



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

November 18, 2016

Information Reports

[2016-INFO-35](#) Commissioner and Medical Officer of Health – re: Program Reports

Early Release Reports

There are no Early Release Reports.

Staff Correspondence

1. [Memorandum from Dr. R. Kyle](#), Commissioner and Medical Officer of Health – re: The Price of Eating Well in Durham Region 2016

Durham Municipalities Correspondence

1. [City of Oshawa](#) – Resolution passed at their Council meeting held on October 17, 2016, regarding Bill 9, End Age Discrimination Against Stroke Recovery Patients Act, 2016.

Other Municipalities Correspondence/Resolutions (For Information)

There is no Other Municipalities Correspondence/Resolutions.

Miscellaneous Correspondence (For Information)

1. [Central Lake Ontario Conservation Authority](#) advising that the Central Lake Ontario Conservation Authority will be embarking on a 5-year update to the Lynde Creek, Oshawa Creek, Black/Harmony/Farewell Creek and Bowmanville/Soper Creek Watershed Plans.
2. [Central Lake Ontario Conservation Authority](#) News Release re: Central Lake Ontario Conservation Gives Back To The Community.
3. [Ganaraska Region Conservation Authority](#) requesting that the unapproved minutes of their October 20, 2016 meeting be distributed to Council members.

4. [The Honourable Bill Mauro](#), Minister of Municipal Affairs, advising that communication from Ministry staff will be sent to Clerks and CAOs with information on how to request a delegation meeting at the Rural Ontario Municipalities Association annual meeting being held January 29-31, 2017, in Toronto.

Advisory Committee Minutes (For Information)

1. Accessibility Advisory Committee (AAC) minutes – [October 25, 2016](#)
2. Durham Nuclear Health Committee (DNHC) minutes – [November 4, 2016](#)

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 & Medical Officer of Health
Report: #2016-INFO-35
Date: November 18, 2016

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. The Chronic Diseases & Injuries Programs, Environmental Health & Emergency Preparedness Programs, Family Health Programs, Infectious Diseases Programs, Paramedic Services and Professional & Administrative Services Reports for September -October 2016 are attached to this report.
2. Key highlights include:
 - Chronic Diseases & Injuries – Chronic Disease Prevention and Prevention of Injury and Substance Misuse Updates
 - Environmental Health & Emergency Preparedness – Food Safety and Safe Water Updates
 - Family Health – Reproductive and Child Health Update
 - Infectious Diseases – Infectious Diseases Prevention and Control, Sexual Health, Sexually Transmitted Infections and Blood-Borne Infections (Including HIV) and Vaccine Preventable Diseases Updates
 - Paramedic Services – Administration, Operations, Quality Development and Planning & Logistics Updates
 - Professional & Administrative Services – Privacy and Information Security, Epidemiology and Evaluation Information Products and Ethics Updates
3. Boards of health are required to “superintend, provide or ensure the provision of

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

Respectfully submitted,

Original signed by

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

ABBREVIATIONS

- ACDR – AIDS Committee of Durham Region
- ACP – Advanced Care Paramedic
- AWQI – Adverse Water Quality Incident
- BLS – Basic Life Support
- CAMH – Centre for Addiction and Mental Health
- CBSA – Canada Border Services Agency
- CDC – US Centers for Disease Control and Prevention
- CECW – Centres for Excellence for Children’s Well-Being
- CHC – Community Health Centre
- CS-HR – Corporate Services – Human Resources
- CS-IT – Corporate Services – Information Technology
- DCDSB – Durham Catholic District School Board
- DDSB – Durham District School Board
- DRHD – Durham Region Health Department
- DRPS – Durham Regional Police Service
- DYDAC – Durham Youth Drug Awareness Committee
- ECA – *Electronic Cigarettes Act, 2015*
- ED – Emergency Department
- EH – Environmental Health Division
- EHEP – Environmental Health & Emergency Preparedness
- EHIS – Environmental Health Information System
- HMCA – *Healthy Menu Choices Act, 2015*
- HPPA – *Health Protection and Promotion Act*
- IDPC – Infectious Diseases Prevention and Control
- ILI – Influenza-Like Illness
- IPAC – Infection Prevention and Control
- LD – Lyme Disease
- LTCH – Long-Term Care Home
- MHCC – Mental Health Commission of Canada
- MOECC – Ontario Ministry of the Environment and Climate Change
- MOHLTC – Ontario Ministry of Health and Long-Term Care
- NRT – Nicotine Replacement Therapy
- OPHS – Ontario Public Health Standards
- PCP – Primary Care Paramedic
- PHAC – Public Health Agency of Canada
- PHI – Public Health Inspector
- PHL – Public Health Laboratory
- PHN – Public Health Nurse
- PHNN – Public Health Nursing and Nutrition Division
- PHO – Public Health Ontario
- PHU – Public Health Unit
- POC – Point of Care

- PSS – Personal Services Settings
- R2MR – Road to Mental Readiness
- RDPS – Region of Durham Paramedic Services
- RFP – Request for Proposal
- RRFSS – Rapid Risk Factor Surveillance System
- SDWS – Small Drinking Water Systems
- SFOA – *Smoke-Free Tobacco Act*
- STOP – Smoking Treatment for Ontario Patients
- TAMI – Talking About Mental Illness
- TEO – Tobacco Enforcement Officer
- UIIP – Universal Influenza Immunization Program
- UOIT – University of Toronto Institute of Technology
- VSH – Vaccine Storage and Handling
- WHO – World Health Organization
- WNV – West Nile Virus
- YPCC – Young Parents Community Coalition



CHRONIC DISEASES AND INJURIES PROGRAMS

REPORT FOR SEPTEMBER - OCTOBER 2016

CHRONIC DISEASE PREVENTION

Healthy Weights

Obesity rates have doubled in adults and tripled in children in the last **30** years. Currently, **1 in 3** children and youth in Canada are overweight or obese. Obesity in childhood is likely to persist into adult years with teenagers who are obese having an **80%** chance of remaining obese as adults. If nothing changes, this will be the first generation of kids to not live as long as their parents.

With excessive weight gain, children are at higher risk of developing a range of health problems in childhood and in their later years, including

- high blood pressure, stroke and heart disease
- Type-2 diabetes
- bone and joint problems
- certain types of cancer
- psychosocial challenges (e.g., negative body/self-image, stigmatization, depression and impaired quality of life)

Healthy weights are interrelated to the determinants of health which include education, socioeconomic status, social networks, employment conditions, early childhood development, physical environment, personal health practices, biological and genetic health factors, gender, and culture.

Evidence shows that certain populations are at greater risk for being an unhealthy weight:

- Those living in low socioeconomic status priority neighborhoods
- Children or adolescence that experience exclusion are at a higher risk of weight gain
- Adults in the priority neighbourhoods 25 years and older with less than completed post-secondary education

- First Nations, Inuit and Métis living on/off reserve
- New immigrants
- Adults and children with disabilities

As a result of this evidence, DRHD staff sought out unique opportunities and implemented innovative strategies to engage with priority populations:

- *How-to in Ten*
The How-to in Ten events occurred at **5** libraries across Durham Region including Clarington, Oshawa, Pickering, Uxbridge and Whitby. Interactive tools were used to initiate conversations and highlight key healthy weights messages. The majority of participants were families with children with a total of **824** participants reached.
- *Parents Supporting Parents*
The Parent Supporting Parents group is a social group of parents and their children located in the downtown Ajax neighbourhood. This group provides an opportunity for parents to find encouragement as they work together to support each other through the joys and challenges of family life. Through supporting this event, **123** families were reached with healthy weights messaging including how to create healthy family routines and provide actionable healthy eating strategies for parents to implement.
- *Conant Complex Fair*
The Conant Complex Fair occurred in the Lakeview priority neighbourhood and hosted approximately **1,500** participants. The target of this event was families living in the south Oshawa neighbourhood. Numerous community partners were involved in this successful event which was hosted by the Carea Community Health Centre. The healthy weights interactive display informed families about healthy weights and creating healthy family routines.
- *Nobody's Perfect*
A workshop on healthy weights and creating healthy routines for newcomers was provided at the Ajax Welcome Centre for **11** parents. This workshop included several interactive activities that allowed participants to share their experience with creating healthy routines and facilitated information sharing on healthy eating, physical activity and sleep.
- *Social Media*
The Durham Healthy Families social media accounts are geared towards parents with children 0-18 years old residing in Durham Region. The topic of healthy routines was posted on these social media accounts. This resulted in **228** people reached on Instagram with **81** post engagements, **4,121** people reached on Facebook with **232** engagements and **411** people reached on Twitter with 6 post engagements.

Evidence suggests that schools are an ideal setting to support a healthier weight because:

- childhood and adolescence is a time when health practices are learned and adopted

- the majority of children and parents can be reached through schools
- children and youth spend half of their wakeful time at school
- schools provide an established infrastructure, a safe and supportive physical environment, policies, curricula and staff that can offer continuous and intentional contact with all students
- school programs can be conducted at low or no cost
- teachers are important role models

Schools located in priority neighbourhoods have been reached with parent education and supporting resources on creating healthy routines. A total of **16** schools have received support at events such as Welcome to Kindergarten sessions, parent coffee chats, informal parent discussions, presentations and school community events.

PHNs conducted an interactive education workshop for **33** early childhood educators. The goal of the workshop was to inform educators about physical literacy and screen time as it relates to children. This dynamic evening provided an opportunity to build capacity with child care providers to share and impart key messages on healthy eating, physical activity and sleep with parents/caregivers of the children they care for.

Physical Activity

It has been well established that sedentary behaviour is a distinct risk factor for chronic disease development such as obesity, diabetes, heart disease and mental health problems. However, children also face health risks from prolonged sedentary time, and the biggest contributor to sedentary time in children is screen time. Screen Time is defined as time spent on TV, tablets, smartphones, computer, laptops or playing video games. To attenuate the negative health effects of screen time among children, the Canadian Sedentary guidelines recommends that children aged 5-17 years limit their recreational screen time to less than 2 hours per day.

According to Durham Region's Public Health Monitoring of Risk Factors report, **61%** of secondary school students and **49%** of elementary school students exceed the recommended amount of recreational screen time (DRHD, 2016). In the recent ParticipACTION Report Card sedentary behaviour of Canadian children received an overall grade of F, down from the D minus received in 2015, because of the large percentage of children and youth who are not meeting Sedentary Guidelines (ParticipACTION, 2016). Furthermore, only **15%** of 3 to 4 year olds in Canada are meeting the Canadian Sedentary Guidelines which recommends that daily screen time for children 2 to 4 years old be limited to less than one hour (ParticipACTION, 2016).

Evidently, excessive sedentary behaviour, and high levels of screen time are seen in a large portion of Canadian children and youth, putting them at risk of:

- obesity, diabetes, and heart disease
- attention, language and cognitive development problems
- detrimental effects on academic performance
- lower self-esteem and social skills
- decreased family engagement
- increased intake of high-energy, low-nutrient foods

- irregular sleep patterns

(Tremblay, M.C., 2010)

In response to these statistics, the following strategies were used to increase awareness of screen time and promote a reduction in screen time and sedentary behaviour to educators, child care providers and parents of children 0 to 12 years old:

- Our messaging on social media provided parents with information on sedentary guidelines, strategies to reduce screen time in the home, and promoting physical activity as a healthier alternative to screen time.
- The Durham Healthy Families social media accounts are geared towards parents with children 0-18 years old residing in Durham Region. The topic of screen time was posted on the Facebook and Twitter accounts on March 24, August 25 and October 20, 2016. The posts on Facebook reached a total of **31,672** people and resulted in **492** engagements; posts on Twitter reached a total of **4,436** people and resulted in **232** engagements.
- The Durham Healthy Families YouTube account is also geared towards parents with children 0-18 years old residing in Durham Region. A YouTube vlog entitled *Healthy Routines after School – How Much Screen Time?* was posted on this account on September 21 and, to date, has received over **1,400** views.

A four week Screen Time ad campaign with the message *Start a healthier Routine! Turn off the Screen* and a link to the durham.ca/physicalactivity webpage ran from the end of September to end of October on The Weather Network, Metroland Durham and Facebook and resulted in the following:

- The Weather Network Mobile Ad received **1,497** clicks with a total of 338170 impressions.
- The Metroland Durham ad received **693** clicks with a total of **306,024** impressions
- The Facebook ad resulted in a lot of engagement with people commenting on the importance of finding a balance between screen time and other daily activities.
- There were a total of **2,190** clicks on our online Screen Time ads which means **2,190** people visited our webpage to access information about Screen Time.

Other activities addressing screen time provided by public PHNs included:

- A workshop for front line staff and supervisors of Early Years child care centres was provided to **33** educators on October 26. The workshop explored the importance of reducing screen time, developing physical literacy skills and playing outdoors for children ages 0-6 years. Educators also identified strategies to help families implement healthy routines in the home, including strategies to limit screen time according to Canadian guidelines.
- Health Education sessions on October 18 and 26 were provided through participation in a Community Consultation Session conducted by the Ajax/Pickering Early Childhood Development Coalition. **Twelve** parents/caregivers who reside in Ajax/Pickering with children 0-6 years of age received information on screen time.

- **120** families (parents/caregivers of children 0-5 years) received messaging around screen time at the Family Fun Day Ready Set Grow Event at Lakeview Park in Oshawa on September 16.

Tobacco Control

Smoke-Free Ontario Act/Electronic Cigarettes Act, 2015

TEOs are currently completing the required mandatory inspections under the SFOA and ECA in Durham. This includes **2** rounds of SFOA and **1** round of ECA youth access inspections, a SFOA display and promotion inspection, inspections of all secondary schools and responding to complaints related to smoking in prohibited places.

It is anticipated that the MOHLTC will approve shortly the posting and distribution of the mandatory signage with respect to the use of e-cigarettes in public/prohibited places. In the interim, TEOs continue to dialogue with our local municipalities.

Tobacco Use Prevention

In a continued effort to reduce smoking rates in Durham Region, STOP on the Road workshops were held in **2** of our priority neighbourhoods. The first workshop was held in Oshawa on October 4; the second in Ajax on October 28. These neighbourhoods have significantly higher rates of smoking than Durham Region itself. The Oshawa workshop was provided for a group of students attending an alternative education school. The workshop was held at the school in Oshawa. The second workshop was in a priority neighbourhood in Ajax, at a multi-unit housing building that has a no-smoking policy.

STOP is collaborative strategy between CAMH and DRHD and funded by MOHLTC through its Smoke-Free Ontario Strategy.

Participants attended a 3-hour workshop, which included a one hour education session on quit smoking skills, combined with individual participant consultation. Participants received a 5-week kit of NRT patches, free of charge, and accompanied by instructions about its use. For the Oshawa workshop, **19** participants registered and **13** individuals attended. In Ajax, **2** tenants attended the workshop.

To date, DRHD has provided **67** Durham residents with free NRT. Workshops are planned for November 2 and January 16, 2017.

A presentation on the STOP program was provided on October 21 at DRHD's Fall Research and Knowledge Exchange Symposium to staff and community partners.

Water Pipe Sampling

As per recent collaborations with the CBSA, MOHLTC and PHUs, DRHD has participating in the sampling of the **4** hookah establishments in Durham Region. Effective January 1, 2016 amendments to the SFOA provided inspectors with the authority to remove a sample of a substance or any other thing that is relevant to the inspection. The goal of sampling is to curb the illegal indoor use of water pipe tobacco and protect patrons and workers from exposure to second-hand smoke. **11** out of **36** PHUs have bars and restaurants that permit water pipe smoking.

The **4** establishments in Durham are located in Ajax, Oshawa and Pickering. TEOs sampled all the locations in September and lab results revealed the presence of tobacco in **3** out of the **4** establishments. A progressive enforcement approach will be taken as per the direction from the MOHLTC that includes education and warning letters prior to charging owners/operators. Since positive samples were found in Durham, DRHD has requested the MOHLTC approve an additional sampling round of these 4 locations. If continued non-compliance is identified, charges will be issued.

PREVENTION OF INJURY AND SUBSTANCE MISUSE

Alcohol and Substance Misuse Prevention

Alcohol use is a causal factor in at least **60** types of diseases and injuries and a contributing factor in **200** others (WHO, 2014). It is also the third leading cause of death and disability in the world. The negative consequences of alcohol misuse impact not only drinkers, but also those around them. The “second-hand effects”, or impact of alcohol misuse on third parties includes, but is not limited to, property damage; physical and sexual assaults; domestic violence; child neglect and abuse; impaired driving; fetal alcohol spectrum disorder; negative impact on workplace productivity; healthcare costs and utilization rates; as well as policing service demands (WHO, 2014).

Underage drinking is an important area of public health focus. Evidence indicates that the earlier an adolescent starts to use alcohol the greater the risk of lower grades, injuries, legal problems, risky sexual behavior and alcohol misuse (CDC, 2014). In Durham Region, **65%** of secondary students report drinking alcohol in the past year (DRHD, 2016). To address underage drinking, the DRHD works with various community partners including schools and community agencies.

One particular approach focuses on educating secondary school students about media literacy, political systems and youth activism as well as substance use. The focus of this initiative is to provide leadership opportunities for secondary students through youth engagement and peer led education activities within their respective schools. This project is derived from the work of DYDAC, consisting of members from the Carea CHC, DCDSB, DDSB, DRHD, DRPS and Pinewood Centre for Addictions.

The second annual DYDAC conference entitled *The Leader in Me: Awareness to Action* occurred on Friday October 14. For this event, invitations are offered to secondary schools on a rotational basis. In year one of the project, **15** secondary schools, from various municipalities, were invited to attend. This year, **15** different schools from across the Region were invited to participate. This year, **72** students and **16** teachers, representing **13** secondary schools, attended. Of the **13** schools, **2** were from Pickering, **4** from Whitby, **2** from North Durham communities, **3** from Oshawa and **1** from Clarington. **Three** community liaison police officers and **2** DDSB trustees (representing Ajax and Oshawa) also attended for part of the day. The conference brought schools together to discuss topics such as creating health promotion campaigns and youth advocacy and activism as well as **4** substance use areas (i.e., alcohol, marijuana, tobacco and prescription/over-the-counter drug use). A key note workshop on the link

between substance misuse and mental health, as well as the importance of school connectedness, was provided by mental health leaders from the DCDSB and DDSB.

As a step towards sustainable action, the daylong event closed with students and school staff meeting with their liaison public health nurse to develop a school based action plan related to substance use. School action plans are implemented from November 2016 to May 2017 inclusively.

Distracted Driving

According to the Ontario Ministry of Transportation, fatalities from the impacts of distracted driving are forecasted to exceed those from drinking and driving by 2016. Distracted driving is a factor in up to **19%** of all fatal crashes involving teen drivers. Among all causes of distracted driving, youth texting and driving is of particular concern. Research has shown that drivers younger than 25 years of age were more likely than older drivers to read or send text messages or e-mails while driving (PHO, 2014). Texting and driving increases the risk of collision or near collision by **23 times** compared to those without any distraction (PHO, 2014). Despite this risk, a new Parachute poll of youth (aged 16-24) found **71%** don't consider using their phones while driving to be very distracting.

In Durham Region, **1 in 10** teen drivers was involved in a car crash in the past year and **33%** of teen drivers admitted to texting while driving (DRHD, 2014). The main reasons youth reported driving distracted were to make plans or get directions and because they thought the call or message was urgent.

DRHD worked with community partners to address youth road safety by increasing awareness of the risks and promoting tips to prevent distracted driving. Research shows effective comprehensive road safety approaches include education, road safety campaigns and engaging parents. A PHN, in collaboration with the Durham Youth Road Safety Coalition, implemented a one-day interactive road safety event and workshops on distracted driving for **75** youth. As well, one PHN staffed an interactive display on distracted driving at the Ripple Effect Youth Forum with over **500** local and Ontario youth in attendance.

National Teen Driver Safety Week, October 16 – 22, was promoted via the Healthy Schools program resulting in **7** high schools utilizing their PHN and DRHD resources to promote youth road safety. One PHN staffed an information display on *Creating a Healthy School that Supports Road Safety* at the DDSB Safety Week Open House on Sept. 28 and 29.

Evidence shows parents have an important role in influencing young driver safety and providing resources to parents may have an impact on young driver safety. PHNs and a UOIT nursing student developed a vlog for parents of teens, promoting tips to prevent distracted driving and the resource *A Parent's Guide to Teen Driving*. The vlog was posted on Durham Healthy Families social media site for National Teen Driver Safety Week and received over **1,500** views in the first week. **Three** additional tweets and posts promoting National Teen Driver Safety Week and encouraging parents to talk to their teens about distracted driving ran on Durham Healthy Families reaching over **9,000** users and engaging over **280** users.

Marijuana Use Amongst Youth

In Ontario, marijuana is the most widely consumed illicit drug, with youth and young adults having the highest rates of use. Despite prohibition, **40%** of Canadian adults have used cannabis in their lifetime and Canadian youth continue to use at rates that are among the highest in the world. In Ontario, surveys show that **14%** of adults (CAMH, 2014) and **28%** of secondary school students have used marijuana in the past year (CAMH, 2015). In Durham Region **33%** of secondary school students have used marijuana in the past year (CAMH, 2015).

Marijuana is not a benign substance. The harms associated with marijuana increase with frequency and duration of use. Early and regular marijuana use has been associated with:

- Long- term harm to the developing brain,
- Respiratory problems
- Dependence (**9%** of users)
- Mental health problems- such as psychoses, depression, anxiety and suicidal behaviour

Moreover, using marijuana at an early age is independently associated with:

- Poorer school performance
- Increased absences from school
- Increasing the risk of dropping out without graduating

Evidence suggests that exposure to marijuana during pregnancy can impact a child's development, while marijuana-impaired driving increases the risk for crashes and subsequent injury.

The criminalization of marijuana carries social harms such as criminal convictions for use and or possession and high rates of incarceration for non-violent offences, which can have long lasting social harms. A criminal conviction can result in reduced opportunities for employment, education, housing and travel. With the current illegal non-medical marijuana market, there are no controls over production and quality, resulting in unknown THC levels and possible contaminants including other drugs.

The legalization of non-medical marijuana, using a public health approach, is an evidence based strategy to reduce marijuana related harms amongst youth and young adults (Cannabis Policy Framework, 2014).

As the Government of Canada prepares for marijuana legalization, DRHD is helping to inform the community about this issue. The Registered Nurses Association of Ontario - Durham Chapter has invited DRHD to take part in a panel presentation regarding the legalization of marijuana. This event will take place in November and is open to the public.

To date, DRHD, through its Durham Healthy Families social media sites, has actively generated social media discussions on this topic. Reaching out to parents, PHNs have discussed **4** specific sub-topics:

- Marijuana, What parents need to know
- National Marijuana Day 4:20: The process of legalization and regulation

- Marijuana use during pregnancy: is it safe?
- How to talk to your teen about marijuana: Get the latest facts

The metrics related to the aforementioned social media engagement include:

- Facebook: reach **31,509, 263** likes and **2,426** post clicks.
- Instagram: **630** likes
- Twitter: **7,076** impressions and **365** total engagement.

Mental Health Promotion

DRHD continues to be an active participant on the DDSB Mental Health Advisory Committee, DCDSB Mental Health and Addictions Steering Committee, the Youth Suicide Prevention Action Group and has recently become a member of the Durham TAMI Coalition.

World Suicide Prevention Day occurred on September 9. DRHD staff used this as an opportunity to promote Be Safe which is an app that youth can use to create a safety plan to support them in connecting with local resources in times of need or crisis. A display was positioned at Regional Headquarters on September 8-9. Additionally, Facebook and Twitter posts promoting the Be Safe App on the Durham Healthy Families and DRHD accounts reached over **18,000** users and engaged over **150** users. The Durham specific Be Safe app had **104** new users from January through September.

World Mental Health Day was celebrated on October 10. A media release was completed on the topic of strategies to support your mental health during times of change and transition. The media release resulted in a TV interview with CHEX TV on October 11. The *Mental Health is for Everyone* display and resources were at Regional Headquarters October 7 - 14. PHNs set-up interactive displays at **2** community centres in Ajax and Oshawa on October 11. Local residents were asked how they take care of their mental health and shared their ideas on a banner that is now displayed at McLean Community Centre in Ajax. Facebook and Twitter posts on the Durham Healthy Families and DRHD accounts on October 7 - 11 reached over **31,000** users and engaged over **450** users.

Youth Engagement

Youth engagement is defined as the meaningful participation and sustained involvement of young people in an activity, with a focus outside of themselves (CECW, 2009). Youth engagement recognizes young people's right to participate in decisions that affect them and acknowledges the great skills and strengths they bring to the table.

Youth engagement should be sustained over time so youth can take action on their ideas and see the results of their contributions. Seeing and hearing about the impact of their contribution motivates young people to stay engaged and get involved in future opportunities (CECW, 2009).

Youth engagement is an integral component of comprehensive school health and an evidence-based strategy to achieve positive health outcomes and enhance student achievement (CECW, 2009). When young people are involved in decision-making, they feel connected to their school community, they build relationships with peers and adults,

and they learn new skills. Young people are also more likely to make healthy decisions and take fewer unhealthy risks (CECW, 2009).

In an effort to build a population based public health strategy to address youth alcohol, marijuana and opioid related harms, PHNs facilitated **4** small group sessions throughout secondary schools in Durham Region. A total of **38** youth and **8** school staff actively engaged in the session discussions. The **4** participating schools were involved as a result of their participation at the DYDAC conference in 2015. DRHD will continue to meet with the schools to co-create the public health approach for youth substance use.

Respectfully submitted,

Original signed by

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

Original signed by

Ken Gorman
Director, Environmental Health



ENVIRONMENTAL HEALTH AND EMERGENCY PREPAREDNESS PROGRAMS

REPORT FOR SEPTEMBER – OCTOBER 2016

FOOD SAFETY

From January 1 2016 to current, PHIs in the Food Safety program have completed over **6,533** inspections and re-inspections of approximately **3,205** food establishments and conducted over **646** inspections during special events. A large scale *DineSafe Durham* advertising campaign is expected to be launched just before the holiday season and will include various media such as print media, social media, visitor guides, and mall and theatre ads.

In addition, momentum continues to build with the new *Healthy Menu Choices Act, 2015* that will come into effect January 1, 2017. Specifically, HMCA will require food premises to display the number of calories for every standard food item and self-serve item on menus, menu boards, labels and displays, and display contextual information to help educate customers about their daily caloric requirements.

Staff attended a special meeting invitation with the MOHLTC with over 20 Public Health Units in attendance to provide feedback and guidance on the new HMCA. Draft compliance protocols, enforcement directives and forms were presented at this meeting for discussion. MOHLTC may consider submissions for “extraordinary costs”, details to follow. PHIs will be designated by the MOHLTC to enforce the HMCA and will require specific training within one year of being designated.

An audit completed in May 2016 revealed an estimated **792** local food premises locations would require inspections under the HMCA. MOHLTC is also planning a training roll-out near the end of November to assist PHU staff implement the new requirements.

The MOHLTC Food Handler Training Guide as the “gold standard” for Ontario has been adopted for use in the DRHD program. The materials and presentation is currently being updated to reflect the content of this new guide. A link to the guide can be found at [Ministry of Health and Long-Term Care](#).

Environmental Health Information System

EH has been utilizing Hedgehog Classic by Hedgerow Software Ltd. as a software solution since 2007. The software houses all electronic information and records related to the EHEP programs plus a portion of the IDPC program. Regional staff has formally advised Hedgerow Software Ltd. that the existing contract would not be extended beyond 2016. Hedgerow Software Ltd. has also announced that they will be unable to continue to support Hedgehog Classic beyond July 2019.

Regional Council has approved the recommendations of report # 2016-MOH-12, including the recommendation for approval to proceed with the development and issuance of a RFP for a new EHIS.

The RFP was issued on October 6 in consultation with Regional Departments including Corporate Services (Information Technology and Legislative Services) and Finance (Procurement) and the DRHD Administration Division, which includes DRHD's Health Information, Privacy and Security office. The RFP was created detailing the requirements needed for the new software

The RFP is available at [Bidding Opportunities](#) and is titled RFP-1068-2016 - The Supply, Delivery, Implementation, Training and Hosting of an Environmental Health Information Management System Software as a Service in a Private Cloud.

The RFP is scheduled to close on November 8. The proposals will be evaluated during the months of November and December by an evaluation team with representatives from DRHD and CS-IT. A recommendation is anticipated to go forward to Committee of the Whole and Regional Council in March 2017. The projected go-live implementation date for the new software is January 2018.

SAFE WATER

Adverse Water Quality Incident Reports

As per the OPHS and the *Drinking Water Protocol*, boards of health are required to receive reports and respond to adverse events such as reports of AWQI on drinking water systems governed under the HPPA.

To date, DRHD has received approximately **80** AWQI reports resulting in the issuing of **25** Boil Water Advisories/Boil Water Orders and Drinking Water Advisories.

The goal of this requirement under the OPHS is to enhance the level of awareness and knowledge of drinking water safety with owners/operators of drinking water systems and to address reports of AWQI by taking action to ensure a safe and healthy environment for the users of these drinking water systems.

Bathing Beach Monitoring Program

EH collects bacteriological water samples from the public beaches to determine if they are safe for swimming in accordance with the *Bathing Beach Monitoring Protocol*.

During the 2016 season, a total of **14** public beaches were tested and **980** samples were sent to the PHO PHL to determine *E. coli* levels. The results are analysed and compared to the provincial standard of 100 *E. coli*/100 ml. Each week after the tests results are reviewed, they are posted on the regional website, distributed via social media and to members of the media to assist with public notification of beach postings. A total of **51** postings were issued indicating that a beach was unsafe for swimming during the 2016 season.

Small Drinking Water Systems

On December 1, 2008, the responsibility for oversight for small drinking water systems was transferred from MOECC to MOHLTC.

SDWS include public facilities with a non-municipal water supply such as; food service establishments, trailer parks/campgrounds, marinas, recreational camps, places of worship and any place where the general public has access to a washroom. Within Durham Region there are approximately **242** SDWS. All have been inspected, assigned a risk category and re-inspected during time frames according to the assigned risk category by PHIs who have received specialized training. In addition, after the initial inspection and assignment of a risk category, each SDWS is issued a site-specific directive which identifies the water sampling and testing frequency, the types of samples to be taken and the need for treatment and treatment equipment, amongst other items.

The OPHS and protocols identify the monitoring for compliance of with the DRHD directives issued to all SDWS. During 2016, the DRHD issued **14** warning notices to SDWS owners that were not in compliance with the directive. When compliance is not achieved following the issuance of a notice, legal action is taken and owners are charged under Ontario Regulation 319 (Small Drinking Water Systems). To date, **2** tickets have been issued to **1** SDWS owner.

Respectfully submitted,

Original signed by

Ken Gorman
Director, Environmental Health



FAMILY HEALTH PROGRAMS

REPORT FOR SEPTEMBER - OCTOBER 2016

REPRODUCTIVE AND CHILD HEALTH

Babyville

In the late 1980s when the Babyville program was first introduced, there were no opportunities for parents to connect with other parents for information sharing and support. Babyville, currently a 4-week series for parents of children 0-6 months of age facilitated by a public health nurse, was developed to meet those needs. In more recent years, Babyville registration numbers have been declining as parents are now able to choose from a variety of parenting programs offered throughout our communities.

In order to better understand the availability of parenting programs, PHNs completed an environmental scan of existing parenting groups offered throughout the Region. According to the environmental scan, parenting programs similar to Babyville have increased in numbers over the years. Similar to Babyville, these programs provide an opportunity to connect with other parents and to access parenting information. In addition, parents now have 24-hour access to parenting information from the DRHD website and other reputable websites, as well as peer support through social media and online support groups. As a result of the environmental scan findings, Babyville will no longer be offered effective January, 2017.

In the interim, DRHD is exploring opportunities to collaborate with community partners who offer parenting programs to ensure that topics requested by parents during our Babyville series are integrated into their programs.

Through the delivery of Babyville, DRHD addressed a gap for reliable parenting information and support for parents of children 0-6 months of age. Now that this information and support is widely available, DRHD will identify additional priorities and unmet needs of parents and families throughout Durham Region, particularly in priority populations.

My Life My Voice: The Lived Experience of Young Parents in Durham Region

Adolescence can be a challenging period of growth and development, involving numerous physical, psychological and social changes. Transitioning to parenthood during this sensitive developmental stage can present additional health challenges to both mother and child.

When young parents and their children are supported with the right service at the right time and in the right place, there are many short and long-term benefits. These positive outcomes are reflected in the mental, social and physical well-being of both parent and child.

To gain greater insight into the lived experience of young parents, PHNs, as members of YPCC of Durham, embarked on a qualitative research project entitled: *The Experience of Young Parents in Durham Region*.

Through **44** one-on-one interviews with both mothers and fathers, 14-23 years of age, across **8** municipalities, researchers asked about barriers and facilitators experienced by young parents, along with their hopes and dreams for the future. Information obtained from the interviews was analyzed, themed and summarized in a final report.

Themes identified include:

- pregnancy and birth experience
- breastfeeding supports
- parenting
- parent and child interactions
- relationships
- mental health issues and isolation
- services for young parents
- hopes and dreams for the future

The *My Life, My Voice* report was formally launched at Harmony Creek Church in Oshawa on October 19. Metroland Media ran a front page article about the launch on October 26.

To date, the report has also been presented at the following **3** conferences/forums and **2** committees:

- *Embrace the Change: Infant Mental Health on the Move* conference
- *The 7th Annual Innovation and Research Forum: The Heart of Innovation*, Durham Region Social Services Department
- *Research and Knowledge Exchange Symposium*, Durham Region Health Department
- North Durham Teen Committee
- Central East Region Teen Prenatal/Postal Educators Working Group

YPCC will continue to communicate findings from the report, with a focus on how the information can be used to enhance local programs and services for young parents. In

addition, the coalition will use the results of the report to identify and prioritize future initiatives.

The full report findings and related recommendations is available on [My Life My Voice](#).

Healthy Sleep

Sleep is an important factor in a child's overall development. Just like nutrition and physical activity, sleep is essential for attaining optimal physical and mental health. A good night's sleep can benefit a child in many ways. It provides energy needed for physical activity; helps regulate emotions and temperament; strengthens the immune system and supports cognitive functioning and school performance (PHO, 2015).

Despite its importance, approximately **31%** of school-aged children in Canada are sleep-deprived and **33%** of Canadian children aged 5-13 years report having trouble falling asleep or staying asleep (ParticipACTION, 2016). Although each child is unique, there are age-based sleep recommendations that identify the amount of sleep required to support health and wellbeing. For school-aged children, the amount of sleep needed every night ranges from 8-12 hours with younger children needing more sleep.

The quality of sleep is also important. Although a child may be getting the recommended amount of sleep for his/her age, his/her sleep may be negatively impacted by a number of factors including: screen time; busy schedules; inconsistent routines; and distractive sleep environments.

Healthy Sleep Healthy Me, a new resource developed by DRHD, focuses on sleep in school-aged children. It is designed to help parents build healthy sleep routines with their school-age children. This resource provides information about: the importance of sleep; sleep recommendations according to age; strategies to build healthy sleep routines; and ways to address common sleep challenges.

Approximately **1,300** *Healthy Sleep Healthy Me* resources have been distributed. The resource was promoted with over **470** health care providers, which resulted in **319** resources being requested by health care providers. As well, **270** copies of the *Healthy Sleep, Healthy Me* resource have been distributed at a variety of community events such as the Make a Difference Event in Oshawa, Pickering Library Parent Event, Oshawa Children's Fair, and Durham Farm and Rural Family Resources. Ontario Early Years Centres have requested **155** copies of the resource and an additional **80** copies were provided to parents at Welcome to Kindergarten events.

Respectfully submitted,

Original signed by

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



INFECTIOUS DISEASES PROGRAMS

REPORT FOR SEPTEMBER - OCTOBER 2016

INFECTIOUS DISEASES PREVENTION AND CONTROL

Child Care IPAC Online Module

EH developed and implemented an online IPAC module to provide education to child care staff beginning in 2013. To date, 112 individuals have completed the module as compared to 56 who completed it in 2015. Since 2013, 327 individuals have completed the training and received their certificates.

Know Before You Go Durham

The DRHD PSS Inspection Disclosure Program *Know Before You Go* continues to be implemented during routine inspections of premises which include tattooing, body piercing, barbering, hairdressing, manicures and pedicures, massage and tanning as well as other businesses providing aesthetic services. As the mandated inspection frequency of these premises is once a year, it is expected that all Durham Region's PSS will be posted by May 31, 2017. The second phase will include online posting of these inspection summaries on durham.ca. From June 1 to October 31, **633** of **839 (75.4%)** premises have been inspected and results of the inspections have been posted.

Vector-Borne Diseases

EH has completed the WNV prevention and control activities for 2016. During this past season over **3,400** assessments of stagnant surface water sites were completed which resulted in over **650** applications of larvicide by the contracted pesticide applicator. In addition over **150,000** regional catch basin treatments were completed during the **three** rounds of applications. From May until September over **8,500** adult mosquitoes were trapped resulting in **10** confirmed positive WNV pools identified in the Region. There have been **2** human cases of WNV reported in Durham Region this season. In comparison, there have been **83** human cases in Canada including **40** in Ontario and **1,491** in the United States.

Active and passive surveillance for LD continues. Active surveillance, tick-dragging by DRHD staff, occurred in the spring and fall in the Region. Ticks were collected from various sites in the Region and the laboratory results on identification and if the ticks were carriers of the LD causing bacteria are pending. Passive surveillance, i.e., ticks that were removed from people and were submitted to DRHD by the public, has been steady with **66** submissions this season. Of those, **27** were identified to be the blacklegged tick and **4** of those were confirmed to carry the bacteria for LD (*Borrelia burgdorferi*). This season, there have been **13** confirmed human cases and **7** probable cases of LD in Durham Region.

Zika Virus

On October 6 Windsor-Essex County Health Unit issued a news release and held a media conference to discuss the *Aedes albopictus* mosquitos found in a local mosquito trap during routine monitoring and surveillance for WNV. The *Aedes albopictus* mosquito, also known as the Asian tiger mosquito, is one of the mosquito species that has the potential to transmit Zika virus to humans. All of the *Aedes albopictus* mosquitos tested negative for Zika virus. There have still been **no** confirmed cases of locally-acquired Zika virus through mosquitoes and the overall risk in Canada remains very low.

DRHD continues to provide relevant information to local stakeholders on the Zika virus through FAX Abouts, social media, and posting information and links to the PHAC, the PHO websites and on durham.ca.

RABIES PREVENTION AND CONTROL

To date **1,055** animal bite reports have been investigated by PHIs which is an increase from the **1,008** reports during the same time period in 2015. DRHD has issued **108** anti-rabies treatments to victims, a small increase from **101** treatments last year.

DRHD has also submitted a total of **43** animals for rabies testing in 2016 compared to **26** submissions in total for 2015. This resulted in **1 bat** testing positive for the rabies virus. The number positive animals in Ontario have increased significantly in 2016. As of October 31, **222** animals have tested positive for rabies in 2016 (**131** raccoons, **61** skunks, **28** bats, **1** cat, and **1** red fox), a significant increase from the **24** positive animals for rabies identified last year. In the remainder of the country, **80** animals have tested positive for the rabies virus to date in 2016.

EH, through strong collaboration, coordination, and promotion with our local veterinary community in 2016, have been successful in increasing the number of low-cost rabies vaccination clinics to **9** in 2016 from **1** in 2015. These were offered in Pickering (**4**) including **1** in Clarendon, Whitby (**2**) and Oshawa (**3**).

SEXUAL HEALTH, SEXUALLY TRANSMITTED INFECTIONS AND BLOOD-BORNE INFECTIONS (INCLUDING HIV)

Migrant Worker HIV Point of Care Testing

The goal of HIV POC testing services to priority populations is to reduce the burden of sexually transmitted infections and blood borne infections among at risk populations. In Durham Region, the highest incidence of HIV (**38** cases) is in the health neighborhood of Downtown Oshawa. One of the groups identified at risk for HIV in this neighborhood were migrant workers from HIV endemic areas.

On July 26, POC testing was provided to at risk migrant workers at the Oshawa Sexual Health Clinic located in the downtown Oshawa neighborhood. PHNs and community outreach workers from ACDR facilitated the event.

ACDR outreach workers promoted testing at local farms and the Ajax Welcome Centre. Other promotion strategies included word of mouth at community events and posters. **Four** migrant workers completed HIV pre-test counselling checklist questionnaires that were translated into Spanish. Health education on HIV was provided by a translator. Migrant workers were individually counselled based on their completed questionnaire and administered an HIV POC test. The **4** migrant workers stated that they liked attending the clinic and felt comfortable. Respondents stated that they heard about the clinic through ACDR and would not have sought testing otherwise.

Sexual Health Curriculum

Sexual health education is the process of equipping individuals, couples, families and communities with the information, motivation and behavioural skills needed to enhance sexual health and avoid negative sexual health outcomes (PHAC, 2008). In 2015, the Ontario Health and Physical Education sexual health curriculum was updated. Educators implemented the new curriculum in September 2015.

In 2012, a needs assessment was completed with secondary educators to identify needs for support when teaching the sexual health component of the Ontario curriculum. Of the respondents, **60%** indicated they needed assistance with sexual health education and **47%** identified a need for the provision of teaching materials on all sexual health topics. Educators also highlighted a need for information to be available in a variety of resources and through a variety of methods, including online teaching manuals and sexual health teaching kits. In response to the needs assessment findings, an online SEXed manual was developed, consistent with the new provincial curriculum, best practice guidelines and based on the needs of educators.

The SEXed manual was developed and finalized in collaboration with DDSB to support community educators and secondary school educators in the delivery of the 2015 Ontario Curriculum for the Physical Health and Education strand pertaining to sexual health. The manual contains online lesson plans including student activities, PowerPoint presentations and teaching instructions for grades 9-12. Topics of lesson plans include: Consent, Sexual Assault and Sexting, Contraception, Gender Roles and Sexual Orientation, Reducing Sexual Risk, Relationships and Decisions, Safer Sex, Sexually Transmitted Infections, Personal Values, Sexuality and Culture, Social Influences,

Sexuality and Gender Roles, Reproductive Health, Changing Relationships, and Media Influence on Sexuality. SEXed teaching kits were also developed which contain birth control samples, female and male anatomical models, sexual health clinic information, and condoms for instructional demonstration and visual aid.

VACCINE PREVENTABLE DISEASES

Immunization Catch-up Clinics 2016

The OPHS require PHUs to provide publicly funded vaccines to those that are eligible through board of health-based clinics. Durham's board of health-based clinics are referred to as "catch-up" immunization clinics and were established to provide publicly funded vaccine to under or unimmunized residents in Durham Region, regardless of OHIP status. They were also established to reduce the number of students suspended due to mandatory vaccine status and to catch-up students who missed their school based immunization clinic. Catch-up clinics are by appointment-only and are coordinated through the Durham Health Connection Line. Each child's immunization status is assessed by a registered nurse prior to vaccine administration to ensure eligibility and to identify any other overdue vaccines.

As of September 13, **41** immunization catch up clinics were held with **581** clients seen and **783** vaccines provided. Of the vaccines given, **291** were general immunizations including mandatory vaccines and **492** were school based vaccines (Hepatitis B, Menactra and Human Papilloma Virus).

Vaccine Storage and Handling

In order to ensure publicly funded vaccines are stored and handled properly, DRHD, in accordance with the OPHS, inspects all fridges that store publicly funded vaccines on an annual basis. Currently there is **\$1,034,538** worth of publicly funded vaccines stored in Durham Region. Routine inspections and monthly inventory management of all sites that store and handle publicly funded vaccine have improved health care providers' vaccine storage and handling practices, which contributes to increased vaccine safety. To date, PHNs have responded to **100%** of cold chain failures.

DRHD provides ongoing communication, education and support to sites which store publicly funded vaccine. Healthcare providers and staff responsible for vaccine store and handling must also complete the VSH online module posted on DurhamMD.ca.

A total of **403** sites that store publicly funded vaccines were inspected. This is an increase of **11** sites since last year. A total of **388 (96%)** sites passed, **7 (1.7%)** received a conditional pass, and **8 (2%)** failed first inspection. Provision of additional education and support by PHNs resulted in **100%** of sites receiving a pass.

To date, **90** cold chain failures have occurred in Durham Region. This number includes cold chain failures at two DRHD offices. The cold chain failures have resulted in a total of **\$701,888** worth of vaccine exposed and **\$95,844** wasted. In order to decrease the

amount of vaccine exposed and wasted, PHNs provide additional support and education to these sites in order to implement strategies to reduce cold chain failures. To ensure proper VSH in DRHD fridges, additional maintenance has been performed and one replacement fridge will be ordered.

DRHD is currently supporting **113** pharmacies as part of the UIIP, which allows pharmacists to administer the influenza vaccine to the community. In 2015/2016 there were **159,300** doses of influenza vaccine distributed to health care providers, including pharmacists

Respectfully submitted,

Original signed by

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

Original signed by

Ken Gorman
Director, Environmental Health



PARAMEDIC SERVICES

REPORT FOR SEPTEMBER - OCTOBER 2016

ADMINISTRATION

In an effort to enhance management growth opportunities our administrative Superintendents will be changing portfolios effective November 14. Denise Ingram will be moving to Professional Standards, Dave Mokedanz moving to Operational Support and Gary Lewis moving to Quality and Development.

OPERATIONS

RDPS has experienced a significant increase in call volumes and in hospital offload delays over the past several months. Two strategies are being implemented to assist with these challenges. The first is the hiring of **4** full time paramedics who will be deployed out of the Oshawa South Paramedic Response Station. These positions have enabled us to transition our 16 hour ambulance to a 24 hour ambulance. This change in staffing configuration will increase response time capabilities and will help to mitigate end of shift overtime concerns. The second strategy will be the addition of a Superintendent in Operations. This new position will assist in the management of day-to-day operations and help to address the hospital offload delay concerns. DRPS is currently in the hiring process for this position.

Eleven PCPs staff have been successful in the ACP training opportunity process and will commence the Durham College program on November 7. RDPS anticipates having the 11 paramedics fully certified at the ACP level and working on the road by June 2017.

QUALITY DEVELOPMENT

The fall continuing education sessions are now complete. Topics covered this fall included elder abuse, emergency child birth, airway management as well as BLS equipment review.

We are pleased to be hosting the R2MR program this fall at RDPS headquarters. Originally developed by the National Defence Canada to address operational stress

injuries and resiliency in soldiers, the MHCC has modified the program to address specific needs to the paramedic workplace. Our Quality and Development facilitators as well as representatives from CS-HR, CUPE and four other GTA paramedic services will also be participating. RDPS thanks CS-HR for its support with this training opportunity.

PLANNING & LOGISTICS

Superintendent of Planning & Logistics Harmon (Pug) Allen has retired as of September 2016. Pug spent a total of 45 years in paramedic services. His breadth of knowledge and experience has already been missed. RDPS is currently in the process of hiring Pug's replacement.

RDPS has received and deployed **9** new ambulances from Demers Ambulances into the RDPS fleet and this will assist in continuing to ensure effective response capabilities.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/ Director



PROFESSIONAL AND ADMINISTRATIVE SERVICES

REPORT FOR SEPTEMBER – OCTOBER 2016

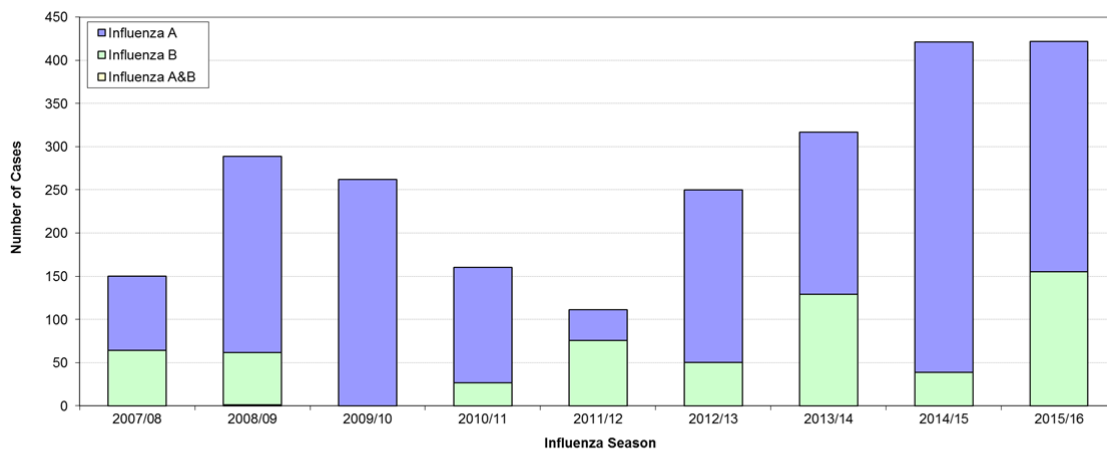
HEALTH DEPARTMENT'S PRIVACY AND INFORMATION SECURITY PROGRAM

Further to Report 2016-COW-42 Establishment of a Corporate Privacy Office, DRHD's Privacy Management Framework is attached. The Framework was developed by and the program is implemented by Sharan Dosanjh, Manager, Health Information, Privacy and Security.

2015/16 Influenza Season Summary

A summary of the 2015/16 influenza season is now available on the DRHD's website. There were 422 lab confirmed influenza cases reported among Durham Region residents compared to 421 in the previous season. Rates of influenza were highest among Durham Region children and seniors but consistently lower than Ontario. There were 101 hospitalizations among lab confirmed cases in Durham Region during compared to 118 in the previous season.

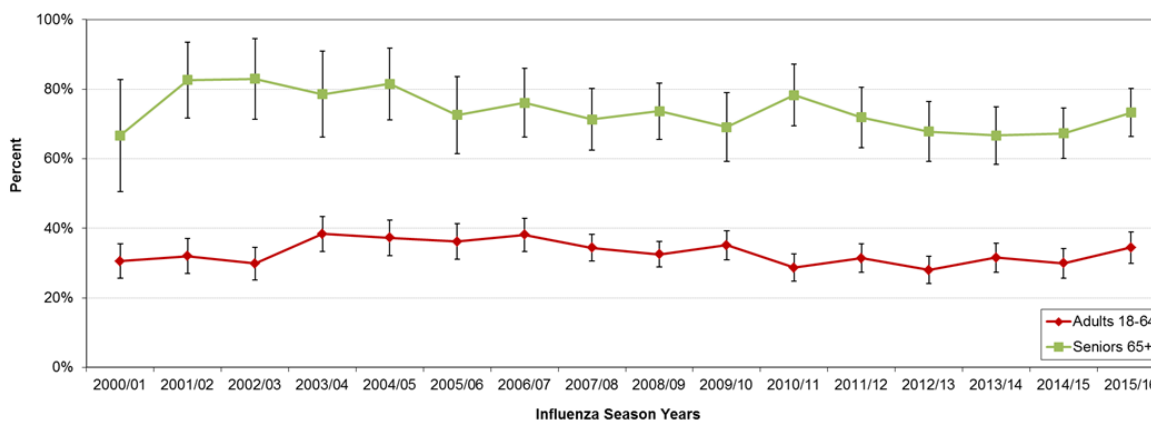
Confirmed Influenza Cases in Durham Region by Type by Influenza Season, 2007/08 to 2015/16



	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Total Cases	150	289	262	160	111	250	317	421	422
Influenza A	86	227	262	133	35	200	188	382	267
Influenza B	64	61	0	27	76	50	129	39	155
Influenza A&B	0	1	0	0	0	0	0	0	0
% Influenza B	43%	21%	0%	17%	68%	20%	41%	9%	37%

There were 41 respiratory outbreaks in Durham Region institutions during the 2015/16 influenza season compared to 56 in the previous season; 15% of the outbreaks were attributed to influenza. Child absenteeism at regional child care centres peaked at 16% in late January. During the 2015/16 influenza season there were 25 respiratory outbreaks reported in child care centres compared to 12 in 2014/15. Absenteeism due to illness rates at Durham Region elementary schools during the 2015/16 influenza season were similar to previous years and peaked at 4.1% in mid-February. Due to the small number of Durham Region physicians reporting, the ILI consultation rate fluctuated substantially from week to week but peaked in late February. During the 2015/16 influenza season 45% of adults reported getting a flu shot and rates were higher among seniors 65+ (73%) than among adults 18-64 years of age (34%). Influenza immunization rates were lower among LTCH and hospital staff in Durham Region compared to Ontario as a whole but was higher among LTCH staff than hospital staff.

Percent of Adults 18-64 and Seniors 65+ Who Had a Flu Shot During the Flu Season, Durham Region, 2000/01 to 2015/16



	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Adults 18-64	31%	32%	30%	38%	37%	36%	38%	34%	33%	35%	29%	31%	28%	32%	30%	34%
18-64 Lower CI*	26%	27%	25%	33%	32%	31%	33%	31%	29%	31%	25%	27%	24%	27%	26%	30%
18-64 Upper CI*	35%	37%	34%	43%	42%	41%	43%	38%	36%	39%	33%	36%	32%	36%	34%	39%
Seniors 65+	67%	83%	83%	79%	81%	73%	76%	71%	74%	69%	78%	72%	68%	67%	67%	73%
65+ Lower CI*	51%	72%	71%	66%	71%	61%	66%	62%	66%	59%	69%	63%	59%	58%	60%	66%
65+ Upper CI*	83%	94%	94%	91%	92%	84%	86%	80%	82%	79%	87%	81%	76%	75%	75%	80%

durham.ca/departments/health/sri/surveillance/weeklyFluReport201516.pdf

Snapshot on Harm Reduction Programming

The Snapshot on Harm Reduction Programming report provides a background on why we need harm reduction including trends in drug use, hospitalizations and mortality related to drug use and incidence of relevant infectious disease. As well, the report describes Durham Region's harm reduction programs including trends from Project X-Change. Finally, the report outlines what DRHD is doing to support harm reduction along with providing relevant community resources.



HIGHLIGHTS

- Harm reduction is "policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use".
- Among patients who were active beneficiaries of the Ontario Public Drug Program, opioid prescribing rates in Durham Region increased between 2006-2010 and 2011-2013 in both younger beneficiaries ages 15 to 64 (107.3 to 146.2 per 100,000 beneficiaries; 36% increase) and beneficiaries ages 65 and older (13.0 to 13.9 per 1,000 beneficiaries; 7% increase).
- The number of emergency department visits per year in Durham Region for opioid prescription drug misuse increased from 228 visits in 2003 to 440 visits in 2015.
- Between 2005 and 2014 there was an average of 28 deaths in Durham Region residents each year due to drug toxicity.
- An average of 170 new cases of hepatitis C (a disease commonly associated with injection drug use) were identified each year between 2011 and 2015.
- In 2015, the Project X-Change needle exchange program reported 538,984 clean needles distributed and 473,564 needles collected; a substantial increase since 1997, when the program distributed 6,017 needles and received 6,254 (90 times as many needles distributed and 75 times as many needles received).
- In 2015, Project X-Change provided 9,929 counselling sessions representing more than 99% of all client contacts, more than double the number of sessions in 2005 when there were 4,435 counselling sessions representing 86% of client contacts.
- Harm reduction activities in Durham Region include the needle exchange program, opioid patch return program, naloxone distribution and support programs for sex trade workers.
- Many Durham Region community agencies are involved in harm reduction programming, including Durham Region Health Department, the AIDS Committee of Durham Region, the John Howard Society of Durham Region, Pinewood Centre of Lakeridge Health, Care a Community Health Centre, and the Positive Care Clinic Lakeridge Health.



Harm reduction is “policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use”. The personal medical risks associated with drug use include overdose or acquiring blood-borne infections such as HIV or hepatitis C from sharing contaminated drug paraphernalia. In a recent survey, 12% of Durham Region residents, 12 years and older, reported using an illicit drug in the past 12 months. In addition, among beneficiaries of the Ontario Public Drug Program, opioid prescribing rates have increased in recent years and are higher in Durham Region than Ontario.

In Durham Region, data shows increases in hospitalizations and ED visits due to opioid misuse and deaths due to drug toxicity in the past several years. Between 2003 and 2015 there was an average of 190 hospitalizations and 370 ED visits each year among Durham Region residents for opioid prescription drug misuse.

Hepatitis C and HIV/AIDS are the infectious diseases most commonly associated with injection drug use. In Durham Region, there was an average of 170 new cases of hepatitis C identified each year between 2011 and 2015 and rates are higher in Durham Region than Ontario. Injection drug use was the most common risk factor reported by 41% of hepatitis C cases in Durham Region. In this same time period there was an average of 13 new cases of HIV/AIDS identified each year in Durham Region.

Project X-Change is a harm reduction program offered through John Howard Society of Durham Region and funded by DRHD. Project X-Change has been operating in Durham Region since 1997 to provide sterile needles and other equipment for safer drug use along with safe disposal of products. The number of needles exchanged has increased substantially between 1997 and 2015 with 90 times as many needles distributed and 75 times as many needles received. The number of client contacts at Project X-Change has also increased from just over 1,000 in 1997 to close to 10,000 in 2015.

Harm reduction activities in Durham Region include the needle exchange program, opioid patch return program, naloxone distribution and support programs for sex trade workers. Many Durham Region community agencies are involved in harm reduction programming, including DRHD, the AIDS Committee of Durham Region, the John Howard Society of Durham Region, Pinewood Centre of Lakeridge Health, Carea CHC, and the Positive Care Clinic of Lakeridge Health.

durham.ca/departments/health/health_statistics/snapshot/harmReductionProgramOct2016.pdf

FACTS ON...

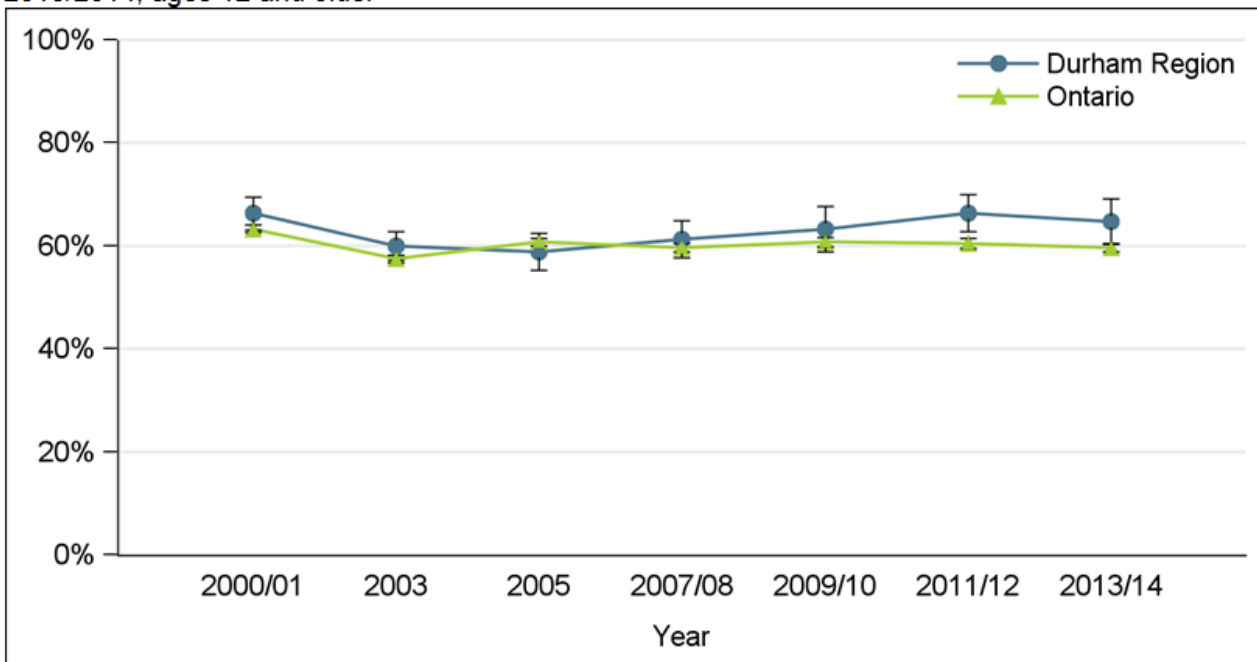
The following **6 Facts on Reports** have been recently released. Trend over time, PHUs, provincial comparisons, as well as priority populations are presented in the reports.

Self-Perceived Health

In 2013 and 2014, 65% of Durham Region residents 12 and older reported their general health as excellent or very good. Rates for both Durham Region and Ontario have remained stable since 2000/2001.

Trend Over Time

Proportion who reported excellent or very good health, Durham Region and Ontario, 2000/2001 to 2013/2014, ages 12 and older



Place of residence	2000/01	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	66%	60%	59%	61%	63%	66%	65%
95% CI (Durham)	63-70%	57-63%	55-62%	58-65%	59-68%	63-70%	60-69%
Ontario	63%	58%	61%	60%	61%	61%	60%
95% CI (Ontario)	63-64%	57-58%	60-62%	59-60%	60-62%	60-61%	60-61

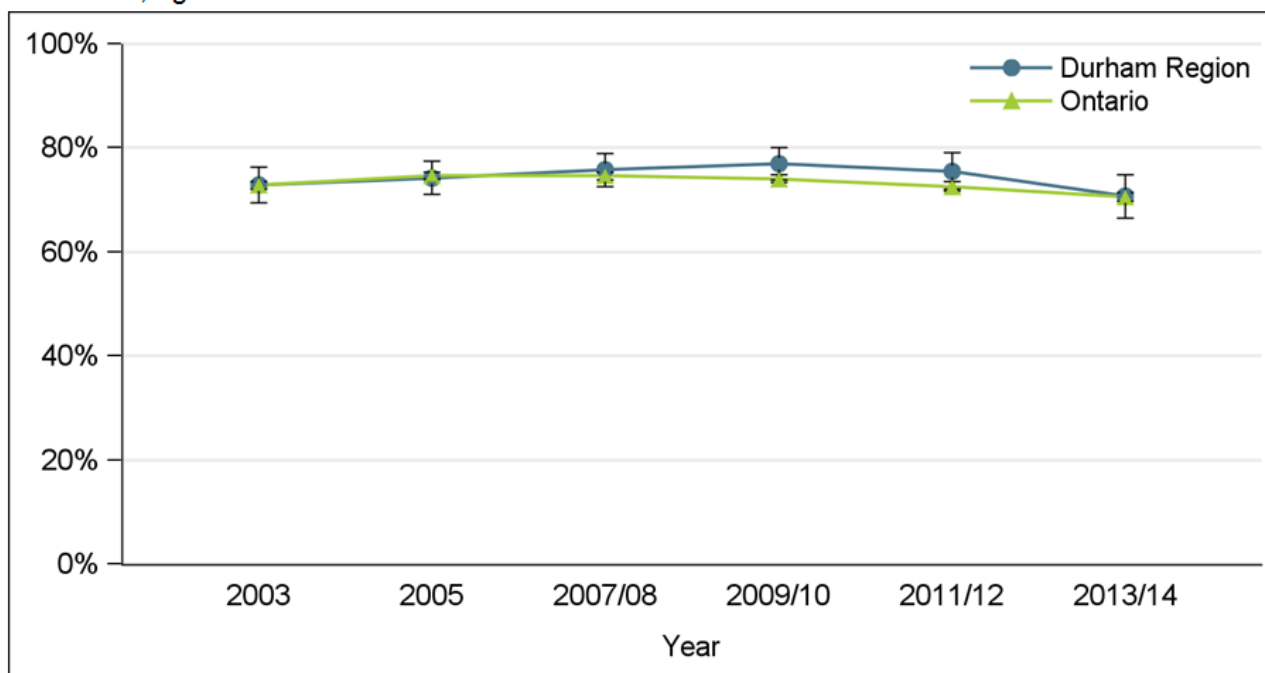
durham.ca/departments/health/health_statistics/factsOnSelfRatedGeneralHealth.pdf

Self-Rated Mental Health

In 2013 and 2014, 71% of Durham Region residents 12 and older reported their mental health as excellent or very good. Rates for both Durham Region and Ontario have decreased since 2009/2010.

Trend Over Time

Proportion who reported excellent or very good mental health, Durham Region and Ontario, 2003 to 2013/2014, ages 12 and older



Place of residence	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	73%	74%	76%	77%	76 %	71%
95% CI (Durham)	70-76%	71-77%	73-79%	74%-80%	72-79%	67%-75%
Ontario	73%	75%	75%	74%	73%	71%
95% CI (Ontario)	72-74%	74-75%	74%-75%	73%-75%	72-74%	70-71%

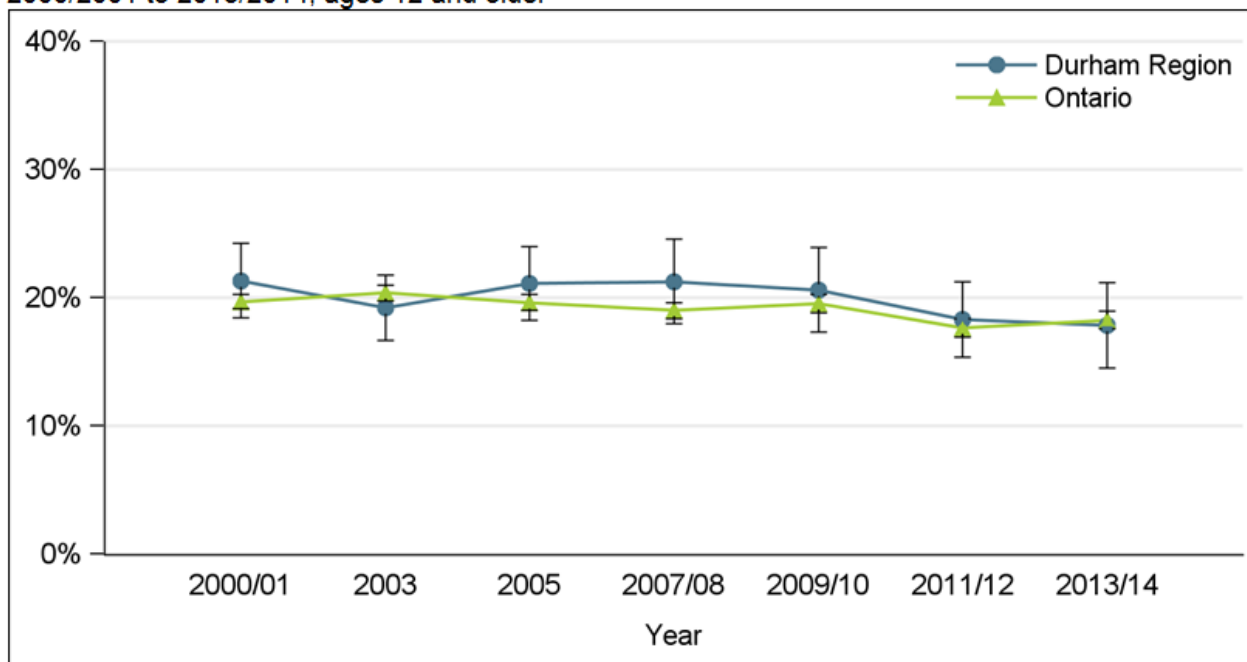
durham.ca/departments/health/health_statistics/FactsOnSelfRatedMentalHealth.pdf

Self-Perceived Stress at Work

In 2013 and 2014, 18% of Durham Region residents 12 and older reported they felt stressed at work on most days in the past year. Those most likely to report feeling stressed at work were those 25-44 years of age, high-income earners, and those with a post-secondary education.

Trend Over Time

Proportion who felt stressed at work on most days in the past year, Durham Region and Ontario, 2000/2001 to 2013/2014, ages 12 and older



Place of residence	2000/01	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	21%	19%	21%	21%	21%	18%	18%
95% CI (Durham)	18-24%	17-22%	18-24%	18-25%	17-24%	15-21%	15-21%
Ontario	20%	20%	20%	19%	20%	18%	18%
95% CI (Ontario)	19-20%	20-21%	19-20%	18-20%	19-20%	17-18%	18-19%

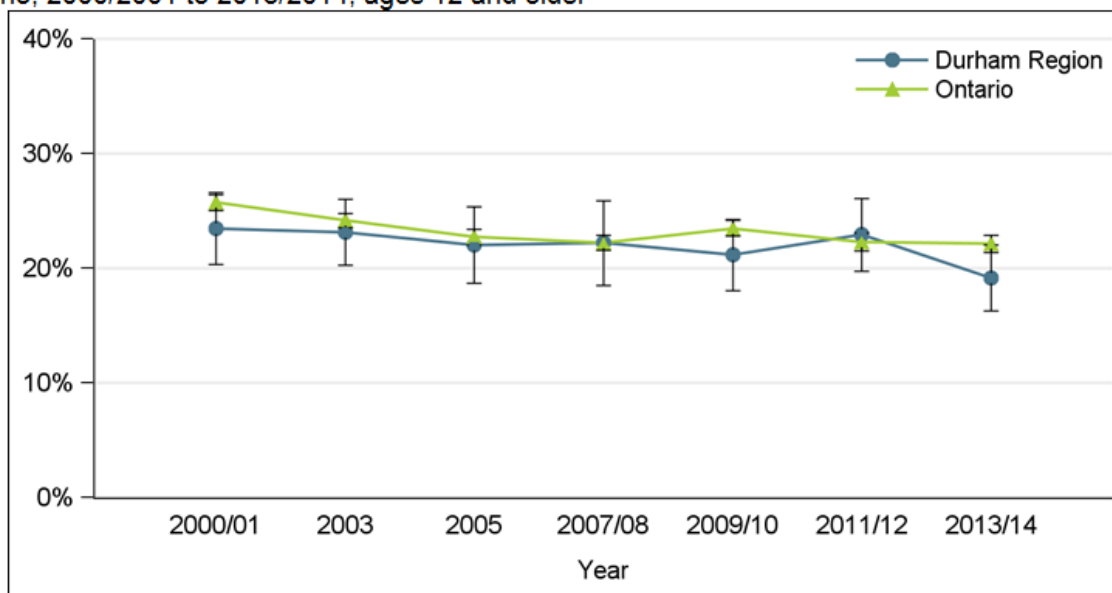
durham.ca/departments/health/health_statistics/factsOnSelfPerceivedWorkStress.pdf

Self-Perceived Stress in Life

In 2013 and 2014, 19% of Durham Region residents 12 years and older reported they felt stressed on most days in the past year. Rates for both Durham Region and Ontario have remained stable since 2000/2001.

Trend Over Time

Proportion who reported they felt stressed on most days in the past year, Durham Region and Ontario, 2000/2001 to 2013/2014, ages 12 and older



Place of residence	2000/01	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	24%	23%	22%	22%	21%	23%	19%
95% CI (Durham)	20-27%	20-26%	19-25%	19-26%	18-24%	20-26%	16-22%
Ontario	26%	24%	23%	22%	24%	22%	22%
95% CI (Ontario)	25-26%	24-25%	22-23%	22-23%	23-24%	22-23%	21-23%

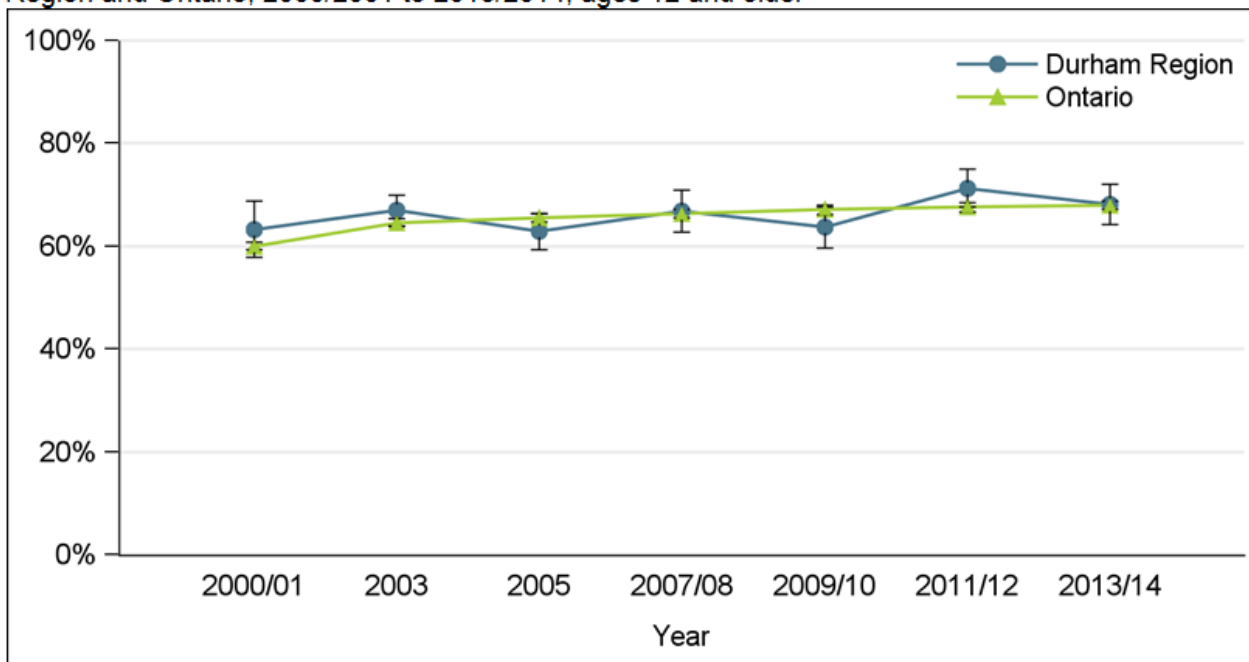
durham.ca/departments/health/health_statistics/factsOn/factsOnSelfPerceivedLifeStress.pdf

Sense of Community Belonging

In 2013/14, 68% of Durham Region residents 12 and older reported their sense of community belonging as strong or very strong. Rates for both Durham Region and Ontario have increased slightly since 2000/2001.

Trend Over Time

Proportion who reported their sense of community belonging as strong or very strong, Durham Region and Ontario, 2000/2001 to 2013/2014, ages 12 and older



Place of residence	2000/01	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	63%	67%	63%	67%	64%	71%	68%
95% CI (Durham)	58-69%	64-70%	59-66%	63-71%	60-68%	68-75%	64-72%
Ontario	60%	65%	66%	66%	67%	68%	68%
95% CI (Ontario)	59-61%	64-65%	65-66%	66-67%	66-68%	67-69%	67-69%

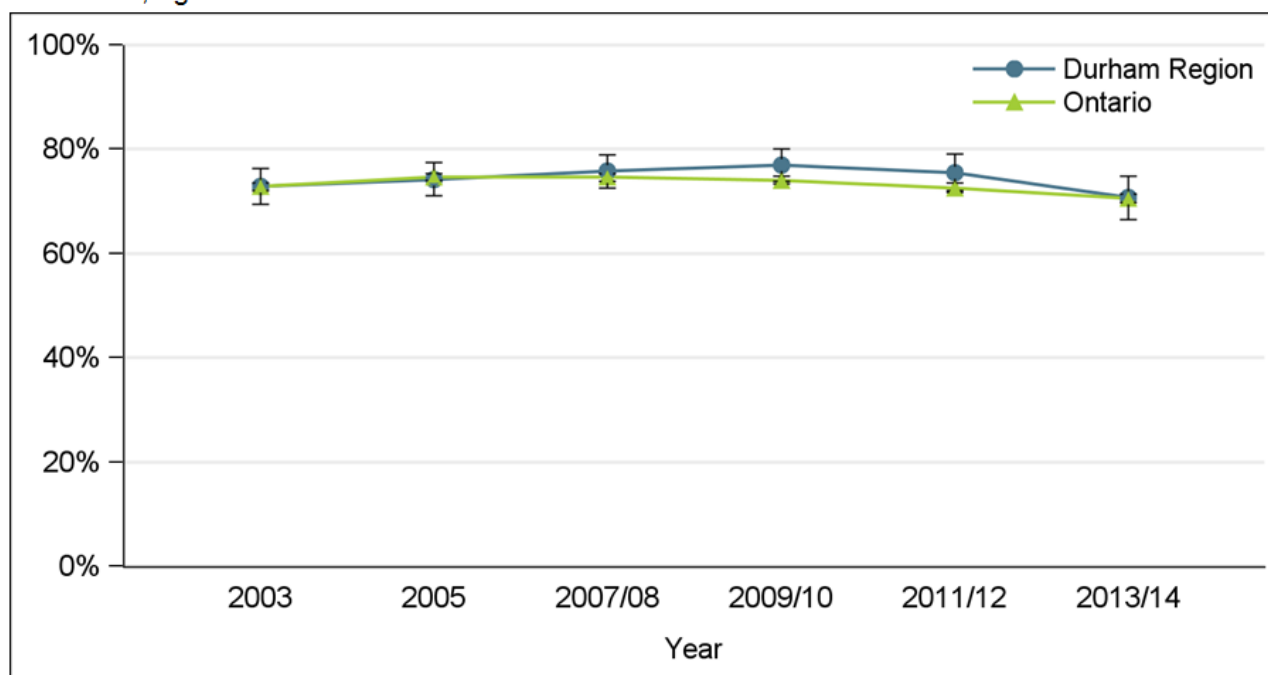
durham.ca/departments/health/health_statistics/factsOn/facstOnSenseOfCommunityBelonging.pdf

Consultation with a Mental Health Professional

In 2013 and 2014, 12% of Durham Region residents 12 and older reported consulting with a mental health professional in the past year. Rates for both Durham Region and Ontario have increased since 2000/2001.

Trend Over Time

Proportion who reported excellent or very good mental health, Durham Region and Ontario, 2003 to 2013/2014, ages 12 and older



Place of residence	2003	2005	2007/08	2009/10	2011/12	2013/14
Durham	73%	74%	76%	77%	76 %	71%
95% CI (Durham)	70-76%	71-77%	73-79%	74%-80%	72-79%	67%-75%
Ontario	73%	75%	75%	74%	73%	71%
95% CI (Ontario)	72-74%	74-75%	74%-75%	73%-75%	72-74%	70-71%

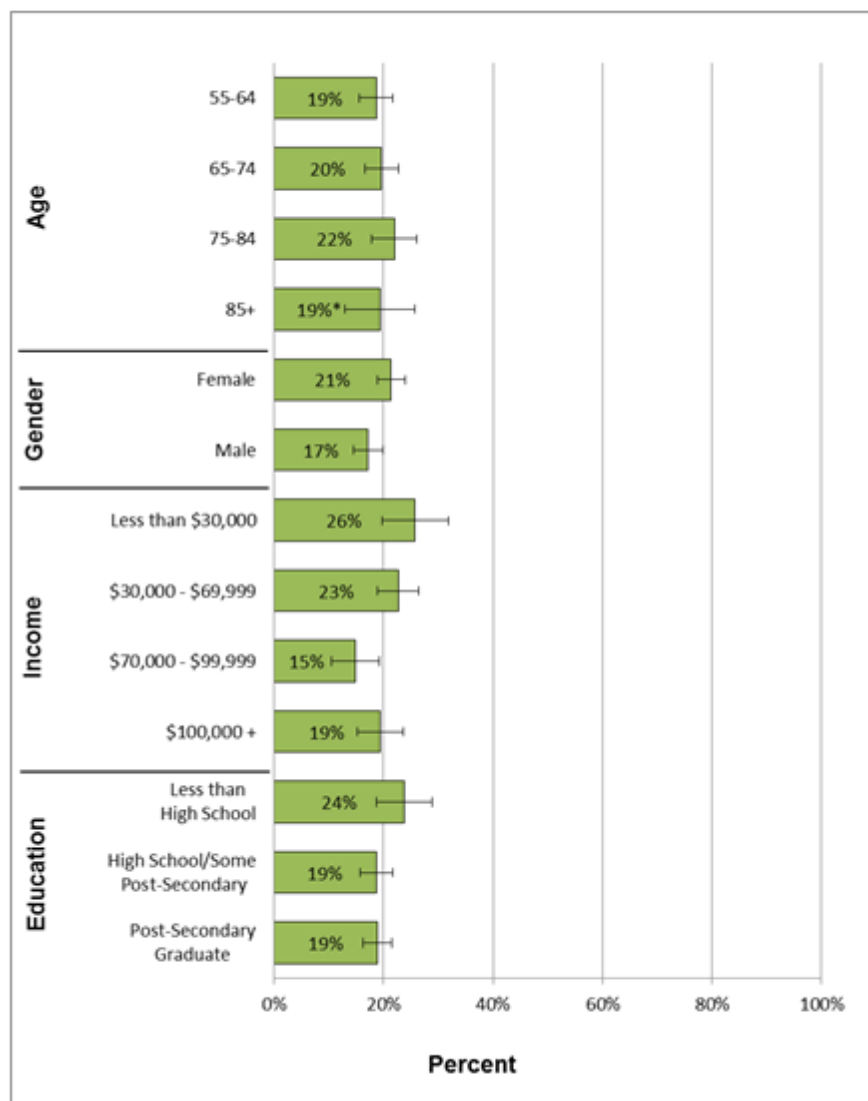
durham.ca/departments/health/health_statistics/factsOn/factsOnConsultMentalHealthProfessional.pdf

RAPID RISK FACTOR SURVEILLANCE SYSTEM

Keeping Strong, Living Long

In 2013 and 2015, 1 in 5 older adults in Durham Region had fallen within the past year, with 7% of older adults having a fall serious enough to limit activities. The prevalence of falls varied according to gender and income group, with falls being more common in females and older adults in a lower income group. Among older adults Durham Region, almost 40% reported being worried about falling and injuring themselves and 16% reported using personal assistance or mobility aids to move about inside their home. Falls are preventable by making changes to your lifestyle and home, such as exercising regularly, eating a well-balanced diet, regular vision and health checkups, and using proper lighting and handrails in your home.

Durham Residents Age 55+ Who Fell in the Past 12 Months, by Selected Socio-demographics, 2013, 2015



Note: * Interpret with caution due to high variability: Coefficient of Variation between 16.6% and 33.3%.

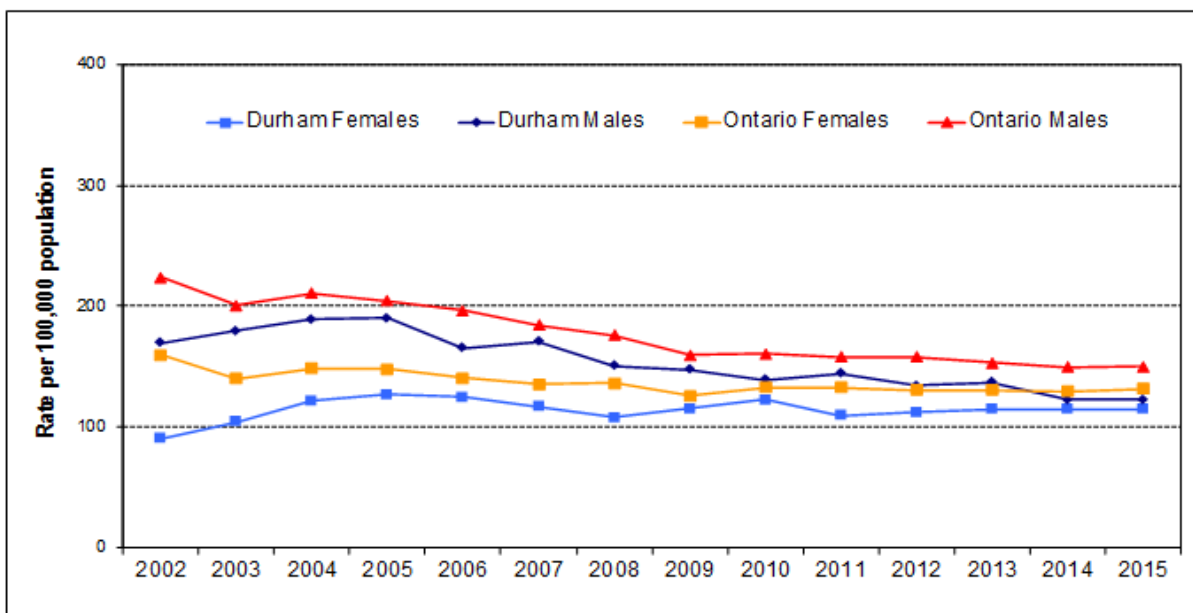
AT A GLANCE RESOURCES

1 At A Glance resource has been posted to durham.ca. The resource present trends over time, PHU and provincial comparisons, and breakdown by some of the determinants of health.

Unintentional Burns

In 2015, there were over 700 ED visit and 30 hospitalizations in Durham Region residents due to unintentional burns. Rates in males have been generally stable since 2002, while both hospitalization and ED visit rates are increasing in females.

Age-Standardized ED Visit Rates for Unintentional Burns, Durham Region and Ontario, 2002-2015



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Durham Female Rate	90.4	104.1	121.5	126.6	124.9	116.7	107.8	115.3	122.4	109.2	112.2	114.7	114.3	107.0
Durham Male Rate	169.6	179.9	189.2	190.3	164.8	169.7	148.8	145.0	136.6	141.2	131.9	136.8	122.4	125.0
Ontario Female Rate	159.4	140.1	148.4	148.0	140.7	135.0	136.3	125.4	132.5	132.5	130.4	130.6	129.4	131.7
Ontario Male Rate	223.7	200.5	210.8	204.1	196.5	184.1	175.9	159.7	160.4	158.0	157.8	153.3	149.4	150.0
Durham Female Total #	241	279	335	340	349	331	319	337	364	322	341	346	349	335
Durham Male Total #	441	467	505	521	457	482	429	422	395	411	404	415	372	385

durham.ca/departments/health/health_statistics/injuriesAtGlance_unintBurns.pdf

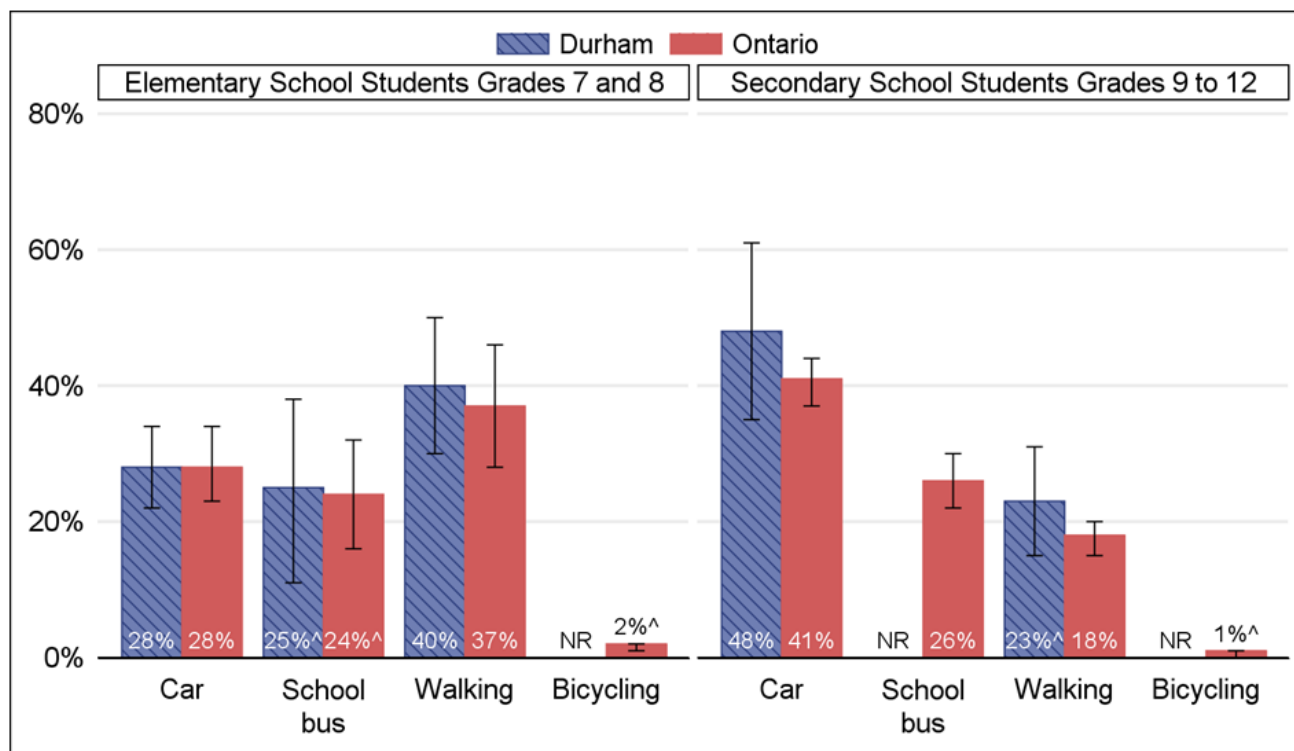
QUICK FACTS & TRENDS IN REPORTS

2 Quick Facts and **1 Trends In** report have been posted to durham.ca. These reports present local information on elementary and secondary school students' health behaviours in Durham Region.

Active Transportation

Forty (40%) of Durham Region elementary school students walk to school while 48% of secondary school student travel to school by car. Since 2009, there has been no significant change in the rate of active transportation to school among Durham Region students.

Percentage of Students by "Usual Mode of Transportation to School", Durham Region and Ontario, 2014-2015

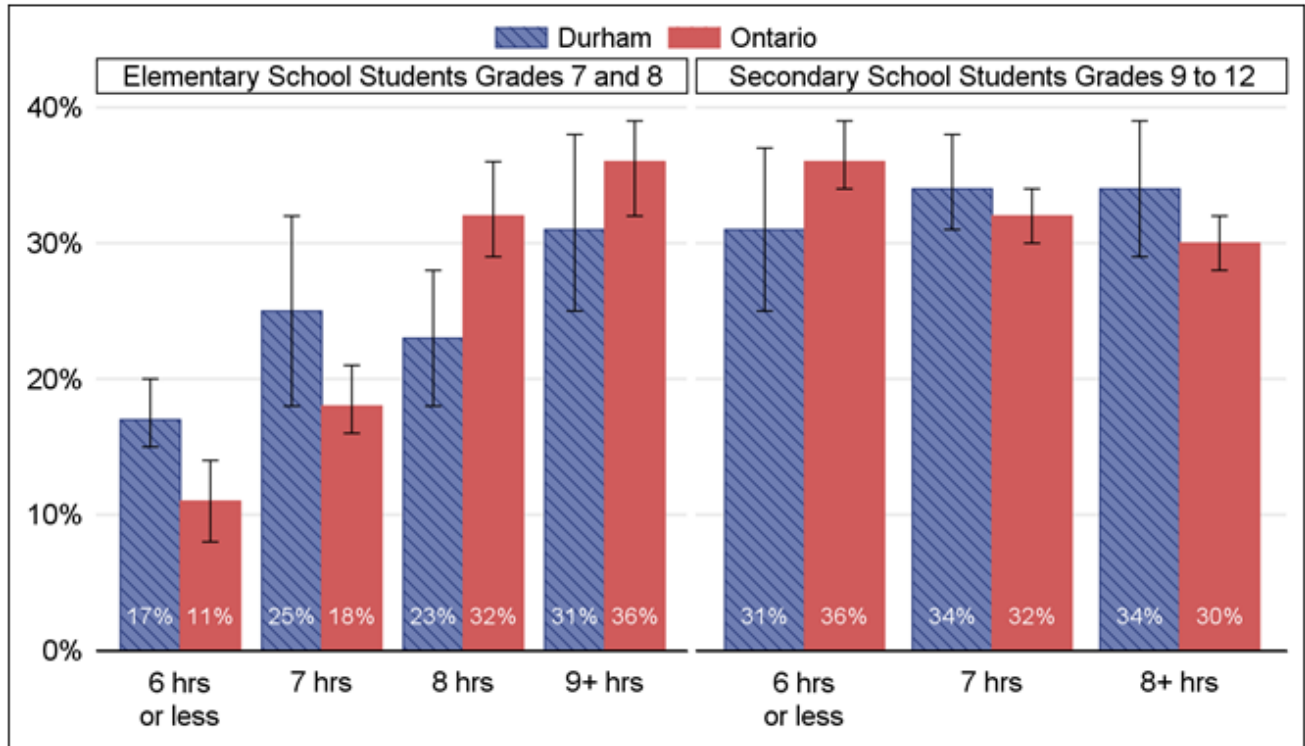


http://www.durham.ca/departments/health/health_statistics/quickFacts/transToSchool.pdf http://www.durham.ca/departments/health/health_statistics/trendsIn/activeTransSchool.pdf

Sleep Duration

One-third of Durham Region students meet the recommendations for sleep according to the Canadian 24-hour Movement Guidelines for Children and Youth.

Percentage of Students Meeting “Recommended Guidelines for Sleep”, Durham Region and Ontario, 2014-2015

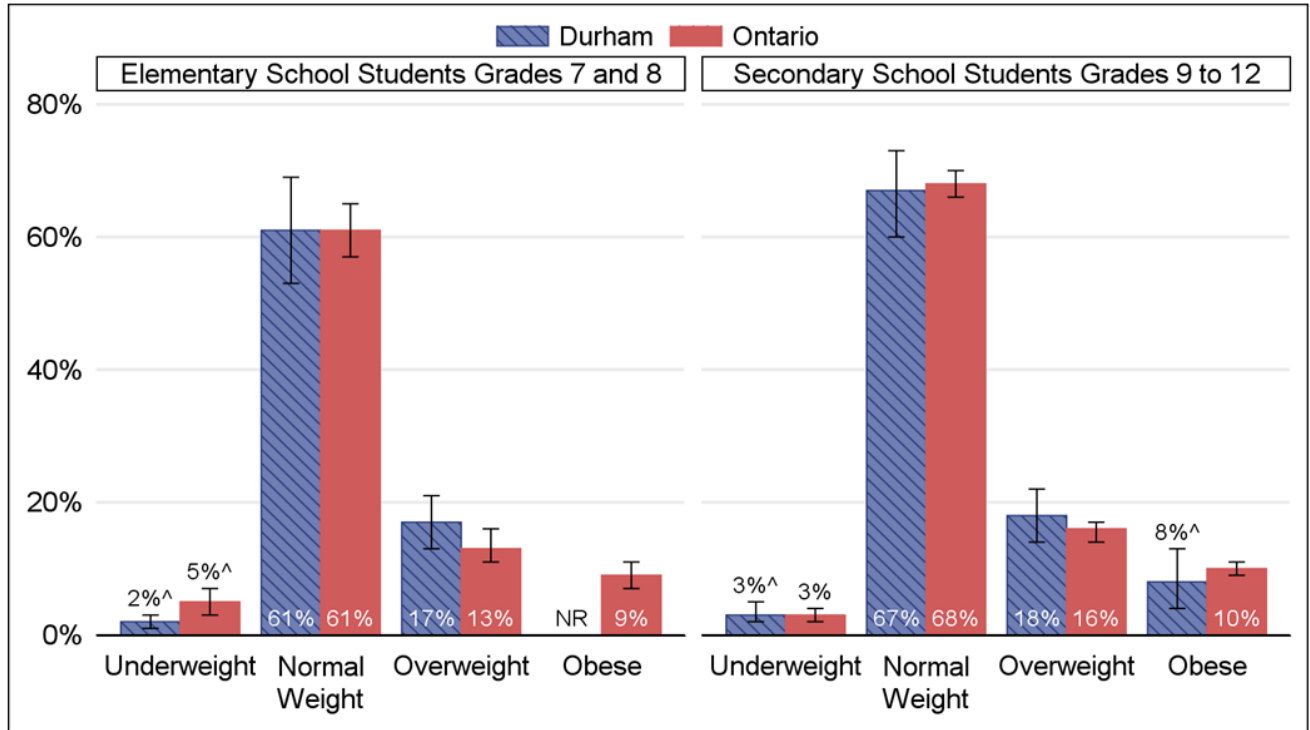


durham.ca/departments/health/health_statistics/quickFacts/sleepDuration.pdf

Overweight and Obesity

About two-thirds of Durham Region elementary (62%) and secondary (70%) school students are neither overweight nor obese. The rates of overweight and obesity among Durham Region students has remained stable since 2009.

Percentage of Students by BMI category, Durham Region and Ontario, 2014-2015

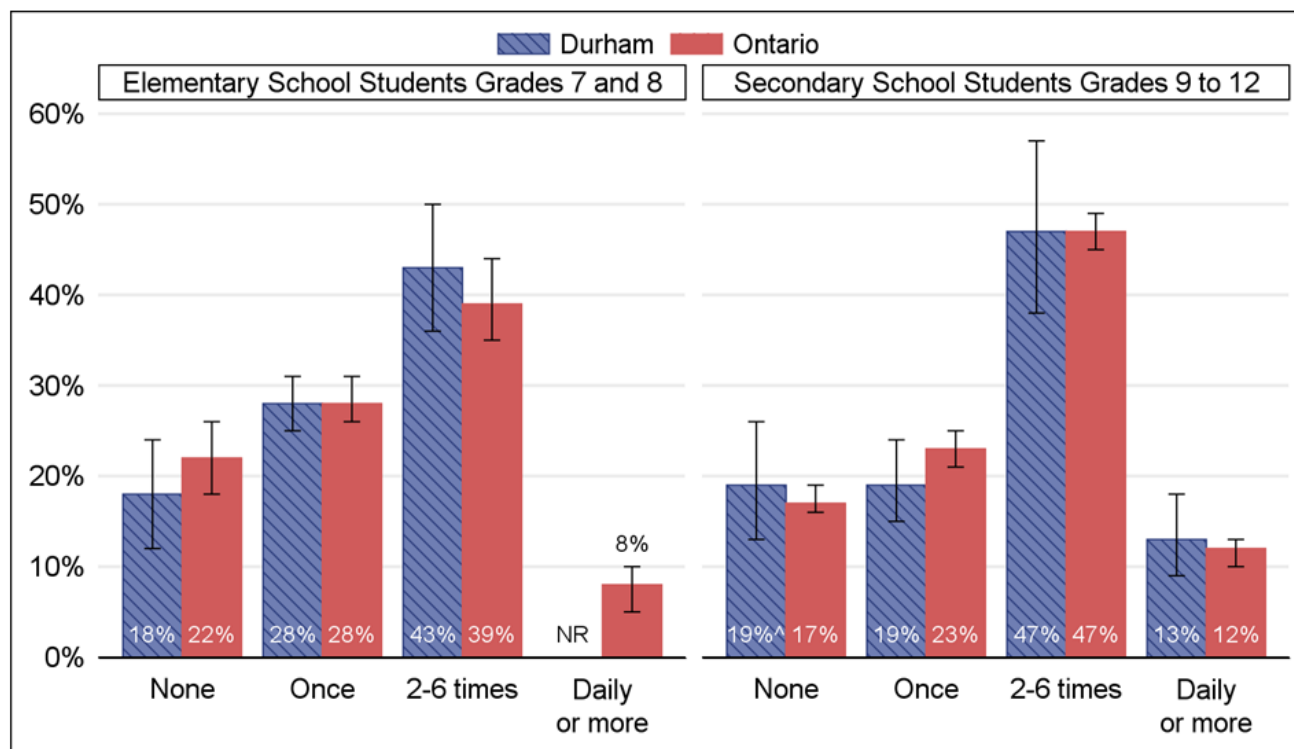


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Sugar Sweetened Beverage Consumption

About one in 10 (13%) of Durham Region secondary school students drink sugar sweetened beverages on a daily basis. Since 2009, there has been no significant change in the daily consumption rate in Durham Region students.

Percentage of Students who “Consume Sugar Sweetened Beverages”, Durham Region and Ontario, 2014-2015



url

ETHICS

In the period of **September – October 2016**, the Ethics Review Committee received **2** research proposals and approved the following evaluation projects:

Ajax/Pickering Early Childhood Development Community Consultation Sessions

Research Lead: Cathie Logan, PHN, DRHD; Julianna D’Aliesio, PHN, DRHD

Co-Investigators: Mary-Anne Pietrusiak, Epidemiologist, DRHD; Jessica Ackerman, Manager, PHNN, DRHD

Expected Completion Date: March 31, 2017

Sugar Sweetened Beverage Consumption in Youth

Research Lead: Terry Khabra, PHN, DRHD; Elizabeth Cullen, PHN, DRHD

Co-Investigators: Nasreen Giga, Manager, PHNN, DRHD; Nicole Wright, PHN, DRHD; Selasie Ametorwo, Fourth year Registered Nursing student, Trent University

Expected Completion Date: March 1, 2017

Smoke Free Movies Parent Communication Campaign

Research Lead: Alba Aguanno, PHN, DRHD

Co-Investigators: Becky Wall, Manager, PHNN, DRHD; Melissa van Zandvoort (MSc) Simcoe Muskoka District Health Unit/Central East Tobacco Control Area Network; Cathie Snider, PHN, DRHD

Expected Completion Date: December 31, 2016

Respectfully submitted,

Original signed by

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

Durham Region Health Department – Privacy and Information Security
Management Framework

This framework provides details of the main components of the Durham Region Health Department Privacy and Information Security program.

1. Privacy and Information Security Governance Structure - ensures that there are individuals responsible for privacy, accountable management and management reporting procedures

Privacy and information security management activities include:

- Assigned accountability for privacy and information security – Medical Officer of Health
- Allocated resources to adequately implement and support the privacy program
- Assigned responsibility for data privacy – Manager, Health Information, Privacy and Security
- Established a Privacy and Security Committee which meets regularly
- Integrate privacy and information security into business risk assessment/reporting (e.g., conduct privacy impact assessments (PIAs))
- Established relationships with key stakeholders including CS-IT, CS-Legal, CS-Legislative Services and Risk Management
- Require employees to acknowledge and agree to adhere to privacy policies following the completion of mandatory privacy training

2. Maintain a Data Inventory - maintain an inventory of the location of key personal and personal health data storage and data flows

Privacy and information security management activities include:

- Maintain an inventory of key personal and personal health information data holdings (what personal data is held and where)
- Maintain flow charts for key data flows (e.g., between systems and processes)

3. Maintain a Privacy Policy – maintain a privacy policy that meets legal requirements and addresses operational risk

Privacy and information security management activities include:

- Maintain an overarching Health Department privacy policy
- Obtain Executive Committee approval for revisions to the privacy policy
- Ensure divisional policies, procedures and processes are compliant with legislation, regulations and best practices
- Document legal basis for processing information in the form of procedures and processes which cover the 10 privacy principles

4. Embed Privacy and Information Security into Operations - maintain operational policies and procedures consistent with the privacy policy, legal requirements, and operational risk management objectives

Privacy and information security management activities include:

- Maintain policies/procedures for collection and use of personal and personal health information
- Maintain policies/procedures for collecting consent preferences
- Maintain policies/procedures for secure destruction of personal and personal health information
- Integrate privacy into social media practices
- Integrate privacy into conducting internal investigations
- Integrate privacy into practices for disclosure of information
- Integrate privacy into client facing practices
- Integrate privacy into research practices
- Maintain a core training program for all employees
- Maintain a second level training program reflecting job specific content
- Conduct annual online refresher training and measure comprehension of privacy concepts through a testing component
- Incorporate privacy into Health Department communications
- Provide privacy information on system logon screens
- Maintain certification for individuals responsible for privacy, including continuing professional education

5. Manage Information Security Risk - maintain an information security program based on legal requirements and ongoing risk assessments

Privacy and information security management activities include:

- Conduct a security risk assessment which considers privacy risk
- Implement and enforce administrative and physical security measures to encrypt personal and personal health information in transmission and at rest, including removable media
- Ensure processes and procedures restrict access to personal and personal health information (e.g., role-based access)
- Ensure Health Department programs and services maintain backup and business continuity plans

6. Manage Third-Party Risk - maintain contracts and agreements with third-parties consistent with the privacy policy, legal requirements, and operational risk tolerance

Privacy and information security management activities include:

- Conduct due diligence with respect to the privacy and security posture of potential vendors and third-party service providers
- Maintain documentation for model clauses (e.g., for data sharing agreements)
- Execute contracts or agreements with vendors and third-party service providers

7. Maintain Notices - maintain notices to individuals consistent with the privacy policy, legal requirements and operational risk tolerance

Privacy and information security management activities include:

- Maintain a privacy notice that details the Health Department's personal and personal health information handling practices
- Provide privacy notices at all points where personal and personal health information is collected
- Provide notice by means of on-location signage, posters
- Provide notice in all forms, contracts and terms
- Maintain scripts for use by employees to provide the data privacy notice

8. Maintain Procedures for Inquiries and Complaints - maintain effective procedures for interactions with individuals about their personal and personal health information

Privacy and information security management activities include:

- Maintain procedures to address complaints in accordance with the corporate policy
- Maintain procedures to respond to access requests
- Maintain procedures to respond to requests to update or revise personal and or personal health information
- Maintain procedures to respond to requests to opt-out
- Maintain procedures to respond to requests for information
- Maintain escalation procedures for serious complaints or complex access requests

9. Monitor for New Operational Practices - monitor organizational practices to identify new processes or material changes to existing processes and ensure the implementation of Privacy by Design principles

Privacy and information security management activities include:

- Apply the concepts of Privacy by Design for all system, program and or service development
- Maintain PIA guidelines and templates
- Conduct PIAs for new programs, systems and processes

10. Maintain Data Privacy Breach Management Program - maintain an effective data privacy incident and breach management program

Privacy and information security management activities include:

- Maintain a documented privacy incident/breach response protocol
- Maintain a breach notification (to affected individuals) and reporting protocol
- Maintain a breach incident log to track nature/type of all breaches

11. Monitor Data Handling Practices - verify operational practices comply with the privacy policy and operational policies and procedures

Privacy and information security management activities include:

- Conduct ad-hoc audits/assessments based on complaints/inquiries/breaches to ensure continuous improvement
- Conduct privacy audits where systems permit

12. Track External Criteria - track new compliance requirements, expectations, and best practices

Privacy and information security management activities include:

- Conduct ongoing research on developments in law and regulations
- Attend/participate in privacy conferences and industry association events
- Seek legal opinions regarding recent developments in laws
- Review or participate in studies related to best practices in privacy and information security management, in particular with respect to developments in administrative, physical and technical safeguards



Interoffice Memorandum

Date: November 18, 2016

To: Committee of the Whole

From: Dr. Robert Kyle

Subject: *The Price of Eating Well in Durham Region 2016*

Health
Department

In October 2016, the Durham Region Health Department released *The Price of Eating Well in Durham Region 2016* (attached). This publication is released annually in accordance with the Nutritious Food Basket (NFB) Protocol under the Ontario Public Health Standards.

Key highlights include:

- The cost of a basic healthy diet in Durham Region for a standard family of four was measured to be \$193 weekly or \$837 per month.
- The cost of Durham Region's NFB has increased 12% over the past five years.
- In 2016, 10% of Durham Region households or ~50,000 Durham Region residents were food insecure.
- Household food insecurity significantly affects health and is a strong predictor of health care utilization and costs.
- Food insecure adults are more vulnerable to chronic physical and mental illnesses, with the risk increasing with the severity of food insecurity.
- Go to [Food Secure](#) to learn about the root causes of food insecurity and for more information.

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

The Price of Eating Well in Durham – Nutritious Food Basket Report, 2016

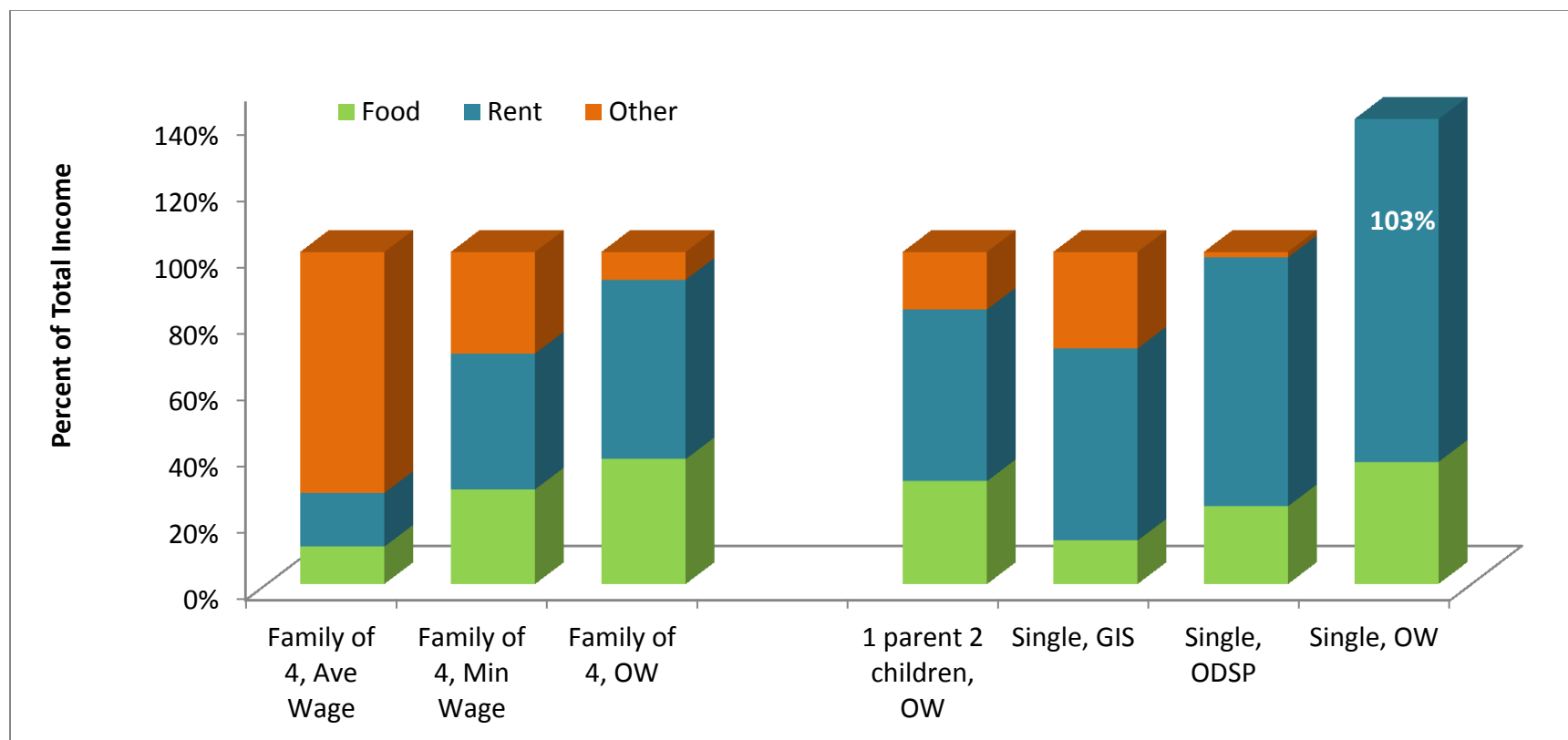
Food security exists in a household when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life

The Ontario Public Health Standard (2008) Chronic Disease Prevention Requirement #2 states that “The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol, 2014* (or as current) and the population health assessment and surveillance protocol, 2014 (or as current)”.

In May, 2016, Durham Region Health Department implemented the Nutritious Food Basket (NFB) Protocol by measuring the cost of 67 food items in 9 grocery stores located throughout Durham Region in accordance with the protocol. To find out what foods are in the Nutritious Food Basket, please visit Health Canada’s website at <http://www.hc-sc.gc.ca/fn-an/surveill/basket-panier/qa-gr-eng.php#a4>. Non-food items, prepared foods and restaurant meals are not included in the NFB. The information collected was reported back to the Ministry of Health and Long-Term Care in July, 2016.

- The cost of a basic healthy diet in Durham Region for a standard family of four (girl 4-8 y.o., boy 14-18 y.o., male 31-50 y.o., female 31-50 y.o.) was measured to be **\$193** weekly or **\$837** per month.
- The cost of Durham Region’s Nutritious Food Basket has increased **12%** over the past five years. The greatest impact of this increased expense will be experienced by residents living with low income.
- In 2016, **10%** of Durham Region households or approximately **50,000** Durham Region residents were food insecure.
- Household food insecurity significantly affects health and is a strong predictor of health care utilization and costs. Food-insecure adults are more vulnerable to chronic physical and mental illnesses, with the risk increasing with the severity of food insecurity. (see Appendix A).
- NFB costs are applied to various individual and family income scenarios to analyze the feasibility of buying basic nutritious food when the cost of market rate rental housing is considered.(See Appendix A – Table 1)

**Figure 1: Proportion of Total Income Spent on Food, Rent and All Other Needs by Household
Durham Region, 2016**



\$ left for other needs/person	\$1,352	\$225	\$47		\$350	\$1,563	\$20	0
Other	73%	31%	8%		17%	29%	2%	0%
Rent	16%	41%	54%		52%	58%	75%	103%
Food	11%	28%	38%		31%	13%	23%	37%

Figure 1 shows a comparison of income to rent and food costs for three family and four other households that are living on low incomes. All of these households must use all or most of their income for housing and nutritious food. The worst situation is the single person with income from OW whose rent and food costs exceed income by about \$307 per month. After food and rent, the single person receiving ODSP has less than \$20 left per month while the family of four living on OW has only \$187 (or \$47/person) remaining for all other expenses. The family of four with a full-time minimum wage earner appears to be well-off in comparison to the family with OW income, but still has only about \$900 (or \$225/person) remaining each month for all expenses beyond food and rent. The amount of household spending on food and shelter is approximately **4 times greater** for the family of four at the lowest income level than for those at the highest. (see Appendix A).

Greater access to affordable housing could help families and individuals living in these low-income situations to better meet their basic living needs. As of October 31, 2016, **5964** applicants were on the rent-geared-to-income (RGI) waiting list in Durham Region.

What can you do to help?

- Learn about the root causes of food insecurity. Go to www.durham.ca/foodsecure
- Current evidence indicates the need for targeted and sustainable system-level income response at the federal and provincial level to address the root causes of food insecurity - poverty. Speak to your local MP/MPP
- Support coalitions that address poverty, affordable housing and food security
- Continue participation in the Canadian Community Health Survey Household Food Security Survey Module
- Continue local food insecurity monitoring through the Nutritious Food Basket Protocol in Durham Region.

Relevant Consultation:
Community Food Security, Chronic Disease Prevention
Epidemiology and Evaluation Unit
Region of Durham Social Services Department
Reproductive Child Health
Ontario Society of Nutrition Professionals in Public Health
Epidemiology and Evaluation Unit

Appendix A:

The Price of Eating Well in Durham Region, 2016

The Price of Eating Well in Durham Region

2016

According to Durham Region Health Department data, some families in Durham Region cannot afford a healthy diet.

Let's take a closer look to see why...

Rising Costs

Over time, housing costs, general expenses and food costs have risen. As these expenses increase, the ability to purchase healthful foods becomes a real challenge for many families.

What is the Nutritious Food Basket?

The Nutritious Food Basket (NFB)¹ is a tool used by Durham Region Health Department each year to provide a measure of the average cost of a basic healthy diet for a family of 4.

The Nutritious Food Basket assumes that:

- most people have the time, food skills and equipment to be able to prepare most meals from scratch
- people have access to grocery stores

Understanding the Nutritious Food Basket

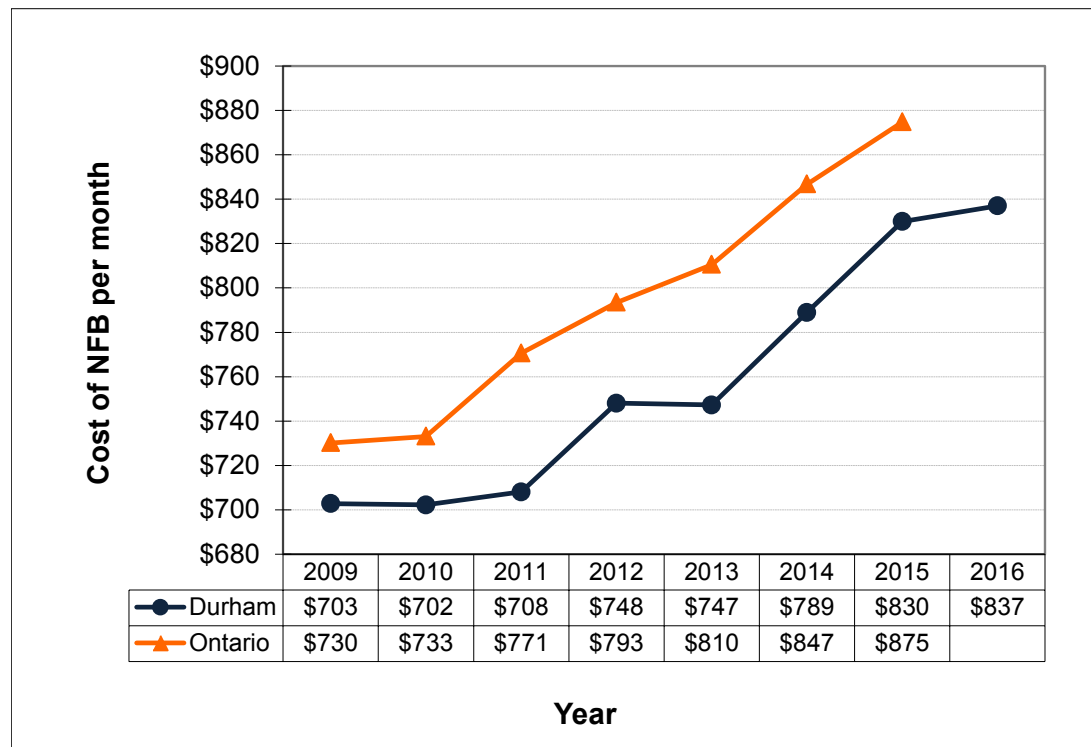
The tool only includes the cost of food items. Processed foods and food with little or no nutritional value (such as coffee, soft drinks and potato chips) are not included. The NFB does not take into consideration any foods for special diets, such as gluten-free products, or personal and household care items like toothpaste, soap and cleaning supplies, all of which would result in additional costs.

The health department found that in May, 2016, the Nutritious Food Basket for a family of four in Durham Region was \$193.12 per week. This is a 19 percent increase from May, 2009 (see Figure 1). As food prices continue to rise, the risk of food insecurity also increases.



Figure 1: Cost of the Nutritious Food Basket (NFB) for a Family of 4, Durham Region and Ontario, 2009 - 2016

*Data for Ontario is not available until Dec, 2016 Based on the Canadian Community Health Survey, 2013/2014



Household Food Insecurity in Durham Region

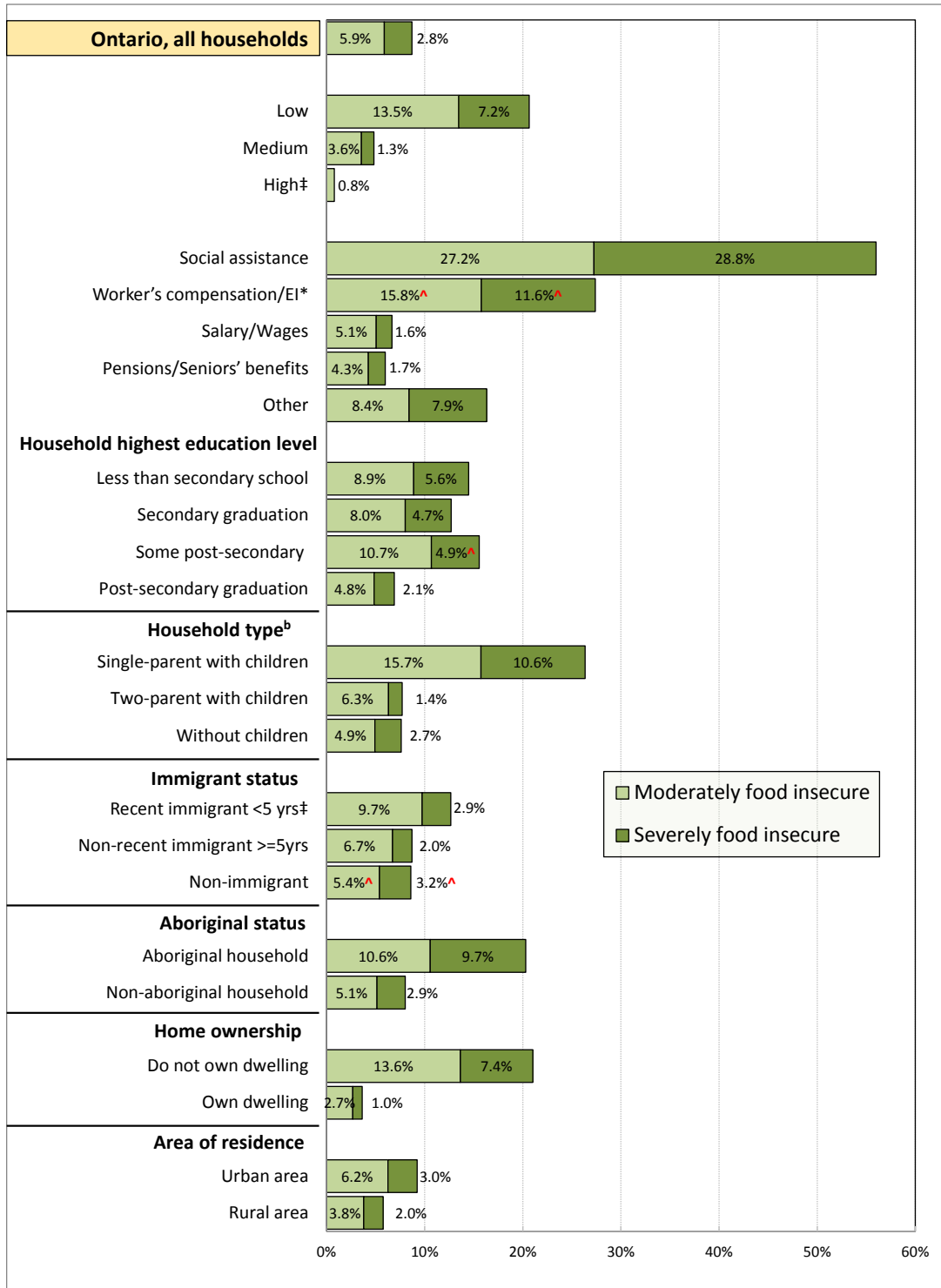
For many families in Durham Region, the inability to purchase and/or access nutritious food is a reality. Household food insecurity is defined as inadequate or insecure access to food because of financial constraints. Food insecurity is a serious local issue, with 10% of Durham Region households being food insecure.² This represents approximately 50,000 Durham Region residents. For these families, being food insecure means:

- worrying that food will run out
- having to compromise on the selection of food they eat
- having to reduce their food intake or skip meals

Food Insecurity: Who is most affected?

- People living on social assistance find that after paying for rent and utilities, there is not enough money to buy nourishing food.
- 34% of single parent households with children (under 18 years) in Durham Region are food insecure.²
- People on fixed incomes - such as those receiving Ontario Works, Ontario Disability Support Program or working full time at minimum wage - have difficulty buying foods that make up a healthy diet (see Figure 2).

Figure 2: Household Food Insecurity in Ontario by Selected Socio-Demographic Characteristics, 2013-2014



[^]: Results need to be interpreted with caution as coefficient of variation (CV) is between 16.6% and 33.3%, inclusive. The CV is a measure of variability. CV is a measure of precision of the estimates. Higher CV usually indicates that the estimates are less precise and reliable. When a CV is between 16.6% and 33.3%, the estimate should be interpreted with caution. An estimate with a CV over 33.3% is not releasable.

[‡]: Results for this group are not reportable as Coefficient of variation (CV) is greater than 33.3%

^a: Households were grouped into three categories based on their income. "Low" income includes the lowest 30% of households, "medium" includes the middle 40% of households, and "High" includes the highest 30% of households.

^b: Children under 18 years of age

* EI: employment insurance

Key risk factors in household food insecurity are:³

- Low income
- Budget shocks - e.g. job loss, unexpected medical expenses, increased housing costs
- Geographic isolation
- Health conditions requiring a special diet
- Lack of transportation
- Lack of food skills

Food insecurity and Health...

Did You Know?

The inability to purchase nutritious foods, and the emotional and psychological stress that comes from that, can lead to many serious health problems. At any age, not eating enough nutritious food can put people at greater risk for chronic disease, infection and lowered immunity. Specifically:

- During pregnancy, poor birth outcomes, including neural tube defects, low birth weight and anemia are often related to maternal health and nutrition.^{4,5,6,7,8}
- During infancy, poor nutrition may slow growth and weaken brain-body coordination.
- Children and youth who experience hunger are more likely to suffer from chronic conditions including asthma and depression and find it harder to concentrate and learn in school.⁹
- Food insecurity can lead to negative psychosocial outcomes in children, while teenagers are at risk of suffering from depression, social anxiety, and suicide.¹⁰

- Adults living in food insecure households have poorer physical and mental health and higher rates of many chronic conditions including:¹¹
 - Depression
 - Type 2 diabetes
 - Heart disease
 - Hypertension
- Among seniors, malnutrition can also result in a loss of muscle mass and strength, which can lead to disability and loss of independence

For those who are food insecure, managing these health implications is extremely challenging. As stated, food insecurity is linked to household income. When income is too low, people do not have enough money for rent, bills and food. Any illness or health challenge that results in additional medical costs and/or affects an individual's ability to work, places further strain on individual or family finances and therefore their ability to purchase healthy food. As a result, the cycle of food insecurity and poor health is a difficult one to break, resulting in tremendous costs to our health care system and society.

In Ontario in 2008, chronic diseases related to poverty and food insecurity alone carried a health care cost of ~ \$2.9 billion¹² - much more than would be needed to prevent them by improving access to a healthy diet.

- As a last resort, people are forced to use food banks. Food banks can only offer about three days worth of food and are not meant to be a long term solution to food insecurity.

When Money is Tight, How Do People Cope?

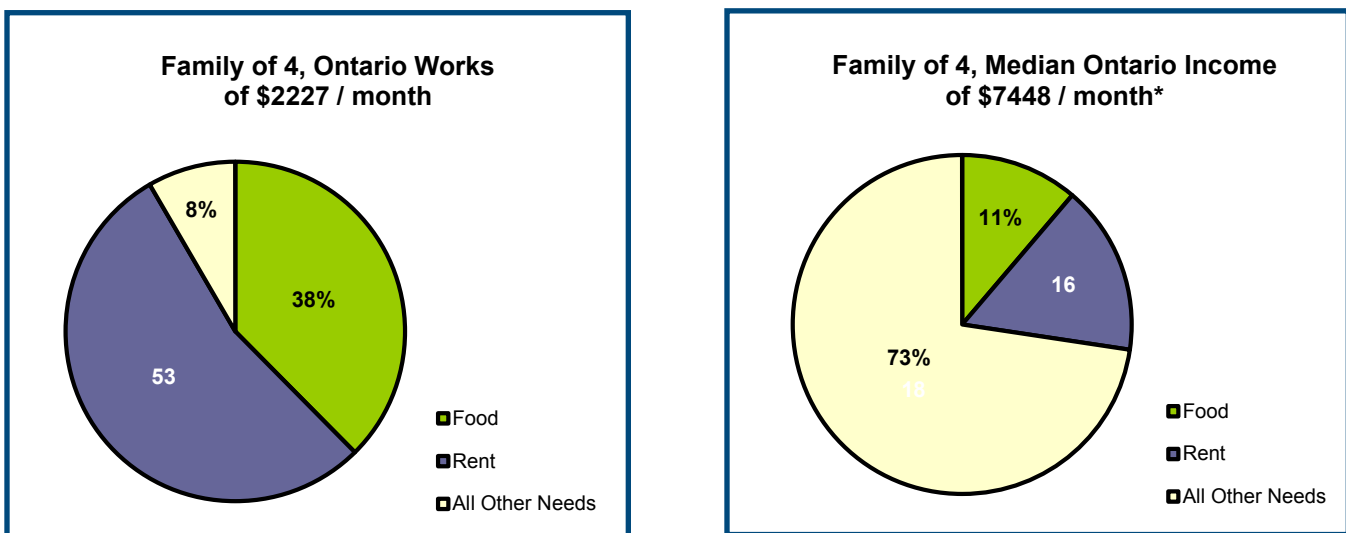
- People cut back on their food budget.
- People are forced to skip meals or fill up on cheap foods that are not always nutritious.
- They may eat less fruit, vegetables, whole grains and milk products as these are often more costly.
- Parents living on low incomes feed their children first. They will go without eating to ensure that their children can eat. As a result, the parents' nutrition and health suffers.

How much does it cost each month to eat healthy?

According to the Durham Nutritious Food Basket, the cost of feeding a family of four in Durham Region was \$837 per month in May 2016.

- For a family of 4 with an Ontario average income of \$7448/month, the monthly cost of the Nutritious Food Basket (\$837) represents 10% of this family's income.
- In contrast, for a family of 4 on the Ontario Works monthly income of \$2227/month, the monthly cost of the Nutritious Food Basket represents 38% of their income (see Figure 3).

Figure 3: Take a Closer Look at the Difference Between these Two Durham Households when Buying Food on Different Monthly Household Incomes



Percent of Income Used for Housing, Food and All Other Needs, Durham Region, 2015
 * Total household income after tax based on a two income family.
 *: Total household income after tax based on a two income family

Table 1: What's Left After Shelter and Food Costs?

Durham Region Nutritious Food Basket Scenarios - Sept 2016

Scenario References¹⁴

Monthly Calculations

Family of Four
Ontario Works



Scenario 1






Family of Four Full-
Time Minimum
Wage Earners^m



Scenario 2

	Scenario 1	Scenario 2
Income		
Income from Employment		\$ 1950.00
Basic Allowance ^b	\$ 468.00	
Maximum Shelter Allowance ^b	\$ 718.00	
Old Age Security/Guaranteed Income Supplement ^c		
Ontario Guaranteed Annual Income System ^d		
Canada Child Tax Benefit ^e	\$ 826.00	\$ 815.00
GST/HST credit ^f	\$ 69.00	\$ 69.00
Ontario Trillium Benefit ^g	\$146.00	\$ 146.00
Working Income Tax Benefit ^h		\$ 78.00
Employment Insurance paid ⁱ		\$ (36.00)
Canada Pension Plan paid ⁱ		\$ (82.00)
Total Income	\$ 2227.00	\$ 2940.00
Selected Expenses		
Average Monthly Rent (may or may not include heat/hydro) ^k	(3 Bdr.) \$ 1203.00	(3 Bdr.) \$ 1203.00
Food ^l	\$ 837.00	\$ 837.00
Total Selected Expenses	\$ 2040.00	\$ 2040.00
Funds Remaining (for other basic needs e.g. telephone, transportation, child care, household and personal care items, clothing, school supplies etc.)	\$ 187.00	\$ 900.00
Percentage of income required for rent	54%	41%
Percentage of income required to purchase healthy food	38%	28%

NOTE: Shelter costs may or may not include utilities; all dollars rounded to nearest whole number.

<p>Family of Four Median ONTARIO Income (after tax)ⁿ</p>  <p>Scenario 3</p>	<p>Single Parent Household with Children, Ontario Works</p>  <p>Scenario 4</p>	<p>One Person Household, Ontario Works</p>  <p>Scenario 5</p>	<p>One Person Household, Ontario Disability Support Program</p>  <p>Scenario 6</p>	<p>One Person Household, Old Age Security/ Guaranteed Income Supplement</p>  <p>Scenario 7</p>
\$ 7841.00				
	\$ 342.00	\$ 305.00	\$ 631.00	
	\$ 662.00	\$ 376.00	\$ 479.00	
				\$ 1344.00
				\$ 83.00
\$ 114.00	\$ 826.00			
	\$69.00	\$23.00	\$ 30.00	\$ 35.00
	\$117.00	\$64.00	\$ 66.00	\$ 101.00
\$ (143.00)				
\$ (364.00)				
\$ 7448.00	\$ 2016.00	\$ 768.00	\$ 1206.00	\$ 1563.00
(3 Bdr.) \$ 1203.00	(2 Bdr.) \$ 1042.00	(Bachelor) \$ 793.00	(1 Bdr.) \$ 904.00	(1 Bdr.) \$ 904.00
\$ 837.00	\$ 624.00	\$ 282.00	\$ 282.00	\$ 204.00
\$ 2040.00	\$ 1666.00	\$ 1075.00	\$ 1186.00	\$ 1108.00
\$ 5408.00	\$ 350.00	\$ (307.00)	\$ 20.00	\$ 455.00
16%	52%	103%	75%	58%
11%	31%	37%	23%	13%



How Do We Know Some People Don't Have Enough Money For Food?

A summary of some real life situations for people living in Durham Region appears in Table 1. These scenarios show that after paying for shelter and food, minimum wage and part-time earners and households on fixed incomes have little, if any, money leftover to cover other basic monthly expenses such as transportation, telephone, personal care items, household products and clothing for the month. The amount of household spending on food and shelter is roughly **4 times greater** for those at the lowest income level than for those at the highest.

After paying rent and utility bills, what would you do if there wasn't enough money left to buy nutritious food?

For many families in Durham Region this is the reality. When faced with the choice of paying the rent or going hungry, many families are forced to go hungry. The impact of which has serious consequences for health.

What can you do to help?

With your Client

- Link clients to existing resources that provide information about food assistance. Refer to the resource **Food in Durham** for a list of food supports in Durham Region (i.e. prenatal nutrition programs, breakfast clubs, etc.), or go to durham.ca/foodsecure.
- Link clients to helpful food security resources from the health department. Refer to **Discover Your Inner Chef! Community Food Security Resources** booklet, or direct clients to durham.ca/foodsecure, click "Residents" button.
- Encourage participation in the **Discover Your Inner Chef! Online Learning** to strengthen food budgeting skills. Go to durham.ca/foodsecure, click "Residents" button.
- Keep abreast of local food security happenings on **What's Up!** - go to durham.ca/foodsecure, click "Residents" button.
- Support clients in accessing training e.g. education bursaries, training subsidies.
- Support clients in accessing resources (i.e. internet) to search out jobs. Encourage your client to join a community garden. To learn more about community gardens available in Durham, go to durhamdigs.ca/gardens.
- For prenatal clients, discuss supports and resources available to promote healthy eating during pregnancy. Refer them to Durham Health Connection Line 1-800-841-2729 or durham.ca for more information.
- Ensure clients have access to information to make an informed decision about feeding their baby. To learn more visit durham.ca and search "Make an Informed Decision about Feeding Your Baby".
- Help clients to increase the amount of money available to buy food by encouraging them to breastfeed. For information about community resources to support breastfeeding, refer them to Durham Health Connection Line 1-800-841-2729 or durham.ca for more information.



What can you do to help?

Within your Agency / Organization

- Increase awareness among staff of the issues - inform staff of the reality of food insecurity in Durham Region. Share **The Price of Eating Well in Durham Region newsletter** with your staff.
- Post the **Hunger in Durham** infographic poster at your agency.
- Buy local by supporting a farmer's market in your area.
- Encourage and recognize voluntarism among your staff (i.e. encourage staff to participate in community support programs such as a school breakfast club or a Good Food Box program in your neighbourhood and recognize their efforts).
- Host food budgeting workshops within your organization for your clients e.g. **Discover Your Inner Chef!**
- Build advocacy opportunities for your clients into your current food security programs.
- Learn more about infant feeding practices among mothers living in Durham Region. Visit durham.ca and search "Infant Feeding Surveillance".
- Support a breastfeeding friendly environment in your workplace (for clients and staff); Welcome breastfeeding anytime, anywhere. Call Durham Health Connection Line 1-800-841-2729 to request resources that support and promote breastfeeding or visit: durham.ca



What can you do to help?

Within your Community

- Participate in coalitions that address poverty, affordable housing and food insecurity in Durham Region.
- Learn about the root causes of food insecurity. For more information go to durham.ca/foodsecure.
- Speak to your local MP / MPP about basic income guarantee, social assistance rates and affordable housing.
- Advocate for a national food security program that ensures equal access to safe and nutritious food for all Canadians.
- Support local food initiatives by participating in:
 - Savour the Season
 - Durham Farm Connections
 - Durham Farm Fresh



References available online at durham.ca/foodsecure

Eating Healthy on a Budget...

Come visit us for free resources!



durham.ca/foodsecure

If you require this information in an accessible format, contact 1-800-841-2729



Breastfeeding questions or concerns?

we can help!

Durham Health Connection Line

Public Health Nurses provide confidential telephone advice, written information, and access to other breastfeeding services in the community.

One to One Breastfeeding Support

In-home visits and/or clinic services are available for individual breastfeeding help by Public Health Nurses.

Breastfeeding Groups

These drop-in groups are facilitated by Public Health Nurses. They provide an opportunity to share ideas, meet other parents, and support one another. Family members and support persons are welcome.

Breastfeeding Information

Our website has detailed information on breastfeeding and breastfeeding resources. Please visit: durham.ca



Durham Health Connection Line
905-666-6241 or 1-800-841-2729
durham.ca

Try the Food Budget Calculator to figure out your weekly food costs!

durham.ca

Food Budget Calculator

FOOD IN DURHAM

A list of places to find food in Durham Region

Discover Your Inner Chef!

Community Food Security Resource



HEALTH DEPARTMENT

Durham Health Connection Line
1-800-841-2729 or 905-666-6241

durham.ca/foodsecure

If you require this information in an accessible format, contact 905-666-6241 or 1-800-841-2729





NOV 10 '16 PM2:08

Corporate Services Department
City Clerk Services

File A-2100

November 9, 2016

Delivered By E-Mail
(lorne.coe@pc.ola.org)

Lorne Coe, M.P.P. (Whitby-Oshawa)
Queen's Park

Re: Bill 9, End Age Discrimination Against Stroke Recovery Patients Act, 2016

This is in response to your correspondence of October 11, 2016 concerning the above-referenced matter.

At its meeting of October 17, 2016 Oshawa City Council considered the matter and adopted the following resolution:

"That Oshawa City Council support Bill 9 which states that all stroke victims receive care regardless of their age."

If you need further assistance, please contact me at the address listed below, or by telephone at 905-436-3311.

Mary Medeiros
Acting City Clerk

/kb

- c: Regional Municipality of Durham
- City of Pickering
- Town of Ajax
- Town of Whitby
- Township of Brock
- Township of Scugog
- Township of Uxbridge
- Municipality of Clarington

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100 Whiting Avenue
 Oshawa, Ontario
 L1H 3T3
 Phone (905) 579-0411
 Fax (905) 579-0994

Web: www.cloca.com
 Email: mail@cloca.com

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Take Appr. Action

Member of Conservation Ontario

November 4, 2016

debi.wilcox@durham.ca

Ms. Debi Wilcox, Clerk
 Regional Municipality of Durham
 605 Rossland Road East, P.O. Box 623
 Whitby ON L1N 6A3

Dear Ms. Wilcox:

**Subject: Initiating an Update to CLOCA Watershed Plans
 CLOCA IMS File No.: NWPDI**

The Central Lake Ontario Conservation Authority (CLOCA) will be embarking on conducting a 5-year update to the Lynde Creek, Oshawa Creek, Black/Harmony/Farewell Creek and Bowmanville/Soper Creek Watershed Plans. CLOCA Board Report #5476-16 is attached, providing more information regarding this update. As noted in the report, this will be a scoped exercise committed to:

- updating and assessing watershed changes due to growth and infrastructure improvements as well as evaluating future urbanization and changing landscape on watershed health;
- advancing watershed recommendations supporting climate change mitigation and adaption and assessing risk from natural hazards;
- evaluating the implementation and effectiveness of current watershed recommendations; and,
- improving consistency with recent and upcoming changes to federal and provincial legislation, policy and guidelines as well as incorporating recent Authority work such as updates to floodplain mapping.

Seeking the input and advice of watershed partners is a valuable component. There will be public information sessions held in 2017. If you have any questions regarding this work, please contact me. I look forward to engaging your municipality and other watershed stakeholders in this update.

Sincerely,

Heather Brooks MCIP RPP
Director Natural Heritage & Watershed Planning
 HB/ms
 Attach.



REPORT

CENTRAL LAKE ONTARIO CONSERVATION AUTHORITY

DATE: September 20, 2016
FILE: NRPD1
S.R.: 5476-16
MEMO TO: Chair and Members, CLOCA Board of Directors
FROM: Heather Brooks, Director, Watershed Planning & Natural Heritage
SUBJECT: Watershed Plans – Initiating the 5 Year Update

APPROVED BY C.A.O.:

Introduction

The Lynde Creek Watershed Plan was approved in May 2012. By April 2013, the three other watershed plans (Oshawa, Black/Harmony/Farewell and Bowmanville/Soper) all received approval.

Consistent with provincial watershed planning guidance and more recently with the updates to the Provincial Growth Plan and Greenbelt Plan currently drafted, the CLOCA Watershed Plans identified the need to update the plans within five years of adoption. Conducting this update is valuable as it will allow CLOCA to:

- identify changing conditions, pressures and trends in the watershed, including growth and new or expanding infrastructure;
- assess, update, and revise watershed plan recommendations;
- evaluate the effectiveness of watershed plan implementation to date;
- support municipal compliance with Provincial Growth Plan including guiding new or expanding infrastructure decisions, development of comprehensive water, wastewater and stormwater master plans, and the preparation of subwatershed plans as a precursor to secondary plans and large scale development;
- ensure consistency with changing provincial and federal legislation;
- incorporate data from new or revised technology, methodologies, or science; and,
- better integrate climate change impacts including addressing advances in climate change assessment, technology, adaptation and mitigation.

Components of the Update

It is important to understand that this five-year update is scoped. Components of the review will include:

1. Reflection – Identify those significant changes (such as growth, infrastructure, and climate change) that have occurred since the watershed plan was adopted and determine whether these changes impact watershed health. Also, assess whether these changes will necessitate alterations to watershed targets, goals, objectives, etc.
2. Renew – Incorporate new, updated data, modelling, policies and legislation, renewing the watershed plans, improving relevance and implementation.
3. Evaluation – Conduct a critical assessment of the implementation of the watershed plans and identify and consider successes, achievements, gaps, and determine where more effort is needed.
4. Consultation – A first round of public information centres will be held seeking input on current and future watershed challenges, future watershed management activities, and opportunities for further stakeholder engagement. There will also be opportunities for meetings and discussions with specific stakeholder groups as needed. Nearing completion of the 5 year updates, a final round of public information centres will be held to share results of the watershed plan updates with stakeholders.

Cont'd

Timeline and Resources

Each of CLOCA's watershed plans sets out the framework for undertaking the five-year review, including identifying measures for evaluating the effectiveness of implementation and assessing progress towards achieving the watershed health targets. Some of the groundwork to support the review can get underway immediately. In order to undertake the five-year update to the watershed plans and continue to focus on ongoing commitments, dedicated resources are needed. Specifically, hiring one person for a maximum 24 month contract will be required in order to complete the updates to the 5 watershed plans before 2019.

Completing this work is an important component of the Authority's mandate and strategic plan. It will provide valuable watershed information critically needed for decision making and program implementation at CLOCA. Our watershed planning work is an important component in integrated planning as required by the Province and Region (Growth Plan, Greenbelt Plan, Oak Ridges Moraine Plan and Durham Region Official Plan) to support growth, new and expanding infrastructure, and comprehensive municipal servicing master plans. Investing in this watershed plan update will support our municipal partners in achieving compliance with these provincial growth requirements and further advance watershed knowledge as it relates to growth, infrastructure improvements, climate change, green infrastructure, ecosystem restoration, natural heritage systems, water resources systems including hydrogeology and flood risk.

It is recommended that in order for CLOCA to meet its current commitments, the Region be requested to provide financial support to CLOCA to conduct and complete the five-year update to the Authority's watershed plans. The Region of Durham's Oak Ridges Moraine Conservation Plan Reserve account has just over \$200,000 (May 31, 2016). It is recommended that CLOCA request funding support from this reserve account to complete the five-year watershed plan review.

Auth. Res. #85/16, dated September 20, 2016

"THAT Report #5476-16 be received for information;

THAT CLOCA initiate the five-year update of CLOCA's Watershed Plans;

THAT CLOCA advise Durham Region and the municipalities that the Authority is initiating the five-year update of CLOCA's Watershed Plans; and,

THAT CLOCA seek the necessary financial support from Durham Region to support completion of the five-year update to the four CLOCA Watershed Plans."

CARRIED

C.S. - LEGISLATIVE SERVICE



Central
Lake Ontario
Conservation

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News Release

100 Whiting Avenue, Oshawa, ON, L1H 3T3
(905) 579-0411, fax (905) 579-0994

Release Date: Immediate

Central Lake Ontario Conservation Gives Back To The Community

Who's in the kitchen is a regular question asked during the Purple Woods Maple Syrup Festival and this year's Festival was no different. We had guests from around the community, flipping pancakes and pouring on the maple syrup during the 13 days of the Festival. Each year Central Lake Ontario Conservation (CLOCA) holds a lottery and any non-profit, community based organization serving Durham Region is eligible to enter. The prize you ask? It is two days of hard work for 6 lucky lottery winners, and lots of laughter as each group is responsible for delivering pancakes and all the extras to an estimated 1000 guests each day.

This year there were 18 entries so that is a 1 in 3 odds to being selected. "It is so much better now that we have Heritage Hall and an indoor kitchen with real floors and counters, running water and heat," says Patricia Lowe, Director of Community Engagement for CLOCA. "We all remember the days of operating under a tent, with a hose and all kinds of weather coming in sideways, which made for some interesting challenges," she adds. CLOCA's Community Pancake Program has evolved since 1998 and with community funding sources drying up, the demand by groups has increased every year.



Peter Lee (left) from Durham College Centre for Food Student Bursary accepts their pancake proceeds from Chris Darling, CAO, CLOCA.

This year at the 41st annual Purple Woods Maple Syrup Festival the successful candidates included the Rotary Club of Oshawa-Parkwood, the 34th Oshawa Pathfinders, the Optimist Club of Oshawa, Durham College Centre for Food Student Bursary, 21st Oshawa Scouts and Victorian Order of Nurses (VON).

Each group must provide a minimum of 10 volunteers for two full days, from 8am to 4pm during the Festival. Their responsibilities include managing the work stations for serving up pancakes washing dishes, making drinks, cleaning tables and clearing trays. "Once the Festival sales are calculated and the operating and product costs are tallied, the groups split what's left," says Ms. Lowe. "The beauty of this program is that the community groups reinvest this money into local programs which helps them leverage more dollars for better outcomes. The groups also have the opportunity to promote their organization to Festival visitors."

If you are part of a local Durham Region community group that is not for profit, with fundraising needs for your programs, send an email to plowe@cloca.com before December 1st, 2016 and we will add you to the lottery list for the 2017 Festival. For more information please contact Patricia Lowe at Central Lake Ontario Conservation (905) 579-0411, ext. 126 or at the above email address.

Healthy watersheds for today and tomorrow.



Ganaraska

C.S. - LEGISLATIVE SERVICES

CONSERVATION

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**Ganaraska Region
Conservation Authority**

2216 County Road 28
Port Hope, ON L1A 3V8

Phone: 905-885-8173

Fax: 905-885-9824

www.grca.on.ca

MEMBER OF
CONSERVATION ONTARIO

NOV 15 '16 AM 10:34

November 9, 2016

Ms. Debi Wilcox
Regional Clerk / Director of Legislative Services
The Regional Municipality of Durham
Clerk's Department
605 Rossland Road East, P.O. Box 623
Whitby, ON L1N 6A3

Dear Ms. Wilcox:

Please distribute the enclosed unapproved minutes of the October meeting of the Full Authority of the Ganaraska Region Conservation Authority to your council members as correspondence.

Thank you for your assistance in this matter.

Yours truly,

Linda J. Laliberte, CPA, CGA
CAO/Secretary-Treasurer

Encl.

GANARASKA REGION CONSERVATION AUTHORITY

MINUTES OF THE FULL AUTHORITY

October 20, 2016

FA 06/16

1. Welcome and Call to Order

The Chair called the Full Authority meeting to order at 7:15 p.m. He thanked all those members who attended the 70th Anniversary celebration.

MEMBERS PRESENT: Forrest Rowden, Chair - Town of Cobourg
Raymond Benns - Township of Alnwick/Haldimand
Mark Lovshin - Township of Hamilton
John Fallis - Township of Cavan Monaghan
Brian Darling, Town of Cobourg
Louise Ferrie-Blecher - Municipality of Port Hope
Willie Woo - Municipality of Clarington

ALSO PRESENT: Linda Laliberte, CAO/Secretary-Treasurer
Mark Peacock, Director, Watershed Services
Greg Wells, Manager, Planning and Regulations
Brian Morrison, Fisheries Biologist

ABSENT WITH REGRETS: Jeff Lees - Municipality of Port Hope
Heather Stauble - City of Kawartha Lakes
Wendy Partner, Vice-Chair - Municipality of Clarington

ALSO ABSENT:

2. Disclosure of Pecuniary Interest

None

3. Minutes of Last Meeting

FA 33/16

MOVED BY: Mark Lovshin

SECONDED BY: Brian Darling

THAT the Full Authority approve the minutes of the September 15, 2016 meeting.
CARRIED.

4. Adoption of the Agenda

The agenda was adjusted to move the presentation by staff from item 11 to item 6.

FA 34/16

MOVED BY: John Fallis
SECONDED BY: Louise Ferrie-Blecher

THAT the Full Authority adopt the agenda as amended.
CARRIED.

5. Delegations

None

6. Presentations**a) Wesleyville Creek Rehabilitation**

Brian Morrison, Fisheries Biologist, provided a presentation to update the Full Authority on the Wesleyville Creek Rehabilitation that was recently completed.

FA 35/16

MOVED BY: John Fallis
SECONDED BY: Willie Woo

THAT the Full Authority receive the Wesleyville Creek Rehabilitation staff report for information purposes.
CARRIED.

7. Business Arising from Minutes**a) 2017 Preliminary Budget and Municipal Levy****FA 36/16**

MOVED BY: Mark Lovshin
SECONDED BY: John Fallis

THAT the Full Authority receive the 2017 Preliminary Budget for information and,

FURTHER THAT the budget be forwarded to the watershed municipalities, indicating in the cover letter, that the vote to approve the 2017 levy will be taken at the December 2016 Full Authority Meeting.

CARRIED.

8. Correspondence

None

9. Applications under Ontario Regulation 168/06:

Permits approved by Executive:

FA 37/16

MOVED BY: Willie Woo
SECONDED BY: Ray Bennis

THAT the Full Authority receive the permits for information.
CARRIED.

Permit Application require Full Authority discussion:

None

10. Committee Reports:

a) Ganaraska Forest Recreation Users Committee Minutes - September 8, 2016

The members asked about the damage to the trails as a result of logging and it was explained that that recreation trails are often placed on top of logging corridors that have been planned for and created by harvest activities since the route has been opened up allowing access more easily. When the next harvest rotation comes to that same stand, the same route is used when no available alternative exists. These routes close in again over the following 2-3 yrs as they did following the last harvest rotation, until the next scheduled harvest rotation occurs in another 10-15 yrs.

FA 87/16

MOVED BY: John Fallis
SECONDED BY: Mark Lovshin

THAT the Full Authority receive the Ganaraska Forest Recreation Users Committee Minutes from September 8, 2016 for information.

CARRIED.

11. New Business:

None.

12. Other Business

None

13. In Camera

a) Wilcox Road Parking Lot

FA 39/16

MOVED BY: Mark Lovshin
SECONDED BY: Louise Ferrie-Blecher

THAT the Full Authority move in camera.

CARRIED.

FA 40/16

MOVED BY: Ray Bennis
SECONDED BY: Willie Woo

THAT the Full Authority move out of camera.

CARRIED.

Ray Bennis, who is Chair of Lower Trent Region Conservation Authority (LTRCA), informed the members that parts of the LTRCA remain at a level 3 in regards to the low water response (drought) and in some sections of the Moira River tributaries had non-existent flows.

14. Adjourn

The meeting adjourned at 8:12 p.m. on a motion by Mark Lovshin.

CHAIR

CAO/SECRETARY-TREASURER

**Ministry of
Municipal Affairs**

Office of the Minister

777 Bay Street, 17th Floor
Toronto ON M5G 2E5
Tel. 416-585-7000
Fax 416-585-6470
www.ontario.ca/MAH

**Ministère des
Affaires municipales**

Bureau du ministre

777, rue Bay, 17^e étage
Toronto ON M5G 2E5
Tél. 416-585-7000
Télé. 416-585-6470
www.ontario.ca/MAH



NOV 10 '16 AM 10:13

71082

September 28, 2016

Dear Head of Council:

I am pleased that the Rural Ontario Municipalities Association annual meeting will be held from January 29-31, 2017, in Toronto. I will be there along with many of my cabinet colleagues to further strengthen our government's relationship with Ontario's diverse municipalities. Coming from the north, I place a high value on our small rural and northern communities. I also know the many challenges they face.

The ROMA conference presents a great chance for us to come together and discuss issues and opportunities that are important to building strong and vibrant communities across the province. A communication from my Ministry staff will be sent to your clerks and CAOs with information on how to request a delegation meeting, similar to the process used in the past. Ministers will also be available to answer your questions during the Ministers' Forum.

My colleagues and I look forward to seeing you at the ROMA conference in January.

Sincerely,

Bill Mauro
Minister

A handwritten signature in black ink, appearing to be "Bill Mauro".

C.S. - LEGISLATIVE SERVICES

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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

Tuesday, October 25, 2016

A meeting of the Accessibility Advisory Committee was held on Tuesday, October 25, 2016 in Room 1-A, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 1:02 PM.

Present: M. Sutherland, Vice-Chair, Oshawa
R. Atkinson, Whitby
M. Bell, DMHS
Councillor J. Drumm left the meeting at 2:20 PM
D. McAllister, Executive Director, DREN
M. Roche, Oshawa
P. Rundle, Clarington attended the meeting at 1:17 PM
S. Sones, Whitby

Absent: M. Cordahi, Chair, Whitby
S. Barrie, Clarington
J. Stevenson, Ajax

Staff

Present: D. Beaton, Chief Information Officer, Corporate Services - Information Technology, left the meeting at 1:15 PM
C. Grimley, Business Analyst, Corporate Services - Information Technology, left the meeting at 1:15 PM
J. Traer, Accessibility Coordinator, Office of the Chief Administrative Officer
P. Reid, Director of Corporate Policy and Strategic Initiatives, Office of the Chief Administrative Officer
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

In the absence of the Chair, M. Sutherland, Vice-Chair, chaired the meeting.

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 R. Atkinson, Seconded by D. McAllister,
That the agenda for the October 25, 2016 Accessibility Advisory
Committee meeting, be approved.

CARRIED

3. Adoption of Minutes

Moved by M. Roche, Seconded by S. Sones,
That the minutes of the September 20, 2016 Accessibility Advisory
Committee meeting be adopted.
CARRIED

4. Presentation

A) Don Beaton, Chief Information Officer, Information Technology and Carrie Grimley, Business Analyst, Information Technology re: Implementation of New Regional Website

D. Beaton and C. Grimley provided a verbal update with regards to the implementation of a new regional website.

D. Beaton advised that the Region is currently updating their website and working towards achieving a fully accessible cloud-based website that conforms to AODA standards. He advised that the anticipated go-live date for the new website is summer 2017.

D. Beaton stated that public engagement is essential to the process and staff is currently looking to obtain input from constituents, community, staff and politicians regarding the update. He also stated that all feedback will help shape the new website. He further stated that staff is attending an open web forum on November 2nd in Waterloo with regards to helping public sector organizations redesign to AODA standards. He advised that staff is setting up focus groups scheduled to meet from November 23 to 28 between the hours of 9 AM to 4 PM and 1 PM to 8 PM with a total number of 144 attendees.

D. Beaton further advised that there is a survey available on the Region's website that closes on November 11th and encouraged all committee members to complete it. A copy of a flyer entitled "Your Opinion Counts" that listed the link to the on-line survey was provided as a handout.

D. Beaton and C. Grimley responded to questions with regards to how people are selected to participate in the focus groups; whether the focus group sessions cater to those hard of hearing or deaf; details regarding what is needed to sign up for a focus group; whether staff has contacted public health organizations to obtain their input; and the qualifications of the company hired to re-design the website.

5. Business Arising from the Minutes

There was no business arising from the minutes.

6. Correspondence

There were no items of correspondence to be considered.

7. Reports

A) Education Sub-committee Update

J. Traer advised that she is looking into the following future presentations:

- Canadian Organization of Rare Diseases.
- White Antelope. J. Traer advised that White Antelope was founded by an individual who overcame disability and started her own business. J. Traer stated that the presentation will focus on the many barriers encountered in starting up her business.
- Corporate Communications staff with regards to the different strategies used in social media.

B) Update on the Transit Advisory Committee (TAC)

M. Sutherland advised that there will be a standing item noted on the Transit Advisory Committee agenda with regards to accessibility issues. It was the consensus of the Committee that they will provide questions or comments to M. Sutherland for her to advise TAC.

Discussion ensued with regards to the timing of agenda items and whether other Accessibility Advisory Committees (AACs) should be contacted with regards to transit issues they may have. J. Traer advised that she will be attending a meeting on November 28th with Chairs of the local AACs regarding transit issues and will advise the Committee what the outcome of the meeting is.

C) Update from the Accessibility Coordinator

J. Traer requested that D. M McAllister provide an update on the Durham Region Employment Network (DREN).

- D. McAllister stated that DREN was preparing to close its doors in October after serving the community for twenty three years. She stated that they are now able to keep their doors open as an agreement has been approved by the Ministry of Advanced Education and Skills Development for a one year project. She stated that this was not possible without the overwhelming support of the community and that this funding will enable DREN to facilitate a community roadmap to employment for youth with multiple barriers to employment in Durham Region. She advised that there will be a forum held on November 25, 2016 at the Abilities Centre to create this roadmap and that additional information is available on DREN's website.

J. Traer provided an update on the following matters:

- Committee members were thanked for attending the Joint Accessibility Advisory Forum and it was requested that members provide feedback regarding what worked and what did not work in order to plan for the 2017 forum. It was requested that the catering company be advised that the wraps were difficult to open.
- The 2016 Accessibility Report is almost done. J. Traer advised that a draft will be sent to members within the next few days.
- M. Sutherland, M. Roche, R. Atkinson and J. Traer attended the Dream Gala at the Abilities Centre on October 22, 2016. The following observations and comments with respect to accessibility at the Gala were discussed:
 - Attendees were unable to see the closed captioning on the screens with the number of people standing.
 - Food stations were hard to get to as everyone was standing.
 - Volunteers were hard to get a hold of. In the future, it would be great to have a paging or notification device to be able to get someone to assist.
 - Menus were not provided.
 - There were audio issues.
 - The reserved tables did not have table cloths which was great for those with mobility devices.
 - The reserved tables were the right height but attendees felt as if they were backed up against a wall.

J. Traer stated that she will provide the feedback from the Committee to the Event Coordinator.

- D. McAllister and M. Cordahi were thanked for their work in the creation of the new Accessibility Advisory Committee banner.
- The Age Friendly Community Forum was held on September 30, 2016 at the Deer Creek Golf and Banquet Facility. There were approximately 250 attendees as well as staff from 22 organizations. Additional information is available on the Region's website.
- In the unlikely event of a severe accident at either the Darlington or Pickering nuclear stations, an automated telephone dialing system provides indoor warning to residents and business in the 10 km zone as per the Durham Emergency Management Office (DEMO). Deaf or hard of hearing individuals can register their phone numbers in order to receive text messages in the event of an emergency.

8. Administration Matters

There were no administrative matters to be considered.

9. Other Business

There was no other business to consider.

10. Date of Next Meeting

The next regularly scheduled meeting of the Accessibility Advisory Committee will be held on Tuesday, November 22, 2016 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 2:45 PM

M. Sutherland, Vice-Chair
Accessibility Advisory Committee

N. Prasad, Committee Clerk

DURHAM NUCLEAR HEALTH COMMITTEE (DNHC) MINUTES

Location Durham Regional Headquarters
605 Rossland Road East, Whitby
Meeting Room LL-C

Date November 4, 2016

Time 1:00 PM

Host Durham Region Health Department (DRHD)

Members

Dr. Robert Kyle, DRHD (Chair)
Ms. Mary-Anne Pietrusiak, DRHD
Mr. Ken Gorman, DRHD
Dr. Tony Waker, University of Ontario Institute of Technology (UOIT)
Mr. Raphael McCalla, Ontario Power Generation (OPG)
Mr. Loc Nguyen, OPG
Mr. Marc Landry, Public Member
Ms. Janice Dusek, Public Member
Dr. David Gorman, Public Member
Dr. Barry Neal, Public Member
Dr. John Hicks, Public Member
Dr. Lubna Nazneen, Alternate Public Member

Presenters/Observers

Mr. Brian Devitt (Secretary)
Mr. Miguel Santini, Canadian Nuclear Safety Commission (CNSC)
(Presenter)
Dr. Alex Viktorov, CNSC (Presenter)
Ms. Carrie-Anne Atkins, OPG (Presenter)
Mr. Paul Barlow, OPG (Presenter)
Mr. Dave Chin-Cheong, OPG
Ms. Donna Pawlowski, OPG
Mr. Glenn Pringle, OPG
Mr. Glenn Case, Port Hope Area Initiative Office (PHAI MO) (Presenter)
Ms. Sarah Anderson, PHAI MO
Ms. Amy Burke, Municipality of Clarington (Presenter)
Ms. Faye Langmaid, Municipality of Clarington
Ms. Carol Chan, Haliburton, Kawartha, Pine Ridge Dist. Health Unit
Ms. Gail Cockburn, Durham Nuclear Awareness
Ms. Lydia Skirko, Whitby Resident
Ms. Simona Besnea, Whitby Resident
Dr. Robert Dixon, Ajax Resident

Mr. A.J. Kehoe, Durham Region Resident

Regrets

Ms. Veena Lubna, Public Member

Mr. Hardev Bains, Public Member

Robert Kyle opened the meeting and welcomed everyone.

1. Approval of Agenda

The Revised Agenda was adopted.

2. Approval of Minutes

The Minutes of September 16, 2016 were adopted as written.

3. Correspondence

3.1 Robert Kyle's office received the approved minutes for the Pickering Nuclear Generating Station (NGS) Community Advisory Council meeting for June 2016.

3.2 Robert Kyle's office received a news release from OPG, providing information about a team of nuclear experts led by the International Atomic Energy Agency (IAEA), who started an Operational Safety Review Team (OSART) mission at the Pickering NGS. In 2014, the CNSC recommended Pickering Nuclear to OSART for this mission that will result in best practices being identified and shared with other nuclear operators through IAEA dated September 19, 2016.

3.3 Robert Kyle's office issued a news release reminding residents and businesses near NGSs to ensure they have received their supply of potassium iodide pills have them readily available in case of a nuclear emergency dated October 12, 2016

3.4 Robert Kyle's office received an invitation to attend the Darlington Refurbishment Open House held at the Darlington Energy Complex on October 15, 2016.

3.5 Robert Kyle's office received the Darlington and Pickering Nuclear Neighbours Newsletter concerning community issues at the NGSs dated Fall 2016.

4. Presentations

4.1 Progress report by the CNSC on the Safety and Performance of the Darlington and Pickering Nuclear Power Plants in 2015

Miguel Santini, Director, Darlington Nuclear Regulatory Program Division, CNSC, and Alex Viktorov, Director, Pickering Nuclear Regulatory Division, CNSC, provided a joint presentation on the CNSC's Staff Integration Safety Assessment of the Darlington and Pickering Nuclear Power Plants (NPPs) for 2015.

Miguel explained the CNSC's regulatory focus in 2015 for NPPs and the highlights were:

- The Compliance Verification Program is used by CNSC onsite inspectors and head office staff to monitor and track compliance with requirements and the licences. CNSC staff findings are reviewed and used for licensees' performance in the Regulatory Oversight Report.
- The efforts of the CNSC staff on regulatory oversight to deliver the Compliance Verification Program in person-days for 2015 were summarized as follows:

	Darl.	Pick.
○ Inspections	1,079	1,460
○ Event Reviews	128	132
○ Other Compliance Activities	2,141	3,453
○ Total Person-days Worked	3,348	5,045

Miguel explained the CNSC used a risk-informed and performance-based approach for its Compliance Verification Program using 14 Safety Control Area to be assessed to determine its Safety Performance rating. The ratings used were:

- Fully Satisfactory (FS)
- Satisfactory (S)
- Below Expectations (BE)
- Unacceptable (U)

The CNSC Safety Performance Rating Summary for Darlington and Pickering NPPs for 2015 were:

Safety Control Areas	Darl.	Pick.	Industry Average
○ Human Performance Mgmt.	SA	SA	SA
○ Management Systems	SA	SA	SA
○ Operating Performance	FS	FS	FS
○ Safety Analysis	FS	FS	FS
○ Physical Design	SA	SA	SA
○ Fitness for Service	SA	SA	SA
○ Radiation Protection	FS	FS	SA
○ Conventional Health & Safety	FS	FS	FS
○ Environmental Protection	SA	SA	SA
○ Emergency Mgmt. & Fire Prot.	SA	SA	SA
○ Waste Management	FS	FS	FS
○ Safeguards & Non Proliferation	SA	SA	SA
○ Security	SA	SA	SA

○ Packaging and Transport	SA	SA	SA
○ Safeguards & Non- Proliferation	SA	SA	SA
○ Integrated Plant Rating	FS	FS	SA

Miguel provided the highlights of the Safety Performance Assessment of Darlington NPP that included:

- Units 1 to 4 were operational in 2015 but on October 15, 2016 Unit started a refurbishment outage.
- The Operating Licence expires on November 30, 2025.
- The Safety Analysis Program at OPG is robust and effective. OPG continues to show a strong commitment to safety.
- Radiation Protection was highly effective and rated Fully Satisfactory
- Conventional Health & Safety exceeded regulatory requirements and the accident frequency for Darlington was the lowest for Canadian NPPs and rated Fully Satisfactory.
- Waste management program for radioactive and hazardous waste exceeded CNSC's expectations and was rated Fully Satisfactory.

Alex provided the highlights of the Safety Performance Assessment of Pickering NPP that included:

- Units 1, 4, 5, 6, 7 and 8 are operational.
- Units 2 and 3 are in safe storage.
- The Operating Licence expires on August 31, 2018.
- Operational Performance of Pickering recorded one unplanned reactor trip.
- The severe accident management guideline program was implemented and judged to be a strength.
- Safety Analysis showed a strong commitment to safety throughout the program and rated Fully Satisfactory.
- Radiation protection was highly effective and was rated Fully Satisfactory.
- Conventional Health & Safety applied industry best practices and was rated Fully Satisfactory.
- Waste Management program for radioactive and hazardous waste exceeded CNSC requirements and was rated Fully Satisfactory.
- CNSC was satisfied with the results of the 2015 major components inspections and Fukushima safety enhancements.
- CNSC was satisfied with the inspection results of the Aging Management and Fitness for Service program for 2015.
- In 2104, CNSC requested an IAEA OSART to conduct a mission hosted at the Pickering NPP and it began in September 2016 and a full report of the findings will be available for review by the public in approximately 3 months.
- OPG is conducting a Periodic Safety Review to evaluate conformance of the plant design and operation to modern requirements and to support the licence renewal on August 31, 2018.
- OPG is pursuing the option of the Continued Operation of the Pickering NPP until 2024.

- OPG intends to apply for a 10-year operating licence and will conduct a Periodic Safety Review.
- The next licence period will cover continued operations, safe shutdown of reactors and stabilization activities required to place the station into the safe storage state.

Alex explained the CNSC process for the Continued Operation of the Pickering NPP that includes:

- May 2016, OPG started the process by making its formal *Notice of Intent to Renew the Operating Licence* that expires August 31, 2018.
- By August 2017, OPG will submit the *Licence Application* for the CNSC review.
- CNSC and OPG staff will prepare for Commission Proceedings that will include a two part Public Hearing concerning the *Licence Application* with opportunity for public interventions.
- The CNSC preparation for assessment of the *Licence Application* has begun and will take approximately 2 years before the Commission hearing in 2018. CNSC will not grant a licence unless OPG is considered to be qualified to operate the Pickering NPP safely.

In summary, the Darlington and Pickering NPPs were operated safely in 2015 and the key considerations were:

- No serious process failures occurred.
- No members of the public received a radiation dose in excess of the CNSC regulatory limit.
- No workers were confirmed to have received a radiation dose in excess of the CNSC regulatory limit.
- No radiological releases to the environment were above derived release limits.
- The accident frequency and severity of workers was low.
- Darlington and Pickering NPPs complied with CNSC licence conditions.
- The Independent Environmental Monitoring Program results indicated the public and environment in the vicinity of Darlington and Pickering are safe and there are no health impacts.
- No NPP events were reported to the IAEA above the Nuclear and Radiological Events Scale of 0.

Alex provided valuable information on cyber-security requirements for NPPs. CNSC requires that operators of NPPs must protect digital assets that perform the functions of systems important to nuclear safety, security, emergency preparedness and international safeguards from cyber-attacks. The CNSC Regulatory Framework for cyber security includes:

- CNSC's expectation which were sent with a letter to all NPP licensees in July 2008.
- The new CSA N290.7-14 standard, established in 2014 for cyber-security, is to be fully implemented by July 2019.

The CNSC report on OPG compliance for cyber-security compliance includes:

- Review of program documentation and system walk downs. Cyber-security is a component of the CNSC's annual Safety Performance for NPPs. The CNSC inspected cyber-security at Darlington in 2014 and will do the same at Pickering in 2017. CNSC concluded that OPG meets CNSC expectations and provides adequate provisions for the protection of computer based assets.

Alex provided valuable information on a recent audit of the CNSC's Inspection Process. The Office of the Commissioner of the Environment and Sustainable Development of the Office of the Auditor General of Canada audited the CNSC's processes for planning and completing site inspections at NPPs and the Commissioner made 5 recommendations to improve documentation of site inspection program.

Alex explained that CNSC has completed 3 of the 5 recommendations and the remaining 2 will be completed by March 2017. The CNSC's existing practices align with international standards and best practices and site inspections are just one of many tools CNSC uses to verify safety at NPPs. Nevertheless, CNSC acknowledges further opportunities for strengthening the inspection processes.

Alex mentioned that the CNSC supports and encourages the involvement of the public in all CNSC processes with its Public Engagement activities that includes the following methods:

- Public hearing process
- Participant Funding Program
- Aboriginal and Public consultations
- Extensive outreach and engagement program
- Requirement for licensees to communicate

Miguel Santini and Alex Viktorov indicated more information on the CNSC Safety Performance Assessment of NPPs is available at [Nuclear Safety](#). The slides used in their presentation are available for review at on the DNHC website at [Durham Nuclear Health Committee](#).

4.2 Progress Report by OPG concerning the Results of the 2015 Groundwater Monitoring Program at Pickering and Darlington NGSs

Paul Barlow, Senior Environmental Specialist, OPG, provided a detailed update on the 2015 Groundwater Monitoring Program Results for Pickering and Darlington NGSs. The highlights of Paul's presentation were:

- The objectives of the 2015 Program were:
 - Verify groundwater flow and direction
 - Monitor change to the on-site groundwater quality

- Monitor site boundary groundwater quality to confirm no adverse off-site impacts
- The monitoring of groundwater is a result of a legacy of spills or leaks of contaminated water containing tritium at the Pickering NGS's upgrading plant, Units 1 to 4, 5 to 8 Reactor Buildings, fuel oil storage tanks and the Irradiation Fuel Bay (IFB).
- In 2015, Pickering used 145 wells monitoring locations and analysed water samples to characterize groundwater conditions.
- Corrective actions at Units 1 to 4 reactor buildings such as repairs have led to significant reductions in tritium concentrations.
- The legacy fuel oil storage tank spills and the resulting bio-degradation process, is naturally breaking down the oil residual in groundwater.
- Units 5 to 8 IFB has shown an increase in tritium concentrations in groundwater and there is a project underway to mitigate releases from the Irradiation Fuel Bay which involves conducting inspections and making repairs as needed to sumps and linings.
- In 2015, the overall results of monitoring at Pickering NGS identified the areas of concern have remained stable for tritium concentrations in groundwater and there is no indication of off-site migration of tritium.
- Darlington uses 76 monitoring locations and analyses water samples to characterize groundwater conditions.
- In 2015, the results of monitoring at Darlington showed the groundwater quality has improved with stable or reduced tritium concentrations.

Paul's summary comments were:

- At Pickering, the predominant groundwater flow patterns remain unchanged from the original groundwater flow interpretations.
- In 2015, there was a small local change to Darlington's groundwater flow condition within the Protected Area.
- Legacy groundwater quality results at both Darlington and Pickering NGSs continue to improve and monitoring will also continue.
- Select areas have had tritium increases in recent years, but, in general remain stable or were declining in 2015.
- There were no indications of adverse off-site mitigation of tritium.
- Annual Pickering and Darlington NGSs Groundwater Monitoring Results Reports are submitted to the CNSC for their review and comment.

Paul Barlow or his associates will update the DNHC next year on the progress of the Groundwater Monitoring Program at Darlington and Pickering NGSs. More information can be accessed from paul.barlow@opg.com or from the OPG website at opg.com. The slides Paul used in his presentation are available for review on the DNHC website at durham.ca/dnhc.

4.3 Progress Report by the PHAI MO concerning the Port Granby Project

Glenn Case, Senior Technical Advisor, PHAI MO, provided a progress report on the Port Granby Project using many visual aids and the highlights of the presentation were:

- The PHAI is a demonstration of Canada's commitment to clean up and safely manage historic low-level radiological waste (LLRW) from the former Canadian Crown Corporation, Eldorado Nuclear Limited, from 1933 to 1988 while minimizing the impact on communities.
- The clean-up is based on a legal agreement between the Government of Canada and the municipalities of Port Hope and Clarington.
- In 2012, the Canadian Government committed federal funding of \$1.28 billion for the clean-up of LLRW in both municipalities.
- The PHAI MO manages the two projects known as the Port Hope Project and the Port Granby Project.
- On July 30, 2015, approximately \$87 million was contracted for the construction of the Port Granby Project Long-Term Waste Management Facility (LTWWMF).
- The contract includes relocating approximately 450,000 cubic metres of historic LLRW from the existing site on the north shore of Lake Ontario to the new site approximately 700 metres to an engineered above ground mound.
- Since 2012, several Project activities have been completed that include:
 - Waste water treatment plant
 - Elliott Road construction
 - Municipal road upgrades
 - Rail underpass upgrade
 - Rail crossing upgrade
 - Archaeological surveys

Glenn explained the progress of the LTWWMF with the use of several pictures showing the following:

- Construction of cells 1 and 2 in the above ground mound
- Installation of the base liner for cell 1
- Completion of the Lakeshore Road detour road
- Completion of 4 Underpass Box Culverts for the trucks moving LLRW
- Completion of the Internal Haul Road for the trucks
- Radiation Portal Monitor and Weigh Scales for the trucks
- Wheel wash station for the trucks

Glenn indicated the Port Granby Project includes a rigorous environmental monitoring program that the CNSC oversees and the activities include:

- Sediment and water quality
- Air quality
- Lake Ontario effluent discharge
- Groundwater
- Noise
- Dust

- Plant and animal life

Glenn summarized his presentation by stating the Project is progressing very well and will be completed in 2020. Beyond 2020, long-term environmental monitoring and maintenance will continue for many decades.

Glenn Case or his associates will continue to update the DNHC on the progress of the proposed Port Granby Project. More information on the Project can be accessed at phai.ca and the slides Glenn used in his presentation are available for review on the DNHC website at durham.ca/dnhc.

4.4 Report by the Municipality of Clarington on the Proposed Port Granby Nature Reserve

Amy Burke, Senior Planner, Special Projects, Planning Department, Municipality of Clarington, provided a presentation on the proposed Port Granby Nature Reserve.

Amy explained that the proposed Port Granby Nature Reserve is a collaborative vision and strategy by the Municipalities of Clarington, Port Hope, Ganaraska Region Conservation Authority (GRCA) and the community.

Only 95 hectares of the 270 hectares owned by the federal government are required by the CNSC licence for the Port Granby Project. The remaining 175 hectares are considered surplus and the federal government has not indicated what will happen with the surplus land when the Port Granby Project is completed in 2020.

The goal of the of the collaborative working group is to see the establishment of a nature reserve on the lands surplus to the Port Granby Project as set out in the March 2010 report of the Port Granby Project End Use Advisory Committee and the Port Granby Nature Reserve Proposal and accompanying Stewardship Plan of May 2015 for the Port Granby Nature Reserve.

The Stewardship Plan describes how the parcels of land would be managed and ecologically restored and enhanced over a five-year timeframe, including a capital and operating budget.

The proposed ownership and governance would be the Municipalities of Clarington and Port Hope who would lease/own the land and the GRCA would be the lead agency for implementation of the Stewardship Plan and management of the nature reserve lands.

An Advisory Committee would be formed to oversee the management of the Port Granby Nature Reserve giving opportunity to government agencies, first

nations, non-government groups and the community to participate. The Advisory Committee would report to the GRCA Board.

Amy mentioned there are opportunities and benefits by creating the Port Granby Nature Reserve that will leave a lasting legacy for the community.

- Key Opportunities will be:
 - Lasting community supported benefit from the Port Granby Project
 - Alleviate community anxiety about future use
 - Contribute to regional natural heritage protection
 - Support municipal, regional, provincial and federal ecological, environmental and recreational goals
- Key Benefits will be:
 - Restore and enhance native ecosystems, wildlife and linkages
 - Enhance the Waterfront Trail link and passive recreation opportunities
 - Action on climate change mitigation
 - Control and eradicate invasive species

Amy explained the next steps are further discussions to gain more support of the federal government and the community for the proposed Port Granby Nature Reserve.

Amy Burke will keep the DNHC updated on the progress of the proposed Port Granby Nature Reserve. For more information, Amy can be contacted at aburke@Clarington.net and the slides used in her presentation are available for review on the DNHC website at durham.ca/dnhc.

Communications

5.1 Community Issues at Pickering Nuclear

Carrie-Anne Atkins, Manager, Corporate Relations and Communications, Pickering Nuclear, OPG, provided an update on Community Issues at Pickering Nuclear and the highlights were:

- Pickering Units 1, 4, 5, 6 and 8 are operating at or close to full power.
- Pickering Unit 7 is in a planned maintenance outage.
- Pickering employees have worked 46 days without a lost-time injury.
- Pickering Information Sessions were held at 4 locations between October 19 and October 27. The sessions provided OPG with an opportunity to answer questions pertaining to safety and station operations. Besides OPG senior staff, the sessions were supported by staff from CNSC, Region of Durham, City of Toronto Emergency Management Office and the Office of the Fire Marshal and Emergency Management to answer questions about nuclear emergency preparedness. A total of 51 persons attended the sessions.

Carrie-Anne Atkins, Manager, Corporate Relations and Communications, Pickering Nuclear, OPG, can be reached at (905) 839-1151 extension 7919 or by e-mail at carrie-anne.atkins@opg.com for more information.

5.2 Community Issues at Darlington Nuclear

Carrie-Anne Atkins, Manager, Corporate Relations and Communications, Pickering Nuclear, OPG, provided an update on the Community Issues at Darlington Nuclear and the highlights were:

- Darlington Units 1, 3 and 4 are operating at close to full power.
- Darlington Unit 2 is undergoing refurbishment.
- Darlington employees have worked 101 days without a lost-time injury.
- On October 14, the Darlington Refurbishment Project began with Unit 2 and will continue for several months before starting on the next Unit for refurbishment.
- On October 15, Darlington held a successful open house with approximately 1,800 people attending the one-day event that included a tour of the mock-up facility and the site tour by bus around the NGS.

Jennifer Knox, Manager, Corporate Relations and Communications, Darlington Nuclear, OPG, can be reached at (905) 697-7443 or by e-mail at jennifer.knox@opg.com for more information.

5.3 Corporate Community Issues for OPG

Carrie-Anne Atkins provided an update on corporate community issues and the highlights were:

- On October 22, Operation Clean Sweep comprising 50 volunteers came out to help 20 Pickering and Ajax community seniors with yard work.
- On November 2, OPG hosted young students at stations and sites across the province as part of 'Take your Kids to Work Day' to learn from their parents and other OPG employees who share their work experience, talents and resources.
- Over the coming weeks, OPG will consult the public on the preliminary findings from three new studies OPG prepared on the Deep Geological Repository for Low and Intermediate Level Nuclear Waste in preparation for the final submission in December 2016.

6. Other Business

6.1 Topics Inventory Update

Robert Kyle indicated the Topics Inventory will be revised to include the presentations made today.

6.2 Future Topics for the DNHC to Consider

Robert Kyle indicated the theme of the next DNHC meeting scheduled for January 20, 2017 will be *Nuclear Emergency Preparedness in Durham Region* that may include:

- Progress reports by OPG on nuclear emergency preparedness
- Progress report by Office of the Fire Marshal and Emergency Management on their plans for nuclear emergency preparedness
- Progress report by the Durham Region Emergency Management Office on their nuclear emergency preparedness plans for 2017

6.3 Scheduled DNHC meetings for 2017

January 20th at Durham Regional H.Q. in Meeting Room LL-C

April 21st at Durham Regional H.Q. in Meeting Room LL-C

June 16th at Durham Regional H.Q. in Meeting Room LL-C

September 15th at UIOT in Meeting Room (TBA)

November 17th at Durham Regional H.Q. in Meeting Room LL-C

7. Next Meeting

Location Durham Regional Headquarters
605 Rossland Road East, Whitby
Meeting Room LL-C

Date January 20, 2017

Time 12:00 PM Lunch served
1:00 PM Meeting begins

Host DRHD

8. Adjournment 4:40 PM

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 requested to provide a report outlining how the \$100,000 in additional child poverty funds is being allocated.	Social Services	
September 7, 2016 Committee of the Whole	Business Case for Projects Managed Directly by the Region – Increasing the number of projects which are managed directly by the Region, whether through employees or contracted staff – referred to the 2017 budget process.	Works	2017 Budget Process
September 7, 2016 Committee of the Whole	It was requested that a copy of Ms. Gasser's delegation questions be referred to staff and that a report be presented to the Committee of the Whole with answers to Ms. Gasser's concerns.	Works	October 5, 2016
September 7, 2016 Committee of the Whole	Staff was requested to provide a report on the correspondence from the City of Pickering with respect to the Notice of Motion adopted at their Council meeting held on June 27, 2016, re: residential tax relief to eligible low income seniors and low income disabled persons (Pulled from August 19, 2016 Council Information Package)	Finance / Social Services	
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

Meeting Date	Request	Assigned Department(s)	Anticipated Response Date
October 5, 2016 Committee of the Whole	Ms. Gasser appeared before the Committee with respect to Covanta's Diagnostic Source Testing Presentation that was made at the September 21, 2016 Energy from Waste - Waste Advisory Committee meeting. Staff was asked to provide a response back to Ms. Gasser's questions and that a copy of their response be provided to the Committee.	Works	
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	
November 2, 2016 Committee of the Whole	Staff advised that the joint Ministry of Transportation and the Ministry of the Environment and Climate Changes Air Monitoring results would be shared with Council.	Works	