



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

September 21, 2018

Information Reports

- [2018-INFO-135](#) Commissioner of Planning and Economic Development – re: Monitoring of Land Division Committee Decisions of the July 16, 2018 and August 13, 2018 Meetings
- [2018-INFO-136](#) Commissioner of Finance – re: Contract Amendments Funded Within Approved Capital Project Budgets and Emergency Expenditures for Period from May 1, 2018 Ending July 31, 2018
- [2018-INFO-137](#) Commissioner and Medical Officer of Health – re: Program Reports for June – August 2018

Early Release Reports

There are no Early Release Reports

Staff Correspondence

There is no Staff Correspondence

Durham Municipalities Correspondence

There are no Durham Municipalities Correspondence

Other Municipalities Correspondence/Resolutions

There are no Other Municipalities Correspondence/Resolutions

Miscellaneous Correspondence

1. [Joyce Arthur, Executive Director, Abortion Rights Coalition of Canada \(ARCC\)](#) – e-mailing Chair O'Connor and Regional Councillors re: Solution to address graphic aborted fetus imagery in Durham

Advisory Committee Minutes

1. 9-1-1 Management Board minutes – [June 28, 2018](#)

Members of Council – Please advise the Regional Clerk at clerks@durham.ca, if you wish to pull an item from this CIP to be included on the next regular agenda of the appropriate Standing Committee, beginning with the new term of Council in December 2018.

(Note: Items will be included on the next regularly scheduled Committee meeting if the Regional Clerk is advised by Wednesday noon the week prior to the meeting.)



The Regional Municipality of Durham Information Report

From: Commissioner of Planning and Economic Development
Report: [#2018-INFO-135](#)
Date: September 21, 2018

Subject:

Monitoring of Land Division Committee Decisions of the July 16, 2018 and August 13, 2018 Meetings

Recommendation:

Receive for information

Report:

1. Purpose

1.1 This report summarizes decisions made by the Land Division Committee¹ at its meetings of July 16, 2018 (see Attachment 1) and August 13, 2018 (see Attachment 2). The approved applications conform to the Durham Regional Official Plan. No appeals are recommended.

2. Distribution

2.1 A copy of this report will be forwarded to the Land Division Committee for its information.

¹ The Regional Land Division Committee (LDC) was created by Regional Council on December 19, 1973 to make independent decisions on the disposition of consent applications (e.g. severance, right-of-way, lot line adjustment) that have been submitted to the Region for approval under the Planning Act. The Committee consists of eight lay-citizen members (one representing each area municipality), that are appointed by council for a four year term. The Chair of the LDC is selected from among the appointed members. The current Chair is Jane Hurst, the City of Oshawa's representative. The LDC meets monthly and considers approximately 150 consent applications per year.

3. Attachments

Attachment #1: Monitoring Chart for the July 16, 2018 Meeting

Attachment #2: Monitoring Chart for the August 13, 2018 Meeting

Respectfully submitted,

Original signed by

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



Attachment 1: Monitoring of Land Division Committee Decisions for the Meeting Date of Monday, July 16, 2018

Appeal Deadline: Tuesday, August 14, 2018

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 016/2016	Humphrey, Stephanie	Part lot 24, Conc. 6 Town of Whitby	Consent to sever a 914.9 m2 residential/commercial lot, retaining a 1,097.8 m2 residential/commercial lot with an existing dwelling.	Conforms	Approved unanimously
LD 052/2018	Paisley Court Developments Inc. & Ajax Salem Shopping Centres Inc. (Smart Centres)	Part lot 7, Conc. 2 Town of Ajax	Consent to sever a 1.387 ha vacant industrial parcel of land, retaining a 1.305 ha vacant industrial parcel of land.	Conforms	Approved unanimously
LD 054/2018	Smith, Christopher Paul Smith, Philip John	Part lot 30, Conc. 6 Twp. of Uxbridge	Consent to sever a 249 m2 residential parcel of land with an existing garage to be demolished, retaining a vacant 261 m2 residential parcel of land.	Conforms	Approved unanimously
LD 089/2018	Vanhaverbeke, Edmond	Part lot PT Lot 28, Conc. 2 Municipality of Clarington	Consent to sever a 925 m2 commercial parcel of land with an existing building, retaining a 3,618.5 m2 residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 090/2018	Brown, Chandler	Part lot 9, Conc. 2 Municipality of Clarington	Consent to sever a 4,181 m2 hamlet lot with an existing dwelling to remain and existing barn to be demolished, retaining a vacant 30.05 ha agricultural parcel of land.	Conforms	Approved unanimously

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 091/2018	Marsden, James Raymond Marsden, Michael	Part lot Part Lot 6, Conc. BFC 3 Town of Ajax	Consent to sever a vacant 464.5 m2 residential parcel of land, retaining a 1,394.5 m2 residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 092/2018	Marsden, James Raymond Marsden, Michael	Part lot Part Lot 6, Conc. BFC 3 Town of Ajax	Consent to sever a vacant 464.5 m2 residential parcel of land, retaining a 930 m2 residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 094/2018	Gallo, Cesare Ciancio, Jose	Part lot 32, Conc. BFC 3 City of Pickering	Consent to sever a 1,965 m2 residential parcel of land with an existing dwelling to be demolished, retaining a 1,967 m2 residential parcel of land with an existing dwelling to be demolished.	Conforms	Approved unanimously
LD 095/2018	Thibault, Reuben Thibault, Jennifer	Part lot PT Lot 16, Conc. 5 Twp. of Brock	Consent to sever a vacant 1,244.2 m2 residential parcel of land, retaining a 3,977.9 m2 residential parcel of land with an existing dwelling.	Conforms	Approved unanimously
LD 097/2018	Linton, Ron	Part lot PT Lot 7 & 8, Conc. 8 City of Oshawa (former Whitby East)	Consent to sever a 0.962 ha rural residential parcel of land with an existing dwelling and barn, retaining a 30.25 ha agricultural parcel of land to be consolidated with the farm property to the northeast.	Conforms	Approved unanimously
LD 098/2018	Linton, Ron	Part lot PT Lot 8, Conc. 8 City of Oshawa (former Whitby East)	Consent to add a vacant 0.40 ha agricultural parcel of land to the north, retaining a 92.25 ha agricultural parcel of land with an existing dwelling.	Conforms	Approved unanimously



Attachment 2: Monitoring of Land Division Committee Decisions for the Meeting Date of Monday, August 13, 2018

Appeal Deadline: Tuesday, September 11, 2018

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 003/2018	Morrison, William Morrison, Lavern	Part lot 11, Conc. 2 Municipality of Clarington (former Darlington)	Consent to sever a vacant 627.1 m2 residential parcel of land, retaining a 5,777.7 m2 residential parcel of land with an existing dwelling and shed to remain.	Conforms	Approved unanimously
LD 004/2018	Morrison, William Morrison, Lavern	Part lot 11, Conc. 2 Municipality of Clarington (former Darlington)	Consent to sever a vacant 627.1 m2 residential parcel of land, retaining a 5,150.5 m2 residential parcel of land with an existing dwelling and shed to remain.	Conforms	Approved unanimously
LD 071/2018	Powell, Lurline	Part lot 27, Conc. 3 Town of Whitby	Consent to sever a 274.3 m2 residential parcel of land with an existing dwelling to be demolished, retaining a 1,304 m2 residential parcel of land.	Conforms	Approved
LD 072/2018	Powell, Lurline	Part lot 27, Conc. 3 Town of Whitby	Consent to sever a 274.3 m2 residential parcel of land with an existing dwelling to be demolished, retaining a 1,029.7 m2 residential parcel of land.	Conforms	Approved unanimously
LD 073/2018	Powell, Lurline	Part lot 27, Conc. 3 Town of Whitby	Consent to sever a 274.3 m2 residential parcel of land with an existing dwelling to be demolished, retaining a 755.4 m2 residential parcel of land.	Conforms	Approved unanimously

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 074/2018	Powell, Lurline	Part lot 27, Conc. 3 Town of Whitby	Consent to sever a 274.3 m2 residential parcel of land with an existing dwelling to be demolished, retaining a 481.1 m2 residential parcel of land.	Conforms	Approved unanimously
LD 081/2018	Mansuri, Shukria Amini, Abdul	Part lot 31, Conc. 1 City of Pickering	Consent to sever a vacant 462.86 m2 residential parcel of land, retaining a vacant 924.97 m2 residential parcel of land.	Conforms	Approved unanimously
LD 082/2018	Mansuri, Shukria Amini, Abdul	Part lot 31, Conc. 1 City of Pickering	Consent to sever a vacant 462.48 m2 residential parcel of land, retaining a vacant 462.4 m2 residential parcel of land.	Conforms	Approved unanimously
LD 085/2018	Basi, Joga Malhotra, Suresh	Part lot 7, Conc. 2 Town of Ajax	Consent to sever a vacant 0.897 ha commercial parcel of land, retaining a vacant 3.533 ha commercial parcel of land for future development. Application includes easements.	Conforms	Approved unanimously
LD 086/2018	Basi, Joga Malhotra, Suresh	Part lot 7, Conc. 2 Town of Ajax	Consent to sever a vacant 1.979 ha commercial parcel of land, retaining a vacant 1.554 ha commercial parcel of land for future development. Application includes easements.	Conforms	Approved unanimously
LD 087/2018	Basi, Joga Malhotra, Suresh	Part lot 7, Conc. 2 Town of Ajax	Consent to grant access easements over a 1.554 ha parcel of land.	Conforms	Approved unanimously
LD 100/2018	O'Connor, Sean Maurice O'Connor, Kelly Mark	Part lot PT Lots 13, 14, Conc. 4 Twp. of Scugog (former Reach)	Consent to sever a 2.972 ha vacant non-farm related rural residential parcel of land, retaining a 93.33 ha agricultural parcel of land.	Conforms	Approved unanimously

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 101/2018	Soriano, Sam	Part lot 23, Conc. 1 Town of Whitby	Consent to add a vacant 1,723.51 m2 commercial parcel of land to the north, retaining a 20,693.97 m2 commercial parcel of land with existing building to remain.	Conforms	Approved unanimously
LD 102/2018	Liptay, Edward Lewis, Eugene Archiball	Part lot PT Lot 32, Conc. 1 Town of Whitby	Consent to add a vacant 8,090 m2 agricultural parcel of land to the north, retaining a vacant 263,073 m2 agricultural parcel of land.	Conforms	Approved unanimously
LD 107/2018	Chaszewski, John	Part lot 27, Conc. 2 Town of Whitby	Consent to add a vacant 51.9m2 parcel of land to the residential lot to the north, retaining a vacant 592.3m2 residential lot.	Conforms	Approved unanimously
LD 108/2018	Moore-Gough, William Moore-Gough, William	Part lot PT Lot 23, Conc. 1 Town of Whitby	Consent to sever a vacant 3,799.9 m2 industrial parcel of land, retaining a 3,373.8 m2 industrial parcel of land with an existing building.	Conforms	Approved unanimously
LD 110/2018	Bennett, Jamie	Part lot PT Lot 21, Conc. BFC Town of Whitby	Consent to sever a vacant 1.12 ha industrial parcel of land, retaining a 1.06 ha industrial parcel of land.	Conforms	Approved unanimously
LD 111/2018	Parish, Ron Parish, Karen	Part lot PT Lot 11, Conc. 9 Twp. of Scugog (former Reach)	Consent to sever a 0.76 ha rural residential lot with an existing surplus farm dwelling, retaining a 41.38 ha vacant agricultural parcel of land. The retained parcel of land is to be merged with the land to the southwest.	Conforms	Approved unanimously
LD 112/2018	O'Connor, Sean Maurice O'Connor, Kelly Mark	Part lot 13, Conc. 3 Twp. of Scugog	Consent to add a vacant 0.34 ha agricultural parcel of land to the property to the east, retaining a 46 ha agricultural parcel of land with an existing dwelling.	Conforms	Approved unanimously

LD File Number	Owner	Location	Nature of Application	Regional Official Plan	LDC Decision
LD 113/2018	Carey, Robert	Part lot PT Lot 19, Conc. 5 Twp. of Scugog (former Reach)	Consent to sever a vacant 0.656 ha commercial parcel of land, retaining a vacant 34.55 ha commercial parcel of land for future development.	Conforms	Approved unanimously
LD 114/2018	Carey, Robert	Part lot PT Lot 19, Conc. 5 Twp. of Scugog (former Reach)	Consent to sever a vacant 0.882 ha commercial parcel of land, retaining a vacant 34.55 ha commercial parcel of land for future development.	Conforms	Approved unanimously
LD 115/2018	Carey, Robert	Part lot PT Lot 19, Conc. 5 Twp. of Scugog (former Reach)	Consent to sever a vacant 1.793 ha commercial parcel of land, retaining a vacant 34.55 ha commercial parcel of land for future development.	Conforms	Approved unanimously



The Regional Municipality of Durham Report

From: Commissioner of Finance
Report: [#2018-INFO-136](#)
Date: September 21, 2018

Subject:

Contract Amendments Funded Within Approved Capital Project Budgets and Emergency Expenditures for Period from May 1, 2018 Ending July 31, 2018

Recommendation:

Receive for information.

Report:

1. Purpose

- 1.1 This report provides details related to twelve contract amendments for which the increased financial commitment has been funded within the approved capital project budgets for the period to July 31, 2018, in accordance with the Regional Budget Management Policy.
- 1.2 It also provides details related to expenditures to address one emergency event in accordance with Section 11 of the Region's Purchasing By-law 68-2000 (Amended).
- 1.3 Dollar amounts followed by an asterisk (*) include disbursements and are before applicable taxes.

2. Contract Amendments Funded within the Approved Project for the Period Of May 1, 2018 to July 31, 2018

- 2.1 For the period of May 1, 2018 to July 31, 2018, eight engineering services agreement amendments with increased financial commitments exceeding the limits set out in Section 10 of the Budget Management Policy were processed. In addition, four construction contracts were amended that exceeded the limits prescribed in Section 12.1 of the Budget Management Policy. Funding was available from contingencies within the approved capital budgets for each project.

Table 1: Contract Amendments

Project	Contract Cost*	Total Revised Contract Cost*	Total Increase*
<u>Additional Engineering Services:</u>			
• EXP Services-Project Management Parking Structure Rehabilitation at 77 Centre Street, Oshawa (G1513)	\$64,095	\$71,184	\$7,089
• Malroz Engineering Inc.- Remediation of Contamination at 710 Raleigh Avenue, Oshawa (H1022)	\$603,500	\$688,500	\$85,000
• Read Jones Christofferson - Recoat Parking Structure floors HQ (G1703)	\$99,164	\$115,159	\$15,995
• Morrison Hershfield-Additional detailed design services for Westney Road from Delaney Drive/Magill Drive to Taunton Road, Ajax (R1621)	\$626,189	\$711,230	\$85,041
• R.V. Anderson Associates Ltd.-Construction administration services for Harmony Creek WPCP Phase 2, Oshawa (D0908)	\$930,482	\$995,306	\$64,824
• GHD Ltd.-PULSE Curbside Bus Only Lanes and On-road cycling lanes on Highway 2 between Delta Boulevard and Merriton Road, Pickering (H1725)	\$266,965	\$584,435	\$317,470
• Parsons Inc.-PULSE Curbside Bus Only Lanes and On-road cycling lanes on Highway 2 between Dixie Road to Liverpool Road Pickering (H1726)	\$245,725	\$570,059	\$324,334
• AECOM Ltd.-PULSE Curbside Bus Only Lanes and On-road Cycling Lanes on Highway 2 between Salem Road and Galea Road, Pickering (H1727)	\$172,642	\$345,284	\$172,642
<u>Additional Construction:</u>			
• Varcon Construction Corporation-D2016-034- Whites Road and Kingston Road BRT Lane Widening. Pickering (H1031,H1046,H1034,R1307)	\$6,972,930	\$7,422,658	\$449,728
• Dufferin Construction Company-D2016-018- Harwood Avenue and Bayly Street Concrete Intersection Reconstruction, Ajax (R1637)	\$1,198,871	\$1,309,687	\$110,816
• Kapp Contracting Inc – D2016-009- Pre-Loading & Structural Culverts for Consumers Drive Extension	\$3,889,352	\$4,280,665	\$391,313

<p>in the Town of Whitby (R1639)</p> <ul style="list-style-type: none"> Romag Contracting Ltd.-D2014-005 Nonquon WPCP Plant Expansion Construction: Scum Removal System, Automatic Transfer Switch Modification and Bioreactor Sumps 	\$17,631,000	\$18,286,882	\$655,882
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3. Emergency Expenditures Year to Date July 31, 2018

- 3.1 On an emergency basis, Wesbell Group (Wesbell) was contracted to address the SCADA communications tower at the Westney Road Reservoir which blew down due to high winds on May 4, 2018. Wesbell provided a temporary trailer mounted tower at a monthly rental cost of \$4,880* with costs to remove the old tower and deliver and connect the temporary tower totalling \$6,496*. Wesbell has provided the Region with a quotation for the design and construction of the replacement tower totalling \$55,782*. Wesbell has completed a preliminary design and it is expected the installation and connection of the new tower will be complete by mid to late October.
- 3.2 The cost for the rental and connection of the temporary tower and installation of the new permanent tower which will total approximately \$92,000* will be provided from the approved 2018 Water Supply Operating Budget.

4. Conclusion

- 4.1 In accordance with the Regional Budget Management Policy, Committee of the Whole and Regional Council are to be informed on a quarterly basis when it is estimated that expenditure limits specified in Section 10 (Consulting) and 12.1 (Capital Projects) have been exceeded with funding available within the project. This report has been reviewed by the Works Department.

Respectfully submitted,

Original Signed by Nancy Taylor

Nancy Taylor, BBA, CPA, CA
Commissioner of Finance



The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: [#2018-INFO-137](#)
Date: September 21, 2018

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on Durham Region Health Department (DRHD) programs and services.

2. Highlights

- 2.1 DRHD reports for June – August 2018 include the following key highlights:
- a. Health Analytics, Policy & Research – Health Analytics Information Products and Ethics updates;
 - b. Health Protection – Food Safety, Healthy Environments, Part 8 Ontario Building Code (Sewage Systems) and Safe Water updates;
 - c. Healthy Families – Healthy Babies Healthy Children update;
 - d. Healthy Living – Chronic Disease Prevention, Injury Prevention, Oral Health, School Health, Substance Misuse and Tobacco Enforcement updates;
 - e. Infectious Diseases – Immunization; Infectious Diseases Prevention & Control and Sexual Health updates; and
 - f. Paramedic Services – Administration, Logistics, Operations and Quality Development updates.
- 2.2 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

- ACP – Advanced Care Paramedic
- AEFI – Adverse Event Following Immunization
- BBI – Blood-Borne Infection
- BHV – Blended Home Visiting
- BIAM – Brain Injury Awareness Month
- BOH – Board of Health
- BSM – Bike to School Month
- CAMH – Centre for Addiction and Mental Health
- CCC – Child Care Centre
- CDA – Canadian Dermatology Association
- CDC – Centers for Disease Control and Prevention
- CPR – Cardiopulmonary Resuscitation
- DCDSB – Durham Catholic District School Board
- DDSB – Durham District School Board
- DHCL – Durham Health Connection Line
- DHF – Durham Healthy Families
- DNGS – Darlington Nuclear Generating Station
- DRHD – Durham Region Health Department
- ECA – *Electronic Cigarettes Act, 2015*
- EDI – Early Development Instrument
- ERC – Ethics Review Committee
- FASD – Fetal Alcohol Spectrum Disorder
- FHT – Food Handler Training
- FV – Family Visitor
- HARP – Health Analytics, Research & Policy Team
- HBHC – Healthy Babies Healthy Children
- HCP – Healthcare Provider
- HLPT – Healthy Living Parenting Tips
- HMBCC – Healthy Mothers and Healthy Babies Coalition of Clarington

- HP – Health Protection Division
- HSA – Healthy School Award
- HSO – Healthy Smiles Ontario
- IFSS – Infant Feeding Surveillance System
- IPAC – Infection Prevention and Control
- ISPA – *Immunization of School Pupils Act*
- KBYG – Know Before You Go
- KPRDSB – Kawartha Pine Ridge District School Board
- KPS – Kindergarten Parent Survey
- LD – Lyme Disease
- LGA – Large for Gestational Age
- LHO – Lakeridge Health Oshawa
- LSPA – *Lake Simcoe Protection Act, 2008*
- LTCH – Long-Term Care Home
- MOE – Ontario Ministry of Education
- MOHLTC – Ontario Ministry of Health and Long-Term Care
- NRT – Nicotine Replacement Therapy
- NSAW – National Sun Awareness Week
- OBC – Ontario Building Code
- OCSFM – Ontario Coalition for Smoke-Free Movies
- OFRB – Ontario Film Review Board
- OH – Oral Health Division
- OPG – Ontario Power Generation
- OPHA – Ontario Public Health Association
- OPHS – *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*
- PCOP – Primary Care Outreach Pilot
- PEP – Post-Exposure Prophylaxis
- PHI – Public Health Inspector
- PHN – Public Health Nurse
- PHOL – Public Health Ontario Laboratory
- PHU – Public Health Unit

- PID – Pelvic Inflammatory Disease
- PSS – Personal Services Settings
- PVNCCDSB – Peterborough Victoria Northumberland and Clarington Catholic District School Board
- RDPS – Region of Durham Paramedic Services
- RRFSS – Rapid Risk Factor Surveillance System
- SFM – Smoke-Free Movies
- SFOA – *Smoke-Free Ontario Act*
- SHC – Sexual Health Clinic
- SKW – Safe Kids Week
- STI – Sexually-Transmitted Infection
- STOP – Smoking Treatment for Ontario Patients
- TBDHU – Thunder Bay District Health Unit
- TEO – Tobacco Enforcement Officer
- UOIT – University of Ontario Institute of Technology
- UV – Ultraviolet
- UVR – Ultraviolet Radiation
- VBD – Vector-Borne Disease
- VPD – Vaccine Preventable Disease
- WDGPH – Wellington-Dufferin-Guelph Public Health
- WK – Welcome to Kindergarten
- WNV – West Nile Virus



Health Analytics, Research & Policy

Report for June – August 2018

Health Analytics Information Products

[Lyme Disease in Durham Region Infographic](#)

Between 2013 and 2017, an average of **115** cases of LD was reported each year with approximately four (4) times more cases (47 cases) in 2017 than in 2013 (12 cases). Participating in activities in wooded or tall grass areas was the most common risk factor (reported in 82% of cases) and muscle or joint pain was the most common symptom of LD (reported in 73% of cases).

[Rabies in Durham Region Infographic](#)

Animal incidents involving a break in human skin must be reported to DRHD. Between 2013 and 2017 an average of **1,303** incidents was reported each year. PEP, which can protect against rabies after an incident, was recommended in **24%** of incidents.

[RRFSS Trends In: Tobacco Use](#)

In 2016, **12%** of Durham Region adults were current smokers, representing over **63,600** adults in the region. This was a significant decline from 27% in 2001. Durham Region adults aged 25-44 years and 45-64 years had the highest smoking rates in 2016, at **15%** and **14%** respectively. Smoking rates showed a greater decline among males compared to females. In 2001, males had a significantly higher smoking rate than females, but the gap has since closed and in 2016 there was no significant difference by sex. Smoking rates decreased in all Durham Region municipalities since 2001. Oshawa has had the highest smoking rate in the region since 2001, significantly higher than the overall rate for Durham Region. In 2016, the smoking rate among adults in Oshawa was **19%** compared to the Durham Region rate of **12%**.

Ethics

From June to August 2018, the ERC received **one (1)** study, which is under consideration.

Respectfully submitted,

Original signed by

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



Health Protection

Report for June – August 2018

The new OPHS came into effect on January 1, 2018. Included in the updated OPHS is the requirement for BOHs to publicly disclose the inspection results of routine and complaint-based inspections. On September 12, 2018, Regional Council passed the Notice of Inspection Disclosure By-Law that requires operators of establishments to post, in a conspicuous location at or near the entrance and clearly visible to the public, the Durham Notice of Inspection. The most recent Durham Inspection Report must be made available for viewing by a PHI or member of the public upon request. This by-law supports the requirements in the OPHS and transparency of public health services and is consistent with requirements of the Region of Durham Food Safety Disclosure By-Law and Personal Services Setting By-Law. The Disclosure By-Law applies to: Class A and B pools, Class C facilities (public wading pools, splash pads and water slide receiving basins) and public spas; licensed child care settings; recreational camps; and small drinking water systems. The by-law will be phased in over the next four months with the first phase being the rolled out in CCCs in October and the remaining premises by the end of the year.

Food Safety

HP continues to work on a communication strategy to provide updated information to owners and operators of food premises regarding changes to O. Reg. 493/17 (Food Premises) which came into effect on July 1, 2018. Significant changes include: mandatory FHT; a requirement for operators to ensure that there is at least one food handler or supervisor on the premises who has completed FHT during every hour of operation; and removal of specific final cooking temperatures of food products, allowing operators in the food industry to have greater flexibility with respect to their products and how they are served.

To date, DRHD has trained over **1,511** FHT attendees with a passing rate of 93.6%. DRHD is also now able to offer the FHT manual and exam in **15** languages and in November will be piloting a full-day course delivered in Chinese, led by one of its PHIs.

DRHD is currently awaiting the release of a new Food Safety Code of Practice for PHUs and Food Premises Operators which was shared with PHUs during a MOHLTC training

session on May 1, 2018. Upon receipt, DRHD will continue to communicate changes with food premises owners and operators and plan staff training for PHIs.

A vlog on YouTube entitled [A Recipe for Success: Ontario Regulation 493 and You](#) was developed and released on June 21, 2018 outlining the regulatory changes. The link will be sent via email to local food premises owners and operators.

Future plans include a virtual social media event and a question and answers session in which owners and operators will be able to interact live with PHIs to discuss the regulation and the new Food Safety Code of Practice.

Healthy Environments

The summer of 2018 was extremely hot with **five (5)** heat warnings issued by the end of August. **Two (2)** extended heat warnings were issued resulting in a total of **18** days of heat warning criteria being met. Heat warnings are issued in accordance with the MOHLTC Harmonized Heat Warning and Information System Standard Operating Procedures and occur when the forecast conditions include a daytime high of at least 31°C and overnight temperatures of 20°C or greater, or with humidex values of at least 40 for two (2) or more days. Community partners can subscribe to DRHD's heat warning listserv to be notified directly of heat warnings. This allows community partners such as camps, LTCHs and recreation centres to activate their heat response plans to minimize heat exposure for clients during a heat warning. Heat warnings are posted as a feature banner on the durham.ca homepage. The banner links to the DRHD Extreme Heat and Humidity web page which provides heat warning details and educational information on heat stress and prevention of heat illnesses. Social media platforms such as Facebook, Instagram and Twitter were also utilized to inform residents of heat warnings and heat health messaging and reached approximately **250,000** people.

Emergency Management

On June 20, 2018 DRHD participated in a nuclear reception centre exercise at Durham College/UOIT. This exercise was designed to practice and evaluate response capabilities of Durham Region and OPG, and their capabilities to support government and volunteer/community agencies. It was based on a simulated nuclear emergency at the DNGS resulting in an emission. More than **15** agencies worked collaboratively to successfully plan, organize and operate a nuclear emergency reception centre.

Part 8 OBC (Sewage Systems)

The OBC was amended by O. Reg. 315/10 which establishes and governs mandatory on-site sewage system maintenance inspection programs to be administered by principal authorities (i.e. BOHs, conservation authorities and/or municipalities) in certain areas.

Inspections were initially required in specific areas located within 100 metres of the Lake Simcoe shoreline. In 2013, DRHD entered into an agreement with the Township of Brock

to conduct inspections under Phase I of the LSPA and completed approximately **310** inspections from 2013 to 2015. The inspections of properties affected by mandatory on-site sewage system maintenance inspection programs are required every five years. Thus, the properties that were inspected in 2013 required reinspection in 2018. A total of **78** properties were inspected in 2018 as part of Phase I, round 2 of the LSPA.

Phase II of the LSPA extends to land located within 100 metres upland of other lakes or ponds and permanent rivers and streams in the Lake Simcoe watershed.

Both the Townships of Brock and Uxbridge entered into agreements with DRHD for the management of this program within their respective jurisdictions. Two (2) summer students were hired and conducted inspections in the Townships of Brock and Uxbridge between May and August 2018. A total of **112** inspections were conducted in Brock Township and **112** in the Township of Uxbridge for a total of **224** inspections in 2018. One (1) sewage system in each municipality required subsequent inspection and follow-up due to a potential sewage system malfunction. The mandatory sewage system maintenance program will resume in 2019 in both Townships.

Safe Water

HP collects bacteriological water samples from local public beaches to determine if they are safe for swimming in accordance with the [Operational Approaches for Recreational Water Guideline, 2018](#).

During the 2018 season, a total of **13** public beaches were tested and **805** samples were sent to the PHOL to determine *E. coli* levels. The results are analysed and compared to the provincial standard of 200 *E. coli*/100 ml. Test results are posted on durham.ca every week, distributed broadly via social media and to members of the media to assist with public notification of beach postings. A total of **39** postings were issued for **11** beaches indicating that a beach was unsafe for swimming due to *E. coli* levels. In addition, **five (5)** postings were issued for public beaches for the presence of blue-green algae.

Respectfully submitted,

Original signed by

Lisa Fortuna
Director, Health Protection Division



DURHAM
REGION
HEALTH
DEPARTMENT



Healthy Families

Report for June – August 2018

Healthy Babies Healthy Children

HBHC is a voluntary program consisting of evidence-informed assessments and interventions designed to support families and facilitate healthy child development. Families are identified through a universal screen administered prenatally, in the post-partum period and/or during early childhood up until school entry. Those families that are identified as at risk are referred for a more in-depth assessment where challenges and supports are identified. Ongoing home visiting is offered to families where these challenges outweigh their supports. If a family chooses to participate in HBHC it works with a PHN to develop an individualized family service plan. PHNs and FVs provide ongoing home visiting, service coordination and referral to other community supports to address the family's needs and assist families to achieve their desired goals.

Between April 1 and June 30, 2018, **1,217** HBHC screens were completed. Of those, **637** families were identified as having risk and PHNs were able to reach **401 (63%)** of these families to offer them a home visit and in-depth assessment. Families whose screening result did not identify risk were offered written and online resources and encouraged to contact DHCL for further support as needed.

Of the **401 (63%)** families contacted, **149 (37%)** accepted the offer of a home visit and of those, **138 (93%)** families had a completed assessment. The most common reason for families not having an assessment was that the client declined and, in some cases, PHNs were unable to contact clients.

Currently there are **316** families receiving services in the HBHC BHV program.

Healthy Mothers and Healthy Babies in Clarington

It is well understood that a woman's health before and during pregnancy builds a healthy baby. Nutrition, physical fitness and stress are factors that affect the development and health of the baby. A healthy weight gain during pregnancy supports the growth of the baby as well as many other changes in a woman's body. We also know that it is important for babies to be born at a healthy weight for them to grow into healthy adults. A

baby that is larger than 90% of babies born in the same week of pregnancy is called LGA. A weight gain in pregnancy that exceeds recommended standards is the risk factor most frequently identified in the literature as being linked to LGA babies.

Having a larger baby can lead to health problems for the mother and her baby. For example, for the mother, having a larger baby can lead to birth complications including a longer labour or the risk of needing a C-section. For babies, being born larger can put them at risk for developing asthma, diabetes, obesity, or cancer later in life.

Recent evidence shows that Clarington has a higher rate of LGA babies compared to other municipalities in Durham Region and Durham Region has a higher rate of LGA babies when compared to Ontario (**11.7%** vs. **10.3%**).

In 2016, DRHD collaborated with community partners in Clarington to form the HMBCC. One of the first priorities of the coalition was to address the high rates of LGA babies in the municipality. This involved surveying Clarington moms to learn more about their health when planning for a pregnancy, and during pregnancy. Results from the survey showed that healthy nutrition, weight and well-being were important to women, yet most found it difficult to achieve their health goals before and during pregnancy, as well as after the birth of their child. Most women were aware that their own health is important to the health of their babies and were interested in programs and services that could help them achieve their goals.

Presently the goal of HMBCC is to support programs and services in Clarington to help women be in the best health possible when expecting a baby or planning for a pregnancy. HMBCC is working to raise awareness of the importance of nutrition, physical activity and stress in planning for, and during pregnancy.

Collaborating with Health Care Professionals to Support Best Practice Guidelines related to Infant Feeding

It is widely recommended that babies be exclusively breastfed for the first six (6) months of life, at which point, solid foods can be introduced. It is also recommended that in addition to introduction of solids, babies continue to breastfeed for up to two (2) years and beyond.

In Durham Region, **95%** of mothers initiate breastfeeding, yet only **7%** exclusively breastfeed for the first six (6) months (IFSS, 2018).

Introducing formula in the hospital has shown to have a profound effect on breastfeeding duration and exclusivity. For example, among babies that were not introduced formula in the hospital, **75%** of moms were still breastfeeding at six (6) months; whereas, among babies who were introduced formula in the hospital, only **48%** of moms were still breastfeeding at six (6) months (IFSS, 2018).

Collaboration with HCPs to support best practices related to infant feeding is one way to support mothers to make informed decisions about feeding their babies. On May 14, 2018, PHNs and a dietitian presented at LHO to a team of physicians from Great Expectations Durham. The purpose of the in-service was to share data on breastfeeding rates in Durham Region, unnecessary supplementation of formula, early introduction of solids and community resources available to local families. A total of **seven (7)** physicians attended, with evaluations demonstrating that after the presentation:

- 100% of physicians rated their knowledge of breastfeeding rates in Durham Region as high to very high
- 100% of physicians rated their knowledge of best practice recommendations related to introduction of solids as high to very high
- 100% of physicians rated their knowledge of community resources that support breastfeeding as high to very high

All participants indicated they would use the information learned in their practice and were interested in future in-services related to common concerns and challenges with breastfeeding, healthy child growth and development, healthy family dynamics, perinatal mood disorders as well as preconception and conception health.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer



Healthy Living

Report for June – August 2018

Chronic Disease Prevention

Social Media

Social media has become a popular method to engage target audiences in conversation about important topics such as healthy living. DRHD has established the DHF Facebook, Twitter and Instagram accounts and a YouTube channel to target messages to parents with children 0-18 years of age. Through DHF social media sites, PHNs discuss a variety of health topics, inclusive of healthy families, healthy living and infectious diseases prevention and control.

In Durham Region, **77.8%** of women and **57.2%** of men use social media (RRFSS, 2016). In terms of age, **93.5%** of residents aged 18-24 and **82.3%** of residents aged 25-44 use social media (RRFSS, 2016). It was also noted that residents' income levels do not create a significant difference in social media use (RRFSS, 2016).

Parents commonly have questions about healthy eating, physical activity and sleep. Social media communication platforms provide the opportunity to highlight common questions and concerns of target audiences. To respond to parents' questions, DRHD has created a HLPT vlog series which provides an opportunity for PHNs to answer questions with evidence-based information.

To date, in 2018, DRHD has developed **three (3)** HLPT vlogs, accompanied by additional social media content, which are posted on DHF social media platforms. These vlogs have resulted in the following engagements:

HLPT: Choosing Healthy Drinks

- **5,233** video views and **345** social media engagements

HLPT: Helping Your Teen Cope with Exam Stress

- **5,206** video views and **273** social media engagements

Healthy Communities vlog

- **9,809** video views and **273** social media engagements

Smoke-Free Movies

Despite an awareness of the harms caused by tobacco and the efforts to reduce and prevent use, tobacco use is responsible for over 16,000 deaths per year in Ontario; the equivalent of 44 deaths per day. Entertainment media is one of the only remaining forms of tobacco promotion to children and youth (under 19 years of age) in Ontario. Movies help the tobacco industry recruit new customers by normalizing its use. Research shows that the more kids and teens see smoking in movies, the more likely they are to start.

When assigning ratings to movies, the OFRB considers language, nudity, violence, sexual activity, horror and psychological impact but smoking is not considered. In the past 10 years, 86% of movies with smoking were rated for kids and teens in Ontario.

DRHD has been working as part of the OCSFM to implement the following objectives:

- Continue to raise awareness about the impact of exposure to tobacco imagery in movies on the smoking behaviours of children and youth
- Empower parents and caregivers to take action by directing them to go to SmokeFreeMovies.ca to sign the online petition
- By December 31, 2019, all newly released youth-rated movies in Ontario are smoke-free

To date, there have been **nine (9)** community events where PHNs have promoted the above objectives: **four (4)** were held in priority neighborhoods and **three (3)** had youth promoting SFM. PHNs and youth engaged with a total of **376** people regarding SFM to raise awareness and encourage families to go to SmokeFreeMovies.ca to learn more and support the change.

On July 23, 2018 **one (1)** SFM social media post was targeted at parents of children and youth. The social media post received **56** engagements on social media platforms.

STOP workshop

In Durham Region, approximately **12% (63,600)** of adults are current smokers (RRFSS, 2016) and more than half of them are considering or planning on quitting within the next six (6) months (RRFSS, 2016).

In a continued effort to reduce smoking rates in Durham Region, **two (2)** STOP workshops were held in Whitby. On March 19, 2018, **nine (9)** local residents attended and on May 28, 2018, **19** local residents attended.

Participants attend a three-hour workshop, which includes a one-hour education session on skills to quit smoking as well as an individual participant consultation. Participants receive a five-week kit of NRT (the patch) and related instructions. This collaborative

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

Ultraviolet Radiation

Skin cancer is the most commonly diagnosed cancer in Canada and rates are increasing. Children and youth are at a higher risk of UV exposure because they spend more time in outdoor activities and their skin is more sensitive. Just a few serious sunburns in childhood can increase a child's risk of developing skin cancer later in life (CDC, 2018). Overexposure to UVR from the sun and the use of tanning beds is the main cause of skin cancer.

CDA has promoted a NSAW in early summer since 1989 to educate Canadians about the dangers of too much sun and to stop the rising incidence of skin cancer in Canada. DRHD celebrated NSAW from May 28 to June 3, 2018. A total of **59** local stakeholders, including CCCs, HCPs, local radio stations and municipal recreation centres promoted and disseminated sun safety information.

NSAW was promoted to schools with the launch of **two (2)** new resources for elementary and secondary schools, highlighting sun safety interactive resources and strategies to promote a healthy sun safe school environment. A total of **34** schools received and utilized the resources. In addition, **230** English copies and **30** French copies of the Grade 2 Sun Safety Curriculum Resource package were disseminated to interested schools and **six (6)** schools have addressed sun safety using a comprehensive healthy school approach.

Injury Prevention

Injuries are the leading cause of hospitalization and death for children in Canada and head injuries are the leading cause of serious injury and death to children on bicycles (Parachute, 2018). DRHD continues to work to reduce the burden of injuries through targeted promotion of evidence-based injury prevention strategies.

In recognition of BIAM and BSM, DRHD completed a helmet safety summer communication campaign in June. The goal of the campaign was to highlight the importance of wearing a helmet for all wheeled activities with a focus on how to wear a helmet properly. A helmet safety resource was developed in collaboration with Parachute reinforcing how to wear a helmet and was promoted and utilized by local schools.

A media release encouraging residents to wear their helmet properly resulted in an article in Metroland and social media messaging promoting helmet safety ran on DRHD social media platforms in June resulting in a reach of **24,330** and **6,380** engagements.

In recognition of SKW in June, DRHD completed a child summer safety social media campaign. The goal of the campaign was to highlight the importance of water safety and protecting children from playground injuries including falls. Social media messages promoting child safety resulted in a reach of **136,556** and **7,886** engagements.

Oral Health

OH has been working on implementing ENCOUNTER, DRHD's electronic medical record system, throughout 2018. Annual school screening activities were completed in June and OH will begin screening again in October. In the 2017/2018 school year screening teams provided oral screening in all local publicly funded schools. A total of **27,110** children were seen and of these children, **1,229 (4.5%)** had urgent dental needs. Seventy-two percent of children had no history of having cavities.

The HSO program continues to be highly successful. Throughout the summer DRHD provided dental care to **689** children and assisted a further **230** families to access dental care through its HSO navigation role.

School Health

PHNs work closely with local school communities to promote and support MOE's Foundations for a Healthy School framework. It takes a comprehensive approach to improve the health of school-aged children through the following five (5) broad areas:

- Curriculum, Teaching & Learning
- Home, School & Community Partnerships
- School & Classroom Leadership
- Social & Physical Environments
- Student Engagement

2017/2018 Healthy School Award

Over the past 10 years, DRHD has offered the HSA to local elementary and secondary schools as a strategy to promote the healthy schools approach and to provide schools with an opportunity to be recognized for their commitment to the prevention of chronic diseases, injuries and substance misuse. A healthy schools approach helps students, staff and parents establish lifelong healthy behaviours. These behaviours may reduce: bike and traffic injuries, cancer, depression, heart disease, high blood pressure, injuries related to substance misuse, obesity, osteoporosis, stroke and type 2 diabetes.

The HSA allows schools to focus on a health-related topic and provides ideas for related strategies and activities. The health-related topics in the award include: healthy eating, mental health, physical activity, road safety, substance-free living, tobacco-free living and UV exposure. Schools are also given the option to choose "other" to work on a health-related topic that is not listed.

This year a total of **79** schools participated in the 2017/2018 HSA; **50** schools from DDSB, **21** schools from DCDSB, **five (5)** schools from KPRDSB, **two (2)** schools from PVNCCDSB and **one (1)** private school. All participating schools received a recognition certificate, recognition on durham.ca, and recognition by DRHD at the school board level.

Welcome to Kindergarten

PHNs have had the opportunity to support parents of children entering junior kindergarten in the WK program that was developed by the Learning Partnership and has been in place in some local schools since 2004. This program benefits students and families in all communities by:

- Facilitating children's transition to school
- Building parent comfort and trust with schools
- Building the capacity of parents and caregivers to engage children in early learning activities and positive health behaviours
- Increasing community partner support and engagement and enhancing opportunities for educators to respond to EDI data and Health Neighbourhoods data

Many schools from the six (6) local school boards implemented kindergarten orientation sessions. Of local elementary schools, **91% (165 of 181)** accessed PHN support for their kindergarten orientation/WK events and of these schools, **93% (25 of 27)** of schools in priority neighborhoods were supported with kindergarten orientation/WK events.

A social media strategy was completed on May 29, 2018 to engage parents on strategies to prepare a child for kindergarten and to promote the KPS. The strategy resulted in a reach to **13,346** parents with a **10%** engagement rate. A vlog on kindergarten preparation was completed on August 21, 2018 that resulted in **2,234** residents reached, **733** Facebook views and **491** YouTube views.

Healthy Schools in Durham Region...Your Opinion Counts!

DRHD has a long history of partnering and collaborating with school communities. A better understanding of the strategies and resources that support school communities in adopting the Foundations for a Healthy School framework was sought to inform future program planning and implementation.

Schools that were HSA recipients in 2015/16 and 2016/17 school years were asked to participate in an online survey. There were **55** surveys completed for a participation rate of **59% (55 of 93)**. The results identified key successes, areas for improvement and opportunities for further development. Identified successes included:

- Curriculum resources and support for teachers
- Involvement of the PHNs and their participation in various school community initiatives
- Use of the HSA for recognition of the healthy school approach

Areas for future consideration included:

- Exploring the use of internet and social media when communicating with the school community
- French translation of key resources

- Increasing student engagement in health promotion
- Sharing of success stories between schools and at the school board level

These results have assisted in planning and implementing the school health program for the 2018/19 school year.

This is Public Health: Healthy Schools Vlog

In support of back to school season, DRHD developed a vlog entitled: [This is Public Health: Healthy Schools](#), which is now posted on DRHD's [YouTube channel](#). This two-minute video highlights public health programs and services that support the health and well-being of children/youth in the region. The vlog was well received by educators, principals, school board consultants, school communities and superintendents.

Substance Misuse

Alcohol is one of the most commonly used psychoactive substances in Ontario. There is strong scientific evidence that alcohol use is associated with health risks including cancer, heart disease, stroke, type 2 diabetes, and may contribute to mental health problems such as depression and suicide. Alcohol also impacts people's lives through serious negative effects including abuse, assaults, child neglect, domestic violence, FASD, injuries and deaths caused by impaired driving and property damage.

There has been a drastic increase in the availability of alcohol in Ontario, with a 22% increase between 2007 and 2017. Additionally, the province has committed to a 27% increase in the availability of beer, cider and wine in grocery stores. As alcohol availability increases, so do consumption and alcohol-related harms:

- 1 in 3 Ontarians experienced harm because of someone else's drinking in the past year
- Alcohol-related costs in Ontario amount to at least \$5.3 billion annually
- Since 2015, there has been a 16% increase in alcohol retail outlets and 66 alcohol-related hospitalizations per day in Ontario

DRHD continues to implement strategies to raise awareness regarding alcohol related harms and the impact of increased alcohol availability. In collaboration with PHUs across the province, DRHD is working towards identifying effective municipal alcohol policy solutions and advocating for healthy alcohol policy at the provincial level.

In collaboration with WDGPH, TBDHU and Liem Strategic Integration Inc., [Alcohol Policy Review: Opportunities for Ontario Municipalities](#) was published. The report includes opportunities and challenges and reveals emerging and innovative local policy solutions to reduce alcohol-related harms at the municipal level, including concrete actions that can be taken to advance policies in the areas of advertisements and promotions, enforcement, hours of sale limitations, licensing, pricing strategies and regulating physical access through density.

DRHD continues to share [The Truth about Alcohol in Durham Region](#) report through a series of social media posts which resulted in **575** engagements.

PHNs continue to collaborate with PHUs across the province as part of the OPHA alcohol working group. The goal of this group is to strengthen the public health voice regarding the health and safety impact of alcohol-related policy. The working group has participated in a variety of advocacy activities including consultations on current issues in alcohol, collaborating on the writing of advocacy letters, and the development of infographics and social media campaigns.

Tobacco Enforcement

TEOs have been conducting youth test shopper surveillance in the region over the summer. All tobacco vendors are test-shopped by a young student who attempts to purchase cigarettes. If the vendor proceeds to sell the cigarettes to the youth, the operator and owner of the store are subsequently charged with selling or supplying tobacco to a person who is less than 19 years of age. To date, **724** test shopper inspections have resulted in **40** charges being laid for sales to a minor which means that **94.5 %** of tobacco vendors were compliant with the SFOA. In addition, the TEOs conducted **614** tobacco and e-cigarette compliance inspections which then required **66** re-inspections to follow-up on compliance issues.

Implementation of the new SFOA has been put on hold by the new provincial government for review and possible revisions. BOHs have been advised by the MOHLTC to continue to enforce the current SFOA, as well as the ECA until further direction.

In accordance with the [Electronic Cigarettes Protocol, 2018](#) and the [Tobacco Protocol, 2018](#), DRHD now publicly discloses a summary report on each e-cigarette or tobacco sale-related conviction and the reports are posted on [durham.ca](#) within two (2) weeks of the conviction. Reports of convictions of e-cigarette retailers must remain posted for two (2) years and convictions of tobacco retailers must remain posted for five (5) years. Reports now include whether the tobacco retail sales conviction would result in the retailer being eligible for automatic prohibition, enacted by the MOHLTC, for being convicted of a tobacco sales violation twice within five (5) years.

HP is continuing to work with Legal Services to repeal and replace its current Regional Smoke-Free By-Law with a new by-law that will remove sections that are no longer applicable and include new requirements to strengthen smoking and vaping restrictions in the region. A number of stakeholder groups have been consulted to discuss the proposed revisions. Regional Council's approval of the draft smoke-free by-law and related timelines for implementation will be sought in the fall of 2018. The goal is that the new by-law will come into effect in early 2019.

Respectfully submitted,

Original signed by

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Original signed by

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DURHAM
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Infectious Diseases

Report for June – August 2018

Immunization

School – Based Immunization Clinics

The goal of the school-based immunization program is to provide publicly-funded vaccines to eligible students. Objectives of the program are developed in accordance with the OPHS and include reducing the incidence of VPDs by providing hepatitis B, meningococcal-C-ACYW-135 (Men-C-ACYW-135) and human papillomavirus-9 (HPV9) vaccines to eligible Grade 7 students through school-based immunization clinics.

PHNs attended **182** schools twice in the school year to provide immunizations. There was a total of **8,029** Grade 7 students for the 2017/2018 cohort. Of eligible Grade 7 students, **79%** were fully immunized for hepatitis B. A total of **10,682** hepatitis B doses were administered to Grade 7 students at school clinics. For the 2016/2017 cohort, an additional **1,080** hepatitis B doses were administered to Grade 8 students who had not previously completed the series. By the end of Grade 8, **88%** of these students were fully immunized for hepatitis B (from 76% at the end of Grade 7 last year).

For the 2017/2018 cohort, **93%** of eligible Grade 7 students were fully immunized for Men-C-ACYW-135. A total of **7,040** Men-C-ACYW-135 doses were administered to Grade 7 students at school clinics. For the 2016/2017 cohort, an additional **201** Men-C-ACYW-135 doses were administered to Grade 8 students who had not previously received the publicly funded dose in Grade 7. By the end of Grade 8, **99%** of these students were fully immunized for Men-C-ACYW-135 (from 92% at the end of Grade 7 last year).

The 2017/2018 Grade 7 cohort was the first to be offered HPV9 vaccine to boys and girls and **69%** of eligible Grade 7 students were fully immunized for HPV9. A total of **11,813** doses were administered at school clinics. For the 2016/2017 cohort, **1,162** HPV4 doses were administered to Grade 8 students who had not previously received the publicly funded dose in Grade 7 or had not completed the series at the time. By the end of Grade 8, **78%** of these students were fully immunized for HPV4 (from 66% at the end of Grade 7 last year).

Adverse Events Following Immunization

An AEFI is defined as any untoward medical occurrence that follows immunization and does not necessarily have a causal relationship with the vaccine. Public health aims to provide AEFI surveillance to ensure monitoring of vaccine safety, in accordance with the OPHS. Objectives are to monitor, investigate and document all suspected cases of AEFIs that meet provincial reporting criteria, and promote reporting to DRHD by local HCPs.

As of August 31, 2018, a total of **51** confirmed reports have been submitted and investigated including **24** cases submitted by local HCPs. Additionally, **five (5)** reports were submitted that did not meet provincial reporting criteria. The highest number of reported AEFIs were related to routine vaccinations for diphtheria, tetanus, pertussis, polio and haemophilus B (DTaP-IPV-Hib), and measles, mumps and rubella (MMR). These vaccines consist of multiple doses during infancy and childhood.

Immunization of School Pupils Act

The purpose of ISPA is to increase the protection of students attending public and private schools in Ontario against the diseases including diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, meningococcal and varicella. Parents of students are required to complete the prescribed program of immunization for each of the above diseases or complete and file a statement of conscience or religious belief with DRHD. DRHD is required to enforce ISPA and assess the immunization status of children attending local schools.

The suspension process started in September 2017 with a general notice being sent to all **111,000** students attending school. The general notices explained ISPA and the parent's role to comply with the legislation. First notices were sent in the fall and winter to parents of **21,186** students overdue for required immunizations, which was an increase of **7,000** notices sent from the previous year. Four weeks after the deadline for return of immunization updates, final notices were sent to **8,359** elementary students and **3,236** secondary students who remained overdue.

PHNs called parents of elementary students who remained non-compliant to inform them of the upcoming suspension and provide options to comply with the legislation. PHNs collaborated with schools, local HCPs and local walk-in clinics to support each client to avoid suspension.

From February to May 2018, suspensions were enforced for **1,183** elementary and secondary students. After six (6) school days, over **80%** of the suspensions were resolved and at 20 days, **97%** of the suspensions were resolved. Only **40** students served the full 20-day suspension period.

As of September 1, 2017, parents pursuing conscience exemptions were required to complete an in-person education session at DRHD in addition to completing the exemption form. DRHD completed **30** group education sessions and **36** one-on-one sessions with a total of **361** attendees. There were **493** conscience/religious belief affidavits filed, which is a **44%** increase from the previous year. There were **193** medical

exemptions filed, which is a **157%** increase from the previous year. Suspension for elementary school students was resumed during the 2017/2018 year after a three-year hiatus thus contributing to an overall increase in the number of suspensions and exemptions received.

Low Immunization Rates in Priority Neighborhoods

Health Neighbourhoods data has provided information about specific communities that may need additional immunization support to increase vaccine coverage. Planning is underway to explore additional interventions within identified schools that could improve vaccine coverage in priority neighbourhoods.

As part of ISPA enforcement activities in priority neighbourhoods, parents were informed of the upcoming suspension and were provided support to develop a plan based on the family's individual challenges. PHNs collaborated with each school, with local HCPs and walk-in clinics to support clients to avoid suspension. PHNs provided additional one-on-one clinics for families who were unable to attend regular catch-up clinics and to decrease barriers to accessing required immunizations.

Infectious Diseases Prevention and Control

Child Care Centres

Regional Council approved and passed a new disclosure by-law which will include CCCs and other programs. DRHD is in the process of modifying the current DineSafe disclosure signs (green/yellow/red) to direct parents and the public to its online disclosure portal where public health inspection results are reported. The colour-coded signs will only be applicable to the food safety inspections of the DineSafe program. Inspection results will be summarized on the disclosure website.

Diseases of Public Health Significance and Zoonotic Diseases Reporting

In May, the MOHLTC released revised regulations for reportable diseases under the HPPA. Changes were made to the list of reportable diseases and the term "reportable diseases" was revised to "diseases of public health significance".

Changes resulted in new surveillance requirements of zoonotic diseases (i.e., blastomycosis and *Echinococcus multilocularis*) as well as identifying antibiotic resistant organisms in the community.

HP investigated **202** confirmed sporadic diseases of public health significance from May to August, including, in descending order: campylobacter (60); salmonellosis (37); giardiasis (30); 11 each of cyclosporiasis and LD; 10 each of cryptosporidiosis and legionellosis; eight (8) each of Carbapenamase-producing Enterobacteriaceae (five (5) colonization, three (3) infection) and influenza; four (4) each of shigellosis, VTEC including HUS and yersiniosis; amebiasis (3); and one (1) each of blastomycosis and hepatitis A.

No positive zoonotic diseases have been reported however DRHD followed 4 suspect cases.

IPAC Lapses

Between May and August, **three (3)** complaints in health clinics were received and led to **one (1)** posting. **Thirteen** IPAC lapse complaints in PSS establishments were received and investigated which required **eight (8)** postings on durham.ca.

A final report was posted for a dental clinic investigation indicating that all the complaint issues were resolved.

Outbreak Summary

Between May to August, **16** outbreaks (**11** respiratory and **five (5)** enteric) in LTCHs, retirement homes, hospitals and CCCs were investigated. The causative agents include: one (1) enterovirus, one (1) influenza A, two (2) norovirus, and 12 no isolates.

In the fall and winter season, HP will be reaching out to key stakeholders for their input on ways to publicly disclose institutional outbreaks on durham.ca. Currently, it is not a requirement to publicly post institutional outbreaks but PHUs are required to notify key stakeholders of outbreaks in institutions. Public disclosure on durham.ca is considered an effective and efficient method to inform the public to assist them to make informed decisions about their health and the health of loved ones.

Personal Services Settings

The KBYG disclosure website is now live. Recently, PSS owners/operators participated in a survey about KBYG, which will provide the data for the evaluation of the KBYG disclosure website.

PSS owners/operators were advised that the MOHLTC released O. Reg. 136/18 (Personal Services Settings) which came into force on July 1, 2018.

Rabies Prevention and Control

To date **764** reports of animal bites have been investigated compared to the 785 reports during the same time period in 2017. DRHD has also issued **59** anti-rabies treatments to victims. In 2017 a total of 129 treatments were issued for the entire year.

HP has submitted a total of **17** animals for rabies testing in 2018 compared to 45 animal submissions in 2017. No animals have tested positive for rabies to date this year. In 2017 one (1) bat tested positive for rabies in the region. In 2018 in Ontario, 275 animals have been submitted for rabies testing resulting in 21 testing positive for rabies including four (4) bats, 11 raccoons and six (6) skunks.

HP collaborated with staff from HARP to produce a [Rabies in Durham Region 2013-2017](#) infographic which will provide information to local HCPs on the average number of animal bite incidents, the types of animals involved, type of incidents, the percentage of anti-

rabies treatments that were recommended, the most common reason for the recommendation, as well as the number and type of animals that tested positive for rabies during that five-year time period.

Vector-Borne Diseases

The WNV prevention and control program has been very active once again in the spring and summer of 2018. The program includes weekly surveillance of potential breeding sites for WNV vector mosquitoes. To date, this included **1,641** site visits resulting in **276** larvicide treatments. The scheduled three (3) rounds of regional roadside catch basins was completed on August 1, 2018 which also included the treatment of private backyard catch basins. The adult mosquito trapping activity has included **251** batches of mosquitos tested resulting in the identification of **five (5)** positive mosquito pools trapped in Ajax (3), Pickering (1) and Oshawa (1). There have been no human cases of WNV reported in Durham Region this season.

LD activities have resulted in a total of **113** ticks submitted for identification and testing, **71** of which were confirmed as the black-legged tick and **nine (9)** of those ticks tested positive for the bacteria that causes LD. A total of **15** confirmed and **three (3)** probable human cases of LD have been reported involving local residents. A significant amount of communication has been sent out to stakeholders throughout the season using a variety of social media platforms, including regular media releases and a weekly summary report on VBD activities in the region.

HP collaborated with staff from HARP to produce a [Lyme Disease in Durham Region 2013-2017](#) infographic which will provide information to local HCPs on the average number of cases of LD reported, the gender and average age of cases, the risk factors, symptoms, and treatment for cases during that five (5) year time period.

Sexual Health

STIs are of major public health importance in Ontario and throughout the world. Chlamydia is the most commonly reported communicable disease in Ontario, and along with gonorrhea, is a major cause of PID with potential side effects of infertility and ectopic pregnancy. Syphilis is readily diagnosed and treated in Ontario, but without appropriate management could lead to severe cardiovascular and neurological disorders. Although prevention, rather than treatment, is the preferred method to control the spread of STIs, early detection and treatment are also effective in reducing the consequences of STIs, such as PIDs. For every dollar spent on early detection and treatment of chlamydia and gonorrhea, it is estimated that \$12 could be saved in associated health costs. The goals of public health STI programs are to prevent harm to the infected individual and their potentially infected contacts, and to control STIs at the population level.

Nationally, between 1998 and 2015, the number of chlamydia cases has risen from 39,372 to 116,499 among all ages and genders. The number of gonorrhea infections increased from 5,076 to 19,845 in the same period. Infectious syphilis rates rose dramatically from 501 to 4,551 cases. From January to July 2018 in Durham Region,

there have been **1,282** cases of chlamydia, **201** cases of gonorrhoea and **67** confirmed cases of syphilis.

SHC services are offered to promote healthy sexuality, and to prevent or reduce the burden of STIs and BBIs. DRHD offers **two (2)** SHC locations in Oshawa and Pickering.

From January to August, PHNs in the SHCs counselled **2,913** clients on chlamydia, **2,580** clients on gonorrhoea and **616** clients on syphilis. There were **2,511** clients tested for chlamydia and **227** of these clients tested positive; an increase of **15** from the same time in 2017. There were **2,468** clients tested for gonorrhoea and **40** tested positive; an increase of **10** from the same time in 2017. There were **548** clients tested for syphilis and **26** tested positive; an increase of **11** from the same time in 2017.

PHNs continue to use a variety of strategies to raise awareness of STI testing, treatment and prevention services, particularly to those at risk of getting an STI. Strategies include collaborating with community partners who serve at risk populations, promoting services at community events, conducting health education sessions, utilizing social media, and providing SHC tours.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer

Original signed by

Lisa Fortuna
Director, Health Protection Division



Paramedic Services

Report for June – August 2018

Administration

RDPS launched the PCOP in July. The PCOP team consists of one ACP and one social worker whose mandate is to reach out to vulnerable priority populations in Oshawa, including those with mental health and addiction challenges. The pilot program will run through to February 2019 at which time a report to council on outcomes will be presented.

Logistics

Eight (8) replacement ambulances have now been deployed in operations. All ambulances in RDPS' fleet now have hot spot capabilities which allow paramedics to securely send patient care reports electronically to local hospitals.

Operations

A three-month review and revision of RDPS' deployment plan has been completed. The new deployment plan has been approved by MOHLTC and is now operational. The changes made to the plan will allow for optimal resource utilization and assist RDPS to decrease end of shift overtime and manage paramedic meal breaks.

Quality Development

For the next three (3) months RDPS paramedics will be participating in bi-annual continuing education sessions. Topics covered include accountability and ethics and mental health and resiliency review.

In July, RDPS hosted its first Junior Paramedic Camp. Campers aged 9-12 participated in CPR and first aid training as well as games and physical activities throughout the week.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/ Director

Cheryl Bandel

From: Carol Hancock
Sent: Friday, September 07, 2018 9:18 AM
To: Gerri Lynn O'Connor
Cc: Ralph Walton; Cheryl Bandel
Subject: FW: Solution to address graphic aborted foetus imagery in Durham
Attachments: Local-Governments-Should-Cite-Advertising-Code.pdf

Please see the below and attached. As this is addressed to the Regional Chair and Council, I believe we may need to include it in the CIP.

Thank you,
 Carol

C.S. - LEGISLATIVE SERVICES

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

From: Joyce Arthur <joyce@arcc-cdac.ca>
Sent: Thursday, September 06, 2018 10:55 PM
To: chair <chair@durham.ca>
Cc: Zain Abdulla <zain.abdulla19@gmail.com>
Subject: Solution to address graphic aborted foetus imagery in Durham

Dear Chair O'Connor and Councillors for the Regional Municipality of Durham [could you please forward to them?]:

Many municipalities across Canada have been subjected to the display or distribution of graphic images of aborted fetuses by anti-abortion groups, including in Durham in the past. Such offensive imagery can traumatise vulnerable groups such as children and women who have had miscarriages or abortions. But local governments have generally found themselves unable to address this situation despite public outrage and complaints.

We believe we have found an effective and feasible solution. The Abortion Rights Coalition of Canada would like to encourage the Regional Municipality of Durham to cite and use the *Canadian Code of Advertising Standards* ("the Code") in its policies and bylaws related to advertising and signage including on transit, flyers delivered to homes, and municipality-approved flags, banners, and proclamations. The Code provides considerable leeway to reject or remove public messaging under various grounds and Courts have agreed that it is a suitable tool for local governments to use.

We invite you to please read the attached report that explains and justifies our solution and gives examples of how Code citations can be integrated into existing or new bylaws or policies. This report has been reviewed and vetted by our lawyer, Donald Crane, and the original idea came from a lawyer who works for a city with experience dealing with aborted foetus imagery. This graphic imagery and other anti-choice messaging have already been found to violate the Code.

There are numerous benefits to using and citing the Code:

- Several courts have signalled in recent years that the Code is an acceptable tool that cities can use to approve or reject public messaging.
- 77 local governments already cite the Code and there have been no adverse legal repercussions.

- Citing the Code removes the subjective decision-making burden from local governments and helps ensure more reasoned and justifiable decisions.
- An increase in the Code's citation would lend it even more legal weight and provide further protection to local governments for any refused messaging.
- It is a valuable tool to manage citizen or advertiser complaints around public messaging.
- It helps defend the objective of a welcoming and safe community and transit system.

Citations of the Code would give authority to bylaws and policies to appropriately regulate advertising such as signage, flyers, banners, flags, proclamations, and any other messaging platform. Of course, such regulation would not be limited to abortion-related materials but would extend to all potentially problematic advertising.

Our review of Durham's bylaws and policies indicates that:

- In relation to transit, there is no advertising policy on the website of Durham Regional Transit: <https://www.durhamregiontransit.com/Pages/default.aspx>. However, after receiving complaints regarding a Victoria Secret bus ad, a panel of DRT staff assessed it and determined that the ad complied with their advertising policy, which bans any content that violates the *Ontario Human Rights Code* or the *Canadian Code of Advertising Standards*: <https://www.durhamregion.com/news-story/3501781-sexy-bus-ad-prompts-complaints-to-durham-transit/>.
- In relation to signage, the Sign Bylaw does not cite the Code: https://www.oshawa.ca/city-hall/resources/region_of_durham_sign_by-law.pdf.

We believe Durham could benefit by including more citations of the Code in other relevant bylaws and policies where appropriate, and by also asking any contracted advertiser to cite the Code in its advertising policies (as Pattison Outdoor does). Further, new bylaws or policies could be passed that directly ban or limit public messaging – for example, the City of Calgary has a bylaw that prohibits the delivery of non-election-related flyers – please see our report for details.

Thank you very much for reviewing our report and considering our proposal. Please contact us if you have any questions or if you would like assistance. We look forward to hearing from you.

Sincerely,

Joyce Arthur
 Executive Director
 Abortion Rights Coalition of Canada (ARCC)
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Local Governments Can Better Regulate Public Messaging by Citing the Advertising Code



Abortion Rights
Coalition of Canada

Coalition pour le droit à
l'avortement au Canada

Canada's only national political pro-choice advocacy group

POB 2663, Station Main, Vancouver, BC, V6B 3W3
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May 2018 (updated August 2018)

By Zain Abdulla and Joyce Arthur

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Introduction

To help manage problematic public messaging, and avoid disputes and lawsuits, we encourage local governments in Canadian towns, municipalities, and cities to use and cite the *Canadian Code of Advertising Standards*.

Extreme anti-abortion groups have caused concern and upset among the general public for their graphic depiction of allegedly aborted fetuses, and comparisons of abortion to atrocities such as genocide. These signs are often displayed in high-traffic locations where they can be seen by anyone passing by, including children and motorists. They have caused concern and outrage even for those who are against abortion.

This type of imagery, as well as other anti-choice ads, have been found to violate the *Canadian Code of Advertising Standards*¹ (Please see Appendix 4 for details on upheld complaints against anti-choice ads.)

The Abortion Rights Coalition of Canada (ARCC) encourages local governments in Canadian towns, municipalities, and cities to use and cite the *Canadian Code of Advertising Standards* (“the Code”) in their bylaws and policies. The Code is not limited to paid advertising but applies to any public messaging where the content is under the direct or indirect control of an entity, i.e., “the advertiser”. This would include, for example, temporary signage, flyers delivered to homes, and city-approved banners, flags, and proclamations. Use of the Code would permit screening and regulation of such messaging, allowing the city or town to exercise a justified veto power over messages that would likely violate the Code, such as inaccurate, offensive, or discriminatory messaging. Please note that this power is *not* limited to anti-abortion messages.

The Code is administered by Ad Standards, previously known as Advertising Standards Canada (ASC). Ad Standards is a private watchdog agency with limited enforcement powers, and the Code has no authority or legal standing on its own.

However, the Code is widely endorsed by advertisers, advertising agencies, media, and consumers. In 2017, Ad Standards received over 1,800 complaints,² which followed major spikes in 2015 and 2016 compared to previous years.³ Further, 77 local governments already cite the Code in their bylaws or policies,⁴ which attests to the Code’s growing influence. Citations of the Code in local government bylaws and policies give the Code more authority and the force of law, possibly rising to the level of meeting a Section 1 Charter challenge over freedom of expression, although this has not been tested.

A major benefit of including a citation to the Code in local government bylaws and policies is the elimination of personal bias by local governments, as well as poor or insufficient reasoning when it comes to accepting or rejecting ads or permits. Local governments can rely on the Code’s criteria instead of their own judgment. This also provides a strong rationale by which to respond to complaints from the public and advertisers, and reduces the risk of advertiser disputes and lawsuits.

¹ <http://www.adstandards.com/en/standards/thecode.aspx>

² <http://www.adstandards.com/en/ConsumerComplaints/2017adComplaintsReport.pdf>

³ <https://www.theglobeandmail.com/report-on-business/industry-news/marketing/canadas-ads-watchdog-sees-spike-in-complaints-from-unhappy-customers/article29613612/>

⁴ <http://www.arcc-cdac.ca/X9a4/City-Search-Advertising-Code-Worksheet-all.pdf>

Courts Have Endorsed Use of the Advertising Code

Four court decisions have supported use of the Code by local governments, as follows:

- **Greater Vancouver Transportation Authority v. Canadian Federation of Students, Supreme Court of Canada (2009 SCC 31):⁵**
 - The court said: “...the Canadian Code of Advertising Standards, which is referred to in the transit authorities’ advertising policies, could be used as a guide to establish reasonable limits, including limits on discriminatory content or on ads which incite or condone violence or other unlawful behaviour.”
- **Canadian Centre for Bio-Ethical Reform v City of Grande Prairie, Alberta Court of Queen’s Bench (2016 ABQB 734):⁶**
 - The judge agreed with the city that a bus ad by the Canadian Centre for Bio-ethical Reform probably violates Section 14 of the Code (“Unacceptable Depictions and Portrayals”) and ruled that the City’s decision to reject the ad was reasonable. The court accepted that the City “was guided by the ASC Code, referenced in its contract with Bus Bench. ... The City’s discretionary decision-making in relation to bus advertising is informed by these standards [as expressed in Section 14 of the Advertising Code] so as to balance free expression with other, equally important values.”
- **Canadian Centre for Bio-Ethical Reform v. South Coast British Columbia Transportation Authority [Translink], Supreme Court of BC (2017 BCSC 1388):⁷**
 - The respondent Translink argued that since the Code is in wide usage in the private sphere, it represents a limit on advertising that is saved by s. 1 of the Charter.
 - In its conclusion, the court said: “...I am in agreement with the respondent that this [the Code] represents an appropriate standard to use when filtering advertisements. This is because the *Code* was developed over an extended period of time in response to complaints about advertisements brought by members of the public by other advertisers and public interest groups. Similarly, ASC regularly deals with such complaints. As such, the use of the *Code*, as well as guidance from ASC regarding the *Code*, provides the respondent a means by which to render a decision on potential advertisements which is not merely subjective or arbitrary. Consequently, I find that the respondent acted reasonably in using the *Code* as a standard by which to measure the appropriateness of advertisements.”
- **The Canadian Centre for Bio-Ethical Reform v. City of Grande Prairie, Court of Appeal of Alberta (2018 ABCA 154)⁸**
 - Appeal of the 2016 Grande Prairie decision cited above: The Court upheld the lower court’s decision in its entirety, ruling that the City’s refusal of the CCBR anti-abortion bus ads was reasonable. The decision builds on and strengthens existing precedents around restriction of advertising, including supporting use of the Code.

⁵ <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/7796/index.do>

⁶ <https://www.canlii.org/en/ab/abqb/doc/2016/2016abqb734/2016abqb734.html>

⁷ <http://www.courts.gov.bc.ca/jdb-txt/sc/17/13/2017BCSC1388cor1.htm>

⁸ <https://www.canlii.org/en/ab/abca/doc/2018/2018abca154/2018abca154.html>

- The Court seemed to accept the use of the Code by cities without question. The decision refers frequently to the Code, which is given implicit deference. Two relevant (original) quotes regarding the Code:
 - “However, it seems clear that objectively developed advertising standards [such as the Code] can provide guidance on the boundaries of permissible restrictions on political advertising.”
Thus, whether or not the advertisement complies with the Canadian Code of Advertising Standards is a relevant consideration.” [Cites Greater Vancouver and Translink, the latter’s finding of non-compliance with the Code, and how the first Grande Prairie decision had the same view.] “This is one factor that can be considered in deciding if the restraint on expression was reasonable and proportionate.”

Many Local Governments Already Cite the Code

Local governments need not fear they are doing anything unusual or unwarranted by citing the Code in their bylaws and policies, because it is already common practice.

ARCC researched which cities/towns in Canada already cited the Code by searching their websites for their advertising policy and other policies/bylaws on flags, proclamations, signs, and banners.⁹ We checked 136 towns and cities across Canada, selected mostly on the basis of population size, but also whether the anti-abortion groups Canadian Centre for Bio-Ethical Reform (CCBR) or Show the Truth (STT) had ever been active there, showing or distributing their graphic imagery of aborted fetuses. The latter criteria added about 14 smaller communities to the list. Some cities contract to advertising companies or transit companies, so we checked their advertising policies as well.

Fifty-seven percent of the cities/towns (77 in total) cited the Code in a relevant policy or bylaw – mostly transit-related (subway, buses, benches, shelters) or sign-related. ARCC also discovered a correlation between Code citations, and CCBR or STT being active there at some point. This may relate to the fact that many cities/towns contract to the same advertising company or transit company (thereby skewing the data), but in at least a few cases, communities that have experienced the graphic imagery have subsequently decided to include a Code citation.

	Total	Previous CCBR/ STT activity	NO (known) CCBR/ STT activity
Cities/towns researched	136	76 (56%)	60 (44%)
Cities/towns that cited Advertising Code in ad policy/bylaw*	77 (57%)	49 (64% of citing gov'ts)	28 (36% of citing gov'ts)
* Also including sign, banner, flag, proclamation policies or bylaws, and contracted company’s policy where applicable. Most citations were in ad or sign policies.			

Note: Table updated Aug 20, 2018 to reflect recent CCBR/STT activity

A few examples of local government citations of the Code are included in Appendix 2.

⁹ Full data on the 136 cities/towns, including links to bylaws/policies that cite the Code: <http://www.arcc-cdac.ca/X9a4/City-Search-Advertising-Code-Worksheet-all.pdf>

Other Regulatory Actions by Local Governments

In response to anti-abortion graphic imagery, two local governments in Canada – Calgary and Hamilton – have passed bylaws prohibiting banners on highway overpasses and unwanted flyers delivered to households. See Appendix 3 for more information, including the bylaw text.

In addition, many cities likely have existing bylaws that can be applied against the graphic images, such as Winnipeg's *Neighbourhood Liveability Bylaw*¹⁰ that prohibits delivery of unwanted flyers, as well as temporary signs adjacent to roadways in many circumstances. We encourage cities to review their existing bylaws to see what might be useful in terms of enforcement.

In Toronto, a coalition of city councillors and Toronto-area MPPs joined forces in summer 2017 to fight CCBR's graphic imagery and flyer distribution in Toronto, after much public uproar. They initially asked the Ontario Attorney General for an emergency injunction to stop the displays, but this was unsuccessful as the AG did not feel he could succeed in court.¹¹ City Council then passed a motion¹² in December 2017 that requested from the City an assessment of legislative and private options to regulate the signage and flyer delivery. A second motion¹³ was passed in July 2018 to review sidewalk bylaws and consider enforcement options available. Reports on both are expected in 2019.

Meanwhile, the Toronto councillors and MPPs sent a written warning to the CCBR in July 2018, warning the group that trespassing on private properties to deliver their flyers was not authorized under Ontario's *Trespass to Property Act*.¹⁴ Toronto citizens were provided a trespassing notice¹⁵ to sign and send to the CCBR to give them advance notice that anyone affiliated with the CCBR was prohibited from coming onto their private property, and if they did, the citizen could ask police to lay charges.

Harms of Aborted Foetus Imagery in Public

The anti-abortion groups Canadian Centre for Bio-Ethical Reform (CCBR) and Show the Truth (STT) regularly engage in a variety of questionable activities involving the display or distribution of graphic images of alleged aborted fetuses.¹⁶ (We say "alleged" because their provenance is unknown and highly questionable.¹⁷)

Both groups hand-deliver graphic postcards or flyers to residential homes and display graphic signs on busy public sidewalks and even outside high schools. In addition, the CCBR engages in hanging huge banners of aborted fetuses over highway overpasses, driving through traffic or

¹⁰ <http://clkapps.winnipeg.ca/dmis/docext/viewdoc.asp?documenttypeid=1&docid=3996>

¹¹ <http://councillorpaulafletcher.ca/update-on-stopping-graphic-images-used-by-canadian-centre-for-bio-ethical-reform/>

¹² MM35.10 – Distribution and Display of Graphic Images:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.MM35.10>

¹³ MM44.35 – Use of the Public Right of Way for Display of Graphic Images:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.MM44.35>

¹⁴ <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.MM35.10>

¹⁵ <http://councillorpaulafletcher.ca/wp-content/uploads/2018/07/Trespass-to-Property-Notice-July-2018-Final.pdf>

¹⁶ Other groups or individual activists also use such imagery on occasion.

¹⁷ <http://rabble.ca/columnists/2013/07/why-fetus-porn-doesnt-help-anti-choice-cause>

across Canada in big-box trucks with billboard-size photos on the side, staging demos at family events like the Calgary Stampede as well as other venues like universities and colleges, and advertising on city transit buses such as in Peterborough. (Note: To date, no anti-abortion bus ad has used graphic images of aborted fetuses, but most contain offensive or demeaning language that implies women are killers or should have their rights restricted.)

These activities change very few minds on abortion¹⁷, but they do cause many citizens to become upset and irate, resulting in many complaints to local governments and police. Families with young kids are often the most infuriated, with many stories of children traumatized as a result of having seen the pictures. (Please see Appendix 1 for examples of complaints.)

Showing graphic photos of alleged aborted fetuses in public creates significant harms to communities:

- In every city in which they appear, the graphics cause a community disturbance or nuisance. Police and city field numerous complaints from the public, children are distraught, and the issue often creates a controversy in the press.
- The privacy rights of parents to instruct and raise their children as they see fit, and in a safe manner, are being co-opted by the tactics of anti-abortion groups without permission or warning.
- The graphics create an unacceptable invasion of privacy into peoples' lives because it is often difficult or impossible to avoid the pictures. This is especially the case when postcards are delivered to homes without permission from residents. Citizens have a common-law right to peaceful enjoyment of their homes.
- When the imagery is shown on city streets, hapless pedestrians and drivers may pass by without warning, or drivers may be caught in traffic and cannot escape for several minutes. Free speech rights do not extend to forcing oneself on a captive audience, which must have the equal freedom to avoid the message without undue inconvenience or restriction of movement.¹⁸

Both the CCBR and STT target children by showing graphic imagery outside high schools, by delivering flyers to homes without envelopes, and arguably by displaying signs on city streets. Advertising directed to children can be limited or banned to protect them. The landmark 1989 decision *Irwin Toy Ltd v Quebec (AG)*¹⁹ ruled that the restriction of advertising directed to children was a justified limit on freedom of expression under Section 1 of the Charter, because there was a pressing and substantial government objective to protect children from the manipulation of advertising.²⁰

Finally, most local governments and transit companies have objectives related to ensuring a safe and welcoming community and transit system, or upholding community standards by not allowing obscene, vulgar, or offensive public messaging. These objectives have been viewed favourably by the above-cited court decisions as a means to justify the refusal of ads that may be harmful to communities.

¹⁸ <http://ablawg.ca/2017/01/19/lost-and-found-the-captive-audience-doctrine-returns/>

¹⁹ *Irwin Toy Ltd v Quebec (AG)* [1989] 1 S.C.R. 927 <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/443/index.do>

²⁰ <https://globalfreedomofexpression.columbia.edu/cases/irwin-toy-ltd-v-quebec/>

Appendix 1, Public Complaints Against Graphic Anti-Choice Imagery

Following are representative examples of the public outrage caused by anti-choice advertising (Examples 1 and 2) or graphic imagery of aborted fetuses (Examples 3 - 8).

1

In April 2018, the City of Lethbridge Alberta removed anti-choice ads from buses after receiving over 100 complaints about the ads and numerous social media messages, with many saying the ad was inaccurate as well as upsetting to children and women who have had miscarriages or abortions. (The ad showed a late-term fetus with the words "Preborn Babies Feel Pain. Say NO to Abortion.") A sample of complaints from media reports and the City's Twitter page:

"I'm emotionally harmed, this brings up trauma in my past." ... "Did you know that the medical term for a miscarriage is "spontaneous abortion"? So thanks @LethbridgeCity bus ads. Really appreciate you reminding me of my three spontaneous abortions, AND implying that those three lost hopes felt pain."

"Are you kidding me? Those ads are disgusting and don't need to be paraded around for younger children to see."

"Do you not think that advertising in public spaces should be truthful? It's not about people being uncomfortable with opinions. It's about the misinformation that was being spread by these ads. I am not comfortable with public ads that contain lies."

<https://twitter.com/LethbridgeCity/status/981608706088620032>

<https://www.ctvnews.ca/canada/anti-abortion-ads-ordered-off-buses-in-lethbridge-alta-1.3871448>

<http://www.cbc.ca/news/canada/calgary/anti-abortion-ads-lethbridge-buses-traumatic-1.4597951>

2

Anti-choice bus ads by the CCBR ran in Peterborough in March and April 2017. They depicted two pictures of developing fetuses and a third panel with a splotch of red blood, with the caption, "Growing, growing, gone. Abortion kills children."

A woman who attended a City Council meeting said: *"I come to you as a parent and as a woman whose rights are at risk in this age"*. If seen all over town, there is a message that abortion kills children, it is misleading, she said, calling it *"hate speech."*

(<https://www.mykawartha.com/news-story/7224628-pro-life-ads-will-still-show-up-on-peterborough-buses-for-now/>)

Excerpts from impact statements sent to ARCC:

(1) *"I find these images upsetting and they make me feel very uncomfortable getting on the bus. I had an abortion in my early twenties... Every woman and every man needs to know that abortion is a safe, healthy and stigma-free choice. These ads state the opposite, and this is a form of miseducation that has serious negative and harmful consequences, particularly for our youth."*

(2) *"Having an abortion was probably the most painful experience I had ever had. My mother tells me that giving up her child for adoption was the most painful experience she had had. My grandmother tells me that watching her children suffer in poverty was the hardest experience she had ever had. Both I and the women in my family were deeply disturbed by the anti-choice ads displayed on municipal property. Promoting the disenfranchisement of women's right to choose, as a matter of municipal operations, is categorically opposed to the government's responsibility to respect the rights of individuals."*

3

In August 2017, commenting on the graphic anti-abortion signs in Toronto, one individual said:

"It's gross but I understand what they're doing, they're doing it for the shock value ... But I wouldn't want my grandchildren seeing this."

Another person said: *"People have a right to protest. ... But it's a different thing to thrust these images onto people who could be traumatized by them."*

These quotes came as a result of "hundreds of complaints from upset residents" according to Sarah Doucette, a Toronto city councillor. She said: *"Residents are feeling like they can't even go shopping, go into their community without having these signs imposed on them and in their face. Parents, women and men, don't have any choice, when it's on all four corners of an intersection, you can't get away from it."*

Doucette also said: *"I'm a woman and I've lost a baby, and I find these signs offensive. My pregnancy didn't end the way I wanted it to, but those pictures are very graphic."*

<http://www.cbc.ca/news/canada/toronto/abortion-prochoice-prolife-protest-toronto-1.4261747>

<http://toronto.citynews.ca/2017/08/25/legality-anti-abortion-posters-questioned-due-graphic-images/>

4

In August 2017, an individual emailed a complaint to the City of Ottawa (copied to ARCC):

"I'm writing to express my concern about the anti-abortion signs along Elgin street. I was extremely surprised to come out of my workplace and be confronted with these distressing images. My partner and I have suffered miscarriages and these images brought me to tears. I shouldn't have to see the pictures of bloody fetuses after suffering the loss of a child. They cause harm to the people who see them and they shouldn't be allowed to advertise their cause in this way. There is a large daycare centre (Wellington ward) only two blocks away from where these advertisements are setup. Has the impact of seeing these images by these small children been considered? These images cause harm. Please consider banning these types of advertisements in Ottawa."

5

In July 2017, an individual complained to the City of Toronto (copied to ARCC):

Dear Councillor Fragedakis:

I am writing in regard to the violent, graphic anti-abortion images on display today by the Canadian Centre for Bioethical Reform at the corner of Pape and Danforth and other areas across the city. The images were of alleged aborted fetuses.

My 4-year-old and I were exposed to this imagery while driving West along Danforth. These images could not be avoided when traffic was stopped at this intersection. These images are more than just a nuisance; they are traumatizing and do great harm to the community. It is extremely difficult to explain to a young child what the images are and why there are angry people in the community accusing (often young and vulnerable) women of murder.

Abortion is legal in Canada and any so-called human-rights arguments should be made in court, not on the streets of Toronto. I am asking that you raise the use of these tactics with City Council and that you consider prohibiting these activities by such groups, as the City of Calgary has done. Thank you for taking action that will protect our community's children from such harm.

6 In July 2017, a mother and psychologist complained to the City of Toronto (copied to ARCC):

I am writing to lodge a complain and seek advice on appropriate redress regarding offensive material that was delivered to my mailbox today.

A self prompted 'Human Right's Group' called Choice42.com [it was actually the CCBR using another group's name without its permission] delivered anti abortion material to my mailbox. I believe in freedom of choice, even though I don't agree with this group's stance on the issues of pregnancy termination.

What I do object to is the fact that this printed material contained graphic images of terminated fetuses. This material was NOT in a sealed envelope. It was not addressed to me or my address.

My partner and I encourage our children to help with chores around the house. My 4 year old son helps collect the mail. I am outraged that today my son was exposed to these graphic images without my knowledge or consent. Images such as this should be regulated and not for public view. Certainly not for exposure to children. As a psychologist I am all too aware of the potentially traumatizing effect of exposure to graphic material at such a vulnerable age.

If there are standards in advertising and what can be shown to children through TV and advertising, then there should be standards in printed material when it is being publicly distributed. This material violates my right as a parent to chose what my children are exposed to. I am horrified that groups such as Choice42.com are allowed to distribute this material in the city of Toronto without restrictions being placed on their content.

As a mother and as a mental health professional, I hope you can understand my concerns. I called the City of Toronto 311 number and they informed that there is nothing that can be done by the City of Toronto. I am shocked that the City of Toronto by-laws permit the public to be exposed to graphic and traumatizing images without regulation. I call on City of Toronto revisit their stance on this issue. The rights of children and the public also need to be protected. Freedom of Speech does NOT overwrite the basic rights of others."

7 In June 2016, in response to her daughter having seen aborted fetus images in their mailbox, a woman said:

My first instinct was just rage. Why would anyone put this where a child could see it? It's disturbing even to an adult. ... To me, it's obscene. It's just as obscene as if I were delivering porn flyers. The images are burned into my brain. If it is in my brain as a 37-year-old, then what is it doing to a five-year-old?

<http://www.cbc.ca/news/canada/toronto/programs/metromorning/anti-abortion-flyers-west-end-toronto-1.3623612>

8 In August 2015, a resident of Oakville criticized billboard-sized images, saying:

These are public roads. You are taking kids who are very young on these roads and these are very, very graphic images. I don't think they have a right to show these to little kids and everybody... My son has autism and he gets severely affected by images like these. I'm thankful he didn't see these because it would have meant many weeks of meltdowns and tantrums. So I don't think these people have the right to subject people to things like that.

<https://www.insidehalton.com/news-story/5794891-pro-life-group-shows-graphic-anti-abortion-imagery-at-oakville-intersection/>

Appendix 2, Local Government Citations of the Advertising Code in Bylaws and Policies

The following are examples of citations of the Code by local governments. At least 77 cities/towns across Canada currently cite the Code in a relevant policy or bylaw.²¹

Pattison Outdoor manages advertising for 18 of the 136 cities in ARCC's study. Pattison's advertising policy specifically mentions the *Canadian Code of Advertising Standards* and advocacy advertising for controversial issues in relation to transit, benches, and shelters:

All advertising must comply with and not contravene the Canadian Code; and in particular, must not:

Condone any form of personal discrimination, including that based upon race, national origin, religion, sex or age;

Appear in a realistic manner to exploit, condone or incite violence; nor appear to condone, or directly encourage, bullying; nor directly encourage, or exhibit obvious indifference to, unlawful behaviour;

Demean, denigrate or disparage one or more identifiable persons, group of persons, firms, organizations, industrial or commercial activities, professions, entities, products or services, or attempt to bring it or them into public contempt or ridicule;

Undermine human dignity; or display obvious indifference to, or encourage, gratuitously and without merit, conduct or attitudes that offend the standards of public decency prevailing among a significant segment of the population.

<http://www.pattisonoutdoor.com/advertising-content-guidelines/>

The **City of Grande Prairie in Alberta** cites the Code in relation to an advertising policy for city buses and transit property:

The content of all Advertisements on City Buses and Transit Property shall comply with the Canadian Code of Advertising Standards. ...

(b) No Advertisement will be accepted which the City, in the exercise of its sole discretion, considers:

i. to be of questionable taste or in any way offensive in the style, content or method of presentation to the general public, or

ii. does not comply with the Canadian Code of Advertising Standards;

<http://www.cityofgp.com/index.aspx?recordid=292&page=48>

²¹ For a full list of Code citations by local governments, see <http://www.arcc-cdac.ca/presentations/City-Search-Advertising-Code-Worksheet-all.pdf>

Strathcona County in Alberta cites the Code in relation to signs in its *Land Use Bylaw 6-2015*:

The Development Authority shall not permit a sign or portion thereof that:

- m) promotes or influences hatred or ridicule of any race, religion or other segment of society;
- n) features nudity;
- o) violates the Canadian Code of Advertising Standards or the laws of the Government of Canada or the Province of Alberta;

https://www.strathcona.ca/files/files/at-pds-part_5_signs-nov.pdf

The City of Kelowna BC cites the Code in relation in its Flag policy 361 and Flag Guidelines 362:

B.3.d. d) The City reserves the right to reject any application Land/or flag that does not comply with City of Kelowna policies or bylaws; espouse racism, personal discrimination, violence or hatred. Flags shall not promote a point of view or organization of a political, ethical, religious nature or directly encourage, or exhibit, obvious indifference to unlawful behaviour. All events must meet guidelines in section 14 of The Canadian Code of Advertising Standards (Unacceptable Depictions and Portrayals).

<http://apps.kelowna.ca/CityPage/Docs/PDFs%5CCouncil%5CMeetings%5CCouncil%20Meetings%202011%5C2011-06-20%5CItem%2008.03%20-%20Flag%20Policy.pdf?t=011146147>

The City of Kitchener Ontario cites the Code in its advertising policy:

All advertisements must meet the city's advertising standards and principles, which is guided by the Canadian Code of Advertising Standards (CCAS). The city will not accept advertising whose reputation, products, services or message could negatively impact the city's public image or reputation.

<https://www.kitchener.ca/en/city-services/advertising-opportunities.aspx>

Appendix 3, Existing By-laws Against Offensive Messaging

The following city bylaws were amended or passed in direct response to displays of aborted foetus imagery. These bylaws include:

A **City of Hamilton** bylaw that bans highway banners displayed on overpasses (passed in 2014). Section 62.1(a) states:²²

No person shall display above, on or under a City bridge over a highway any sign or similar device.

<http://www2.hamilton.ca/NR/rdonlyres/4954DBAF-07F8-4862-91A0-8848D9C31D5E/0/14131.pdf>

A similar **City of Calgary** highway bylaw that bans signs on overpasses and pedestrian walkways (passed in 2017). Section 7.1, states:

(2) A Person must not place a Sign over a Highway or on or within a pedestrian walkway or any other overpass without a valid and subsisting permit issued by the Traffic Engineer.

(3) Despite subsection 10(1)(b), a Person must not hold or display a Sign over a Highway or on or within a pedestrian walkway or any other overpass.

<http://www.calgary.ca/CA/city-clerks/Documents/Legislative-services/Bylaws/29M97-TemporarySigns-on-Highways.pdf>

The **City of Calgary's** bylaw that prohibits the distribution of non-commercial and non-election-related flyers to households (passed in 2016). Section 44 states:

(3) No Person shall deposit a Flyer at or on a Premises where a sign or notice has been posted and which is clearly visible at the entrance of a dwelling unit indicating that such Flyers are not wanted. (51M2016, 2016 December 14)

(4) No Distributor shall distribute or cause to be distributed Flyers for the purpose of depositing them at or on a Premises where a sign or notice has been posted and which is clearly visible at the entrance of a dwelling unit indicating that such Flyers are not wanted.

<http://www.calgary.ca/layouts/cocis/DirectDownload.aspx?target=http%3a%2f%2fwww.calgary.ca%2fCA%2f-city-clerks%2fDocuments%2fLegislative-services%2fBylaws%2f5M2004-CommunityStandards.pdf&noredirect=1&sf=1>

²² Both the Hamilton and Calgary bylaws prohibiting banners on highway overpasses were enacted after traffic accidents occurred during the banner displays:

- *Hamilton*: <https://www.thespec.com/news-story/4192077-motorist-blames-graphic-banner-for-rush-hour-crash-on-linc/>
- *Calgary*: <https://www.pressreader.com/canada/starmetro-calgary/20170419/281479276291342>

Appendix 4, Anti-choice Ads that Contravened the Code

Ad Standards has upheld 14 complaints against anti-choice ads since 2008. For a fuller description of decisions against anti-choice ads, visit the Ad Standards complaint search page.²³

The following sections of the Code are pertinent to anti-choice ads, and we include a summary of previous violations found.

Section 1: Accuracy and Clarity

Anti-choice ads are considered advocacy ads. Many will run afoul of Section 1 of the Code, Accuracy and Clarity,²⁴ which is worded quite broadly to capture not only inaccuracies but also deceptive or misleading claims, omissions, and claims unsupported by evidence.

Previous examples of inaccuracies that *Ad Standards* found in anti-choice ads include:

- Implying that abortion is available until the 9th month of pregnancy
- Implying that full-term fetuses are routinely aborted
- Claiming that Canadian law allows abortion up to 9 months (there is no law)
- Implying that most abortions happen around 16 weeks or later, often by including pictures of later-term fetuses
- Calling a foetus a “child” or a “person”
- Making unsupported statements, e.g., “up to 25% of your friends, neighbours and relatives are likely missing” due to abortion
- Using the word “committed” rather than “performed”, to imply that abortion is illegal
- Equating legal abortion with extreme child abuse
- Characterizing abortion as a procedure to be “performed at the patient’s request without a referral”
- Implying that all fetuses at all stages of gestation will feel pain if the pregnancy is aborted

Section 14: Unacceptable Depictions and Portrayals

Anti-choice ads are often demeaning to women and transgender people, and arguably even discriminatory because they may imply they are murderers or that their Charter rights should be removed. Previous examples of Section 14²⁵ contraventions that *Ad Standards* found in anti-choice ads include:

- Using the word “committed” to suggest that abortion is illegal, which demeans or denigrates women who have abortions and brings them into public contempt
- Saying that “Abortion Kills Children”, which could seriously disturb children and therefore displays obvious indifference to conduct or attitudes that offend standards of public decency
- Displaying or distributing graphic and disturbing images of aborted fetuses, which displays obvious indifference to conduct or attitudes that offend standards of public decency
- Saying “This is a Child. Not a Choice. Why abortion when there are alternatives?”, which demeans and denigrates women who make the careful choice to have an abortion

²³ <https://www.adstandards.com/en/standards/adComplaintsreportssearch.asp>.

Enter “abortion,foetus,fetus” in the “Advertiser or other Key words” field to find the abortion-related ads.

²⁴ <http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx#accuracy>

²⁵ <http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx#unacceptable>

- Showing a long line of women who had abortions who all appear seriously troubled, saddened, disconsolate, and in a state of remorse and regret, which denigrates all women who had or may have an abortion
- Equating abortion with extreme child abuse, which demeans and disparages women who have abortions and brings them into public contempt
- Implying that women who decide to terminate their pregnancy intentionally inflict pain on their unborn foetus, which demeans and disparages women who had or may have an abortion.

Other Code Sections that May Apply to Anti-choice Ads

- Section 8: Professional or Scientific Claims²⁶
- Section 11: Superstition and Fears²⁷

One anti-choice ad has been found in contravention of Section 11. It was an ad saying: "This is a Child. Not a Choice. Why abortion when there are alternatives?" Ad Standards said this statement played upon women's fears in order to mislead them about abortion.

²⁶ <http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx#professional>

²⁷ <http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx#superstition>

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

The Regional Municipality of Durham

MINUTES

9-1-1 MANAGEMENT BOARD

June 28, 2018

A regular meeting of the 9-1-1 Management Board was held in Meeting Room 1-E, Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby, at 9:47 A.M.

Present: S. Jones, Durham Regional Police
L. Kellett, A/Manager, Oshawa Central Ambulance Communications Centre, Ministry of Health & Long-Term Care – Emergency Health Program Management & Delivery Branch
M. Simpson, Acting Commissioner of Finance, Durham Region
W. Woo, Durham Regional Councillor

Absent: G. Weir, Clarington Emergency & Fire Services (Chair)
T. Cheseboro, Region of Durham Paramedic Services

Staff

Present: J. Bickle-Hearn, Sergeant, Communications, Durham Regional Police
L. Nash, 9-1-1 Communications Training Coordinator, Durham Regional Police
S. Penak, Corporate Services, Legislative Services Division

In the absence of the Chair, S. Jones assumed the Chair.

1. Approval of Minutes

Moved by L. Kellett, Seconded by S. Jones,
(1) That the minutes of the 9-1-1 Management Board meeting held on January 30, 2018 be adopted.

CARRIED

2. 9-1-1 Call Statistics

L. Nash provided the 2018 statistics on calls transferred, twitter statistics for May 2018, and the May 4, 2018 wind storm statistics, as handouts. She explained that the overall call volume has had a significant increase since last year. S. Jones noted that a large percentage of these calls are wireless hang-ups and no answers which require follow-up.

L. Nash provided an overview of what happens after a 9-1-1 call is placed; the number of 911/Communicator's currently employed for the Durham Regional Police Service (DRPS); the challenges of a Voice over Internet Protocol (VoIP) for dispatchers; the mandate to provide text messaging to 9-1-1 to the public by 2020; and the intensive training for 9-1-1 dispatchers.

L. Nash and S. Jones responded to questions regarding staffing challenges; the effects of the Post Traumatic Stress Disorder (PTSD) legislation; DRPS's proposal for a call-taker position only; and potential consequences of making a false 9-1-1 call.

3. Request to Allocate Capital Reserve Funds for the 9-1-1 Infrastructure

S. Jones discussed their request to allocate capital reserve funds for the 9-1-1 infrastructure, soft phone system. He noted that a previous system was purchased back in 2011 but was not adequate and a rebate of roughly \$130,000 was received. L. Nash advised of the current system being considered and she noted that a demo is being built to test compatibility with Durham Region's equipment. L. Nash stated that by the end of 2020 it will be mandated to have a soft phone system in place.

M. Simpson suggested on-going communication take place with the Finance Department while building the business case. M. Simpson advised that 9-1-1 has its own budget but this project would draw from the capital reserve fund. The rebate for the previously attempted phone system was returned to this fund.

4. Other Departments - Comments/Concerns:

a) Comments/Concerns – Regional Council

There were no comments.

b) Comments/Concerns – Durham Police

S. Jones discussed allocating funds from the existing budget, as a one-time expense, towards sponsorship of a therapy dog. Currently there is a volunteer that brings their certified critical incident stress dog to every platoon's dispatch centre 3-4 times a month. DRPS would like to sponsor the owner getting another dog which would be roughly \$2500. DRPS staff have already raised \$500 towards the new dog.

S. Jones advised that Kim Hook was recently certified as a Stress Yoga Instructor for first responders. There is a potential opportunity for her to do presentations at future police dispatcher training.

c) Comments/Concerns – Fire Departments

There were no comments.

d) Comments/Concerns – Oshawa Central Ambulance Communications Centre
L. Kellett advised that their Back-Up Centre at the Town of Whitby Operations Centre is under renovations and will need to be re-located.

e) Comments/Concerns – Durham Finance
There were no comments.

f) Comments/Concerns – Region of Durham Paramedic Services
There were no comments.

5. Other Business

There was no other business.

6. Date of Next Meeting

The next meeting of the 9-1-1 Management Board will be held on October 30, 2018 at the Regional Municipality of Durham Headquarters, 605 Rossland Road East, Whitby, Meeting Room 1-E.

7. Adjournment

Moved by Councillor Woo, Seconded by M. Simpson,
(2) That the meeting be adjourned.

CARRIED

The meeting adjourned at 11:05 AM

Steve Jones, Chair