SW 1-14	N/A

Vector-Borne Diseases

Program Manager	Human Resources (FTEs)
Ross MacEachern	0.5 PHI 1.0 Senior PHI

Program Goals
To prevent or reduce the burden of infectious diseases of public health importance.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Investigate and ensure compliance related to all reports of stagnant water on private properties	100% implemented	100% implemented	Complete
Review the investigation process for derelict swimming pools on private property	100% implemented	100% implemented	Complete
Post LD signs in high-risk areas in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>VBD 8</p>	<p>VBD 8</p>	<p>N/A</p>

Family Health Programs



Durham Health Connection Line

Program Manager	Human Resources (FTEs)
Vicky Olmstead	7.0 PHN

Program Goals
To ensure Durham residents have access to health information and counselling on those health-related issues as outlined in OPHS.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to respond to callers with assessment, health education, counselling services and referrals to community resources	100% implemented	100% implemented	Complete
Provide program activity reports to PHNN	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CDP 12, CH 6a,7,8, PISM 3d, RH 5, SH 5d, VPD 1	CDP 12, CH 6a,7,8, PISM 3d, RH 5, SH 5d; VPD 1	N/A

Infant and Child Development

Program Manager	Human Resources (FTEs)
Susan Mace	4.6 OTs 1.6 Psychometrists 7.0 Senior ICD Consultants

Program Goals
<p>To enhance the growth and development of infants and young children with developmental disabilities or at risk for developmental delay.</p> <p>To promote the quality of life of the child and family.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Provide services for infants and children with or at-risk for developmental delay and their families	100% implemented	100% implemented	Complete
Develop and implement a program evaluation plan	100% implemented	100% implemented	Complete
Implement a SM pilot project	100% implemented	100% implemented	Complete

Estimated Compliance with MCYS services contract reporting requirements and ICD Guidelines	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

Oral Health

Program Manager	Human Resources (FTEs)
Dr. Pat Abbey Brian Convey	12.0 CDAs 1.0 Clinical Dentist 7.0 RDAs

Program Goals
<p>To enable all children to attain and sustain optimal health and developmental potential.</p> <p>To reduce the local prevalence of oral and dental diseases.</p> <p>To increase access to dental services for targeted populations.</p> <p>To ensure that all programs and services are based on scientific evidence, risk assessment and community health status information.</p> <p>To reduce the mortality and morbidity from preventable oral and dental diseases, especially in children.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement the <i>HSO Protocol</i>	100% implemented	100% implemented	Complete
Achieve the PHFAA performance target	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Expand OH clinical services	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CH 1 (OH), 2, 3, 4 (OH), 10, 12-14	CH 1 (OH), 2, 3, 4 (OH), 10, 12-14	N/A

Reproductive and Child Health – Component 1 (HBHC)

Program Manager	Human Resources (FTEs)
Janice Bogdan	12.0 FVs
Carly Guile (AM)	18.5 PHNs
Sarah Sharrard (AM)	

Program Goals
To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.
To enable all children to attain and sustain optimal health and developmental potential.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to promote HBHC to HCPs	100% implemented	100% implemented	Complete
Implement a plan to increase successful IDA contact rate	100% implemented	100% implemented	Complete
Deliver home visits by PHNs and FVs	2,000 PHN visits 4,100 FV visits	2,148 PHN visits 3,748 FV visits	Complete In progress

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>CH 9, RH 7</p>	<p>CH 9, RH 7</p>	<p>N/A</p>

Reproductive and Child Health – Component 2 (Healthy Families)

Program Manager	Human Resources (FTEs)
Jessica Ackerman Michele Brolly (AM) Michelle Yoksimovitch	30.5 PHNs 2.0 PH Nutritionists

Program Goals
<p>To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.</p> <p>To enable all children to attain and sustain optimal health and developmental potential.</p>

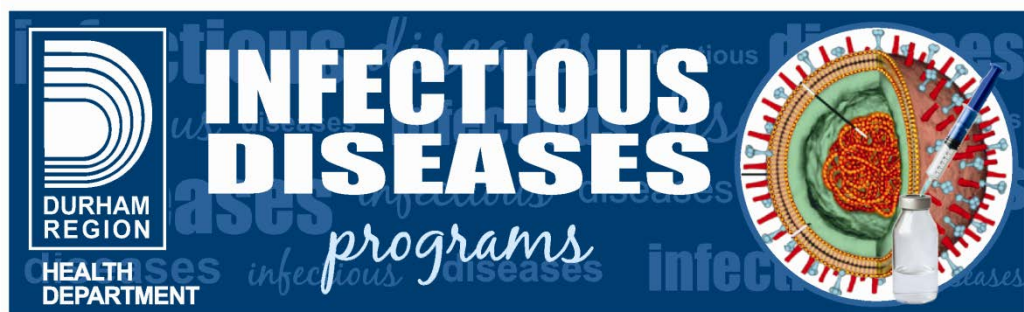
Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a plan to support HCPs and community partners in promoting current infant feeding recommendations	25% implemented	25% implemented	Complete
Implement a plan to distribute the NutriSTEP preschool screen to a priority population	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a pilot prenatal/postnatal program with a community partner to support pregnancy/parenting of women dealing with substance misuse	100% implemented	100% implemented	Complete
Develop a plan to support parents of children 0-1years of age in collaboration with OEYC	100% developed	100% developed	Complete
Implement a dissemination plan for <i>My Life, My Voice: The Experience of Young Parents in Durham Region</i> report in collaboration with the Young Parents Community Coalition	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement a pilot project with a family health team to integrate key health messages into well-baby visits through EMRs in coordination with other DRHD programs	100% implemented	75% implemented	In progress

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	CH 1-8, 11, RH 1-6	CH 1-8, 11, RH 1-6	N/A

Infectious Disease Programs



Infectious Diseases Prevention and Control (EH)

Program Manager	Human Resources (FTEs)
Brenda Kwan Ross MacEachern	7.7 PHIs 2.8 Senior PHIs

Program Goals
To prevent or reduce the burden of ID of public health importance.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Respond to all reported outbreaks in accordance with the OPHS	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Inspect licensed CCC and PSS in accordance with the OPHS	100% implemented	100% implemented	Complete
Launch an on-site PSS inspection disclosure program	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	IDPC 1-14	IDPC 1-14	N/A

Infectious Diseases Prevention and Control (PHNN) – Infectious Diseases

Program Manager	Human Resources (FTEs)
Jazin Bond	11.0 CHNs/PHNs

Program Goals
<p>To prevent or reduce the burden of ID of public health importance.</p> <p>To prevent or reduce the burden of STI and BBI.</p> <p>To prevent or reduce the burden of TB.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Manage ID cases and contacts in accordance with OPHS and related guidelines	100% implemented	100% implemented	Complete
Implement a TB workshop for HCPs	100% implemented	100% implemented	Complete
Implement a plan to distribute publicly funded STI medications to clinics	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>IDPC 1-8, 11-13, SH/STI/BBI 1-6, 8-10, TB 1-10</p>	<p>IDPC 1-8, 11-13, SH/STI/BBI 1-6, 8-10, TB 1-10</p>	<p>N/A</p>

Infectious Diseases Prevention and Control (PHNN) – Sexual Health

Program Manager	Human Resources (FTEs)
Marion Megesi	11.0 CHNs/PHNs 2.0 NPs

Program Goals
<p>To prevent or reduce the burden of ID of public health importance.</p> <p>To promote healthy sexuality.</p> <p>To prevent or reduce the burden of STI and BBI.</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement the online sexual education manual for secondary school educators	100% implemented	100% implemented	Complete
Investigate improving a priority neighbourhood's access to SH clinic services in collaboration with community agencies	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Provide SH clinic services in a priority neighbourhood in collaboration with community partners	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	SH/STI/BBI 1-12	SH/STI/BBI 1-12	N/A

Infectious Diseases Prevention and Control (PHNN) – Vaccine Preventable Diseases

Program Managers	Human Resources (FTEs)
Sarah Alley (AM) Paula Hanley Dorothy Ramdeen (AM) Rebekah Watson (AM)	28.0 CHNs/PHNs

Program Goals
To reduce or eliminate the burden of VPDs.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Implement the Immunization Module of <i>Panorama</i>	100% implemented	100% implemented	Complete
Implement priority population outreach clinics	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Develop an education plan for parents pursuing an immunization conscience objection exemption	100% implemented	60% implemented	In progress

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	VPD 1-13	VPD 1-13	N/A

Rabies Prevention and Control

Program Manager	Human Resources (FTEs)
Ross MacEachern	5.0 PHIs 0.2 Senior PHI

Program Goals
To prevent the occurrence of rabies in humans.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Investigate all animal bite incidents within 24 hours of notification	100% implemented	100% implemented	Complete
Develop and implement a plan to offer low-cost rabies immunization clinics in collaboration with community partners	100% implemented	100% implemented	Complete
Review and revise the Raccoon Rabies Contingency Plan	100% implemented	100% implemented	Complete

Estimated Compliance with Ontario Public Health Standards	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
<p>100%</p>	<p>RPC 1-8</p>	<p>RPC 1-8</p>	<p>N/A</p>

Paramedic Services



Paramedic Services

Program Manager	Human Resources (FTEs)
Troy Cheseboro	35.0 Management and AS Staff 322.0 Paramedics (232 full time and 90 part-time)

Program Goals
<p>To deliver a quality paramedic services system that is responsive to client need.</p> <p>To reduce mortality and morbidity related to cardiac arrest through the provision of pre-hospital advanced life support procedures.</p> <p>(Primary program delivery is through RDPS with the assistance from the local CACC and fire services tired response programs).</p>

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Meet or exceed response time performance standards	100% implemented	100% implemented	Complete
Complete the design and commence the construction of the new Sunderland Paramedic Response Station	100% implemented	100% implemented	Complete (occupancy in 2017)
Hire full time and part-time advanced care paramedics	100% implemented	100% implemented	Complete
Replace AVL/GPS units and establish mobile hotspots in ambulances	100% implemented	100% implemented	Complete
Maintain and seek enhancements of the DON programs at LH Ajax and Oshawa sites	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Review RDPS deployment plan to ensure no duplication of services at Regional borders in collaboration with neighbouring paramedic services	100% implemented	100% implemented	Complete
Review patient priority system agreements with community partners	100% implemented	100% implemented	Complete
Strengthen succession management plans including learning and development opportunities	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ambulance Act</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	N/A	N/A	N/A

Professional & Administrative Services



Community and Resource Development

Program Manager	Human Resources (FTEs)
Glendene Collins	1.0 CDC 3.0 Graphics Technicians 1.0 Health Internet Coordinator 1.0 Program Coordinator - SM 1.0 Resource Coordinator

Program Goals
To provide support to all DRHD divisions, programs and services, helping to enhance compliance with OPHS.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Develop and implement communications process to address after-hours media inquiries	100% implemented	100% implemented	Complete
Develop and implement a process for obtaining and maintaining up-to-date CARD related software/applications	100% implemented	100% implemented	Complete

Epidemiology and Evaluation

Program Manager	Human Resources (FTEs)
Dr. Robert Kyle	1.0 Health Analyst 5.0 Epidemiologists 1.0 Program Assistant

Program Goals
To ensure public health practice responds effectively to current and evolving conditions and contributes to the public's health and well-being.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Determine the feasibility of creating automated reporting for Quick Facts and Trends In reports	100% implemented	100% implemented	Complete
Develop a work plan for priority neighbourhoods initiatives, including the BETTER project, in collaboration with CDP and SDOH nurses	100% developed	100% developed	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Develop a user guide for Find Object Query tool and SQL reporting tool for <i>Encounter</i>	100% implemented	0% implemented	Incomplete
Develop data quality review process for <i>Encounter</i>	100% implemented	90% implemented	In progress
Pilot test the E&E Evaluation Follow-up Checklist	100% implemented	100% implemented	Complete
Convert syntax files from SPSS to alternate statistical software	100% implemented	100% implemented	Complete

Estimated Compliance with <i>Ontario Public Health Standards</i>	Requirements Addressed	Standards Fully Implemented	Outstanding Standards
100%	FdIS 1-4	FdIS 1-4	N/A

Privacy and Information Security

Program Manager	Human Resources (FTEs)
Sharan Dosanjh	3.0 AS Staff

Program Goals
To provide effective and efficient PIS support to all DRHD divisions, programs and services, helping enhance compliance with applicable privacy and PH related legislation, information security standards and information management best practices.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Review auditing capabilities for all divisional electronic information systems	100% implemented	80% implemented	In progress
Implement <i>Panorama</i> PIA and TRA risk mitigation activities	100% implemented	90% implemented	In progress
Define the PIS requirements for the DEIMS RFP	100% implemented	100% implemented	Complete

Support Services

Program Manager	Human Resources (FTEs)
Shelley Chamberlain Mary Nitsopoulos	41.0 AS Staff

Program Goals
To provide effective and efficient support to all DRHD divisions, programs and services, helping to enhance compliance with OPHS and to meet the requirement of all internal and external customers.

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Review and revise DRHD orientation session	100% implemented	100% implemented	Complete
Train identified staff to provide coverage in priority program areas or identified program requirements	100% implemented	100% implemented	Complete

Highlights	Year End Target	Year To Date (31/12/2016)	Status
Review with staff the new public health competency framework and performance management template and process	100% implemented	100% implemented	In progress

2016 Key Accomplishments

Chronic Diseases & Injuries Programs

- Promoted the *Community Food Security* webpage and resources, resulting in **41** community partner requests and the disseminated of approximate **17,000** community food resources to local residents
- Provided **1** *Discover Your Inner Chef!* budget-wise grocery shopping session at OEYC
- Developed **1** *Hunger in Durham* infographic animation
- Distributed **1** edition of the *Healthy Workplaces* newsletter to **205** local workplaces
- **17** workplaces achieved the *Healthy Workplace Award*
- **303** workplace visits were conducted by PHNs
- Supported **57** workplaces to utilize the Comprehensive Workplace Wellness model
- Implemented the Nutrition Month communication campaign resulting in **1,707** local residents receiving healthy eating information
- A number of interactive posts were provided for DRHD's Facebook and Twitter accounts as well as the PHNN's HF Facebook and Twitter accounts; these posts resulted in the following online interactions:
 - DRHD Facebook: Reach = **2,785**; Interactions = **65**
 - DRHD Twitter: Impressions = **11,003**; Total Engagement = **146**
 - HF Facebook: Reach = **14,645**; Interactions = **589**
 - HF Twitter: Impressions = **12,715**; Total Engagement = **270**
 - HF Instagram: Likes = **637**
- The Healthy Living Pinterest page had **10** active boards, **384** pins and **233** followers including individuals, groups and organizations
- Assisted **94** schools to establish/maintain health action teams and to implement the Healthy Schools model
- **1,915** schools visits conducted by PHNs; **49** schools were supported in creating

a school environment supportive of children and youth mental health

- CFAs implemented **71** service delivery activities for **3,580** local residents
- **2,691** adults in priority neighbourhoods were reached with healthy weights messages
- **5,487** residents engaged with the *Free Physical Activities in your Community* webpage
- Collaborated with **10** stakeholders in identifying strategies to create a healthy built environment through official plans
- **11,898** parents have received multi-media information regarding screen time
- **2,014** grade 5 students accessed the *Grade 5 Action Pass* for use in local recreation centres in all **8** local municipalities
- Facilitated **42** schools participating in the *Healthy School Award* program
- **96%** of all elementary schools accessed PHN support for *Welcome to Kindergarten* events
- Facilitated access to free NRT for **79** local residents
- Implemented a tobacco-free living communication campaign; local media provided coverage supportive of tobacco-free living on **11** occasions
- Implemented a National Sun Awareness Week communication campaign focusing on the easy things people can do to become more sun safe; **79** schools, **14** workplaces and **52** community partners participated
- Distributed **361** sun safety curriculum-based resource packages to grade 2 teachers
- Distributed **7,000** *Kids Can* resources aimed at helping parents to build resiliency in their children 0-6 years of age
- Collaborated with **23** community partners to address youth suicide prevention
- Provided *Mental Health is for Everyone* presentations to **4** local municipalities
- Distributed **208** resource packages to grade 4 classes about the importance of wearing a properly fitted helmet during wheeled activities

- Implemented **1** concussion prevention workshop for **54** physicians/HCPs and **10** community partners
- Implemented **2** concussion prevention sessions for **75** local hockey coaches and trainers
- **3** community partners collaborated with DRHD to promote child safety to parents of 0-4 year olds
- **9** local organizations requested over **400** copies of the *Feeling Good, Healthy Active Aging* resource for adults 50 years of age and older
- **1** *Positive Steps Work* online fall prevention module was launched and used by **2** other PHUs, **1** educational institution and **2** home care agencies; **3** other PHUs have requested to promote and use the module
- Implemented a SM engagement plan aimed at parents of children 0-18 years of age resulting in **2,823** Facebook likes and **456** Twitter followers
- Implemented, in collaboration with community partners, a skill building education session for youth from **15** schools as a means of assisting students in developing school action plans that increase awareness about media literacy, youth advocacy and the health effects of tobacco, marijuana, and prescription drugs and alcohol use
- Partnered with **13** schools to implement a youth engagement strategy to address tobacco, marijuana, prescription drug misuse and alcohol use among youth
- Consulted with **286** local residents as well as **8** community partners regarding alcohol-related issues
- Issued **32** violation-warning notices and laid **23** charges for sale or supply of tobacco on tobacco vendors regarding youth access
- Conducted **984** display inspections/re-inspections and **803** youth access inspections of tobacco vendors
- Conducted **397** compliance inspections of tobacco vendors
- Conducted **773** hospitality establishments, public places and workplaces, **46** secondary schools and **32** health care compliance inspections, including homes for special care
- Issued **19** violation-warning notices and laid **30** charges on **15** premises related to smoking in prohibited places

- Conducted **10** comprehensive tobacco vendor training sessions with **117** attendees including operators and staff
- Conducted **563** inspections/re-inspections of e-cigarette vendors
- Conducted **332** youth access inspections of e-cigarette vendors and issued **58** violation-warning notices
- Tested **4** hookah lounges for the presence of tobacco and issued **3** violation-warning notices

Environmental Health & Emergency Preparedness Programs

- Responded to **163** bed bug, **213** emergency preparedness, **1,546** FS, **611** health hazard, **640** infection/outbreak control, **148** rabies, 476 SW, **416** sewage system, **206** Smoke-Free By-law/SFOA and **254** VBD inquiries
- Conducted **2,406** high risk, **2,294** moderate risk and **1,177** low risk food premises inspections
- Identified **13,937** violations of the HPPA and Food Premises Regulation
- Conducted **1,474** re-inspections of food premises to correct identified regulatory violations
- Provided **38** food handler training courses, proctored **17** exam challenges and certified **1,579** new food handlers
- Laid **142** counts/charges to **94** food premises, which resulted in a **99%** conviction rate, excluding **8** counts/charges related to **4** premises which have been carried over to 2017
- Issued **691** condemnation and seizure notices related to contaminated /adulterated food and/or damaged food premise equipment
- *DineSafe Durham* issued **7,075** (97%) green, **222** (3%) yellow and **16** (<1%) red postings
- Served **51** section 13 orders under the HPPA regarding the reduction/elimination of health hazards to food premises
- Prepared for the implementation of HCMA
- Revised food handler training resources
- Provided **2** presentations on bed bugs

- Addressed **663** health hazard inquiries/complaints
- Conducted **100** indoor air quality inspections of public recreational facilities and **2** re-inspections
- Inspected **61** school portables for structural deficiencies that could lead to mould growth and **2** re-inspections
- Inspected **63** playspaces, identified **88** critical and **59** non-critical infractions and completed **94** re-inspections
- Promoted playspace safety through **1** community display
- Distributed **1,100** *Play It Safe* pamphlets to **21** retailers
- Conducted **1,007** inspections and re-inspections of private sewage systems and issued **226** building permits for installation of private sewage systems
- Conducted **374** sewage system consultations with the public, professional engineers and developers
- Collaborated with CS-Legal Services and the Townships of Brock and Uxbridge to draft agreements for mandatory sewage system maintenance programs related to phase II of the LSPP
- Participated in **1** large-scale regional emergency exercise and **3** smaller emergency exercises with local municipalities and community partners
- Conducted **2** tests of the RN notification process
- Received **164** after-hours calls; **96%** of callers received a response within 1 hour
- Revised and delivered an online emergency management training module to **294** DRHD staff
- Conducted **1** exercise in the Health Emergency Operations Centre and **1** Harris Radio training session for DRHD staff
- Issued an RFP for an EHIMS; evaluated **3** proposals
- Conducted **2** swimming pool courses for **33** operators of class A and B pools
- Responded to **95** reports of adverse water and issued **27** Boil-Water Advisories/Orders and Drinking Water Advisories

- Received **4,461** lab results for private drinking water systems; responded to **377** requests for advice/interpretation of lab results; and assessed **9** lab results associated with mandatory lead testing requirements
- Obtained **980** water samples at **14** public bathing beaches
- Posted **14** of **14** beaches as unsafe for at least one week during the monitoring period
- Conducted **67** risk assessments/inspections of SDWS and issued **43** directives to SDWS owners
- Conducted compliance monitoring of SDWS and issued **14** warning notices, **4** summonses (for **1** SDWS) and **1** ticket
- Conducted **1** in-service training session on rodents for **37** PHIs
- Conducted **3,365** SWMP WNV assessments, submitted **199** mosquito traps for testing, resulting in **10** WNV positive mosquito pools, and larvicided **156,161** catch basins
- Received **2** reports of human WNV cases
- Investigated **19** complaints related to standing water investigations on private property and issued **8** WNV-related section 13 orders under the HPPA
- Identified **57** black-legged ticks during spring and fall tick surveillance
- Issued **7** Heat Warnings (**14** Heat Warning days) and **5** Extended Heat Warnings (**8** Extended Heat Warning days)
- Conducted **112** file audits of complaints, inquiries and service requests
- Conducted **51** field audits of PSS inspections

Family Health Programs

- Responded to **18,118** DHCL callers
- Provided ICD services to **950** infants and children, held **29** pre-term baby clinics and conducted **42** comprehensive 54-month screening assessments
- Revised and posted *The Funding Guide for Young Children and Families* on durham.ca
- Participated in the MCYS ICD review

- Provided **320** RCH resources at **10** Ready Set Grow Check-Ups developmental screening clinics
- Provided consultation and support to **47** OEYC
- Provided **28,793** OH screenings of children and youth, including **26,521** school screenings, **1,560** clinic screenings and **712** community screenings
- Identified **1,597** children as requiring urgent dental care and treatment and **2,367** children with non-urgent needs
- Provided preventive OH services during **2,839** clinical visits
- **1,688** clients were serviced by the DRHD clinical dentist
- Provided OH education to **12,256** students at **59** high risk schools and CCC
- Provided OH information to **8,727** children and adults at **74** local events
- Provided OH screenings and instructions to **370** Ontario Works employment services clients including **242** personal OH assessments and expedited access to OH care
- Navigated **986** clients in accessing dental care through HSO
- Processed **3,044** dental benefits claims amounting to **\$1,445,213** in fees paid
- Completed a total of **2,148** HBHC PHN home visits and **3,748** FV visits
- Facilitated **277** sessions at **7** Food 4 Thought sites
- Facilitated **16** sessions at Team Education and Mothering Program
- Facilitated **21** Babyville series (**216** participants)
- Facilitated **47** PMD support sessions and provided **1** session for support persons of PMD group registrants
- Facilitated **10** SMILE prenatal series for young parents, reaching **76** expectant young mothers
- Developed and distributed **1** child health newsletter to **500** service provider agencies
- Facilitated **154** breastfeeding groups (**179** new clients)

- Provided **1,585** breastfeeding consultations (**578** new clients)
- Provided **253** breastfeeding home visits (**243** new clients)
- Surveyed **558** parents as part of IFSS

Infectious Diseases Programs

- Conducted **131** investigations related to institutional outbreaks
- Investigated **5,247** reports of IDs
- Conducted inspections on **264** licensed CCC, **145** health and residential facilities and **705** PSS
- Conducted **7** IPAC audits in DRHD clinics
- Investigated **6** IPAC lapse complaints and posted **4** as per the OPHS; served **1** new section 13 order under the HPPA to a health care facility
- Provided **1** *Infection Control Boot Camp* event attended by **66** participants from CCC, Regional departments and the public
- **138** CCC staff and operators completed the online IPAC training module
- Served **8** new section 13 orders under the HPPA to PSS owners/operators and tracked **19** existing orders
- Issued **147** notices of condemnation/seizure of equipment and/or instruments to PSS owners/operators
- Sponsored a *Flu Event* attended by **69** representatives from **36** health care facilities/community partners
- Participated in **2** presentations/displays related to PSS with **280** attendees
- Participated in **29** IPAC presentations/displays with **1,830** attendees
- Delivered an online IPAC training module to **262** DRHD staff
- Conducted **27** SCPA inspections and identified **1** infraction
- Followed **3** returning travelers for MERS Co-V surveillance
- Investigated **33** potential cases of active TB, including **12** confirmed active pulmonary and **7** confirmed extra-pulmonary TB cases, and **163** contacts of

active TB cases

- Assessed **280** cases of latent TB infection and **58** newcomers were placed under medical surveillance
- Provided **792** home DOT visits to **12** active pulmonary TB and **2** non-pulmonary TB clients
- Administered **109** TB skin tests
- Distributed TB resources package to approximately **450** local HCPs
- Provided **1** *TB Workshop for Health Care Providers* with **32** HCPs attending
- Investigated **2,584** cases of STI ; **373** STI contacts were identified
- **331** ID cases were investigated and **167** ID contacts were followed
- Processed **4** MBTA applications
- Provided **1** workshop for **25** fire, paramedic and police DOs
- Completed **12,914** clinic visits for assessment, treatment, education and counselling related to pregnancy and STI/BBI
- Provided **905** HIV tests of which **251** were POC, **44** were anonymous and **402** were serologic
- Distributed **31,644** condoms to community partners and provided over **32,500** condoms to SH clinic clients
- Provided cervical cancer screening (Pap testing) to **265** eligible SH clinic clients
- Provided contraceptive counselling at **4,384** SH clinic visits
- **4,080** chlamydia tests were done with **410** confirmed positive; **792** syphilis tests with **20** confirmed positive; **4,064** gonococcal tests with **54** confirmed positive
- **2,240** SH clinic visits for treatment of STI/BBI
- Completed **406** pregnancy tests
- **978** referrals to community agencies and HCPs
- Administered **261** doses of influenza vaccine at **10** high risk priority population clinics and **4** second dose flu clinics for children

- Distributed **106,530** doses of influenza vaccine to HCPs
- Administered **5,847** doses of hepatitis B vaccine to students in the spring 2016 at school-based clinics; administered **6,068** doses of hepatitis B vaccine to students in the fall 2016 at school-based clinics
- Administered meningococcal vaccine to **606** students in the spring 2016 at school-based clinics
- Administered **121** doses of HPV vaccine to grade 8 female students in the winter 2016 at school-based clinics; administered **2,506** doses of HPV vaccine to grade 8 female students in the spring 2016 at school-based clinics
- Administered **3,092** doses of HPV vaccine to grade 8 female students in the fall 2016 at school-based clinics
- Administered **5,560** doses of HPV vaccine to grade 7 students in the fall 2016 at school-based clinics
- Administered **940** doses of publicly funded vaccines at **20** DRHD-based clinics
- Administered **27** doses of hepatitis A vaccine at 10 clinics in response to the CFIA/MOHLTC frozen berry contamination food recall
- Conducted **412** fridge inspections in accordance with the *Vaccine Storage and Handling Protocol*; investigated **153** cold chain failures
- Distributed **22,504** immunization questionnaires to elementary and secondary school students in accordance with ISPA
- Maintained the immunization status of **6,165** children in **145** licensed CCC in accordance with CCEYA
- Distributed **1,215** questionnaires to parents of children in licensed CCC not up-to-date with their immunizations
- Conducted **128** AEFI investigations
- Entered **33,119** client records into *Panorama* from DRHD's instance of IRIS, for clients under the age of 18 years
- Reconciled **1,887** duplicate records within *Panorama*
- Completed first SSTIX upload into *Panorama*; reviewed and uploaded the following records: DDSB: **70,328**; DCDSB: **21,317**; KPRDSB: **10,423**; PVNCCDSB: 5,068; French: **1,962**; Private: **1,192**

- Commenced distributing vaccines to West Durham HCPs from the Pickering SH clinic
- Conducted **1,326** rabies prevention and control investigations
- Delivered **310** medical attention letters to animal bite victims
- Submitted **49** animals for rabies testing; **0** tested positive for rabies
- Distributed rabies vaccine for **127** persons
- Issued **811** animal confinement and immunization orders, resulting in **3** prosecutions

Paramedic Services

- Responded to **70,440** emergency and non-emergency calls and **46,917** standby calls, a **6.2%** increase over 2015 call volumes
- Transported **45,693** patients in 2016, a **4.8%** increase over 2015
- Completed the integration of new technology (PRAN system) to provide for enhanced real time monitoring of paramedic operations; it also establishes mobile hotspots in front line vehicles which allows for secure data transmission of patient care records
- AVL/GPS units all upgraded in front line ambulances and 50% of the spare fleet
- Maintained the DON programs at LH Oshawa ED up to 24 hours per day 7 days per week and at LH Ajax ED up to 16 hours per day 7 days per week; from January 1 to December 31, the DON programs assumed approximately **4,024** patients and mitigated the potential of an additional **13,412** offload delay lost service hours
- Hired **20** part-time PCPs and **4** full time ACPs to manage staffing attrition and maintain appropriate part-time resource availability to cover current operational requirements
- Hired **1** additional Operations Superintendent to enhance management coverage and paramedic performance monitoring and allow RDPS some flexibility in managing its succession planning initiatives
- **11** PCPs commenced their ACP training at DC

Professional & Administrative Services

- Issued **74** media releases and public service announcements
- Addressed **83** cold media inquiries
- Posted **1,113** SM messages, including **520** for Facebook and **593** for Twitter
- Posted **4** YouTube videos, resulting in **343** views
- Processed **406** Health website updates from DRHD staff
- Responded to **576** requests for graphic services from DRHD staff
- Circulated **2,730** resources through the Resource Centre, responded to **214** requests from DRHD staff for materials from other libraries and loaned **378** resources to other libraries
- Conducted **39** literature searches and provided responses for **604** reference questions from DRHD staff
- Filled the new Program Coordinator – SM position
- Participated in the Region's website redesign project
- Provided **3** EIDM consultations and **14** library education sessions
- Produced and distributed **94** population health assessment information products: **1** Snapshot (Harm Reduction Programming), **1** Focused Report (IFSS – Breastfeeding and SES), **3** HN reports (Guide to HNs, FAQs and updated Overview Report), **21** HN Indicator Summaries, **50** Updated HN Profiles, **2** RRFSS PUP reports and **16** Facts On reports
- Produced and distributed **110** surveillance information products: **18** At A Glance reports, **27** PMO Quick Facts and **17** PMO Trends In, **16** RRFSS Trends reports on HealthLink, **27** RRFSS routine reports on HealthLink, **1** RRFSS Trends In report on durham.ca/healthstats, monthly Reportable Diseases reports, weekly DR Influenza Bulletins, quarterly What's Up Doc reports and monthly *C. difficile* summary reports
- Completed **100** ad hoc data requests for information or data summaries
- Provided **2** opportunities for content selections for risk factor surveys based on input from DRHD managers
- Completed a knowledge translation plan for priority neighbourhoods

- Developed/revised **3** RRFSS modules
- Maintained **8** in-house databases to support surveillance
- Responded to **32** requests for revisions to existing surveillance systems or databases
- Supported **11** program evaluations
- Provided **34** oral and poster presentations
- Delivered **2** DRHD orientation sessions
- **94%** DRHD staff completed the online privacy training module
- Delivered privacy and security training to **221** Regional staff, students and contracted workers
- Investigated and closed **7** privacy incidents
- Implemented enhanced information security practices and resources

Research & Evaluation Projects

Epidemiology and Evaluation Unit

- Completed the study to develop and test indicators for public health equity activity
- Completed the study to design and test online learning modules addressing public health core competencies
- Completed a submission to the ERC for BETTER HEALTH: Durham
- Continue to participate in the “Beyond BMI” study to conduct and support childhood nutritional screening in primary care practices
- Participated on the ERC to review **11** research proposals
- Participate with the ERC in the pilot study to inform the provision and expansion of Public Health Ontario’s ethics services

Infant and Child Development

- Participated in research project “Examining Developmental Outcomes in Preschool Children”
- Participated in research project “MPOC General Information Survey”

Paramedic Services

- Continued to participate in the ROC ALPS study that compares the effect of two anti-arrhythmic medications and a placebo in the setting of persistent VF during cardiac arrest, which concluded in the fall of 2015; data continues to be collected for the ROC study with approvals awaiting to convert to CANROC which will focus on Canadian results only

Public Health Nursing and Nutrition Division

Chronic Disease Prevention

- Collaborated with the Advancing Access to Affordable Recreation in Durham Committee in writing for the local poverty reduction funding proposal, which received funding for a 3 year quasi-experimental study conducting a comparison of the impact of a multi-faceted active living intervention engaging single-parent families receiving Ontario Works.

Durham Health Connection Line

- Durham Health Connection Line (DHCL) Client Satisfaction Survey**

Prevention of Injury and Substance Misuse

- Consulted **286** local residents and **8** community partners regarding alcohol-related harms
- Consulted **96** youth regarding the development of a SM strategy
- Consulted 38 youth regarding the develop of a substance use prevention strategy
- Evaluated the Durham Youth Drug Awareness Committee Youth Conference

Reproductive and Child Health

- Completed the *My Life My Voice: The Experience of Young Parents in Durham Region* research project**
- Completed the Ajax/Pickering Early Childhood Development Community Consultation research project *

* Project reviewed by the ERC in 2016

** Resulted in poster and/or slide presentation or publication

Education

Environmental Health Division

- 5 PHI student placements from RU
- 6 student WNV field technicians

Epidemiology and Evaluation Unit

- Coordinated 2 RKE Symposia in collaboration with the RKE Committee
- Delivered 34 presentations (15 external and 17 internal)
- 1 University of Waterloo MPH student practicum

Oral Health Division

- Annual public health education including student placement for 82 DC DA students and 28 DC DH students
- 3 PH lectures to DC DA, DH and Dental Office Reception students
- Facilitated a case-based learning course for 12 fourth-year dental students at the U of T Faculty of Dentistry
- Hosted 2 Master of Science in Dentistry students from U of T Faculty of Dentistry

Paramedic Services

- 22 PCP preceptors and 4 ACP preceptors
- 2 high school student placements
- 220 full time and 92 part-time paramedics completed 24 hours of RDPS continuing education and 24 hours of base hospital continuing education,

Public Health Nursing and Nutrition Division

- 18 BScN student placements from UOIT in CDP
- 1 MHSc (nutrition) student placement from RU in CDP
- 1 BScN student placement from Trent University in CDP

- 1 MPH student placement from Lakehead University in CDP
- 11 BScN student placements from UOIT in IDPC
- 1 BScN student placement from McMaster University in IDPC
- 19 BScN student placements from UOIT in PISM
- 1 BScN student placement from Trent University in PISM
- 25 BScN student placements from UOIT in RCH
- 1 BScN student placement from University of New Brunswick/Humber College in RCH
- 1 MN student placement from RU in RCH

Faculty Appointments

Name	Appointment	Faculty	University
Dr. Patricia Abbey	Associate in Dentistry	Faculty of Dentistry	U of T
Karl Kiproff	Lecturer	School of Occupational and Public Health	RU
Dr. Robert Kyle	Adjunct Professor	DLSPH	U of T
Kathy Moran	Lecturer	DLSPH	U of T
Jean Nesbitt	Assistant Professor	Faculty of Health Science	UOIT
Kavine Thangaraj	Assistant Professor	Faculty of Health Science	UOIT

Appendix: *Ontario Public Health Organizational Standards*

1. Board Structure

Requirement	Level of Compliance	Comments
1.1 Definition of a board of health*	N/A	HPPA s.49(1) does not apply to RMD
1.2 Number of members on a board of health*	N/A	HPPA s.49(2) does not apply to RMD
1.3 Right to make provincial appointments*	N/A	HPPA s.49(3) does not apply to RMD
1.4 Board of health may provide public health services on reserve*	N/A	RMD has not exercised this option
1.5 Employees may not be board of health members*	Complete	N/A
1.6 Corporations without share capital*	N/A	HPPA s.52(1) does not apply to RMD
1.7 Election of the board of health chair*	N/A	HPPA s.57(2) does not apply to RMD
1.8 Municipal membership*	N/A	Reg. 559 does not apply to RMD

2. Board Operations

Requirement	Level of Compliance	Comments
2.1 Remuneration of board of health members*	N/A	HPPA ss.49(4-6) do not apply to RMD
2.2 Informing municipalities of financial obligations*	Complete	N/A
2.3 Quorum*	N/A	HPPA s.54 does not apply to RMD
2.4 Content of by-laws*	N/A	HPPA s.56 does not apply to RMD
2.5 Minutes, by-laws and policies and procedures*	N/A	HPPA s.56 does not apply to RMD
2.6 Appointment of a full-time medical officer of health*	Complete	N/A
2.7 Appointment of an acting medical officer of health*	N/A	Full time MOH in place since 1991
2.8 Dismissal of a medical officer of health*	N/A	Full time MOH in place since 1991
2.9 Reporting relationship of the medical officer of health to the board of health*	Complete	N/A

Requirement	Level of Compliance	Comments
2.10 Board of health policies	Complete	N/A

3. Leadership

Requirement	Level of Compliance	Comments
3.1 Board of health stewardship responsibilities	Complete	N/A
3.2 Strategic plan	Complete	N/A

4. Trusteeship

Requirement	Level of Compliance	Comments
4.1 Transparency and accountability	Complete	N/A
4.2 Board of health member orientation and training	Complete	N/A
4.3 Board of health self-evaluation	Complete	N/A

5. Community Engagement and Responsiveness

Requirement	Level of Compliance	Comments
5.1 Community engagement	Complete	N/A
5.2 Stakeholder engagement	Complete	Evaluation completed
5.3 Contribute to policy development	Complete	N/A
5.4 Public reporting	Complete	Finance Department publishes an annual financial report
5.5 Client service standards	Complete	N/A

6. Management Operations

Requirement	Level of Compliance	Comments
6.1 Operational plan	Complete	N/A
6.2 Risk management	Complete	N/A
6.3 Medical officer of health provides direction to staff*	Complete	N/A

Requirement	Level of Compliance	Comments
6.4 Eligibility for appointment as a medical officer of health*	Complete	N/A
6.5 Educational requirements for public health professionals*	Complete	N/A
6.6 Financial records*	Complete	Managed by Finance Department
6.7 Financial policies and procedures	Complete	Set by Finance Department
6.8 Procurement	Complete	Set by Finance Department
6.9 Capital funding plan*	Complete	HPPA ss.52(3,4) do not apply to RMD
6.10 Service level agreements	Complete	N/A
6.11 Communication strategy	Complete	N/A
6.12 Information management	Complete	Implemented (in partnership with Corporate Services Department)
6.13 Research ethics	Complete	N/A

Requirement	Level of Compliance	Comments
6.14 Human resources strategy	Complete	N/A
6.15 Staff development	Complete	N/A
6.16 Professional practice support	Complete	N/A

* Requirement as per the HPPA



Interoffice Memorandum

Date: March 10, 2017

To: Committee of the Whole

From: Dr. Robert Kyle

Health
Department

Subject: Ontario Public Health Standards Modernization

On February 17, 2017, the Ontario Ministry of Health and Long-Term Care released a consultation paper as regard the above subject. On February 23, the Ministry released the attached deck. ALPHA commissioned the attached Initial Analysis and Discussion paper.

In summary, in contrast to the current standards (2008), the modernized standards include a policy framework, 12 standards, population health and program outcomes, and both standardized and variable requirements. New standards include Health Equity, Effective Public Health Practice and School Health.

Our managers and staff are reviewing the standards with a view towards providing a consolidated set of comments before the consultation closes on April 3. In addition, we will be hosting a regional consultation session on March 28. The focus of the consultation is on matters of clarification, implementation and support.

The finalized modernized standards are set to be released in May with implementation to begin in January 2018.

Clean, hard copies of the deck, paper and consultation document are available through the Office of the Commissioner and Medical Officer of Health.

Respectfully submitted,

original signed by

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

Ontario Public Health Standards Modernization

Technical Briefing
February 23, 2017
alPHA Winter Symposium



Patients First and Public Health

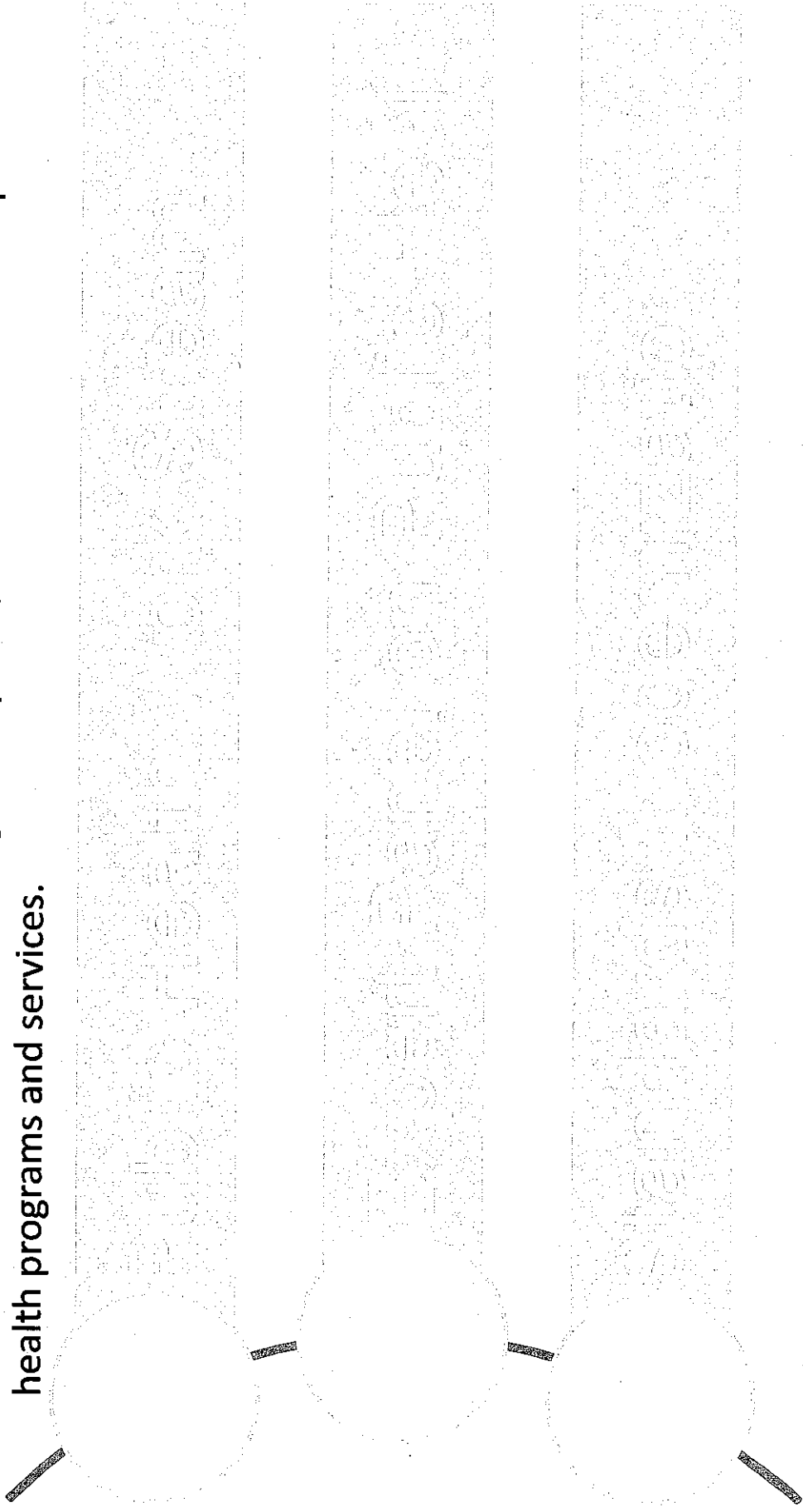
- Patients First articulates the government's policy direction for the health system including stronger links between public health and other health sectors; which includes:
 - Formalized relationships between LHINs and local boards to support integrated planning.
 - Public health expertise in population health assessment and the use of relevant data, will ensure the inclusion of health equity and determinants of the health in the joint planning process.

Patients First and Public Health (cont'd)

- The Patients First Strategy illustrates the structural changes that are necessary to achieve an improved, integrated, and efficient health system in Ontario that moves to one that is more person centered.
- A number of milestones are time specific enablers that are required to facilitate the larger Patients First Strategy.
 - Patients First Act has passed.
 - Other milestones are more long-term and will require collaboration, relationship building, and integration over time to leverage expertise, align processes, and define a new culture with health equity as a fundamental component.
- Public health has a unique role in bridging municipal, social, education and health sectors with a focus on the determinants of health.

Public Health Transformation

- Public Health Transformation includes three major components: how best does public health fit within an integrated system; how is public health best organized to support its role within an integrated system; and modernization of public health programs and services.



Public Health Work Stream

- The Public Health Work stream is one of 16 Work Streams supporting LHIN Renewal and implementation planning for Patients First.
- The Public Health Work Stream has been tasked with:
 - Defining formal engagement parameters between LHINs and Board of Health;
 - Defining expectations for implementing/operationalizing engagement between LHIN CEOs and MOHs;
 - Determining the requirements and core elements of population health assessment to inform integrated planning.

Expert Panel on Public Health

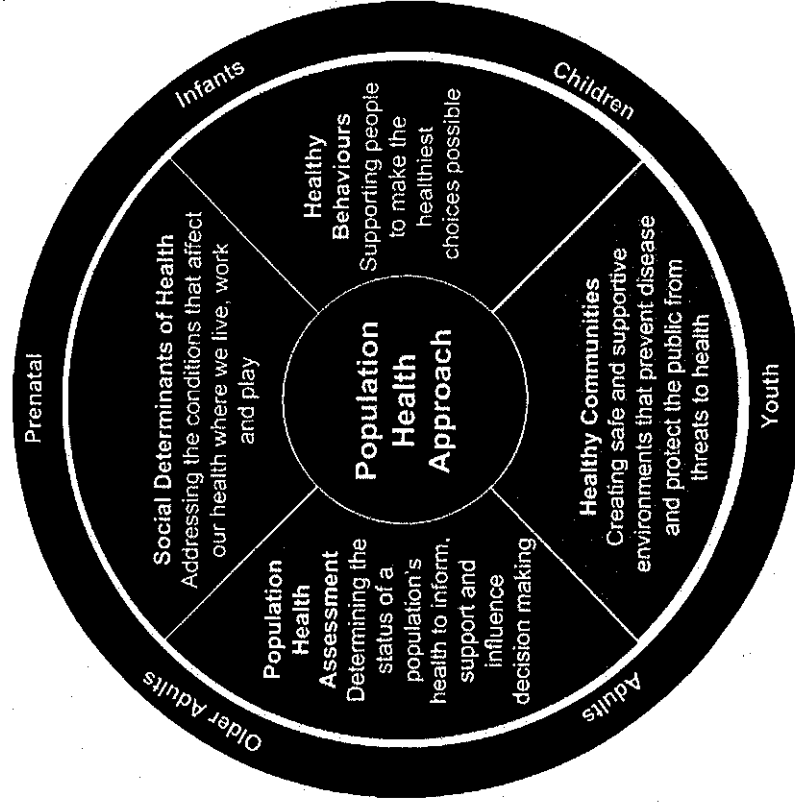
- This panel will provide confidential advice to government on structural and organizational factors that will improve:
 - The integration of population and public health into the health system;
 - Deepen the partnerships between local boards of health and LHINs; and
 - Improve public health capacity and delivery within a transformed and integrated health system.

Standards Modernization

What is Public Health?

Public health programs and services are focused primarily in four domains – Social Determinants of Health, Healthy Behaviours, Healthy Communities, and Population Health Assessment.

Public health work is grounded in a population health approach – focused on upstream efforts to promote health and prevent diseases to improve the health of populations and the differences in health among and between groups. Health risks and priorities change as people grow and age and public health works to address health across the life course.



Policy Framework for Public Health Programs & Services

The Policy Framework for Public Health Programs and Services articulates public health's goal and objectives as the sector transforms, and outlines the contribution of its work in reaching population health outcomes related to health and health equity.

GOAL	To improve and protect the health and well-being of the population of Ontario and reduce health inequities			
POPULATION HEALTH OUTCOMES	<ul style="list-style-type: none"> Improved health and quality of life Reduced morbidity and mortality Reduced health inequity among population groups 			
DOMAINS	Social Determinants of Health	Healthy Behaviours	Healthy Communities	Population Health Assessment
OBJECTIVES	To reduce the negative impact of social determinants that contribute to health inequities	To increase knowledge and opportunities that lead to healthy behaviours	To increase policies and practices that create safe, supportive and healthy environments	To increase the use of population health information to guide the planning and delivery of programs and services in an integrated health system
ENABLERS	Legislation	Funding	Evidence	Agencies & Associations
				Municipal & Federal Governments
PROGRAMS AND SERVICES	<ul style="list-style-type: none"> To increase the use of public health knowledge and expertise in the planning and delivery of programs and services within an integrated health system To reduce health inequities with equity focused public health practice To increase the use of current and emerging evidence to support effective public health practice To improve behaviours, communities and policies that promote health and well-being To improve growth and development for infants, children and adolescents To reduce disease and death related to infectious and communicable diseases of public health importance To reduce disease and death related to vaccine preventable diseases To reduce disease and death related to food, water and other environmental hazards To reduce the impact of emergencies on health 			
PARTNERS	Health Care (including Primary, Community, Acute and Long-Term Care), Education, Housing, Children and Youth Services, Community and Social Services, Labour, Environment, Agriculture and Food, Transportation, Municipalities, Non-Governmental Agencies, Public and Private Sectors, Academia, and Indigenous communities and organizations			

Modernized Standards

- An Executive Steering Committee (ESC) has been providing strategic leadership for the Standards Modernization process.
 - The Practice and Evidence Program Standards Advisory Committee (PEPSAC) provided expert advice and made recommendations on the specific requirements.
- The scope of the modernized Standards for Public Health Programs and Services was shaped by considering the:
 - Essential public health functions;
 - Health needs of the population from public health perspective and functions;
 - Impact and effectiveness of the current program standards;
 - Most appropriate role for public health sector within an integrated health system; and
 - An enhanced emphasis on responding to local needs and decreasing health inequities by addressing the needs of priority populations and planning programs to address identified local needs.

Modernized Standards (cont'd)

OPHS, 2008

- 13 Program Standards and 1 Foundational Standard
- Societal and Board of Health Outcomes
- All requirements mandatory and prescriptive

Modernized Standards*

- 12 Standards
- Program Outcomes
- Some requirements allow for variability to ensure programs and services address local needs

*An overview of the changes to the Standards is included in Appendix 1 (slides 24 – 27).
Note: Planning is underway for the review of the Protocols. Updates may include development of new Protocols and/or revision of existing Protocols to reflect the Modernized Standards.

Modernized Standards (cont'd)

- The Ontario Public Health Standards include societal and board of health outcomes.
- The Modernized Standards for Public Health Programs and Services now include population health outcomes, as articulated in the Policy Framework for Public Health Programs & Services, and program outcomes.
- Population health outcomes replace the previous societal outcomes.
 - Focus is on board of health's **contribution** to population health outcomes (and not attribution).
- Program outcomes replace the previous board of health outcomes.
 - Represent the anticipated **results achieved** through delivery of public health programs and services.

Modernized Standards (cont'd)

Principles			
Need	Boards of health shall continuously tailor their programs and services to address needs of the health unit population. Need is established by assessing the distribution of social determinants of health, health status, and incidence of disease and injury.		
Impact	Boards of health shall assess, plan, deliver, and manage their programs and services by considering evidence, effectiveness of the intervention, barriers to achieving maximum health potential, relevant performance measures, and unintended consequences.		
Capacity	Understanding local public health capacity required to achieve outcomes is essential to ensure the effective and efficient delivery of public health programs and services. Boards of health shall strive to make the best use of available resources to achieve the capacity required to meet the standards.		
Partnership, Collaboration and Engagement	Boards of health shall engage and establish meaningful relationships with a variety of sectors, partners, communities, priority populations, and citizens, which are essential to the work of public health and support health system efficiency. Establishing meaningful relationships with priority populations includes building and further developing the relationship with indigenous communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to the community and/or organization.		
Foundational Standards			
Population Health Assessment	Health Equity	Effective Public Health Practice	Emergency Preparedness, Response, and Recovery
	Program Standards		
Chronic Diseases and Injury Prevention, Wellness and Substance Misuse	Food Safety Environments and Development	Healthy Growth and Immunization	Infectious and Communicable Diseases Prevention and Control
			School Health

Modernized Standards (cont'd)

Components of Each Standard

Goal	Program Outcomes	Requirements
<p>The goal is a statement that reflects the broadest level of results to be achieved in a specific standard. The work of boards of health, along with other parts of the health system, community partners, non-governmental organizations, governmental bodies, and community members, contribute to achieving the goal.</p>	<p>Program outcomes are the results of programs and services implemented by boards of health. Outcomes often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Each board of health shall establish internal processes for managing day-to-day operations of programs and services to achieve desired program outcomes.</p>	<p>Requirements are the specific statements of action. Requirements articulate the activities that boards of health are expected to undertake. Some requirements are core to public health practice and are expected to be adhered to consistently across the province while others are to be carried out in accordance with the local context through the use of detailed population based analysis and situational assessment. All programs and services are tailored to reflect the local context and are responsive to the needs of priority populations.² Protocols are named in many requirements to provide further direction on how boards of health must operationalize specific requirement(s).</p>

Standardization and Variability

- The modernized Standards for Public Health Programs and Services will balance the need for **standardization** across the Province with the need for **variability** to respond to local needs, priorities and contexts.

Standardization

- Specificity will remain for those programs and services where standardization is required to protect the health of the public.
- Where identified, protocols will be revised to reflect increased standardization.

E.g. Infectious and Communicable Diseases
"The board of health shall receive reports of complaints regarding infection prevention and control practices and respond to and/or refer to appropriate regulatory bodies, including regulatory colleges, in accordance with applicable provincial legislation and in accordance with the Infection Prevention and Control Practices Complaint Protocol, 2016 (or as current)."

Variability

- Greater variability will be accommodated in areas where there is an opportunity to plan programs to decrease health inequities and address needs of priority populations.

E.g. Chronic Diseases and Injury Prevention, Wellness and Substance Misuse

"The board of health shall implement a program of public health interventions that addresses chronic disease and substance misuse risk factors to reduce the burden of illness from chronic disease and substance misuse" ...informed by:

- *Assessment;*
- *Evidence of effectiveness of interventions;*
- *Consultation and collaboration with stakeholders; and*
- *Topics based on need.*

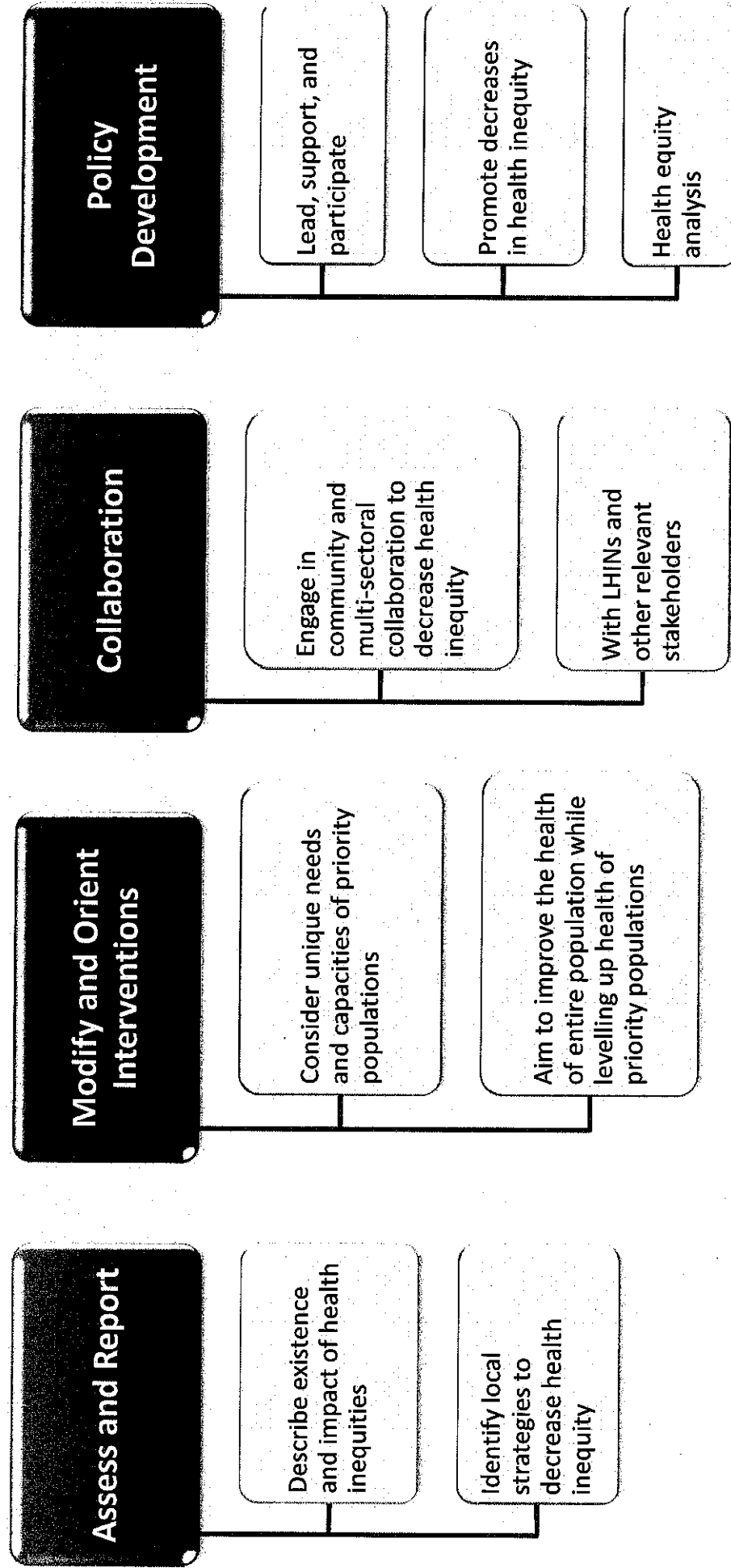
Changes to Standards

OPHS, 2008	Modernized Standards
<ul style="list-style-type: none"> • Foundational • Chronic Disease Prevention • Prevention of Injury and Substance Misuse • Reproductive Health • Child Health • Infectious Diseases Prevention and Control • Rabies Prevention and Control • Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV) • Tuberculosis Prevention and Control • Vaccine Preventable Diseases • Food Safety • Safe Water • Health Hazard Prevention and Management • Public Health Emergency Preparedness** 	<ul style="list-style-type: none"> • Population Health Assessment* • Health Equity* • Effective Public Health Practice* • Emergency Preparedness, Response and Recovery** • Chronic Diseases and Injury Prevention, Wellness and Substance Misuse* • Food Safety† • Healthy Environments* • Healthy Growth and Development* • Immunization*** • Infectious and Communicable Diseases*** • Safe Water† • School Health* <p style="text-align: right;">Additional detail in Appendix 1</p>

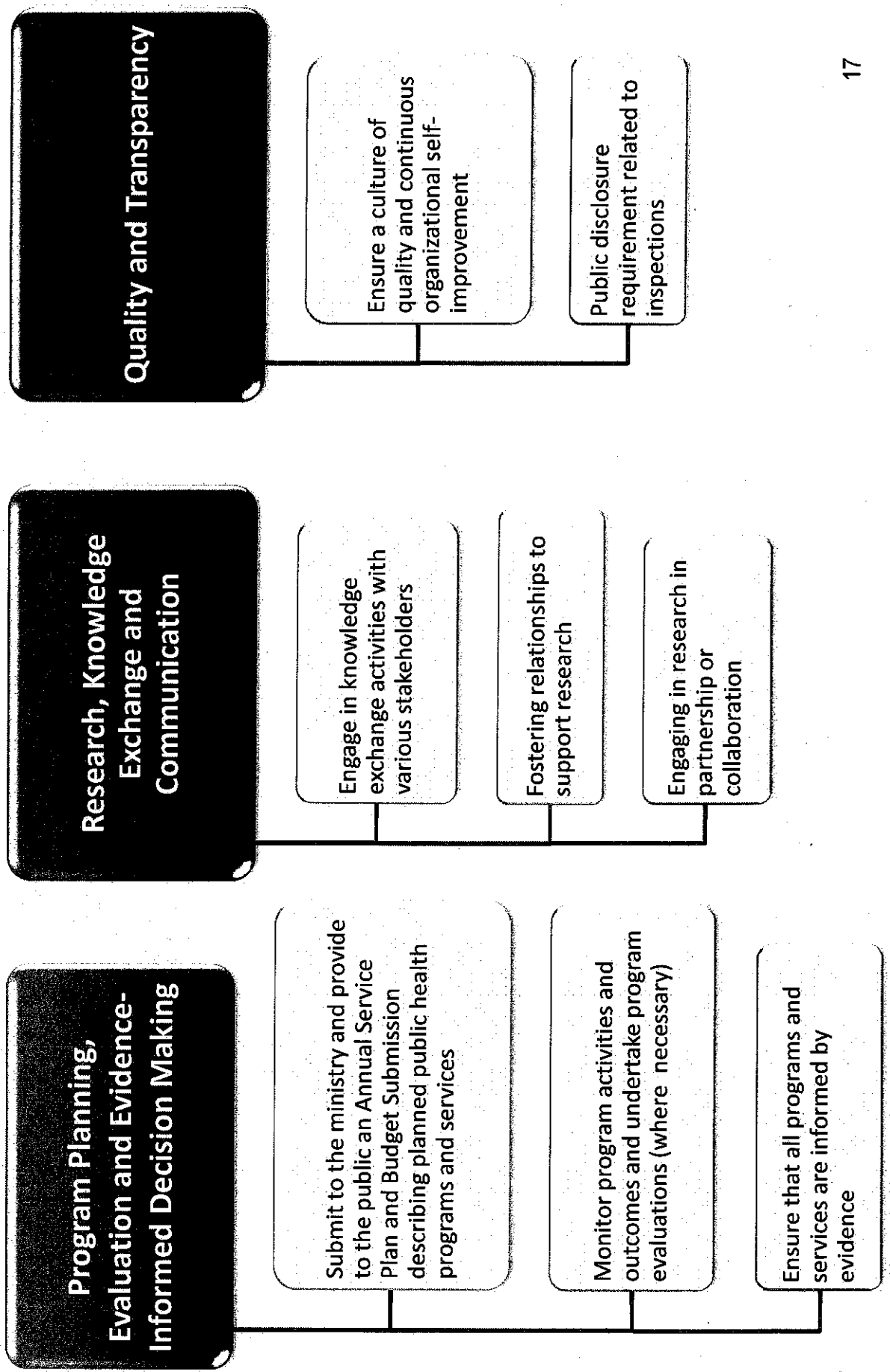
Foundational Standards

*Significant changes to scope and requirements
 *New Standard incorporating new and existing requirements
 **While boards of health continue to have an important role in emergency preparedness, response and recovery, the Modernized Standards include one requirement. Additional detailed requirements will be specified in other ministry policy documents.
 †No significant changes
 ***Minor changes to scope and requirements

New – Health Equity



New – Effective Public Health Practice

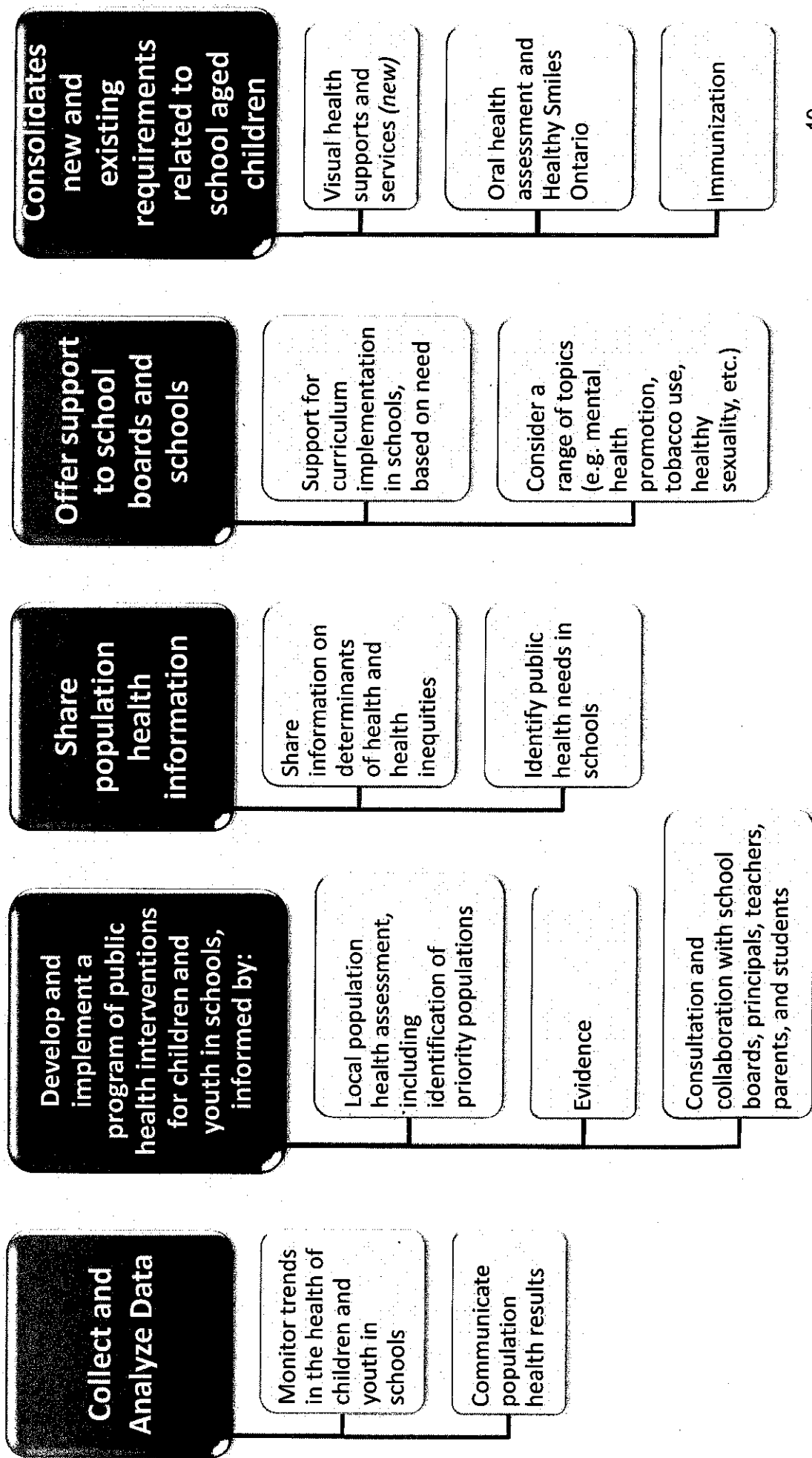


School Health

- The new School Health Standard consolidates setting-based requirements and is intended to further strengthen the relationship between boards of health and schools for a greater impact on the health of children and youth.
- It also reflects activities that have previously been delivered in and with schools.*
- The Standard was developed with input from the Ministry of Education and aligns with the Well-Being Strategy for Education.
- Establishment of a School Health Standard also aligns with recommendations from other health and education stakeholders.

**one new program requirement related to Vision Health*

New – School Health

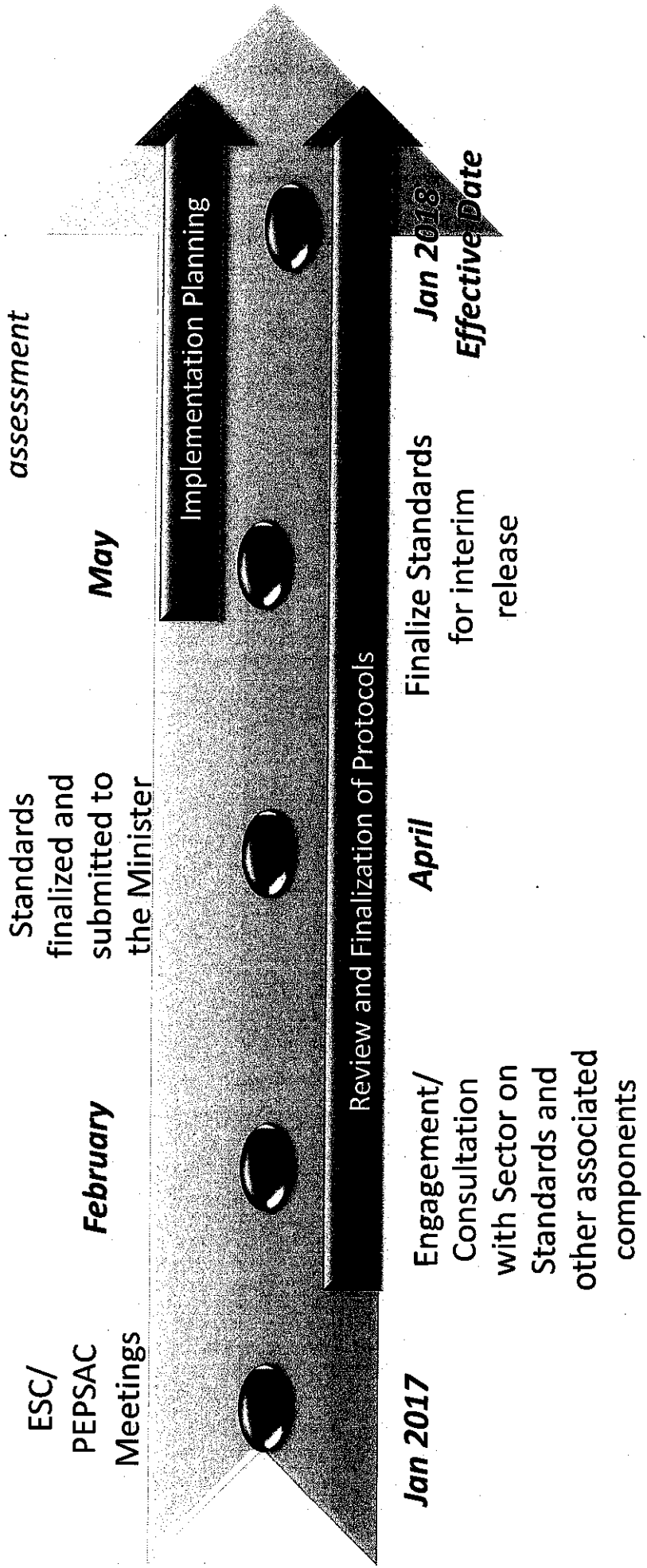


Accountability and Requirements

- A Public Health Accountability Framework is currently in development, with advice from the Accountability Committee, outlining parameters for which boards of health will be held accountable.
- Associated requirements are also being developed, which will build on the Organizational Standards, and will include requirements for monitoring and reporting such as metrics and performance indicators.

Timeline

**some elements may be implemented prior to effective date e.g., population health assessment*



APPENDIX 1

Overview of Changes to Standards

OPHS 2008

Changes

<p>Foundational Standard</p>	<ul style="list-style-type: none"> All 2008 requirements have been re-organized in the modernized Population Health Assessment and Effective Public Health Practice Standards.
<p>Chronic Disease Prevention</p>	<ul style="list-style-type: none"> Requirements reflected in the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. All health protection requirements remain (i.e. those related to enforcement of Smoke Free Ontario Act, Skin Cancer Prevention Act, and Electronic Cigarettes Act). Removal of increasing public awareness of benefits of screening for early detection of cancers and other chronic diseases of public health importance (as a topic). Removal of Nutritious Food Basket Protocol; collecting data on the cost of a nutritious food basket remains in the Population Health Assessment and Surveillance Protocol. All other 2008 requirements are not explicitly stated but are reflected in modernized requirements: <ul style="list-style-type: none"> Requirement for BoHs to implement programs of public health interventions addressing chronic disease and substance misuse risk factors and risk factors for injuries based on a local assessment of needs. BoHs can consider a number of topics, related to chronic disease, substance misuse, and injuries, to focus on for public health interventions (variability component).
<p>Prevention of Injury and Substance Misuse</p>	<ul style="list-style-type: none"> All 2008 requirements are not explicitly stated but are reflected in the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard: <ul style="list-style-type: none"> Requirement for BoHs to implement programs of public health interventions addressing chronic disease and substance misuse risk factors and risk factors for injuries based on a local assessment of needs. BoHs can consider a number of topics, related to chronic disease, substance misuse, and injuries, to focus on for public health interventions (variability component).

Overview of Changes to Standards (cont'd)

OPHS, 2008

Changes

Reproductive Health

- All 2008 requirements are not explicitly stated but are reflected in the Healthy Growth and Development Standard:
 - Requirement for BoHs to implement a program of public health interventions to support healthy growth and development based on a local assessment of needs.
 - BoHs can consider a number of topics, related to healthy growth and development, to focus on for public health interventions (variability component).

Child Health

- Requirements related to oral health moved to the School Health Standard.
- Requirement to review drinking water quality reports moved to Safe Water Standard.
- Healthy eating and physical activity topics included in the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard; broad topic of growth and development included in the Healthy Growth and Development Standard.
- All other 2008 requirements are not explicitly stated but are reflected in the Healthy Growth and Development Standard:
 - Requirement for BoHs to implement a program of public health interventions to support healthy growth and development based on a local assessment of needs.
 - BoHs can consider a number of topics, related to healthy growth and development, to focus on for public health interventions (variability component).

Overview of Changes to Standards (cont'd)

OPHS, 2008

Changes

Infectious Diseases Prevention and Control

- All 2008 requirements reflected in the Infectious and Communicable Diseases Prevention and Control Standard; some requirements have been consolidated.
- Requirement related to posting of infection prevention and control lapses reflected in the public disclosure requirement in the Effective Public Health Practice Standard; details to be included in the Protocol.

Rabies Prevention and Control

- Since the following are reflected in the Rabies Prevention and Control Protocol, removal of requirements to:
 - Liaise with the Canadian Food Inspection Agency to identify local cases of rabies; and
 - Annually remind individuals regarding their duty to report suspected rabies exposures.
- All other 2008 requirements consolidated and reflected in the Infectious and Communicable Diseases Prevention and Control Standard.

Sexual Health, STI, and BBI (including HIV)

- All 2008 requirements reflected in the Infectious and Communicable Diseases Prevention and Control Standard; some requirements have been consolidated.

Tuberculosis Prevention and Control

- All 2008 requirements reflected in the Infectious and Communicable Diseases Prevention and Control Standard; some requirements have been consolidated.

Vaccine Preventable Diseases

- Removal of requirement to provide or ensure provision the availability of travel health clinics.
- Requirements to assess the immunization status of children in accordance with ISPA and to provide school-based clinics moved to the School Health Standard.
- All other 2008 requirements reflected in the Immunization Standard.

Overview of Changes to Standards (cont'd)

OPHS, 2008	Changes
Food Safety	<ul style="list-style-type: none"> All 2008 requirements reflected in the modernized Food Safety Standard; some requirements have been consolidated.
Safe Water	<ul style="list-style-type: none"> All 2008 requirements reflected in the modernized Safe Water Standard; some requirements have been consolidated.
Health Hazard Prevention and Management	<ul style="list-style-type: none"> Removal of requirement to maintain systems to support timely communication with relevant partners about identified health hazard risks as it understood to be part of emergency preparedness and response activities as well as part of health hazard investigation and response. Requirement to develop local vector-borne management strategy moved to the Infectious and Communicable Diseases Prevention and Control Standard. All other 2008 requirements reflected in the Healthy Environments Standard.
Public Health Emergency Preparedness	<ul style="list-style-type: none"> The modernized Emergency Preparedness, Response and Recovery Standard includes one requirement which refers BoHs to other ministry policy and guidance documents. <ul style="list-style-type: none"> Other requirements will be reflected in other ministry policy and guidance documents currently being developed.
<p>In summary...</p> <ul style="list-style-type: none"> As a result of the changes, the number of requirements has decreased from 148 to 100. 	

**Initial Analysis and Discussion of Standards for Public
Health Programs and Services –
alPHa Winter 2017 Symposium**

February 26, 2017

**Prepared for:
Association of Local Public Health Agencies (alPHa)**

**Prepared by:
Dr. Brent Moloughney
BWM Health Consultants Inc.**

Highlights

- The Ministry of Health and Long-Term Care (MOHLTC) has released the Ontario Standards for Public Health Programs and Services: Consultation Document – the current deadline for feedback to MOHLTC is April 3, 2017
- alPHa’s Winter 2017 Symposium provided an opportunity for an initial discussion of the new Standards
- Compared with the previous 2008 version, the overall size of the Standards is smaller – reductions have occurred primarily in health promotion-related requirements
- It is difficult to assess net impact of changes on practice and resources with available information. For example, most new requirements have limited details
- Symposium participants identified several issues regarding the Standards’ implementation, as well as those for clarification. They also made suggestions regarding what alPHa could do to support the public community.
- Further details are provided in the main body and accompanying appendices of this report.

Initial Analysis and Discussion of Standards for Public Health Programs and Services – alPHa Winter 2017 Symposium

Introduction

Health system transformation, known as ‘Patients First’ identifies Public Health Transformation as one of its five goals. The modernization of Ontario’s Public Health Standards (OPHS) is one of three components of Public Health Transformation, which also includes determining how best public health fits within an integrated health system (Public Health Work Stream) and how public health is best organized to support its role within such a system (Expert Panel on Public Health). An OPHSⁱ Consultation Document was released by the Ministry of Health and Long-Term Care (MOHLTC) on February 17, 2017. The MOHLTC indicated that it is seeking feedback on issues of implementation and clarification on the new Standards with a stated submission deadline of April 3, 2017.

alPHa’s Winter 2017 Symposium, which was scheduled for February 23, 2017, provided an opportunity for an initial discussion of the new Standards. Following presentations addressing system transformation, Public Health Ontario’s (PHO’s) role and a MOHLTC overview of the revised OPHS, a preliminary analysis of the key changes from the existing OPHS was presented. This was followed by participant discussion of the implications and suggested next steps. The Symposium’s agenda is provided in Appendix 1.

The purpose of this report is to summarize the key points from the February 23rd meeting.

System Context

Local Public Health in a Transformed Health System

Four panel presentations were made by senior MOHLTC or LHIN leaders addressing health system transformation:

Panelist	Position	Presentation Topic (hyperlink if available)
Sharon Lee Smith	Associate Deputy Minister, Policy and Transformation	Policy and Transformation
Tim Hadwen	Assistant Deputy Minister, Health System Accountability and Performance Division	Patients First
Michael Barrett	LHIN CEO, Co-Chair Public Health Work Stream	LHIN Renewal: Public Health Work Stream
David Williams	Chief Medical Officer of Health, Chair, Public Health Expert Panel	(no slides)

ⁱ For simplicity, the 2017 version is also referred to as the ‘OPHS’, although the formal title is currently ‘Standards for Public Health Programs and Services.’

Key points included the following:

- Comprehensive strategies are being pursued in a number of relevant policy areas; e.g., Mental Health and Addictions; Opioids; Dementia; LHIN Capacity Planning and use of a Population Health Measurement Tool; Indigenous Health
- Patients First legislative changes:
 - Established reciprocal responsibilities for LHIN CEOs and MOHs to work with each other
 - Population and public health-related objects established for LHINs
- Expectation that assessment of needs and planning will occur at LHIN and sub-LHIN levels
- Broader system is in state of transition to prepare for transformation, which is viewed as 'relentless incrementalism'
- Many previous and existing examples of collaboration between LHINs and public health
- Need for greater understanding of 'population health'
- Recognition of importance of municipal/local perspectives in health issues.

Role of Public Health Ontario

The presentation by Peter Donnelly (CEO) and George Pasut (VP) outlined PHO's perspective on contributing to local public health in a transformed health system:

- Observation that in UK and Europe, public health frequently contributes to healthcare planning (3rd domain of public health practice)
- Reflecting on PHO's mandate and strategic plan, identified four potential priorities:
 - Support implementation of OPHS and protocol development
 - Support local Public Health Units (PHUs) with their evolving responsibilities in monitoring and communicating public health information
 - Efforts to reduce health inequities (enable policy, program and public health action)
 - Public health research to advance knowledge of links with healthcare that deliver benefits to individuals and populations
- Number of existing initiatives that are relevant (e.g., Snapshots, ON-Marg, LDCCP)ⁱⁱ
- Potential for an advisory committee of local colleagues to guide PHO in supporting new role.

MOHLTC Presentation of Updated OPHS

The presentation by Roselle Martino (ADM) provided a high level overview of the changes and approach to the modernized OPHS. Key points included:

- View public health as a sector with unique skill set within an integrated health system – public health contributes to LHIN's population health assessment, but not responsible for all of it.

ⁱⁱ ON-Marg: Ontario Marginalization Index; LDCCP: Locally Developed Collaborative Projects

- OPHS is a Ministry policy document – seeking feedback on implementation issues, not content
- OPHS balances the need for standardization (e.g., health protection) with variability to respond to local needs, priorities and contexts (e.g., health promotion)
- Each Standard comprised of a goal, program outcomes and requirements
- Significant changes to several Standards (Population Health Assessment; Chronic Diseases and Injury Prevention, Wellness and Substance Misuse; Healthy Environments; and, Healthy Growth and Development)
- New Standards: Health Equity; Effective Public Health Practice; and, School Health
- Timelines: engagement/consultation (now); Standards submitted to Minister (April); Implementation planning (May onwards); Effective date (January 2018)
- Appendix of ADM's presentation includes an overview of specific changes.

Analysis of the Updated OPHS

With the release of the OPHS Consultation Document on February 17, 2017, the project consultant made a preliminary comparison of it with the 2008 version of the OPHS to identify key changes. In addition, as an aid to alPHa members, potential clarification and implementation issues have begun to be identified.

While there is confidence that the most important issues and themes have been identified, considering the tight timelines and the analysis was completed by a single individual, it is likely that additional issues will be identified as more people examine and discuss the new Standards.

Key Changes and Potential Implications

At the February 23 Winter Symposium, a one-page summary of changes and a slidedeck of the preliminary assessment findings were presented (see Appendix 2 and 3, respectively). A more detailed analysis from which these summaries were developed is provided in Appendix 4. From the one-page summary, the following is highlighted here with considerably greater detail provided in the appendices.

Main Findings

- Overall size of the Standards has been substantially reduced (↓ pages; ↓ requirements)
- Reductions primarily in health promotion-related requirements with replacement by requirement for a 'program of public health interventions' within each relevant Standard
- Difficult to assess net impact of changes on practice and resources with available information

Areas with Reduced Expectations

- Sexual health clinical services: no longer required to provide – replaced with ‘ensure access’
- Harm reduction programs: ‘ensure access’ replaced with working with others to ‘promote access’
- Travel health clinics: removal of requirement of providing/ensuring such clinics
- Drinking water system owners/operators: ‘ensure provision’ instead of ‘provide’ education and training
- Removal of explicit reference to:
 - Skill development in food skills and healthy eating
 - Monitoring food affordability (Nutritious Food Basket)
 - Provision of tobacco cessation
 - Promotion of cancer screening programs
 - Provide advice and link people to community programs and services
 - Prenatal and parenting program delivery
 - Outreach to priority populations.

Areas with New/Increased Expectations

There is a lack of detail for most new expectations to be able to assess resource requirements. Nevertheless, a preliminary opinion is provided as to those less likely to have significant resource impacts (*).

- *Health equity Standard - *reflects existing NCCDH practice recommendations – guidance?*
- *Fostering culture of quality and continuous improvement – *guidance?*
- *Publicly disclose results of all inspections
- *Use of social media in communications
- LHIN-related population health assessment work – *details pending*
- Board of Health Annual Service Plan and Budget Submission – *to be further delineated*
- Emergency preparedness, response and recovery – *await Ministry policy*
- Provide visual health supports and vision screening services – *protocol to be developed*
- Expand healthy environments to include physical and natural environments – *guidance?*
- Working with Indigenous populations – *guidance?*
- New enforcement (e-cigarettes, healthy menu choices).

Participant Discussion

Following a presentation of the key changes and their potential implications, the approximately 120 Winter Symposium participants were asked to work in small groups to discuss and record responses to four questions in small groups.

What are the opportunities provided by the new Standards?

Frequently identified opportunities included:

- Greater flexibility to act on local needs
- Additions addressing health equity, broader environmental standard (e.g., climate change), Indigenous population engagement
- Working strategically with LHINs
- Expansion of topic areas (e.g., mental health promotion, bullying)
- Potentially freeing up resources from clinical service delivery for reallocation (although also concerns regarding risks of doing so – e.g., access for priority populations)
- Strengthens population health assessment.

What do you see as the most important issues regarding the Standards' implementation?

Frequently identified issues included:

- While the new Standards' requirements are less numerous, it is unclear what the net impact of the changes will be on resource requirements since:
 - Most of the new requirements are not accompanied by any detail of the work that is required
 - Stopping/reducing some activities may not be feasible for a particular PHU due to the absence of alternative service providers to meet community needs
- While additional flexibility has been introduced in how health promotion-related programming is planned, considering the number and explicitness of health protection-related requirements, there is concern that the resources available to implement health promotion strategies will be eroded over time. How will this risk be mitigated?
- The transition process (i.e., an 'exit strategy') for withdrawing from existing service provision (e.g., sexual health services) will be important to achieve consistency in approach and minimize adverse effects:
 - What is the role of the LHIN in this analysis and decision-making?
 - What does 'ensure access' actually mean? (access, quality, priority populations, etc.)
 - Who is responsible for communication with the public about service changes/reductions?
- How will smaller public health units be supported since they are more likely to face challenges with:
 - Supporting the population health assessment expectations with LHINs
 - Withdrawing from existing service delivery due to absence of alternative service delivery options to meet community needs

- There are multiple items in the Standards that will require additional supports involving one or more of protocols, guidance documents, training, technical support, communities of practice, etc.
 - Items include:
 - Supporting LHINs' population health assessment process
 - Health equity
 - Indigenous community engagement
 - Annual Service Plan and Budget
 - Quality and continuous organizational self-improvement
 - Emergency preparedness, response and recovery
 - Program of public health interventions and its application to different Standards
 - Natural and built environment
 - Vision screening
 - New topic areas; e.g., mental health promotion, sleep
 - As end-users, how will PHU staff be involved in their development?
- Implementation timing of different aspects of the Standards will need to be taken into consideration and supports provided, where necessary. For example:
 - Budget processes are commencing for 2018, which has implications for the proposed Annual Service Plan and Budget. It would need to be ready very shortly in order to inform existing processes.
 - Time that will be needed to work with LHINs and community partners regarding withdrawal from existing service provision
 - Time to review needs and existing practices to develop 'programs of public health interventions'
 - Managing change and potential human resource impacts
- Implementation costs - while the net resource implications will not be clear until there is greater clarity on new expectations and how the withdrawal from exiting activities will occur, there will likely be one-time costs involved in shifts in approaches, retraining, etc. Since programs are frequently planned on a multi-year basis, if a full review of all affected programs is required, then planning will also be resource intensive.
- Participation opportunity costs – LHINs are increasingly asking for engagement opportunities. However, with finite resources for partnerships, this is coming at the expense of engagement with all of the other sectors that have the actual policy levers to address the social determinants of health.
- Healthy public policy as an approach has little mention within the Standards. If this cannot be remedied by strengthening the requirements, then it should be addressed in protocols, guidance documents, etc.

- With respect to the proposed vision screening program, considering that:
 - public health in Ontario withdrew from this area of service decades ago;
 - another province (BC) is withdrawing from it due to low cost effectiveness;
 - there is universal OHIP coverage of childhood optometry services;
 - stopping a service is difficult once it is started; and,
 - there are a considerable number of new areas of expected public health activity included in the Standards,

that if a vision screening program is developed, that it be carefully piloted to assess whether it achieves its intended benefits, at what effort, and with what unintended impacts.

Are there particular areas requiring clarification?

Frequently identified issues included:

- The ‘program outcomes’ appear to be framed as corresponding to Board of Health accountabilities. However, many of the ‘program outcomes’ are societal-type outcomes for which many parties contribute (e.g., reduce health inequities). What is the implication of this for the future accountability mechanism?
- The new School Health Standard appears to focus predominately on children and youth *in school*. Can the intent of this Standard be clarified with respect to:
 - The focus being schools as a setting versus school-aged children?
 - Children who attend private/religious schools, are home schooled, or have dropped out?
 - What does having its own Standard signal in terms of its relative importance compared to other Standards? (e.g., should reallocate resources, reorganize structure)
- With respect to the Policy Framework for Public Health Programs and Services,
 - How does it relate to established descriptions of public health (e.g., core system functions, Ottawa Charter)?
 - To what extent will it be a driver of the structure/content of future system components (e.g., Annual Service Plan, Accountability framework, etc.)?

Recommendations for alPHA

Through the small group discussions and the subsequent plenary session, there were several suggestions regarding what alPHA could be doing to support the public health community:

- Request extension for a response to the new OPHS – with a deadline of April 3, 2017, many organizations do not have a scheduled board meeting for a discussion of the new Standards and their implications. Furthermore, staff and Board members need sufficient time to digest and analyze the information that has been provided.
- alPHA and Board of Health responses – considering the different PHU contexts related to size, location and other factors, which will affect implementation of the Standards, a broad consensus set of recommendations may not be feasible. There is a key role for alPHA to provide information and analysis to support local Boards and MOHs, as well as to collate recommendations from individual PHUs.
- Monitor and contribute to other transformation processes that are in motion (e.g., Expert Panel, PH-LHIN Work Stream, Accountability Framework development, Capacity Committee, etc.) – these could substantially influence the PHU context for delivery of the new Standards. Seize opportunities to share key messages with these processes and to ensure alPHA has the necessary information to guide it through the transformation process
- Identifying additional resources – Roselle Martino mentioned looking at other avenues for securing resources including the possibility that LHINs might present an opportunity for funding aspects of population health assessment. As an example from elsewhere, healthcare resources were added to public health capacity to create a Public Health Observatory in the Saskatoon Health Region. The Observatory applies public health epidemiologic expertise to produce information outputs to inform healthcare planning including the conduct of health care equity audits for selected health services.

Conclusion

The latest version of the OPHS reflects a combination of a reduced number of requirements with the addition of new expectations with uncertain resource impacts. The initial analysis and discussion of the changes and their potential implications at the alPHA Winter Symposium is a first step for PHUs' understanding of, and response to, the OPHS Consultation Document.



Interoffice Memorandum

Date: March 10, 2017

To: Committee of the Whole

From: Dr. Robert Kyle

Subject: Health Information Update – March 3, 2017

Health
Department

Please find attached the latest links to health information from the Health Department and other key sources that you may find of interest. Links may need to be copied and pasted directly in your web browser to open, including the link below.

You may also wish to browse the online Health Department Reference Manual available at [Health Department Reference Manual](#), which is continually updated.

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

UPDATES FOR COMMITTEE OF THE WHOLE
March 3, 2017

Health Department Media Releases/Advisories/Publications

<https://goo.gl/mzalg3>

- Health Department announces Healthy Workplace Award recipients (Feb 15)

<https://goo.gl/vQKSFs>

- STOP Program returns for smokers who want to quit (Feb 17)

<https://goo.gl/sxi4AX>

- Rethink your drinking in Durham Region (Feb 23)

<https://goo.gl/VXUEeb>

- Health Department reminds residents and businesses near nuclear generating stations to obtain supply of KI tablets (Feb 28)

FAX Abouts (on DurhamMD.ca – UserID: drhd; Password: health)

- Increased Mumps Activities (Feb 24)
- Seoul Virus Infection in Ontario (Mar 2)

GOVERNMENT OF CANADA

Employment and Social Development Canada

<https://goo.gl/mazKYf>

- Canadians will have their say on the country's Poverty Reduction Strategy (Feb 13)

Environment and Climate Change Canada

<https://goo.gl/VHVKjo>

- The Government of Canada invests to modernize weather-forecasting infrastructure (Feb 28)

Health Canada

<https://goo.gl/6wFLma>

- Statement from the Minister of Health – Health Canada Authorizes Three New Supervised Consumption Sites in Montreal (Feb 6)

<https://goo.gl/1Xk61G>

- Government of Canada invests in program to promote healthy eating (Feb 7)

<https://goo.gl/aVDVUG>

- Statement from Health Canada on the Testing of Cannabis for Medical Purposes for Unauthorized Pest Control Products (Feb 7)

<https://goo.gl/QLDqGi>

- Health Canada proposes stronger rules regarding the importation of pesticides for personal use (Feb 10)

<https://goo.gl/q8tV0I>

- Government to make warning stickers and patient information handouts mandatory for all opioids dispensed in Canada (Feb 17)

<https://goo.gl/8SWC6U>

- Government of Canada announces changes to the Food and Drug Regulations to permit the irradiation of ground beef (Feb 22)

<https://goo.gl/jNkUcT>

- Government of Canada Launches Public Consultation on the Future of Tobacco Control in Canada (Feb 22)

Prime Minister's Office

<https://goo.gl/f14PvZ>

- Joint Statement from President Donald J. Trump and Prime Minister Justin Trudeau (Feb 13)

Public Health Agency of Canada

<https://goo.gl/VHqIsu>

- Outbreak of gastrointestinal illnesses linked to raw and undercooked oysters (Feb 7)

Transport Canada

<https://goo.gl/mDnc3k>

- Minister Garneau marks over 100 years of aviation history by shining light on serious safety issue (Feb 23)

GOVERNMENT OF ONTARIO

Anti-Racism Secretariat

<https://goo.gl/NNfDhS>

- Ontario Recognizing the United Nations' Decade for People of African Descent (Feb 21)

Office of the Premier

<https://goo.gl/ySTLSf>

- More People to Get Access to Life-Saving Stem Cell Transplant (Feb 7)

<https://goo.gl/53SXle>

- Premier Wynne Strengthening Partnership With the United States (Feb 15)

<https://goo.gl/ngHesE>

- Premier's Statement on Renewed Negotiations with the Ontario Medical Association (Feb 16)

<https://goo.gl/XRpz3R>

- Joint Statement by Premier Kathleen Wynne and Minister Eric Hoskins on the Province's New Ontario Medical Association Negotiating Team (Feb 21)

Ontario Ministry of Community and Social Services

<https://goo.gl/kiKR6f>

- A Message from the Honourable Dr. Helena Jaczek, Minister of Community and Social Services (Feb 24)

Ontario Ministry of Education

<https://goo.gl/QujXuB>

- Ontario Continuing to Provide Support for Child Care Professionals (Feb 9)

Ontario Ministry of the Environment and Climate Change

<https://goo.gl/UlnREq>

- Ontario Taking the Next Steps to Go Waste-Free (Mar 1)

Ontario Ministry of Finance

<https://goo.gl/QUhCmZ>

- Ontario Expanding Beer and Cider Sales to 80 More Grocery Stores (Feb 6)

<https://goo.gl/Cdq5Rr>

- Strategic Investments Creating Foundation for Prosperity (Feb 8)

Ontario Ministry of Health and Long-Term Care

<https://goo.gl/8ycSwM>

- Ontario Providing Faster Access to Mental Health Services for Thousands of People (Feb 8)

<https://goo.gl/5zhvRv>

- Statement from Chief Medical Officer of Health on Seoul Virus Infection (Mar 1)

OTHER ORGANIZATIONS

Canada Health Infoway

<https://goo.gl/Vm6NTB>

- Digital health reduces wait times by pulling Canadians out of the queue (Feb 16)

Canadian Nuclear Association

<https://goo.gl/MIsXR6>

- Canadian Nuclear Association touts Ontario's Nuclear Advantage (Feb 23)

Cardiac Care Network

<https://goo.gl/drTFi8>

- New coordinated system of heart attack care aims to decrease treatment delays, save lives (Feb 8)

Central East LHIN

<https://goo.gl/qdwZ3c>

- Health Link Community Profiles Support Decision Making (Feb 28)

Conference Board of Canada

<https://goo.gl/zbZvxL>

- Closing the tax gap in Canada would increase revenues available to governments and fairness to taxpayers (Feb 13)

Financial Accountability Office of Ontario

<https://goo.gl/MDNxuk>

- FAO says government's fiscal plan vulnerable to housing market correction (Feb 15)

Heart & Stroke

<https://goo.gl/WLZSZI>

- Sticker Shock – Canadians projected to pay a steep price for sugary beverages (Feb 10)

Institute of Clinical Evaluative Sciences

<https://goo.gl/A2Q1S5>

- Use of electronic medical records may result in better tracking of childhood obesity rates, new study finds (Feb 16)

<https://goo.gl/VdTf2o>

- Young children of mothers prescribed opioids at increased risk of overdose (Feb 20)

National Research Council

<https://goo.gl/NXTISG>

- In response to the increase of extreme weather events, the National Research Council is developing measures to keep Canadians safe (Feb 28)

Office of the Auditor General of Ontario

<https://goo.gl/CBW10g>

- Auditor General to Government: 'Show Me the Letter' (Feb 16)

Ontario Brain Institute

<https://goo.gl/VdYfd5>

- The Ontario Brain Institute and the Institute of Clinical Evaluative Sciences Pool Their Strengths to Make an Impact on Brain Disorders in Ontario (Feb 23)

Ontario Institute for Cancer Research

<https://goo.gl/dEUcXW>

- OICR researchers to be part of Cancer Research UK's Grand Challenge helping to answer cancer's biggest questions (Feb 10)

Ontario Medical Association

<https://goo.gl/HJTusF>

- OMA Response to Premier's "Statement on Renewed Negotiations with the Ontario Medical Association" (Feb 17)

Ontario Provincial Police

<https://goo.gl/PbnH39>

- Rash of Snowmobile Incidents Causes Spike in Death Toll (Feb 8)

Parachute

<https://goo.gl/1JUBcP>

- Hands-On Program Teaches Young Minds About Brain Health (Feb 16)



**The Regional
Municipality
of Durham**

Office of the Regional Chair

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-1567
roger.anderson@durham.ca

www.durham.ca

Roger M. Anderson
Regional Chair and CEO

March 1, 2017

Works Department
The Regional Municipality of Durham
605 Rossland Road East
Whitby, Ontario
L1N 6A3

Dear Friends:

On behalf of Regional Council, I am very pleased to present the enclosed certificate proclaiming the week of March 20 – 27, 2017, as Water Week in Durham Region.

Kindest personal regards,

A handwritten signature in black ink, appearing to read 'Roger Anderson', written in a cursive style.

Roger Anderson
Regional Chair & CEO

If this information is required in an accessible format, please contact
1-800-372-1102, ext. 2009.

"Service Excellence
for our Communities"



100% Post Consumer



THE REGIONAL MUNICIPALITY OF DURHAM

Certificate of Proclamation

Presented to

Works Department
The Regional Municipality of Durham

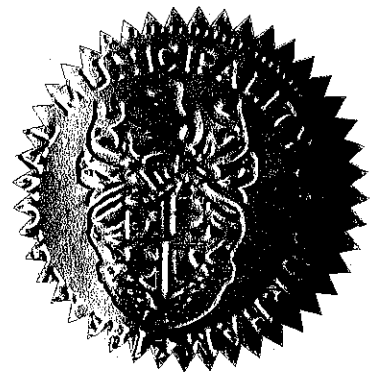
On behalf of the Council of
The Regional Municipality of Durham
it is my pleasure to proclaim the week of
March 20 – 27, 2017, as

Water Week

in Durham Region

A handwritten signature in cursive script, appearing to read 'Roger Anderson'.

Roger Anderson
Regional Chair & CEO



Clarington

March 2, 2017

Guy W. Giorno
Fasken Martineau DuMoulin LLP
333 Bay Street, Suite 2400
Toronto, ON M5H 2T6

Re: Council Code of Conduct and Appointment of Integrity Commissioner
File Number: A09.GE

C.S. - LEGISLATIVE SERVICES

Original
To: CIP
Copy
To: M. GOSKILL
C.C. S.C.C. File
Take Appr. Action

MAR 2 '17 PM 1:13

At a meeting held on February 27, 2017, the Council of the Municipality of Clarington approved the following Resolution #GG-123-17:

That Report CLD-003-17 be received;

That Guy W. Giorno be appointed as Integrity Commissioner for the Municipality of Clarington, as per the Region of Durham's award to Fasken Martineau DuMoulin LLP (Request for Proposal 1042A-2016) for the provision of Municipal Integrity Commissioner Services for the Municipality of Clarington for a term ending December 31, 2021;

That the appointment by-law, being Attachment 1 to Report CLD-003-17, appointing Guy Giorno as Clarington's Integrity Commissioner, and detailing the powers, duties and services of Guy Giorno, be approved;

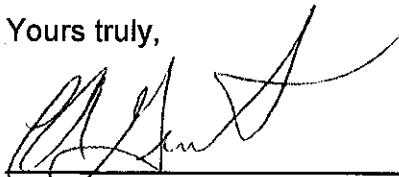
That the Mayor and Clerk be authorized to execute the necessary agreement;

That the By-law establishing a new Code of Conduct for Members of Council, being Attachment 4 to Report CLD-003-17, be approved; and

That all interested parties listed in Report CLD-003-17 and any delegations be advised of Council's decision.

I will be in touch with you regarding the execution of the necessary agreement between the Municipality of Clarington and Fasken Martineau DuMoulin LLP.

Yours truly,



C. Anne Greentree, B.A., CMO
Municipal Clerk

CAG/mc

Encl.

- c. Cheryl Bandel, Acting Regional Clerk, Regional Municipality of Durham
Tom Kelly, Region of Durham Purchasing Supervisor
Adnan Naeen, Region of Durham Solicitor
D. Ferguson, Purchasing Manager

CORPORATION OF THE MUNICIPALITY OF CLARINGTON

40 TEMPERANCE STREET, BOWMANVILLE, ONTARIO L1C 3A6 905-623-3379 www.clarington.net



Corporation of the Municipality of Thames Centre

4305 Hamilton Road, Dorchester, Ontario N0L 1G3 - Phone 519-268-7334 - Fax 519-268-3928 - www.thamescentre.on.ca - inquiries@thamescentre.on.ca

February 28, 2017

Honourable Kathleen Wynne, Premier of Ontario
Legislative Building – Room 281
Queen's Park
Toronto, ON M7A 1A1

Dear Premier Wynne:

At its last regular meeting held on February 22, 2017, the Council of The Corporation of the Municipality of Thames Centre enacted the following resolution:

"WHEREAS, Automated External Defibrillators are used to treat sudden cardiac arrest and have been proven to be life-saving during the waiting time period for emergency services;

AND WHEREAS, for every minute a person in cardiac arrest goes without being successfully treated by defibrillation, the chance of survival decreases by 7 percent in the first, and decreases by 10 percent per minute as time advances past 3 minutes;

AND WHEREAS, Andrew Stoddart, a 15 year old boy, passed away while playing soccer in Kintore, Ontario, an AED on site may have increased his odds of survival. Andrew's Legacy Foundation has currently purchased 22 AEDs for across Oxford County, including all three elementary schools in Zorra Township;

AND WHEREAS, Thames Valley District School Board has yet to put together a policy for having AED's in place in all, or any, of their public elementary and secondary schools;

THEREFORE BE IT RESOLVED THAT the Municipality of Thames Centre requests that the Premier, and Minister of Education, develop a policy that enables all schools and school boards in Ontario, including the Thames Valley District School Board, that allows individual elementary and secondary schools to have an AED installed in their schools;

AND THAT the Municipality of Thames Centre request that the Thames Valley District School Board and all other schools in Ontario develop a policy to install AEDs in all schools as soon as possible for the safety of our children.

AND THAT this resolution be sent to the Premier, Minister of Education, AMO, Thames Valley District School Board; Middlesex County; and all Ontario Municipalities for consideration and support."

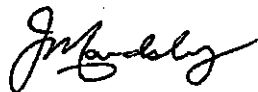
Letter – Premier Wynne
February 28, 2017
Page 2

The Council is very concerned with this issue and respectfully requests that further consideration be given to ensure a policy is developed that enables all schools and school boards in Ontario, including the Thames Valley District School Board, and that allows individual elementary and secondary schools to have an AED installed in their schools.

Thank you.

Sincerely,

The Corporation of the Municipality of Thames Centre



Jim Maudsley
Mayor

cc: Minister Mitzie Hunter, Education
Association of Municipalities of Ontario (AMO)
Laura Elliott, Director, Thames Valley District School Board
Kathy Bunting, Clerk, Middlesex County
All Ontario Municipalities
Kerby Waud, Principal, River Heights Public School
Catherine Zeisner, Principal, Northdale Central Public School
Suzanne Terpstra, Principal, St. David Catholic School
Cathy Johnston, Principal, West Nissouri Public School
Christine Vitsentzatos, Principal, Lord Dorchester Secondary School



TOWNSHIP OF ZORRA

274620 27th Line, PO Box 306, Ingersoll, ON, N5C 3K5
 Ph. (519) 485-2490 · 1-888-699-3868 · Fax: (519) 485-2520

March 1, 2017

Honourable Kathleen Wynne, Premier of Ontario
 Legislative Building - Room 281
 Queen's Park
 Toronto, ON M7A 1A1

Dear Premier Wynne:

Please be advised the Council of the Township of Zorra passed the following resolution at its February 14, 2017 regular meeting:

“WHEREAS, Automated External Defibrillators are used to treat sudden cardiac arrest and have been proven to be life-saving during the waiting time period for emergency services;

AND WHEREAS, for every minute a person in cardiac arrest goes without being successfully treated by defibrillation, the chance of survival decreases by 7 percent in the first, and decreases by 10 percent per minute as time advances past 3 minutes;

AND WHEREAS, Andrew Stoddart, a 15 year old boy, passed away while playing soccer in Kintore, Ontario, an AED on site may have increased his odds of survival. Andrew's Legacy foundation has currently purchased 22 AEDs for across Oxford County, including all three elementary schools in Zorra Township;

AND WHEREAS, Thames Valley District School Board has yet to put together a policy for having AED's in place in all, or any, of their public elementary and secondary schools;

THEREFORE BE IT RESOLVED THAT the Township of Zorra requests that the Premier, and Minister of Education, develop a policy that enables all schools and school boards in Ontario, including the Thames Valley District School Board, that allows individual elementary and secondary schools to have an AED installed in their schools;

AND THAT the Township of Zorra request that the Thames Valley District School Board and all other schools in Ontario develop a policy to install AEDs in all schools in Ontario as soon as possible for the safety of our children.

AND THAT this resolution be sent to the Premier, Minister of Education, AMO, Thames Valley District School Board; and all Ontario Municipalities for consideration and support.”

Disposition: Carried

If you have any questions, please do not hesitate to contact me.

Yours truly,

A handwritten signature in cursive script, appearing to read "Karen Martin".

Karen Martin
Clerk

cc: Minister of Education
Association of Municipalities of Ontario (AMO)
Thames Valley District School Board
All Ontario Municipalities

17-011

From: [Ontario Honours And Awards \(MCI\)](#)
Subject: 2017 Senior of the Year Award / Prix de la personne âgée de l'année 2017
Date: March-02-17 9:57:13 AM
Attachments: [Final 2017 SOTY Call for Nominations with Minister Signature.pdf.pdf](#)

(Un message en français suivra)

Dear Mayor, Reeve and Members of Council:

I am pleased to invite you to participate in the [2017 Senior of the Year Award](#). This annual award was established in 1994 to give each municipality in Ontario the opportunity to **honour one outstanding local senior**, who after the age of 65 has enriched the social, cultural or civic life of his or her community.

Pay tribute to a Senior of the Year award recipient and show how seniors are making a difference in your community!

Make a nomination for [Senior of the Year!](#)

Deadline is April 30, 2017

A certificate, provided by the Ontario government, is signed by Her Honour the Honourable Elizabeth Dowdeswell, Lieutenant Governor, myself as Minister of Seniors Affairs, and the local Head of Council.

The Government of Ontario is proud to offer this partnership with the municipalities. Seniors have generously offered their time, knowledge, expertise and more to make this province a great place to live. It is important to recognize their valuable contributions.

If you have questions, please contact the Ontario Honours and Awards Secretariat:

Email: ontariohonoursandawards@ontario.ca
Phone: 416 314-7526
Toll-free: 1 877-832-8622
TTY: 416 327-2391

Thank you in advance for taking the time to consider putting forward the name of a special senior in your community.

Sincerely,

The Honourable Dipika Damerla
Minister

Madame la mairesse, Madame la préfète, chères membres du conseil,
Monsieur le maire, Monsieur le préfet, chers membres du conseil,

J'ai le plaisir de vous inviter à participer au [Prix de la personne âgée de l'année 2017](#). Ce prix annuel a été instauré en 1994 pour donner à chaque municipalité la possibilité de rendre hommage à une personne âgée exceptionnelle de la localité qui, après ses 65 ans, a enrichi la vie sociale, culturelle ou citoyenne de sa collectivité.

Rendez hommage à une ou un récipiendaire du Prix de la personne âgée de l'année, et montrez comment les personnes âgées font une différence dans votre collectivité!

Proposez une candidature pour [le Prix de la personne âgée de l'année!](#)

La date limite est le 30 avril 2017

Un certificat, fourni par le gouvernement de l'Ontario, est signé par Son Honneur l'honorable Elizabeth Dowdeswell, lieutenant-gouverneure, par moi-même, en qualité de ministre des Affaires des personnes âgées, et par la ou le chef du conseil de la localité.

Le gouvernement de l'Ontario est fier d'offrir ce partenariat aux municipalités. Les personnes âgées ont généreusement offert leur temps, leurs connaissances, leur savoir-faire et davantage, pour faire de cette province un endroit où il fait bon vivre. Il est important de rendre hommage à leurs précieuses contributions.

Pour toute question, veuillez communiquer avec le Secrétariat des distinctions et prix de l'Ontario :

Courriel : ontariohonoursandawards@ontario.ca

Téléphone : 416 314-7526

Sans frais : 1 877 832-8622

ATS : 416 327-2391

Je vous remercie d'avance de prendre le temps de songer à proposer le nom d'une personne âgée exceptionnelle de votre collectivité, et je vous prie de croire à l'expression de mes sentiments les meilleurs.

La ministre,

L'honorable Dipika Damerla

**Minister of
Seniors Affairs**

6th Floor
400 University Avenue
Toronto ON M7A 2R9
Tel.: (416) 314-9710
Fax: (416) 325-4787

**Ministre des Affaires
des personnes âgées**

6^e étage
400, avenue University
Toronto ON M7A 2R9
Tél.: (416) 314-9710
Télééc.: (416) 325-4787



March 2017

Dear Mayor, Reeve and Members of Council:

I am pleased to invite you to participate in the [2017 Senior of the Year Award](#). This annual award was established in 1994 to give each municipality in Ontario the opportunity to **honour one outstanding local senior**, who after the age of 65 has enriched the social, cultural or civic life of his or her community.

Pay tribute to a Senior of the Year award recipient and show how seniors are making a difference in your community!

Make a nomination for [Senior of the Year!](#)

Deadline is April 30, 2017.

A certificate, provided by the Ontario government, is signed by Her Honour the Honourable Elizabeth Dowdeswell, Lieutenant Governor, myself as Minister of Seniors Affairs, and the local Head of Council.

The Government of Ontario is proud to offer this partnership with the municipalities. Seniors have generously offered their time, knowledge, expertise and more to make this province a great place to live. It is important to recognize their valuable contributions.

If you have questions, please contact the Ontario Honours and Awards Secretariat:

Email: ontariohonoursandawards@ontario.ca
Phone: 416 314-7526
Toll-free: 1 877-832-8622
TTY: 416 327-2391

Thank you in advance for taking the time to consider putting forward the name of a special senior in your community.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dipika Damerla'. The signature is fluid and cursive.

The Honourable Dipika Damerla
Minister

Minister of
Seniors Affairs

6th Floor
400 University Avenue
Toronto ON M7A 2R9
Tel.: (416) 314-9710
Fax: (416) 325-4787

Ministre des Affaires
des personnes âgées

6^e étage
400, avenue University
Toronto ON M7A 2R9
Tél.: (416) 314-9710
Télééc.: (416) 325-4787



Ontario

Mars 2017

Madame la mairesse, Madame la préfète, chères membres du conseil,
Monsieur le maire, Monsieur le préfet, chers membres du conseil,

J'ai le plaisir de vous inviter à participer au [Prix de la personne âgée de l'année 2017](#). Ce prix annuel a été instauré en 1994 pour donner à chaque municipalité la possibilité de rendre hommage à une personne âgée exceptionnelle de la localité qui, après ses 65 ans, a enrichi la vie sociale, culturelle ou citoyenne de sa collectivité.

Rendez hommage à une ou un récipiendaire du Prix de la personne âgée de l'année, et montrez comment les personnes âgées font une différence dans votre collectivité!

Proposez une candidature pour [le Prix de la personne âgée de l'année](#)!

La date limite est le 30 avril 2017.

Un certificat, fourni par le gouvernement de l'Ontario, est signé par Son Honneur l'honorable Elizabeth Dowdeswell, lieutenant-gouverneure, par moi-même, en qualité de ministre des Affaires des personnes âgées, et par la ou le chef du conseil de la localité.

Le gouvernement de l'Ontario est fier d'offrir ce partenariat aux municipalités. Les personnes âgées ont généreusement offert leur temps, leurs connaissances, leur savoir-faire et davantage, pour faire de cette province un endroit où il fait bon vivre. Il est important de rendre hommage à leurs précieuses contributions.

Pour toute question, veuillez communiquer avec le Secrétariat des distinctions et prix de l'Ontario :

Courriel : ontariohonoursandawards@ontario.ca
Téléphone : 416 314-7526
Sans frais : 1 877 832-8622
ATS : 416 327-2391

Je vous remercie d'avance de prendre le temps de songer à proposer le nom d'une personne âgée exceptionnelle de votre collectivité, et je vous prie de croire à l'expression de mes sentiments les meilleurs.

La ministre,

A handwritten signature in black ink, appearing to read 'Dipika'.

L'honorable Dipika Damerla

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

The Regional Municipality of Durham

MINUTES

ACCESSIBILITY ADVISORY COMMITTEE

Monday, February 27, 2017

A meeting of the Accessibility Advisory Committee was held on Monday, February 27, 2017 in Boardroom LL-C, Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby at 1:30 PM.

Present: M. Sutherland, Oshawa, Chair
S. Sones, Whitby, Vice-Chair
R. Atkinson, Whitby
M. Bell, DMHS
Councillor J. Drumm attended the meeting at 1:41 PM
M. Roche, Oshawa

Absent: S. Barrie, Clarington
P. Rundle, Clarington
J. Stevenson, Ajax
D. McAllister, Executive Director, DREN

Staff

Present: J. Traer, Accessibility Coordinator, Office of the Chief Administrative Officer
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

Due to a lack of quorum, the Committee initially could not proceed with the items as listed on the Agenda but discussion ensued with regards to Item 6.A). Councillor Drumm attended the meeting at 1:41 PM, at which time quorum was achieved. The Committee was then able to proceed with the agenda items.

1. Declarations of Interest

Councillor Drumm made a declaration of interest under the *Municipal Conflict of Interest Act* with respect to any items pertaining to Durham Region Transit. He indicated that his son is employed by Durham Region Transit.

2. Approval of Agenda

Moved by S. Sones, Seconded by M. Roche,
That the agenda for the February 27, 2017 Accessibility Advisory
Committee meeting, be approved.

CARRIED

3. Adoption of Minutes

Moved by R. Atkinson, Seconded by S. Sones,
That the minutes of the January 24, 2017 Accessibility Advisory
Committee meeting be adopted.
CARRIED

4. Presentation

A) Durham Region Transit regarding Bus Stop Signage Re-Design

J. Traer advised that the presentation from Durham Region Transit will be presented at the March 28, 2017 meeting.

5. Business Arising from the Minutes

There was no business arising from the minutes.

6. Correspondence

A) Correspondence from the Township of Brock regarding Durham Region Transit Travel Training Day

A copy of the correspondence from the Township of Brock regarding Durham Region Transit Travel Training Day was provided as Attachment #2 to the Agenda.

Discussion ensued with regards to the information and feedback provided within the report from the Township of Brock. It was stated that the report brings a unique perspective of concerns and issues that Durham Region Transit needs to address to make the service more user-friendly and accessible for the residents of the Township of Brock.

Moved by M. Roche, Seconded by S. Sones,
That the correspondence from the Township of Brock dated
January 23, 2017 regarding Durham Region Transit Travel Training
Day be received for information.
CARRIED

7. Reports

A) Education Sub-committee Update

J. Traer advised of the following future presentations:

- Durham Region Transit will provide a presentation regarding bus stop signage re-design at the March meeting;
- A representative from a non-profit organization will provide a presentation regarding accessible housing at the March meeting;

- META Vocational Services will provide a presentation about their services at the April meeting;

J. Traer also advised that she is looking into having future presentations with regards to the age-friendly community strategy and action plan for Durham Region; as well as a presentation from Corporate Communications regarding a social media update. R. Atkinson advised that she will try to arrange a future presentation regarding 24 hour attendant care.

B) Update on the Transit Advisory Committee (TAC)

M. Sutherland advised that the update on the Transit Advisory Committee will be provided in advance of the next AAC meeting scheduled for March 28, 2017.

Discussion ensued with regards to: the number of taxis that worked on December 25, 2016; taxi cabs being prohibited from taking overflow; the amalgamation of specialized and conventional buses; and the need to expand the fleet of specialized buses. It was requested that the following questions be forwarded to TAC:

- Why do boundaries and borders exist with regards to contracted taxi cabs;
- Is there an advantage to booking a taxi-cab on-line instead of by phone and what is the response time; and
- The budget breakdown for buses.

C) Update from the Accessibility Coordinator

- J. Traer advised that there have been weekly meetings with regards to the new Region of Durham website. She stated that accessibility remains an important issue in the development of the site and feedback is highly encouraged. She advised that the Public Focus Group is scheduled for February 28, 2017.
- J. Traer advised that there is a lecture being held at the University of Ontario Institute of Technology on March 1, 2017 that may be of interest to Committee members. The lecture is entitled "Creating a Barrier Free Ontario".
- J. Traer advised that April 11, 2017 is Open Web Day at the Region. She stated that this is another opportunity to provide feedback with regards to the redevelopment of the Region of Durham website. She advised that J. Stevenson is scheduled to present on that day.
- J. Traer advised that there are a number of Lunch and Learn seminars available to staff at the Region with regards to accessibility and staff is encouraged to attend.

- J. Traer advised that the 2016-2021 Accessibility Plan has been printed and posted on the regional website.

8. Administration Matters

A) Minutes of the Joint Forum of the Accessibility Advisory Committees meeting held on September 20, 2016

The minutes of the Joint Forum of the Accessibility Advisory Committees Meeting held on September 20, 2016 was provided as Attachment #3 to the Agenda.

Moved by R. Atkinson, Seconded by M. Bell,

That the minutes of the Joint Forum of the Accessibility Advisory Committees meeting held on September 20, 2016 be received for information.

CARRIED

9. Other Business

A) National Access Awareness Week

Discussion ensued with regards to the possibility and effectiveness of having activities at schools to promote National Access Awareness Week.

B) New Development in South Whitby

Discussion ensued with regards to the proposal of a new development in south Whitby and whether the Committee would be able to provide input or if such input would have to be provided from the local Accessibility Advisory Committee.

C) Introduction of New Committee Member

J. Traer introduced and welcomed Andre O'Bumsawin to the Committee. She stated that A. O'Bumsawin will be appointed by the Committee of the Whole and Council in April 2017 and will be an official AAC member at the April 25, 2017 AAC meeting. A. O'Bumsawin provided the Committee with a brief background of his experience. J. Traer advised that with A. O'Bumsawin's experience with building codes, he would be a great addition to the Site Survey Sub-Committee.

10. Date of Next Meeting

The next regularly scheduled meeting of the Accessibility Advisory Committee will be held on Tuesday, March 28, 2017 in Room 1-A, Regional Headquarters Building, 605 Rossland Road East, Whitby, at 1:00 PM.

11. Adjournment

Moved by R. Atkinson, Seconded by M. Roche,
That the meeting be adjourned.

CARRIED

The meeting adjourned at 2:57 PM

M. Sutherland, Chair
Accessibility Advisory Committee

N. Prasad, Committee Clerk

Action Items Committee of the Whole and Regional Council

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
September 7, 2016 Committee of the Whole	Staff was requested to provide information on the possibility of an educational campaign designed to encourage people to sign up for subsidized housing at the next Committee of the Whole meeting. (Region of Durham's Program Delivery and Fiscal Plan for the 2016 Social Infrastructure Fund Program) (2016-COW-19)	Social Services / Economic Development	October 5, 2016
September 7, 2016 Committee of the Whole	Section 7 of Attachment #1 to Report #2016-COW-31, Draft Procedural By-law, as it relates to Appointment of Committees was referred back to staff to review the appointment process.	Legislative Services	First Quarter 2017
October 5, 2016 Committee of the Whole	That Correspondence (CC 65) from the Municipality of Clarington regarding the Durham York Energy Centre Stack Test Results be referred to staff for a report to Committee of the Whole	Works	
December 7, 2016 Committee of the Whole	Staff advised that an update on a policy regarding Public Art would be available by the Spring 2017.	Works	Spring 2017
January 11, 2017 Committee of the Whole	Discussion also ensued with respect to whether implementing a clear bag program will help to increase recycling and green bin program compliance at curbside. Staff was directed to bring an updated report on a clear bag program to an upcoming meeting of the Committee of the Whole.	Works	

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
January 11, 2017 Committee of the Whole	Inquiry regarding when the road rationalization plan would be considered by Council. Staff advised a report would be brought forward in June.	Works	June 2017
March 1, 2017 Committee of the Whole	Staff was directed to invite the staff of Durham Region and Covanta to present on the Durham York Energy Facility at a future meeting of the Council of the Municipality of Clarington.	Work	
March 1, 2017 Committee of the Whole	Staff was requested to advise Council on the number of Access Pass riders that use Specialized transit services.	Finance/DRT	March 8, 2017
March 1, 2017 Committee of the Whole	That the presentation given by the Commissioner of Finance at the Transit Executive Committee meeting on February 23, 2017 on PRESTO be given at the March 8, 2017 Council meeting.	Finance/DRT	March 8, 2017
March 1, 2017 Committee of the Whole	That staff invite a representative from Metrolinx to attend a Regional Council meeting as a delegation regarding the PRESTO Agreement.	DRT/CAO	
March 1, 2017 Committee of the Whole	A request for a report/policy regarding sharing documents with Council members prior to the summer break.	Corporate Services - Administration	Prior to July 2017

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
March 1, 2017 Committee of the Whole	That staff report back on the costs of the litigation between the City of Oshawa and The Regional Municipality of Durham regarding the unfunded transit liabilities.	Legal / Corporate Services	