

**AGENDA – THIRD MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT  
THURSDAY, MAY 21, 2015 - 1:30 P.M.**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. DECLARATION OF CONFLICT OF INTEREST**
- 4. DELEGATION / PRESENTATION**

**i) Baby-Friendly Organizational Policy**

Megan Dumais, Manager, Clinical and Family Services Division

- Sudbury & District Health Unit's General Administrative Manual Baby-Friendly Initiative Policy and Procedure C-I-20
- What you need to know about the Baby-Friendly Initiative (BFI) at the SDHU

**5. MINUTES OF PREVIOUS MEETING**

**i) Second Meeting – April 16, 2015**

**APPROVAL OF MINUTES**

**MOTION:** THAT the minutes of the Board of Health meeting of April 16, 2015, be approved as distributed.

**6. BUSINESS ARISING FROM MINUTES**

**7. REPORT OF THE MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER**

**i) May 2015 – Medical Officer of Health / Chief Executive Officer Report**

**ACCEPTANCE OF REPORTS**

**MOTION:** THAT the Report of the Medical Officer of Health / Chief Executive Officer for the month of May 2015 be accepted as distributed.

**ADOPTION OF THE 2014 AUDITED FINANCIAL STATEMENTS**

**MOTION:** THAT the 2014 audited financial statements be adopted as distributed.

## 8. NEW BUSINESS

### i) Items for Discussion

- a) **Performance Monitoring Plan – Strategic Narratives Report**
  - Strategic Narratives Report, May 2015
- b) **Association of Local Public Health Agencies (alPHA) Annual General Meeting and Conference**
  - Program at a Glance
  - Notice of Annual General Meeting
    - o Call for Board of Health Nominations – North East Board Representative
  - alPHA Board of Health Section Meeting
  - Conference Registration Information

#### **ALPHA ANNUAL GENERAL MEETING**

**MOTION: THAT the following Board of Health members represent the Sudbury & District Board of Health at the 2014 alPHA Annual General Meeting:**

### ii) Correspondence

- a) **Bill 45 Making Healthier Choices**
  - Letter from Northwestern Board of Health to the Premier of Ontario dated May 5, 2015

#### **ACCEPTANCE OF NEW BUSINESS ITEMS**

**MOTION: THAT this Board of Health receives New Business items 8 i) to ii).**

## 9. ITEMS OF INFORMATION

- i) alPHA's Summary: Budget 2015: Building Ontario Up
- ii) alPHA Information Break April 14, 2015
- iii) alPHA Information Break April 29, 2015

## 10. ADDENDUM

#### **ADDENDUM**

**MOTION: THAT this Board of Health deals with the items on the Addendum.**

**11. IN CAMERA**

**IN CAMERA**

**MOTION:** That this Board of Health goes in camera. Time: \_\_\_\_\_ p.m.

- Labour Relations / Employee Negotiations

**12. RISE AND REPORT**

**RISE AND REPORT**

**MOTION:** That this Board of Health rises and reports. Time: \_\_\_\_\_ p.m.

**13. ANNOUNCEMENTS / ENQUIRIES**

**14. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:** THAT we do now adjourn. Time: \_\_\_\_\_ p.m.

**Board of Health attendance is taken and recorded.**

**The Chair will ask Board members whether there are any conflicts of interest.**

**This is an opportunity for Board members to announce a conflict which would then eliminate the individual(s) from any discussion on that topic.**

**SUDBURY & DISTRICT HEALTH UNIT**  
**GENERAL ADMINISTRATIVE MANUAL**

**POLICY**

<b>APPROVED BY:</b>	<b>Director, Clinical and Family Services</b>	<b>CATEGORY: Organization</b>
<b>DATE:</b>	<b>O: September 2013 R: September 2014</b>	<b>SECTION: Baby-Friendly Initiative</b>
<b>NUMBER:</b>	<b>C-I-20</b>	<b>SUBJECT: Baby-Friendly Initiative</b>
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The Sudbury & District Health Unit recognizes that breastfeeding is the unequalled and normal way of feeding infants. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. At six months, infants should be introduced to appropriate complementary first foods with particular attention to iron with continued breastfeeding for up to two years and beyond (Health Canada, 2012).

The Baby-Friendly Initiative (BFI) is a global, population-based strategy that has been shown to increase the health and well-being of children and families through increased initiation and duration rates of breastfeeding. BFI ensures that all families have the information they need to make an informed infant feeding decision. The health unit is committed to collaborating with healthcare providers and key organizations in our community to protect, promote and support breastfeeding through the Baby-Friendly Initiative.

The Sudbury & District Health Unit will protect, promote and support breastfeeding by achieving and maintaining the Baby-Friendly designation by complying with the Breastfeeding Committee for Canada (BCC)\_BFI\_10 Steps Practice Outcome Indicators which includes adhering to the [World Health Organization \(WHO\) International Code of Marketing of Breast Milk Substitutes and subsequent relevant Resolutions of the World Health Assembly \(WHA\)](#).

The Baby-Friendly Initiative policy and procedure will be reviewed annually during the month of January.

**SUDBURY & DISTRICT HEALTH UNIT**  
**GENERAL ADMINISTRATIVE MANUAL**

**PROCEDURE**

<b>APPROVED BY:</b>	<b>Director, Clinical and Family Services</b>	<b>CATEGORY:</b>	<b>Organization</b>
<b>DATE:</b>	<b>O: September 2013 R: September 2014</b>	<b>SECTION:</b>	<b>Baby-Friendly Initiative</b>
<b>NUMBER:</b>	<b>C-I-20</b>	<b>SUBJECT:</b>	<b>Baby-Friendly Initiative</b>
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Responsibilities for achieving and maintaining Baby-Friendly designation at the Sudbury & District Health Unit will be as follows:

- **Human Resources and Managers** are responsible for ensuring that all new staff and volunteers receive the BFI policy. The policy will be reviewed during orientation for new health unit staff.
- **Managers in collaboration with the BFI Work Group** will ensure new staff receives orientation to the policy, and will support breastfeeding education and training for their staff as appropriate to their role.
- **All staff and volunteers** will be educated about the importance of breastfeeding, the risks of breast milk substitutes (infant formula), where to refer breastfeeding mothers for care and support, and to welcome breastfeeding in our offices as well as community sites where SDHU services are offered. All staff and volunteers will provide client-centered care and support to all families including non-breastfeeding families.
- **The Family Health Team, Growing Family Clinic and the Healthy Babies, Healthy Children Teams** are responsible for providing one-to-one breastfeeding care and will act as the point of first referral for mothers experiencing breastfeeding challenges.
- **The BFI staff Leads** with support from the **BFI Work Group**, will provide overall coordination of BFI designation activities, status updates for the purpose of reporting to the Ministry, act as resources for staff, and evaluate and support ongoing compliance.
- BFI lead manager will provide semi-annual reporting as requested by the Director/Ministry

Additionally, the Sudbury & District Health unit will ensure *The Ten Steps*, including adherence to The WHO Code are implemented to achieve and maintain Baby-Friendly designation.

The Baby-Friendly Initiative policy and procedure will be reviewed annually during the month of January.

# GENERAL ADMINISTRATIVE MANUAL PROCEDURE

NUMBER: C-I-20

SUBJECT: Baby-Friendly Initiative

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**Step 1: Have a written breastfeeding policy that is routinely communicated to all health care providers, staff and volunteers.**

**Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.**

- All staff, volunteers and students will receive appropriate orientation and education about this policy, the importance of breastfeeding, as well as the Health Unit services that provide direct breastfeeding care and support and how to make referrals.
- New staff will receive orientation to the policy and education appropriate to their role, within 6 months of their date of hire.
- Staff that provide direct breastfeeding care and support will receive ongoing breastfeeding education and training to support breastfeeding best practices.
- All staff orientation and education will be recorded and monitored through human resources. Ongoing awareness, knowledge transfer and education on the Baby-Friendly Initiative will be provided to staff in a variety of ways including internal newsletters, team and division meetings and online modules.
- A summary of the policy will be displayed in English and French in all public areas of the SDHU and a copy of the full policy is available upon request. Other languages will be made available as needed. A summary of the policy will also be posted on the SDHU website.

**Step 3: Inform all pregnant women and their families about the importance and process of breastfeeding.**

- During prenatal contact (i.e. home visits, clinics or classes), staff will promote breastfeeding by providing pregnant women and their support persons with the information required to make an informed decision about infant feeding, as well as address the importance of exclusive breastfeeding, the basics of breastfeeding management and the risks and costs of offering breast milk substitutes.
- Staff will not provide group prenatal or postnatal education about breast milk substitutes.
- Written information and one-to-one teaching of safe formula preparation and feeding is provided to families who have made an informed decision to formula feed their infants. Information provided about formula will be impartial and not endorse any company or brand name.
- Current and up-to-date education breastfeeding materials are provided to expectant and new mothers and their support persons. These will be impartial and will not endorse company brand names.

## GENERAL ADMINISTRATIVE MANUAL PROCEDURE

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**Step 4: Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Provide education about the importance of initiating skin-to-skin contact as soon as possible after birth to all mothers.
  - Provide education about initiating breastfeeding within an hour of birth to all mothers.
  - Provide education on cue based feeding and rooming-in (unless medically contraindicated for mother or baby) to all mothers.

**Step 5: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Assess breastfeeding progress and provide care at each client interaction to enable early identification of potential concerns with breastfeeding.
  - Teach mothers about effective positioning and latching, how to recognize a good latch and when their babies are getting enough milk.
  - Teach mothers how to express milk by hand and, if required, how to use a breast pump and how to store breast milk.
  - Provide information on how to access community-based breastfeeding support.
  - Provide anticipatory guidance about expected changes and possible challenges for breastfeeding the older baby and young child.
  - Inform parents about their right to have accommodations in the workplace that support and sustain breastfeeding.
  - Assist mothers who have chosen not to breastfeed or who choose to supplement their babies with breast milk substitutes to choose a substitute that is acceptable, feasible, affordable, sustainable and safe.
  - Assist and encourage mothers to maintain lactation during periods of separation from the baby.

## GENERAL ADMINISTRATIVE MANUAL PROCEDURE

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### **Step 6: Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Provide information about the importance and benefits of exclusive breastfeeding for establishing and maintaining breastfeeding, and
  - Provide information to support informed decision making about feeding their own expressed breast milk, human donor milk or breast milk substitutes as appropriate. See medical indications for supplementation - Appendix 6.2 of the BFI Integrated 10 Steps Practice Outcome Indicators

### **Step 7: Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Teach about the importance of mothers and infants remaining together from birth including once they are at home, and will encourage skin-to-skin contact for as long and as often as mothers desire. See [\*SDHU Best Practice Guidelines For: Infant Sleep Practices – Bed-Sharing\*](#)

### **Step 8: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Teach all mothers about the signs of effective breastfeeding and how to respond to their infants feeding cues by breastfeeding whenever the infant shows signs of interest;
  - Encourage all mothers to give their babies the opportunity to breastfeed frequently especially in the early weeks and inform them about how patterns of feeding change over time;
  - Teach all mothers about the signs of readiness for complementary foods and discuss the importance of continuing to breastfeed, and
  - Teach all mothers about their right to breastfeed in public spaces.

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### **Step 9: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).**

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
  - Support breastfeeding by not providing pacifiers or bottles to breastfeeding infants;
  - Ensure that all breastfeeding mothers receive education about techniques such as soothing infants without the use of artificial nipples;
  - Review the risks of early pacifier use and if the mother decides to use artificial nipples or pacifiers she is encouraged to wait until breastfeeding is well established; and
  - Encourage appropriate alternate feeding methods such as lactation aids at the breast, finger feeding, cup feeding and spoon feeding when supplementation is necessary.

### **Step 10: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.**

The Health Unit will:

- Provide consistent breastfeeding information by collaborating with other community prenatal care and education providers.
- Foster partnerships with hospitals, physicians, midwives, doulas, peer support groups and key organizations to advance breastfeeding in the Sudbury and district areas and to provide coordinated community based breastfeeding support services and policies.
- Provide prenatal and postnatal mothers with a list of breastfeeding supports in the community
- Refer all mothers and infants with identified breastfeeding problems for follow-up to the appropriate community breastfeeding support services.
- Advocate for a breastfeeding culture in the local community through collaborative partnerships with community groups, businesses, schools, local government and the media.
- Engage community members in breastfeeding promotion as well as the review of this policy.

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**Compliance with the International Code of Marketing of Breast milk substitutes and subsequent, relevant World Health Assembly (WHA) Resolutions.**

The Health Unit will protect breastfeeding families by adhering to the World Health Organization (*WHO/UNICEF, 1981*) International Code of Marketing of Breast-Milk Substitutes and relevant WHA Resolutions, summarized as follows:

- No advertising of breast milk substitutes to the public,
- No free samples to mothers,
- No promotion of artificial feeding products in health care facilities, including the distribution of free or low-cost supplies,
- No company representatives to advise mothers,
- No gifts of personal samples to health workers,
- No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of products,
- Information to health workers should be scientific and factual, which prohibits infant feeding education sessions and literature from companies whose products fall within the scope of The Code, and
- All information on artificial infant feeding, including the labels, should explain the importance of breastfeeding and all costs and hazards associated with artificial feeding.

# What you need to know about the Baby-Friendly Initiative (BFI) at the Sudbury & District Health Unit



## What is BFI?

The Baby-Friendly Hospital Initiative (BFHI) is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that was started in 1991 to protect, promote and support breastfeeding. This initiative has been broadened in Canada to include community health services, such as public health units, and is generally referred to as the Baby Friendly Initiative (BFI). It is recognized as best practice and requires organizations to implement a number of components that improve quality of care for mothers and infants. In order to achieve BFI designation, organizations must implement the criteria outlined in The 10 steps and the WHO Code of Marketing Breastmilk Substitutes.

## Why is breastfeeding important?

- Provides all the nutrients babies need to be healthy and grow
- Supports attachment and bonding between mother and baby
- Protects babies against infections and diseases and contributes to optimal brain development
- Benefits mother's health & reduces the risks of some cancers and chronic illnesses
- Helps families save money and protects the environment

## How does the SDHU support mothers?

- We provide information to make an informed decision about infant feeding that is free of commercial influences
- We recommend mothers exclusively breastfeed until six months and continue breastfeeding up to two years and beyond after starting solid foods
- We educate staff to support breastfeeding mothers
- We provide written information and one-to-one teaching about safe formula preparation and feeding once they have made an informed decision not to breastfeed
- We work with the community to support breastfeeding

## Key points to know

- We have an organizational breastfeed policy and procedure (C-I-20) that protect, promote and support breastfeeding
- A summary of this policy is posted in all areas open to families in each SDHU office
- We protect mothers by following the WHO Code of Marketing of Breastmilk Substitutes
- We ensure that formula is used appropriately when medically indicated
- We do not endorse or give out feeding supplies or educational materials that advertise baby formula, bottles nipples, or pacifiers
- Mothers are welcome to feed their babies anytime, anywhere in our Health Unit. The Nurse on Call/Breastfeeding Room or any other empty room is available for privacy if requested
- Mothers who have questions or need help with breastfeeding can be referred to Nurse on Call
- Orientation to the breastfeeding policy and procedure will be provided to all staff & volunteers on a yearly basis

## Organizational Policies

Policies are reviewed during orientation and are available on the Intranet in the GAM.

1. C-I-20 Baby Friendly Organizational Policy and Procedure
2. K- V-41 Breastfeeding in the Workplace Policy and Procedure

## Where to go for more information?

- [www.bfiontario.ca](http://www.bfiontario.ca)
- [www.breastfeedingcanada.ca](http://www.breastfeedingcanada.ca)



**MINUTES – SECOND MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM  
THURSDAY, APRIL 16, 2015, AT 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Claude Belcourt  
Robert Kirwan  
Ken Noland  
Mark Signoretti

Janet Bradley (*present until 2:30 pm*)  
René Lapierre  
Rita Pilon  
Carolyn Thain

Jeffery Huska  
Paul Myre  
Paul Schoppmann

**BOARD MEMBERS REGRETS**

Ursula Sauvé

Stewart Meikleham

**STAFF MEMBERS PRESENT**

Nicole Frappier  
Dr. P. Sutcliffe

Marc Piquette  
Renée St Onge

Rachel Quesnel

**GUESTS**

Dr. J. Jackman  
Media

Dr. X. Wang

**R. LAPIERRE PRESIDING**

**1.0 CALL TO ORDER**

The meeting was called to order at 1:35 p.m.

- Letter from the City of Greater Sudbury Re: Municipal Appointments to the Sudbury & District Board of Health

The City of Greater Sudbury (CGS) has notified the Sudbury & District Health Unit (SDHU) of the four CGS municipal appointees: Jeffery Huska, Paul Myre, Ursula Sauvé and Carolyn Thain.

**2.0 ROLL CALL**

**3.0 DECLARATION OF CONFLICT OF INTEREST**

None.

**4.0 DELEGATION / PRESENTATION**

**i) Evidence-Informed Practice at the Sudbury & District Health Unit**

- Renée St Onge, Director, Resources, Research, Evaluation and Development (RRED) Division

R. St Onge was invited to speak to the Board about evidence-informed practice at the Sudbury & District Health Unit (SDHU) which is foundational to improving the health of our communities. The SDHU has a long history of evidence-informed practice as a teaching health unit and former Public Health Research Education and Development (PHRED)

program site. The supporting structures and processes for how the SDHU does evidence-informed practice were outlined.

Mechanisms are in place to ensure that the SDHU is successful at incorporating evidence-informed practice in their work. Next steps include:

- Continued capacity and skill building
- Development and re-development of tools
- Continued collaboration with key local, provincial, national partners
- Knowledge exchange

The resources from National Collaborating Centre for Methods and Tools have been adapted to our own organization's use. It was concluded that this presentation of "how" we do our work to ensure the most effective programming provides useful context for presentations about "what" we do. Questions were entertained and R. St Onge was thanked for her presentation.

## **5.0 MINUTES OF PREVIOUS MEETING**

### **i) First Meeting – February 19, 2015**

#### **06-15 APPROVAL OF MINUTES**

***Moved by Bradley - Belcourt: THAT the minutes of the Board of Health meeting of February 19, 2015, be approved as distributed.***

**CARRIED**

## **6.0 BUSINESS ARISING FROM MINUTES**

None.

## **7.0 REPORT OF THE MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER**

### **i) April 2015 – Medical Officer of Health / Chief Executive Officer Report**

This month's *Words for Thought* and statistics from *Child and Youth Mental Health and Addictions in Ontario* highlight that the issues of health equity are critical to understanding and promoting mental health. Dr. Sutcliffe noted that local public health units are concerned and lending their minds to the fact that there is no formally articulated mandate within the Ontario Public Health Standards for mental health and see this as a system gap within mental health promotion programming. The SDHU's work as it relates to mental health for children was summarized.

Board members were thanked for their participation in this morning's training and orientation session on emergency preparedness and response and financial risk management.

Dr. Sutcliffe continues to provide MOH coverage for the Algoma Public Health and S. Laclé is providing Acting CEO coverage up until the end of August 2015. With S. Laclé's temporary role at the Algoma Public Health, Dr. Sutcliffe was pleased to introduce Nicole Frappier who is the Acting Director of Health Promotion at the SDHU.

Planning for the SDHU's first Public Health Champion awards is underway. The first Joint Board/Staff Public Health Champion Working Group meeting will take place in May to review

the nominees and select the person or organization who will be honoured at a reception on June 18. Board members, J. Huska, S. Meikleham and J. Bradley will be on the Working Group.

Dr. Sutcliffe's current role as Association of Local Public Health Agencies (alPHA) President will end this June; however, she will continue on the alPHA Board as the past Chair for the next year. Although this role creates more work, it is helpful to participate in and remain aware of current issues and advocacy at the provincial level to inform our work locally.

The SDHU had an excellent meeting with City of Greater Sudbury (CGS) staff, councillors and the Greater Sudbury Police last week. The meeting provided an opportunity to talk about the role and work of public health, as well as current and future potential partnerships. The SDHU will also be attending meetings in May with the Sudbury East Municipal Association (SEMA) as well as Lacloche Foothills Association to hold similar partnership discussions.

The February 2015 financial statements reflect the 2015 Board of Health budget and include the current gapped salaries/benefits as well as variance rates. The quarterly compliance report is also included in this month's MOH/CEO report. It is expected that the 2014 audited financial statements will come forward at the May Board meeting or June at the latest.

The Board's attention was directed to a dental display prepared by the SDHU in honour of National Oral Health month, recognizing the important work that our dental staff do.

Questions and comments were entertained.

#### **07-15 ACCEPTANCE OF REPORTS**

***Moved by Huska - Schoppmann: THAT the Report of the Medical Officer of Health and Chief Executive Officer for the month of April 2015 be accepted as distributed.***

***CARRIED***

### **8.0 NEW BUSINESS**

#### **i) Items for Discussion**

##### **a) Access to Alcohol**

- Letter from the Association of Local Public Health Agencies (alPHA) President to the Minister of Finance dated March 17, 2015

Dr. Sutcliffe introduced the motion noting that the proposed position aligns with alPHA's as summarized in the above-referenced letter to the Minister.

It was pointed out that an announcement was made by the provincial government earlier today as it relates to the sale and availability of alcohol for revenue generating purposes for the province. As we study the details of that announcement, the content of the proposed open letter will be adjusted.

The Board agreed to a friendly amendment to the motion for the open letter to also be shared with the SDHU's constituent municipalities.

**08-15 MODERNIZATION OF BEVERAGE ALCOHOL REGULATIONS IN ONTARIO**

***Moved by Kirwan - Noland: WHEREAS alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries; and***

***WHEREAS 84% of SDHU adults (78% Ontario-wide) and 43% of SDHU teens aged 12-18 reported consuming alcohol in the last 12 months; and 27% of SDHU current drinkers over 12 years reported episodes of heavy drinking (five or more drinks on one occasion at least once monthly); and***

***WHEREAS the Regulatory Modernization in Ontario's Beverage Alcohol Industry initiative (2014), through the Ministry of Finance and the Alcohol Gaming Commission of Ontario, has increased alcohol availability in Ontario through initiatives including VQA wine in Farmers' Markets, LCBO Express Kiosks, support to industry, increased hours of sale and removal of special event and festival restrictions; and***

***WHEREAS the privatization of alcohol sales would set a precedent for further privatization across multiple venues throughout Ontario, such as the Government's currently proposed expansion of beverage alcohol in local supermarkets; and***

***WHEREAS alcohol is no ordinary commodity and decisions about its promotion and availability should be made within the broader context of alcohol's known negative societal, economic and health risks; and***

***WHEREAS local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption and boards are held accountable under MOHLTC Accountability Agreements for reporting on local alcohol consumption rates;***

***THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the correspondence from the Association of Local Public Health Agencies to Government Ministers and the Premier (as attached) – while also informing the Premier of our serious concerns regarding the proposal for the increased availability of alcohol through VQA wine in Farmers' Markets, LCBO Express Kiosks, and the privatization of the sale of beverage alcohol through initiatives such as local supermarkets; and***

***FURTHER THAT the Sudbury & District Board of Health share these concerns and inform the community by means of an open letter; and***

***FURTHER THAT copies of this motion and subsequent correspondence to the community and Premier be forwarded to local Members of Provincial Parliament, Ministers of Health and Long-Term Care, Economic Development, Finance, Agriculture, Food and Rural Affairs; the Attorney General, Chief Medical Officer of Health, Assistant Deputy Ministers, Ontario Boards of Health, Constituent Municipalities, and Ontario Public Health Association.***

**CARRIED**

**b) Sudbury & District Health Unit's 2014 Performance Monitoring Report, April 2015**

A print copy of the 2014 Performance Monitoring Report was distributed at the meeting. Dr. Sutcliffe introduced the report by noting that the report is presented to the Board annually and has been reviewed by the Joint Board/Staff Performance Monitoring Working Group for which Janet Bradley, Rita Pilon and Carolyn Thain are members.

Performance monitoring is a relatively new framework for the SDHU and is evolving as we gain experience. The Board was reminded that the report is intended for our internal purposes and is not a provincial requirement. It guides the SDHU toward excellence and quality improvement and is a complement to other monitoring activities such as the Ministry of Health and Long-Term Care's Accountability Agreement Indicators and the monitoring of the Organizational Standards.

The report also provides the Board with accountability measures on key focus areas, which are grounded within the 2013–2017 Strategy Map. Dr. Sutcliffe reviewed the strategy map on the Boardroom display board and invited C. Thain to speak to the report.

C. Thain commended Dr. Sutcliffe, R. St Onge and team for developing the 2014 report. The report is color coded with four monitoring components. Two are internally driven and two additional monitoring components relate to the Accountability Agreement indicators and the Ontario Public Health Organizational Standards.

Board members were reminded that the SDHU-specific performance monitoring indicators are meant to provide the Board with information about the "current state" of key focus areas, and to allow for monitoring of their progress year after year.

It was concluded that the SDHU is being proactive in developing indicators to continue to achieve excellence. Staff are knowledgeable regarding the indicators and accountable for how the SDHU is performing. The Board was confident that the SDHU is going into a new annual reporting year with a good tool going forward and was pleased by the SDHU's achievements to date.

**ii) Correspondence**

**a) Low-Income Dental Programs Integration**

- Letter from alPHa President to the Minister of Health and Long-Term Care dated March 3, 2015

No discussion.

**b) Community Water Fluoridation**

- Letter from Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated March 4, 2015

No discussion.

**c) Energy Drinks**

- Letter from Durham Regional Council to the Premier dated April 1, 2015

No discussion.

**d) Naloxone Distribution Program**

- Letter from Windsor-Essex County Board of Health to the Minister of Health and Long-Term Care dated February 19, 2015
- Letter from Durham Regional Council to the Premier of Ontario dated April 1, 2015

In response to an inquiry, Dr. Sutcliffe clarified that the Naloxone Program is different from the Methadone Program. There have been challenges with the Provincial Naloxone initiative related to regulatory issues; however, it is anticipated that Sudbury will participate in this initiative.

**09-15 ACCEPTANCE OF NEW BUSINESS ITEMS**

***Moved by Schoppmann - Myre: THAT this Board of Health receives New Business items 8 i) to ii).***

**CARRIED**

**9.0 ITEMS OF INFORMATION**

- |      |   |                                    |
|------|---|------------------------------------|
| i)   | Ministry of Education News Release<br><i>Promoting the Health and Well-Being of Students</i>                | February 23, 2015                  |
| ii)  | Sudbury & District Health Unit Response to Hepatitis A Virus<br>in a Food Handler Situation Report: Summary | March 2015                         |
| iii) | Cancer Care Ontario's Cancer Risk Factors in Ontario:<br>Healthy Weights, Healthy Eating and Active Living  |                                    |
| iv)  | alPHA Opportunities   |                                    |
| v)   | alPHA Information Break   | February 25, and<br>March 12, 2015 |

These items are shared for information.

**10.0 ADDENDUM**

There is no addendum for today's meeting.

**11.0 IN CAMERA**

**10-15 IN CAMERA**

***Moved by Noland - Kirwan: THAT this Board of Health goes in camera. Time: 2:31 p.m.***

**CARRIED**

- Labour Relations / Employee Negotiations

**12.0 RISE AND REPORT**

**11-15 RISE AND REPORT**

***Moved by Pilon - Myre: THAT this Board of Health rises and reports. Time: 2:56 p.m.***  
**CARRIED**

**12-15 APPROVAL OF BOARD IN-CAMERA MEETING NOTES**

***Moved by Signoretti - Thain: THAT this Board of Health approve the meeting notes of the November 20, 2014, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

**13.0 ANNOUNCEMENTS / ENQUIRIES**

Board members were asked to complete the online evaluation regarding today's Board meeting.

The showcase of public health videos that was to be shown prior to this Board meeting will be rescheduled to a future date.

**14.0 ADJOURNMENT**

**13-15 ADJOURNMENT**

***Moved by Belcourt - Huska: THAT we do now adjourn. Time: 3:00 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**APPROVAL OF MINUTES**

**MOTION:** THAT the minutes of the Board of Health meeting of April 16, 2015, be approved as distributed.

**There are no items coming forward under Business Arising.**

## Medical Officer of Health/Chief Executive Officer Board Report, May 2015

### Words for thought...



NORTH AMERICAN OCCUPATIONAL  
**Safety and Health Week**

FRANÇAIS **ABOUT** » EVENTS » RESOURCES » PROMOTION » CHAMPIONS » PARTNERS

May 3-9, 2015

# About

### Goals and Successes

**The goal** is to focus employers, employees, partners and the public on the importance of preventing injury and illness in the workplace, at home and in the community.

**The success of NAOSH Week** is rooted in a community-based approach. Across the country, NAOSH Week events and activities are coordinated by local, provincial and/or regional committees, comprised primarily of volunteers, who share a focus and vision of safer workplaces and communities. Partnerships with government, business, suppliers, CSSE Chapters, community health organizations and other safety groups provide the support, resources and network necessary to manage the NAOSH Week plans.

CCOHS  
 Canada  
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 OF LIFE  
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Source: NAOSH Website <http://www.naosh.ca/english/about.html>  
 DATE: May 2015

### Chair and Members of the Board,

May 3 to 9, 2015, was North American Occupational Safety & Health (NAOSH) week. The goal of NAOSH week was to focus employers, employees, partners and the public on the importance of preventing injury and illness in the workplace, at home and in the community. NAOSH week is managed through an effective partnership with the Canadian Society of Safety Engineering (CSSE), the Canadian Centre for Occupational Health and Safety (CCOHS), the Labour Program of Human Resources & Skills Development Canada (HRSDC), and the American Society of Safety Engineers (ASSE).

The SDHU takes the health and wellbeing of its staff seriously. Throughout the week, information was provided to all staff on different health and safety topics that exist in our workplace:

- Motor Vehicle Incident Prevention
- Hazards Associated with Sitting
- Elephant in the Room Campaign – Increasing Mental Health Awareness
- Return to Work – Fitness for Work

And staff were encouraged to participate in various activities:

- Get up and get moving!
- Complete PSHSA Safe Driving Tutorial
- Emergency Preparedness Week presentation – Ramsey Room
- alPHa Fitness Challenge
- NAOSH week nutrition break

## **GENERAL REPORT**

### **1. Algoma Public Health**

I continue to provide Acting Medical Officer of Health coverage for the Algoma Public Health on a month-to-month basis. I provide consultation and participate in meetings by distance including most board meetings as they occur on the Wednesday evening preceding the Thursday Sudbury & District Board of Health meetings. S. Laclé continues to provide Acting CEO coverage to APH.

### **2. Annual Staff Development and Volunteer Recognition**

On April 22, 2015, the SDHU held its annual Staff Day celebration. Over 270 staff members and volunteers participated in the morning event held at the Steelworkers Hall. This year, Staff Day focused on highlighting our collaborative efforts and partnerships with representatives from four local community agencies through a “talk-show” type of session hosted by Stephane Paquette, a local actor and musician. Board of Health Chair, René Lapierre, joined Dr. Sutcliffe at this event and recognized 27 staff and 14 volunteers who received awards for their milestone years of service with the SDHU. 2015 Association of Local Public Health Agencies (alPHa) Fitness Challenge.

As a means to promote public health unit staff engagement in physical activity, alPHa once again sponsored the alPHa Annual Health Unit Employee Fitness Challenge, which took place on May 7, 2015. The challenge calls on all health units to organize and involve all of their staff in physical activity for at least 30 minutes on this day. The health unit that achieves 100% staff participation is declared the winner of the current year’s challenge. Through the coordination of the SDHU Wellness Committee, a variety of activities were offered to the SDHU staff and 98.6% participation was achieved. The Porcupine Health Unit completed the 2015 alPHa Fitness Challenge with 100% participation.

### **3. Joint Board/Staff Public Health Champion Working Group**

The Joint Board of Health/Staff Public Health Champions Working Group is scheduled to meet on May 21 to select the recipient of the 2015 Public Health Champion Award. The winner will be announced and presented with an award recognizing their contribution to protecting and promoting the health of our residents at an event prior to the June 18 meeting of the Board of Health. This year’s award is focused on those who contribute to environmental health.

### **4. Local and Provincial Meetings**

As the alPHa Board Chair, I participated at the alPHa Executive teleconference on April 20, COMOH Executive teleconference on May 12 and attended the alpha Board meeting in Toronto on April 24.

I had the opportunity to meet with the City of Greater Sudbury Mayor on May 13, 2015.

I provided opening remarks at the Fostering Aboriginal Engagement in Youth Tobacco Use Prevention Knowledge Exchange Forum on May 13. The Forum provided an opportunity for a group of committed individuals to come together to learn from each other to improve their understanding of how to work together to support the prevention of commercial tobacco use by Aboriginal youth.

On May 14, 2015, I along with various SDHU staff attended a Health Equity Social Marketing Strategy session at the Sudbury & District Health Unit (SDHU) hosted by Public Health Ontario (PHO). The session aimed at refining the goals and future direction of social marketing strategies for health equity.

A Senior Management Executive Committee (EC) retreat was held on May 15, 2015. The retreat provided senior managers an opportunity for strategic discussions on topics such as reflective leadership and efficiency reviews.

On May 21, 2015, I will be presenting at the Sudbury East Municipal Association (SEMA) meeting regarding SDHU programs and services and Nicole Frappier, Acting Director of Health Promotion, will be presenting on the same subject at the request of the Lacloche Foothills Association.

## **5. 2014 Audited Financial Statement**

The audit of the financial statements of the SDHU for the year ended December 31, 2014, has been substantially completed. The auditors propose to issue an unqualified report on the financial statements pending finalization of items listed in the Communications to the Board of Health, approval of the draft statements by the Board of Health and receipt of a signed management representation letter. Appended to this report is the auditor's 2014 year-end report to the Board of Health which includes their report letter, communications to the Board of Health, the draft financial statements and draft management representation letter. The audit report confirms that SDHU has adequate internal controls and applies sound financial practices.

## **6. Program Accountability Indicators**

Under my leadership as Medical Officer of Health and Chief Executive Officer, the program directors are closely monitoring progress toward compliance for the 2015 performance targets. Compliance or progress towards compliance is regularly discussed and reviewed during senior management meetings through the review of a compliance table that is routinely updated. Management continues to closely monitor progress on these targets and analyze any implications for resource reallocation.

## **7. Financial Report**

The Board is reminded that the approved 2015 budget of \$23,499,762 reflects an overall 2% increase and includes a vacancy rate of \$283,133.

The 2015 Budget request was submitted to the MOHLTC for approval on February 27, 2015. Ministry approval is not expected prior to the end of June. The Ministry continues to emphasize the government's direction regarding fiscal constraint and the need to protect service delivery. We continue to monitor expenditures pending receipt of our grant approval.

The positive variance in the cost-shared program is \$357,335 for the period ending March 31, 2015. Gapped salaries and benefits account for \$226,843 or 64% of the variance with operating expenses and other revenue accounting for \$130,493 or 36% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses. We are making progress towards covering our vacancy rate.

Following are the divisional highlights since the April Board meeting, unless otherwise indicated.

## CLINICAL AND FAMILY SERVICES DIVISION

### 1. Control of Infectious Diseases (CID)

*Influenza:* There have been 136 cases of influenza A and 19 cases of influenza B identified to date for the 2014-2015 influenza season.

*Respiratory Outbreaks:* There have been 20 identified respiratory outbreaks in long-term care and retirement homes to date since December 2014. The causative agent(s) identified were as follows:

Influenza A	11 outbreaks
Coronavirus	1 outbreak
Parainfluenza	1 outbreak
RSV A	1 outbreak
Coronavirus & Enterovirus	1 outbreak
Metapneumovirus	1 outbreak
Unknown	4 outbreaks

*Tuberculosis Control:* The CID team completed case and contact investigation for a confirmed case of respiratory tuberculosis. Over 100 contacts were identified and followed-up as per the Infectious Diseases Protocol.

*Immunization of School Pupils' Act (ISPA):* The CID team continues to review all student immunization records for all school-aged children up to 18 years of age to ensure compliance with the ISPA, including recent changes to the Act. An additional childhood immunization clinic was offered on Saturday May 2 to accommodate children requiring immunization under the ISPA. A media release was prepared and sent to media outlets advising parents of the additional clinic, as well as reminding parents to report all immunizations to the SDHU. To date, the CID team has reviewed over 27,000 student immunization records.

The CID team continues to monitor all reports of respiratory illness.

### 2. Chief Nursing Officer/Professional Practice Committee

On April 8, the Professional Practice Committee launched the SDHU Mentorship program. This program is open to all staff and is a formalized, volunteer, time-limited and mutually beneficial professional relationship where an experienced and knowledgeable employee (mentor) supports a colleague to attain specific knowledge and skills related to Public Health core competencies. Additionally, mentorship provides staff an opportunity to further develop effective leadership, coaching and motivational skills. This program aligns with and supports the staff development requirements within the Ontario Public Health Organizational Standards.

The week of May 11<sup>th</sup> is National Nursing Week. National Nursing week takes place during the week of Florence Nightingale's birthday (a pioneer in the nursing profession) and is a time to recognize the commitment and many accomplishments of the nursing profession and our public health nurses at the SDHU. This year's Canadian Nurses Association theme, *Nurses: With you every step of the way* emphasized how important nurses are at various milestones in our lives. At the SDHU, public health nurses play important roles throughout the organization, in every division and in a variety of roles, from frontline nurses to Senior Management positions. On May 13, a coffee break sponsored by SDHU and ONA was held to acknowledge the valuable work nurses contribute to public health practice.

### **3. Clinician Engagement Committee**

The SDHU's Clinician Engagement Committee (CEC), under the leadership of Clinical and Family Services, has been meeting on a bi-monthly basis to discuss, plan, and implement various activities required to advance the Clinician Engagement Strategy at the SDHU. The committee has developed an annual, accredited Public Health Prevention Series. This involves a series of modules related to public health topics that can be delivered to primary care clinicians throughout the year through various channels. The CEC also planned and hosted a workshop for family physicians on October 28, 2014, and a second workshop on Manitoulin Island on May 8, 2015. The goal of the half-day workshop is to provide primary care providers with a three-step approach to intervening in patients' poverty through the development of relevant clinical skills, and a deeper understanding of the federal and provincial income security systems and related resources.

### **4. Dental Health**

As per the Protocol for the Monitoring of Community Water Fluoride Levels, 2014, boards of health are responsible to monitor community water fluoride levels. Specific actions are required if fluoride concentrations fall below the therapeutic range for more than 90 days. We are currently working with Nairn Centre through the Ontario Clean Water Agency as we were notified recently that their fluoride system has been offline for the first quarter of 2015.

### **5. Family Health**

#### *Prenatal Education:*

27 clients attended in-person prenatal classes at SDHU's main site in April.

13 clients registered for on-line prenatal in April.

14 individuals participated in the co-facilitated a prenatal class at Our Children Our Future.

#### *Breastfeeding:*

Nine mothers participated in the breastfeeding face-to-face support group in April.

One new referral was received in April to the "A Breastfeeding Companion" telephone support program.

#### *Teen Pregnancy:*

More than 100 community partners and Better Beginning Better Futures clients attended the "Teen Mom Video Launch" held on April 29 at the Howard Johnson hotel. The SDHU co-organized the luncheon to promote the video and to facilitate a conversation among the partners around how agencies can better support young mothers in our community.

#### *Best Start Hubs:*

Staff met with 29 staff from seven different hubs to provide them with key resources and education on various child health topics such as healthy eating, childhood injury prevention, infection control, etc.

#### *Car Seat Clinics:*

Staff co-assisted at a car seat clinic held in April. Fifteen families attended the event and received education and instruction on how to properly install a car seat.

## ENVIRONMENTAL HEALTH DIVISION

### 1. Control of Infectious Diseases (CID)

During the month of April, nine sporadic enteric cases were investigated, and two enteric outbreaks were declared in institutions. The causative organism of one outbreak was confirmed to be norovirus.

### 2. Food Safety

During the month of April, three food product recalls prompted public health inspectors to conduct checks of 406 local premises. The recalled food products included Heinz Canada brand chicken with broth infant food due to possible spoilage, as well as Kirkland Signature brand roasted chicken salad and Sun Rich Fresh Foods Inc. brand apple slices due to possible contamination with *Listeria monocytogenes*. Recalled Sun Rich Fresh Foods Inc. brand apple slices were available to the public at 16 local food premises at the time of the checks and were immediately removed from sale or service upon direction of public health inspectors.

During the month of April, public health inspectors issued one closure order to a food premises due to lack of potable water under pressure. The closure order has since been rescinded and the premises allowed to reopen.

Public health inspectors issued two charges to one food premises for infractions identified under the Food Premises Regulation.

In April, staff issued 88 Special Event Food Service Permits to various organizations for events serving over 5000 attendees.

Through Food Handler Training and Certification Program sessions offered in April, 114 individuals were certified as food handlers.

### 3. Health Hazard

In April, 23 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

On April 16, 2015, the SDHU issued a media release to inform the public of important precautions and actions that should be taken in the event that their private well or septic system is impacted by spring flooding.

### 4. Ontario Building Code

During the month of April, 12 sewage system permits, five renovation applications, and three consent applications were received.

### 5. Rabies Prevention and Control

Seventeen rabies-related investigations were carried out in the month of April.

Public health inspectors charged the owner of one dog with failure to vaccinate the animal against rabies.

## 6. Safe Water

During April, 49 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated three regulated adverse water sample results. One boil water order and one drinking water advisory were issued, and one boil water order and one drinking water advisory were rescinded.

## 7. Tobacco Enforcement

In April, tobacco enforcement officers charged one individual for smoking on school property, and three retail employees for selling tobacco to a person who is less than 19 years of age.

# HEALTH PROMOTION DIVISION

## 1. Early Detection of Cancer

As members of the Northeastern Cancer Prevention Screening Network, SDHU collaborated in the promotion and demonstration of MyCancerIQ during an information booth at the New Sudbury Shopping Centre on April 21, 2015. MyCancerIQ is an online tool available at [www.mycanceriq.ca](http://www.mycanceriq.ca) that allows Ontarians to find out their risk factor for breast, cervical, colorectal and lung cancer. The tour provided an experiential booth, where the public had the opportunity to engage with experts and see a demonstration of the online tool. This aided in raising awareness of cancer risk factors so that more people understand their own personal cancer risk and learn how to reduce it.

The SDHU worked in partnership with the Ontario Breast Screening Program sites to promote the *Mammo-Rama Breast Screening Challenge*. This one-day breast screening marathon targets women who have never been screened for breast cancer or are long overdue. On May 4, 2015, nine sites in total participated in the *Mammo-Rama Breast Screening Challenge* to help women access breast screening across the North East region.

## 2. Healthy Eating

In partnership with the Lacloche Foothills Food Network (LFFN), health promotion staff from the Espanola office hosted a *Fruit Trees, Bushes and Vines Workshop* on Saturday, March 28, at the Queensway Pentecostal Church. Sixty-four community members gathered to hear a local Master Gardener share his expertise regarding planting preparation, selecting hardy varieties, pruning, pest control and harvesting. Additionally, a representative from the *Fruit for All Program* provided an overview of the initiative which aims to connect residents, with surplus fruit from trees in their yard, with people who can use the fruit. Since 2010, the LFFN has focused on increasing awareness of, and opportunities for, community food programming.

The Greater Sudbury Food Policy Council (GSFPC) hosted a morning discussion “What can a Food Strategy do for Greater Sudbury?” on Tuesday, March 31. Over 30 people attended including CGS Councillors and staff, and other leaders in community food programming. Communities across Canada are introducing food strategies as a way of meeting social, health, environmental and economic goals. Food strategies use a community-led approach to *define* issues and create solutions. To meet their mission, the GSFPC identified the development of a Food Strategy as a priority. At the event, the Food Strategy Coordinator for Thunder Bay and Area and a Public Health Nutritionist from Thunder Bay District Health Unit shared their experience in the development of the [Thunder Bay and Area Food Strategy](#).

### 3. Healthy Weights

In collaboration with health promotion staff from the Mindemoya office, a Nutrition and Physical Activity Action Team (NPAAT) Registered Dietitian presented to the Noojmowin-Teg Health Centre (NTHC) nutrition staff and other community nutrition professionals. The 16 attendees learned about the SDHU's Balanced Approach Philosophy and healthy weights programming, inclusive of healthy eating messaging and resources. A request to present to all NTHC staff was received, and will be coordinated for the near future.

On April 28, a NPAAT Registered Dietitian presented at the Nutrition Resource Centre's Forum *Eat less, Eat better... is it really that simple? Rethinking our message about healthy eating and obesity*. Linked with the Canadian Obesity Summit, health promotion staff shared a northern health unit's perspective to the determinants of healthy eating and obesity, to over 150 delegates in attendance.

### 4. Injury Prevention

The performance indicator *Fall-related emergency visits in older adults aged 65+* continues to be addressed through staff leadership with the Stay on Your Feet Sudbury and Manitoulin Coalition. In early 2015, the SDHU signed a 3 year partnership agreement with the NELHIN to support best practice programming across the catchment area. Partners were engaged in a planning process to identify priorities and activities for 2015. The SDHU is also a member of the NELHIN's regional falls prevention steering committee with a mandate to provide direction, advice and leadership to a regional falls prevention strategy across the North East and support collaboration at both the regional and local levels and the development of an annual and 3 year regional plan. SDHU staff continue to provide education and resources to community partners and older adults and support the implementation of the StandUP exercise program across the catchment area. Ten StandUP programs are currently running this spring, with another 25 programs being planned for the fall and winter.

### 5. Prevention of Substance Misuse

The monitoring indicator *Percentage of the population (19+) who exceed the Low-Risk Alcohol Drinking Guidelines (LRADG)* continues to be addressed through community awareness efforts and collaboration with partners. In early 2015, the Substance Misuse Prevention team promoted awareness through various social media strategies, the distribution of the LRADG pamphlets and work with partners, in addition to April's Board of Health motion.

The Workplace Health and Substance Misuse Prevention (WHSMP) Team collaborated with the Ontario Public Health Association (OPHA) on the development and review of three fact sheets, including the Availability of Alcohol; Alcohol Pricing and Taxation; Alcohol Marketing and Advertising. The team is also part of the VQA working group and is currently working on letters, provincial initiatives.

*Drug Strategies:* A WHSMP team member was invited to present the *Community Drug Strategy for the City of Greater Sudbury* to 60 church group members of a downtown church group.

A WHSMP Team member attended an event announcing the next phase of Ontario's Comprehensive Mental Health and Addictions Strategy. The NE LHIN is investing almost \$2.3 million in the Sudbury area for high priority supports for people living with mental health and substance abuse challenges. As a result of this funding, SDHU along with other local partners are involved in the establishment of a Harm Reduction Home. This harm reduction model will include supportive counseling, housing, social and clinical health services, for individuals who are chronically homeless and impacted by chronic substance abuse, with multiple health concerns, and mental health challenges.

## **6. School Health**

As part of the Pathways to Resilient School Communities initiative, the School Health Program provided training and skill-building for over 700 school community adult influencers (parents, teachers, school staff and senior leaders) on the strength-based approach, building resilient students and leaders, the growth mindset and brain development.

*Note: The School Health Program continues to work with all area school boards. Highlights below are focusing on Conseil scolaire public du Grand Nord de l'Ontario (CSPGNO). Highlights from the other boards will be shared in the next reports.*

Two public health nurses from the School Health Promotion team co-presented with the Conseil scolaire public du Grand Nord de l'Ontario (CSPGNO) at the Congrès provincial sur le climat scolaire positif held in Ottawa in April 2015. The presentation focused on the partnership between the SDHU and the school board, and the systematic changes that took place to work towards building resilient school communities. One-hundred and twenty school personnel across Ontario attended the session.

On April 9, 2015, the School Health Promotion team and the CSPGNO partnered to host a parent engagement evening inviting their families to connect and learn about their children's passions and sparks. Four hundred family members participated in the successful event.

As part of a five year project, the CSPGNO has been implementing the Child/Youth Resiliency: Assessing Developmental Strengths (C/Y: ADS) survey in three pilot schools. After three years, key findings of the pre and post survey indicate that, between 2012 and 2014, there was an increased number of secondary school students who identified the following categories as strengths: self-control (restraint, resistance skills) and self-concept (planning and decision making, self-efficacy and self-esteem), peer relationships (positive peer relationships and positive peer influence). In addition, there has been an increase of 1.5% (from 92.5 to 94%) in the amount of students that have the highest levels of developmental strengths (being between 21 and 31). This is particularly important for public health as research consistently demonstrates that the higher number of strengths a student has, the less likely they are to take part in risk-taking behaviors such as alcohol, tobacco and substance use. The school board has also adopted the resiliency survey in all of its schools as of May 2014.

## **7. Tobacco Control**

The performance indicator *Proportion (%) of youth 12-18 years who have never smoked a whole cigarette* is being addressed through numerous youth engagement activities, including social media campaigns and education and awareness initiatives facilitated by SDHU staff in educational and community settings. In December, the youth led smoking prevention campaign called "I am smoke-free because..." ran at the Silver City theatre and continues on YouTube.

In April, the North East Tobacco Control Area Network (NETCAN) held a training event in Sudbury for youth across the northeast. Youth learned about how the tobacco industry encourages youth to smoke with targeted strategies including smoking in the movies. Youth worked on activities and messages that will be used at the local level across the northeast.

SDHU staff engaged youth in two schools as part of the Smoke-Free Ontario school-based tobacco use prevention pilot program.

## RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

### 1. Presentations

In April, D. Malaviarachchi, Epidemiologist, provided a lecture to medical students at the Northern Ontario School of Medicine on *Evidence-Based Medicine and Critical Appraisal*.

### 2. Population Health Assessment and Surveillance

The RRED Division has released two new *Population Health Assessment team – Indicator Reports* (PHASSt-IR) based on Rapid Risk Factor Surveillance System (RRFSS) data. These include one indicator on Food Safety Disclosure and ten indicators on Social Determinants of Health. These *Indicator Reports* are used by SDHU staff for program planning, presentations, and in discussions with external partners.

### 3. Strategic Plan – Values Promotion

April marked the launch of an internal campaign featuring our Strategic Plan values. The SDHU's 2013–2017 Strategic Plan values help shape the way in which our strategic priorities, services, and programs are delivered within our communities. A different value will be highlighted each month, and staff will be provided with multiple opportunities to develop awareness of, and meaning to, each of our seven values. These activities include white boards posted throughout our offices and decals that hang from the ceiling to create awareness of the values.

Respectfully submitted,

ORIGINAL SIGNED BY

Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

Sudbury & District Health Unit

STATEMENT OF REVENUE & EXPENDITURES  
For The 3 Periods Ending March 31, 2015

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,190,835	3,797,709	3,797,709	(0)	11,393,126
MOHLTC - Unorganized Territory	800,980	200,245	200,245	(0)	600,735
MOHLTC - VBD Education & Surveillance	64,939	16,235	16,235	(0)	48,704
MOHLTC - VBD Contingency	375,000	0	0	0	375,000
MOHLTC - SDWS	106,000	26,500	26,500	(0)	79,500
MOHLTC - CINOT Expansion	31,510	7,877	7,877	0	23,633
Municipal Levies	6,641,127	1,660,265	1,660,265	0	4,980,862
Municipal Levies - Small Drinking Water Syst	47,222	11,806	11,806	(0)	35,416
Municipal Levies - VBD Education & Surveill	21,646	5,411	5,411	0	16,235
Municipal Levies - VBD Contingency	125,000	0	0	0	125,000
Municipal Levies - CINOT Expansion	10,503	2,626	2,626	(0)	7,877
Interest Earned	85,000	18,723	18,723	(0)	66,277
Total Revenues:	\$23,499,762	\$5,747,396	\$5,747,396	\$(0)	\$17,752,366
Expenditures:					
Corporate Services:					
Corporate Services	4,407,975	1,582,141	1,564,019	18,122	2,843,956
Print Shop	262,383	65,006	53,386	11,620	208,997
Espanola	120,700	31,458	29,311	2,146	91,389
Manitoulin	124,639	32,539	34,690	(2,152)	89,949
Chapleau	98,171	25,825	22,764	3,062	75,407
Sudbury East	16,486	4,152	4,068	85	12,419
Volunteer Services	6,838	1,802	405	1,397	6,433
Total Corporate Services:	\$5,037,192	\$1,742,923	\$1,708,642	\$34,281	\$3,328,550
Clinical and Family Services:					
General	979,559	252,668	241,909	10,760	737,650
Clinical Services	1,220,150	337,135	355,463	(18,328)	864,687
Branches	341,475	91,776	69,724	22,052	271,751
Family	639,452	174,091	166,504	7,587	472,948
Risk Reduction	134,516	33,629	35,945	(2,316)	98,571
Intake	313,081	84,251	82,627	1,624	230,454
Clinical Preventative Services - Outreach	140,503	38,027	35,090	2,937	105,413
Sexual Health	943,426	252,307	244,835	7,472	698,591
Influenza	0	0	2,611	(2,611)	(2,611)
Meningittis	0	0	360	(360)	(360)
HPV	0	0	5,442	(5,442)	(5,442)
Dental - Clinic	796,577	211,453	173,288	38,165	623,289
CINOT Expansion - Clinic	42,013	10,503	6,650	3,853	35,363
Family - Repro/Child Health	1,287,303	332,741	311,145	21,596	976,158
Total Clinical Services:	\$6,838,055	\$1,818,581	\$1,731,592	\$86,989	\$5,106,463
Environmental Health:					
General	789,369	198,995	183,359	15,636	606,010
Enviromental	2,673,677	767,110	716,340	50,770	1,957,337
Vector Borne Disease (VBD)	586,585	10,273	7,557	2,715	579,028
Small Drinking Water System	169,333	45,574	40,179	5,395	129,154
Total Environmental Health:	\$4,218,963	\$1,021,951	\$947,435	\$74,516	\$3,271,528
Health Promotion:					
General	1,361,855	349,846	341,888	7,959	1,019,967
School	1,379,670	371,090	323,232	47,859	1,056,438
Healthy Communities & Workplaces	357,577	93,809	89,536	4,273	268,041
Branches	556,837	151,832	149,392	2,440	407,445
Nutrition & Physical Activity	1,212,088	317,197	301,256	15,941	910,832
Injury Prevention	470,769	125,781	90,359	35,422	380,410
Tobacco By-Law	354,544	97,398	64,775	32,623	289,769
Alcohol and Substance Misuse	292,110	73,859	68,250	5,609	223,860
Total Health Promotion:	\$5,985,449	\$1,580,813	\$1,428,687	\$152,126	\$4,556,762
RRED:					
General	1,404,862	387,011	380,528	6,483	1,024,334
Health Equity Office	15,240	4,035	1,095	2,940	14,145
Total RRED:	\$1,420,102	\$391,046	\$381,623	\$9,423	\$1,038,479
Total Expenditures:	\$23,499,762	\$6,555,314	\$6,197,979	\$357,335	\$17,301,783
Net Surplus/(Deficit)	\$0	\$(807,918)	\$(450,583)	\$357,335	

## Sudbury & District Health Unit 2010-2015

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2015

	<b>BOH Annual Budget</b>	<b>Budget YTD</b>	<b>Current Expenditures YTD</b>	<b>Variance YTD (over) /under</b>	<b>Budget Available</b>
<b>Revenues &amp; Expenditure Recoveries:</b>					
Funding	23,548,771	5,796,405	5,813,989	(17,584)	17,734,782
Other Revenue/Transfers	760,027	172,642	262,574	(89,931)	497,453
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>24,308,798</b>	<b>5,969,048</b>	<b>6,076,563</b>	<b>(107,516)</b>	<b>18,232,235</b>
<b>Expenditures:</b>					
Salaries	15,618,263	4,294,037	4,097,805	196,232	11,520,457
Benefits	4,307,466	1,165,029	1,134,418	30,611	3,173,049
Travel	283,510	63,054	27,599	35,455	255,911
Program Expenses	1,367,762	247,534	246,547	987	1,121,215
Office Supplies	80,420	18,486	18,095	391	62,325
Postage & Courier Services	72,230	15,557	10,063	5,495	62,167
Photocopy Expenses	82,006	20,451	12,119	8,332	69,887
Telephone Expenses	59,466	14,898	13,219	1,679	46,247
Building Maintenance	349,261	152,889	149,251	3,638	200,010
Utilities	195,265	48,816	60,295	(11,479)	134,970
Rent	239,198	59,799	58,058	1,742	181,140
Insurance	90,543	85,543	85,543	0	5,000
Employee Assistance Program ( EAP)	34,969	8,742	7,441	1,301	27,528
Memberships	33,982	19,181	18,014	1,167	15,968
Staff Development	234,451	28,429	42,618	(14,189)	191,833
Books & Subscriptions	17,110	7,642	2,490	5,152	14,620
Media & Advertising	140,077	26,866	16,023	10,843	124,054
Professional Fees	336,479	89,371	90,682	(1,311)	245,797
Translation	54,550	12,504	8,513	3,992	46,037
Furniture & Equipment	17,730	3,443	796	2,647	16,934
Information Technology	694,060	394,693	427,559	(32,866)	266,501
<b>Total Expenditures</b>	<b>24,308,798</b>	<b>6,776,965</b>	<b>6,527,146</b>	<b>249,820</b>	<b>17,781,652</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>(807,918)</b>	<b>(450,583)</b>	<b>357,335</b>	

**Sudbury & District Health Unit**  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended March 31, 2015

**100% Funded Programs**

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	37,589	101,411	27.0%	<i>Dec 31</i>	25.0%
SFO -TCAN - Prevention	724	97,200	2,209	94,991	2.3%	<i>Dec 31</i>	25.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	68,659	217,141	24.0%	<i>Dec 31</i>	25.0%
SFO - Local Capacity Building: Prevention & Protection	726	190,500	51,306	139,194	26.9%	<i>Dec 31</i>	25.0%
SFO - Tobacco Control Coordination	730	100,000	27,451	72,549	27.5%	<i>Dec 31</i>	25.0%
SFO - Youth Engagement	732	80,000	19,449	60,551	24.3%	<i>Dec 31</i>	25.0%
Infectious Disease Control	735	478,973	130,873	348,100	27.3%	<i>Dec 31</i>	25.0%
LHIN - Falls Prevention Project & LHIN Screen	736	108,009	108,010	(1)	100.0%	<i>Mar 31/15</i>	100.0%
MOHLTC - Special Nursing Initiative	738	180,448	48,582	131,866	26.9%	<i>Dec 31</i>	25.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	147,700	142,034	5,666	96.2%	<i>Mar 31/15</i>	66.7%
Food Safety - Haines Funding	750	36,435	-	36,435	0.0%	<i>Dec 31</i>	25.0%
Triple P Co-Ordination	766	65,706	17,557	48,149	26.7%	<i>Dec 31</i>	25.0%
Healthy Communities Fund Partnership Stream	769	88,400	32,507	55,893	36.8%	<i>Mar 31/15</i>	100.0%
Healthy Babies Healthy Children	778	1,376,897	364,653	1,012,244	26.5%	<i>Dec 31</i>	25.0%
Healthy Babies Healthy Children - Screening	779	100,000	26,618	73,382	26.6%	<i>Dec 31</i>	25.0%
Healthy Smiles Ontario (HSO)	787	445,350	109,999	335,351	24.7%	<i>Dec 31</i>	25.0%
Anonymous Testing	788	59,393	59,393	-	100.0%	<i>Mar 31/15</i>	100.0%
MHPS- Aboriginal Diabetes	792	175,000	144,804	30,196	82.7%	<i>Mar 31/15</i>	100.0%
<b>Total</b>		4,154,811	1,391,693	2,763,118			

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# ***Sudbury & District Health Unit***

*2014 year-end report  
to the Board of Health*

*Prepared as of  
May 7, 2015*





May 7, 2015

Members of the Board of Health  
Sudbury & District Health Unit  
1300 Paris Street  
Sudbury ON P3E 3A3

Dear Members of the Board of Health:

We have substantially completed our audit of the financial statements of Sudbury & District Health Unit prepared in accordance with Canadian public sector accounting standards for the year ended December 31, 2014. We propose to issue an unqualified report on those financial statements pending resolution of outstanding items outlined in the Communications to the Board of Health section. Our draft auditor's report and financial statements are included within Appendix A.

We have issued the accompanying report to assist you in your review of the financial statements. It includes an update on the status of our work, as well as a discussion on the significant accounting and financial reporting matters dealt with during the audit process.

We would like to express our sincere thanks to the management and staff of Sudbury & District Health Unit who have assisted us in carrying out our work. Should you have any questions or concerns on the items raised in this report, please do not hesitate to contact me.

Yours very truly,

*PricewaterhouseCoopers LLP*

Michael Hawtin  
Partner  
Assurance

c.c.: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
Mr. Marc Piquette, Director, Corporate Services  
Ms. Colette Barrette, Manager, Accounting Service

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*PricewaterhouseCoopers LLP*  
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"PwC" refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.

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### **1. Communications to the Board of Health**

**1**

## **Appendices**

**Appendix A: Draft auditor's report and financial statements**

**Appendix B: Draft management representation letter**

The matters raised in this and other reports that will flow from the audit are only those that have come to our attention arising from or relevant to our audit that we believe need to be brought to your attention. They are not a comprehensive record of all the matters arising and, in particular, we cannot be held responsible for reporting all risks in your business or all internal control weaknesses. Comments and conclusions should only be taken in context of the financial statements as a whole, as we do not mean to express an opinion on any individual item or accounting estimate. This report has been prepared solely for your use. It was not prepared for, and is not intended for, any other purpose. No other person or entity shall place any reliance upon the accuracy or completeness of statements made herein. PwC does not assume responsibility to any third party, and, in no event, shall PwC have any liability for damages, costs or losses suffered by reason of any reliance upon the contents of this report by any person or entity other than you.

## 1. Communications to the Board of Health

<b>Key matters for discussion</b>	<b>Comments</b>
Status of the audit	<p>PricewaterhouseCoopers LLP (PwC or we) have substantially completed our audit of the financial statements (the financial statements).</p> <p>Significant outstanding items at time of mailing include the following:</p> <ul style="list-style-type: none"> <li>• Management representation letter (included as Appendix B);</li> <li>• Update on legal letter requests;</li> <li>• Approval of the financial statements; and</li> <li>• Subsequent events procedures.</li> </ul>
Significant accounting, auditing and reporting matters discussed with management	We did not discuss any significant accounting, auditing or reporting matters with management.
Fraud and illegal acts	No instances of fraud involving management, or employees with a significant role in internal control or that would cause a material misstatement of the financial statements, came to our attention as a result of our audit procedures. If the Board of Health is aware of any known, suspected or alleged incidents of fraud please contact me to discuss.
Internal controls recommendations	We have no significant internal control recommendations to report.
Subsequent events	<p>We have not been made aware of any subsequent events which would impact the financial statements.</p> <p>We wish to confirm whether the Board of Health is aware of any other subsequent events that might affect the financial statements. If you are aware of any such subsequent events please contact me to discuss.</p>

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## ***Appendix A: Draft auditor's report and financial statements***

**DRAFT**

## **Sudbury & District Health Unit**

Financial Statements  
**December 31, 2014**

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

May 21, 2015

### **Independent Auditor's Report**

**To the Board Members of the Sudbury & District Health Unit, Members of Council,  
Inhabitants and Ratepayers of the Participating Municipalities of  
Sudbury & District Health Unit**

We have audited the accompanying financial statements of the Sudbury & District Health Unit, which comprise the statement of financial position as at December 31, 2014 and the statements of operations, accumulated surplus, changes in net financial assets, and cash flows for the year then ended, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

#### **Management's responsibility for the financial statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Sudbury & District Health Unit as at December 31, 2014 and the results of its operations, accumulated surplus, changes in its net financial assets and cash flows for the year then ended in accordance with the Canadian public sector accounting standards.

**Chartered Professional Accountants, Licensed Public Accountants**

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

# Sudbury & District Health Unit

## Statement of Financial Position

As at December 31

**DRAFT**

	2014 \$	2013 \$
<b>Financial assets</b>		
Cash and cash equivalents	11,043,841	10,792,770
Accounts receivable	277,008	288,634
Receivable from the Province of Ontario	113,586	147,463
	<u>11,434,435</u>	<u>11,228,867</u>
<b>Financial liabilities</b>		
Accounts payable and accrued liabilities	1,625,434	1,539,642
Deferred revenue	382,779	466,280
Payable to the Province of Ontario	369,684	830,252
Employee benefit obligations (note 3)	<u>2,726,917</u>	<u>2,745,755</u>
	<u>5,104,814</u>	<u>5,581,929</u>
<b>Net financial assets</b>	6,329,621	5,646,938
<b>Non-financial assets</b>		
Tangible capital assets (note 4)	6,028,787	6,154,880
Prepaid expenses	<u>345,120</u>	<u>187,026</u>
<b>Accumulated surplus</b> (note 5)	<u>12,703,528</u>	<u>11,988,844</u>
<b>Commitments and contingencies</b> (note 6)		

**Approved by the Board**

\_\_\_\_\_ Board member \_\_\_\_\_ Board member

The accompanying notes are an integral part of these financial statements.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Sudbury & District Health Unit**

## Statement of Operations

For the year ended December 31

	2014		2013
	Budget \$	Actual \$	Actual \$
<b>Revenues</b> (note 10)			
Provincial grants	20,747,545	20,122,562	19,838,853
Per capita revenue from municipalities (note 8)	6,715,280	6,590,279	6,493,344
Other			
Plumbing inspections and licences	250,000	262,909	288,036
Interest	70,000	100,023	96,374
Other	648,124	750,968	983,318
	28,430,949	27,826,741	27,699,925
<b>Expenses</b> (note 10)			
Salaries and wages (note 7)	18,625,757	17,660,201	17,564,924
Benefits	4,867,972	4,639,269	4,406,279
Transportation	416,894	352,646	362,467
Administration (note 9)	2,303,788	2,411,239	2,315,919
Supplies and materials	1,648,582	1,087,383	1,301,229
Small operational equipment	567,956	322,628	346,590
Amortization of tangible capital assets (note 4)	-	638,691	636,386
	28,430,949	27,112,057	26,933,794
<b>Annual surplus</b>	-	714,684	766,131

The accompanying notes are an integral part of these financial statements.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Sudbury & District Health Unit****Statement of Accumulated Surplus****For the year ended December 31**

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	<b>2014</b> <b>\$</b>	<b>2013</b> <b>\$</b>
<b>Accumulated surplus - Beginning of year</b>	11,988,844	11,222,713
Annual surplus	714,684	766,131
<b>Accumulated surplus - End of year</b>	<u>12,703,528</u>	<u>11,988,844</u>

The accompanying notes are an integral part of these financial statements.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Sudbury & District Health Unit****Statement of Changes in Net Financial Assets****For the year ended December 31**

	<b>2014</b> <b>\$</b>	<b>2013</b> <b>\$</b>
<b>Annual surplus</b>	714,684	766,131
<b>Purchase of tangible capital assets</b>	(512,598)	(656,984)
<b>Amortization of tangible capital assets</b>	638,691	636,386
<b>Change in prepaid expenses</b>	(158,094)	59,846
<b>Change in net financial assets</b>	682,683	805,379
<b>Net financial assets - Beginning of year</b>	5,646,938	4,841,559
<b>Net financial assets - End of year</b>	6,329,621	5,646,938

The accompanying notes are an integral part of these financial statements.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Sudbury & District Health Unit****DRAFT****Statement of Cash Flows****For the year ended December 31**

	2014 \$	2013 \$
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Annual surplus	714,684	766,131
Adjustments for		
Amortization of tangible capital assets	638,691	636,386
Benefit payments related to employee benefit obligations	(178,142)	(168,764)
Non-cash expenses related to employee benefit obligations	159,304	155,978
Change in non-cash working capital items		
Accounts receivable	11,626	(1,532)
Receivable from the Province of Ontario	33,877	52,394
Payable to the Province of Ontario	(460,568)	(123,092)
Accounts payable and accrued liabilities	85,792	50,914
Deferred revenue	(83,501)	186,704
Prepaid expenses	(158,094)	59,846
	763,669	1,614,965
<b>Investing activities</b>		
Purchase of tangible capital assets	(512,598)	(656,984)
<b>Increase in cash and cash equivalents during the year</b>	251,071	957,981
<b>Cash and cash equivalents - Beginning of year</b>	10,792,770	9,834,789
<b>Cash and cash equivalents - End of year</b>	11,043,841	10,792,770

The accompanying notes are an integral part of these financial statements.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

**Sudbury & District Health Unit****Notes to Financial Statements****December 31, 2014**

---

**1 Nature of operations**

The Sudbury & District Health Unit (Health Unit) was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence-informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, day care and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

**2 Summary of significant accounting policies**

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

**Basis of accounting**

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

**Cash and cash equivalents**

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates amounted to \$2,171,083 as at December 31, 2014 (2013 - \$2,149,471) and these can be redeemed for cash on demand.

**Employee benefit obligations**

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

(1)

**Sudbury & District Health Unit****Notes to Financial Statements****December 31, 2014**

---

Sick leave benefits are accrued when they are vested and subject to payout when an employee leaves the Health Unit's employ.

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined by reference to market interest rates at the measurement date on high quality debt instruments with cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

**Non-financial assets**

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the currency year and are not intended for sale in the ordinary course of operations.

**Tangible capital assets**

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

<b>Asset class</b>	<b>Basis</b>	<b>Rate %</b>
Building	straight-line	2.5
Parking lot resurfacing	straight-line	10
Computer hardware	straight-line	30
Leasehold improvements	straight-line	10
Website design	straight-line	20
Vehicles and equipment	straight-line	10
Computer software	straight-line	100

**Prepaid expenses**

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

(2)

**Sudbury & District Health Unit**

Notes to Financial Statements

December 31, 2014

---

**Accumulated surplus**

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development

This reserve is restricted and can only be used for research and development activities.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

(3)

# Sudbury & District Health Unit

## Notes to Financial Statements

December 31, 2014

### Revenue recognition

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

### Budget figures

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors.

### Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are certain accounts receivable, allowance for doubtful accounts, certain deferred revenues, receivable from/payable to the Province of Ontario, employee benefit obligations, and the estimated useful lives and residual values of tangible capital assets.

## 3 Employee benefit obligations

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2011 and forms the basis for the estimated liability reported in these financial statements.

	2014 \$	2013 \$
Accumulated sick leave benefits	879,757	883,752
Other post-employment benefits	954,822	929,951
	1,834,579	1,813,703
Vacation pay and other compensated absence	892,338	932,052
	2,726,917	2,745,755

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED

(4)

**Sudbury & District Health Unit**

## Notes to Financial Statements

December 31, 2014

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2014 %	2013 %
Discount rate	4.25	4.25
Health-care trend rate		
Initial	6.20	6.20
Ultimate	4.00	4.00
Salary escalation factor	3.00	3.00

The Health Unit has established reserves in the amount of \$675,447 (2013 - \$675,447) to mitigate the future impact of these obligations.

The accrued benefit obligations as at December 31, 2014 are \$1,723,955 (2013 - \$1,691,481). Total benefit plan related expenses were \$199,021 (2013 - \$189,361) and were comprised of current service costs of \$139,551 (2013 - \$131,237), interest of \$71,068 (2013 - \$69,722) and amortization of actuarial gain of \$11,598 (2013 - \$11,598). Benefits paid during the year were \$178,145 (2013 - \$168,764). The net unamortized actuarial gain of \$110,624 (2013 - \$122,222) will be amortized over the expected average remaining service period.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

(5)

# Sudbury & District Health Unit

## Notes to Financial Statements

December 31, 2014

**DRAFT**

### 4 Tangible capital assets

								2014
	Cost				Accumulated amortization			Net book value
	Balance - Beginning of year \$	Additions \$	Disposals \$	Balance - End of year \$	Balance - Beginning of year \$	Amortization \$	Disposals \$	Balance - End of year \$
								Balance - End of year \$
Land	26,939	-	-	26,939	-	-	-	26,939
Building	8,057,868	-	(1,150,183)	6,907,685	3,207,135	172,693	(1,150,183)	4,678,040
Leasehold improvements	391,330	-	-	391,330	239,676	42,927	-	108,727
Computer hardware	1,216,077	458,815	(404,843)	1,270,049	779,873	269,753	(404,843)	625,266
Computer software	223,418	35,401	-	258,819	223,418	35,401	-	-
Website design	69,845	-	-	69,845	6,985	13,969	-	48,891
Vehicles and equipment	2,100,191	18,382	-	2,118,573	1,670,917	83,188	-	364,468
Parking lot resurfacing	207,596	-	-	207,596	10,380	20,760	-	176,456
	12,293,264	512,598	(1,555,026)	11,250,836	6,138,384	638,691	(1,555,026)	6,028,787

								2013
	Cost				Accumulated amortization			Net book value
	Balance - Beginning of year \$	Additions \$	Disposals \$	Balance - End of year \$	Balance - Beginning of year \$	Amortization \$	Disposals \$	Balance - End of year \$
								Balance - End of year \$
Land	26,939	-	-	26,939	-	-	-	26,939
Building	8,057,868	-	-	8,057,868	3,034,306	172,829	-	4,850,733
Leasehold improvements	391,330	-	-	391,330	196,749	42,927	-	151,654
Computer hardware	1,200,315	281,969	(266,207)	1,216,077	806,825	239,255	(266,207)	436,204
Computer software	149,770	73,648	-	223,418	149,770	73,648	-	-
Website design	-	69,845	-	69,845	-	6,985	-	62,860
Vehicles and equipment	2,076,265	23,926	-	2,100,191	1,580,555	90,362	-	429,274
Parking lot resurfacing	-	207,596	-	207,596	-	10,380	-	197,216
	11,902,487	656,984	(266,207)	12,293,264	5,768,205	636,386	(266,207)	6,154,880

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED

(6)

# Sudbury & District Health Unit

## Notes to Financial Statements

December 31, 2014

**DRAFT**

### 5 Accumulated surplus

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	2014								2013	
	Invested in tangible capital assets \$	Unfunded employee benefit obligations \$	Working capital reserve \$	Public health initiatives \$	Corporate contingencies \$	Facility and equipment repairs and maintenance \$	Sick leave and vacation \$	Research and development \$	Total \$	Total \$
Balance - Beginning of year	6,154,880	(2,745,755)	3,595,103	1,319,963	500,000	2,432,346	675,447	56,860	11,988,844	11,222,713
Annual surplus (deficit)	(638,691)	18,838	1,334,537	-	-	-	-	-	714,684	766,131
Purchase of tangible capital assets	512,598	-	(512,598)	-	-	-	-	-	-	-
Balance - End of year	6,028,787	(2,726,917)	4,417,042	1,319,963	500,000	2,432,346	675,447	56,860	12,703,528	11,988,844

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

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## Sudbury & District Health Unit

### Notes to Financial Statements

December 31, 2014

**DRAFT**

#### 6 Commitments and contingencies

##### Line of credit

As at December 31, 2014, the Health Unit has available an operating line of credit of \$500,000 (2013 - \$500,000). There is no balance outstanding on the line of credit at year-end (2013 - \$nil).

##### Lease commitment

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2014 are as follows:

	\$
No later than 1 year	195,821
Later than 1 year and no later than 5 years	492,513
Later than 5 years	711,501
	<u>1,399,835</u>

##### Contingencies

From time to time, the Health Unit is involved in lawsuits and claims arising in the ordinary course of business. Management has established policies and procedures to ensure adequate provisions will be made in the accounts where required such that the ultimate resolution with respect to any claims will not have a material adverse effect on the Health Unit's financial position or results of operations. As at December 31, 2014, no such claims exist.

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

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# Sudbury & District Health Unit

## Notes to Financial Statements

December 31, 2014

### 7 Pension agreements

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2014 was \$1,715,562 (2013 - \$1,764,747) for current service and is included within benefits expense on the statement of operations.

### 8 Per capita revenue from municipalities

	2014 \$	2013 \$
Township of Assiginack	30,315	29,804
Township of Baldwin	20,693	20,519
Township of Billings (and part of Allan)	19,969	19,350
Township of Burpee	10,808	10,909
Township of Central Manitoulin	69,791	67,141
Municipality of St. Charles	46,461	45,778
Township of Chapleau	80,863	79,803
Municipality of French River	91,407	90,128
Township of Espanola	178,003	176,489
Township of Gordon (and part of Allan)	17,991	17,077
Town of Gore Bay	32,490	30,714
Municipality of Markstay-Warren	92,396	91,621
Township of Northeastern Manitoulin & The Islands	86,464	84,673
Township of Nairn & Hyman	15,685	15,909
Municipality of Killarney	13,971	14,156
Township of Sables and Spanish River	109,794	107,075
City of Greater Sudbury	5,659,141	5,578,627
Township of Tehkummah	14,037	13,571
	<b>6,590,279</b>	<b>6,493,344</b>

### 9 Administration expenses

	2014		2013
	Budget \$	Actual \$	Actual \$
Professional fees	688,856	751,563	581,560
Advertising	266,807	213,962	265,514
Building maintenance	334,516	341,711	382,949
Staff education	176,471	269,536	271,410
Utilities	172,859	193,131	170,610
Rent	244,882	245,131	244,680
Liability insurance	101,714	93,793	97,227
Postage	66,012	68,271	55,578
Telephone	199,139	186,165	193,396
Memberships and subscriptions	47,532	46,513	48,673
Strategic planning	5,000	1,463	4,322
	<b>2,303,788</b>	<b>2,411,239</b>	<b>2,315,919</b>

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED

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# Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2014

**DRAFT**

## 10 Revenues and expenses by funding sources

	OLHA \$	CNO \$	CINOT Expansion \$	Enhanced Safe Food \$	HSO \$	CID \$	IC-PHN \$	MOH/ AMOH \$	Unorganized territories \$	Enhanced safe water \$	SDWS \$	Needle exchange \$	UIIP \$	Men C \$	HPV \$
<b>Revenues</b>															
Provincial grants	14,892,975	111,980	24,152	35,692	404,190	388,907	90,066	16,549	-	16,111	106,000	61,751	37,545	8,551	16,575
Provincial grants - one-time	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	-	-	-	-	785,275	-	-	-	-	-	-
Municipalities	6,510,908	-	10,503	-	-	-	-	-	-	-	47,222	-	-	-	-
Plumbing and inspections	262,909	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	100,023	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	575,599	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>22,342,414</b>	<b>111,980</b>	<b>34,655</b>	<b>35,692</b>	<b>404,190</b>	<b>388,907</b>	<b>90,066</b>	<b>16,549</b>	<b>785,275</b>	<b>16,111</b>	<b>153,222</b>	<b>61,751</b>	<b>37,545</b>	<b>8,551</b>	<b>16,575</b>
<b>Expenses</b>															
Salaries and wages	14,031,801	92,818	-	-	272,246	293,285	77,989	16,549	466,065	12,787	120,524	-	16,120	7,441	12,833
Benefits	3,754,094	19,162	-	-	78,498	82,012	12,077	-	130,772	3,324	32,698	-	1,543	729	1,320
Transportation	129,149	-	-	-	5,157	1,501	-	-	115,065	-	-	-	1,276	80	1,711
Administration (note 9)	2,096,369	-	33,496	35,692	34,753	605	-	-	40,336	-	-	-	13,888	-	-
Supplies and materials	681,123	-	-	-	13,536	11,504	-	-	33,037	-	-	61,751	4,718	301	711
Small operational equipment	299,060	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amortization of tangible capital assets	638,691	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	<b>21,630,287</b>	<b>111,980</b>	<b>33,496</b>	<b>35,692</b>	<b>404,190</b>	<b>388,907</b>	<b>90,066</b>	<b>16,549</b>	<b>785,275</b>	<b>16,111</b>	<b>153,222</b>	<b>61,751</b>	<b>37,545</b>	<b>8,551</b>	<b>16,575</b>
<b>Annual surplus</b>	<b>712,127</b>	<b>-</b>	<b>1,159</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

OLHA - MOHLTC mandatory cost-shared

CNO - Chief nursing officer

CINOT - Children in need of treatment

HSO - Healthy Smiles Ontario

CID - Infectious Diseases Control Initiative

IC - PHN - Infection Prevention and Control Nurses Initiative

MOH/AMOH - MOH/AMOH Compensation Initiative

SDWS - Small drinking water systems

UIIP - Universal Influenza Immunization Program

Men. C - Meningococcal vaccine program

HPV - Human papilloma virus

VBD - Vector borne diseases

MCYS - Ministry of Children and Youth Services

SFO - Smoke Free Ontario

HCPF - Healthy Communities Partnership Fund

NFVP - Northern Fruit and Vegetable Program

SDoH Nurses - Social Determinants of Health Nurses

**FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED**

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# Sudbury & District Health Unit

## Notes to Financial Statements

December 31, 2014

**DRAFT**

	VBD \$	MCYS \$	SFO \$	HCPF \$	PHI Practicum \$	Panorama 2013-14 \$	SFO Expanded Smoking Cessation \$	Diabetes Prevention \$	NFVP \$	Nurse Graduate Guarantee \$	Vaccine Refrigerators \$	HIV-Aids Anonymous Testing \$	SDoH Nurses Initiatives \$	Panorama 2014-15 \$	Non-Ministry	Total \$
Revenue																
Provincial grants	60,736	1,619,104	727,068	51,306	6,470	-	-	134,208	106,945	31,621	-	55,145	180,448	-	-	19,184,095
Provincial grants - one-time	-	-	-	-	-	27,953	1,118	-	-	-	8,000	-	-	116,121	-	153,192
Unorganized territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	786,275
Municipalities	21,646	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,590,279
Plumbing and inspections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	262,909
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100,023
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	175,369	750,968
	82,382	1,619,104	727,068	51,306	6,470	27,953	1,118	134,208	106,945	31,621	8,000	55,145	180,448	116,121	175,369	27,326,741
Expenses																
Salaries and wages	40,574	1,237,152	461,685	-	5,755	22,236	-	60,618	32,618	27,593	-	43,142	145,523	79,299	83,548	17,660,201
Benefits	7,807	285,719	121,793	-	576	4,180	-	14,239	5,854	4,028	-	11,126	34,925	20,331	12,662	4,639,269
Transportation	9,342	45,497	32,508	2,667	77	-	-	7,415	493	-	-	-	-	-	708	352,646
Administration (note 9)	2,076	13,819	68,200	31,659	-	-	-	29,081	5,307	-	-	814	-	-	5,144	2,411,239
Supplies and materials	21,185	24,231	42,882	16,980	-	1,537	1,118	22,855	60,053	-	-	63	-	16,491	73,307	1,087,363
Small operational equipment	-	12,686	-	-	62	-	-	-	2,820	-	8,000	-	-	-	-	322,628
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	638,691
	80,984	1,619,104	727,068	51,306	6,470	27,953	1,118	134,208	106,945	31,621	8,000	55,145	180,448	116,121	175,369	27,112,057
Annual surplus	1,398	-	-	-	-	-	-	-	-	-	-	-	-	-	-	714,684

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT  
NOT TO BE FURTHER COMMUNICATED

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## ***Appendix B: Draft management representation letter***

[Client Letterhead]

May 21, 2015

PricewaterhouseCoopers LLP  
PwC Center  
354 Davis Rd, Suite 600  
Oakville ON L6J Co5

Attention: Mr. Michael Hawtin

Dear Sirs:

We are providing this letter in connection with your audit of the financial statements of Sudbury & District Health Unit as at December 31, 2014 and for the year then ended for the purpose of expressing an opinion as to whether such financial statements present fairly, in all material respects, the financial position, results of operations, changes in net financial assets and cash flows in accordance with Canadian public sector accounting standards.

**Management's responsibilities**

We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated November 10, 2014. In particular, we confirm to you that:

- We are responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards;
- We are responsible for designing, implementing and maintaining an effective system of internal control over financial reporting to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. In this regard, we are responsible for establishing policies and procedures that ensure financial statements are prepared in accordance with Canadian public sector accounting standards;
- We have provided you with all relevant information and access, as agreed in the terms of the audit engagement; and
- All transactions have been recorded in the accounting records and are reflected in the financial statements.

We confirm the following representations:

**Preparation of financial statements**

The financial statements include all disclosures necessary for fair presentation in accordance with Canadian public sector accounting standards and disclosures otherwise required to be included therein by the laws and regulations to which Sudbury & District Health Unit is subject.

We have appropriately reconciled our books and records (e.g. general ledger accounts) underlying the financial statements to their related supporting information (e.g. sub ledger or third party data). All related reconciling items considered to be material were identified and included on the reconciliations and were appropriately adjusted in the financial statements. There were no material unreconciled differences or material general ledger suspense account items that should have been adjusted or reclassified to another account balance. There were no material general ledger suspense account items written off to a balance sheet account, which should have been written off to an operations account and vice versa. All inter-governmental unit accounts have been eliminated or appropriately measured and considered for disclosure in the financial statements.

**Accounting policies**

We confirm that we have reviewed Sudbury & District Health Unit's accounting policies and, having regard to the possible alternative policies, our selection and application of accounting policies and estimation techniques used for the preparation and presentation of the financial statements is appropriate in Sudbury & District Health Unit's particular circumstances to present fairly in all material respects its financial position, results of operations, and cash flows in accordance with Canadian public sector accounting standards.

**Internal controls over financial reporting**

We have designed disclosure controls and procedures to ensure material information relating to Sudbury & District Health Unit, is made known to us by others.

We have designed internal control over financial reporting to provide reasonable assurance regarding the reliability of financial reporting and the preparation of the financial statements for external purposes in accordance with Canadian public sector accounting standards.

We have not identified any deficiency in the design or operation of disclosure controls and procedures and internal control over financial reporting identified as part of our assessment as at December 31, 2014.

We have disclosed to you all deficiencies in the design or operation of disclosure controls and procedures and internal control over financial reporting that we are aware.

**Disclosure of information**

We have provided you with:

- Access to all information of which we are aware that is relevant to the preparation of the financial statements, such as records, documentation and other matters including:
  - Contracts and related data;
  - Information regarding significant transactions and arrangements that are outside of the normal course of business; and
  - Minutes of the meetings of shareholders, management, directors and committees of directors.
- Additional information that you have requested from Sudbury & District Health Unit for the purpose of the audit; and
- Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.

**Completeness of transactions**

All contractual arrangements entered into by Sudbury & District Health Unit with third parties have been properly reflected in the accounting records and, where material (or potentially material) to the financial statements, have been disclosed to you. We have complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.

**Fraud**

We have disclosed to you:

- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- All information in relation to fraud or suspected fraud of which we are aware affecting Sudbury & District Health Unit involving management, employees who have significant roles in internal control or others where the fraud could have a material effect on the financial statements; and
- All information in relation to any allegations of fraud, or suspected fraud, affecting Sudbury & District Health Unit's financial statements, communicated by employees, former employees, analysts, regulators or others.

**Compliance with laws and regulations**

We have disclosed to you all aspects of laws, regulations and contractual agreements that may affect the financial statements, including actual or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

We are not aware of any illegal or possibly illegal acts committed by Sudbury & District Health Unit's directors, officers or employees acting on Sudbury & District Health Unit's behalf.

**Accounting estimates and fair value measurements**

Significant assumptions used by Sudbury & District Health Unit in making accounting estimates, including fair value accounting estimates, are reasonable.

For recorded or disclosed amounts in the financial statements that incorporate fair value measurements, we confirm that:

- The measurement methods are appropriate and consistently applied;
- The significant assumptions used in determining fair value measurements represent our best estimates, are reasonable and have been consistently applied;
- No subsequent event requires adjustment to the accounting estimates and disclosures included in the financial statements; and
- The significant assumptions used in determining fair value measurements are consistent with Sudbury & District Health Unit's planned courses of action. We have no plans or intentions that have not been disclosed to you, which may materially affect the recorded or disclosed fair values of assets or liabilities.

Significant estimates and measurement uncertainties known to management that are required to be disclosed in accordance with CPA Canada Public Sector Accounting Handbook Section PS 2130, Measurement Uncertainty, have been appropriately disclosed.

**Related parties**

We confirm that we have disclosed to you the identity of related Sudbury & District Health Unit's parties as defined by Canadian Auditing Standard 550, Related Parties, and all the related party relationships and transactions.

The identity, relationship of and balances and transactions with related parties have been properly recorded and adequately disclosed in the financial statements, as required by Canadian public sector accounting standards.

The list of related parties attached to this letter as Appendix A accurately and completely describes Sudbury & District Health Unit's related parties and the relationships with such parties.

**Going concern**

We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements (e.g. to dispose of the business or to cease operations).

**Assets and liabilities**

We have satisfactory title or control over all assets. All liens or encumbrances on Sudbury & District Health Unit's assets and assets pledged as collateral, to the extent material, have been disclosed in the financial statements.

We have recorded or disclosed, as appropriate, all liabilities, in accordance with Canadian public sector accounting standards. All liabilities and contingencies, including those associated with guarantees, whether written or oral, under which Sudbury & District Health Unit is contingently liable in accordance with the CPA Canada Public Sector Accounting Handbook Section PS 3300, Contingent Liabilities, have been disclosed to you and are appropriately reflected in the financial statements.

**Litigation and claims**

All known actual or possible litigation and claims, which existed at the balance sheet date or exist now, have been disclosed to you and accounted for and disclosed in accordance with Canadian public sector accounting standards, whether or not they have been discussed with legal counsel.

**Misstatements detected during the audit**

Certain representations in this letter are described as being limited to those matters that are material. Items are also considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would have been changed or influenced by the omission or misstatement.

We confirm that the financial statements are free of material misstatements, including omissions.

We confirm there are no uncorrected misstatements in the financial statements.

There were no adjusted misstatements identified during your audit.

**Events after balance sheet date**

We have identified all events that occurred between the statement of financial position date and the date of this letter that may require adjustment of, or disclosure in, the financial statements, and have effected such adjustment or disclosure.

**Cash and banks**

The books and records properly reflect and record all transactions affecting cash funds, bank accounts and bank indebtedness of Sudbury & District Health Unit.

All cash balances are under the control of Sudbury & District Health Unit, free from assignment or other charges, and unrestricted as to use, except as disclosed to you.

The amount shown for cash on hand or in bank accounts excludes trust or other amounts, which are not the property of Sudbury & District Health Unit.

Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances, line of credit or similar arrangements have been properly disclosed.

All cash and bank accounts and all other properties and assets of Sudbury & District Health Unit are included in the financial statements as at December 31, 2014.

**Tangible capital assets**

All charges to tangible capital asset accounts represented the actual cost of additions to tangible capital assets.

All contributed tangible capital assets have been recorded at fair value at the date of the contribution.

No significant tangible capital asset additions were charged to repairs and maintenance or other expense accounts.

Book values of tangible capital assets sold, destroyed, abandoned or otherwise disposed of have been eliminated from the accounts.

Tangible capital assets owned by Sudbury & District Health Unit are being depreciated on a systematic basis over their estimated useful lives, and the provision for depreciation was calculated on a basis consistent with that of the previous date.

All lease agreements covering assets leased by or from Sudbury & District Health Unit have been disclosed to you and classified as leased tangible capital assets or operating leases.

Leased tangible capital assets are being amortized on a systematic basis over the period of expected use.

There have been no events, conditions or changes in circumstances that indicate that a tangible capital asset no longer contributes to Sudbury & District Health Unit's ability to provide goods and services or that the value of future economic benefits associated with the tangible capital asset is less than its net book value. We believe that the carrying amount of Sudbury & District Health Unit's long-lived tangible capital assets is fully recoverable in accordance with CPA Canada Public Sector Accounting Handbook PS 3150.

#### **Deferred revenue**

All material amounts of deferred revenue meet the definition of a liability and were appropriately recorded in the books and records.

#### **Retirement benefits, post-employment benefits, compensated absences and termination benefits**

All arrangements to provide retirement benefits, post-employment benefits, compensated absences and termination benefits have been identified to you and have been included in the actuarial valuation as required.

The actuarial valuation dated December 31, 2011 incorporates management's best estimates.

The actuarial assumptions and methods used to measure liabilities and costs for financial accounting purposes for pension and other post-retirement benefits are appropriate in the circumstances.

Sudbury & District Health Unit does not plan to make frequent amendments to the pension or other post-retirement benefit plans.

All changes to the plan and the employee group and the plan's performance since the last actuarial valuation have been reviewed and considered in determining the pension plan expense and the estimated actuarial present value of accrued pension benefits and value of pension plan assets.

Sudbury & District Health Unit's actuaries have been provided with all information required to complete their valuation as at December 31, 2011 and their extrapolation to December 31, 2014.

The employee future benefit costs, assets and obligations have been determined, accounted for and disclosed in accordance with CPA Canada Public Sector Accounting Handbook PS 3250, Retirement Benefits and CPA Canada Public Sector Accounting Handbook PS 3255, Post-employment Benefits, Compensated Absences and Termination Benefits. In particular:

The significant accounting policies that Sudbury & District Health Unit has adopted in applying CPA Canada Public Sector Accounting Handbook Section PS 3250 and CPA Canada Public Sector Accounting Handbook Section PS 3255 are accurately and completely disclosed in the notes to the financial statements.

Each of the best estimate assumptions used reflects management's judgment of the most likely outcomes of future events.

The best estimate assumptions used are, as a whole, internally consistent, and consistent with the asset valuation method adopted.

The discount rate used to determine the accrued benefit obligation was determined by reference to rates at the measurement date on high quality debt instruments with cash flows that match the timing and amount of the expected benefit payments; or inherent in the amount at which the accrued benefit obligation could be settled.

The assumptions included in the actuarial valuation are those that management Nexus Actuarial Consultants Ltd. to use in computing amounts to be used by management in determining pension costs and obligations and in making required disclosures in the above-named financial statements, in accordance with CPA Canada Public Sector Accounting Handbook Section PS 3250. In arriving at these assumptions, management has obtained the advice Nexus Actuarial Consultants Ltd., but has retained the final responsibility for them.

The source data and plan provisions provided to the actuary for preparation of the actuarial valuation are accurate and complete.

All changes to plan provisions or events occurring subsequent to the date of the actuarial valuation and up to the date of this letter have been considered in the determination of pension costs and obligations and as such have been communicated to you as well as to the actuary.

**Use of a specialist**

We assume responsibility for the findings of specialists in evaluating the employee benefits obligations and have adequately considered the qualifications of the specialists in determining the amounts and disclosures used in the financial statements and underlying accounting records. We did not give or cause any instructions to be given to specialists with respect to the values or amounts derived in an attempt to bias their work, and we are not otherwise aware of any matters that have had an impact on the independence or objectivity of the specialists.

Yours truly,

**Sudbury & District Health Unit**

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Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

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Mr. Marc Piquette, Director, Corporate Services

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Ms. Colette Barette, Manager, Accounting Services

## **Appendix A – Related Parties**

The City of Greater Sudbury

Ron Dupis

Madeleine Dennis

Paul Schoppmann

Claude Belcourt

Claude Berthiaume

Janet Bradley

Evelyn Dutrisac

Brigita Gingras

Terry Kett

Ken Noland

Rita Pilon

Ursula Sauvé

Brenda Spencer

Robert Kirwan

Paul Myre

René Lapierre

Mark Signoretti

Jeffery Huska

Stewart Meikleham

Carolyn Thain

**ACCEPTANCE OF REPORTS**

**MOTION:      THAT the Report of the Medical Officer of Health / Chief Executive Officer for the month of May 2015 be accepted as distributed.**

**ADOPTION OF THE 2014 AUDITED FINANCIAL STATEMENTS**

**MOTION:      THAT the 2014 audited financial statements be adopted as distributed.**

# Strategic Narratives Report



Sudbury & District

Health Unit

Service de  
santé publique

Performance  
Monitoring Plan

2013  
2017

May 2015

## Introduction

The Sudbury & District Health Unit's (SDHU) 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus. These priorities steer the planning and delivery of public health programs and services, learning activities and partnerships. This narrative report is provided to the Board of Health three times a year as a component of the 2013–2017 Performance Monitoring Plan.

Division Directors seek out program and/or service narrative topics from staff at key points throughout the year. Selected narratives are then reported to the Board of Health in the spring, summer, and fall of every year. It's important to note that narratives do not reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2013-2017 Strategic Plan.

## Housing Complaints and Marginalized Populations

Your home is your sanctuary, a place you return to for comfort and safety. Unfortunately, some vulnerable individuals live in housing that is hazardous due to behaviours such as hoarding and severe self-neglect. When Public Health Inspectors respond to housing complaints, they can encounter the complexity of these situations first hand.

The SDHU is implementing two key strategies that aim to improve our public health practices and understanding in addressing this complex issue. The first strategy considers the current response practices of community partners and ways in which efforts may be coordinated. The second will investigate and provide further understanding of the lived experiences of vulnerable clients, particularly where housing circumstances are affected by poor health, social exclusion, unemployment, and poverty.

Through activities like these, the SDHU advocates for vulnerable people and works with partner agencies to strengthen the understanding of systems needed to support marginalized individuals in maintaining safe and healthy dwellings.



### Strategic Priority: Champion and lead equitable opportunities for health

- Advocate for policies that address health equity
- Reduce social and economic barriers to health
- Address a broad range of underlying factors that impact health
- Support all communities to reach their full health potential

## Relationships are Key for Creating Action in our Community!

What issue could engage politicians, teachers, retired people, young people, social workers, nurses, enforcement officers, lawyers, doctors, homemakers, First Nations people, counsellors, professors, students, planners, allied health professionals, and leaders of various faith groups to work together for the benefit of our community? The Community Drug Strategy for the City of Greater Sudbury did just that. Substance misuse impacts all of us. Reducing the harms associated with misuse requires a community effort.

Over the course of four years, people from various sectors gathered to discuss substance misuse issues and to develop the Community Drug Strategy (CDS) for the City of Greater Sudbury: a Call to Action, which is built upon five foundations. One of those foundations, sustaining relationships, focuses on “the development of partnerships between the community, sector organizations, and all levels of government”. Relationships between individuals, families, neighbourhoods, agencies, and governments are key to creating a community that is supportive and resilient. The CDS places strong emphasis on involvement, an example of the SDHU’s priority to strengthening relationships.

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### Strategic Priority: Strengthen relationships

- Invest in relationships and innovative partnerships based on community needs and opportunities
- Help build capacity with our partners to promote resilience in our communities and neighbourhoods
- Monitor our effectiveness at working in partnership
- Collaborate with a diverse range of sectors



## Embracing Evidence-Informed Practice: A Journey of Organizational Change

Every day, public health decisions are being made that impact programming priorities, objectives, activities, and actions. As such, it is vital that the SDHU ensures all staff have the knowledge, skills, and attitudes to use current best evidence to inform and support our work in public health.

Inspired by key resources from the National Collaborating Centre for Methods and Tools, a number of organizational changes and supports have been put in place to ensure staff adopt and integrate this process within their everyday work. Key steps in this journey include:

- Establishing an Evidence-Informed Practice Working Group to coordinate the review, synthesis, and translation of evidence to guide and inform program planning
- Assessing and developing staff capacity and skills in this area
- Adopting an organization-wide evidence-informed decision making framework
- Re-developing an existing program planning tool to fully integrate evidence-informed practice

With this foundation, the SDHU will continue to strengthen evidence-informed public health practice.



### Strategic Priority: Strengthen evidence-informed public health practice

- Implement effective processes and outcomes to use and generate quality evidence
- Apply relevant and timely surveillance, evaluation, and research results
- Exchange knowledge internally and externally

## Treating Poverty – A Workshop for Family Physicians

In October 2014, the SDHU hosted a poverty workshop for family physicians, co-presented by Drs. Gary Bloch and Amanda Hey. The workshop was developed by Dr. Bloch, a family physician with St. Michael's Hospital, who founded and chairs the Ontario College of Family Physicians' Committee on Poverty and Health. Dr. Bloch is a founding member of Health Providers Against Poverty.

Poverty represents a significant and reversible risk factor for poor health. The goal of the half-day workshop was to equip primary care providers with a three-step approach to intervening in patients' poverty through the development of relevant clinical skills, and a deeper understanding of the federal and provincial income security systems and related resources.

Twenty-seven primary care providers from across northeastern Ontario attended. Participants engaged in a series of discussions related to poverty and the experiences of patients in our northern context. Participants were provided with practical resources to support patients and families living in poverty, including a compendium of community supports available in the districts. A second workshop will be hosted on Manitoulin Island in the spring.

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### Strategic Priority: Support community actions promoting health equity

- Facilitate diverse community engagement
- Support awareness, education, advocacy and policy development at local, provincial, and federal levels
- Tailor programs and services to reflect community voices and needs
- Seek community input on issues that impact health equity



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## Elephant in the Room Campaign

In October 2014, during Mental Health Week, the SDHU launched the Elephant in the Room Campaign. The campaign is a part of a national movement aimed at eliminating the stigma associated with mental illness. Participating workplaces were provided with blue elephant stickers and posters, which are intended to symbolize that the workplace is a safe place to talk about mental illness without fear of judgement. The elephant also symbolizes a workplace that is caring, considerate and respectful of those who may themselves be suffering, or know someone suffering from, a mental illness.

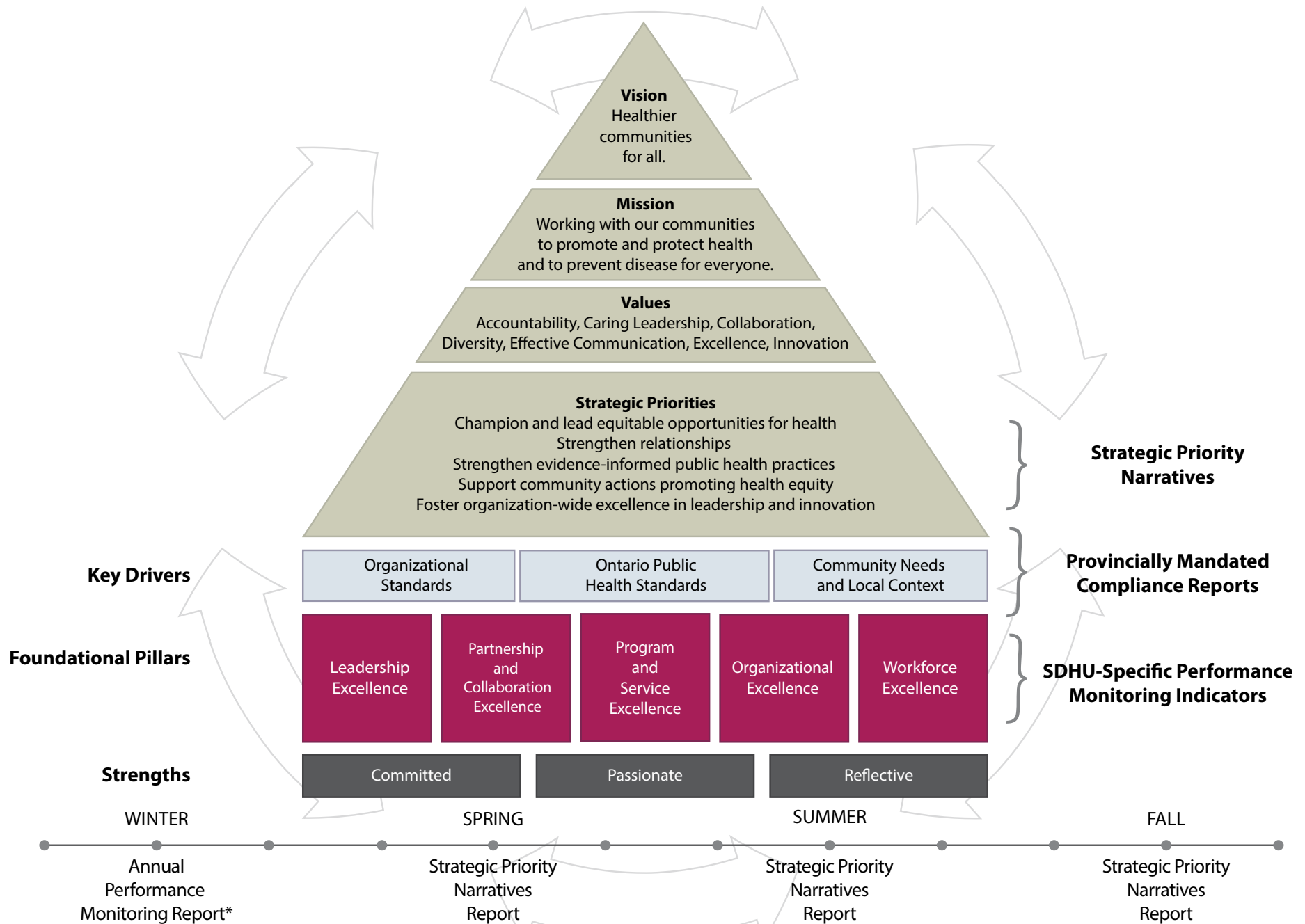
The campaign is part of the SDHU's commitment to the National Standard for Psychological Health & Safety in the workplace. This voluntary standard was endorsed by the Executive Committee and is poised to form the basis for corporate and social policies directed toward the protection of employee mental health. Everyone at the SDHU has been working together to improve psychological safety and mental health in our workplace.



### Strategic Priority: Foster organization-wide excellence in leadership and innovation

- Cultivate a skilled, diverse, and responsive workforce
- Promote staff engagement and support internal collaboration
- Invest resources wisely
- Build capacity to support staff and management core competencies
- Ensure continuous improvement in organizational performance
- Promote a learning organization

# 2013–2017 Sudbury & District Board of Health Strategy Map



\* Includes Strategic Priority Narratives “roll-up”, Organizational Standards Compliance Report, Accountability Indicator Compliance Report, and SDHU-Specific Performance Monitoring Indicators Report

## PROGRAM AT A GLANCE\*

SUNDAY, JUNE 7, 2015		
4:00 – 7:00 PM	<b>Final Meeting of 2014-15 alPHa Board of Directors</b>	Rideau, 3 <sup>rd</sup> Floor
5:00 – 8:00 PM	<b>Registration Desk Open</b>	Victoria Ballroom Foyer, 2 <sup>nd</sup> Floor
7:30 – 9:30 PM	<b>Opening Reception</b> Welcoming remarks by Yasir Naqvi, MPP, Ottawa Centre (invited)	Summit Lounge, 29 <sup>th</sup> Floor
MONDAY, JUNE 8, 2015		
7:00 – 8:00 AM	<b>Breakfast &amp; Registration &amp; Exhibits</b>	<b>Registration/Exhibits</b> - Victoria Ballroom Foyer, 2 <sup>nd</sup> Floor <b>Breakfast</b> – South Victoria Ballroom
8:00 – 10:00 AM	<b>Combined Annual Business Meeting &amp; Resolutions Session</b> Welcoming remarks by Councillor Shad Quadri, Chair of the Ottawa Board of Health	North Victoria Ballroom, 2 <sup>nd</sup> Floor
10:00 – 10:30 AM	<b>Break &amp; Exhibits</b>	<b>Break</b> - South Victoria Ballroom, 2 <sup>nd</sup> Floor <b>Exhibits</b> – Victoria Ballroom Foyer
10:30 – 10:50 AM	<b>Welcome</b> Opening Remarks by Hon. Eric Hoskins, Minister of Health & Long-Term Care (invited)	North Victoria Ballroom, 2 <sup>nd</sup> Floor
10:50 AM – 12:00 PM	<b>Panel: Rethinking Public Health</b> Panel will explore key priorities for the public health sector in the future from a variety of perspectives while addressing the following questions: Where is public health going? What are the current gaps? What should Ontario's health units be advancing?  <b>Moderator:</b> Dr. Vera Etches, Deputy Medical Officer of Health, Ottawa Public Health  <b>Panelists:</b> <ul style="list-style-type: none"> <li>• <b>International:</b> Dr. Peter Donnelly, President and CEO, Public Health Ontario</li> <li>• <b>National:</b> Dr. Gregory Taylor, Chief Public Health Officer, Public Health Agency of Canada</li> <li>• <b>Provincial:</b> Dr. David Mowat, Ontario Chief Medical Officer of Health (invited)</li> <li>• <b>Local:</b> Dr. Isra Levy, Medical Officer of Health, Ottawa Public Health</li> </ul>	North Victoria Ballroom, 2 <sup>nd</sup> Floor

12:00 – 1:00 PM	<b>Lunch &amp; Exhibits</b>	<b>Lunch</b> - South Victoria Ballroom, 2 <sup>nd</sup> Floor <b>Exhibits</b> – Victoria Ballroom Foyer
1:00 – 2:00 PM	<p><b>Panel: Quality and Public Health</b> Speakers will explore supports for key public health priorities of the future including the determination of return on investment for public health programs and services.</p> <p><b>Moderator:</b> Sandra Labelle, Manager Continuous Quality Improvement, Eastern Ontario Health Unit</p> <p><b>Panelists:</b></p> <ul style="list-style-type: none"> <li>• Dr. Jeff Turnbull, Chief Clinical Lead, Health Quality Ontario</li> <li>• Dr. Doug Manuel, Professor, Department of Epidemiology and Community Medicine, University of Ottawa</li> </ul>	North Victoria Ballroom, 2 <sup>nd</sup> Floor
2:00 – 3:00 PM	<p><b>Panel: Social Determinants of Health</b> Panel will discuss current challenges for government and public health units in addressing the social determinants of health and explore new approaches for public health to effectively apply.</p> <p><b>Moderator:</b> Sherry Nigro, Manager, Health Promotion and Disease Prevention, Ottawa Public Health</p> <p><b>Panelists:</b></p> <ul style="list-style-type: none"> <li>• Connie Clement, Scientific Director, National Collaborating Centre for Determinants of Health</li> <li>• Dr. Ron Labonté, Canada Research Chair in Globalization and Health Equity, Institute of Population Health, University of Ottawa</li> </ul>	North Victoria Ballroom, 2 <sup>nd</sup> Floor
3:00 – 3:30 PM	<b>Break &amp; Exhibits</b>	<b>Break</b> - South Victoria Ballroom, 2 <sup>nd</sup> Floor <b>Exhibits</b> – Victoria Ballroom Foyer
3:30 – 4:30 PM	<p><b>Plenary Session: Community Engagement</b> Presentation and workshop on board of health engagement with health unit community stakeholders</p> <p><b>Speaker:</b> Manjit Basi, Co-founder, Citizens Academy</p>	North Victoria Ballroom, 2 <sup>nd</sup> Floor
4:30 – 4:45 PM	<p><b>Summary and Wrap Up</b> Closing Remarks by Dr. Gregory Taylor, Chief Public Health Officer of Canada, or Hon. Eric Hoskins, Minister of Health &amp; Long-Term Care (invited)</p>	North Victoria Ballroom, 2 <sup>nd</sup> Floor

5:30 PM	<b>Buses depart hotel for off-site reception/dinner venue</b>	
6:00 – 6:50 PM	<b>President's Reception (off-site)</b> Location: Wabano Centre for Aboriginal Health, 299 Montreal Road, Ottawa	
6:50 – 9:00 PM	<b>alPHA Distinguished Service Awards Dinner (off-site)</b> Location: Wabano Centre for Aboriginal Health, 299 Montreal Road, Ottawa	
<b>TUESDAY, JUNE 9, 2015</b>		
7:30 – 8:30 AM	<b>Breakfast &amp; Registration &amp; Exhibits</b>	<b>Registration/Exhibits</b> - Victoria Ballroom Foyer, 2 <sup>nd</sup> Floor <b>Breakfast</b> – South Victoria Ballroom
8:30 – 10:45 AM	<b>Business Meetings for alPHA Sections</b>	<b>BOH</b> – North Victoria Ballroom <b>COMOH</b> – Wellington, 3 <sup>rd</sup> Floor
10:15 – 10:45 AM	<b>Break &amp; Exhibits</b>	<b>Break</b> - South Victoria Ballroom, 2 <sup>nd</sup> Floor <b>Exhibits</b> – Victoria Ballroom Foyer
10:45 AM – 12:00 PM	<b>Business Meetings for alPHA Sections continued</b>	
12:00 – 1:00 PM	<b>Lunch</b>	South Victoria Ballroom, 2 <sup>nd</sup> Floor
12:30 – 1:00 PM	<b>Inaugural Meeting of 2015-16 alPHA Board of Directors</b>	Rideau, 3 <sup>rd</sup> Floor
1:00 PM	<b>Conference Ends</b>	

*\* Subject to change*

*alPHA acknowledges the generous support of the following:*

**Platinum Supporters:**



**Gold Supporter:**



## N O T I C E

### 2015 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2015 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES** will be held at the Marriott Ottawa Hotel, 100 Kent Street, Ottawa, Ontario on **Monday, June 8, 2015 at 8:00 AM** at the *Rethinking Public Health* conference, for the following purposes:

1. To consider and approve the minutes of the 2014 Annual General Meeting in Richmond Hill, Ontario;
2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others as appropriate;
3. To consider and approve the Audited Financial Statement for 2014-2015;
4. To appoint an auditor for 2015-2016; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, February 10, 2015.

BY THE ORDER OF THE BOARD OF DIRECTORS.



**Linda Stewart**  
Executive Director

## CALL FOR BOARD OF HEALTH NOMINATIONS TO 2015-2016 alPHa BOARD OF DIRECTORS

*alPHa is accepting nominations for **one** Board of Health representative on its 2015-2016 Board of Directors from the **North East Region**. See the attached appendix for boards of health in this region.*

*The position has resulted from an in-term resignation and is, therefore, for a 1-year term, beginning June 2015 and ending June 2016, and will fill a seat on the Boards of Health Section Executive and a seat on the alPHa Board of Directors.*



### **Qualifications:**

- *Active member of an Ontario Board of Health or regional health committee;*
- *Background in committee and/or volunteer work;*
- *Supportive of public health;*
- *Able to commit time to the work of the alPHa Board of Directors and its committees;*
- *Familiar with the Ontario Public Health Standards and its Organizational Standards.*

*As an in-term replacement, the final decision will be made by the BOH Executive Committee and the person who fills this position will be eligible to stand for election in June 2016 for a 2-year term.*

*Nominations close **4:30 PM, Monday, June 1, 2015.***

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### **Why stand for election to the alPHa Board?**

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

### **What is the Board of Health Section Executive Committee of alPHa?**

- This is a committee of the alPHa Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.
- Members of the Section Executive attend all alPHa Board meetings and participate in teleconferences throughout the year.

**How long is the term on the Boards of Health Section Executive/alpha Board of Directors?**

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

**How is the alpha Board structured?**

- There are 22 directors on the alpha Board: 7 from the Boards of Health Section, 7 from the Council of Ontario Medical Officers of Health (COMOH), 1 from each of the 7 Affiliate Organizations of alpha, and 1 from the Ontario Public Health Association Board of Directors.
- There are 4 committees of the alpha Board: Executive Committee, Boards of Health Section Executive, COMOH Executive, and Advocacy Committee.

**What is the time commitment to being a Section Executive member/Director of alpha?**

- Full-day alpha Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Boards of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alpha Executive Committee teleconferences, which are held 5 times a year.

**Are my expenses as a Director of the alpha Board covered?**

- Any travel expenses incurred by an alpha Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

**How do I stand for consideration for appointment to the alpha Board of Directors?**

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alpha by **June 1, 2015**.

**Who should I contact if I have questions on any of the above?**

- Susan Lee, alpha, Tel: (416) 595-0006 ext. 25, E-mail: [susan@alphaweb.org](mailto:susan@alphaweb.org)

**Board of Health Vacancies on alPHa Board of Directors**

*alPHa is accepting nominations for **one** Board of Health representative to fill a position on its 2015-2016 and Board of Directors, i.e. one representative from the **North East region**. See below for boards of health in this region.*

*The position has resulted from an in-term resignation and is, therefore, for a 1-year term, beginning June 2015 and ending June 2016, and will fill a seat on the Boards of Health Section Executive and a seat on the alPHa Board of Directors.*

*If you are an active member of a Board of Health/Regional Health Committee who is interested in running for this seat, please consider standing for nomination to represent the North East region. Boards of health in this region are:*

**North East Region**

Boards of health in this region include:

- Algoma
- North Bay Parry Sound
- Porcupine
- Sudbury
- Timiskaming

## FORM OF NOMINATION AND CONSENT

*alPHA Board of Directors 2015-2016*

\_\_\_\_\_, a Member of the Board of Health of  
 (Please print nominee's name)

\_\_\_\_\_, is HEREBY NOMINATED  
 (Please print health unit name)

as a candidate for election to the alPHA Board of Directors for the following Boards of Health Section  
 Executive seat from (*choose one using the list of Board of Health Vacancies on previous page*):

☐ North East Region

BOH:

**SPONSORED BY:**

1) \_\_\_\_\_  
 (Signature of a Member of the Board of Health)

2) \_\_\_\_\_  
 (Signature of a Member of the Board of Health)

Date: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CONSENT to my nomination  
 (Signature of nominee)

and agree to serve as a **Director of the alPHA Board** if appointed.

Date: \_\_\_\_\_

### IMPORTANT:

1. Nominations close **4:30 PM, June 1, 2015** and must be submitted to alPHA by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate sheets of paper by the deadline.
3. E-mail the completed form, biography and copy of Board motion by **4:30 PM, June 1, 2015** to Susan Lee at [susan@alphaweb.org](mailto:susan@alphaweb.org)

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## To All Members of Ontario Boards of Health

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Dear Board of Health Member:

May 12, 2015

I am contacting you to provide you with the latest information about the Boards of Health Section meeting that is being hosted by the Association of Local Public Health Agencies.

If you are serving on a Board of Health for the first time, this may be your first alPHA Boards of Health Section meeting. As a member of a board of health, you are automatically a member of alPHA's Board of Health Section. The Section is made up of individuals like you who sit on boards of health in Ontario. Working with the Board of Health Section Executive, alPHA provides opportunities for board of health members to meet face-to-face, learn together and discuss topics important to your role in public health.

The next Boards of Health Section meeting is on the last day of alPHA's 2015 Annual Conference and Annual General Meeting. The theme of the conference is ***Rethinking Public Health*** and it is taking place at the Ottawa Marriott Hotel. The conference includes a welcome reception and the alPHA Distinguished Service Awards Dinner.

Attached is the agenda for the BOH Section meeting that will be held in Ottawa on Tuesday, June 9, 2015 from 8:30 AM to Noon. You can register for the full conference, AGM and BOH Section meeting [at this link](#). The link will also take you to information about the conference hotel and instructions for booking your stay.

Hoping to see you there,



Linda Stewart,  
Executive Director

Attachments

The Association of Local Public Health Agencies (alPHA) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

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## To All Members of Ontario Boards of Health

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### AGENDA

#### Boards of Health Section Meeting

**Tuesday, June 9, 2015 • 8:30 AM – 12:00 PM**  
**North Victoria Ballroom, Ottawa Marriott Hotel, 100 Kent Street**

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CHAIR: Lorne Coe, Durham Region

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- |               |   |
|---------------|---|
| 7:00          | Registration and Continental Breakfast  |
| 8:30 – 8:45   | <b>Welcome and Introductions</b><br><i>This is an opportunity for new and returning members of boards of health across Ontario to say hello.</i>  |
| 8:45 – 8:50   | <b>Section Business</b><br><i>Approval of Minutes from June 3, 2014 Meeting</i>   |
| 8:50 – 10:30  | <b>Food Insecurity Workshop</b><br><i>Gain an understanding of this important public health problem and possible policy solutions through an interactive learning experience.</i><br><b>Speaker: Valerie Tarasuk, Department of Nutritional Sciences, University of Toronto</b> |
| 10:30 – 11:00 | <b>BREAK</b>  |
| 11:00 – 11:30 | <b>Update</b><br><i>Update from alPHa about activities since the last meeting.</i><br><b>Speaker: Linda Stewart, Executive Director, alPHa</b>  |
| 11:30 – 12:00 | <b>Section Elections</b><br><i>4 regions will be electing representatives:</i> <ul style="list-style-type: none"><li>- Eastern</li><li>- Central West</li><li>- South West</li><li>- North East</li></ul>   |
| 12:00         | <b>Meeting Adjourns</b>   |
| 12:00 – 1:00  | <b>LUNCH</b> (provided)   |

## Workshop Speaker Biography



**Dr. Valerie Tarasuk** is a professor in the Department of Nutritional Sciences and the Dalla Lana School of Public Health at the University of Toronto. She is the Principal Investigator in the PROOF research program, which is an interdisciplinary, internationally-based group investigating the attributes of effective policy approaches to improve household food insecurity in Canada. PROOF's work is demonstrating the sensitivity of households' food security to policy decisions related to income and housing affordability. For example, Newfoundland and Labrador's multi-pronged, aggressive poverty reduction strategy has reduced food insecurity among social assistance recipients in that province. The guaranteed annual incomes currently provided to Canadian seniors also appear to protect this population subgroup from food insecurity. Most recently, PROOF has quantified the health care costs associated with food insecurity in Ontario, suggesting that policy interventions designed to reduce food insecurity can be expected to reduce public health expenditures in health care and improve overall health.

## REGISTRATION & CONFERENCE INFORMATION

### ONLINE REGISTRATION / CREDIT CARD PAYMENT

Register and pay online using Visa or Master Card by accessing our secure system. [Click here and register online today.](#)  
If you do not wish to pay by credit card, please choose the "bill me" option when registering online.

### CONFERENCE DELEGATE REGISTRATION AND CANCELLATION

Early bird registration deadline is **April 30, 2015**. The deadline to register is **June 1, 2015**. Cancellations must be received by **May 25, 2015** for full refund of registration fee. Cancellations received after this date will be subject to a 20% processing fee. No refunds will be provided for cancellations received after June 1. **Substitutions accepted with prior notice only.**

### FEES & INCLUSIONS (taxes extra on all prices below; prices are per person)

<b>Registration Type</b>	<b>Includes:</b>		<b>Early Bird (ends April 30, 2015)</b>	<b>Regular</b>
<b>Full</b> (i.e. Sun., Mon. and Tues.)	<ul style="list-style-type: none"> <li>• All sessions</li> <li>• Opening Reception</li> <li>• Breakfasts</li> <li>• Lunches</li> <li>• Breaks</li> <li>• President's Reception (cash bar) &amp; Awards Dinner</li> </ul>	1 <sup>st</sup> and 2 <sup>nd</sup> Delegates	\$500.00	\$550.00
		3 <sup>rd</sup> and 4 <sup>th</sup> Delegates	\$400.00	\$450.00
		5 <sup>th</sup> and subsequent	\$375.00	\$425.00
<b>Monday Only</b> (full day)	<ul style="list-style-type: none"> <li>• All sessions</li> <li>• Breakfast</li> <li>• Lunch</li> <li>• Breaks</li> <li>• President's Reception (cash bar) &amp; Awards Dinner</li> </ul>		\$375.00	\$425.00
<b>Tuesday Only</b> (shortened day)	<ul style="list-style-type: none"> <li>• All sessions</li> <li>• Breakfast</li> <li>• Lunch</li> <li>• Break</li> </ul>		\$200.00	\$250.00
<b>(Special Event)</b> <b>Sunday Evening Opening Reception Only</b>	<ul style="list-style-type: none"> <li>• Entrance to Opening Reception (cash bar)</li> </ul>		\$30.00	
<b>(Special Event)</b> <b>Monday Evening President's Reception &amp; Awards Dinner Only</b>	<ul style="list-style-type: none"> <li>• Entrance to President's Reception (cash bar)</li> <li>• Awards Dinner</li> </ul>		\$120.00	

May 5, 2015

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

Dear Premier Wynne:

At its meeting held April 30, 2015, the Board of Health for the Northwestern Health Unit passed a resolution urging the provincial government to amend the "Bill 45, Making Healthier Choices Act to include sodium labeling and to allow for municipal bylaws to address additional nutrition information beyond sodium and calories.

The Board of Health for the Northwestern Health Unit resolved as follows:

**WHEREAS**, menu labelling legislation is an important step towards creating healthier and more transparent food environments for Ontario's families; and

**WHEREAS**, Canadians are eating out more than ever before, and people of all ages and income levels are eating out; and

**WHEREAS**, eating away from home is associated with excessive intakes of calories, sodium and fat among children and adults; and

**WHEREAS**, the average sodium intake of all ages of Canadian children exceeds the tolerable upper limit established by the Institute of Medicine (IOM); and

**WHEREAS**, menu labelling provides an opportunity to help prevent these children from joining the Canadian average of consuming double the recommended amount of sodium; and

**WHEREAS**, menu labelling provides an opportunity to help prevent these children from joining the 90% of Canadians who will develop hypertension as they age, and the 1.3 million Canadians who are living with cardiovascular disease; and

**WHEREAS**, Canadians strongly support disclosure of calories and sodium values and of a panel of about 3000 Canadians, 75% would like to see calories on the menu, while 71% want sodium; and

Letter to Honourable Kathleen Wynne  
May 5, 2015  
Page 2

**WHEREAS**, the Board of Health for the Northwestern Health Unit supports menu labelling that includes both calories and sodium as a population health strategy that assists consumers to make informed and healthier food choices, as outlined in the position statement of the Ontario Society of Nutrition Professionals in Public Health, Serving up Nutrition Information in Ontario Restaurants: A Position Paper;

**NOW THEREFORE BE IT RESOLVED THAT** the Board of Health for the Northwestern Health unit urges the provincial government to amend the "Bill 45, Making Healthier Choices Act" to:

1. Include sodium labeling; and
2. Allow for municipal bylaws to address additional nutrition information beyond sodium and calories

**FURTHERMORE BE IT RESOLVED THAT**, that the Board of Health sends a letter to the Standing committee on General Government regarding Bill 45 supporting the above recommended amendments; and

**FURTHERMORE BE IT RESOLVED THAT**, that copies of the letter to the Standing committee on General Government regarding Bill 45 be forwarded to the Premier of Ontario, local Members of Provincial Parliament (MPP), the Chief Medical Officer of Health, Association of Local Public Health Agencies, all Ontario Boards of Health, Ontario Society of Nutrition Professionals in Public Health, and Northwestern Health Unit obligated municipalities for their information and support.

We thank you for your consideration and look forward to your response.

Sincerely,



Julie Roy, Chair, Board of Health

c: Dr. David Mowatt, Chief Medical Officer of Health  
Sarah Campbell, MPP, Kenora-Rainy River  
Association of Local Public Health Agencies  
Ontario Boards of Health  
Ontario Society of Nutrition Professionals in Public Health  
Northwestern Health Unit Obligated Municipalities

**ACCEPTANCE OF NEW BUSINESS ITEMS**

**MOTION: THAT this Board of Health receives New Business items 8 i) to ii).**

This year's Ontario budget appears to strike a balance between the austerity agenda of recent years and the increasing need for expenditures in key areas, especially infrastructure. This will be achieved through a combination of measures that include holding the line on public sector compensation, partially liquidating provincial assets and maintaining a sub-CPI level of overall spending increases.

Most of the marquee measures in this budget have already been announced or at least reported in the media, such as the permission to liberalize alcohol retail sales and the coming investments in transit infrastructure. As the Finance Minister notes in his Budget Speech, this document is simultaneously a summation of the Province's finances and expresses its aspirations for the future. In that sense, the document is, as always, a useful indicator of what the Government's public policy priorities are going to be in the coming year.

There is, as always, very little that relates directly to Ontario's public health system, but there are a few references to ongoing initiatives that have some bearing on its mandate, as well as some others that we know are of interest to our members, especially those related to the Social Determinants of Health and the Built Environment.

The following summarizes the items that are likely of most interest to alPHA's members, whether they directly affect their business, are related to resolutions and positions that alPHA and its members have taken, or are items in which our members have demonstrated a keen interest.

alPHA will continue its strategy of using the language and commitments found in these documents to advance our own advocacy efforts by underscoring that the work of public health is well-aligned with Government priorities.

- Headings and page numbers refer to the [2015 Budget Papers document](#), which you can view [here](#).
- [The Minister's speech is here](#).
- [Online Highlights of the Budget are available here](#)
- Please go to <http://www.fin.gov.on.ca/en/budget/ontariobudgets/2015/> to access these materials and more.

## CHAPTER 1: IMPLEMENTING THE PLAN

### *INVESTING IN PEOPLE'S TALENTS AND SKILLS*

- More details on Modernizing Child Care and Early Learning refer to "enhancing program quality and consistency in child care and early years programs to reflect a focus on safe and healthy child development and well-being" (p.10). The Public Health Early Years Group, which is

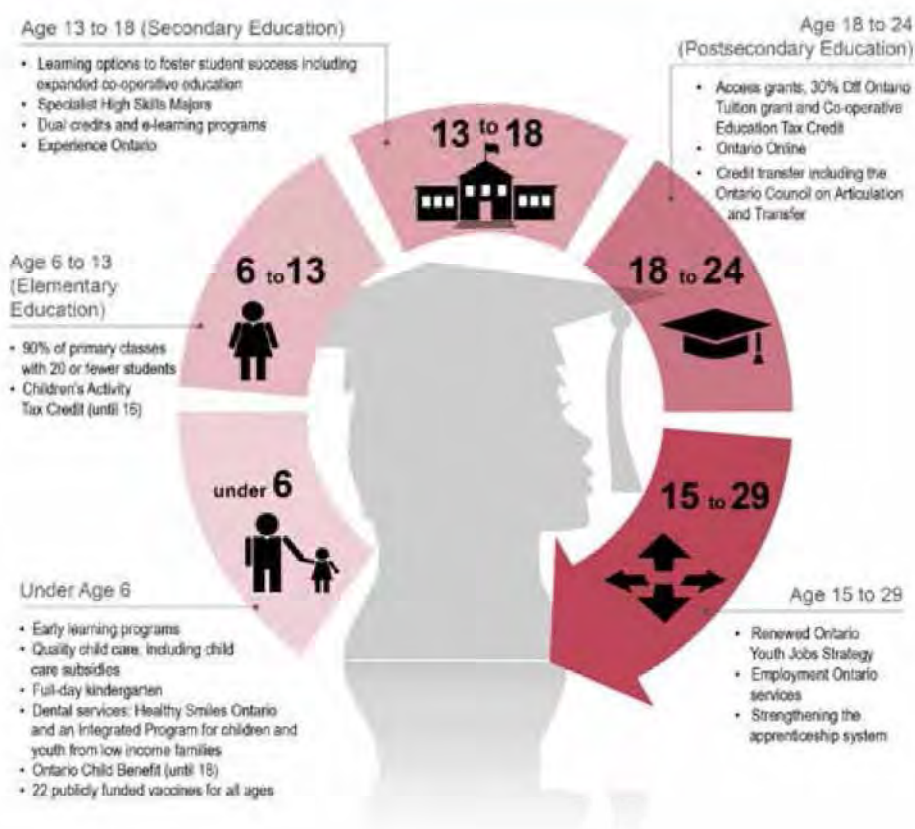
supported by alPHa, will be preparing a response. A draft will be distributed to public health units for possible alignment of messages.

- Reference is made to *Achieving Excellence: a Renewed Vision for Education in Ontario*, a key goal of which is “promoting well-being” (p. 7).
- The following graphic refers to some early-years-to-adulthood supports that are primarily related to educational opportunities (a key determinant of health) but also makes reference to Ontario’s low-income dental programs and 22 publicly-funded childhood vaccines (p. 6).

## 2015 Ontario Budget

CHART 1.1

### Support for Dylan\* from Early Years to Adulthood



## *BUILDING MODERN INFRASTRUCTURE AND TRANSPORTATION NETWORKS*

This section covers a \$130B commitment over 10 years to infrastructure, including transportation, education (schools), health (hospitals and training facilities), and energy (natural gas distribution).

- Knowing that transit / public transportation is of general interest in addition to being a key feature of a healthy built environment, you may find details of a transit plan in your own neighbourhood somewhere between pages 38 and 53.
- There is a reference to the current public consultations on Strengthening Land Use Planning. Details of this are posted on [alPHA's Web site here](#). (p. 71)

## *UNLOCKING THE VALUE OF PROVINCIAL ASSETS*

- This is the section that contains details of changes to Ontario's beverage alcohol retailing system, which as you will know by now includes permission for up to 450 Ontario grocery stores to sell beer subject to certain restrictions in order to ensure a continued commitment to social responsibility (p. 74). alPHA has submitted three letters on this (one to the [Finance Minister](#), one to the [Premier's Advisory Council on Government Assets](#) and one to the [Premier](#)).
- The Budget Papers confirm that the Alcohol and Gaming Commission will retain oversight over this enterprise, which will be restricted to set hours, require a designated section of the store for product placement and require training for staff on the sale of alcohol to the public (p. 82).
- Reference is made to a new "beer charge" that will increase by 3 cents per litre each year between 2015 and 2018. It is not known if this is meant to be reflected in the retail price (i.e. a visible increase to the consumer) (p.85).
- There is a stated commitment that the Ministry of Finance will work with the Ministry of Health and Long-Term Care to develop initiatives support the safe consumption of alcohol in light of the expansion of alcohol sales (p. 86).

## *BUILDING A FAIR SOCIETY FOR ALL ONTARIANS*

- The provincial minimum wage rises to \$11.25 as of October 2015 (p. 159).
- The Ontario Child Benefit will rise to \$1336, a result of last year's decision to index to inflation (p. 159).
- The Healthy Smiles Ontario program is serving an additional 70,000 children as of 2014 (p. 160). alPHA has written several letters on this issue in the past year, [the most recent of which is here](#).
- The renewed Action Plan for Health Care ("Patients First") for 2015 contains less language that is specific to health promotion and disease prevention than the first edition. One of its key

objectives however is “supporting Ontarians with evidence-based information so that they can make the right decisions about their health” (p. 162). This includes:

- The continued implementation of the Healthy Kids Strategy through the Healthy Kids Community Challenge (p. 169)
  - The proposed Making Healthier Choices Act (Bill 45), which would require the display of calorie information for food sold in chain food service outlets.
  - Banning smoking on patios and playgrounds as well as a proposal to ban flavoured tobacco under a different schedule of Bill 45 (p. 170). ([alPHA's written submission to the Standing Committee on General Government on all aspects of Bill 45 is here](#)).
- The next phase of Ontario’s Comprehensive Mental Health and Addictions Strategy will see an investment of \$138M over the next three years through LHINs for community organizations to improve mental health and addictions services.
  - The Government is considering allowing Ontarians to receive travel vaccines in pharmacies. This may affect public health units that are providing these services directly under the OPHS mandate to ensure availability of same.
  - Renewed Poverty Reduction Strategy (p. 171), including
    - Increase to the Ontario Child Benefit (see above)
    - Integration and expansion of the Low Income Dental Programs (p. 173)
    - Provision of extended health benefits to low-income Ontarians (assistive devices, vision care, drugs and mental health services) (p. 173)
    - Another 1% increase (plus top-up for single earners with no children) to Ontario Disability and Ontario Works Programs (p. 174).

It is noteworthy that the pledge to reduce child poverty by 25% no longer appears to have a timeline attached (it was initially 5 years), and that a 1% increase to OW and ODSP is below the CPI rate of inflation, which for all practical purposes amounts to a reduction in purchasing power.

- An Action Plan to Stop Sexual Violence and Harassment lists as a key initiative the implementation of the new Health and Physical Education Curriculum, which is framed in part as being aimed at developing a deeper understanding about healthy relationships and consent. alPHA has provided [supportive statements](#) for the implementation of this curriculum.

## CHAPTER 2: ONTARIO’S ECONOMIC OUTLOOK AND FISCAL PLAN

### ONTARIO’S PLAN TO ELIMINATE THE DEFICIT

- Noting that over half of government spending goes to salaries and benefits in the public service, managing compensation costs is identified as a critical element of balancing the budget. To that end, Ontario’s existing fiscal framework will not include additional funding for wage increases.

All public sector partners are encouraged to “continue to work together to control current and future compensation costs” (p.210).

- Combating the underground economy, including addressing contraband tobacco, is another initiative that is expected to increase revenues. Public Health Units are specifically mentioned here, as the Government hopes to coordinate their Smoke Free Ontario Act inspections with those of the Ministry of Finance under the Tobacco Tax Act (p. 219).

### **CHAPTER 3: NATIONAL LEADERSHIP – STRONG ONTARIO, STRONG CANADA**

This is an overview of the expectations that the Ontario Government has of its Federal counterpart, referring again to the \$11B difference between federal taxes paid by Ontario and the transfer payments received in return, and making cases for more central support for infrastructure projects, natural resources, First Nations Communities, support for clean energy etc.

**CHAPTERS 4 & 5** deal with the tax system itself and the intricacies of borrowing and debt management respectively.

We hope that you find this information useful.



## Information Break

April 14, 2015

*This semi-monthly update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA correspondence and events.*

### **alPHA Supports Limiting Greenhouse Gas Emissions**

Today the Ontario government announced plans to reduce greenhouse gas pollution through a cap and trade system which will set limits on emissions and reward industries that innovate. alPHA provided a quote from its president, Dr. Penny Sutcliffe, in support of this initiative.

[Read the Ontario government's announcement and backgrounders here](#)

[Read alPHA's quote of support here](#) (scroll down to the middle)

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### **May 7th alPHA Fitness Challenge**

This is a reminder that alPHA's Annual Health Unit Employee Fitness Challenge is coming up on May 7th. Talk to your organization's physical activity coordinator on how your health unit will participate. The health unit with the highest participation rate is eligible to win a plaque to be presented at alPHA's Annual General Meeting in Ottawa.

[Read about the 2015 alPHA Fitness Challenge here](#)

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### **Upcoming alPHA Conference - Register Soon!**

**June 7-9, 2015 - alPHA Annual Conference and AGM "Rethinking Public Health", Marriott Ottawa, 100 Kent Street, Ottawa.** Registration is now open. Early bird rate ends April 30th; regular fees apply after this date. So plan to register soon if you haven't already. A limited block of guestrooms are available at the conference hotel for booking at a special rate. [Click here for more registration, program and hotel information.](#)

alPHA thanks its sponsors--Merck, Public Health Ontario, Smart Serve, and GSK--for their support of this event.

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## **alPHA Letters of Advocacy**

Recently alPHA wrote letters to government concerning a number of issue, including beverage alcohol in supermarkets, low income dental program integration, and HPV vaccination program, among others.

[Read these and other correspondences here](#)

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## **Have Your Say: Land Use Plans & Early Years Legislation**

Health units and members of the public are often invited by government to provide their input on legislation and initiatives of interest. The province is presently seeking input on its *Land Use Plans* and regulations under the new *Child Care and Early Years Act, 2014*.

[Learn more about current government consultations](#)

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alPHA is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

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## Information Break

April 29, 2015 - CORRECTION\*

*This semi-monthly update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA correspondence and events.*

**\*NOTE: Regarding the item "alPHA Conference Update", an incorrect phone number for the Marriott Ottawa hotel was provided in the previous Information Break. Below is the corrected information. Apologies for any inconveniences caused by this error.**

### Ontario Budget 2015

The Ontario government announced its 2015 Budget on April 23. alPHA has prepared a budget summary which highlights items of interest to the public health community.

[Read alPHA's Summary of the 2015 Ontario Budget](#)  
[Read the 2015 Ontario Budget here](#)

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### Bill 45, Making Healthier Choices Act, 2015

On April 21, alPHA staff presented to the Standing Committee on General Government on *Bill 45, Making Healthier Choices Act, 2015 - An act to enhance public health by enacting the Healthy Choices Menu Act, 2014 and the Electronic Cigarettes Act, 2014 and by amending the Smoke-Free Ontario Act*. alPHA also provided written input to the Standing Committee.

[Read alPHA's written submission on Bill 45 here](#)

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### May 7th alPHA Fitness Challenge

This is a reminder that alPHA's Annual Health Unit Employee Fitness Challenge is coming up on May 7th. Talk to your organization's physical activity coordinator on how your health unit will participate. The health unit with the highest participation rate is eligible to win a plaque to be presented at alPHA's Annual General Meeting in Ottawa.

[Read about the 2015 alPHA Fitness Challenge here](#)

## **alPHA Conference Update - Accommodations**

**June 7-9, 2015 - alPHA Annual Conference and AGM "Rethinking Public Health", Marriott Ottawa, 100 Kent Street, Ottawa.** The limited, specially-priced block of "traditional" guestrooms at the conference hotel have sold out. But there *may* be additional rooms of this type available at the special room rate by calling Reservations at **1-800-853-8463 and quoting "alPHA Annual Conference"**. Upgraded rooms may also be available at a slightly higher cost. If you haven't booked a room yet, it's best to call as soon as you can.

If you have yet to register for the conference, please note the Early Bird rate ends April 30th; regular fees apply after this date.  
[Click here for more registration, program and hotel information.](#)

alPHA thanks its sponsors--Merck, Public Health Ontario, Smart Serve, and GSK--for their support of this event.

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## **Have Your Say: Long Term Affordable Housing Strategy**

Health units and members of the public are often invited by government to provide their input on legislation and initiatives of interest. The province is presently seeking input to update its Long Term Affordable Housing Strategy, which was launched in 2010. A renewed strategy hopes to continue making progress on meeting the housing needs of Ontarians and supporting social and economic inclusion.

[Learn more about current government consultations](#)

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**ADDENDUM**

**MOTION: THAT this Board of Health deals with the items on the Addendum.**

**IN CAMERA**

**IN CAMERA**

**MOTION:** That this Board of Health goes in camera. Time: \_\_\_\_\_ p.m.

- Labour Relations / Employee Negotiations

**RISE AND REPORT**

**MOTION: THAT this Board of Health rises and reports. Time: \_\_\_\_\_p.m.**

**The Board Chair will inquire whether there are any announcements and or enquiries.**

All Board members are encouraged to complete the Board of Health meeting evaluation following each regular Board meeting:

<https://fluidsurveys.com/surveys/sdhu/board-monthly-meeting-evaluation/>

**ADJOURNMENT**

**MOTION:**      **THAT we do now adjourn. Time: \_\_\_\_\_ p.m.**