

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:****-items >\$50,000****-changes in FTE**

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
Non Departmental	General Revenues	Investment Income	Revenue - roof top solar units	B	(\$64,000)	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Increased revenue due to additional roof top solar units installed on municipal buildings:

- 600 Gillard St., Wallaceburg      \$2,667/mth
- 49 Bond Ave., Tilbury              \$1,227/mth
- 196 Erie St., Wheatley              \$1,440/mth

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Housing Services	Public Housing	Rent revenue increase - application of market rent index and increase to air conditioning charges	B	(\$51,972)	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Annually the province sets what the market rent indices are for social housing by geography (Chatham; Wallaceburg; rest of Kent) and by building type (Apartment; Row/Townhouse). Staff apply these indices to the market rents set for each building, by unit size. As well, for 2017, staff are recommending that the air conditioner charge be increased from \$60 per year to \$120 per year. This charge is added to units that have installed air conditioner units, over the period from May to September.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

We have not adjusted our air conditioner charge since its inception back in 2006. It is felt that this adjustment is fair given the ever-increasing cost of hydro.

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<b>Dept</b>	<b>Division</b>	<b>Business Unit</b>	<b>Item</b>	<b>Base Supp</b>	<b>Amount</b>	<b>FTE Impact</b>
LEG	Legal Services	Provincial Offences Court	Increase in overdue fines revenue net of victim fine surcharge	S	(100,000)	N/A
LEG	Legal Services	Provincial Offences Court	Victime Fine Surcharge portion of increased supp revenue	S	15,000	N/A

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Based on 5 year history the POC has exceeded the overdue fines revenue target . It is anticipated that in 2017 the target will be exceeded in the amount of \$100,000 gross or \$85,000 net of victim fine surcharge. This is not being included in base due to fluctuations from year to year and with pending changes to the Provincial Offences Act by the Ministry of the Attorney General.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
FBIS	ITS		Lifecycle Shortfall for Software Assets - due to increases in contracted costs with Microsoft greater than lifecycle budget allocation	B	\$58,891	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Lifecycle shortfall software Assets

Currently the Municipality of Chatham-Kent leverages Microsoft's Enterprise Agreements for cost savings on bulk and contracted rates for Microsoft Software Assets.

Municipality leveraged Provincial government procurement process in 2009 (3yr Contract)

- Level D pricing 15000+ computers based upon provincial procurement
- 18% discount above level D on agreement
- \$1 million (now \$1.22m) spread over 3yrs – annually payment of \$343K (now \$408K)
- Funded from corporate lifecycle accounts
- Increased budget based on Council's annually approved budget % \$ allocation for lifecycle which is much lower than contracted rate increases

Municipal contract was renewed in 2012

- 18% total increase in costs (52K annually)
- Microsoft discount was removed for all Provincial and Federal government and Ontario Public Sector/Broader Public Sector (OPS/BPS) contracts

Municipal contract was renewed in 2015

- 13% pricing increase in Per User Client Access Licensing (CALs) costs – 2015 (35K annually)
- 15% increase in costs for Skype for Business (32K annually)

Some reasons for price increase are Microsoft expanded functionality of Skype; transition of industry to multiple devices per person (home, work, mobile); new functionality and bundling of services; and push to the cloud services

New contract known future pricing increases

- 11% cost of Windows OS (5K) 2017

ITS Strategies to mitigate cost increases in Microsoft licensing

- Utilizing Skype for phone services (transition 109 sites to Lync)  
Replacement of Nortel software licensing for telecommunications (voicemail and phones)
- Migration to Google chromebox's for public and low use (cost avoidance)
- Fund/account for each additional user through the new user/computer request process
- Migrated to Microsoft virus scanner and email spam filters

Calculated lifecycle funding shortfall: \$58,891 annually

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:**

-items &gt;\$50,000

-changes in FTE

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	CS	15837	Ministry of Education Subsidy	S	(219,270)	0
HFS	CS	VARIED	EXPENSES for sub	S	219,270	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

In 2015 the Ministry of Children and Youth Services announced a funding loss to our budget of \$477,000. During the 2016 budget process, we made adjustments to our budget to reflect this loss. Afterwhich, the Ministry of Education announced a funding increase to help mitigate this loss, which did not become part of the 2016 budget process.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

This funding is not expected for the 2018 funding year.

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Public Health	Family Health	2 Public Health Nurses	S	204,884	2
HFS	Public Health	Family Health	Allocation from Health Unit to cover shortfall	S	(5,522)	
HFS	Children Services	Funding	Allocation from Children Services	S	(199,362)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Children's Services funds (through Unconditional Funding) the Health Unit \$199,362 for the wages of two Public Health Nurses to work within the Best Start Program. This is one-time funding in 2017

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The funding from Children's Services falls \$5,522 short of requirements for wages, this shortfall will be funded from Public Health Mandatory Programs.

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Employment & Social Services	Service Contract - Ontario Works	2FTE Community Relations Workers	B	186,674	2
			Funded 50% from the Ministry of Community and Social Services and 50% from the Ministry of Housing	B	(186,674)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

In January of 2014, Council approved the 10-year Chatham-Kent Housing and Homelessness Plan (the Plan) as mandated by the Ministry of Municipal Affairs and Housing. These positions support the implementation of the Plan. This program provides a better coordinated and integrated service delivery system that is people-centred, outcome -focused and reflects a Housing First approach to prevent, reduce and address homelessness

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The gross costs of the positions is \$186,674 and is funded 50% from the Ministry of Community and Social Services and 50% from the Ministry of Housing, with no financial impact on the Municipality. These funds represent existing base budget funds from the purchase of services funding under the Community Homelessness Prevention Initiative.



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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Employment & Social Services	OW Income Maint - Benefits	Balance of Provincial upload funding of employment and financial benefits	B	(825,974)	
HFS	Employment & Social Services	Service Contract - Ontario Works	Base budget adjustment to CK share of employment and financial benefits to reflect current caseload levels	B	0	2.43
HFS	Housing Services	Affordable Housing Programs	Transfer to Affordable Housing from upload savings to provide housing and homelessness supports	B	500,000	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

The Province is uploading the eligible share of costs for Ontario Works financial and employment assistance each year until 2018. The change from the 2016 to 2017 cost share is 3%. ( from 94.2% - 97.2%) A small portion of this percentage is being reinvested back into the employment services costs to better reflect the actual caseload levels. Part of this adjustment includes the staffing for the Employment Resource Centre to provide the necessary services as outlined in our Ontario Works Service Plan, and provide employment training programs as necessary through the Chatham-Kent Workforce Planning Board. An additional 1.43 FTE Employment Resource Centre Advisors are necessary to provide these services and proactive employment services to the citizens of Chatham-Kent so they do not need Ontario Works Income supports.

An Evaluator position (1 FTE) is being added to the Employment and Social Services Division as well. All of the employment programs and Homelessness programs need to be evaluated to ensure they are effective and are meeting the Ministry benchmarks.

Chatham-Kent has been participating in the Canada-Ontario Affordable Housing Programs since their inception in 2006. Up until 2016, municipal contributions to providing additional housing and homelessness supports has been limited to the mandatory minimum of reducing multi-residential property tax rates to the residential level on projects of 7 units or more, and a portion of existing municipal staff time to deliver these additional services. In 2016, council approved a two year CK Renovates pilot, allocating one-time funding of \$300,000 in 2016 (and in 2017, if approved by council again) to assist low-income households with necessary repairs and accessibility and/or energy efficiency improvements to their owned homes, enabling them to continue to live in their homes.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The gross cost of the Cost of Administration (\$187,220. ) is covered 50% by the Ministry of Community and Social Services and the Municipal 50% cost share is covered from the 3% upload savings.

The centralized wait list for rent-geared-to-income housing has seen our chronological wait list grow from wait lengths averaging at less than a year to 18 months to longer than 3 years for a single bedroom unit. While people are waiting for an affordable place to live, they are forced to make difficult choices between food, utilities and other necessities and paying their rent. This leaves people with no where else to turn but to our Ontario Works and our Homelessness Prevention assistance, or worse, increased hospital stays, and/or criminal activity. But these solutions are short-term and costly -- whereas affordable housing provides a long-term and much less costly solution.

Consolidated Municipal Service Managers are full partners with both the provincial and federal governments responsible for tackling the issue of creating affordable housing in our communities. By establishing a base funding commitment to creating more affordable housing in Chatham-Kent, we can better leverage the funding that we do get from the federal-provincial governments for this program. The demand for more affordable housing is significant and growing. Council would be supporting and implementing their commitment to improve housing affordability under the 10 Year community Housing and Homelessness Plan that council adopted in 2014.

A report to council with more detail on this subject will be provided for budget deliberations.

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Housing Services	Private Non-Profit & Co-op	Adjust Rent-Geared-to-Income (RGI) subsidy estimates to prior year actuals and 2017 Market Rent Indices	S	(\$125,193)	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Annual subsidy estimates for private non-profits and co-operative housing providers funded by Chatham-Kent are adjusted to reflect actual RGI subsidy of the prior year plus adjustments to annual market rents based on provincially set annual indices being applied.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

Chatham-Kent funds 11 non-profit and two non-profit co-operative housing providers; altogether these 13 housing providers have 8 different fiscal periods. Annual subsidy reconciliations are filed five months after the housing provider's year-end and completed within two to three months thereafter. Hence, there is a lag-time in the system for adjustments made to the RGI subsidy. Generally speaking, when working poor incomes increase, the amount of RGI subsidy payable to the housing providers goes down and vice versa. Households on fixed incomes do not significantly contribute to the swings in the level of RGI subsidy required; their subsidy requirements remain fairly static.

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Housing Services	Private Non-Profit & Co-op	Adjust property tax subsidy to 2016 actuals, plus assessment changes, plus estimated increase for 2017	S	(\$108,921)	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Annual subsidy estimates for private non-profits and co-operative housing providers funded by Chatham-Kent are adjusted to reflect actual property taxes of the prior year plus estimated impacts for assessment changes and an estimated increase for annual property taxes for the budget year. Property tax subsidies to these groups are a flow-through on subsidy reconciliations. That is, Chatham-Kent subsidizes the actual amount charged, dollar for dollar.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

15542-69137-SHPROPRV (\$139,784)	15544-69137-SHPROPRV \$1,241	15546-69137-SHPROPRV (\$687)
15550-69137-SHPROPRV \$ 13,124	15551-69137-SHPROPRV \$ 882	15553-69137-SHPROPRV \$4,771
15554-69137-SHPROPRV \$ 2,795	15557-69137-SHPROPRV \$8,737	

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Housing Services	Private Non-Profit & Co-op	2017 various operating cost indices and market rent indices applied	S	\$88,394	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Annual subsidy estimates for private non-profits and co-operative housing providers funded by Chatham-Kent are adjusted by applying provincially-set various operating cost indices to benchmark cost and market rent indices to benchmark revenues. These indices include: administration & maintenance, insurance, bad debt, electricity, water, natural gas, oil and other fuel, capital reserves, indexed market rent, vacancy loss and non-rental revenue. Market rent indices are divided by geography (Chatham, Wallaceburg, the rest of Chatham-Kent) and type of building (apartment; row or townhouse).

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The net impact varies by housing provider (business unit) being funded as

BU # - 69132 - SHPROPRV

15542 @ \$10,902

BU # 15557-69132-SHPROPRV @ \$6,589

15543 @ \$11,537

15444 @ \$ 6,538

15545 @ \$19,137

15546 @ \$ 6,524

15550 @ \$ 1,042

15551 @ \$ 7,390

15552 @ (\$11,497)

15553 @ \$ 9,132

15554 @ \$14,182

15556 @ \$ 6,918

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Housing Services	Public Housing	Gazetted changes to public housing funding & moving funding from base to supplementary budget	B	\$201,577	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Gazetted decrease to public housing funding	\$ 24,276
Gazetted increase to untargetted Social Housing Agreement (Canada-Ontario) funding	(\$114,872)
Transfer untargetted (Canda-Ontario) Social Housing Agreement funding from base to supp	\$292,173

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

As part of the Housing Services' Service Sustainability Review process, it was recommended that the funding that Chatham-Kent receives as Untargetted Social Housing Agreement (SHA) between the federal and Ontario governments should be moved from base funding to supplementary funding, because it is intended to end as federal funding for social housing diminishes to zero as mortgages and debentures for social housing are fully amortized.

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Public Health	Various	Health Service structure changes between Mandatory and 100% to maximize subsidy	B		(2.3)

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Funding for Public Health Units is in year two of a five year freeze, necessitating the need for staff reductions in order to finance rising wage and program costs. Three positions will be eliminated in 2017, allowing for an increase in Special Projects, which will then be used to fund additional budget pressures. Gross transfer is \$326,866.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

.3 FTE Family Home Visitor - \$14,005  
1 FTE Program Secretary - \$64,917  
1 FTE Chief Nursing Officer - \$130,337



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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Public Health	Clinic Services	Healthy Smiles Ontario (HSO) Dental Integration	B	(73,758)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

As of Jan 1, 2016, our multiple dental programs for children and youth from low income families were integrated into one Healthy Smiles Ontario (HSO) program. With this change in program came a change in the funding of the program. These programs were previously part of our cost-shared budget (75% funded by Province/ 25% funded by Municipality). This funding has been reduced from the cost-shared budget and transferred to the new HSO program, funded 100% by the Province.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

Comment	Costs	Subsidy	Net
To adjust 2016 base to 75%/25% funding	17,175		17,175
Subsidy increase to Healthy Smiles Ontario	39,353	(39,353)	0
Elimination of Cinot Expansion Program	(27,467)	20,600	(6,867)
elimination of Children in Need of Treatment Program	(336,277)	252,208	(84,069)
Increase in Mandatory Program	11	(8)	3
Net	(307,205)	233,447	(73,758)

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Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Public Health	Chronic Disease and Injury Prevention	Healthy Kids Community Challenge	S	275,000	1.0 FTE
HFS	Public Health	Chronic Disease and Injury Prevention	Healthy Kids Community Challenge	S	(275,000)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

On January 1, 2014 the Ministry of Health and Long Term Care issued a call for proposals for the Healthy Kids Community Challenge. The aim of this program is to develop and implement strategies to reduce childhood obesity through healthy eating, physical activity and adequate sleep. With Board of Health approval, the Public Health Unit submitted an application with a number of community partners (i.e. CK Recreation, LKDSB, SCCDSB, YMCA, Erie St. Clair LHIN, Best Start Network, etc.). As successful applicants for this grant, the Municipality of Chatham-Kent received \$825,000.00 worth of funding spread over the period of April 1st, 2015 – March 31st, 2018.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

Matching funding is required, either financially or in-kind, for the hiring of 1 FTE Challenge Coordinator. This funding will be allocated from the existing Base Budget. Details in the Feb 12, 2014 Board of Health report.

CHATHAM-KENT BOARD OF HEALTH

MINUTES

Wednesday, February 19, 2014

10:45 a.m.

**CALL TO ORDER**

Present: Ms. Noreen Blake  
Councillor Marjorie Crew, Vice-Chair  
Councillor Joe Faas  
Councillor Bob Myers  
Ms. Sharon Pfaff  
Dr. David Colby, Medical Officer of Health  
Dr. April Rietdyk, Director, Public Health  
Margaret Keech, Executive Assistant, Health and Family Services

Regrets: Mr. Ron Carnahan  
Councillor Brian King, Chair  
Lucy Brown, General Manager, Health and Family Services

**1. PROVISION FOR DECLARATION OF PECUNIARY INTEREST**

No member of the Board declared a pecuniary interest on any matter on the open agenda.

**2. RECESS TO CLOSED SESSION**

Moved by Councillor Faas, seconded by Ms. Blake:

**“That the Board of Health move into a Closed Session Meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, for the following reason:**

- **Personal matters about an identifiable individual, including municipal or local board employees (Section 239.2.b)”**

The Chair put the Motion.

**Motion Carried**

**3. ADJOURNMENT OF CLOSED SESSION**

**RESUMPTION OF OPEN BOARD OF HEALTH MEETING – 11:00 A.M.**

**4. WELCOME**

The Vice-Chair welcomed Carina Rodgers, Program Manager, Chronic Disease and Injury Prevention, to the Health Unit. Dr. Rietdyk noted that Ms. Rodgers had worked for the Health Unit last year, working with Parks and Recreation on the tree report that went before Council last fall.

## 5. ADDITIONS TO THE AGENDA

Dr. Rietdyk noted that there was one addition to the agenda, under 7. A. New Business, d) Risk Assessment, from the Ministry of Children and Youth Services.

## 6. MINUTES OF THE BOARD MEETING OF JANUARY 15, 2014

Ms. Pfaff noted that the word “Councillor” should be removed from in front of her name on page 301.

Councillor Faas moved, seconded by Ms. Pfaff:

**“That the minutes of the January 15, 2014 Board of Health meeting be approved as amended.”**

The Chair put the Motion.

**Motion Carried**

## 7. BUSINESS ARISING FROM THE MINUTES - NONE

## 8. NEW BUSINESS

### A. ITEMS REQUIRING ACTION

- a) Healthy Kids Community Challenge, prepared by Dr. April Rietdyk, Director, Public Health, dated February 12, 2014.

#### **BACKGROUND**

On January 24, 2014, the Ministry of Health and Long-Term Care issued a call for proposals for the Healthy Kids Community Challenge. This call to action is a result of the 2013 report *No Time to Wait – The Healthy Kids Strategy Report* released by the Ontario Ministry of Health and Long-Term Care. The report recommended a number of strategies to reduce childhood obesity in the province ranging from breastfeeding support to menu labelling legislation. In addition, the report recommended the province “adopt a coordinated, community driven approach to developing healthy communities for kids”. The Healthy Kids Community Challenge is based on the methodology of EPODE (Ensemble Prévenons l’Obésité Des Enfants or Together Let’s Prevent Childhood Obesity) originating in France.

The Challenge is a community-led, multi-sectorial program where partners work together to implement activities to promote healthy weights for children. Community policies and programs within the project will be theme based focusing on positive behaviours, one at a time. The three themes for this four year project will be healthy eating, physical activity, and adequate sleep. Communities will be able to adapt these themes to meet the needs of their specific communities; however, key messages for each theme will be controlled by the province and will run for nine months in all thirty communities.

Funding to support the development and implementation of community action plans is up to \$1.5 million per each of the 30 communities over 4 years. The Ministry will support the

hiring of a challenge coordinator; \$50,000 of Ministry funds annually may be used to pay half of the coordinator's salary and benefits. The expected outcomes of the program include a reduction in childhood overweight and obesity rates, improved healthy behaviours among children and youth, and community collaboration and coordination. There will also be a research and evaluation component to the program. The province expects communities to come together with representatives from public, private, and voluntary sectors for the planning, implementation and evaluation of the program. Applications must be made by a municipality with a targeted population base between 10,000 and 200,000.

An example on how a theme might be operationalized is demonstrated in the following table.

Healthy Eating – Healthy Breakfast	
Partners	Strategies
Schools	Policy requiring healthy breakfasts in cafeterias (policy, program, environmental supports)
Recreation Centres	Importance of healthy breakfast integrated into all rec centre programming (education/awareness)
Parents	Workplaces include information on the importance of a healthy breakfast in monthly newsletters (education/awareness)
Private Partner	Food retailers have healthy breakfast displays and food demos (education/awareness)
Public Health	Create nutrition education and awareness providing breakfast – specific, age appropriate presentations in schools
Primary Care Providers	Emphasize the importance of healthy breakfasts with parents during medical appointments
Community/Children and Youth Serving Organizations	Organize walk to school events with healthy breakfast (awareness/programs)

**COMMENTS**

The Ministry of Health and Long-Term Care has provided several webinars to provide more information on the challenge and the application program. Public Health staff and several municipal partners participated in a community webinar on February 3, 2014. A webinar also occurred on February 6, specifically designed for public health. Presentations were made on February 12, 2014 to the Chatham-Kent Community Leaders' Cabinet and the Best Start Table to explain the challenge and gain support for the initiative. Information has also been sent electronically to the Healthy Communities Partnership.

A consultation meeting with community partners, organized by public health, will occur in February to determine support and commitment to the challenge, develop creative

initiatives, determine a budget, and discuss the application process. The submission will be lead and completed by public health on behalf of the Municipality.

Chatham-Kent is known across the province for their ability to work together towards a common goal. The Health Kids Community Challenge is a perfect opportunity for community partners to come together again to improve the quality of life for the citizens of Chatham-Kent.

### **COUNCIL STRATEGIC DIRECTIONS**

The recommendations in this report support the following Council Directions:

- Healthy, Active Citizens
- Growth Through Variety of Post-Secondary Institutions
- High Quality Environment Through Innovation
- Destination Chatham-Kent!
- Magnet for Sustainable Growth
- Prosperous and Thriving Community
- Has the potential to support **all** Council Directions
- Neutral issues (does not support negatively or positively)

### **CONSULTATION**

Consultation has taken place with numerous municipal partners and health unit staff. Consultation will continue as preparation for the application submission unfolds. To date, all community partners are very supportive and willing to contribute whatever their organization can to ensure a successful submission.

### **FINANCIAL IMPLICATIONS**

If successful, \$50,000 will be needed to match the provincial grant for the hiring of a challenge coordinator. These dollars can be submitted as in-kind dollars. The community planning group will determine the most appropriate way to match the provincial grant.

Dr. Rietdyk introduced the report to the Board, noting that two weeks ago, the Ministry announced funding up to \$1.5 million each for 30 communities over four years to support the development and implementation of community action plans to reduce childhood obesity in the province. The application has to come from a municipality. The Ministry will be looking for communities to work collaboratively on three themes – healthy eating, physical activity and adequate sleep. The initiative will fund matching dollars up to \$50,000 to hire a coordinator. Meetings are being held with community partners. The application is due back to the Ministry March 14.

Councillor Faas moved, seconded by Ms. Pfaff, that:

- 1. “The Board of Health support staff participation in the Healthy Kids Community Challenge.**
- 2. The Board of Health contribute \$50,000, either financially or in-kind, as the required match for the hiring of a Challenge Coordinator.”**

The Chair put the Motion.

**Motion Carried**

- b) Menu Labelling – Making Key Nutrition Information Readily Available in Restaurants, prepared by Lyndsay Davidson, Public Health Dietitian, dated February 3, 2014

### **BACKGROUND**

In Canada, restaurants are currently exempt from nutrition labelling legislation.

Menu labelling makes key nutrition information available at point of sale when people eat out. Menu labelling has been demonstrated to affect people's uptake of information, food purchases, and consumption behaviours when dining out, and could have a substantial long-term impact on population health outcomes including obesity.<sup>1</sup> It has been recognized that Canadians are eating out more than ever<sup>1</sup> and in Chatham-Kent, it was found in the Let's Talk Food Community Assessment that middle income families eat out at fast food restaurants most frequently, while 38% of respondents ages 60 years and older ate out at sit down restaurants several times a week/every day. We know that eating away from home is associated with excessive intake of calories, sodium and fat among children and adults and most often, consumers are unable to estimate nutrient levels in food items on restaurant menus. Food environments can undermine people's best efforts to eat well and live healthy<sup>1</sup>.

Many organizations have recommended government legislation for menu labelling including the US Institute of Medicine, Canada's Sodium Reduction Task Force, and in Ontario, the Ontario Medical Association, Cancer Care Ontario, multiple public health units, Public Health Ontario in the report *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*<sup>2</sup>, and most recently the Healthy Kids Panel in their 2013 report *No Time to Wait: The Healthy Kids Strategy*.<sup>3</sup>

### **COMMENTS**

On October 9, 2013 the Government of Ontario announced that legislation would be introduced in the winter of 2014 that would require large chain restaurants to include calories and other potential nutritional information on their menus. To prepare for this legislation, the Government has consulted broadly on menu labelling including consultations with parents, representatives from food and beverage, manufacturing, agriculture, restaurants, food service, food retail and health sectors.

At this time, the Government has committed to including only caloric content on the menu labels and not provided any direction to the formatting of menu labelling. In May 2013, the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) released a menu labelling position paper, "*Serving Up Nutrition Information in Ontario Restaurants*". The report identifies best practices for menu labelling legislation based on the most current evidence. More specifically, OSNPPH makes the following key recommendations:

- Menu labeling should be required through legislation
- Menu labelling should include clear and unbiased information about the product content
- Menu labelling should include both calorie and sodium content

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<sup>1</sup> Ontario Society of Nutrition Professionals in Public Health Menu Labelling Workgroup. 2013. Serving up Nutrition Information in Ontario Restaurants: A Position Paper. Prepared by Catherine L Mah.

<sup>2</sup> Cancer Care Ontario and Public Health Ontario. 2012. Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario. Toronto: CCO and PHO.

<sup>3</sup> Healthy Kids Panel. 2013. No Time to Wait: The Healthy Kids Strategy. Toronto: Healthy Kids Panel.

- Calorie and sodium content information should be displayed clearly and prominently upon point of purchase
- Both menu and menu boards should include reference values for calories and sodium.

As part of the work that is being prioritized by the CK Food Policy Council, the Food Skills workgroup has indicated that they are interested in working to support Menu Labelling in our community. The workgroup has drafted a letter commending the Provincial Government on their menu labelling announcement and also endorsing the OSNPPH position paper on Menu Labelling.

This work will support the Ontario Public Health Standards in Chronic Disease and Injuries Program Standards<sup>4</sup> by “collaborating with local food premises to provide information and support environmental changes through policy development related to healthy eating”.

### **COUNCIL STRATEGIC DIRECTIONS**

The recommendations in this report support the following Council Directions:

- Healthy, Active Citizens
- Growth Through Variety of Post-Secondary Institutions
- High Quality Environment Through Innovation
- Destination Chatham-Kent!
- Magnet for Sustainable Growth
- Prosperous and Thriving Community
- Has the potential to support **all** Council Directions
- Neutral issues (does not support negatively or positively)

### **FINANCIAL IMPLICATIONS**

There are no financial implications at this time. Work being done to support menu labelling to date has been part of ongoing staff priorities.

Dr. Rietdyk introduced the report to the Board, noting that the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) are working across the province to make changes to menu labelling. Dr. Colby noted that the recommendations being made by (OSNPPH) are excellent and are the right direction to go to. Currently patrons have no idea what they are getting in restaurants. Dr. Colby noticed that the OSNPPH recommendations do not include sugar content. As there is an epidemic of diabetes, Dr. Colby feels it is important that sugar and carbohydrates are also included in the recommendation, as, in his opinion, this is more important than sodium.

Councillor Faas inquired about enforcement of the accuracy of menu labelling. Dr. Colby responded that enforcement is murky at this point. This is a recommendation to the government, and though the government has indicated willingness, details are not yet available. Dr. Rietdyk noted that this could be taken care of at a provincial level. Our Public Health Inspectors could ensure that labels are posted, but the accuracy of the labels could be handled at a provincial level.

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<sup>4</sup> Ontario. 2008. Ontario Public Health Standards.



Councillor Myers moved, seconded by Ms. Blake, that:

1. **“The provincial government be commended for making a commitment to introduce menu labelling legislation this winter that would require chain restaurants to post calories and other nutrition information on the menu/menu board, and for engaging key stakeholders, including public health, in consultations, on the design, implementation and enforcement of this legislation;**
2. **The Ministry be encouraged to include sodium and carbohydrates/sugar with calories on the menu.**
3. **The Ontario Society of Nutrition Professionals in Public Health’s report, *Serving Up Nutrition Information for Ontario Restaurants*, be endorsed, and send correspondence to:**
  - a. **The Honourable Deb Matthews, Provincial Minister of Health and Long-Term Care, and**
  - b. **The Honourable Kathleen Wynne, Premier of Ontario**
4. **A copy of this resolution be forwarded to the Honourable Rona Ambrose, Federal Minister of Health, all local Members of Parliament, all Ontario Boards of Health, the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health and the Association of Local Public Health Agencies.”**

The Chair put the Motion.

**Motion Carried**

- c) Smoke-Free Recommendations for Chatham-Kent, prepared by Dr. April Rietdyk, Director, Public Health, dated February 5, 2014

**BACKGROUND**  
**Laws and Acts – Timeline**

The first law protecting people from exposure to second-hand smoke came into effect in 1994 when the Tobacco Control Act banned tobacco sales in pharmacies, required separate smoking areas in buildings, and raised the legal smoking age to 19. Chatham-Kent was a leader across Ontario in protecting people from the dangers of exposure to environmental tobacco smoke. In 2002, following significant community consultation, Council voted in favour of prohibiting the use of tobacco smoke in all work environments and indoor public places. Chatham-Kent was one of the first municipalities to take a stand against tobacco use and protect their community.

In 2006, the Ministry of Health and Long-Term Care, through the Ontario Government, followed Chatham-Kent’s lead and introduced the Smoke-Free Ontario Act. The introduction of this law made it illegal to smoke or carry lit tobacco products in any indoor workplace or public place including bars and restaurants, while also ensuring tobacco products would not be sold to minors. In 2008, the Act was amended and enhanced to prohibit tobacco displays in stores.

In 2009, recognizing that people were still exposed to second-hand smoke, Council expanded Chatham-Kent's Smoke-Free Public Places and Workplaces By-law to introduce restrictions beyond the provincial law. In addition to all existing requirements of the Chatham-Kent by-law, smoking or the carrying of lit tobacco became illegal nine metres from all municipal building entrances and exits, nine metres from playground equipment in public parks, and four metres from all public bus shelters. The same year, the Ontario government further enhanced the Smoke-Free Ontario Act by prohibiting the use of tobacco in any vehicle with passengers less than 16 years of age and making it illegal to sell tobacco products such as flavoured cigarillos, specifically targeted towards youth.

Ontario laws and municipal by-laws have been enacted to protect everyone, particularly children and youth, from second-hand smoke while restricting sales and marketing strategies that target minors. Smoke-Free by-laws also motivate smokers to quit or cut back, decrease negative role modeling for children, and have significant environmental impact by reducing litter and risk of fire. In effect, laws make it easier for people not to smoke.

Late in 2013, the Ministry of Health and Long-Term Care tabled proposed amendments to the Smoke-Free Ontario Act. There has been no further correspondence on the proposed amendments and no timelines have been provided regarding when some or all of the changes will take effect. Highlights include the prohibition of smoking or holding lit tobacco on playgrounds, sports fields and spectator areas, all covered and uncovered restaurant and bar patios, grounds of provincial government properties, outdoor hospital grounds, the sale of tobacco products on post-secondary education campuses, and the sale of flavoured tobacco products. Municipalities, including Chatham-Kent, have the opportunity to be leaders in protecting the health of their communities and while it may appear easier to wait for the provincial law to take effect, Chatham-Kent children and youth will continue to be exposed to second-hand smoke, and Chatham-Kent residents will continue to succumb to the impact of tobacco use and exposure.

Figure 1 indicates municipal by-laws in effect in the neighbouring municipal boundaries around Chatham-Kent. When enhancements through Southwestern Ontario are in the planning or approval stage, this map represents only passed by-laws. The by-laws vary in each jurisdiction with Lakeshore having the most comprehensive, banning smoking in all playgrounds, parks, sporting and recreation fields, and all recreation facilities. According to the Associations of Municipalities Ontario (AMO) over 100 of the 444 municipalities have some form of outdoor smoke-free by-law already in place to protect the health of their citizens with several more in development.

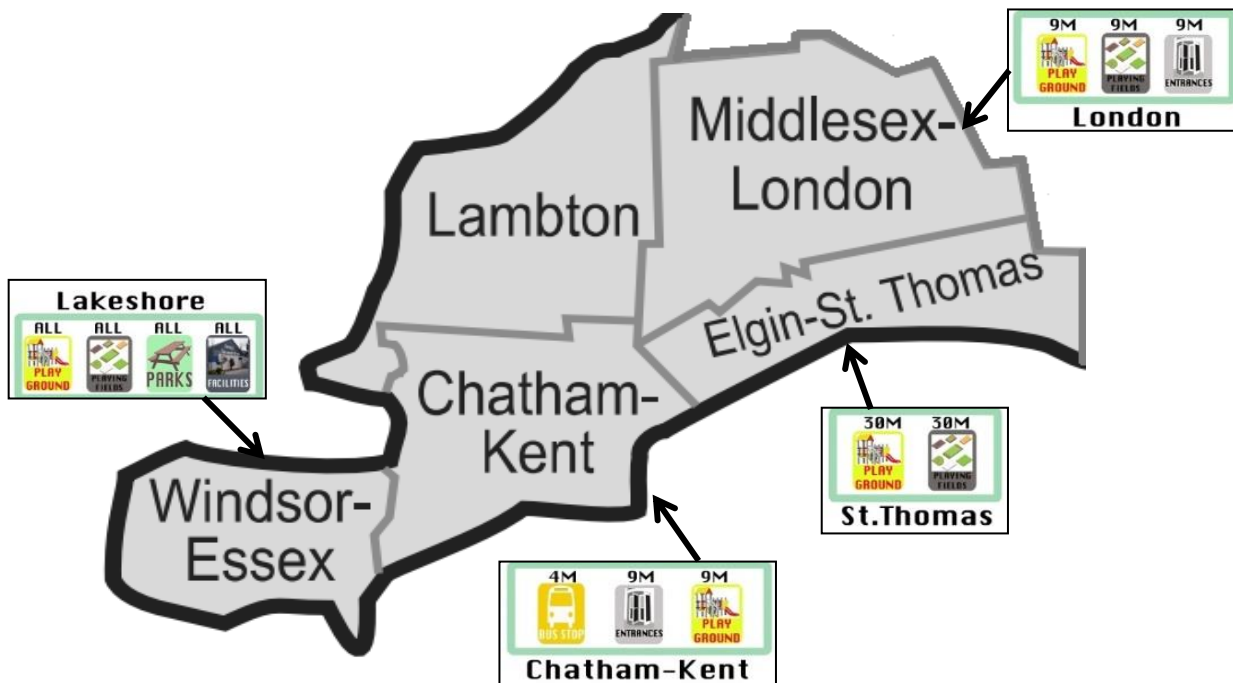
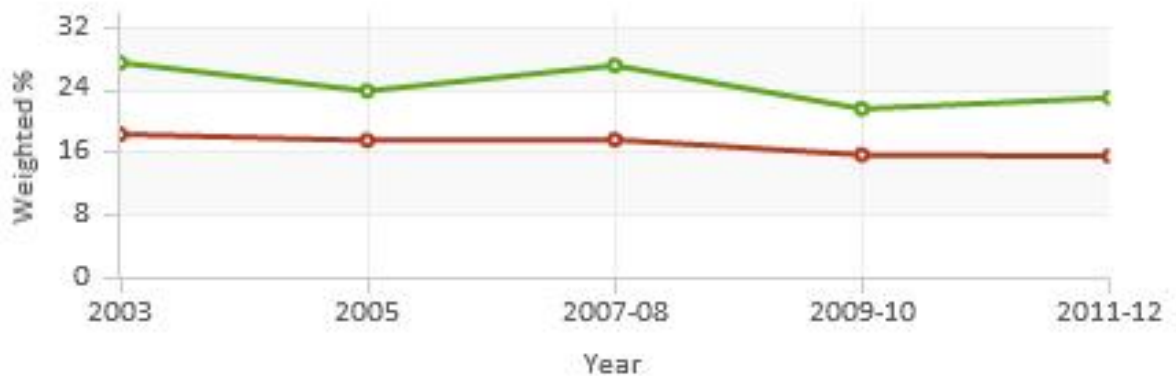


Figure 1 Approved Smoke-Free By-laws (Adapted from: Map of SWTCAN Smoke-Free Outdoor Spaces Status)

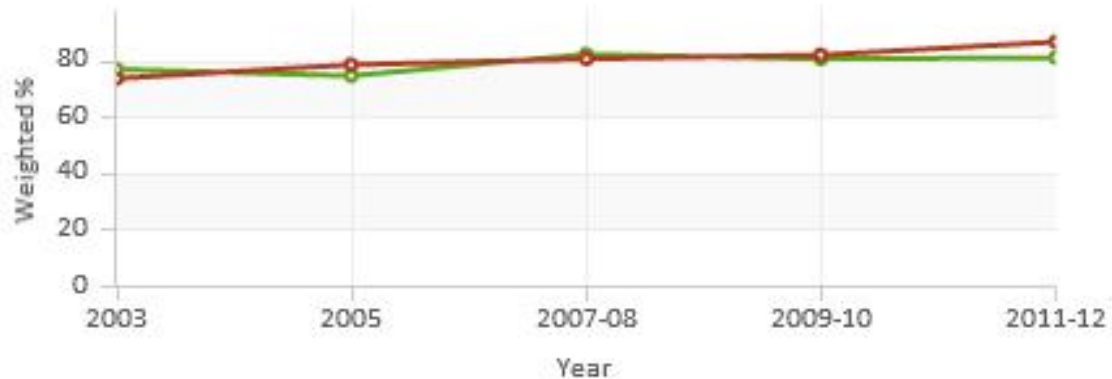
### Chatham-Kent Smoking Rates/Trends

Chatham-Kent continues to see smoking rates and exposure to environmental tobacco smoke rates higher than the provincial averages. The most recent data available indicates that 23% of Chatham-Kent adults are daily smokers compared to 15.5% of adult daily smokers provincially. Graph 1 shows this comparison trend over time from 2003-2012. Chatham-Kent has remained somewhat consistently higher than the provincial average over this time period.



Graph 1: Self-Reported Adult Daily Smoking Rates for Chatham-Kent (green) and Ontario (red) (Public Health Ontario <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/default.aspx>)

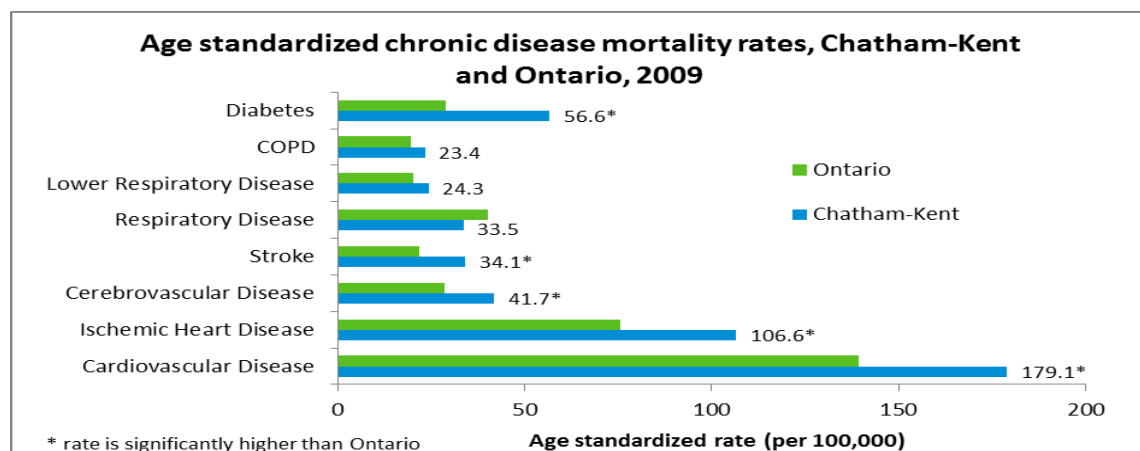
81.2% of Chatham-Kent teenagers (12-19 years old) indicate they have never smoked a cigarette compared to 86.9% provincially. Graph 2 shows this comparison over time from 2003-2012. Chatham-Kent teenage tobacco abstinence rates have remained close to the Ontario rates during this time period.



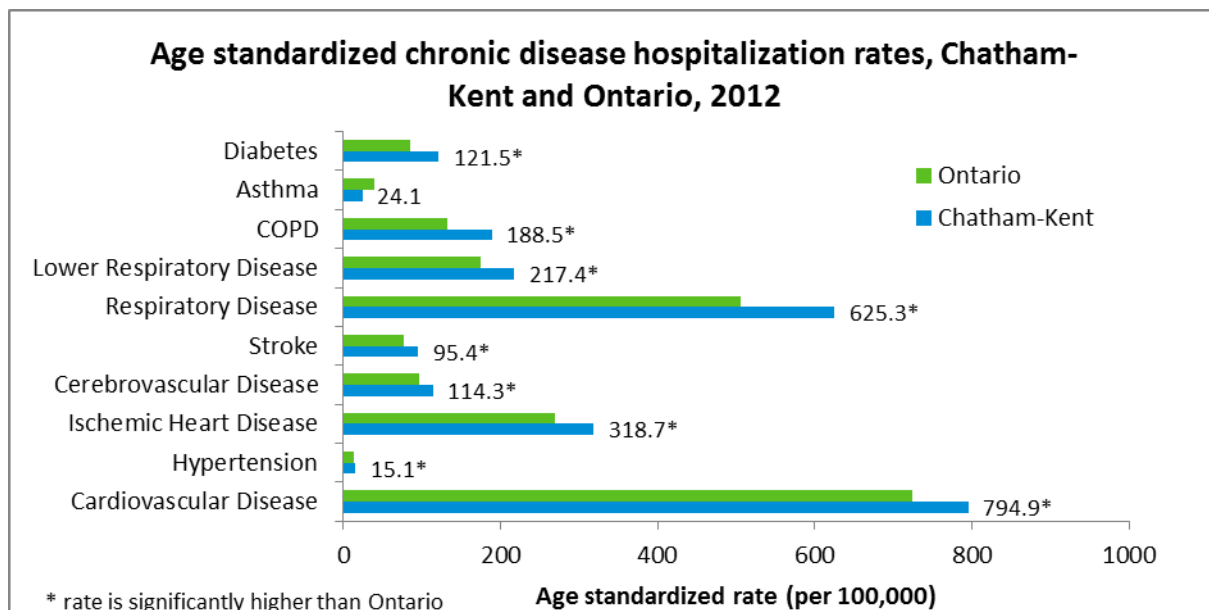
Graph 2: Self-Reported Teen (12-19 years) Smoking Abstinence rates for Chatham-Kent (green) and Ontario (red). (Public Health Ontario <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/default.aspx> )

### Chatham-Kent Morbidity and Mortality Statistics

Leading causes of death in Chatham-Kent are impacted by tobacco use. Graph 3 shows the mortality rates of heart disease, cerebrovascular disease, ischemic heart disease, and diabetes, the top four mortality rates for Chatham-Kent as well as four other causes of death. Chatham-Kent rates are significantly higher than the provincial rates for 5 out of 8 of the mortality rates indicated. Graph 4 provides a look at the rates for other serious illnesses effecting Chatham-Kent residents that are linked to tobacco use and exposure to environmental tobacco smoke.



Graph 3: Age standardized chronic disease mortality rates, Chatham-Kent and Ontario, 2009 (Source: Public Health Ontario. Snapshots: Chatham-Kent Health Unit: Chronic Disease Mortality - age standardized rate (both sexes combined) 2009. Toronto, ON: Ontario Agency for Health) Protection and Promotion; 2013 Apr 8 [cited 2014 Feb 5]. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Chronic-Disease-Mortality.aspx#.UvOjQfldXPo>



Graph 4: Age standardized chronic disease hospitalization rates, Chatham-Kent and Ontario, 2012 (Source: Public Health Ontario. Snapshots: Chatham-Kent Health Unit: Chronic Disease Hospitalization - age standardized rate (both sexes combined) 2012. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2013 Nov 21 [cited 2014 Feb 5]. Available from: [http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Chronic-Disease-Hospitalization.aspx#.UvPeO\\_IdXPo](http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Chronic-Disease-Hospitalization.aspx#.UvPeO_IdXPo))

Of the ten leading causes of chronic disease hospitalizations shown, Chatham-Kent is significantly higher than the provincial rates in nine of them. Tobacco use and exposure to environmental tobacco smoke are not the only factors that contribute to the morbidity and mortality rates of the illnesses shown however they are modifiable risk factors. As indicated in Table 1, life expectancy increases with positive health behavioural changes; removal of tobacco smoke increases one's life expectancy by 3.5 years.

Life expectancy in Chatham-Kent (2007)			80.3 years		
Life Expectancy Gain if Risk Factor is Removed (in years)					
Smoking	Exercise	Diet	Alcohol	Stress	All 5
3.5	2.8	2.6	1.5	0.4	9.5
Life Expectancy if Risk Factor is Removed (in years)					
Smoking	Exercise	Diet	Alcohol	Stress	All 5
83.8	83.1	82.9	81.8	80.7	89.8

Table 1: Life expectancy gains in Chatham-Kent (Source: Seven More Years [http://www.ices.on.ca/file/HealthImpact\\_ICES\\_Report3\\_web\\_jp21.pdf](http://www.ices.on.ca/file/HealthImpact_ICES_Report3_web_jp21.pdf))

### COMMENTS

Last month, the Office of the Surgeon General released *The Health Consequences of Smoking – 50 Years of Progress (2014)*. While the research is American, departments of health around the world cannot overlook the data and findings within the report. The first Surgeon General's report on tobacco and the dangers of smoking was released in 1964. Since that time, 20 million Americans have died as a result of smoking; 2.5 million of them were non-smokers, succumbing to the effects of second-hand smoke. Scientific evidence now expands the list of diseases and adverse health effects of tobacco to

include liver and colorectal cancer, diabetes, rheumatoid arthritis, and erectile dysfunction.

The current evidence supports the 2006 Surgeon General report, concluding that there is no risk-free level of second-hand smoke. The research now links exposure to second-hand smoke as a cause of stroke. The report has many recommendations, two with specific importance to public health. The Surgeon General is very explicit, concluding that the century long epidemic of cigarette smoking has caused an enormous **avoidable public health tragedy**; and comprehensive tobacco control programs and policies have proven effective in controlling tobacco use, with further gains being made only with the full, forceful, and sustained use of these control measures (Surgeon General, 2014).

Cancer Care Ontario (CCO) also released a report last month, *Cancer Risk Factors in Ontario: Tobacco (2014)*. Conclusions in this report indicate that 15% of all new cases of cancer in Ontario each year are attributable to cigarette smoking. While the report focuses extensively on active smoking and cancer rates particularly among adults, it does provide several highlights and recommendations regarding second-hand smoke. Exposure to second-hand smoke has declined over the last decade, attributable to early implementations of smoke-free by-laws in numerous municipalities around the province. However, despite this downward trend, the report concludes a higher proportion of teenagers than adults continue to be exposed to second-hand smoke with the highest prevalence being in public places (CCO, 2014).

Last year The Chief Medical Officer of Health (CMOH), Dr. Arlene King, released *Make No Little Plans: Ontario's Public Health Sector Strategic Plan*. In the document, Dr. King reminds us that tobacco use is the number one cause of preventable death in the province costing about \$2.2 billion in direct health care expenses and \$5.3 billion in lost productivity in 2011; reducing tobacco use must be a public health priority (CMOH, 2013).

### **Tobacco Farming in Chatham-Kent**

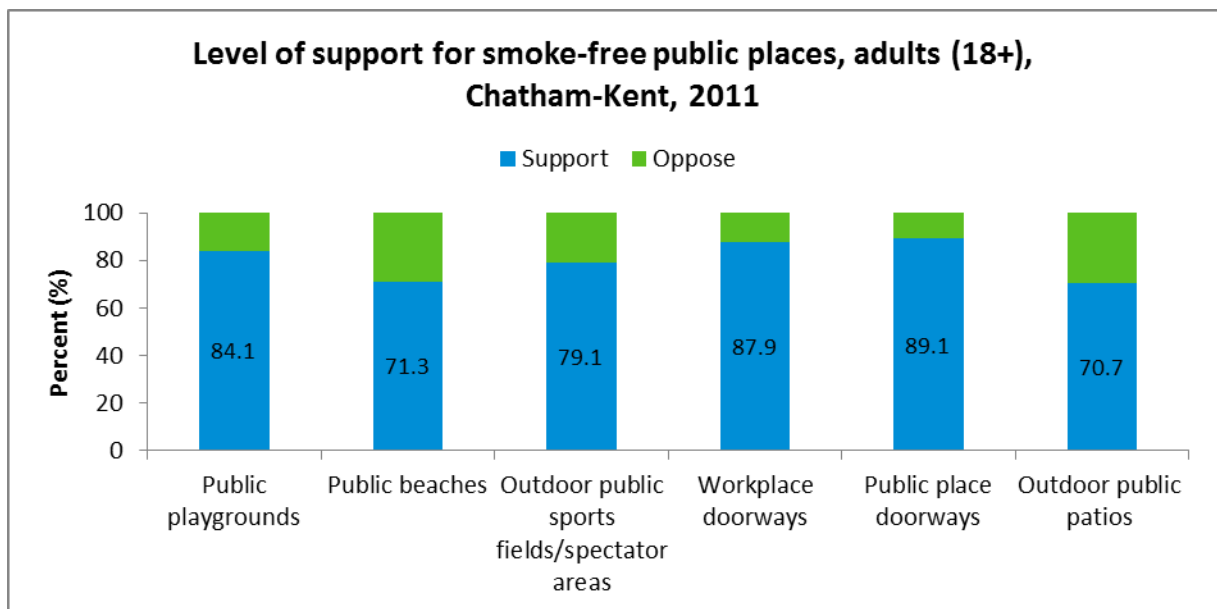
Chatham-Kent continues to be the number one producer of black tobacco in Canada. It is estimated that 16,000 Chatham-Kent jobs can be attributed to agriculture with 60 farmers currently producing black tobacco. Concerns are often raised in the community when government involvement has the potential to impact farmers and their business. Black tobacco is exported from Chatham-Kent and is used in the production of cigars and chewing tobacco not in the production of cigarettes. While cigars and chewing tobacco have a number of health risks of their own, amendments to the local by-law will not impact local farmers, as the use of cigars and chewing tobacco locally remains low.

### **Support for Enhanced Smoke-Free By-Laws**

For years, public health officials have asked smokers to "take it outside" to provide protection for others from the dangers of second-hand smoke. Smokers have obliged and complaints received by the local Tobacco Enforcement Officer regarding violations have resulted in positive outcomes. Most smokers just did not realize they were smoking in a prohibited area. Research now shows that exposure to second-hand smoke outdoors is also unsafe with levels affected by the number of smokers present, environmental conditions, and the physical layout of where the smokers are located. If barriers are present that block the wind flow, tobacco smoke may stay in the area for longer periods of time (OTRU, 2013). As more evidence has become available regarding the dangers of outdoor tobacco smoke, the increase in public support for bans on smoking in outdoor public places occurs.

Risks also occur regarding the increase of social exposure to tobacco and cigarette usage in public places. Negative role modeling is a concern of public health officials and parents who do not want their children exposed to cigarette smoking. Studies are now linking exposure to second-hand smoke to the initiation of smoking in youth (OTRU, 2013).

In 2010, the Centre for Addiction and Mental Health began collecting data regarding public support for smoke-free by-laws in outdoor public places. Provincially in 2010 and 2011, support for making playgrounds and pools smoke-free went from 85.9% to 87.9% respectively. Support for a smoking ban on outdoor special events increased from 63.1% to 65.1% and parks and beaches increased from 52.5% to 55.9% during the same time span. In Chatham-Kent, information was collected for 2011 and is shown in Graph 5 below. Local data was collected in six different areas when compared to the provincial data. In Chatham-Kent, support for a smoking ban was lowest for outdoor public patios at 70.7% and highest for public place doorways at 89.1%.



Graph 5: Level of Support for smoke-free public places (Rapid Risk Factor Surveillance System (RRFSS) [January, 2011 – September, 2011], Extracted: [May, 2013].

### Community Cessation Programs

Whenever discussion occurs regarding changes to smoke-free by-laws or programming, concern is raised regarding supports available for smokers who would like to quit or for previous smokers who want to remain smoke free. The focus of this report is not on cessation programs and services available in Chatham-Kent, however, the following are a few examples of the different types of services available.

*Youth Diversion Program:* This program provides students caught smoking on school property an educational opportunity and brief tobacco cessation intervention as an alternative to being fined.

*STOP (Smoking Treatment for Ontario Patients) on the Road:* Three hour workshop that includes psychoeducation and five weeks of FREE nicotine replacement therapy (NRT) patches for all eligible participants.

*Ontario Drug Benefit Programs (ODBP)*: Through this program FREE medication, Champix or Zyban, is available to those on the Ontario Drug Benefit Program (ODBP). This can be prescribed by a health care provider or pharmacist.

### **By-Law Enforcement**

The by-law will only be enforced through a complaint driven process; residents or business owners with concerns will be encouraged to contact the health unit Tobacco Enforcement Officer for support and guidance. Anyone smoking contrary to the Municipal By-law or *Smoke-Free Ontario Act* can be charged with an offence under the *Provincial Offences Act*, enforced by Chatham-Kent By-law Enforcement Officers, Tobacco Enforcement Officers, or Public Health Inspectors. Any person who hinders or obstructs an inspector lawfully carrying out the enforcement of a by-law is also guilty of an offence. The fines under the current Smoke-Free Public Places and Workplaces By-Law (# 265-2002) are set at no more than \$5,000.00 per offence for smoking in a designated smoke-free space. The *Smoke-Free Ontario Act* sets the fine for a single infraction of smoking in a designated smoke-free space at \$250.00. Signage and peer enforcement has been successful in other jurisdictions with similar by-laws, resulting in a very limited increase in charges and convictions. As such, this by-law should not be seen as revenue generating, it is protective in nature, ensuring our most vulnerable are protected from second-hand tobacco smoke.

### **2014-2016 Public Health Accountability Performance Indicators**

The Ministry of Health and Long-Term Care has introduced three new performance indicators specifically intended to strengthen public health's response and work around tobacco enforcement and the Smoke-Free Ontario Act. The first two are current indicators and will remain for the 2014-2016 accountability agreement cycle.

- % of youth (ages 12-18) who have never smoked a whole cigarette
- % of tobacco vendors in compliance with youth access legislation at the time of last inspection
- % of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act (SFOA) (signage)
- % of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) (sales to minors)
- % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)

While these performance indicators are not specific to by-laws or by-law enforcement, the addition of three more indicators related to tobacco indicates the commitment of the Ministry on moving towards a Smoke-Free Ontario.

### **Opt-In Clause**

Over the last year, Chatham-Kent Public Health has received numerous calls regarding the inclusion of businesses, events, and festivals in the smoke-free by-law. Some of these calls have come from owners and organizers while others have come from consumers requesting that events highlighted as "family fun events" be smoke-free. The health unit is recommending an opt-in clause as one of the amendments to the current municipal by-law. This will allow owners of small businesses including outdoor patios, and event planners to voluntarily make their establishments smoke-free and receive support and enforcement through the by-law.



In closing, research indicates that smoking bans increase the motivation of smokers to quit or cutback (AMO, 2014). Research also shows that the majority of smokers begin smoking before the age of 18. Enhanced outdoor smoking bans protect the health of every citizen while modeling positive behaviour for our most vulnerable. The children and youth of Chatham-Kent deserve to live, learn, and play in a smoke-free environment.

### **COUNCIL STRATEGIC DIRECTIONS**

The recommendations in this report support the following Council Directions:

- Healthy, Active Citizens
- Growth Through Variety of Post-Secondary Institutions
- High Quality Environment Through Innovation
- Destination Chatham-Kent!
- Magnet for Sustainable Growth
- Prosperous and Thriving Community
- Has the potential to support **all** Council Directions
- Neutral issues (does not support negatively or positively)

### **CONSULTATION**

Consultation has occurred throughout the health unit and with community and provincial contacts working in collaboration with health unit staff on tobacco initiatives. All parties consulted prior to the writing of this report are supportive of the recommendations. Community consultation regarding support for smoke-free public places was obtained through the Rapid Risk Factor Surveillance System (RRFSS) through York University. RRFSS investigators contact 200 Chatham-Kent residents per month by telephone. Residents are asked a series of questions regarding healthy lifestyle information and behaviours ranging from walking and cycling to smoke-free public places.

Health Unit staff will also extend an invitation to discuss the implications of the Province's future tobacco initiatives with businesses, building landlords, and others not currently impacted by the Smoke-Free Ontario Act, the current municipal by-law, or the recommended amendments.

### **FINANCIAL IMPLICATIONS**

No new funding or human resources will be required following any amendments of the current by-law. Funding for signs and promotions will be provided by the Chatham-Kent Public Health Unit, Smoke-Free Ontario program. This is a 100% funded provincial program.

Dr. Rietdyk reviewed the report with the Board, noting that the recommendations to Council would be to prohibit smoking or carrying of lit tobacco in all municipally owned and operated parks and recreation facilities, all sports and recreation fields including stadium seating around the fields and/or play area and all municipally owned and operated beaches. An opt-in clause would see Public Health assisting anyone wanting their event to be smoke-free. According to Minister Matthews, outdoor public spaces will eventually be smoke-free. There are individuals that die every day from second-hand smoke. Chatham-Kent should not wait until it becomes legislation. Other municipalities are ahead of Chatham-Kent in their smoking restrictions.

If the Board supports the recommendations, there will be a Committee of the Whole dedicated to help Council understand the issues and have some dialogue. These

recommendations move the Health Unit in the right direction of our accountability standards.

Ms. Pfaff questioned why the recommendations wouldn't be a mirror image of what the province is talking of doing instead of an opt-in for businesses. Dr. Rietdyk responded that the Health Unit would like to see parks and recreation facilities, sports and recreation fields and municipal beaches approved prior to playing season starts up and events get planned. The Health Unit can still be working with business owners who want to opt-in as there are some business owners interested in making their patios smoke-free.

Councillor Myers noted that Councillors receive a lot of feedback, and some business owners will feel more restrictions will destroy their business. Dr. Colby responded that when you deal with a municipally-wide by-law, you create a level playing field across the Municipality.

Councillor Crew noted that the report to Council should include Council's direction of being a healthy community – we need to walk the talk.

Ms. Blake moved, seconded by Councillor Myers, that:

- 1. The Board of Health request Chatham-Kent Municipal Council to amend the Smoke-Free Public Places and Workplaces By-Law (# 265-2002) to prohibit smoking or carrying of lit tobacco in the following locations:**
  - **All municipally owned and operated parks and recreation facilities**
  - **All sports and recreation fields including stadium seating around the fields and/or play area**
  - **All municipally owned and operated beaches**
- 2. The Board of Health request Chatham-Kent Municipal Council to amend the Smoke-Free Public Places and Workplaces By-Law (# 265-2002) to allow an opt-in clause for any business owner or event planner who wishes their event or outdoor patio/premises to be smoke-free and supported under the by-law.**
- 3. The Board of Health initiate consultation with business owners and special events coordinators to discuss smoke-free options.**
- 4. The Board of Health request a Committee of the Whole Council meeting dedicated to the proposed amendments to the Smoke-Free Public Places and Workplaces By-Law (# 265-2002).**

The Chair put the Motion.

**Motion Carried Unanimously**

d) Transfer Payment Risk Assessment, verbal presentation by Dr. April Rietdyk, Director, Public Health

Dr. Rietdyk informed the Board that the Ministry of Children and Youth Services sent the Health Unit risk assessment forms to complete with regard to the Healthy Babies, Healthy Children (HBHC) program that they fund. The completed forms are to be reviewed by the Board and returned to the Ministry by March 7, indicating in the response the date of the Board meeting at which the risk assessment was discussed and approved. The Health Unit's risk assessment score was 21.6% which is considered low. There is no mitigation to put in place. Dr. Rietdyk reviewed the document and scoring with the Board.

Ms. Pfaff moved, seconded by Councillor Myers, that:

**“The risk assessment document be approved as presented.”**

The Chair put the Motion.

**Motion Carried**

**B. INFORMATION REPORTS TO BE RECEIVED**

Councillor Myers moved, seconded by Councillor Faas, that:

**“Information reports a) to d) be received.”**

a) 2013 Performance Report, prepared by Dr. April Rietdyk, Director, Public Health, dated February 11, 2014

**BACKGROUND**

Every year, program teams review the Ontario Public Health Standards and determine goals, objectives, and activities for the coming year. The 2013 Operational Plans were presented to the Board of Health in an information report last spring. Each program strives to meet all requirements of the Ontario Public Health Standards however, each year the teams identify some key priorities for completion by their program area.

**COMMENTS**

The intent of this report is to update the Board on completed activities and any planned initiatives that were not completed this past year. Throughout the year, each program area reviews their operational plans, updating and revising them as needed. As in past years, during 2013 there were several opportunities where public health presence, expertise, and support was requested that were not included in the original operational plans for 2013. Program Managers adjusted plans and reallocated staff assignments to meet community needs.

2013 was the second full year working with Public Health Accountability Agreements and Performance Indicators. Of the original Performance Indicators, nine were reviewed and measured in 2013.

Performance Indicators, targets and achievements are outlined below.

- % of tobacco vendors in compliance with youth access legislation at the time of last inspection.
  - Baseline – 99%;
  - 2013 target – 90% or greater
  - **2013 Accomplishment – 100%**
- % of high risk food premises inspected once every 4 months while in operation.
  - Baseline 98%
  - 2013 target – 100%
  - **2013 Accomplishment – 100%**
- % of pools and public spas by class inspected while in operation.
  - Baseline – 83%
  - 2013 target – 100%
  - **2013 Accomplishment – 100%**
- % of high-risk Small Drinking Water Systems inspections completed for those that are due for re-inspection.
  - Baseline – cannot be established
  - 2013 target – none due for inspection in 2013
- Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up.
  - Baseline 100%
  - 2013 target – 100%
  - **2013 Accomplishment – 100%**
- Time between health unit notification of a case of gonorrhoea and initiation of follow-up.
  - Baseline 100%
  - 2013 target – 100%
  - **2013 Accomplishment – 100%**
- % of vaccine wasted by vaccine type that is stored/administered by the public health unit (Human Papillomavirus vaccine).
  - Baseline – 0.1%
  - 2013 target – maintain or improve current wastage rates
  - **2013 Accomplishment – 0.0%**
- % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza vaccine).
  - Baseline – 2.7%
  - 2013 target - maintain or improve current wastage rates
  - **2013 Accomplishment – 1.6%**
- Baby Friendly Initiative Designation
  - Designated

To complement the performance targets reported above, each program area has reviewed the 2013 Operational Plan and their team 2013 priority objectives and accomplishments, providing a summary in the attached document. Accomplishments are indicated in red throughout the document.

### **CONSULTATION**

Operational plans are completed each year through consultation with front-line staff, management, and community partners as required or indicated within the Ontario Public Health Standards. Accountability Agreements, specifically achievements of the 2013

performance indicators, were reviewed with the Ministry of Health and Long-Term Care on February 7, 2014.

### **FINANCIAL IMPLICATIONS**

There are no budget implications as a result of this report.

Dr. Rietdyk reviewed the 2013 performance report, which highlights the work staff have done from the previous year. The report is a good way to capture the vast amount of work that has been done in all of the program areas. Laura Zettler, the Health Unit's Epidemiologist, was able to tabulate the performance indicators for 2013, and we achieved 100% in all areas, and our percentage of influenza vaccine wastage dropped from 2.7 to 1.6%.

Ms. Pfaff inquired about publicity regarding substance abuse. Dr. Rietdyk responded that it overlays with the criminal system. Within the Chronic Disease and Injury Prevention team, they look at drug abuse awareness and sit on the Drug Awareness Council, they work in schools, and look at the Ontario Public Health Standards and develop plans based on what our stats show. That will shift based on what is happening within the community. Ms. Rodgers, Program Manager, Chronic Disease and Injury Prevention, noted that staff are working with staff and students at St. Clair College and Ridgeway College on the issue. Ms. Van Vlymen, Program Manager, Infant and Child Health, noted the Infant and Child Health team does education when dealing with families where drugs are an issue. This is part of the team's operational plans.

- b) "Start the Discussion" – A Parent Resource, prepared by Emily Malott, Public Health Nurse, dated January 29, 2014

### **BACKGROUND**

Parents and caregivers are an essential part of any child's/adolescent's growth and development. They provide the foundation for a child's good health and wellbeing and are viewed as the child's first teacher and most influential role model in shaping them into a responsible, well-adjusted adult. The Journal of Adolescent Health found that "increasing parental involvement in the sexual health education of their children can delay intercourse, increase use of contraception, reduce risk-taking behaviour, and decrease sexually-transmitted infections."

Moreover, as sexual health can be a very uncomfortable subject for most people to discuss, it was essential to find a resource to help make it more comfortable. In 2013, one of the Sexual Health Team's operational goals was to create a resource for parents and/or caregivers to start the discussion of sexual health with their children.

Upon researching resources available to parents to broach the conversation of sexuality with their children, an excellent resource from Alberta Health Services was located for this exact issue.

### **COMMENTS**

With the permission of Alberta Health Services, their parent resource was adapted to suit local needs and help parents/caregivers provide age appropriate sexual health information depending on the age of the child/youth. The booklet is divided into four

specific sections: 0-7, 7-12, 13 years and older, and a section to address sexuality concerns more specific to individuals living with a disability. Each booklet discusses how parents can “Start the Discussion” with their child, and provides information for local and online resources.

Copies of the four packages will be printed and bound and distributed to key services throughout Chatham-Kent. Some of the services include public libraries, school libraries, childcare facilities, Chatham-Kent Children’s Services, Ontario Early Years Centers, and the Healthy Baby Healthy Children Program. As well, an electronic copy will be available through the Chatham-Kent Public Health Unit website and blog site.

### **CONSULTATION**

Alberta Health Services staff and Health Unit staff consulted to ensure information and format met the needs of both agencies while ensuring parents and caregivers received the most acceptable form of knowledge transfer.

### **FINANCIAL IMPLICATIONS**

There are no financial implications resulting from this report, costs incurred are covered within the mandatory programs and services budget.

Dr. Rietdyk reviewed the report with the Board.

- c) Healthy Communities Update, prepared by Jennelle Arnew, Public Health Nutritionist, dated February 10, 2014

### **BACKGROUND**

“Almost one in every three children in Ontario is now an unhealthy weight. The problem is more severe in boys than girls, and in Aboriginal children. Overweight and obesity are threatening our children’s future and the future of our province, which looks to its children for the next generation of citizens and leaders. If our children are not healthy, then our society will not flourish. Overweight and obesity also threaten the sustainability of our health care system. In 2009, obesity cost Ontario \$4.5 billion. To create a different future, we must act now!” (No Time to Wait: The Healthy Kids Strategy, 2013).

In comparison to provincial statistics Chatham-Kent is no exception. We know from the Canadian Community Health Survey 2011/2012 data that:

- Chatham-Kent residents are among the lowest consumers of fruits and vegetables in the province. In 2011/12, only 30% of Chatham-Kent youth aged 12-19 years consumed vegetables and fruit 5+ times per day which is 13% lower than the Ontario average (43.4%).
- Thirty-seven percent (37%) of Chatham-Kent youth aged 12-17 years are overweight or obese.
- Seventy-nine percent (79%) of youth aged 12-19 years report being physically active in their leisure time.

In 2012, as part of the Ontario government’s Action Plan for Health Care, Ontario set an ambitious goal to reduce childhood obesity by 20% over five years. In order to achieve

this goal the government put a panel of experts together to provide a recommendation report.

The Healthy Kids Panel conducted deliberations from May to December 2012, and submitted its report, *No Time to Wait: The Healthy Kids Strategy*, to the Minister of Health and Long-Term Care in March 2013. This report is a comprehensive strategy to address the complex issue of childhood obesity. The report's approach emphasizes the importance of a healthy start in life, a healthy food environment and healthy communities.

On June 17, 2013, Dr. Mark Tremblay, CEO of the Healthy Active Living and Obesity Research, presented at Municipal Council's Community Development Forum discussing the "2013 Active Healthy Kids Canada, Report Card on Physical Activity for Children and Youth". The forum highlighted how children are not achieving enough daily physical activity and discussed the challenge of engaging youth and adults to get active. Dr. Tremblay highlighted the importance of healthy, active living, and the need to engage, empower and act at all levels - individuals, environments, and policies, in order to change current trends.

### **COMMENTS**

Locally, the Chatham-Kent Leader's Cabinet (CKLC) identified obesity as a priority area and requested the Chatham-Kent Healthy Communities Partnership (HCP) to work together to take action. In September 2013, a sub-group of the HCP, the Healthy Kids working group developed a process to complete a community assessment and develop a call to action based on the recommendations in the following reports:

- [No Time to Wait: The Healthy Kids Strategy, 2013](#)
- [Are We Driving Our Kids to Unhealthy Habits: Active and Healthy Kids Report Card](#)

The first phase of the project is: *Establishing Local Priorities*. We are currently working on the development of a community assessment which will engage multiple sectors using the recommendations from the report as the foundational framework. By conducting a community assessment we hope to determine what policies, environmental conditions and programs exist in Chatham-Kent to promote healthy weights for children. The assessment will include the following sectors: Municipality; community organizations/partnerships; Health Care; and Education.

In January 2014, Public Health Ontario held a Healthy Weights for Children Forum. Health Units were invited to showcase the work being done at the local level that supports the Healthy Kids Panel recommendations. A poster was created to summarize our local plan (see attached).

In Fall 2014, a recommendation report highlighting local multi-sectorial areas of action will be created. Many of the recommendations within the report are priority areas for the Chatham-Kent Public Health Unit (CKPHU). For this project, CKPHU is providing leadership, expertise and organizational support to the Healthy Kids working group.

### **CONSULTATION**

The Chatham-Kent Healthy Kids working group is comprised of representatives from the following sectors: Education, Primary Care, Municipal, and community organizations.

### **FINANCIAL IMPLICATIONS**

The Healthy Kids Initiative is supported by the Ministry of Health and Long-Term Care. Any additional costs are within the base budget and support the ongoing fulfillment of the Ontario Public Health Standards.

Dr. Rietdyk reviewed the report with the Board.

- d) Chatham-Kent Food Policy Council Update, prepared by Lyndsay Davidson, Public Health Dietitian, dated February 3, 2014

### **BACKGROUND**

The Chatham-Kent Food Policy Council (CKFPC) was officially formed on May 1, 2013 with the support of the Chatham-Kent Board of Health. Since that time we have successfully recruited 29 individuals to sit on the Council as participating or supporting members. At this time, we have two vacancies that remain open – Economic Development and Law. The CKFPC has been working hard over the last year to begin the process of determining priorities and direction that the work the CKFPC will move forward.

### **COMMENTS**

As a first stage, the CKFPC directed the development of two workgroups – Food Skills and Food Access and Availability. These workgroups are open to the community at large and have already been successful in recruiting community participation. The priorities selected by the workgroups are as follows:

#### Food Skills

- Investigate opportunities to increase Entrepreneurial Development Programs (i.e. Kitchen Incubators) in Chatham-Kent. The CKFPC has begun working in partnership with the Chatham-Kent Agri-Development Committee on the development and implementation of a kitchen incubator interest survey. This will be released in the next month and will tie into the Community Food Centre Feasibility Assessment study.
- Support the creation of the Farm to School Pilot Program for Chatham-Kent. This will allow for promotion of future food skills opportunities to be built into the program, provide advocacy opportunities to increase food skills opportunities for youth and others in the communities, and increase purchasing and potentially consumption of local fruits and vegetables. Opportunities to partner with other community groups such as the “Growing Chef’s” program will be encouraged.
- Increase the development of Community Gardens in Chatham-Kent as well as continue to support current programs. This will include opportunities to promote and support composting and also to increase the offering of training sessions that would increase food skills opportunities by providing additional workshops on topics such as gardening, canning, etc.
- Support Menu Labelling legislation directly in Chatham-Kent. The Provincial Government has indicated that this will be moving forward across the province. The workgroup felt that it was important to include labelling at this time, realizing that it will be a decision made by the provincial government as to what it will look like. The Food Skills Workgroup has written a letter from the CKFPC in support of the development of this legislation and will also express encouragement to the



Ministry to include not just calories but also sodium and fat on the menu boards as well. The letter will also indicate an endorsement of the Ontario Society of Nutrition Professionals in Public Health's position paper on Menu Labelling.

- Develop, in partnership with the CK Agri-Development Committee, the "Grown in CK" Brand. This is seen as an early win. The release of this brand will be done in April at Municipal Council and has been done in conjunction with Brian Worrall to ensure that it fits in with the rest of the municipal branding strategy.

#### Food Access and Availability

- Assist in the development and implementation of a local food procurement readiness assessment. While there was some discussion in the Local Food Act around local food procurement, it was felt that knowing the level of readiness within the community would provide the CKFPC with direction to assist in moving procurement forward. Additionally, the CKFPC was requested to submit a letter of support for Sustain Ontario's successful application to the Greenbelt Fund for the project – Leveraging Best Practices in Municipal Procurement.
- Increase support to assist farmers in getting excess produce to food assistance programs in Chatham-Kent. As a first step, the workgroup will be investigating Gleaning Programs to see if this is something that we could encourage be developed in Chatham-Kent. Additionally, the CKFPC will continue to promote the Tax Credit for Farmers through our website and community engagements.
- Increase local promotion of the CKFPC to the community. Discussing increasing our social media presence by opening a Facebook or twitter feed, and considering opportunities for radio/print media awareness and to increase promotion of the CKFPC website.

#### Common Priority with Both Workgroups

- Investigate the feasibility of the creation of a Community Food Centre for Chatham-Kent. Funding has been received as part of the Healthy Communities Partnership to begin the process of engaging the community and determining if and how a Community Food Centre could be created in Chatham-Kent.

As part of increasing the knowledge of the members of the CKFPC, training opportunities were provided including attendance at the Sustain Ontario – Bring Food Home Conference in Windsor as well as an in-community workshop offered with Wayne Roberts coming to speak on Food Policy and Economic Development Opportunities.

To help increase the promotion of the CKFPC, sponsorship opportunities were provided to the CK Table event in September, the Round the County Tour in September, the revision of the Buy Local, Buy Fresh Map and the Food Freedom Day organized by the Kent Federation of Agriculture.

#### **FINANCIAL IMPLICATIONS**

Staff time is required to support Food Policy Council initiatives and day-to-day operations. Time given to Food Policy Council is in accordance and support of the Ontario Public Health Standards and is within the scope of current staff activities.

Dr. Rietdyk reviewed the report with the Board.

The Chair put the Motion.

**Motion Carried**

**9. ITEMS TO BE RECEIVED AND FILED**

Ms. Blake moved, seconded by Councillor Faas, that,

**“Items a) to e) be received and filed.”**

- a) Resolution from Simcoe Muskoka District Health Unit re: A Provincial Approach to Community Water Fluoridation
- b) Resolution from Simcoe Muskoka District Health Unit re: Regulation of Wine Outlet Expansion into Farmers Markets
- c) Approved CK Food Policy Council minutes from their September 11, 2013 and November 13, 2013 meetings.
- d) Letter to the Ontario Minister of Finance, The Honourable Charles Sousa, re: Ontario Budget 2014.
- e) Letter of support from Peterborough County – City Health Unit re: Freeze the Industry campaign in conjunction with Bill 131.

Dr. Colby brought resolution a) from Simcoe Muskoka District Health Unit to the attention of the Board, noting the report was well written and the appendix had good information. Dr. Colby stated that water fluoridation is one of the great triumphs of Public Health as it improves the health of the most vulnerable people in society – children and the economically challenged. There is no controversy, it is positive intervention that all health units should support. There are some people who feel strongly against adding fluoride to water, and they lobby municipal councils, however, we desperately need action at the provincial level to unload responsibility from municipal councils. So far the province has taken strong leadership to provide impartial information to use as a resource. They need a push to deal with this on a province-wide basis. Dr. Colby advocated that the Board consider some type of active support of this initiative.

Councillor Faas moved, seconded by Ms. Blake, that:

**“The Chatham-Kent Board of Health endorse the recommendation of Simcoe Muskoka District Health Unit, advocating for the provincial government to amend regulations of the Safe Drinking Water Act requiring community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of 0.7 mg/L), and that the Province provide the funding and technical support to municipalities required for community water fluoridation.”**

The Chair put the Motion.

**Motion Carried Unanimously**

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The Chair put the Motion.

**Motion Carried**

**10. NON-AGENDA ITEMS - NONE**

**11. MOTIONS OF THE CLOSED SESSION MEETING - NONE**

**12. TIME, DATE AND PLACE FOR THE NEXT MEETING OF THE BOARD**

The next meeting of the Board will be held Wednesday, March 19, 2014, in Room 301, Health and Family Services building, closed session at 10:30 a.m. if needed, and the open portion of the meeting to start at 11:00 a.m.

**13. ADJOURNMENT**

Moved by Councillor Faas, that the meeting be adjourned at 11:48 a.m.

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Marjorie Crew, Vice-Chair

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:****-items >\$50,000****-changes in FTE**

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Riverview Gardens	Nursing & Personal Care non-registered	.43 FT Personal Support Workers purchased with LHIN funding for Behavioural Supports Ontario	B	\$29,467	.43
HFS	Riverview Gardens	RVG - Revenue	Annualized 2016 Funding Increase and Additional Funding from Local Health Integration Network	B	(29,467)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

The Erie St Clair LHIN is providing funding which must be utilized for Behavioural Support Ontario staff compliment increase. Riverview Gardens will add four shifts of four hours each on evenings and weekends

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

Erie St Clair LHIN will fund \$28,273 and the remaining \$1,195 will come from the annualized 2016 funding increase provided to Riverview Gardens by the Ministry of Health and Long-Term Care

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:**

-items &gt;\$50,000

-changes in FTE

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
HFS	Riverview Gardens	Revenue	Nursing & Personal Care projected 1% revenue increase		(82,720)	

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Riverview Gardens is projecting a 1% increase to the per diem paid to the Nursing & Personal Care Envelope from April 1, 2017 to December 31, 2017

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:****-items >\$50,000****-changes in FTE**

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
IES	DAWM	16250	Urban Assessment for projects completed in 2016 (to be area rated)	S	\$629,844	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Municipal drainage charges are accumulated throughout the year and charged out at year-end. This cost is for urban areas only as rural areas assessed for projects under the Drainage Act pay individual property assessments.

There is \$40,000 in the current base budget allocation.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The total urban assessment account required for 2017 budget is \$669,844. The \$629,844 supplementary budget amount, combined with the base amount is area rated to the formerly incorporated urban areas throughout Chatham-Kent. This process of assessing costs to the urban communities of Chatham-Kent has been in place since 2001.

**IMPACT IF NOT FUNDED**

This request is to fund projects that have been previously completed. If not funded, \$629,844 will be a future liability that will require funding in 2018.

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:****-items >\$50,000****-changes in FTE**

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
IES	DAWM	16250	Administration Fees	S	(\$140,000)	0

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

Administration charges are applied to municipal drainage projects when they are assessed. They are intended to offset staff time spent in calculating and applying for OMAFRA grants and preparation for the tax roll. Charges are divided into three categories; pumps, maintenance and capital.

\$103,364 of revenue is accounted for in the base budget. Accordingly, the total revenue estimated to be collected for 2017 is \$243,364.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The rates are currently \$14 for pumps, \$20 for maintenance projects and \$32 for capital projects.

These fees represent the approximate average fully burdened administrative cost to carry out the work. The corresponding revenue offsets the cost of running a dedicated municipal drainage department.

**IMPACT IF NOT FUNDED**

This is a revenue budget line. These fees are collected from benefitting owners for specific Drainage Act related functions. If not accepted, there would need to be an offsetting tax increase raised from the general levy.

**Supplementary Budget – Briefing Note****2017 Budget***One page brief per request***Briefing Note required for:****-items >\$50,000****-changes in FTE**

Dept	Division	Business Unit	Item	Base Supp	Amount	FTE Impact
IES	PW	Gravel Pit	Gravel Pit Closure - One time costs	S	\$216,237	4.96
IES	PW	Gravel Pit	Recommended funding from the Gravel Pit Lifecycle Reserve	S		
IES	PW	Gravel Pit	Gravel Pit Closure Decommissioning	B	0.00	(4.96)

**BACKGROUND:**

-BRIEFLY provide why this is a request  
(eg. Based on 3 year history)

In the past years, the Harwich Gravel Pit sold its aggregate to Public Works who charged the costs against the Gravel Road Lifecycle budget. During the draw down and rehabilitation in 2017, the pit will not be producing aggregate to sell to Public Works but will incur expenses to rehabilitate and to close the gravel pit. The gravel pit will generate revenue with the sale of equipment, buildings and material which will be used to fund the rehabilitation/closure. However, the revenue will not be sufficient to sustain the closure of the pit.

The existing five FTE positions will be eliminated by the end of 2017. It is expected that the non-union supervisor will retire and the four union equipment operators will move to other positions within the Municipality following the process defined in the CUPE 12.1 Collective Agreement.

A reserve was established to cover the expenses of closing the gravel pit. This is a request to access the reserve.

**COMMENT:**

- provide any further details if required, impact to user fees, etc  
(eg. Gross expenses, any revenues, subsidies, etc.)

The gravel pit ceased production on November 4, 2016 which was earlier than expected due to a break to a major component in the crushing plant.

If this request is not funded, the impact will be:

- CK will not be able to close the gravel pit and dispose of the property



- CK will retain the liability of having an open gravel pit even if it does not produce material