

# Meeting Book - Sudbury & District Board of Health - Regular Meeting

## Sudbury & District Board of Health

### 1.0 CALL TO ORDER

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### 2.0 ROLL CALL

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### 3.0 REVIEW OF AGENDA AND DECLARATION OF CONFLICT OF INTEREST

- Page 6

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### 4.0 DELEGATION / PRESENTATION

Presentation by:

- Jamie Lamothe, Senior Communications Officer, Corporate Services Division

- Cynthia Peacock-Rocca, Manager, Environmental Health Division

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### 7.0 REPORT OF THE MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER

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b) Board of Health Manual

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**The Chair will call the meeting to order.**

**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.**

**AGENDA – FOURTH MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT  
THURSDAY, JUNE 18, 2015 - 1:30 P.M.**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. DECLARATION OF CONFLICT OF INTEREST**
- 4. DELEGATION / PRESENTATION**
  - i) New Sudbury & District Health Unit Website**
    - Jamie Lamothe, Senior Communications Officer, Corporate Services Division
    - Cynthia Peacock-Rocca, Manager, Environmental Health Division
- 5. MINUTES OF PREVIOUS MEETING**
  - i) Third Meeting – May 21, 2015**

**APPROVAL OF MINUTES**  
**MOTION:** THAT the minutes of the Board of Health meeting of May 21, 2015, be approved as distributed.
- 6. BUSINESS ARISING FROM MINUTES**
- 7. REPORT OF THE MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER**
  - i) June 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 June 2015 be accepted as distributed.
- 8. NEW BUSINESS**
  - i) Items for Discussion**
    - a) Immunization of School Pupils Act (ISPA) Enforcement**
      - Briefing Note from the Medical Officer of Health dated June 11, 2015

#### **ENFORCEMENT OF THE IMMUNIZATION OF SCHOOL PUPILS ACT (ISPA)**

**MOTION:** WHEREAS each public health unit in Ontario is required to enforce the Immunization of School Pupils Act by assessing and maintaining immunization records of school pupils (students) each year; and

WHEREAS parents/guardians whose child(ren) receive vaccine at a health care provider other than public health are required to provide notification of their child's immunizations to their local public health unit; and

WHEREAS healthcare providers are not required under the provisions of the Health Protection and Promotion Act to report immunizations to the Medical Officer of Health; and

WHEREAS incomplete immunization records create significant challenges to the enforcement of the ISPA indicated by the numbers of students suspended from attendance at school under the Act, as well as parental and guardian frustration;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health recommend to the Minister of Health and Long Term Care that amendments to provincial regulations be made requiring health care providers to report to the Medical Officer of Health all immunizations administered to individuals under 18 years of age.

FURTHER THAT the Sudbury & District Board of Health advocate to the Minister of Health and Long Term Care for the integration of all health care provider electronic immunization records onto a common electronic data base to ensure efficient and accurate sharing of immunization records.

FURTHER THAT this motion be forwarded to the Association of Local Public Health Agencies, the Chief Medical Officer of Health and all Ontario Boards of Health.

**b) Board of Health Manual**

- Briefing Note to the Board Chair dated June 11, 2015

#### **BOARD OF HEALTH MANUAL**

**MOTION:** THAT the Board of Health, having reviewed the Board of Health Policy & Procedure Manual, approves the contents therein.



#### **BOARD OF HEALTH FINANCE STANDING COMMITTEE**

**MOTION:** THAT the Sudbury & District Board of Health appoint the following three Board of Health members to the Board of Health Finance Standing Committee for 2015.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**c) Healthy Babies Healthy Children (HBHC) Program**

- Briefing Note from the Medical Officer of Health dated June 11, 2015

#### **HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM**

**MOTION:** WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against Ministry of Children and Youth Services expectations; and

FURTHER THAT the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

**FURTHER THAT this motion be forwarded to the Ministers of Children and Youth Services and Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Boards of Health and the Chief Medical Officer of Health.**

**d) Disclosure and Transparency**

- Briefing Note from the Medical Officer of Health dated June 11, 2015
- Memorandum from Ministry of Health and Long-Term Care Executive Director, R. Martino, to Medical Officers of Health and Associate Medical Officers of Health dated June 9, 2015

**TRANSPARENCY IN REPORTING PRACTICES**

**MOTION: WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health make transparency a priority objective in business plans; and**

**WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health publicly disclose more detailed information with respect to non-routine infection prevention and control lapse investigations in accordance with planned revisions to the Ontario Public Health Standards; and**

**WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health take steps towards developing and establishing new reporting practices to make information readily available to the public; and**

**WHEREAS the Sudbury & District Health Unit has made a commitment to transparency;**

**THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to plan appropriate actions to increase transparency in public reporting practices including expansion of the current proactive disclosure system and revisions to applicable sections of the Board of Health manual.**

**e) Sudbury & District Health Unit 2013-2017 Performance Monitoring Plan**

- Strategic Narrative Report, June 2015

**ii) Correspondence**

**a) Access to Alcohol**

*Sudbury & District Board of Health Motion #08-15 Modernization of Beverage Alcohol Regulations in Ontario*

- Letter from the Premier to the Sudbury & District Health Unit Medical Officer of Health dated May 15, 2015

**b) Smoke-Free Multi-Unit Housing**

- Letter from the Perth District Health Unit Board to the Minister of Health and Long-Term Care dated May 19, 2015

**c) Bill 45, Making Healthy Choices Act**

- Letter from the Peterborough County-City Health Unit Board Chair to the Premier of Ontario dated May 14, 2015
- Email from M. Greenberg dated May 26, 2015

**d) Low Income Dental Integration**

- Letter from R. Martino, Executive Director, Public Health Division, and M. Greenberg, Interim ADM, Health Promotion Division, Ministry of Health and Long-Term Care dated June 2, 2015
- Health Bulletin dated May 29, 2015

**e) Basic Income Guarantee**

- Letter from Simcoe Muskoka District Board of Health to the Federal and Provincial Government dated May 28, 2015

**f) Ontario Public Health Standards – Amendments to the Institutional/Facility Outbreak Prevention and Control Protocol**

- Memo from Interim Chief Medical Officer of Health to Board Chairs, Associate/Medical Officers of Health dated May 29, 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)   | SDHU Strategic Plan Newsletter<br>(English and French versions)   | Spring 2015  |
| ii)  | Ministry of Health and Long-Term Care<br>News Release “ <i>Joint Statement by Ministerial<br/>Participants of Pharmacare Roundtable</i> ” | June 8, 2015 |
| iii) | 2015 Sudbury & District Health Unit’s<br>Annual Report (English and French versions)  |              |

**10. ADDENDUM**

**ADDENDUM**

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

**11. ANNOUNCEMENTS / ENQUIRIES**

***Please remember to complete the Board Evaluation following the Board meeting:***

<https://fluidsurveys.com/s/sdhuBOHmeeting/>

**12. ADJOURNMENT**

**ADJOURNMENT**

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

This month's presentation is from the Corporate Services and Environmental Health Divisions.

- Jamie Lamothe, Senior Communications Officer, Corporate Services Division
- Cynthia Peacock-Rocca, Manager, Environmental Health Division

**MINUTES – THIRD MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM  
THURSDAY, MAY 21, 2015, AT 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Claude Belcourt  
René Lapierre  
Paul Schoppmann

Janet Bradley  
Ken Noland  
Ursula Sauvé

Jeffery Huska  
Rita Pilon  
Carolyn Thain

**BOARD MEMBERS REGRETS**

Robert Kirwam

Paul Myre

Mark Signoretti

**BOARD MEMBERS ABSENT**

Stewart Meikleham

**STAFF MEMBERS PRESENT**

Shelley Westhaver  
Dr. P. Sutcliffe

Marc Piquette  
Renée St Onge

Rachel Quesnel

**GUEST**

Dr. X. Wang, NOSM Resident

**R. LAPIERRE PRESIDING**

**1.0 CALL TO ORDER**

The meeting was called to order at 1:30 p.m. City of Greater Sudbury municipal appointment, U. Sauvé, was introduced and welcomed.

**2.0 ROLL CALL**

**3.0 DECLARATION OF CONFLICT OF INTEREST**

None.

**4.0 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

Dr. Sutcliffe introduced Megan Dumais to present on the Baby-Friendly Initiative (BFI) for the SDHU's organizational Policy and reminded Board members that annual orientation to BFI is mandatory in achieving BFI designation. The purpose of today's presentation/orientation is for Board members to become familiar with the initiative and the organizational requirements.

The BFI world-wide campaign is designed to protect, promote and support breastfeeding. Achieving BFI designation is an Ontario Public Health Standard requirement and organizations are expected to re-designate every five years.

M. Dumais explained Baby Friendly Initiative (BFI), provided an overview of the requirements for BFI accreditation, as well as provided an overview of SDHU's BFI policy and its implications for the SDHU. The ultimate goal is to establish breastfeeding as the cultural norm.

External assessors will come onsite to review the SDHU's BFI practices and interview staff and volunteer members, which does include Board members.

The SDHU's current Breastfeeding policy that followed from the Board's BFI motion in 2013 has been updated to provide more direction on staff breastfeeding in our workplace. Training and orientation has been created for the different levels of BFI and the ten steps were reviewed.

Questions and comments were entertained.

It was pointed out that the SDHU also has a great working partnership with the Manitoulin Island hospital who has sought our assistance in seeking BFI designation. M. Dumais was thanked and Board members were reminded that the presentation will be available to view electronically following the Board meeting on the BoardEffect app.

## **5.0 MINUTES OF PREVIOUS MEETING**

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

#### **14-15 APPROVAL OF MINUTES**

***Moved by Belcourt - Pilon: THAT the minutes of the Board of Health meeting of April 16, 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) May 2015 – Medical Officer of Health / Chief Executive Officer Report**

*Words for thought* in the May MOH/CEO report summarize SDHU staff activities for the North American Occupational Safety & Health (NAOSH) week, May 3 to 9, 2015, to emphasize the importance of preventing injury and illness in the workplace, at home and in the community. Dr. Sutcliffe noted that the SDHU takes the health and wellbeing of its staff seriously.

Sandra Laclé continues to provide Acting Chief Executive Officer coverage onsite at the Algoma Public Health up until August 2015 and Nicole Frappier is Acting Director of Health Promotion for that period of time. Dr. Sutcliffe continues to provide month-by-month Acting Medical Officer of Health coverage to APH.

The SDHU's annual staff day which included the staff and volunteer recognition events to acknowledge their contributions. Board Chair attended the event and noted that it was well planned and congratulated the SDHU for hosting a successful staff day.

The alPHa Health Unit Employee Fitness Challenge sponsored by the Association of Local Public Health Agencies (alPHa) took place on May 7. The SDHU participated in the challenge which calls on all health units to organize and involve their staff in physical activity for at least 30 minutes on that day. The SDHU Wellness Committee coordinated various physical activities that staff could choose and although the SDHU was not the winner this year, a 98.6% participation rate was achieved.

A Joint Board/Staff Public Health Champion Working Group met today to select the recipient of this year's public health champion. Board members are invited to the award ceremony on June 18 where the recipient will be announced. Further information will be shared with the Board members regarding the public event once the details are finalized.

Dr. Sutcliffe will be making a presentation to the Sudbury East Municipal Association (SEMA) meeting this evening at the Municipality of French River. The SDHU was also to present to the Laclede Foothills Association meeting this evening; however, the Association will be rescheduling to another date.

The MOH/CEO report includes the 2014 audited financial statements prepared by Price Waterhouse Coopers (PWC). M. Piquette was invited to summarize the auditor's findings.

M. Piquette noted that the SDHU is pleased to present another successful audit to the Board. It was pointed out that the statements presented today are "draft" subject to Board of Health approval. PWC intends to issue an unqualified report on the financial statements pending resolution of outstanding items listed in the Communications to the Board of Health section which summarizes the conduct of the audit. The auditors did not note any issues in their audit reporting letter as they did not identify any difficulties or disagreements with management, illegal acts or fraud or internal control concerns. The Independent Auditor's Report confirms that the audit was conducted in accordance with Canadian generally accepted auditing standards and provides the auditor's opinion that the financial statements present fairly, in all material respects, the financial position of the SDHU as at December 31, 2014 in accordance with Canadian public sector accounting standards. Key aspects of the audit report were highlighted.

Additional program highlights from the MOH/CEO report were provided including our work to ensure enforcement of changes to the Immunization of School Pupils Act and the new SDHU mentorship program under the leadership of the Chief Nursing Officer.

The SDHU is currently working with the Nairn Centre through the Ontario Clean Water Agency to ensure therapeutic levels of fluoride for that community's water. Dr. Sutcliffe reminded the Board of their responsibilities under the current ministry protocol for water fluoridation. Specific actions are required if fluoride concentrations fall below the therapeutic range for more than 90 days.

The SDHU's Family Health team has released its "Teen Mom Video" which was launched on April 29 with several community partners and Better Beginning Better Futures clients. The video will be shown for the Board at the Public Health video showcase following today's Board meeting.



Public Health Inspectors have been busy with recent food recalls for three food products. Food recalls are labour intensive and must be conducted in a timely fashion.

The work of the School team with the Conseil scolaire public du Grand Nord de l'Ontario on improving resiliency among children was flagged. Evaluations with pre and post surveys show positive trends. Further information will be brought forward at a future Board meeting.

The strategic plan values are currently being highlighted with SDHU staff. Floor decals can now be seen throughout the organization to engage staff and identify how they apply the SDHU values to their practice.

Questions and comments were entertained.

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

***Moved by Pilon – Sauvé: THAT the Report of the Medical Officer of Health and Chief Executive Officer for the month of May 2015 be accepted as distributed.***

**CARRIED**

#### **16-15 ADOPTION OF THE 2014 AUDITED FINANCIAL STATEMENTS**

***Moved by Huska – Pilon: THAT the 2014 audited financial statements be adopted as distributed.***

**CARRIED**

### **8.0 NEW BUSINESS**

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

##### **a) Performance Monitoring Plan – Strategic Narratives Report**

- Strategic Narratives Report, May 2015

One of the three Board representative on the Joint Board/Staff Performance Monitoring Working Group, J. Bradley, introduced the spring edition of the Strategic Priority Narratives report dated May 2015. The narrative report is one of the reporting components of the SDHU's 2013-2017 Performance Monitoring Plan.

The report outlines one significant program or service narrative for each of the SDHU's five Strategic Priorities. It also shows the SDHU Strategic Priorities "in action" within our programs and/or services, while gauging progress.

Dr. Sutcliffe summarized the narrative stories and noted that we receive more scenarios than we present in the narrative reports and the call out for submission is a good way to engage staff with our strategic plan priorities.

The narrative report is also used in other ways to share our work with our communities and partners.

It was commended that although there is a lot of information and large-scaled work being highlighted, the report format and presentation encapsulates the information well.

**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

Board members' interest in attending this year's alPHA Annual General Meeting and Conference in Ottawa was sought. A motion seeks the names of Board members who are interested in attending. Board members who have attended the conference in the past indicated it is a good way to further learn about what is going on in the province and in other health units. Dr. Sutcliffe indicated it is not an obligation and she always attends as the MOH.

U. Sauvé and J. Bradley noted their interest and others are asked to let the Board Secretary know before Monday if they wish to be registered for the annual conference. The Board members concurred that the motion included in the agenda package was not required.

**ii) Correspondence**

**a) Bill 45 Making Healthier Choices**

- Letter from Northwestern Board of Health to the Premier of Ontario dated May 5, 2015

No discussion.

**17-15 ACCEPTANCE OF NEW BUSINESS ITEMS**

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

**CARRIED**

**9.0 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 |

These items are shared for information.

**10.0 ADDENDUM**

There is no addendum for today's meeting.

## **11.0 IN CAMERA**

### **18-15 IN CAMERA**

***Moved by Schoppmann – Thain: THAT this Board of Health goes in camera.  
Time: 2:47 p.m.***

**CARRIED**

- Labour Relations / Employee Negotiations

## **12.0 RISE AND REPORT**

### **19-15 RISE AND REPORT**

***Moved by Huska – Noland: THAT this Board of Health rises and reports. Time: 3:11 p.m.  
CARRIED***

It was reported that one Labour Relations / Employee Negotiations item was discussed in-camera and the following two motions emanated.

### **20-15 APPROVAL OF BOARD IN-CAMERA MEETING NOTES**

***Moved by Huska – Thain: THAT this Board of Health approve the meeting notes of the April 16, 2015, 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**

### **21-15 ONA MEMORANDUM OF SETTLEMENT RATIFICATION**

***Moved by Noland – Huska: THAT the Board of Health ratify the Memorandum of Settlement between the Sudbury & District Health Unit and the Ontario Nurses' Association dated April 29, 2015.***

**CARRIED**

## **13.0 ANNOUNCEMENTS / ENQUIRIES**

Board members were invited to a showcase of public health videos immediately following today's Board meeting.

## **14.0 ADJOURNMENT**

### **22-15 ADJOURNMENT**

***Moved by Noland – Belcourt: THAT we do now adjourn. Time: 3:15 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 May 21, 2015, be approved as distributed.**

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

**Medical Officer of Health/Chief Executive Officer  
Board Report, June 2015**

**Words for thought...**



Dear Colleagues:

As you may know, Ontario will soon be launching a new Air Quality Health Index.

Scientists from the Ministry of the Environment and Climate Change and Environment Canada, along with health experts from the Ministry of Health and Long-Term Care, Public Health Ontario and Health Canada, have worked together to ensure this new index is comprehensive and user friendly.

The new Air Quality Health Index will combine the best features of the province's current index and the federal government's air quality index. It will forecast and report on air quality and help the public understand the health risks associated with air pollution. It will also encourage the public to make protective decisions or modify their behavior depending on how they are affected by air quality.

Following the public launch of the index in June, we would appreciate your collaboration in promoting and making use of the index. The attached materials will help you better understand how the index works and assist you in your communication with the public.

Thank you for your ongoing support as we move forward with this important initiative.

Source: Dr. D. Mowat, CMOH, MOHLTC and I. Smith, ADM, MOECC  
Received via email June 1, 2015

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**Chair and Members of the Board,**

As we head into summer, I am very pleased to share that the long-awaited Air Quality Health Index (AQHI) is being launched in Ontario. Important all year round, the quality of our environment including the air we breathe is particularly of interest in the summer months when we spend more time outdoors. Along with the UV index, the Ontario AQHI provides important information upon which to base health-supporting decisions such as how much time to spend and how active to be outdoors and how to reduce our own contributions to air pollution.

The Ontario AQHI combines the best features of the pre-existing provincial and federal air quality indexes in an easy to interpret scale. The AQHI will forecast and report on air quality and help the public understand health risks associated with air pollution. The AQHI provides health-based recommendations to the general public, as well as specific advice for people who are especially

vulnerable to the effects of air pollution, including children, seniors, and people with diabetes, heart and lung disease.

Locally, the Sudbury & District Health Unit (SDHU) is eager to include the AQHI in public health messaging and promote its use by members of the public. I encourage Board members to look out for this messaging and I wish you a healthy and restful summer, reminding you that we do not hold regularly scheduled Board of Health meetings in July and August.

## **GENERAL REPORT**

### **1. Sudbury & District Health Unit 2014 Annual Report**

The 2014 Annual Report is now finalized. This is the third year that the document has been produced in electronic form. This high-quality, Accessibility for Ontarians with Disabilities Act (AODA) compliant design was modeled after a public health Pinterest page and is readable on desktop computers, mobile phones and tablets. It will be digitally distributed to stakeholders, promoted through social media, and made available at [www.sdhu.com](http://www.sdhu.com).

### **2. Dental Program**

We were very pleased to receive notice on May 29, 2015, from the Ministry of Health and Long-Term Care (MOHLTC) of an extension to the deadline for integration of provincial oral health programs. The target date is now January 2016. The previously announced August 1, 2015, deadline to amalgamate six publicly funded oral health programs into a single integrated provincial program for children 0 to 17 years of age from families with low income was the cause of much concern from public health and other providers.

The extended date for implementation allows for sufficient planning to ensure more children and youth from these families have access to free dental care. The MOHLTC has communicated that all children who are currently eligible for free dental services will continue to be eligible in the new integrated program, and the Ministry is working with local providers to ensure a seamless transition with no service disruptions.

The recent announcement also highlighted an expansion to the integrated program to include preventative dental services currently being offered by public health units and emergency and essential treatment for families, based on clinical assessment and demonstrated financial hardship.

I understand that the support and advocacy efforts of the Sudbury & District Board of Health, in concert with other boards of health from across the province, have been critical in ensuring enough time is taken to effectively plan for the new program. We are also extremely grateful for the Association of Local Public Health Agencies (aLPHa)'s advocacy efforts and that of oral health experts as we move forward with integrated dental services for children and youth across the province.

### **3. Public Health Champion Awards Ceremony**

At the last Board of Health meeting, it was reported that the Public Health Champion Working Group had met and had selected a recipient for our first award recognizing the efforts of a great citizen who embodies the spirit of public health through their significant contributions to Environmental Health. I am pleased to report that the successful nominee has agreed to accept the award. The award presentation will be held June 18, 2015, at 10:30 a.m. in the Ramsey Room at the 1300 Paris Street site. Board of Health members are encouraged to attend the event. Please RSVP to the Board Secretary by June 15. Invitations were also provided to local media.

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

I was pleased to meet with representatives of the Sudbury East Municipal Association (SEMA) on May 21 during which we had a constructive conversation about public health in Ontario, the SDHU and area public health programs and services, needs and issues. At the participants' request, we are preparing a Sudbury East-specific communiqué that includes the Sudbury East "2014 year in review". The SEMA leadership thought this would be helpful to them in communicating the local work of public health. Other program-specific follow up will also occur subsequent to this meeting. The planned meeting with the LaCloche Foothills Association also for May 21 was deferred by the Association. We are examining the feasibility of producing a "year in review report" for each of our district office areas.

A Council of Ontario Medical Officers of Health (COMOH)/Council of Directors of Education (CODE) meeting was held on May 27, and I attended as the COMOH/CODE north east representative. Among other items, the important topic of child and youth mental health was discussed as were the respective roles and challenges of education and public health in working in this field. It is a privilege to be a member of this committee and my participation is informed by our talented and provincially recognized SDHU School Team staff.

A COMOH Section meeting was held on June 9, the day following the alPHa AGM and resolution session. I was a voting member for the SDHU at the alPHa AGM along with Board members, J. Bradley and U. Sauvé. The alPHa Annual Conference 2015, *Rethinking Public Health*, was held from June 7 to 9 in Ottawa, and I was joined by Board members, J. Bradley and U. Sauvé who will provide conference highlights at the June Board meeting. The June alPHa meeting marks the end of my one-year term as alPHa President following my two-year term as Chair of COMOH. It has been an honour to contribute to these leadership roles in Ontario's public health system. I will continue for one more year of provincial commitment as the alPHa Past President.

#### **5. Organizational Alignment**

The Senior Management Executive Committee has been carefully monitoring changes in the expectations of local public health and considering the implications for the SDHU structure and initiatives. One key area is that of increased emphasis on community and stakeholder engagement and communications as per the Ontario Public Health Organizational Standards. The SDHU needs to increase its capacity for strategic leadership in these areas while remaining within the board-approved budget parameters. To these ends several changes have been implemented including the creation of the positions, Assistant Director, Strategic Engagement, and Senior Communications Officer. The position, Manager Communications, has been eliminated.

Recruitment for the Assistant Director is underway. The goal for this new position and portfolio is to lead and align our organizational efforts in the areas noted by intensifying strategic engagement and ensuring that the SDHU is responsive to the needs of our local communities. An internal candidate has assumed the Senior Communications Officer role.

Recruitment for the Associate Medical Officer of Health position will also begin shortly. The timing of recruitment is planned to coordinate with the training cycle of specialist physicians in Public Health and Preventive Medicine. Our previous recruitment efforts have been protracted, however, I am pleased to begin the process and hopeful that we will attract qualified candidates to the SDHU. This position is within the Board-approved budget.



## **6. Financial Report**

We are reporting a positive variance of \$110,762 as at the end of April 2015. This variance is made up of 62% in gapped salary and benefits and 38% in other revenues. The SDHU had accumulated a total of \$393,895 in gapped budget for the period of January to April of which \$283,133 was used to offset the 2015 Vacancy Rate in the 2015 BOH Approved Budget. We continue to await our 2015 funding announcement and to plan for contingencies.

## **7. Quarterly Compliance Report**

The SDHU is compliant with the terms and conditions of our Public Health Accountability Agreement. The SDHU has procedures in place to uphold the Ontario Public Health Organization Standards, to provide for the effective management of our funding and to enable the timely identification and management of risks.

The SDHU has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 22, 2015, on May 22, 2015. The Employer Health Tax has been paid as required by Law, to May 22, 2015, with a cheque dated June 15, 2015. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to May 22, 2015, with a cheque dated June 30, 2015. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, *Ontario Human Rights Code*, or *Employment Standards Act*.

Following are the divisional highlights including the twice yearly Corporate Services update.

## **CORPORATE SERVICES DIVISION**

### **1. Accounting**

The 2015 Board of Health approved budget was submitted to the MOHLTC February 27, 2015.

As the Board is aware from the 2014 audited financial statements presented at its May meeting, we are extremely pleased with the auditor's report. All SDHU staff are recognized, from Directors to Managers to program area staff and finance staff, for the collective effort that resulted in this report. The 2014 Annual Reconciliation Report forms and audited financial statements have been submitted to the Ministry.

### **2. Communications**

Communications accepted the ImagineNation Public Health Social Media Challenge Award in Ottawa in December. The Health Unit placed second out of a field of more than two dozen public health agencies in a cross-country online challenge issued by Canada Health Infoway. The locally produced video promoting childhood vaccinations went viral on Twitter and Facebook touching audiences as far away as Saudi Arabia and South Africa.

- Communications has been working with the Resources, Research, Evaluation and Development (RRED) Division in an effort to internally promote the SDHU's Strategic Plan Values using highly visual marketing and promotion.
- As the Board will hear during the June meeting delegation, we are very pleased to launch the new SDHU website. This project was significant, taking two years to complete, working with a web design company to create a leading edge, mobile friendly website. This project involved collaboration, input and support from every team and program across the organization.

### **3. Facilities**

*1300 Paris Street Projects:* R.M. Belanger Limited was recently selected as the successful bidder to complete a project in the carport area of our parking lot. The project involves repairing a damaged sewer pipe and resurfacing the complete area under the carport. We are anticipating that the project work will last approximately one week. There will be some impact on parking during the project period. The impact will be focused on staff rather than clients and will be mitigated by conducting the work during the summer period.

Facilities has been involved in a number of maintenance and enhancement projects at the 1300 Paris Street site and throughout the district offices. These include for example installation of AODA-compliant automatic door openers for washrooms, installation of client satisfaction kiosks, replacement of the 1300 Paris Street main rooftop heat exchanger, and renovations in the Manitoulin office to accommodate supplies and equipment.

### **4. Human Resources**

*Health and Safety:* We continue to work to achieve and maintain compliance with the *Occupational Health & Safety Act* (OHSA) and SDHU health and safety policies and procedures. Recent activities include for example, regular Joint Health and Safety Committee meetings, training on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment, and review of amendments to the OHSA (Bill 18) defining works to include unpaid co-op placements and other unpaid learners.

*Psychological/Mental Health and Safety:* In 2013 the National Standard for Psychological Health & Safety in the workplace was released. While a voluntary standard, the National Standard provides guidance to organizations on policies protecting employee mental health. The Senior Management Executive Committee endorsed the implementation of the Psychological Health and Safety Standard at SDHU and since 2013 the JHSC, SDHU Wellness Committee and others have been working together to improve the psychological and mental health of employees at SDHU. Recent activities include for example, our ongoing participation in the Elephant in the Room Campaign to eliminate the stigma associated with mental illness.

*Accessibility for Ontarians with Disabilities Act (AODA)* - The SDHU Accessibility Plan was posted January 1, 2014. The following are activities were identified within the SDHU Accessibility Plan and were completed during this period:

- The Canadian Hearing Society will provide sensitivity training in the fall of 2015.
- The new website will be AODA compliant.
- The AODA Integrated Standard requires training on the Human Rights Code as it pertains to persons with disabilities to all employees, volunteers and all other persons who provide goods, services or facilities on behalf of the organization. The SDHU has been implementing this training.

*Privacy:* All staff continue to receive privacy and access to information training during orientation. The SDHU Privacy Officer and Manager, Information Technology attended the PHIPA summit in December 2014.

*Access to Information Requests:* We have experienced a significant increase in the number of formal information requests from the public and we have noticed a change in the complexity of the requests as well. In 2014 we received a total of 16 formal requests compared to 6 in 2013. In 2015 to date we have received 4 formal requests. In some cases our decisions have been appealed to mediation and/or the Information and Privacy Commissioner.

## 5. Information Services

*Records Management/SharePoint Project:* The Phase I implementation was completed in Health Promotion and now has commenced in RRED. The Records and Information Management project educator continues to provide SharePoint training to RRED staff as well as to other staff requiring specific training.

*Refresh:* The 2014 equipment refresh was completed (20 desktops and 69 laptops).

*Helpdesk System:* We continue to use and upgrade the new features of our SpiceWorks help desk system. Weekly reports are currently sent via email advising of printer toner level alerts for inventory replacement.

*Cost savings strategy:* Information Technology continues to look at cost savings strategies and implementation of lean principles. Current initiatives include replacement of equipment as required and not as warranties expire and eliminating the need for duplicate systems. We are recycling three year old laptops and reusing the devices after updating the drives.

*IT infrastructure:*

- Core routing has been replaced and the move continues to have our production server room housed at the offsite location.
- With the increase in the number of malware/exploits, we have purchased Malwarebytes and installed on all user systems. The system has captured 28373 threats to date since installed at the end of January 2015. We have also denied access to personal email from within the SDHU network and increased the level of protection on our firewall to enhance network security.

*District Offices:* Colour printers have been installed in district offices. Access to the employee Wi-Fi is available in all offices except for Sudbury East. IP Cameras were installed in the equipment rooms in Chapleau and Manitoulin to enable IT to check status lights on the equipment and facilitate issue identification and remediation.

*Mobile Devices:* iPads were introduced at SDHU for the following projects:

- Client centred surveys to be conducted at the SDHU in the lobby at the main office location as well as the Rainbow Centre.
- BOH Board Effect project introduced iPads for BOH meetings as well as for EC meetings.

## 6. Volunteer Resources

Eighty-four (84) volunteers are actively involved in assisting staff to plan and deliver programs and services. Health Unit volunteers have contributed 544 hours from November 1, 2014, to May 19, 2015.

## 7. Quality & Monitoring

*IDEAS Introductory Quality Improvement Program:* During the month of March a total of 14 SDHU staff completed the IDEAS Introductory Quality Improvement Program. This program is funded by the MOHLTC and aims to provide physicians, nurses, managers, administrators, and allied health professionals with the introductory skills they require to engage in Quality Improvement initiatives. The program was facilitated by the Northern Ontario School of Medicine and delivered via online modules and a full day workshop.

*Locally Driven Collaborative Project (LDCP):* The Quality & Monitoring Specialist is currently participating in the proposal development phase of a Public Health Ontario funded Locally Driven Collaborative Project (LDCP). It is focused on continuous quality improvement and titled “Identifying elements from existing CQI frameworks that apply to public health units”. LDCPs aim to help public health units to work together to conduct applied research and program evaluation on a critical public health problem or program. We expect this work to help guide the SDHU quality program.

*Lean review of Controlled Infectious Disease (CID):* The Leading Edge Group has been contracted by the SDHU to utilize a Lean methodology to undertake a comprehensive review of multiple facets of the CID program such as the program delivery structure, processes, and activities. The review commenced in May and is expected to conclude in July. Lean is a quality improvement and problem solving approach which aims to increase service efficiency and quality while reducing waste.

*Organizational Standards:* We continue to await the release of the MOHLTC risk assessment tool which reviews public health unit compliance with the Ontario Public Health Organizational Standards. The Ministry had previously advised that the tool was anticipated to be ready for release this year.

## **CLINICAL AND FAMILY SERVICES DIVISION**

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

*Influenza:* There have been 136 cases of influenza A and 24 cases of influenza B identified to date for the 2014-2015 influenza season.

*Respiratory Outbreaks:* There have been twenty-one 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                     |              |
| Coronavirus & Enterovirus | 1 outbreak   |
| Rhinovirus                | 1 outbreak   |
| Unknown                   | 5 outbreaks  |

*Immunization of School Pupils’ Act (ISPA):* The CID team is completing its’ review of all student immunization records for all school-aged children up to 18 years of age to ensure compliance with the ISPA. To date, the CID team has reviewed over 26 000 student immunization records.

*School Immunization Campaign:* The CID team is completing their final clinics for the school year in all area elementary schools for immunization against hepatitis B and meningitis (all Grade 7 students), and Human Papillomavirus (all eligible female Grade 8 students). Coverage rates for these vaccines will be available in August 2015.

The Control of Infectious Diseases team continues to monitor all reports of respiratory illness.

### **2. Family Health Team**

*Prenatal Education:* Family Team staff facilitated an ‘in-person’ prenatal class at SDHU’s main site in May with 30 pregnant women and their partners. There were 5 clients who registered for on-line prenatal classes.

*Breastfeeding:* Approximately 100 individuals visited the SDHU breastfeeding booth at the May 24 Parenting and Pregnancy Expo held at the Steelworkers Hall in Sudbury. There were 15 Our Children, Our Future clients who attended the breastfeeding session that was facilitated by SDHU staff. One new referral was received for the “A Breastfeeding Companion” telephone breastfeeding peer-to-peer program and 12 clients attended the face-to-face breastfeeding support group in the Minnow Lake area.

*Triple P:* Family Team staff presented the phase one results of the Triple P School-Based Pilot Project at the Ontario Triple P conference in Sault Ste. Marie. Approximately 25 individuals attended this concurrent session. In total, 177 individuals attended the conference.

Six parents participated in Triple P tip sheet discussion groups at St-David’s school. There are currently 7 clients receiving one-to-one Triple P programming. Future Triple P sessions with clients of the Aboriginal People’s Alliance Northern Ontario are currently being planned.

*Child Health Skill Building Sessions:* Family Team staff facilitated an ‘infant care’ session with 9 parents from Our Children, Our Future in Capreol.

*New Opportunities and Hope (NOAH):* On May 20, staff participated in a NOAH working group meeting hosted by the Social Planning Council to revisit NOAH’s purpose, governance, terms of reference, funding and new space. Twelve individuals from different agencies participated in this working group meeting.

*Canadian Public Health Association (CPHA) Presentation:* The Foundational Standard Specialist for Clinical and Family Services attended the Canadian Public Health Association Conference in Vancouver in May 2015 to present the findings of a local participatory action research study. The study involved focus groups with women maintained on and providers of methadone or suboxone related services.

## **ENVIRONMENTAL HEALTH DIVISION**

### **1. Control of Infectious Diseases**

During the month of May, seven sporadic enteric cases and one infection control complaint were investigated. Three enteric outbreaks were declared in institutions. The causative organism of one outbreak was confirmed to be rotavirus.

### **2. Food Safety**

During the month of May, 2 food product recalls prompted public health inspectors to conduct checks of 62 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale. The recalled food products included Vasco Da Gama brand canned seafood products due to possible contamination with pathogenic bacteria, and PC brand Moroccan Style Hummus due to possible contamination with *Staphylococcus* bacteria.

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

Public health inspectors issued one charge to one food premise for an infraction identified under the Food Premises Regulation.

In May, staff issued 83 Special Event Food Service Permits to various organizations for events serving approximately 16 095 attendees.

Through Food Handler Training and Certification Program sessions offered in May, 60 individuals were certified as food handlers.

### **3. Health Hazard**

In May, 20 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

One order to comply was issued to a property owner in response to the identification of a health hazard in a rental unit. The health hazard has since been remediated.

### **4. Ontario Building Code**

During the month of May, 29 sewage system permits, 24 renovation applications, and 3 consent applications were received.

One order to comply was issued to a home owner for allowing their septic tank to be used prior to their leaching bed being installed and a Certificate of Approval issued.

### **5. Rabies Prevention and Control**

Twenty-eight rabies-related investigations were carried out in the month of May. One dog was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and was subsequently reported as negative.

One individual is receiving rabies post-exposure prophylaxis following contact with a bat that tested positive for rabies. The positive bat did not originate from the SDHU service area.

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

To acknowledge May as rabies awareness month, a media release was issued to inform the public of the role of public health in the investigation of animal bites and scratches, the need to vaccinate pets, and the importance of reporting suspected rabies exposures to the health unit.

### **6. Safe Water**

In May, two swimming pools were closed as a result of adverse bacteriological water samples involving high counts of *Staphylococcus aureus*. One closure order has since been rescinded and the swimming pool allowed to reopen.

Additionally during the month of May, five boil water orders were issued, three boil water orders were rescinded, and two small drinking water system assessments were completed.

### **7. Tobacco Enforcement**

In May, tobacco enforcement officers charged two retail employees for selling tobacco to a person who is less than 19 years of age.

## **8. Vector Borne Diseases**

In May a total of eight ticks were submitted to the Public Health Ontario laboratory for identification. To date, two of these ticks have been identified as blacklegged ticks, the vector of Lyme disease, one of which has been confirmed by the National Microbiology Laboratory as testing positive for the bacteria that causes Lyme disease.

## **9. Emergency Response**

The SDHU issued a public health update to the Gogama Local Services Board for distribution to residents regarding the train derailment which occurred on March 7, 2015.

# **HEALTH PROMOTION DIVISION**

## **1. Healthy Eating**

Twenty-three health service providers with a focus on older adults attended one of three half-day training sessions, led by SDHU registered dietitian staff, to become Seniors in the Community Risk Evaluation for Eating and Nutrition (SCREEN®) administrators. SCREEN® is an evidence-based nutrition risk screening tool for identifying nutrition challenges with older adults. The newly trained SCREEN® administrators, representing the Wikwemikong Health Centre (Home and Community Care), Red Cross, Massey Medical Clinic and the Espanola & Area Family Health Team, will use the screening tool at their health centres, and with community programming, to improve the food and nutrition knowledge, skills and practice of older adults living in the community, aiming to improve their health outcomes.

## **2. Healthy Weights**

On May 27, 2015, Health Unit staff attended a Public Health Ontario (PHO) Locally Driven Collaborative Projects (LDCP) workshop in Toronto. This workshop was an opportunity for the Beyond BMI (Body Mass Index) research team to come together in person and craft their research question for the renewal of the Beyond BMI project. The SDHU met with provincial academic, government and practice partners to discuss potential next steps to the first year of research, *Investigating the Feasibility of Using NutriSTEP® and Electronic Medical Records as a Surveillance System for Healthy Weights, including Risk and Protective Factors, in Children*. The final report of this research will be available shortly.

## **3. Injury Prevention**

The monthly car seat inspection clinics in the Greater Sudbury continue to be booked to capacity. An additional clinic, with a local daycare hub in Chelmsford, was held on May 26, 2015. More clinics are planned for the summer.

SDHU staff efforts to support partner agencies to become trained car seat inspection technicians saw five new technicians trained on May 13 and 14, 2015, in Chapleau.

The Falls Prevention team staff continue to work in partnership with the North East Local Health Integration Network (North East LHIN) and the four other area health units to implement a three-year regional falls prevention strategy for older adults and to adopt the Stay On Your Feet (SOYF) model across the North East. The Canadian Falls Prevention Curriculum training was implemented across the North East. The training was delivered over five weeks, from mid-April to mid-June. A total of 14 health care providers attended the training from the Sudbury and Manitoulin Districts.

Public health nurses (PHNs) in the Espanola office worked with a teacher from the Mennonite School in Massey to purchase 19 properly sized, culturally appropriate bike helmets for students ranging from Grades 1 through 8. In June, the PHNs provided assistance with proper helmet fitting, followed by a presentation on bicycle safety and road safety.

#### **4. Prevention of Substance Misuse**

*Alcohol Education and Awareness:* The SDHU Alcohol team staff collaborated at the provincial level on an “Alcohol Availability” advocacy package available to all OPHA members.

The Rethink Your Drinking video was launched on May 15, 2015, prior to the long weekend. This video was the result of a collaborative effort of the Low-Risk Alcohol Drinking Guidelines (LRADG) Working Group which includes the five North East health units. The video has since been disseminated by several of the health units, including the SDHU via their Facebook and Twitter pages. A larger dissemination strategy is currently being formalized.

The *LaCloche Foothills Drug Strategy* was presented to the Council for the Township of Sables-Spanish Rivers on May 13, 2015. All councillors and the Mayor were present along with seven other representatives from the community.

#### **5. Tobacco Control**

The North East Tobacco Control Area Network (NE TCAN) held a 1.5 day training on *Fostering Aboriginal Engagement in Youth Tobacco Use Prevention* on Wednesday, May 13 and Thursday, May 14, 2015, at Laurentian University. The focus was a knowledge exchange, networking and capacity building forum to support commercial tobacco use prevention initiatives among Aboriginal youth. Twenty-five people attended, including representatives from all five NE public health units, an invitee from the local First Nation, Inuit and Metis (FNIM) community, the Leave the Pack Behind, the Smokers Helpline, the Program Training and Consultation Centre (PTCC) and Cancer Care Ontario (CCO). The Wednesday afternoon focused on a panel discussion with representatives from the North West TCAN, North Shore Tribal Council and the Metis Nation of Ontario. Thursday was a full-day workshop provided by the Indian Friendship Centre from Sault Ste. Marie which focused on Cultural Competency.

#### **6. UVR Exposure**

As part of the health unit's programming on exposure to ultraviolet radiation (UVR), the sixth-annual Skin Cancer Screening Clinic was held in Greater Sudbury on June 3, 2015. Dermatologist, Dr. Lyne Giroux, in collaboration with the Canadian Dermatology Association (CDA) and staff from the SDHU, offered the free clinic which was attended by 75 members of the general public. The event was held during the CDA's annual, nationwide Sun Awareness Week (June 1 to 7, 2015), which aims to educate Canadians about the dangers of excessive sun exposure and to reduce the incidence of skin cancer.

#### **7. Workplace Health**

The Workplace Health team responded to six requests from workplaces between April and May. The requests were primarily for resource support and/or information, and one request for activity support. Topic requests included general workplace health, healthy eating, physical activity, shift work and mental health.



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

### 1. Presentations and Publications

In May and June, the Foundational Standard Specialist presented at the Ontario Society of Nutrition Professionals in Public Health Nutrition Exchange on *Public Health Nutrition Core Competencies for Interns in the Northern Ontario Dietetic Internship Program*, and at the 2015 Northern Health Research Conference on *Beyond BMI: Investigating the Feasibility of Using NutriSTEP and Electronic Medical Records as a Surveillance System for Healthy Weights Including Risk and Protective Factors in Children*.

The Foundational Standard Specialist also co-authored the article *Development, Reliability and Validity Testing of Toddler NutriSTEP: A Nutrition Risk Screening Questionnaire for Children 18–35 Months of Age* which was published in the Applied Physiology, Nutrition, and Metabolism Journal in May 2015.

### 2. Knowledge Exchange

On May 12, 2015, the RRED Division hosted a half-day *Knowledge Exchange Symposium* for SDHU staff. The purpose of the Symposium is to share information across divisions as it relates to projects, activities, programs, and new knowledge. A variety of topics were presented including the emergency response to the train derailment in Gogama, the balanced approach to health, team building, and the evaluation of community impact.

### 3. Population Health Assessment and Surveillance

The RRED Division has released six new Population Health Assessment team – Indicator Reports (PHASSt-IR) based on 2012–2013 Rapid Risk Factor Surveillance System (RRFSS) data. These include two indicators on *Artificial Tanning*, eight on *Sodium Consumption*, six on *Tanning Equipment*, seven on *Tanning Risk Perception and Awareness*, six on *Work Stress* and five indicators on *Worker Classification and Health Status*. These Indicator Reports are used by SDHU staff for program planning, presentations, and in discussions with external partners.

### 4. Health Equity

R. St Onge, Director, and D. Wilson, Foundational Standard Specialist–Health Equity, collaborated in the development of a provincial case study and subsequent publication of a report titled *The Path Taken: Developing Organizational Capacity for Improving Health Equity in Four Ontario Health Units*, which was published by the National Collaborating Centre for Determinants of Health (Learning from Practice Series).

On May 14, 2015, a Health Promotion Consultant from Public Health Ontario facilitated a day-long session with members from the Health Equity Steering Committee and the Health Equity Knowledge Exchange and Resource Team in order to work through and refine components of the SDHU's health equity social marketing strategy.

On June 4, 2015, the Foundational Standard Specialist–Health Equity, attended the annual face-to-face aPHaOPHA Health Equity Working Group meeting. The Working Group fosters improvements in social inequities in health for the population of Ontario. The main focus of the meeting was the development of the Group's 2015-2016 work plan.

## **5. Student Placement Preceptor Appreciation Event**

A total of 18 staff members attended the *Preceptor Appreciation Event* which was held on May 28, 2015. This event formally recognized those attending for their dedication in providing learning opportunities for students in the last year. Highlights of students' experiences and recent changes to the Student Placement Program policies and procedures were shared, and input was gathered on preceptors' experience in order to improve future student placement experiences. In all, 64 staff members across the Health Unit received a certificate for being a student preceptor in the last year.

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 4 Periods Ending April 30, 2015**

**Cost Shared Programs**

|   | <b>Annual<br/>Budget</b> | <b>Budget<br/>YTD</b> | <b>Current<br/>Expenditures<br/>YTD</b> | <b>Variance<br/>YTD<br/>(over)/under</b> | <b>Balance<br/>Available</b> |
|---|--------------------------|-----------------------|---|--|------------------------------|
| <b>Revenue:</b>                             |                          |                       |   |  |                              |
| MOHLTC - General Program                    | 15,190,835               | 5,063,612             | 5,063,612                               | (0)                                      | 10,127,223                   |
| MOHLTC - Unorganized Territory              | 800,980                  | 266,993               | 266,993                                 | 0  | 533,987                      |
| MOHLTC - VBD Education & Surveillance       | 64,939                   | 21,646                | 21,646                                  | 0  | 43,293                       |
| MOHLTC - VBD Contingency                    | 375,000                  | 0                     | 0                                       | 0  | 375,000                      |
| MOHLTC - SDWS                               | 106,000                  | 35,333                | 35,333                                  | 0  | 70,667                       |
| MOHLTC - CINOT Expansion                    | 31,510                   | 10,503                | 10,503                                  | 0  | 21,007                       |
| Municipal Levies                            | 6,641,127                | 2,213,686             | 2,213,686                               | (0)                                      | 4,427,441                    |
| Municipal Levies - Small Drinking Water Sys | 47,222                   | 15,741                | 15,741                                  | (0)                                      | 31,481                       |
| Municipal Levies - VBD Education & Surveil  | 21,646                   | 7,215                 | 7,215                                   | 0  | 14,431                       |
| Municipal Levies - VBD Contingency          | 125,000                  | 0                     | 0                                       | 0  | 125,000                      |
| Municipal Levies - CINOT Expansion          | 10,503                   | 3,501                 | 3,501                                   | 0  | 7,002                        |
| Interest Earned                             | 85,000                   | 24,299                | 24,299                                  | (0)                                      | 60,701                       |
| <b>Total Revenues:</b>                      | \$23,499,762             | \$7,662,530           | \$7,662,530                             | \$1                                      | \$15,837,232                 |
| <b>Expenditures:</b>                        |                          |                       |   |  |                              |
| <b>Corporate Services:</b>                  |                          |                       |   |  |                              |
| Corporate Services                          | 4,639,434                | 1,929,108             | 1,897,494                               | 31,614                                   | 2,741,941                    |
| Print Shop                                  | 262,837                  | 88,247                | 71,625                                  | 16,622                                   | 191,212                      |
| Espanola                                    | 120,927                  | 41,315                | 40,862                                  | 453                                      | 80,065                       |
| Manitoulin                                  | 124,866                  | 42,693                | 45,206                                  | (2,513)                                  | 79,660                       |
| Chapleau                                    | 98,398                   | 33,805                | 30,308                                  | 3,497                                    | 68,090                       |
| Sudbury East                                | 16,486                   | 5,526                 | 5,423                                   | 103                                      | 11,063                       |
| Volunteer Services                          | 6,838                    | 2,343                 | 1,164                                   | 1,179                                    | 5,674                        |
| <b>Total Corporate Services:</b>            | \$5,269,786              | \$2,143,038           | \$2,092,082                             | \$50,956                                 | \$3,177,705                  |
| <b>Clinical and Family Services:</b>        |                          |                       |   |  |                              |
| General                                     | 977,819                  | 313,919               | 323,086                                 | (9,167)                                  | 654,732                      |
| Clinical Services                           | 1,220,309                | 420,256               | 477,874                                 | (57,617)                                 | 742,435                      |
| Branches                                    | 341,475                  | 118,099               | 88,694                                  | 29,405                                   | 252,781                      |
| Family                                      | 639,452                  | 223,301               | 228,906                                 | (5,605)                                  | 410,546                      |
| Risk Reduction                              | 134,516                  | 33,629                | 30,801                                  | 2,828                                    | 103,715                      |
| Intake                                      | 314,165                  | 109,430               | 108,542                                 | 888                                      | 205,623                      |
| Clinical Preventative Services - Outreach   | 140,503                  | 49,331                | 46,235                                  | 3,096                                    | 94,268                       |
| Sexual Health                               | 943,426                  | 324,014               | 316,747                                 | 7,267                                    | 626,679                      |
| Influenza                                   | 0                        | 0                     | (0)                                     | 0  | 0                            |
| Meningittis                                 | 0                        | 0                     | (0)                                     | 0  | 0                            |
| HPV   | 0                        | 0                     | (0)                                     | 0  | 0                            |
| Dental - Clinic                             | 773,177                  | 252,335               | 242,105                                 | 10,230                                   | 531,072                      |
| CINOT Expansion - Clinic                    | 42,013                   | 11,429                | 10,683                                  | 746                                      | 31,330                       |
| Family - Repro/Child Health                 | 1,263,796                | 409,335               | 398,797                                 | 10,539                                   | 865,000                      |
| <b>Total Clinical Services:</b>             | \$6,790,651              | \$2,265,080           | \$2,272,470                             | \$(7,390)                                | \$4,518,181                  |
| <b>Environmental Health:</b>                |                          |                       |   |  |                              |
| General                                     | 788,386                  | 249,681               | 240,517                                 | 9,164                                    | 547,869                      |
| Enviromental                                | 2,624,500                | 921,091               | 915,562                                 | 5,529                                    | 1,708,937                    |
| Vector Borne Disease (VBD)                  | 586,585                  | 10,114                | 9,230                                   | 885                                      | 577,355                      |
| Small Drinking Water System                 | 169,995                  | 54,497                | 52,360                                  | 2,137                                    | 117,635                      |
| <b>Total Environmental Health:</b>          | \$4,169,465              | \$1,235,383           | \$1,217,669                             | \$17,714                                 | \$2,951,796                  |
| <b>Health Promotion:</b>                    |                          |                       |   |  |                              |
| General                                     | 1,373,816                | 465,809               | 461,252                                 | 4,558                                    | 912,564                      |
| School                                      | 1,333,700                | 430,200               | 428,995                                 | 1,204                                    | 904,705                      |
| Healthy Communities & Workplaces            | 292,520                  | 110,107               | 105,160                                 | 4,947                                    | 187,360                      |
| Branches                                    | 548,859                  | 189,397               | 181,014                                 | 8,383                                    | 367,845                      |
| Nutrition & Physical Activity               | 1,254,071                | 400,962               | 388,572                                 | 12,390                                   | 865,499                      |
| Injury Prevention                           | 431,884                  | 122,989               | 118,022                                 | 4,968                                    | 313,862                      |
| Tobacco By-Law                              | 331,408                  | 101,086               | 91,317                                  | 9,769                                    | 240,091                      |
| Alcohol and Substance Misuse                | 287,288                  | 92,754                | 90,460                                  | 2,294                                    | 196,828                      |
| <b>Total Health Promotion:</b>              | \$5,853,545              | \$1,913,305           | \$1,864,791                             | \$48,514                                 | \$3,988,754                  |
| <b>RRED:</b>                                |                          |                       |   |  |                              |
| General                                     | 1,401,074                | 478,584               | 477,666                                 | 918                                      | 923,408                      |
| Health Equity Office                        | 15,240                   | 2,535                 | 2,484                                   | 51                                       | 12,756                       |
| <b>Total RRED:</b>                          | \$1,416,314              | \$481,119             | \$480,150                               | \$969                                    | \$936,164                    |

**FOR EC USE ONLY**

**Sudbury & District Health Unit**  
**STATEMENT OF REVENUE & EXPENDITURES**  
**For The 4 Periods Ending April 30, 2015**

**Cost Shared Programs**

|                              | <b>Annual<br/>Budget</b> | <b>Budget<br/>YTD</b> | <b>Current<br/>Expenditures</b> | <b>Variance<br/>YTD</b> | <b>Balance<br/>Available</b> |
|------------------------------|--------------------------|-----------------------|---------------------------------|-------------------------|------------------------------|
| <b>Total Expenditures:</b>   | \$23,499,762             | \$8,037,925           | \$7,927,162                     | \$110,762               | \$15,572,600                 |
| <b>Net Surplus/(Deficit)</b> | \$0                      | \$(375,395)           | \$(264,633)                     | \$110,762               |                              |

## Sudbury & District Health Unit 2010-2015

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2015

|   | <b>BOH<br/>Annual<br/>Budget</b> | <b>Budget<br/>YTD</b> | <b>Current<br/>Expenditures<br/>YTD</b> | <b>Variance<br/>YTD<br/>(over) /under</b> | <b>Budget<br/>Available</b> |
|---|----------------------------------|-----------------------|---|---|-----------------------------|
| <b>Revenues &amp; Expenditure Recoveries:</b>       |                                  |                       |   |   |                             |
| Funding   | 23,579,707                       | 7,742,475             | 7,745,946                               | (3,471)                                   | 15,833,760                  |
| Other Revenue/Transfers                             | 837,262                          | 292,504               | 332,048                                 | (39,544)                                  | 505,214                     |
| <b>Total Revenues &amp; Expenditure Recoveries:</b> | <b>24,416,968</b>                | <b>8,034,979</b>      | <b>8,077,994</b>                        | <b>(43,015)</b>                           | <b>16,338,974</b>           |
| <b>Expenditures:</b>                                |                                  |                       |   |   |                             |
| Salaries  | 15,756,102                       | 5,379,686             | 5,303,859                               | 75,826                                    | 10,452,242                  |
| Benefits  | 4,271,230                        | 1,474,889             | 1,480,579                               | (5,690)                                   | 2,790,651                   |
| Travel  | 274,731                          | 59,572                | 49,865                                  | 9,707                                     | 224,866                     |
| Program Expenses                                    | 1,369,914                        | 285,243               | 299,942                                 | (14,699)                                  | 1,069,972                   |
| Office Supplies                                     | 80,420                           | 25,778                | 24,214                                  | 1,565                                     | 56,206                      |
| Postage & Courier Services                          | 72,230                           | 24,077                | 13,335                                  | 10,742                                    | 58,895                      |
| Photocopy Expenses                                  | 82,006                           | 26,315                | 19,840                                  | 6,475                                     | 62,166                      |
| Telephone Expenses                                  | 59,466                           | 19,853                | 18,083                                  | 1,771                                     | 41,383                      |
| Building Maintenance                                | 349,261                          | 176,608               | 176,819                                 | (211)                                     | 172,442                     |
| Utilities   | 195,265                          | 65,338                | 65,759                                  | (421)                                     | 129,506                     |
| Rent  | 239,198                          | 76,733                | 76,189                                  | 543                                       | 163,009                     |
| Insurance   | 90,543                           | 85,543                | 85,543                                  | 0   | 5,000                       |
| Employee Assistance Program ( EAP)                  | 34,969                           | 15,084                | 15,046                                  | 38  | 19,923                      |
| Memberships   | 34,037                           | 20,500                | 19,895                                  | 605                                       | 14,142                      |
| Staff Development                                   | 236,070                          | 51,350                | 78,284                                  | (26,934)                                  | 157,786                     |
| Books & Subscriptions                               | 17,110                           | 4,442                 | 4,683                                   | (241)                                     | 12,427                      |
| Media & Advertising                                 | 140,077                          | 40,359                | 20,287                                  | 20,073                                    | 119,790                     |
| Professional Fees                                   | 347,546                          | 121,618               | 126,901                                 | (5,284)                                   | 220,645                     |
| Translation   | 54,550                           | 14,788                | 16,008                                  | (1,220)                                   | 38,542                      |
| Furniture & Equipment                               | 17,730                           | 2,967                 | 1,014                                   | 1,953                                     | 16,716                      |
| Information Technology                              | 694,514                          | 439,631               | 446,483                                 | (6,852)                                   | 248,031                     |
| <b>Total Expenditures</b>                           | <b>24,416,968</b>                | <b>8,410,374</b>      | <b>8,342,627</b>                        | <b>67,747</b>                             | <b>16,074,341</b>           |
| <b>Net Surplus ( Deficit )</b>                      | <b>0</b>                         | <b>(375,395)</b>      | <b>(264,633)</b>                        | <b>110,762</b>                            |                             |

FOR EC USE ONLY

Sudbury & District Health Unit  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended April 30, 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       | 48,200      | 90,800            | 34.7%   | Dec 31           | 33.3%          |
| SFO -TCAN - Prevention                                 | 724 | 97,200        | 12,567      | 84,633            | 12.9%   | Dec 31           | 33.3%          |
| SFO - Tobacco Control Area Network - TCAN              | 725 | 285,800       | 87,360      | 198,440           | 30.6%   | Dec 31           | 33.3%          |
| SFO - Local Capacity Building: Prevention & Protection | 726 | 190,500       | 67,841      | 122,659           | 35.6%   | Dec 31           | 33.3%          |
| SFO - Tobacco Control Coordination                     | 730 | 100,000       | 35,221      | 64,779            | 35.2%   | Dec 31           | 33.3%          |
| SFO - Youth Engagement                                 | 732 | 80,000        | 24,075      | 55,925            | 30.1%   | Dec 31           | 33.3%          |
| Infectious Disease Control                             | 735 | 478,973       | 169,657     | 309,316           | 35.4%   | Dec 31           | 33.3%          |
| LHIN - Falls Prevention Project & LHIN Screen          | 736 | -             | 5,054       | (5,054)           | #DIV/0! | Mar 31/15        | 8.3%           |
| MOHLTC - Special Nursing Initiative                    | 738 | 180,448       | 62,463      | 117,985           | 34.6%   | Dec 31           | 33.3%          |
| MOHLTC - Northern Fruit and Vegetable Funding          | 743 | 150,100       | 38,976      | 111,124           | 26.0%   | Mar 31/15        | 66.7%          |
| Food Safety - Haines Funding                           | 750 | 36,435        | 3,789       | 32,646            | 10.4%   | Dec 31           | 33.3%          |
| Triple P Co-Ordination                                 | 766 | 65,706        | 22,768      | 42,938            | 34.7%   | Dec 31           | 33.3%          |
| Healthy Communities Fund Partnership Stream            | 769 |               |             | -                 | #DIV/0! | Mar 31/15        | 8.3%           |
| Healthy Babies Healthy Children                        | 778 | 1,451,897     | 484,893     | 967,004           | 33.4%   | Dec 31           | 33.3%          |
| Healthy Babies Healthy Children - Screening            | 779 | 25,000        | 25,000      | -                 | 100.0%  | Mar.31/15        | 100.0%         |
| Healthy Smiles Ontario (HSO)                           | 787 | 445,350       | 142,512     | 302,838           | 32.0%   | Dec 31           | 33.3%          |
| Anonymous Testing                                      | 788 | 59,393        | 3,383       | 56,010            | 5.7%    | Mar 31/15        | 8.3%           |
| MHPS- Aboriginal Diabetes                              | 792 | 175,000       | 12,675      | 162,325           | 7.2%    | Mar 31/15        | 8.3%           |
| Total  |     | 3,960,802     | 1,246,434   | 2,714,368         |         |                  |                |

**ACCEPTANCE OF REPORTS**

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

## **8. NEW BUSINESS**

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

#### **a) Immunization of School Pupils Act (ISPA) Enforcement**

- Briefing Note from the Medical Officer of Health dated June 11, 2015

#### **b) Board of Health Manual**

- Briefing Note to the Board Chair dated June 11, 2015.

#### **c) Healthy Babies Healthy Children (HBHC) Program**

- Briefing Note from the Medical Officer of Health dated June 11, 2015

#### **d) Disclosure and Transparency**

- Briefing Note from the Medical Officer of Health dated June 11, 2015
- Memorandum from Ministry of Health and Long-Term Care Executive Director, R. Martino, to Medical Officers of Health and Associate Medical Officers of Health dated June 9, 2015

#### **e) Sudbury & District Health Unit 2013-2017 Performance Monitoring Plan**

- Strategic Narrative Report, June 2015



# Briefing Note

**To:** Chair, Sudbury & District Board of Health

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

**Date:** June 11, 2015

**Re:** Immunization of School Pupils' Act Enforcement Update 2014-2015 School Year

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

Regulatory amendments under the *Immunization of School Pupils Act* (ISPA), including the addition of three new designated diseases and additional doses for diseases previously covered by the Act, came into effect on July 1, 2014. Beginning in the 2014/15 school year, children and adolescents were required to comply with these changes.

Public health's work to enforce of the ISPA coincided with the roll out of the electronic immunization module of Panorama, the provincial electronic data base. Significant increases in associated workload have been experienced across the province with some health units reporting that they are unable to uphold the ISPA.

The Chief Medical Officer of Health recently communicated a clear directive to Ontario public health units to ensure that by September 2015 all school-aged children (4-18 years of age) are compliant with the ISPA provisions.

The Sudbury & District Health Unit (SDHU) has made this work a priority and has reallocated resources accordingly, resulting in our active efforts to ensure compliance with the ISPA. These efforts have also resulted in a number of complaints to the Health Unit due to duplicate records or unreported immunizations. Much of the SDHU work and many of the complaints could have been avoided if primary care providers were required to report immunizations and/or if common electronic records existed between primary care and public health.

**Recommendation(s):**

**That the Sudbury & District Board of Health recommend to the Minister of Health and Long-Term Care that amendments to provincial regulations be made requiring health care providers to report to the Medical Officer of Health all immunizations administered to patients under 18 years of age.**

**That the Sudbury & District Board of Health advocate to the Minister of Health and Long-Term Care for the integration of all health care provider electronic immunization records onto a common electronic data base to ensure efficient and accurate sharing of immunization records.**

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2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

**Background:**

*System Changes:*

Under the Vaccine Preventable Diseases Standard and Immunization Management Protocol (2013) in the Ontario Public Health Standards, each health unit is required to enforce the Immunization of School Pupils Act (ISPA) by assessing and maintaining immunization records of school pupils (students) each school year.

Changes to the ISPA including the addition of three new designated diseases (meningococcal disease, pertussis and varicella) and additional doses for diseases previously covered by the Act, came into effect on July 1, 2014. These requirements are in addition to the existing requirements for proof of immunization against tetanus, diphtheria, poliomyelitis, measles, mumps, and rubella. These changes align the immunization requirements for school attendance with Ontario's publicly funded immunization schedule, which is based on current clinical guidelines for the best protection of the population against vaccine-preventable diseases.

As a result of these changes to the ISPA, the Control of Infectious Diseases Team in Clinical and Family Services (CFS) has experienced a significant workload increase required to ensure compliance with ISPA enforcement duties. This workload includes:

- Review of immunization records of over 26,000 students attending 110 schools across the district. With the addition of three new antigens added to the ISPA requirements for the 2014-2015 school year, over 5,500 student records were flagged as overdue/non-compliant with the ISPA.
- Parent letters and phone calls to ensure parents had information on the new immunization requirements and the need for proof of immunization to be provided to the Health Unit.
- Response to large volumes of calls from parents to verify that their children meet the immunization requirements for school attendance and/or to request records for previous immunizations so that they could be provided to their public health unit.
- Significant increase in booked appointments as well as drop-in services to catch up on required immunizations they may have missed.

*Challenges:*

Challenges associated with enforcing the ISPA changes for the 2014-2015 school year include:

- Despite notification by the SDHU and the MOHLTC to parents/guardians and healthcare providers across the district and province to increase awareness of the new vaccine requirements, parents/guardians unfortunately are not well-informed of the legislated changes to the ISPA.
- Parents/guardians whose child(ren) receive vaccine at a health care provider other than public health are still required to provide notification of same to their local public health unit to ensure that the immunization record is updated. Healthcare providers are not required to provide public health units with this information.

In addition to the legislative changes to the ISPA, this was also the first school year utilizing the new immunization module in Panorama – a new province-wide immunization database for all students enrolled in

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2013–2017 Strategic Priorities:

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O: October 19, 2001  
R: October 2013

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schools across the province. Anticipated since 2009, Panorama provides all health units with more accurate and up to-date information. However, its implementation (as of July 1, 2014) has also created challenges for this school year. Panorama combined separate immunization databases for each health unit into the one new provincial system; as a result, there are a number of duplicate records in the system that require resolution.

- As of December 17, 2014, it was estimated there are potentially over 500,000 duplicates in Panorama provincially
- The SDHU review of migrated immunization records into Panorama estimated a total of 12 328 duplicate records in Panorama

These challenges are further complicated by the fact that Panorama currently is a system used only by public health units. Ontario does not have infrastructure in place to allow for immunization information to be inputted into Panorama by health care providers outside of public health. Having such a system in place would allow for real-time reporting of all immunizations across the province, and would significantly decrease the number of student records that are flagged as overdue or eligible for suspension under the ISPA due to non-reporting by parents/guardians.

ISPA enforcement this year was therefore challenging and at times messy. With the SDHU enforcement of the ISPA for the 2014-2015 school year, a number of parents/guardians incorrectly received notices from the SDHU advising that their child(ren) were not compliant with the ISPA when in reality the record on file with Panorama was a duplicate. In following up with parents/guardians, the SDHU was able to remedy the duplicate record, thereby ensuring that the student was up to date for all required immunizations.

#### *SDHU Resource Reallocation:*

The SDHU, like most health units across the province, faced significant workload pressures related to enforcement of the ISPA and updating records in Panorama while ensuring business continuity for all other programming. In early 2015, the SDHU submitted a request for one-time funding at the request of the MOHLTC to identify incremental costs incurred as a result of the ISPA amendments. Public health units were advised during a May 20, 2015, teleconference with the Chief Medical Officer of Health that one-time funding requests were being considered but that there was no additional Ministry funding available at that time.

Accordingly, in order to comply with the Ontario Public Health Immunization Management Standards, the SDHU has reallocated resources that include increasing casual staff hours, reassignment of public health nurses, reallocation of assistant support, and hiring of nursing and clerical students for assistance.

#### *Implementation Status:*

In a recent provincial teleconference it was highlighted that many health units across the province were not enforcing the ISPA in its entirety this year due to workload issues and challenges with Panorama. It was strongly stated that health units should consider ISPA a priority and reallocate resources accordingly to ensure compliance with all provisions of the ISPA for the 2015/2016 school year.

As of June 1, 2015, SDHU has achieved 100% compliance with the ISPA review and enforcement for the 2014-2015 school year. Regular business including the school immunization clinics was maintained. School clinics were completed as of May 22, 2015. Full information regarding associated uptake/coverage rates will be available at the end of August 2015.

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#### 2013–2017 Strategic Priorities:

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5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

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While the 2014-2015 school year ISPA review has been particularly heavy this year, it is anticipated that future annual reviews will proceed smoothly and efficiently.

As of April 30, 2015, the SDHU has remedied 13% of the identified duplicate records in Panorama. It is expected that 100% of all duplicate records will be addressed by August 31, 2015.

**Ontario Public Health Standard:** Immunization Management

**Strategic Priority:** 2, 5

**Contact:** Shelley Westhaver, ext. 289

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2013–2017 Strategic Priorities:

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O: October 19, 2001  
R: October 2013

## **ENFORCEMENT OF THE IMMUNIZATION OF SCHOOL PUPILS ACT (ISPA)**

**MOTION:** WHEREAS each public health unit in Ontario is required to enforce the Immunization of School Pupils Act by assessing and maintaining immunization records of school pupils (students) each year; and

WHEREAS parents/guardians whose child(ren) receive vaccine at a health care provider other than public health are required to provide notification of their child's immunizations to their local public health unit; and

WHEREAS healthcare providers are not required under the provisions of the Health Protection and Promotion Act to report immunizations to the Medical Officer of Health; and

WHEREAS incomplete immunization records create significant challenges to the enforcement of the ISPA indicated by the numbers of students suspended from attendance at school under the Act, as well as parental and guardian frustration;

**THEREFORE BE IT RESOLVED THAT** the Sudbury & District Board of Health recommend to the Minister of Health and Long Term Care that amendments to provincial regulations be made requiring health care providers to report to the Medical Officer of Health all immunizations administered to patients under 18 years of age.

**FURTHER THAT** the Sudbury & District Board of Health advocate to the Minister of Health and Long Term Care for the integration of all health care provider electronic immunization records onto a common electronic data base to ensure efficient and accurate sharing of immunization records.

**FURTHER THAT** this motion be forwarded to the Association of Local Public Health Agencies, the Chief Medical Officer of Health and all Ontario Boards of Health.

# Briefing Note

**To:** René Lapierre, Sudbury & District Board of Health Chair  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** June 11, 2015  
**Re:** Board of Health Manual Review

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

As per Board Policy A-III-10, the Board of Health Manual has been reviewed and revisions are recommended for Board of Health approval.

Under the current review, housekeeping revisions were identified as well as updates to reflect the new processes and practices with the implementation of electronic Board meetings.

Pages from the Board of Health Manual that are edited, new, or recommended to be omitted are appended to this briefing note for ease of reference.

Of note, Section I will be updated on BoardEffect following the June 18 Board meeting to include the Board of Health Mobile Device Policy and Procedure approved by the Board on February 19, 2015.

Board members are reminded that they may access the Board of Health manual through the Board Effect application on their SDHU iPad. Pending Board approval, the updated manual will be posted on Board Effect.

**Recommended Action:**

**THAT the Board of Health, having reviewed the Board of Health Policy & Procedure Manual, approves the contents therein.**

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<sup>1</sup> Strategic Priorities:

1. Champion equitable opportunities for health in our communities.
2. Strengthen relationships with priority neighbourhoods and communities and strategic partners.
3. Strengthen the generation and use of evidence-informed public health practices.
4. Support community voices to speak about issues that impact health equity.
5. Maintain excellence in leadership and agency-wide resource management as key elements of an innovative learning organization.

**Background:**

Various Policies, Procedures and Information sheets have been updated to reflect our change in practice now that the Board has gone to paperless meetings, such as A-II-10, E-I-11, E-I-12, E-I-13, and E-I-14.

B-I-11 has been updated to reflect language in the Ontario Public Health Organizational Standards.

Section C – Language in the Board Executive Committee Terms of Reference, C-II-10, has been updated. C-II-11 is a *new* Information Sheet and outlines the Terms of Reference for the Board of Health Finance Standing Committee.

In Section D, D-I-13 has been omitted given the dissolution of the Ontario Council on Community Health Accreditation (OCCHA).

Section E has been updated to reflect change in processes and practices due to the shift to electronic Board meetings.

F-III-10 Freedom of Information Policy has been revised to reflect delegation of authority to the MOH as it pertains to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Minor revisions are recommended for By-laws G-I-10 and G-I-20. G-I-50 is revised to correctly reference the legislation and G-I-60 identifies inspector appointments related to sewage systems.

In Section H, it is recommended that H-I-10 be modified to requirements set out in the Ontario Public Health Organizational Standards.

Procedure I-I-10 has been updated to specify that the Board Chair or delegate approves the MOH expenses. The orientation procedure I-III-10 has been updated to include mandatory training on the SDHU's Baby-Friendly organizational policy and emergency response.

**Ontario Public Health Standard:** All aspects of the Organizational Standards

**Strategic Priority:** All

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<sup>1</sup> Strategic Priorities:

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4. Support community voices to speak about issues that impact health equity.
5. Maintain excellence in leadership and agency-wide resource management as key elements of an innovative learning organization.

## SUDBURY & DISTRICT HEALTH UNIT BOARD OF HEALTH MANUAL

### POLICY

|              |   |           |                       |
|--------------|---|-----------|-----------------------|
| APPROVED BY: | Board of Health   | CATEGORY: | Introduction          |
| DATE:        | O: September 24, 1991<br>R: <del>February 16, 2012</del> <u>June 18, 2015</u> | SECTION:  | Maintenance of Manual |
| NUMBER:      | A-II-10   | SUBJECT:  | Distribution          |
| PAGE:        | 1 of 1  |           |                       |

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The Board of Health manual will be distributed as follows:

- Resource Centre
- Boardroom
- Board Secretary
- Medical Officer of Health/Chief Executive Officer
- Board of Health Members

The Board of Health manual will also be ~~posted~~ made available electronically for all on the Sudbury & District Health Unit intranet for all staff to access.

The Board of Health manual will be ~~posted~~ available to Board members electronically on their SDHU iPads through the to a Board Effect of Health application secure web page for Board members to electronically access the manual using a username and password assigned by the Board Secretary.



## SUDBURY & DISTRICT HEALTH UNIT BOARD OF HEALTH MANUAL

### POLICY

**APPROVED BY:** Board of Health **CATEGORY:** Vision/Mission/Plan  
**DATE:** O: May 27, 1993 **SECTION:** Health Unit  
R: ~~February 20, 2014~~ June 18, 2015  
**NUMBER:** B-I-11 **SUBJECT:** Strategic Plan  
**PAGE:** 1 of 1

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The Sudbury & District Health Unit shall have a strategic plan that expresses the mission, vision, values, goals and objectives of the Board of Health. The strategic plan will:

- Establish strategic priorities addressing local contexts and integrate local community priorities.
- Consider organizational capacity.
- ~~Include the advice and input of staff and community partners. Take into account an environmental scan that includes the input of staff and community partners, reflect partners, reflects~~ the local, provincial and federal context, and examines key influencing forces.
- Establish policy direction regarding a performance management and quality improvement system.
- Address equity issues in the delivery and outcomes of programs and services.
- Describe how the ~~Achieve the outcomes of the Foundational Standard in the Ontario Public Health Standards~~ will be achieved.

The Board of Health will ensure that administration:

- ~~Implements an operational plan Achieves the outcomes of for the Foundational Standard in the Ontario Public Health Standards Foundational Standard Implements the Ontario Public Health Organizational Standards~~ Provides an operational planning path to implement the strategic plan
- Implements the Performance Monitoring Plan

The strategic plan will cover a three to five year timeframe and will be reviewed at least every other year and revised as appropriate.

The Strategic Plan will set direction for the health unit and will be operationalized by the Medical Officer of Health and Chief Executive Officer.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

**APPROVED:** Board of Health

**CATEGORY:** Board of Health Structure & Function

**DATE:** O: March 23, 1989  
R: ~~February~~ June 18, 2015 ~~20~~, 2014

**SECTION:** Board of Health Executive Committee

**NUMBER:** C-II-10

**SUBJECT:** Terms of Reference

**PAGE:** 1 of 2

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**BOARD OF HEALTH EXECUTIVE COMMITTEE  
TERMS OF REFERENCE**

**Purpose:**

The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, to undertake specific responsibilities of the Board if so assigned by majority vote of the Board and to assume governance of the Board ~~during periods~~ between ~~regular~~ Board meetings.

**Reporting Relationship:** To the Board of Health

**Membership:**

Membership must be assigned annually by majority vote of the full Board.

- Board Chair (1)
- Board Vice-Chair (1)
- Board Members at Large (3)
- Medical Officer of Health/Chief Executive Officer ~~(1)~~
- Director of Corporate Services ~~(1)~~
- Board Secretary ~~(ex-officio)~~

**Chair:** As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health

Only Board of Health members have voting privileges. All staff members are ex officio.

**Responsibilities:**

The Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, ~~finance~~, and property. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee ~~also~~ assumes governance of the Board between ~~regular~~ Board meetings.

All actions taken by the Board Executive Committee must be reported to the full Board at its next scheduled meeting.

**Committee Proceedings:**

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair ~~but may be, preferably during the first week of any month. Additional meetings may be~~ requested by two or more members of the Executive Committee, subject to approval of the Chair.

Meetings are held at the health unit at a time mutually agreed upon by the committee, with the option of teleconferencing.

An agenda is developed by the Chair ~~with the support of the~~ and Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

**APPROVED:** Board of Health

**CATEGORY:** Board of Health Structure &  
Function

**DATE:** O: March 23, 1989  
R: ~~February~~ June 18, 2015 ~~20, 2014~~

**SECTION:** Board of Health Executive  
Committee

**NUMBER:** C-II-10

**SUBJECT:** Terms of Reference

**PAGE:** 2 of 2

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Meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting. ~~Standing Committee minutes are distributed to Board members only.~~

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings.

Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee. ~~Closed session minutes of the Board Executive Committee are copied on colored paper, distributed and retrieved at the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.~~

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

|                     |                                      |                  |  |
|---------------------|--------------------------------------|------------------|--|
| <b>APPROVED BY:</b> | <b>Board of Health</b>               | <b>CATEGORY:</b> | <b>Board of Health Structure &amp; Function</b>              |
| <b>DATE:</b>        | <b>O: June 18, 2015</b><br><b>R:</b> | <b>SECTION:</b>  | <b>Finance Standing Committee<br/>of the Board of Health</b> |
| <b>NUMBER:</b>      | <b>C-II-11</b>                       | <b>SUBJECT:</b>  | <b>Terms of Reference</b>                                    |
| <b>PAGE:</b>        | <b>1 of 2</b>                        |                  |  |

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**BOARD OF HEALTH FINANCE STANDING COMMITTEE  
TERMS OF REFERENCE**

**Purpose:**

The purpose of the Finance Standing Committee on behalf of the Board is generally to ensure that the Board conducts itself according to the principles of ethical financial and management behaviour and is efficient and effective in its use of public funds by giving oversight to the SDHU's accounting, financial reporting and audit practices.

**Reporting Relationship:**

The Finance Standing Committee reports to the Board of Health.

**Membership:**

Membership must be assigned annually by majority vote of the full Board.

- Board of Health members (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Manager, Accounting Services
- Board Secretary

**Chair:** As elected annually by the committee at the first meeting of the Finance Committee of the Board of Health

Only Board of Health members have voting privileges. All staff positions are all ex officio.

**Responsibilities:**

The Finance Committee of the Board of Health is responsible for the following:

1. Reviewing financial statements and strategic overview of financial position.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.

All actions taken by the Finance Standing Committee must be reported to the full Board at its next scheduled meeting.

**INFORMATION**

|                     |                                |                  |  |
|---------------------|--------------------------------|------------------|--|
| <b>APPROVED BY:</b> | <b>Board of Health</b>         | <b>CATEGORY:</b> | <b>Board of Health Structure &amp; Function</b>              |
| <b>DATE:</b>        | <b>O: June 18, 2015<br/>R:</b> | <b>SECTION:</b>  | <b>Finance Standing Committee<br/>of the Board of Health</b> |
| <b>NUMBER:</b>      | <b>C-II-11</b>                 | <b>SUBJECT:</b>  | <b>Terms of Reference</b>                                    |
| <b>PAGE:</b>        | <b>2 of 2</b>                  |                  |  |

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**Committee Proceedings:**

The rules governing the procedures of the Board shall be observed by the Finance Standing Committee insofar as applicable.

The Committee will meet twice yearly, normally in April/May and September/October. Additional meetings may be called at the discretion of the Chair.

Meetings are held at the health unit at a time mutually agreed upon by the committee, with the option of teleconferencing.

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Finance Standing Committee.

|           |   |           |                      |
|-----------|---|-----------|----------------------|
| APPROVED: | Board of Health   | CATEGORY: | Public Health System |
| DATE:     | O: January 16, 2003<br>R: <del>February 20, 2014</del> <u>Omitted June 18, 2015</u> | SECTION:  | Provincial           |
| NUMBER:   | D-I-13  | SUBJECT:  | Accreditation        |
| PAGE:     | 1 of 1  |           |                      |

Following is a history of the accreditation status of the Sudbury & District Board of Health:

| Action                          | Date             | Result                              |
|---------------------------------|------------------|-------------------------------------|
| Date 1 <sup>st</sup> Accredited | March 19, 1990   | 1 Year Award                        |
| 2 <sup>nd</sup> Survey          | December 9, 1991 | 3 Year Award                        |
| Granted 1 Year Extension        | October 14, 1993 | New Expiry Date: January 16, 1996   |
| 3 <sup>rd</sup> Survey          | January 16, 1996 | 4 Year Award                        |
| 4 <sup>th</sup> Survey          | February 2, 2000 | 4 Year Award                        |
| 5 <sup>th</sup> Survey          | January 14, 2005 | 4 Year Award: Expires Jan. 14, 2009 |
| 6 <sup>th</sup> Survey          | January 23, 2009 | 3 Year Award: Expires May 23, 2012  |
| 7 <sup>th</sup> Survey          | May 16, 2012     | 3 Year Award: Expires May 16, 2015  |

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**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

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|------------------|--|------------------|------------------------------------|
| <b>APPROVED:</b> | <b>Board of Health</b>   | <b>CATEGORY:</b> | <b>Board of Health Proceedings</b> |
| <b>DATE:</b>     | <b>O: February 26, 1990</b><br><b>R: <del>November 15, 2007</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>Board of Health Meetings</b>    |
| <b>NUMBER:</b>   | <b>E-I-11</b>  | <b>SUBJECT:</b>  | <b>Preparation of the Agenda</b>   |
| <b>PAGE:</b>     | <b>1 of 3</b>  |                  |                                    |

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An agenda is to be prepared by approximately the second Tuesday of the month. It should contain along with the following items in order of appearance, date, time and place of meeting.

**1) Call to Order**

This is when the Chair calls the attention of all present at the meeting that the meeting is now to commence.

**2) Roll Call**

An Attendance Register (dated) is completed, with the Chair announcing the names as listed and the Board members responding.

**3) Declaration of Conflict of Interest**

This is asked by the Chair of the Board members which is their opportunity to announce a conflict (as per C-I-12) which would then eliminate that individual from any discussion on that topic. These should be recorded in the minutes.

**4) Delegations/Presentations**

This is placed on the Agenda only when a request is received for a delegation to appear. Procedure to accept a delegation is as follows:

Where a delegation wishes to have any policy matter considered by the Board of Health, a letter shall be addressed to the Board Secretary and the letter shall:

- (1) be printed, typewritten or legibly written;
- (2) clearly set out the matter at issue and the request made of the Board of Health
- (3) be signed with the name of the writer and contain the mailing address, street address and telephone number of the writer.

Written delegation requests should be received prior to 12:00 noon the second Monday of the month prior to a regularly scheduled Board of Health meeting.

**5) Minutes of Previous Meeting**

These are distributed as part of the agenda package prior to the meeting and a motion is prepared to adopt. At this time, amendments may be required and the motion is adjusted to reflect same.

**6) Business Arising from Minutes**

Items are listed on the Agenda that require follow-up from previous minutes.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

|                  |  |                  |                                    |
|------------------|--|------------------|------------------------------------|
| <b>APPROVED:</b> | <b>Board of Health</b>   | <b>CATEGORY:</b> | <b>Board of Health Proceedings</b> |
| <b>DATE:</b>     | <b>O: February 26, 1990</b><br><b>R: <del>November 15, 2007</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>Board of Health Meetings</b>    |
| <b>NUMBER:</b>   | <b>E-I-11</b>  | <b>SUBJECT:</b>  | <b>Preparation of the Agenda</b>   |
| <b>PAGE:</b>     | <b>2 of 3</b>  |                  |                                    |

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**7) Report of Medical Officer of Health/Chief Executive Officer**

Program and service highlights are submitted by the Division Heads to the Secretary two weeks prior to a scheduled Board meeting as per the document "Schedule of Reporting at Board Meetings" located within the EC terms of reference which can be found in the General Administrative Manual. The purpose of the Report is to provide the Board with an update on issues relating to public health concerns and to public health programs and services as per Section 67 (1) of the *Health Protection and Promotion Act* (1990). The Report will also include periodic reports to the Board on the status of compliance with the required obligations under the other statutory requirements. A motion is prepared to accept the report.

**8) New Business**

**a) Items for Discussion**

These items are listed and are derived from items that are of interest/concern

**b) Correspondence**

These are items received through the mail

~~A motion is prepared to receive new business items.~~

**9) Items for Information**

These are ~~the senior management committee minutes and~~ general public health materials, i.e., newsletters, shared for the Board's information.

**10) Addendum**

This is a separate agenda prepared and distributed made available (if required) at the beginning of the Board meeting and contains items that have arisen during the time the agenda was prepared and before the Board meeting. ~~No items of a monetary issue may be placed on an addendum unless it has been previously discussed, as it does not allow an opportunity for Board members to review.~~ A motion is prepared to deal with items on the addendum.

**11) Announcements/Enquiries**

This is the opportunity for Board members to make announcements and/or make general enquiries.

**12) In Camera**

See By-Law 04-88 and Procedure F-111-10 regarding matters to be discussed in-camera.

A motion is prepared for the Board to begin in-camera proceedings.

**13) Rise and Report**

A motion is prepared for the Board to rise and report from the in-camera proceedings.



**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

|                  |  |                  |                                    |
|------------------|--|------------------|------------------------------------|
| <b>APPROVED:</b> | <b>Board of Health</b>   | <b>CATEGORY:</b> | <b>Board of Health Proceedings</b> |
| <b>DATE:</b>     | <b>O: February 26, 1990</b><br><b>R: <del>November 15, 2007</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>Board of Health Meetings</b>    |
| <b>NUMBER:</b>   | <b>E-I-11</b>  | <b>SUBJECT:</b>  | <b>Preparation of the Agenda</b>   |
| <b>PAGE:</b>     | <b>3 of 3</b>  |                  |                                    |

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**14) Adjournment**

A motion is prepared to announce the conclusion of the meeting.

Once the agenda package has been prepared, the Board Secretary meets with the Medical Officer of Health/Chief Executive Officer to review and confirm its relevant agenda items.

See E-I-12 Procedure related to the distribution of the agenda package.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

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|------------------|--|------------------|---------------------------------------|
| <b>APPROVED:</b> | <b>Board of Health</b>   | <b>CATEGORY:</b> | <b>Board of Health Proceedings</b>    |
| <b>DATE:</b>     | <b>O: March 23, 1989<br/>R: <u>February 20, 2014</u><u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>Board of Health Meetings</b>       |
| <b>NUMBER:</b>   | <b>E-I-12</b>  | <b>SUBJECT:</b>  | <b>Distribution of Agenda Package</b> |
| <b>PAGE:</b>     | <b>1 of 1</b>  |                  |                                       |

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Once the agenda is prepared, the agenda package, along with supporting documentation, are photocopied, uploaded and published and packages are made up in Board Effect in the following manner:

The package should be arranged so that the Board members will receive the items as they appear on the agenda and pages in the agenda package, with the exception of correspondence related to Items of Information, are numbered.

One Complete packages print package are is required for the Board of Health minute binder and one Board members, one for Secretary (original agenda package to be filed in the Board of Health minute binder), one each for the Medical Officer of Health/Chief Executive Officer and all members of the Senior Management Executive Committee. One spare extra agenda package is to be kept on hand should anyone require it at the meeting attend without an Agenda.

On the Monday of the week preceding a Board meeting, Communications staff posts the agenda package to the SDHU internet and share it with the news media informing them of the meeting on the Monday of the week preceding a Board meeting. The MOH office shares the agenda package constituent municipalities electronically. Additional packages are prepared containing the Agenda, previous minutes, and Medical Officer of Health/Chief Executive Officer Report and Items for Discussion under New Business will be distributed to the Manager of Communications as well as guests, public and/or press who are in attendance the Board meeting.

Packages for the Board members are sent by courier to the address of their request the Thursday of the week preceding a Board meeting.

In addition to the above, a PDF version of the agenda is emailed to the Communications Assistant who posts the agenda to the SDHU Internet and emails or faxes the agenda to the news media informing them of the meeting on the Monday of the week preceding a Board meeting. The agenda is also emailed to the municipal clerk offices for information. The agenda is also available for staff to view via the Sudbury & District Health Unit Intranet.

All information for the Board of Health should be directed to the Board Secretary.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

**APPROVED:** Board of Health

**CATEGORY:** Board of Health  
Proceedings

**DATE:** O: February 26, 1990  
R: ~~May 14, 2009~~ June 18, 2015

**SECTION:** Board of Health  
Meetings

**NUMBER:** E-I-13

**SUBJECT:** Minutes/Motions

**PAGE:** 1 of 2

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**BOARD OF HEALTH MEETING MINUTES**

All items listed on the Agenda in order of appearance, should be addressed in the minutes even if it is only to indicate no action/discussion or tabled for information. It should contain a brief, succinct synopsis of any discussion that takes place and the conclusions reached. Specific reference to an individual should be avoided, other than that of "the Chair", "Board Members", etc. The comments should not be so brief that anyone years after would not be able to determine the theme of the discussion as the minutes are classed as permanent documents.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes of the Board must be approved in a subsequent meeting of the Board. Closed session Board minutes are [made available electronically](#) ~~or copied on colored paper~~, distributed and retrieved at the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

See Policy E-I-14 Posting/Circulation Board of Health approved and unapproved minutes. Minutes of previous meetings constitute part of the Agenda Package.

See Procedure E-I-12 regarding Distribution of the Agenda Package.

Once approved, original minutes are filed for permanent preservation and properly labeled in a binder along with the supporting documentation (i.e. attendance register (once photocopied and forwarded to Payroll for disbursements of per diems, mileages, etc), agenda, addendum and any information distributed at the Board meeting.

The Board Chair and Recorder signs the approved minutes at the next regularly scheduled meeting.

**STANDING COMMITTEE MINUTES**

These are also a brief, succinct synopsis of events that transpire during the meeting. Motions that are prepared for the meeting can relate only to items which the Committee may deal with on their own (i.e. election of committee Chair). All other items should be listed as recommendations and presented as a motion to the Board for approval as the Committee may not approve an item, only recommend that the Board approves the item, save and except when the Board Executive Committee assumes governance of the Board when regular board meetings are not scheduled.

Standing Committee minutes are distributed to Board members only.

Committee minutes for the Board and Board Standing Committee minutes should indicate the presiding Chairperson for that meeting and be signed off by that Chairperson and the Recording Secretary.

Closed session minutes of Board Standing Committees such as the Board Executive Committee are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved in a subsequent meeting of the originating standing committee. Closed session minutes of Board Standing Committees are ~~copied~~ [made available electronically on colored paper](#), ~~or~~ distributed and retrieved at the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

**APPROVED:** Board of Health

**CATEGORY:** Board of Health  
Proceedings

**DATE:** O: February 26, 1990  
R: ~~May 14, 2009~~ June 18, 2015

**SECTION:** Board of Health  
Meetings

**NUMBER:** E-I-13

**SUBJECT:** Minutes/Motions

**PAGE:** 2 of 2

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**MOTIONS**

Motions are prepared as listed on the agenda in advance of the meeting, for review by the Medical Officer of Health/Chief Executive Officer along with any Addendum items. They are then numbered in sequence at the top right-hand corner (i.e. 1 of 12, 2 of 12, etc.) as they are distributed amongst the Board members upon their arrival prior to the start of the Board meeting for a Mover and a Seconder. Motions can therefore, be put in order and made available to the Chair for reference and approval at the meeting as they appear on the agenda.

**Motions – Closed Meeting**

Before holding a meeting or part of a meeting that is to be closed to the public, the board shall state by resolution the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting.

**Motions - Open Meeting**

A meeting shall not be closed to the public during the taking of a vote.

**Exception**

A meeting may be closed to the public during a vote if the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the municipality, local board or committee of either of them or persons retained by or under a contract with the municipality or local board.

After the meeting, motions are then numbered in conjunction with the other motions (i.e. 25-90, 26-90, etc.) with the last two digits signifying the year in which the motion was presented and approved. Once properly numbered and also included on an electronic master list, they then become a part of the master list of all motions that are available through the office of the Secretary to the Board. [A summary of program-related motions is also available on the SDHU website.](#)

Motions are filed in the Board motion binder for permanent preservation.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**POLICY**

|                     |  |                  |                                      |
|---------------------|--|------------------|--------------------------------------|
| <b>APPROVED BY:</b> | Board of Health  | <b>CATEGORY:</b> | Board of Health Proceedings          |
| <b>DATE:</b>        | <b>O:</b> February 26, 1990<br><b>R:</b> <del>November 18, 2010</del> <u>June 18, 2015</u> | <b>SECTION:</b>  | Board of Health Meetings             |
| <b>NUMBER:</b>      | E-I-14   | <b>SUBJECT:</b>  | Posting/Circulation of Board Minutes |
| <b>PAGE:</b>        | 1 of 1   |                  |                                      |

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Once the regular Board meeting minutes are prepared, the Secretary to the Board of Health distributes electronic copies of unapproved minutes to the Board of Health members, Senior Management Executive Committee members and constituent municipalities for their information. The unapproved minutes are posted on the Sudbury & District Health Unit Intranet ~~computer network~~ for staff to view.

All meeting minutes, whether it be an incamera or public meeting, are approved at the subsequent meeting of the originating committee, ~~i.e., Board or Executive Committee of the Board.~~

Once approved by the Board of Health, the Board minutes then become public documents.

Once the Board of Health has approved the minutes of the previous Board meeting, they are posted on the Sudbury & District Health Unit website for a period of ~~3~~four years. The approved Board minutes are also posted on the Sudbury & District Health Unit Intranet ~~computer network~~ for staff to view and are filed for permanent preservation.

Board Executive Committee minutes are shared with Board members at the next regular Board meeting if the Board Executive Committee is not scheduled to meet ~~again~~prior to a regular Board meeting.

When in camera minutes are circulated for approval or information, they are copied on colored paper and distributed and retrieved at the meeting.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**POLICY**

**APPROVED BY:** Board of Health **CATEGORY:** Communication

**DATE:** O: May 23, 1991 **SECTION:** Confidentiality  
R: ~~February 20, 2014~~ June 18, 2015

**NUMBER:** F-III-10 **SUBJECT:** Freedom of Information

**PAGE:** 1 of 1

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The Board of Health supports the general right of the public to obtain access to local government records provided that legitimate needs for confidentiality are respected. This access shall at all times be governed by the provisions of *The Municipal Freedom of Information and Protection of Privacy Act*.

Pursuant to Section 3, subsection (2) of the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, R.S.O. 1990, c.M.56, which allows the members elected or appointed to a board that is an institution under the Act to designate in writing an individual to act as head of the institution for the purposes of the Act, the Board of Health for the Sudbury and District Health Unit designates the Medical Officer of Health/Chief Executive Officer as head for the purposes of MFIPPA. In circumstances where the MOH/CEO is unable to act these powers are delegated to the Director, Corporate Services.

The Board recognizes that the *Personal Health Information Protection Act* establishes rules for the collection, use, disclosure and confidentiality of an individual's personal health information. Requests for Personal Health Information shall be accessed and processed in accordance with the *Personal Health Information Protection Act*.

The Board recognizes that the *Regulated Health Professions Act* requires regulated professionals including Physicians and Surgeons, Dental Surgeons, Dental Hygienists, Nurses, and Dietitians to protect the confidentiality of information.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

|                     |  |                  |                                |
|---------------------|--|------------------|--------------------------------|
| <b>APPROVED BY:</b> | <b>Board of Health</b>   | <b>CATEGORY:</b> | <b>Board of Health By-Laws</b> |
| <b>DATE:</b>        | <b>O: June 23, 1988</b><br><b>R: <del>February 20, 2014</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>By-laws</b>                 |
| <b>NUMBER:</b>      | <b>G-I-10</b>  | <b>SUBJECT:</b>  | <b>By-law 01-88</b>            |
| <b>PAGE:</b>        | <b>1 of 1</b>  |                  |                                |

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**To Provide for the Management of Property**

The Board of Health for the Sudbury & District Health Unit enacts as follows:

1. In this by-law:
  - a) "Act" means the *Health Protection and Promotion Act* as amended;
  - b) "Board" means the Board of Health for the Sudbury & District Health Unit
2. The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act.
3. The Board shall obtain consent of the councils of the majority of the municipalities within the health unit served by the Board ~~and of the Minister of Health and Long-Term Care~~ before selling, exchanging, leasing, mortgaging, or otherwise charging or disposing of real property owned by it in accordance with the Act.
4. The Director, Corporate Services through the Medical Officer of Health/Chief Executive Officer, shall be responsible for the care and maintenance of all properties acquired by the Board.
5. Such responsibility shall include, but not be limited to, the following:
  - the replacement of, or major repairs to capital items such as the heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;
  - the maintenance and repair of the parking areas and the exterior of the building;
  - the care and upkeep of the grounds of the property;
  - the cleaning, maintaining, decorating and repairing the interior of the building; and
  - the maintenance of up-to-date fire and liability insurance coverage.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1993.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of April 1994.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of April 1995.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of May 1998.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1999.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.

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| <b>DATE:</b>        | <b>O: June 23, 1988</b><br><b>R: <del>November 15, 2007</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>By-laws</b>                 |
| <b>NUMBER:</b>      | <b>G-I-20</b>  | <b>SUBJECT:</b>  | <b>By-law 02-88</b>            |
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**To Provide for the Duties of the Auditor of the Board of Health**

The Board of Health for the Sudbury & District Health Unit enacts as follows:

1. The Board shall annually appoint an Auditor who shall not be a member of the Board and shall be licensed under the *Public Accounting Act* (2004).
2. The Auditor shall:
  - audit the accounts and transactions of the Board of Health,
  - perform such duties as are prescribed by the Ministry of Municipal Affairs with respect to local boards under the *Municipal Act* (2001) and the *Municipal Affairs Act* (1990),
  - perform such other duties as may be required by the Board that do not conflict with the duties prescribed by the Ministry of Municipal Affairs and the Ministry of Health as set out above of this by-law,
  - have the right of access at all reasonable hours to all books, records, documents, accounts and vouchers of the Board and is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as ~~in his opinion~~ may be necessary to enable ~~him to~~ the carry-out execution of such duties as are prescribed by the Ministry of Municipal Affairs and under the *Health Protection and Promotion Act* (1990); and,
  - be entitled to attend any meeting of members of the Board and to be heard at any such meeting ~~that concerns him as in their role as~~ auditor.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1993.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of April 1994.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of April 1995.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of May 1998.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1999.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.  
Reviewed and passed by the Board of Health, Sudbury & District Health unit this 17<sup>th</sup> day of June 2004.  
Reviewed and passed by the Board of Health, Sudbury & District Health unit this 18<sup>th</sup> day of May 2006.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 15 day of November 2007.



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| <b>NUMBER:</b>      | <b>G-I-50</b>  | <b>SUBJECT:</b>  | <b>By-law 01-98</b>            |
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**BEING A BY-LAW OF THE BOARD OF HEALTH OF THE SUDBURY & DISTRICT HEALTH UNIT  
RESPECTING CONSTRUCTION, DEMOLITION, CHANGE OF USE PERMITS, INSPECTIONS AND FEES  
RELATED TO SEWAGE SYSTEMS**

**WHEREAS** the Board of Health of the Sudbury & District Health Unit is responsible for the enforcement of the provisions of the Building Code Act and Regulations related to sewage systems;

**AND WHEREAS** the Board of Health is empowered pursuant to Section 7 of the Building Code Act to make by-laws respecting sewage systems;

**NOW THEREFORE** the Board of Health of the Sudbury & District Health Unit hereby enacts as follows:

**Short Title**

This by-law may be cited as “the Sewage System By-law”.

**Definitions**

In this By-law,

- a) “Act” means the Building Code Act, ~~2006~~1992, and attendant O. Reg. ~~3532/120/06~~ including amendments thereto.
- b) “applicant” means the owner of a building or property who applies for a permit or land use planning report or any person authorized in writing by the owner to apply on the owner’s behalf, or any person or corporation empowered by statute to cause the demolition of a building or buildings and anyone acting under the authority of such person or corporation.
- c) “as constructed plans” means as constructed plans as defined in the Building Code.
- d) “Board of Health” means the Board of Health of the Sudbury & District Health Unit.
- e) “building(s)” means a building as defined in Section 1(1) of the Building Code.
- f) “Building Code” means the regulations made under Section 34 of the Act.
- g) “Notice of Substantial Completion” relates to the day on which a sewage system has been completed and is ready for a final inspection before backfilling.
- h) “sewage system inspector” means an inspector appointed by the Board of Health under Section 3(2) of the Act.
- i) “permit” means written permission or written authorization from the Chief Building Officer to perform work regulated by the Act, this By-law, and the Building Code.
- k) “permit holder” means the person to whom the permit has been issued and who assumes the primary responsibility for complying with the Act, the Building Code and this By-law.

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- l) “plumbing” means plumbing as defined in Section 1(1) of the Act.
- m) “renovation” means the extension, alteration or repair of an existing building or sewage system or the change in use or part of the use of an existing building or sewage system.
- n) “repair requiring permit” means the replacement of a treatment unit or the replacement or alteration of materials in a leaching bed or any component contained therein.
- o) “sewage system” means sewage system as defined in Section 1(1) of the Act.
- p) “sewage system permit” means a building permit as defined in Section 8(1) of the Act for the purposes of this By-law.

Terms not defined in this By-law shall have the meaning ascribed to them in the Act or the Building Code.

#### **Classes of Permits**

Classes of permits required for the construction, demolition or change of use of a sewage system or for the renovation of an existing building or sewage system are set forth in Schedule “A” attached hereto and forming part of this By-law.

#### **Permit Applications**

To obtain a permit, an applicant shall file an application in writing by completing the form(s) prescribed and available from the Chief Building Inspector and satisfy the following:

- 1) Where application is made for a sewage system permit under subsection 8(1) of the Act, the application shall:
  - a) identify and describe in detail the work, use and occupancy to be covered by the permit for which application is made;
  - b) identify and describe in detail the existing use(s) and the proposed use(s) for which the premises are intended;
  - c) include complete plans and specifications as described in this By-law for the work to be covered by the permit and show the occupancy of all parts of the building;
  - d) include the legal description, municipal address and where appropriate the unit number of the land on which the work is to be done;
  - e) be accompanied by the required fees as calculated with Schedule “A”;
  - f) state the name, address and telephone number of the owner, and if the owner is not the applicant, the applicant’s name, address and telephone number and the signed statement of the owner consenting to the application;

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**CATEGORY:** Board of Health By-Laws

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R: ~~February 20, 2014~~ June 218, 2015

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- g) where applicable, state the name, address and telephone number of the architect, engineer or other designer, and the constructor or person hired to carry out the construction or demolition;
  - h) where any person named in clause (g) requires a license under the Act or Building Code, include the number and date of issuance of the license and the name of the qualified person supervising the work to be covered by the permit;
  - i) when Section 2.3 of the Building Code applies, be accompanied by a signed acknowledgement of the owner that an architect or professional engineer, or both, have been retained to carry out the general review of the construction or demolition of the sewage system;
  - j) when Section 2.3 of the Building Code applies, be accompanied by a signed statement of the architect or professional engineer, or both, undertaking to provide a general review of the construction or demolition of the sewage system;
  - k) include the applicant's registration number where the applicant is a builder or vendor as defined in the Ontario New Home Warranties Plan Act;
  - l) include, as the Chief Building Inspector deems necessary, proof of the zoning and permitted uses applicable to the land on which the work is to be done; and
  - m) be signed by the applicant who shall certify as to the truth of the contents of the application.
- 2) Where application is made for the demolition of a sewage system under subsection 8(1) of the Act, the application shall:
- a) contain the information and other requirements provided in subsection 4(1), and;
  - b) be accompanied by satisfactory proof that arrangements have been made with the proper authorities for the termination and capping of the appropriate utilities and for the removal and disposal of the sewage system components.
- 3) Where application is made for a renovation to an existing building under the Act and Building Code, the application shall:
- a) contain the information and other requirements provided in subsection 4(1), and;
  - b) include plans and specifications which show the current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Building Code, including floor plans, and detailed information respecting the existing sewage disposal system and prior permits.
- 4) Inspections will be carried out on properties that are identified under the mandatory maintenance inspection program according to section 1.10.2 of Division C, Part 1 of the Ontario Building Code and a fee will be charged as noted in Schedule "A".

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- 5) Where compliance with all the requirements for a permit application is unnecessary or unreasonable, the Chief Building Inspector may, in cases where he or she deems appropriate, authorize deletion of one or more of the requirements provided the intent and purpose of this By-law is maintained.
- 6) Where an application for a permit remains incomplete or inactive for six (6) months after it is made, the application may be deemed by the Chief Building Inspector to have been abandoned and notice thereof shall be given to the applicant.

**Plans, Specifications, Documents and Information**

- 1) Every applicant shall furnish sufficient plans, specifications, documents and other information to enable the Chief Building Inspector to determine whether the proposed construction, demolition, change of use or occupancy conforms to the Act, the Building Code and any other applicable law including, without limiting the generality of the foregoing:
  - a) zoning approval from the applicable Planning Authority;
  - b) plans that are legible and drawn to scale on paper, cloth or other suitable and durable material;
  - c) documents submitted that are legible;
  - d) if applicable, Conservation Authority or Ministry of Natural Resources approval.

Site plans submitted should be referenced to a current survey certified by a registered Ontario Land Surveyor and a copy of the survey shall be filed with the Chief Building Inspector, if deemed necessary.

Site Plans shall show:

- a) lot size and dimensions of the property;
- b) setbacks from existing and proposed buildings to the property boundaries and to each other;
- c) setbacks from existing and proposed wells, including wells on adjacent properties;
- d) setbacks from property boundaries, lakes, rivers, streams, reservoirs, ponds and water drainage courses;
- e) the location of any unsuitable, disturbed or compacted areas;
- f) proposed access routes for system maintenance and proposed parking areas;
- g) culverts, drainage patterns and swales;
- h) existing and proposed utility corridors, whether above or below grade;
- i) existing right-of-ways, easements and crown reserves;
- j) the legal description of the property, and if available, the municipal address.

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Specifications submitted shall be based on a site specific evaluation of the property and soils and shall include:

- a) depth of existing soils to bedrock;
- b) depth of soils to groundwater table;
- c) soil properties including soil percolation test results and/or soil permeability as determined by a grain size analysis utilizing the Unified Soil Classification System;
- d) soil conditions, including the potential for flooding;
- e) soil profiles as determined by test pits excavated in the area of the proposed leaching bed;
- f) where the applicant is proposing a raised or partially raised leaching bed, specifications on the amount of fill required, the dimensions of the area to be filled and the soil properties as noted in subsection 3(c);
- g) detailed specifications on the type of sewage system proposed, the size of the sewage system proposed and detailed design drawings;
- h) where deemed necessary by the Chief Building Inspector, a site plan shall include contour mapping, existing and finished ground elevations;
- i) an application for a Class 5 system shall be accompanied by evidence that confirms that the proposal is in compliance with the Building Code.

**Equivalents**

- 1) Where an application for a permit or for authorization to make a material change to a plan, specifications, document or other information on the basis of which a permit was issued, contains an equivalent material, system or system design for which authorization under Section 9 of the Act is requested, the following information shall be provided:
  - a) a description of the proposed material, system or system design for which authorization is requested;
  - b) any applicable provisions of the Building Code, and;
  - c) evidence that the proposed material, system or system design will provide the level of performance required by the Building Code.
  - d) the Chief Building Inspector reserves the right to have any application requiring authorization under Section 9 of the Act referred to the Building Materials Evaluation Commission for review.

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**Revisions to Permit**

- 1) After the issuance of a permit under the Act, notice of any material change to a plan, specification, document or other information on the basis of which the permit was issued, must be given in writing to the Chief Building Inspector together with the details of such change which is not to be made without his or her written authorization;
- 2) The fees for revising a permit, reviewing new plans and repeating inspections shall be set out in Schedule "A" of this By-law.

**Notice Requirements**

- 1) Notices required by Section 10.2 (1) of the Building Code shall be given by the permit holder to the Director at least 5 business days in advance of the stages of construction specified therein.
- 2) A notice pursuant to clause (1) of this By-law is not effective until written or oral notice is actually received by the Chief Building Inspector, the sewage system inspector or designate.
- 3) Notice required upon completion of the sewage system Section 11 (4)a of the Building Code shall be in writing in a form designated by the Chief Building Inspector. The completion form shall be given to the Chief Building Inspector at least 10 days in advance of the intended use of the sewage system.
- 4) Where the applicant files a completion form with the Chief Building Inspector, the form shall:
  - a) indicate that the sewage system was backfilled, graded and seeded or sodded in accordance with the Building Code;
  - b) indicate the date on which the work was completed;
  - c) where the applicant has retained an architect or professional engineer, or both, to carry out the general review of the construction of the sewage system, contain the written opinion of the architect or engineer that the completed work conforms to the Building Code;
  - d) be signed by the applicant who shall certify the truth of the contents of the information contained within the completion form;
  - e) where information is received by the Chief Building Inspector as required by this section, the Chief Building Inspector may, upon the signed recommendations of a sewage system inspector, deem that the requirements of the Building Code have been satisfied, without having an inspection conducted to verify the information;
  - f) the Chief Building Inspector may require that a set of as constructed plans of the sewage system or any part of the sewage system be submitted by the applicant.

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**Transfer of Permits**

- 1) If the registered owner of the land to which the permit applies changes, the permit is transferable only upon the new owner completing a permit application, to the requirements of Section 4 of this By-law. The new owner shall then be the permit holder for the purposes of the Act and the Building Code and assume all responsibilities for compliance with the permit documents.
- 2) The fee for transferring a permit shall be set out in Schedule "A".

**Refunds**

- 1) No refund of fees shall be made once a site inspection for a permit or a land use evaluation has been carried out.
- 2) All requests for withdrawal of an application shall be in writing by the applicant.

**Revocation**

- 1) The Chief Building Inspector may revoke a permit subject to Section 8(10) of the Act or for an "N.S.F. Cheque" that was issued as payment of fees and notice thereof shall be given to the applicant.

**Fees**

- 1) The payment of fees for a permit or maintenance inspection shall be set out in Schedule "A" and are due and payable upon submission of an application or completion of inspection.
- 2) No permit shall be issued until the fees therefore have been paid in full.

**Forms**

The Chief Building Inspector shall be responsible for the development and maintenance of forms required for the sewage system program. Classifications of forms shall be set out in Schedule "B" of this By-law.

**Offence/Penalty**

- 1) Every person who contravenes any provision of this By-law is guilty of an offence.
- 2) Every person who is convicted of an offence is liable to a fine as provided for in the Provincial Offences Act, R.S.O. 1990, cP.33.

**Policies and Procedures**

- 1) The Board of Health of the Sudbury & District Health Unit shall from time to time establish policies and procedures related to sewage program activities as are appropriate.

**Validity**

Should any section, subsection, clause or provision of this By-law be declared by a Court of competent jurisdiction to be invalid, the same shall not affect the validity of this By-law as a whole or any part thereof, other than the part so declared to be invalid.

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That this By-law shall come into force and take effect on the 6<sup>th</sup> day of April 1998.

Read and passed in open meeting this 26<sup>th</sup> of March 1998

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of May 1999.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 19<sup>th</sup> day of February 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of November 2007.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 14<sup>th</sup> day of May 2009.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of January 2011.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2012.



## **SCHEDULE "A" TO BY-LAW 01-98**

### **Cost Per Permit and Record**

#### **1. Sewage System Permits:**

- (a) Class 2 Sewage System (Leaching Pit) ..... **\$300.00**
- (b) Class 2 Sewage System (more than 4 sites) ..... **\$1200.00**  
(plus \$50 for each lot over 4) ..... **\$100.00**
- (c) Class 3 Sewage System (Cesspool)..... **\$300.00**
- (d) Class 4 Sewage System (Septic Tank and Leaching Bed) ..... **\$750.00**
- (e) Class 4 Sewage System (Leaching Bed Only)..... **\$450.00**
- (f) Class 4 Sewage System (Tank Only) ..... **\$300.00**
- (g) Class 5 Sewage System (Holding Tank)..... **\$750.00**
- 2. Renovation Permit ..... **\$300.00**
- 3. Demolition Permit ..... **\$200.00**
- 4. Revisions to Permit (Inspection Required)..... **\$300.00**
- 5. Transfer of Permit to New Owner ..... **\$100.00**
- 6. Extraordinary Travel Costs by Air, Water, etc. .... **Full Cost Recovery**
- 7. Sewage System Permits Re-Inspection..... **\$ 150.00**

#### **OTHER FEES**

|  |                     |
|--|---------------------|
| Mandatory Maintenance Inspection ..... | <b>\$175.00</b>     |
| File Search .....                      | <b>\$150.00</b>     |
| Consent Applications .....             | <b>\$200.00/lot</b> |
| Minor Variance Applications .....      | <b>\$200.00</b>     |
| Copy of Record.....                    | <b>\$50.00</b>      |
| Other Government Agencies .....        | <b>\$200.00</b>     |

## **SCHEDULE "B" TO BY-LAW 01-98**

### **Forms for Sewage Systems**

#### **1) Sewage System Permits:**

- a) **Application Form for a Sewage System Permit**
- b) **Inspection Reports**
- c) **Form Letters and Orders**
- d) **Completion Notice Re: Readiness for Use of a Sewage System**

#### **2) Mandatory Maintenance Inspections**

- a) Inspection Reports**

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**BEING A BY-LAW OF THE BOARD OF HEALTH OF THE SUDBURY & DISTRICT HEALTH UNIT TO  
APPOINT INSPECTORS FOR THE PURPOSES OF THE ENFORCEMENT OF THE ONTARIO BUILDING  
CODE ACT RESPECTING SEWAGE SYSTEMS**

**WHEREAS** the Building Code Act, S.O. 1992, Chapter 23 provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act;

**WHEREAS** the Board of Health of the Sudbury & District Health Unit deems it desirable to appoint Inspectors for the enforcement of the Ontario Building Code Act for the purposes of the enforcement of the Ontario Building Code respecting sewage systems in the jurisdiction of the Sudbury & District Health Unit;

**NOW THEREFORE** the Board of Health of the Sudbury & District Health Unit hereby enacts as follows:

1. (1) The following person is appointed as Chief Building Official:
    - a) Richard Auld
  - (2) The following person is appointed as an alternate Chief Building Official:
    - a) Burgess Hawkins
  - (3) The Chief Building Inspector shall have all the powers and duties as set out in Section 1.1 (6) of the Act for a chief building official.
  - (4) In the absence of the Chief Building Official or the appointed alternate, a designated replacement will be appointed.
2. The following persons are appointed Inspectors, whose titles shall be "Sewage System Inspector 3.1 (2)":

- (1) Nathalie Barsalou
  - (2) Miranda Berardelli
  - ~~(3) Blake Blok~~
  - ~~(3) Holly Browne~~
  - ~~(4) Laura Bulfon~~
  - ~~(4) —~~
  - (5) Dan Burns
  - (6) Michael Campbell
  - (7) Ashley DeRocchis
  - (8) Travis DeRocchis
  - (9) Brad Dorman
  - (10) Matthieu Frappier
  - ~~(11) Ashley Gallivan~~
  - ~~(12) Laura Giannotta~~
  - ~~(13)~~ ~~(11)~~ Anthony Gras
  - ~~(14)~~ ~~(12)~~ Jonathan Groulx
  - ~~(15) Simone Guenette~~
- ~~(16)~~ ~~(13)~~ Ted Korzeniecki

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

|                     |   |                  |                 |
|---------------------|---|------------------|-----------------|
| <b>APPROVED BY:</b> | Board of Health   | <b>CATEGORY:</b> | Board of Health |
| <b>DATE:</b>        | O: March 26, 1998<br>R: <del>February 20, 2014</del> <u>June 18, 2015</u> | <b>SECTION:</b>  | By-laws         |
| <b>NUMBER:</b>      | G-I-60  | <b>SUBJECT:</b>  | By-law 02-02    |
| <b>PAGE:</b>        | 2 of 3  |                  |                 |

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~~(17)~~(14) Stacey Laforest  
~~(18)~~ ~~Carolyn Legge~~  
~~(19)~~(15) Brad Manning  
~~(20)~~(16) Michael Maryniuk  
~~(21)~~ ~~Al McDougall~~  
~~(22)~~(17) Rachel O'Donnell  
~~(18)~~ Cynthia Peacock-Rocca  
~~(19)~~ Ashley Pepin  
~~(23)~~ ~~\_\_\_\_\_~~  
~~(24)~~(20) Mark Rondina  
~~(25)~~(21) Adam Ranger  
~~(26)~~(22) Jagdish Sharma  
~~(27)~~(23) Rylan Yade

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**INFORMATION**

|                     |   |                  |                        |
|---------------------|---|------------------|------------------------|
| <b>APPROVED BY:</b> | <b>Board of Health</b>  | <b>CATEGORY:</b> | <b>Board of Health</b> |
| <b>DATE:</b>        | <b>O: March 26, 1998</b><br><b>R: <del>February 20, 2014</del> <u>June 18, 2015</u></b> | <b>SECTION:</b>  | <b>By-laws</b>         |
| <b>NUMBER:</b>      | <b>G-I-60</b>   | <b>SUBJECT:</b>  | <b>By-law 02-02</b>    |
| <b>PAGE:</b>        | <b>3 of 3</b>   |                  |                        |

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That this By-law shall come into force and take affect on the 6<sup>th</sup> day of April, 1998.

Read and passed in open meeting this 26<sup>th</sup> of March, 1998.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of May 1999.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of June 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 21<sup>st</sup> day of February 2002.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2003.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 19<sup>th</sup> day of February 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of November 2007.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 14<sup>th</sup> day of May 2009.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 10<sup>th</sup> day of September 2009.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of November 2010.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 21<sup>st</sup> day of April 2011.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2012.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**POLICY**

|                     |  |                  |   |
|---------------------|--|------------------|---|
| <b>APPROVED BY:</b> | Board of Health  | <b>CATEGORY:</b> | Staff Development   |
| <b>DATE:</b>        | <b>O:</b> March 23, 1989<br><b>R:</b> <del>June 18, 2015</del> | <b>SECTION:</b>  | Staff Development   |
| <b>NUMBER:</b>      | H-I-10   | <b>SUBJECT:</b>  | Professional Practice<br>Support and<br>Workforce<br>Development Plan |
| <b>PAGE:</b>        | 1 of 2   |                  |   |

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The Board of Health believes in the provision of staff development opportunities for all Sudbury & District Health Unit staff for the purpose of continuous development of Public Health and leadership core competencies and the of quality public health programming and services meeting the communities' needs. A focus on the development of public health core competencies in staff will ensure a skilled, creative and responsive workforce at all organizational levels. As a Teaching Health Unit we strive for excellence in knowledge and skills.

The Board of Health shall ensure that staff have access to both formal and informal educational opportunities such as on and off-site educational programs, membership in professional associations, on the job training, access to coaching and mentoring for staff at all organizational levels with a consideration to equity and fairness.

### **Professional Practice Support**

The Board of Health shall support a culture of excellence in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable.

The Board of Health requires a designated Chief Nursing Officer (CNO) senior staff position to be responsible for nursing quality assurance and nursing practice leadership. The Professional Practice Committee (PPC), an interdisciplinary group of staff members representing various public health professions, also plays an important role to support the maintenance of competency while creating systems and processes to enhance inter-professional practice and development within the Sudbury & District Health Unit. Part of their role is to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines.

### **Workplace Development Plan**

The Board of Health supports the provision of a comprehensive workforce development plan that maintains excellence in leadership and addresses agency-wide staff capacity as key elements of an innovative learning organization. The workforce development plan will identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.

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**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**POLICY**

|                     |  |                  |   |
|---------------------|--|------------------|---|
| <b>APPROVED BY:</b> | Board of Health                                  | <b>CATEGORY:</b> | Staff Development   |
| <b>DATE:</b>        | O: March 23, 1989<br>R: <del>June 18, 2015</del> | <b>SECTION:</b>  | Staff Development   |
| <b>NUMBER:</b>      | H-I-10   | <b>SUBJECT:</b>  | Professional Practice<br>Support and<br>Workforce<br>Development Plan |
| <b>PAGE:</b>        | 2 of 2   |                  |   |

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The provision of formal and informal educational opportunities is based on the following general principles:

1. The development of public health core competencies in staff will cultivate a skilled, prepared and responsive workforce at all organizational levels.
2. Resources are utilized in an efficient and effective manner and made available to all staff in an equitable and fair\_manner based on identified needs.
3. Ongoing funding is available to implement approved activities for the workforce development plan.
4. Interdisciplinary training where appropriate and practical is supported.
5. In support of continuous quality improvement and life-long learning staff is encouraged to upgrade skills and public health core competencies necessary to provide the best support through the mission of the Sudbury & District Health Unit.
6. Leadership development is supported at all organizational levels.
7. A collaborative approach with community stakeholders, academic institutions, health professionals and other appropriate disciplines is encouraged.
8. An interest in public health practice for future professionals is fostered by supporting student placements.

**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

|                     |   |                  |                                |
|---------------------|---|------------------|--------------------------------|
| <b>APPROVED BY:</b> | Board of Health   | <b>CATEGORY:</b> | Board of Health Administration |
| <b>DATE:</b>        | <b>O:</b> March 23, 1989<br><b>R:</b> <a href="#">February 20, 2014</a> <a href="#">June 18, 2015</a> | <b>SECTION:</b>  | Monetary                       |
| <b>NUMBER:</b>      | I-I-10  | <b>SUBJECT:</b>  | Remuneration and Expenses      |
| <b>PAGE:</b>        | 1 of 2  |                  |                                |

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**REMUNERATION FOR ATTENDANCE AT BOARD OF HEALTH MEETINGS**

1. Board members verify their attendance at meetings by the Roll Call taken at each meeting.
2. Payment of remuneration is issued to Board members on a monthly basis.
3. Daily remuneration as approved by the Board of Health and in accordance with the *Health and Protection and Promotion Act*, Section 49, is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities:
  - a) Attendance at regular and/or special Board of Health meetings including teleconferenced meetings.
  - b) Attendance at Standing Board Committee meetings including teleconferenced meetings.
  - c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.

Notwithstanding 3 above, the Chair shall receive the daily remuneration as above in respect of above authorized activities.

Notwithstanding 3 above, the Vice-Chair shall receive the daily remuneration as above on those occasions where he/she is required to chair the entire meeting in the absence of the Chair.

**REMUNERATION FOR ATTENDANCE AT BOARD OF HEALTH FUNCTIONS**

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate (above) from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

1. Attendance as a voting delegate to any annual or general meeting of aPHa;
2. Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a report will be tabled with the Board.



**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

|                     |   |                  |                                |
|---------------------|---|------------------|--------------------------------|
| <b>APPROVED BY:</b> | Board of Health   | <b>CATEGORY:</b> | Board of Health Administration |
| <b>DATE:</b>        | <b>O:</b> March 23, 1989<br><b>R:</b> <del>February 20, 2014</del> <u>June 18, 2015</u> | <b>SECTION:</b>  | Monetary                       |
| <b>NUMBER:</b>      | I-I-10  | <b>SUBJECT:</b>  | Remuneration and Expenses      |
| <b>PAGE:</b>        | 2 of 2  |                  |                                |

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For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
  - attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
  - an alPHA-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
  - others at the discretion of the Chair, subject to ratification by the Board.
3. This rate does not apply to any workshop, seminar, conference, public relation event, SDHU program event or celebration, which is voluntary and does not specifically require official Board representation.

**EXPENSES**

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
3. The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual – Non-Union Employees.
4. The Roll Call is used to record attendance and Travel Expense Claim Form is used to reimburse the kilometers traveled for attendance at Board functions (conference, conventions or workshops).
5. Reasonable and actual expenses incurred respecting accommodation, food, parking\* and registration fees for conferences are reimbursed to any Board member and subject to any limitations as in the General Administrative Manual (receipts where applicable required).
6. Once submitted, Board/MOH Expenses are to be approved as follows:
  - a. The Board of Health Chair expenses: The Board of Health Chair will sign to attest to expenses with no required approval;
  - b. Board member expenses will be approved by the Board of Health Chair or delegate.
  - ~~b-c.~~ MOH expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

# SUDBURY & DISTRICT HEALTH UNIT BOARD OF HEALTH MANUAL

## PROCEDURE

|                     |  |                  |                                |
|---------------------|--|------------------|--------------------------------|
| <b>APPROVED BY:</b> | Board of Health                            | <b>CATEGORY:</b> | Board of Health Administration |
| <b>DATE:</b>        | O: May 23, 1991<br>R: <u>June 18, 2015</u> | <b>SECTION:</b>  | Orientation                    |
| <b>NUMBER:</b>      | I-III-10                                   | <b>SUBJECT:</b>  | Orientation of Board Members   |
| <b>PAGE:</b>        | 1 of 2                                     |                  |                                |

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1. When Board members are appointed, they are given a copy of the Board of Health Policy and Procedure Manual that provides information necessary to their orientation. The following information will also be shared with newly appointed Board members:

1. Introduction to Public Health
2. Provincial Government structures and roles in public health
3. History of Public Health Units of Ontario
4. History of Sudbury & District Health Unit
5. Mission vision and strategic priorities
6. *\*Health Protection and Promotion Act, 1990*
7. Community demographics overview
8. Guidelines for Board of Health and Medical Officers of Health
9. Roles and Responsibilities and Senior Staff
10. Current Budget (including funding streams)
11. Current Financial Statement
12. Current Annual Report
13. *\*Sudbury & District Health Unit General Administrative Manual*
14. Ontario Public Health Standards Ministry of Health and Long-Term Care - Introduction
15. Association of Local Public Health Agencies – alPha - Introduction
16. *\*Current O.N.A. Agreement*
17. *\*Current C.U.P.E. Agreement*
18. *\*\*Board of Health Minutes for past 3 years*
19. *\*Board Orientation Power Point Presentation*
20. Duties and responsibilities of Board members
21. Orientation to the Baby-Friendly Organizational Policy
22. Emergency Response Training

\* Available for viewing in office of Board Secretary

\*\* Available for viewing on the Health Unit website

2. A “year-in review” regarding program and services activities and an orientation overview will be provided on an annual basis to the Board of Health at a regular Board of Health meeting.
3. Board members are encouraged to completed the Board of Health E-Learning Module on the Public Health section of the e-Health Ontario portal  
(<https://www.ehealthontario.ca/portal/server.pt?open=512&objID=3241&PageID=0&mode=2>)
4. Meetings with key agency personnel may be arranged upon request to the Secretary:
  - a) with the Chair to discuss roles and responsibilities of Board members;

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**SUDBURY & DISTRICT HEALTH UNIT  
BOARD OF HEALTH MANUAL**

**PROCEDURE**

**APPROVED BY:** Board of Health

**CATEGORY:** Board of Health  
Administration

**DATE:** O: May 23, 1991  
R: June 18, 2015

**SECTION:** Orientation

**NUMBER:** I-III-10

**SUBJECT:** Orientation of  
Board Members

**PAGE:** 2 of 2

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- b) with the Secretary to the Board for review of committee procedures and administrative arrangements;
- c) with the Medical Officer of Health/Chief Executive Officer and senior staff for a general orientation to programs.

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**BOARD OF HEALTH MANUAL**

**MOTION:**      **THAT the Board of Health, having reviewed the Board of Health Policy & Procedure Manual, approves the contents therein.**

**BOARD OF HEALTH FINANCE STANDING COMMITTEE**

**MOTION:**     **THAT the Sudbury & District Board of Health appoint the following three Board of Health members to the Board of Health Finance Standing Committee for 2015.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Briefing Note

**To:** Chair, Sudbury & District Board of Health  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** June 11, 2015  
**Re:** Healthy Babies Healthy Children Program

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☐ For Information

☐ For Discussion

☒ For a Decision

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## Issue:

The Healthy Babies Healthy Children (HBHC) program is a 100% funded Ministry of Child and Youth Services (MCYS) program provided by all 36 Ontario Boards of Health. Established in 1998, HBHC supports healthy child development by identifying vulnerable families and providing or connecting them with appropriate supports.

MCYS HBHC funding has been the subject of longstanding concern for many boards of health including the Sudbury & District Board. Flat-lined since 2008, the program budget is increasingly inadequate to meet MCYS expectation for service provision. The SDHU is reaching a cross roads as the HBHC budget constraints have resulted in staffing shortages and significant operating budget shortfalls.

## Recommendation:

**That the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against MCYS expectations.**

**That the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children Program, including all staffing, operating and administrative costs.**

## Background:

The HBHC Program was established in 1998 as a prevention/early intervention program intended to give children a healthy start in life. The program is staffed by Public Health Nurses (PHN) and Family Home Visitors (FHV). The program focuses on families from the prenatal period until the child's

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### 2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

transition to school and was initially included universal post-partum home visits. Key components of HBHC include:

- Screening and assessments to identify and confirm risks that could affect a child's healthy development and referrals to community programs and services;
- Supports for new parents;
- Provision of home visiting program services to promote parental and family health, adaptations to parenting and parenting capacity, child growth and development, healthy parent/child relationships, and positive social support; and
- Referral/recommendation to community programs and resources to address key issues in the early years.

In 2012, the HBHC protocol was enhanced resulting in several changes to programming including: a new HBHC screening tool, expansion of the HBHC database and heightened accountability requirements. During the same period there was the addition of 1.0 FTE public health nurse for a screening and liaison role, but due to the distinct functions of this role, it did little to offset any service delivery pressures within the program. Over the years, the complexity of the families that are served in the program has changed significantly with an increase in mental health concerns, drug addictions and issues with the law.

Provincial evaluations of the HBHC program have clearly demonstrated the program's success in reaching and having a positive impact on at-risk and high risk families across the province. As new research has emerged in areas such as mother/child bonding and attachment, new program expectations have been developed, however, there has been no additional funding to health units to implement these strategies.

The budget for the HBHC program has remained flat-lined at the 2008 level. In real terms, this has resulted in a staffing reduction of approximately two full time equivalent (FTE) PHN and 0.7 FTE FHV. The operating budget has been reduced by more than \$40,000 placing significant constraints on the program. Although the SDHU continues to review and adjust operating expenses and business processes in order to maximize efficiencies, annual increases such as salary and benefit increases, mileage costs and other administrative costs continue to rise. The ability to continue to deliver comprehensive services across the district is increasingly challenged as the gap between funding and the real costs associated with delivering the program widens.

While the reciprocal service delivery between our 100% funded HBHC program and cost-shared Reproductive and Child Health Program has historically augmented the reach for both programs, the SDHU is coming to a cross roads. Without HBHC budget enhancements, service levels will have to decrease as there is limited further leveraging of the cost-shared program that can occur. Without a base budget increase, the SDHU Healthy Babies Children Program is at risk of cutting much needed services to new parents throughout the Sudbury/Manitoulin District.

The Sudbury & District Board of Health has advocated for the HBHC program twice previously by board motion, in 2010 and 2004.

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2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013



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**Financial Implications:** Unknown at this time

**Ontario Public Health Standard:**  
Child Health

**Strategic Priority:**

Strategic Priority #1 Champion and Lead Equitable Opportunities for Health

Strategic Priority #4 Support Community Actions Promoting Health Equity

**Contact:**

Shelley Westhaver, Director Clinical and Family Services

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2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

## **HEALTHY BABIES HEALTHY CHILDREN (HBHC) PROGRAM**

**MOTION:** WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided.

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health direct staff to prepare a budget and program analysis of the HBHC program, outlining pressures and options for mitigation, detailing program and service implications of these options as compared against MCYS expectations; and

FURTHER THAT the Sudbury & District Board of Health advocate strongly to the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

FURTHER THAT this motion be forwarded to the Minister of Children and Youth Services, the Association of Local Public Health Agencies, the Ontario Boards of Health and the Chief Medical Officer of Health.

## BRIEFING NOTE

**To:** R. Lapierre, Chair, Sudbury & District Board of Health  
**From:** Dr. P. Sutcliffe, Medical Officer of Health  
**Re:** Transparency in reporting practices  
**Date:** June 11, 2015

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☐ For Information

☐ For Discussion

☒ For a Decision

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### Issue:

In his letter of October 4, 2014, Minister Hoskins requested that each Board of Health and Medical Officer of Health make transparency a priority objective in all reporting practices, and specifically that detailed information with respect to non-routine infection prevention and control lapse investigations be publicly disclosed. Public Health Units were required to report back to the Ministry of Health and Long-Term Care by December 1, 2014, the specific steps needed to make public disclosure of infection prevention and control lapses possible, as well as a commitment to incorporating transparency into business and operational plans.

The Ministry of Health and Long-Term Care is revising the Ontario Public Health Standards to require public disclosure of non-routine infection prevention and control lapse investigations. The Sudbury & District Health Unit will comply with requirements outlined in the revised Ontario Public Health Standards upon their release.

### Recommended Action:

**THAT the Sudbury & District Board of Health direct staff to develop a detailed report and plan of action to increase transparency in reporting practices for the Board's review and approval at a future meeting, including expansion of the current proactive disclosure system and revisions to applicable sections of the Board of Health manual.**

### Background:

Open Government is a global, federal and Ontario Government initiative that commits to a government that freely shares information, unlocks the power of data and brings more voices to the decision-making table to support engagement, collaboration and innovation. Open government is closely related to the rapid rate of technological change and shifting public attitudes towards government and specifically growing expectations for greater accountability and engagement. The idea behind Open Government is simple but far-reaching: a public that is engaged and informed of its government's day-to-day activities is more able to hold it to account, make a meaningful contribution to its decisions and help it deliver more responsive programs and services. It is believed that these actions will make government more efficient and effective.

The Ontario Open Government Engagement Team was tasked with finding ways to turn these ideas into action and developed recommendations. The key principles arising from this report include:

- Open Dialogue: Open dialogue is about using new ways to provide the public with a meaningful voice in planning and decision-making so government can better understand the public interest,

capture novel ideas and partner on the development of policies, programs and services. It is about doing policy differently using public engagement.

- Open Information: Open information is about proactively releasing information about government operational processes to improve transparency and accountability, and promote more informed and productive public debate. It is about making government information open by default.
- Open Data: Open data is about proactively publishing some of the data collected by government in free, accessible and machine-readable formats and encouraging its use by the public as well as within government.

The desired change is ambitious and like all ambitious change initiatives implementing new technologies, processes and cultures relating to openness will take time and resources. The government has announced that it will establish priorities and work towards the goals incrementally recognizing that this is a long term effort.

Within our geography the City of Greater Sudbury recently announced an intention to work towards an open government model based on the principles of open information, open data, open dialogue and open doors. The City has announced the start of an action plan to advance discussion, understanding and action towards open government in each of the listed areas.

The Ontario open government policy influence is now being experienced in local public health. The Ontario Ministry of Health and Long Term care is currently amending the Ontario Public Health Standards and related protocols to support the public disclosure of infection prevention and control (IPAC) lapse information identified through a complaint, communicable disease surveillance, or referral from a regulatory college, other board of health, or the ministry. Pursuant to the amendment, if an infection prevention and control lapse is identified, boards of health will be required to post an Initial and a Final Report online on their website. The new IPAC lapse reporting requirements will not change expected IPAC practices of boards of health.

The Sudbury & District Health Unit will commence the process of contemplating our role and appropriate actions in the evolution of open government. We will, of course, comply with Ministry direction regarding changes to the OPHS that enhance public disclosure of information. In addition, we will review and amend our internal policy and procedure frameworks to reflect and support the principles of open government. Much of our early work in moving towards these principles will be opportunistic and advance open government when opportunities arise in the course of our normal day-to-day work. In addition, we will seek to identify key areas in which public health would benefit from open dialogue, open information and open data and commence work on our long term plans to achieve change in these areas.

In addition to the Health Protection and Promotion Act which is the foundation of public health in Ontario and the Municipal Act which governs a number of elements of local board functioning there are many pieces of provincial legislation that establish criteria and guidelines for our work. While the Open Information concept speaks to proactively releasing more information, releases must be managed in the context of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA) both of which require that we balance the public's right to access information with privacy, security and confidentiality restrictions found in legislation.

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2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

One area of focus for the Sudbury & District Health Unit with respect to open data relates to our food and restaurant inspection results disclosure site. Since 2009, the Sudbury & District Health Unit has exceeded the disclosure requirements of the Food Safety Protocol under the Ontario Public Health Standards, by proactively disclosing food premises inspection results via the Health Unit's website. The website provides public access to inspection results of all routine compliance inspections and re-inspections completed within the past 12 months, as well as a list of establishments that have been convicted of offences under the Food Premises Regulation, and food premises that have been issued a closure order under the Health Protection and Promotion Act. In addition to these pre-existing features, the disclosure portion of the new Sudbury & District Health Unit website has been enhanced to include a map feature, is mobile device responsive, and is in compliance with the Accessibility for Ontarians with Disabilities Act.

In order to provide the public with easier access to the food safety information that they are seeking for the facilitates at which they dine, the Health Unit is launching the Check Before You Eat campaign. The Check Before You Eat campaign includes distribution of decals to all local food premises within our service area for voluntary posting near the entrance of the establishment. These decals promote the Health Unit's food safety inspection results disclosure site and includes a QR code, URL and phone number to make it easier for members of the public to access up-to-date information related to food safety inspection results. As part of the Check Before You Eat campaign, the Sudbury & District Health Unit will be providing education to food premises owners and operators, as well as members of the public, regarding the importance of food safety and the Health Unit's disclosure site.

Through the proactive disclosure of food premise inspection results via the Sudbury & District Health Unit website, and promotion of this website through the Check Before You Eat campaign, the Health Unit is ensuring that members of the public have access to important food safety information in an easy to use format. This exemplifies how we will approach open government at the Sudbury & District Health Unit.

### **Financial Implications:**

Within budget

### **Strategic Priority:**

1. Champion and lead equitable opportunities for health

### **Contacts:**

Marc Piquette, Director, Corporate Services Division  
Stacey Laforest, Director, Environmental Health Division

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#### 2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001  
R: October 2013

**Ministry of Health  
and Long-Term Care**

Executive Director's Office

Public Health Division  
21<sup>st</sup> Floor, 393 University Avenue  
Toronto ON M7A 2S1

Telephone: (416) 212-3831  
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et des Soins de longue durée**

Bureau du directeur général

Division de la santé publique  
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Téléphone: (416) 212-3831  
Télécopieur: (416) 325-8412



June 9, 2015

**MEMORANDUM**

**TO: All Medical Officers of Health and Associate Medical Officers of Health**

**RE: Assessment of Public Health Unit Disclosure Programs**

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The Ministry of Health and Long-Term Care (ministry) is undertaking an assessment of the existing public disclosure programs in Ontario implemented by public health units. The majority of these programs provide summary results of inspections of food premises. The purpose of the project is to explore the feasibility of adopting provincially an existing disclosure program for routinely inspected settings such as food premises, public pools and spas, personal services settings, etc.

To assist with this project, the ministry has engaged external facilitators, Ms. Jennifer Hayes and Ms. Caroline Zhang, from the consulting firm MNP LLP, who will be contacting the Environmental Health Directors in mid-June to arrange a meeting via teleconference to seek input about their respective disclosure programs. Staff members in other program areas may also be required to assist in providing feedback. Ministry staff will participate in the teleconferences to respond to any questions about the project.

We look forward to the participation of all public health units with existing or in development disclosure programs, to assist the ministry in understanding successes, challenges, costs and lessons learned. The results of this project will inform the development of policy options to support the government's priority of increased transparency.

Should you have any questions, please contact Tony Amalfa at [tony.amalfa@ontario.ca](mailto:tony.amalfa@ontario.ca) or by telephone at (416) 327-7624.

*Original signed by*

Roselle Martino  
Executive Director

## **TRANSPARENCY IN REPORTING PRACTICES**

**MOTION:** WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health make transparency a priority objective in business plans ; and

WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health publicly disclose more detailed information with respect to non-routine infection prevention and control lapse investigations in accordance with planned revisions to the Ontario Public Health Standards; and

WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health take steps towards developing and establishing new reporting practices to make information readily available to the public; and

WHEREAS the Sudbury & District Health Unit has made a commitment to transparency;

**THEREFORE BE IT RESOLVED THAT** the Sudbury & District Board of Health direct staff to plan appropriate actions to increase transparency in public reporting practices including expansion of the current proactive disclosure system and revisions to applicable sections of the Board of Health manual.

# Strategic Narratives Report



Sudbury & District

Health Unit

Service de  
santé publique

Performance  
Monitoring Plan

2013  
2017

June 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.

## Supporting All SDHU Communities in Injury Prevention

Wearing a helmet when cycling is the best practice to help prevent head injuries in the event of a collision. However, not all communities have equal access to the safety resources they need. In the town of Massey, a concern was raised that some students from the Mennonite community who traveled to school via a highway route using bicycles or horse and buggy, either did not have helmets, or had helmets that were not fitted properly.

Having built a strong relationship with members of the Mennonite community, staff from the SDHU Espanola District Office collaborated with the Mennonite school to purchase 19 properly sized and culturally appropriate helmets for students from grades one through eight. The school also welcomed two public health nurses to provide assistance with proper helmet fitting and to deliver a presentation on road safety. It is through these unique equity-based initiatives that communities can be supported and empowered to reach their full health potential.



### 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

## Municipal Leaders' Breakfast

The active partnership between public health and municipal leaders is a unique feature of the Ontario public health system and is key to creating communities that support health for all citizens. In April 2015, the SDHU Senior Management Team hosted a municipal leaders' breakfast which was attended by approximately 25 representatives from the City of Greater Sudbury, including five City Councillors. This meeting provided a venue to:

- Orient Council to the mandate and role of public health and the work of the SDHU in our community;
- Highlight historical and current partnerships between public health and the City of Greater Sudbury; and
- Discuss future potential partnerships and actions within municipal scope that would benefit the health of Greater Sudbury citizens.

All participants were fully engaged in discussions relating to current and future collaborative efforts. As such, it is expected that this meeting will serve as a catalyst for further aligning public health services with municipal activities.

---

### 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



## Linking Evidence to Improve Local Air Quality

Understanding and improving local air quality is essential to protecting the population from possible health effects associated with short-term and long-term exposure to poor air quality. In order to do so, the SDHU participates on many local, provincial, and national committees with the aim to improve air quality standards.

One example of this is the SDHU's collaboration with the Ministry of the Environment and Climate Change. In partnership with the Ministry, the SDHU regularly reviews ambient air quality data submitted by local industry in order to assess the current status of local air quality. Data results are compared with historical data and legislated emissions requirements that are set by the Ministry. Agency and industry partners are then consulted again in the review of the data in order to fully understand potential negative impacts to local air quality, and to review processes to reduce or eliminate risks of adverse air quality events.

This collaborative effort demonstrates how evidence from research, context, and experience are all considered to inform best practices in the area of air quality.



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### 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

## Action around Supportive Strategies for Teen Families Living in Sudbury

The SDHU, in partnership with Laurentian University and Better Beginnings, Better Futures, recently completed a participatory action research project that sought to better understand the experiences of teen mothers living in Sudbury. The teen mothers were asked to take photos of their experiences and speak to the meaning of the photos through interviews.

Through this process, the mothers spoke about various strengths and challenges associated with their experiences, and identified recommendations for local service providers. Findings from this study were illustrated by the group in a video called “We are Teen Moms”. The video was launched in April 2015 at a luncheon event, where more than 100 community partners and citizens participated. This was followed by a panel discussion on supportive strategies for pregnant and parenting teens in Sudbury. Next steps include the creation of a community Advisory Committee to further action out the recommendations from the study.

---

### 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



## Promoting Excellence in Client-Centred Service Delivery

In April 2015, the SDHU Clinical and Family Services Division, in collaboration with the Tobacco Team of the Health Promotion Division, launched a client-centred care survey. The survey aims to obtain feedback from clients who use the SDHU's clinical and tobacco cessation services, to ensure that programs involved in direct client care are providing care that is optimal.

The survey's content is innovative in that questions are based on a client-centred model which encompasses a number of core principles, including: treating clients with respect and dignity, honouring clients' right to privacy, recognizing and building on clients' strengths to accomplish goals, actively listening to clients' concerns, providing flexible care, providing clients with the tools to make informed decisions, and supporting clients' decisions within the limits of the law.

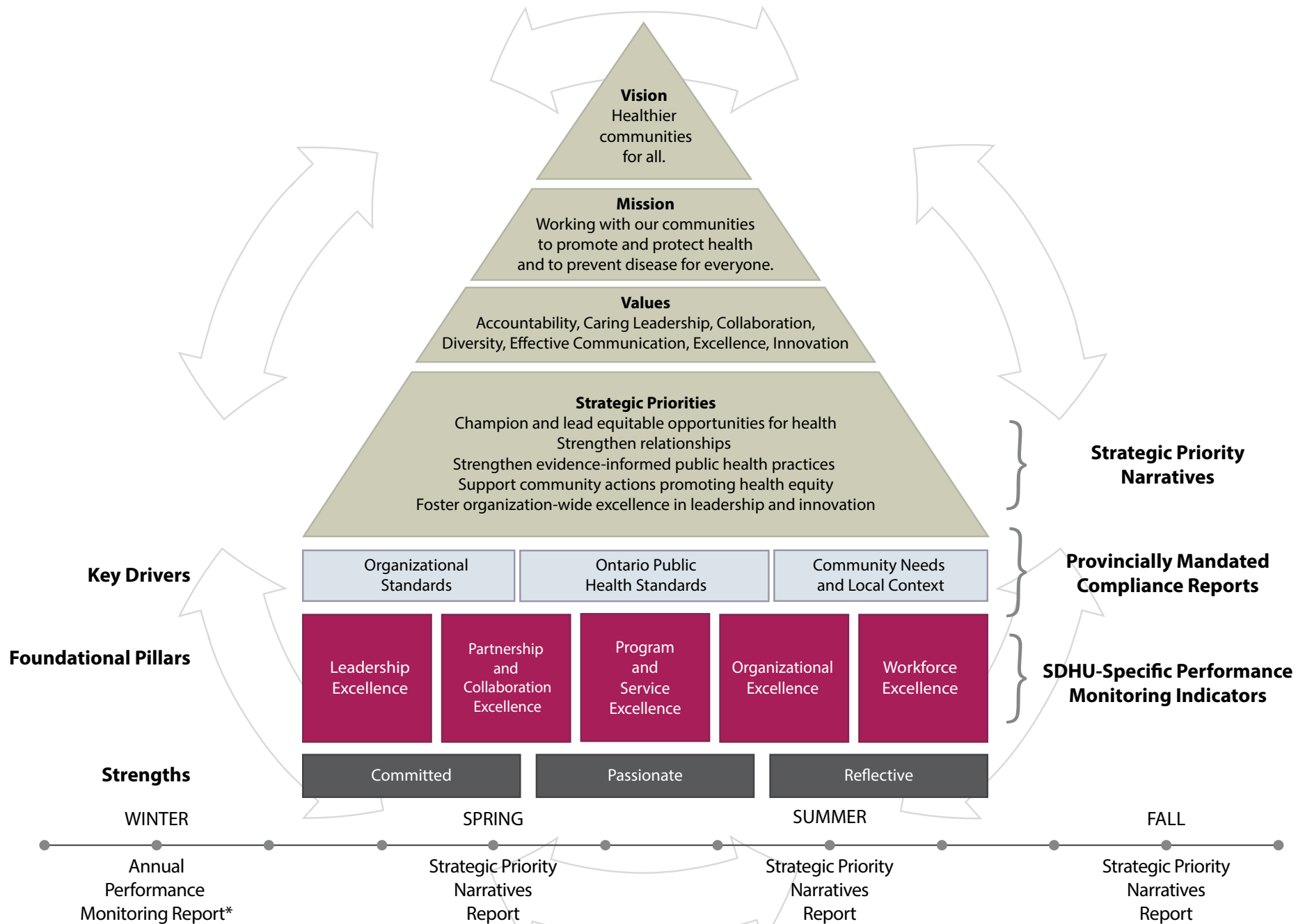
This survey is available electronically or on paper, in both English and French, in any of the SDHU's locations. The results of the survey will be used to continuously improve future service delivery and may serve to assist in the development of a client-centred care framework for the organization.



### 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

## 8.0 NEW BUSINESS

### ii) Correspondence

#### a) Access to Alcohol

*Sudbury & District Board of Health Motion #08-15 Modernization of Beverage Alcohol Regulations in Ontario*

- Letter from the Premier to the Sudbury & District Health Unit Medical Officer of Health dated May 15, 2015

#### b) Smoke-Free Multi-Unit Housing

- Letter from the Perth District Health Unit Board to the Minister of Health and Long-Term Care dated May 19, 2015

#### c) Bill 45, Making Healthy Choices Act

- Letter from the Peterborough County-City Health Unit Board Chair to the Premier of Ontario dated May 14, 2015
- Email from M. Greenberg dated May 26, 2015

#### d) Low Income Dental Integration

- Letter from R. Martino, Executive Director, Public Health Division, and M. Greenberg, Interim ADM, Health Promotion Division, Ministry of Health and Long-Term Care dated June 2, 2015
- Health Bulletin dated May 29, 2015

#### e) Basic Income Guarantee

- Letter from Simcoe Muskoka District Board of Health to the Federal and Provincial Government dated May 28, 2015

#### f) Ontario Public Health Standards – Amendments to the Institutional/Facility Outbreak Prevention and Control Protocol

- Memo from Interim Chief Medical Officer of Health to Board Chairs, Associate/Medical Officers of Health dated May 29, 2015



The Premier of Ontario  
Legislative Building, Queen's Park  
Toronto, Ontario M7A 1A1



La première ministre de l'Ontario

Édifice de l'Assemblée législative, Queen's Park  
Toronto (Ontario) M7A 1A1

May 15, 2015

Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer  
Sudbury and District Health Unit  
1300 Paris Street  
Sudbury, Ontario  
P3E 3A3

Dear Dr. Sutcliffe:

Thank you for taking the time to send your letter informing me of the Sudbury and District Health Unit's resolution regarding alcohol availability in Ontario. I appreciate your keeping me apprised of your position.

I note that you have sent copies of your correspondence to my colleagues the Honourable Charles Sousa, Minister of Finance, and the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care. As this issue falls within their area of responsibility, I trust the ministers will also take the board's views into consideration.

Once again, thank you for the information. I welcome your input on this or any other issue of provincial concern. Please accept my best wishes.

Sincerely,

Kathleen Wynne  
Premier

c: The Honourable Charles Sousa  
The Honourable Dr. Eric Hoskins

SUDBURY & DISTRICT HEALTH UNIT  
Medical Officer of Health and CEO  
MAY 21 2015

|                    |               |
|--------------------|---------------|
| Environ. Health    | _____         |
| Clinical Services  | _____         |
| Corporate Services | _____         |
| Health Promotion   | _____         |
| RRRD               | _____         |
| Board              | _____         |
| Committee          | _____         |
| File ( )           | Circulate ( ) |
| Return ( )         | F.Y.I. ( )    |





## Perth District Health Unit

653 West Gore Street  
Stratford, Ontario N5A 1L4  
519-271-7600 Fax 519-271-2195  
www.pdhu.on.ca

May 19, 2015

The Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
80 Grosvenor Street  
10<sup>th</sup> Floor, Hepburn Block  
Toronto, Ontario  
M7A 2C4

Dear Minister Hoskins,

The Perth District Health Unit Board recently considered a request for action for Smoke-free Multi-unit Housing. The following resolution was passed at the March 18, 2015 meeting:

**That the Board endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:**

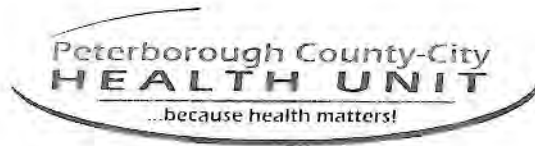
- **encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;**
- **advocate that all future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;**
- **encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;**
- **advocate that all future public/social housing developments in Ontario should be smoke-free from the onset.**
- **encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.**

**Carried**

Yours truly,

Dr. Miriam Klassen  
Medical Officer of Health

- c. Minister of Housing and Municipal Affairs (minister.mah@ontario.ca)  
alPHa (by email)  
Ontario Health Units (by email)  
Perth County Municipalities (by email)



May 14, 2015

The Honourable Kathleen Wynne  
Premier of Ontario  
Room 281, Queen's Park  
Toronto, ON M7A 1A1  
Sent via E-mail: [premier@ontario.ca](mailto:premier@ontario.ca)

Dear Premier Wynne:

At its meeting held May 13, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence from the Northwestern Health Unit (NWHU) regarding "Bill 45, Making Healthier Choices Act", urging the provincial government to amend Bill 45 to include sodium labelling and to allow for municipal by-laws to address additional nutrition information beyond sodium and calories.

The Board of Health for the Peterborough County-City 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, Canadian 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 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 3,000 Canadians, 75% would like to see calories on the menu, while 71% want sodium; and

WHEREAS, listing nutrition information along with contextual or interpretive nutrition information on restaurant menus helps consumers select healthier choices, and

WHEREAS, the Board of Health for the Peterborough County-City Health Unit support 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 Peterborough County City Health Unit urges the provincial government to amend the "Bill 45, Making Healthier Choices Act" to:

1. Include sodium labelling; and
2. Provide reference values; and
3. Allow for municipal bylaws to address additional nutrition information beyond sodium and calories

FURTHERMORE BE IT RESOLVED THAT, copies of the letter regarding Bill 45 be forwarded to the Premier of Ontario, the Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness), local members of Provincial Parliament (MPP), the Ontario Society of Nutrition Professionals in Public Health, Ontario Boards of Health and the Association of Local Public Health Agencies for their information and support.

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

Sincerely



Lesley Parnell  
Chair, Board of Health

/at

- c: Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness)  
Jeff Leal, MPP Peterborough  
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
Ontario Society of Nutrition Professionals in Public Health  
Ontario Boards of Health  
Association of Local Public Health Agencies

**From:** Greenberg, Martha (MOHLTC) [mailto:Martha.Greenberg@ontario.ca]  
**Sent:** May-26-15 3:40 PM  
**Cc:** Jamal, Zaynah (MOHLTC); Wood, Jackie (MOHLTC); Pisko, Laura (MOHLTC)  
**Subject:** MHCA Bill 45 Good News

Hello,

I am pleased to advise you that earlier today the government passed the *Making Healthier Choices Act, 2015*. This Act will help Ontario's children and families make healthier food choices, protect people from the harmful effects of tobacco use, and it is also taking a precautionary approach to regulate electronic cigarettes.

The *Act* has three parts:

- Menu labelling legislation will require large chain restaurants and other food service premises with 20 or more locations in Ontario who sell ready-to-eat and prepared food to post calories on menus.
- Amendments to the *Smoke-Free Ontario Act* will increase penalties for selling tobacco to children/youth, ban the sale of flavoured tobacco products, and further limit smoking in public areas.
- E-cigarettes legislation will prohibit the sale of e-cigarettes to minors, regulate the display and promotion of e-cigarettes, and ban their use in places designated as smoke-free.

The government is committed to implementing the recommendations of the Healthy Kids Panel and taking action to reduce childhood obesity and helping Ontario's children establish healthy habits from the start.

The government is also committed to achieving the lowest smoking rate in Canada as set out in Ontario's Patients' First: Action Plan for Health Care.

Below is a link to the news release where more information about the legislation can be found:

English: <http://news.ontario.ca/m/32891>

French: <http://news.ontario.ca/m/32905>

We thank you for all your support leading up to the passage of *Making Healthier Choices Act* and look forward to working with all of our stakeholders to develop regulations in order to ensure a smooth and successful implementation of the *Act*.

Thanks,  
Martha

Martha Greenberg  
Assistant Deputy Minister (Interim)  
Health Promotion Division, Ministry of Health & Long-Term Care  
(416) 326-4790  
[Martha.greenberg@ontario.ca](mailto:Martha.greenberg@ontario.ca)

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and Long-Term Care**

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Office of the Assistant Deputy Minister  
Health Promotion Division  
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Tel.: 416-326-4790  
Email: Martha.Greenberg@ontario.ca

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Toronto ON M7A 1S5  
Tél.: 416-326-4790  
Courriel: Martha.Greenberg@ontario.ca



**Date June 2, 2015**

**Re: Status update on low income dental integration**

Dear colleagues,

We are writing in follow up to a bulletin that was posted on the Ministry of Health and Long-Term Care's website regarding Low Income Dental Integration (LIDI). As you know the Government of Ontario announced its intent to integrate a number of oral health programs into a single 100% provincially-funded program in December 2013.

This commitment is about supporting Ontario's most vulnerable children and families. The Ontario government is seeking to make improvements to current programs and/or benefits to make them easier to understand and navigate, to expand access, to implement administrative improvements to encourage provider participation, and to achieve and demonstrate improvements in the oral health status of the children and youth served.

The Ministry of Health and Long-Term Care has been working to implement the LIDI commitment in collaboration with delivery partners, including public health units. The advice of the public health and other sectors has been invaluable as this work proceeds. A number of concerns related to this commitment were raised with respect to eligibility once the programs were integrated and the aggressiveness of the implementation time lines.

We are writing today to reassure you that your concerns have been heard. Minister Hoskins has made it clear that the Ontario government is committed to ensuring that currently eligible children will continue to be eligible in the future state integrated program.

As you likely know, the future state program has an income eligibility threshold which is higher than the current Healthy Smiles Ontario program but more restrictive than current eligibility for preventive

services under the Ontario Public Health Standards (OPHS). As well, in the current Children in Need of Treatment Program (CINOT) families are asked to attest to financial hardship and children have access to a robust schedule of services.

Based on your feedback and the understanding of eligibility requirements for the current programs, the new program has been adjusted to ensure that currently eligible children continue to be eligible. With respect to preventive services, public health units will be asked to assess eligibility for preventive services which will be available to clinically eligible children whose families attest to financial hardship. The services that will be included in this component of the program are being considered by the Dental Services Schedule Review Expert Panel (DSSREP) based on the 3 services currently in the Preventive Services Protocol of the OPHS. This approach will, in fact, make more children eligible than in the current state under the Protocol which currently defines financial eligibility as one of the following: enrollment in the CINOT program; the child is a dependent of a recipient of the Ontario Child Benefit, or the family's income is below the financial eligibility cut-off (the cut-off is set at 20 percent above Statistic Canada's low income cut-offs).

In terms of urgent treatment, access to this stream of the program will continue to be based on clinical need and attestation of financial hardship. The DSSREP has been asked to provide advice regarding a definition of urgent need as well as a related basket of services. The Panel will be providing its advice to government in the coming weeks however, this aspect of the program will ensure that children in urgent need are provided with access to an appropriate course of treatment to fully address the urgent need. Providers will also have the discretion to be able to provide additional treatment to children where other clinical needs would soon become urgent if not addressed. Further operational details related to this component of the program will continue to be developed once advice from the DSSREP is received. The Ministry will also provide further direction to Public Health Units on a common approach to be employed to assess financial hardship for preventive and urgent treatment.

A working group is also being established to review the current protocols under the OPHS related to all aspects of oral health within the context of the newly integrated program. This group will be providing advice to the Ministry in the coming months regarding new and related requirements to be included in the OPHS.

Lastly, we have heard your concerns regarding the aggressive timelines for this project. While we feel it is important for children and families to benefit from this initiative as soon as possible, we share your commitment to getting it right, and the Ontario government has extended the full implementation date out to January 2016. We understand that a shift in date at this point may have implications for public health unit budgets for the 2015 fiscal year, and we will be following up with your shortly regarding these impacts. The ministry will work closely with each health unit to mitigate these potential impacts and ensure all health units are able to continue to meet the needs of the current programs until the launch of the integrated program, taking place in January 2016.

In response to some of your questions regarding planning for this program beyond 2016, the ministry continues to explore ways to improve accountability and transparency of provincial public health funding that aligns with other ministry funding processes and principles, with a view to achieving a more equitable approach to public health funding more broadly.

In closing, we would like to reiterate how invaluable your input has been as we have worked to implement the LIDI commitment. I know that your concerns demonstrate the level of your commitment to Ontario's children. We look forward to your continued advice and collaboration as this work continues. If you have any questions related to implementation of the LIDI commitment please contact

Liz Walker, Director, Public Health Planning and Liaison Branch at 416-212-6359 or by email at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca).

Sincerely,

A handwritten signature in black ink, appearing to be 'RM' with a long horizontal stroke extending to the right.

Roselle Martino  
Executive Director  
Public Health Division

A handwritten signature in black ink, appearing to be 'MG' with a long horizontal stroke extending to the right.

Martha Greenberg  
Interim Assistant Deputy Minister  
Health Promotion Division





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MINISTRY OF HEALTH AND LONG-TERM CARE

<http://www.health.gov.on.ca/en/>

## Health Bulletins

[E-mail <#>](#) [Print <javascript:window.print\(\);>](#)

### Improving Access to Free Dental Care for Children and Youth

#### New Integrated Dental Program to Begin January 2016

May 29, 2015

Ontario is integrating six publicly funded dental programs into one, which will provide seamless enrolment and make it easier for eligible children and youth to get free dental care.

After thorough consultation, the plan for implementing this initiative has been adjusted to ensure that more children and youth from low-income families have access to free dental care. All children who are currently eligible for free dental services will continue to be eligible in the new integrated program.

To improve access to free dental care for children and youth, the integrated program will be expanded to include:

- Preventive dental services currently delivered by public health units, which are critical to preventing oral health issues from escalating and reducing emergency room visits.
- Emergency and essential treatment for families in need based on clinical assessment and demonstrated financial hardship.

To successfully implement the new program, the full implementation date has been extended to January 2016. The new date will not impact those currently enrolled in existing dental programs. Ontario is working in partnership with local providers of the province's current public dental programs to ensure that the transition to the new integrated program is seamless for current clients and that no services are disrupted.

In April 2014, the government expanded the Healthy Smiles Ontario program so that more kids from low-income families without dental coverage could access free dental care. More than 70,000 additional children are now eligible for services under the Healthy Smiles Ontario program as a result of this expansion, for a total of over 460,000 children.

Providing more children and youth with access to free dental care  [<https://www.ontario.ca/health-and-wellness/get-dental-care>](https://www.ontario.ca/health-and-wellness/get-dental-care) is part of Patients First: Action Plan for Health Care  [<http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change>](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change) and Ontario's Poverty Reduction Strategy  [<http://www.ontario.ca/home-and-community/realizing-our-potential-ontarios-poverty-reduction-strategy-2014-2019>](http://www.ontario.ca/home-and-community/realizing-our-potential-ontarios-poverty-reduction-strategy-2014-2019).

### For More Information

If you are a reporter with a question for a story, or with comments about how this News Room section could serve you better, send us an e-mail at: [media@moh.gov.on.ca](mailto:media@moh.gov.on.ca)  [<mailto:media@moh.gov.on.ca>](mailto:media@moh.gov.on.ca)

### Media Line

Toll-free: 1-888-414-4774

In Toronto: 416-314-6197

### Public Inquiries

Call ServiceOntario, Infoline

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Hours of operation : 8:30am - 5:00pm

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LAST MODIFIED: 2015-05-29

May 28, 2015

The Honourable Pierre Poilievre  
Minister of Employment and  
Social Development  
House of Commons  
Ottawa, Ontario K1A 0A6

The Honourable Kellie K. Leitch  
Minister of Labour  
Ministry of Labour  
House of Commons  
Ottawa, ON K1A 0A6

The Honourable Rona Ambrose  
Minister of Health  
Ministry of Health  
House of Commons  
Ottawa, ON  
K1A 0A6

The Honourable Kevin Daniel Flynn  
Minister of Labour  
Ministry of Labour  
14<sup>th</sup> Floor  
400 University Avenue  
Toronto, ON M7A 1T7

The Honourable Eric Hoskins  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4

The Honourable Tracy MacCharles  
Minister of Children and Youth Services  
Ministry of Children and Youth Services  
14<sup>th</sup> Floor  
56 Wellesley Street West  
Toronto, ON M5S 2S3

The Honourable Deborah Matthews  
Minister Responsible for the  
Poverty Reduction Strategy  
Room 4320, 4<sup>th</sup> Floor, Whitney Block  
99 Wellesley Street West  
Toronto, ON M7A 1W3

Dear Minister Poilievre, Minister Leitch, Minister Ambrose, Minister Flynn, Minister Hoskins,  
Minister MacCharles, and Minister Matthews:

**Re: Public health support for a basic income guarantee**

On behalf of the Simcoe Muskoka District Health Unit's Board of Health, I am writing today to express our strong support for joint federal-provincial (Ontario) consideration for and investigation into a basic income guarantee for Ontarians and all Canadians.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.<sup>1,2</sup> From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, and the extent of income inequality in a society, and a range of adverse health and social outcomes. This includes morbidity and/or mortality from chronic and infectious disease, mental illness, and infant mortality, amongst others.<sup>3</sup> Given that 56 000 people (or more than 11% of the population) in Simcoe and Muskoka live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

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705-445-0804  
FAX: 705-445-6498

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Cookstown, ON  
L0L 1L0  
705-458-1103  
FAX: 705-458-0105

□ **Gravenhurst:**  
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Gravenhurst, ON  
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P1H 1K1  
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FAX: 705-325-2091

In response to these key social and public health challenges, a growing number of individuals and organizations in the health, economics, social, and political sectors have proposed the introduction of a basic income guarantee for all Canadians, also known as guaranteed annual income. A basic income guarantee ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status. It can be achieved through a range of policy approaches.

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.<sup>4,5</sup> As you may be aware, Mincome, in particular, was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, which demonstrated several improved health and educational outcomes.<sup>4</sup> Basic income also resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health and social improvements in those age groups.<sup>6,7</sup>

In addition to providing an effective policy response to poverty and inequality, a basic income guarantee would be a key societal support in the face of rising precarious employment in Canada. Given the trend towards fewer opportunities for secure, permanent jobs, providing living wages and benefits, a basic income guarantee could help buffer the effects of precarious employment by providing a form of 'disaster insurance' that protects people from slipping into poverty during challenging times.<sup>6</sup>

There has been recent support for a basic income guarantee from the Canadian Medical Association, the Alberta Public Health Association, and the Canadian Association of Social Workers. The Canadian Public Health Association is also examining the issue. Beyond the health and social sectors, a non-governmental organization by the name of Basic Income Canada Network is now dedicated to achieving a basic income guarantee in Canada, and several citizen groups are forming across Ontario and Canada in support of this issue.

Advocating for improved income security policies is supportive of the Simcoe Muskoka District Health Unit's strategic direction on the Determinants of Health, which requires the health unit to 'Address the factors that create inequities in overall health and improve the quality of life for populations at risk of poor health outcomes'.

We urge you to undertake a joint federal-provincial investigation into a basic income guarantee in order to address the extensive health inequities in Canada, which are both highly concerning and largely preventable.

Sincerely,

Barry Ward  
Chair, Board of Health

- c. The Right Honourable Steven Harper, Prime Minister of Canada  
The Honourable Kathleen Wynne, Premier of Ontario  
Dr. David Mowat, Ontario Chief Medical Officer of Health  
Linda Stewart, Association of Local Public Health Agencies  
Pegeen Walsh, Ontario Public Health Association  
Ontario Boards of Health  
Simcoe Muskoka Members of Parliament  
Simcoe Muskoka Members of Provincial Parliament  
North Simcoe Muskoka and Central Local Health Integration Network  
Gary McNamara, President, Association of Municipalities Ontario  
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities  
Simcoe Muskoka Municipalities

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2. Conference Board of Canada. How Canada Performs: A Report Card on Canada. 2013. Accessed April 27, 2015. <http://www.conferenceboard.ca/hcp/details/society/income-inequality.aspx>
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**Ministry of Health  
and Long-Term Care**

Chief Medical Officer of Health

Public Health Division  
21<sup>st</sup> Floor, 393 University Avenue  
Toronto ON M7A 2S1Telephone: (416) 212-3831  
Facsimile: (416) 325-8412**Ministère de la Santé  
et des Soins de longue durée**

Médecin hygiéniste en chef

Division de la santé publique  
393 avenue University, 21<sup>e</sup> étage  
Toronto ON M7A 2S1Téléphone: (416) 212-3831  
Télécopieur: (416) 325-8412

May 29, 2015

**MEMORANDUM****TO:** Board of Health Chairs  
Medical Officers of Health and Associate Medical Officers of Health**Re:** Amendments to the Protocol under the Ontario Public Health Standards –  
Institutional/Facility Outbreak Prevention and Control Protocol, 2015

I am writing to inform you of the following changes to the Ontario Public Health Standards (OPHS):

- The *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* has been replaced with the *Institutional/Facility Outbreak Prevention and Control Protocol, 2015*.

The changes to the Protocol were made by the Ministry of Health and Long-Term Care (the ministry) based on input from Public Health Ontario (PHO) and public health units.

Amendments in the *Institutional/Facility Outbreak Prevention and Control Protocol, 2015* include:

- Revision of language throughout the protocol to provide clarity, including clarifying expectations regarding investigation and management of outbreaks in retirement homes;
- Revision of the language to be inclusive of inspections related to *Clostridium difficile* infection (CDI) outbreaks in hospital settings;
- Distinguishing between requirements for respiratory, gastroenteritis, CDI and other outbreaks;
- Re-organization of information to help clarify each step of the outbreak management process including the board of health's role in confirming the existence of an outbreak and declaring an outbreak; and
- Providing updated resources and references to be consulted in outbreak management and for best practices in infection prevention and control.

The new *Institutional/Facility Outbreak Prevention and Control Protocol, 2015* is attached for your reference and will come into effect immediately.

.../2

It will be available in English and French, respectively, through the OPHS website at the following links:

[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/institutional\\_facility\\_outbreak.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/institutional_facility_outbreak.pdf)

[http://www.health.gov.on.ca/fr/pro/programs/publichealth/oph\\_standards/docs/institutional\\_facility\\_outbreakf.pdf](http://www.health.gov.on.ca/fr/pro/programs/publichealth/oph_standards/docs/institutional_facility_outbreakf.pdf)

The ministry will communicate further details regarding the changes to the *Institutional/Facility Outbreak Prevention and Control Protocol, 2015* to public health units via regular communications to ensure continued compliance with the *Health Protection and Promotion Act* and the OPHS.

I would like to express my thanks to you and your staff for your ongoing work in upholding the OPHS and Protocols to ensure the continued strength of the public health system in Ontario.

Yours truly,

*Original signed by*

David L. Mowat, MBChB, MPH, FRCPC  
Interim Chief Medical Officer of Health

#### Attachments

c: Roselle Martino, Executive Director, Public Health Division  
Nina Arron, Director, Public Health Policy and Programs Branch, Public Health Division  
Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability Branch, Public Health Division  
Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario  
Dr. George Pasut, Vice-President, Science and Public Health, Public Health Ontario  
Lisa Fortuna, Director, Communicable Disease Prevention and Control, Public Health Ontario

**ACCEPTANCE OF NEW BUSINESS ITEMS**

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



# STRATEGIC PLAN 2013 2017

## Making It Real



Sudbury & District

Health Unit

Service de  
santé publique



I am pleased to release the Sudbury & District Health Unit's (SDHU) Spring 2015 edition of our Strategic Plan newsletter. It aims to provide a brief update on our 2013–2017 Strategic Plan and highlight key initiatives that are linked to our Strategic Priorities.

We have placed a number of prominent circular floor decals throughout all of our offices highlighting our Strategic Priorities. When visiting any of our locations, I encourage you to read our priorities as they represent how we bring our

vision and mission to life. These are complimentary to other promotional activities such as our [Strategic Plan Video](#) and this newsletter.

We continue to provide our Board of Health with Strategic Plan reports that monitor our progress in integrating our Strategic Priorities into our programs and services. The reports outline a program or service narrative for each of our five Strategic Priorities. This process is meant to engage staff in purposeful discussion while providing our Board of Health members with an opportunity to gauge progress on our key areas of focus.

I invite you to learn more about our 2013–2017 Strategic Plan and welcome any feedback you may have. I look forward to providing you with further updates in our next fall edition of this communiqué.

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



Spring 2015

### FEATURING:

**Priority #1: Champion and lead equitable opportunities for health**  
Back to school community store – Community spirit at its finest!

**Priority #2: Strengthen relationships**

Strengthening relationships for a community-driven walking program in Massapequa

### Back to school community store – Community spirit at its finest!

The start of a school year may be a joyous occasion for many children, but for parents living on a reduced income this time of year can create considerable anxiety and financial hardship—purchasing new school supplies can be expensive and stressful.

Five years ago, the Centre de santé communautaire du Grand Sudbury launched the Back to School Community Store for francophone children. The store concept allows children living in low income households to choose their school supplies for free and offers parents the opportunity to connect with a wide variety of programs and services from community partners. The SDHU, in partnership with a diverse group of community partners, hosted the first community store for children attending English language schools in August 2014.

Children and their parents left with a sense of accomplishment and belonging as children received a complete backpack of new school supplies and parents connected with community services. The generous donations and compassion from the community was overwhelming. SDHU staff and community partners look forward to continuing to support even more children in 2015.

1

**Champion and lead equitable opportunities for health**

### Strengthening relationships for a community-driven Walking program in Massey

In the spring of 2013, a public health nurse from the SDHU's Espanola district office requested community members' support in starting a local walking program. This resulted in the formation of a collaborative made up of staff from the Health Unit, St. Mary's school, the Massey arena, and community residents.

Community volunteers were recruited to facilitate the organization of the program, and St. Mary's school was selected as the program location with input from partners. The SDHU helped the planners by providing educational resources and volunteer leader training, and by building the capacity of community volunteers to promote health in their community.

Beginning January 6, 2014, the walking program operated every Monday, Wednesday and Friday evenings until the end of April, 2014. Approximately 50 community members of various ages joined the program and were regular walkers. With a small \$5 seasonal registration fee, the walking program is now a financially sustainable program, which will have been available from October 2014 to April 2015. The SDHU will continue to support this grassroots partnership by providing educational resources, advertising, and volunteer training, as needed.

2

**Strengthen relationships**



C'est avec plaisir que je lance l'édition printemps 2015 du bulletin Plan stratégique du Service de santé publique de Sudbury et du district (SSPSD). Ce bulletin vise à faire brièvement le point sur notre Plan stratégique 2013–2017 et à mettre en évidence les principales initiatives qui sont reliées à nos priorités stratégiques.

Nous avons récemment placé un certain nombre d'autocollants ronds bien en évidence sur le plancher de tous nos bureaux afin de souligner nos priorités stratégiques. Lorsque vous irez à l'une ou l'autre de nos succursales, je vous encourage à lire nos priorités,

car elles représentent la manière dont nous appliquons notre vision et notre mission à la vie courante. Ces autocollants s'ajoutent à d'autres activités promotionnelles, comme notre [vidéo sur le Plan stratégique](#) et le présent bulletin.

Nous continuons de fournir à notre Conseil de santé des rapports sur le Plan stratégique où sont exposés les progrès que nous réalisons pour ce qui est d'intégrer nos priorités stratégiques dans nos programmes et services. Chaque rapport présente dans ses grandes lignes un récit lié à un programme ou service pour chacune de nos cinq priorités stratégiques. Le processus a pour but de motiver le personnel pour qu'il ait une discussion utile tout en permettant aux membres du Conseil de santé de mesurer à quel point nous avons progressé dans nos domaines de concentration clés.

Je vous invite à en apprendre davantage sur notre Plan stratégique 2013–2017 et à y réagir. J'espère vous fournir d'autres nouvelles dans notre numéro d'automne de ce communiqué.

Dr<sup>e</sup> Penny Sutcliffe  
Médecin-hygiéniste et  
directrice générale



### 1<sup>e</sup> priorité : prôner et porter des possibilités équitables d'être en santé

Magasin partage du retour en classe : l'esprit communautaire à son meilleur!

### 2<sup>e</sup> priorité : renforcer les rapports

Renforcer les liens pour créer un programme de marche communautaire  
Massey

### Magasin partage du retour en classe : l'esprit communautaire à son meilleur

Le début de l'année scolaire peut être un événement joyeux pour bien des enfants, mais causer une angoisse et des difficultés financières énormes aux parents à revenu réduit. Acheter de nouvelles fournitures scolaires peut s'avérer coûteux et stressant.

Il y a cinq ans, le Centre de santé communautaire du Grand Sudbury a lancé le Magasin partage du retour en classe pour les enfants francophones. Ce dernier permet aux enfants de choisir leurs fournitures scolaires gratuitement et aux parents d'avoir accès à un large éventail de programmes et de services que fournissent des partenaires communautaires. Le SSPSD, en partenariat avec certains de ces partenaires, a tenu le premier magasin communautaire pour les enfants fréquentant les écoles anglophones au mois d'août 2014. Les enfants et leurs parents sont repartis avec un sentiment d'accomplissement et d'appartenance, car les premiers ont reçu un sac à dos rempli de fournitures scolaires neuves et les seconds se sont mis en contact avec des services communautaires. La population s'est montrée très généreuse et a manifesté une grande compassion. Le personnel du SSPSD et les partenaires communautaires sont impatients de continuer à soutenir encore plus les enfants en 2015.

1

**Prôner et porter des possibilités équitables d'être en santé**

### Renforcer les liens pour créer un programme de marche communautaire à Massey

Au printemps 2013, une infirmière-hygiéniste du SSPSD, au bureau de district d'Espanola, a demandé le soutien des citoyens en vue de démarrer un programme de marche local. Cette initiative a donné naissance à un groupe de collaboration formé d'employés du Service de santé publique, de l'école St. Mary's et de l'aréna de Massey, mais aussi de citoyens.

Des bénévoles ont été recrutés pour faciliter l'organisation du programme, et l'école St. Mary's a été choisie comme endroit pour offrir celui-ci avec l'apport de partenaires. Le SSPSD a aidé les planificateurs en fournissant des ressources pédagogiques et en assurant la formation des animateurs bénévoles, mais également en renforçant les capacités des bénévoles à promouvoir la santé dans leur collectivité. À compter du 6 janvier 2014, le programme de marche a eu lieu les lundis, mercredis et vendredis, en soirée, jusqu'au mois d'avril 2014. Environ 50 citoyens d'âges divers s'y sont inscrits et sont devenus des marcheurs assidus. Avec des frais d'inscription minimales de 5 \$ par saison, le programme de marche est maintenant viable et aura été offert d'octobre 2014 à avril 2015. Le SSPSD continuera d'appuyer ce partenariat populaire en fournissant des ressources pédagogiques, de la publicité et la formation des bénévoles, au besoin.

2

**Renforcer les rapports**



**From:** Ontario News [<mailto:newsroom@ontario.ca>]

**Sent:** June-08-15 5:20 PM

**To:** Penny Sutcliffe

**Subject:** Joint Statement by Ministerial Participants of Pharmacare Roundtable



## *Statement*

### **Joint Statement by Ministerial Participants of Pharmacare Roundtable**

June 8, 2015

Today, The Honourable Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care; The Honourable Glen Abernethy, Northwest Territories' Minister of Health and Social Services; The Honourable Sharon Blady, Manitoba's Minister of Health; The Honourable Victor Boudreau, New Brunswick's Minister of Health; The Honourable Dustin Duncan, Saskatchewan's Minister of Health; The Honourable Steve Kent, Newfoundland and Labrador's Deputy Premier and Minister of Health and Community Service; The Honourable Terry Lake, British Columbia's Minister of Health; and, The Honourable Greg Ottenbreit, Saskatchewan's Minister Responsible for Rural and Remote Health issued the following statement on pharmacare:

"Today we continued the conversation from last fall's Health Ministers' meeting and met with academics and experts from across Canada to discuss the possibility of pan-Canadian pharmacare.

We would like to thank the experts who provided us with their valuable insights on a broad scope of topics related to a potential pan-Canadian pharmacare program. Areas of exploration included hearing about the costs, benefits and challenges of universal access to drugs, the experiences of various jurisdictions and the impact of a pan-Canadian program.

This is neither the beginning nor the end of this discussion. To better inform ourselves with the evidence, we are determined to seek advice and input from other voices who can offer guidance and advice as we move this conversation forward.

As ministers of health, we will continue these discussions both at tables like this and within our own jurisdictions to work towards our common goal of improving access to health care."

## CONTACTS

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[ontario.ca/health-news](http://ontario.ca/health-news)

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# Public Health: It's in Your Interest

Sudbury & District  
Health Unit

Annual  
Report

2014

## Championing health for all in our communities



Public health professionals are passionate about protecting and promoting health and preventing disease. In 2014, Sudbury & District Health Unit employees demonstrated this passion across our district in a variety of ways throughout all of our 19 communities.

Through technology and social media, we can and do reach thousands of

people with timely and valuable information about drinking water advisories, beach closures, outbreaks, vaccination clinics, healthy choices and so much more. The Health Unit works hard to improve opportunities for health for all of us. We do this in close partnership with many others including schools, businesses, community agencies, parents and municipalities.

Taken as a whole, this annual report to our communities and stakeholders speaks both to the SDHU's programming excellence and to our commitment to accountability.

However, fundamentally, this report is about the people who deliver public health programs and services to our local communities. For our 254 employees and 80 volunteers, this is much more than a job. Whether it is responding to a measles case, following up on a train derailment, supporting a breastfeeding mom, speaking with the media or presenting at a municipal council meeting, employees of the Sudbury & District Health Unit are our communities' front line in the struggle to create and maintain healthy opportunities for all.

This past year has again been a busy one and we are challenged every day to do more and to do better for our communities. The dedication and support of our staff and our board of directors allow us to meet these challenges successfully. I am very proud of the Sudbury & District Health Unit public health team—an exceptional group of people who are caring, committed, and passionate about championing health for all in our communities.



Dr. Penny Sutcliffe  
Sudbury & District Medical Officer of Health and  
Chief Executive Officer

## Striving to help each citizen

As the new Chairperson for the Sudbury & District Board of Health, I am very pleased to present the 2014 Annual Report.

This report provides a snapshot of some of the day-to-day activities and initiatives public health professionals provide while keeping the 19 communities within our service area healthy.

Our staff, with the very important support and funding from our provincial and municipal governments, strive to help each citizen reach their full opportunity for health through our programs and services that range from teaching about healthy lifestyles to advocating for healthy policy.

I would like to acknowledge the dedication and leadership of the past Board of Health members for the Sudbury & District Health Unit. It is an honour to serve our communities and a duty that Board members take very seriously. I would like to acknowledge Mr. Ron Dupuis in particular who served as a Board member and Chair for 14 years until the end of his term in 2014.

The Sudbury & District Board of Health members set a very high bar, dedicated to creating healthier communities for all. It is with great pleasure that I commend to you our 2014 Annual Report.



René Lapierre  
Chair, Sudbury & District Board of Health

## 2014 Sudbury & District Board of Health

Ron Dupuis, Chair  
Madeleine Dennis, Vice-Chair

Claude Belcourt  
Claude Berthiaume  
Janet Bradley  
Evelyn Dutrisac  
Brigita Gingras  
Terry Kett  
Ken Noland  
Rita Pilon  
Ursula Sauvé  
Paul Schoppmann  
Brenda Spencer







# Public Health: It's in Your Interest

## Strategic Plan 2013 Healthy communities for all 2017



Sudbury & District  
Health Unit  
Service de  
santé publique

sdhu.com

### Strategic Plan video

In January of 2014, the Health Unit released its 2013–2017 Strategic Plan video. The high-definition, 90-second piece showcases how the Health Unit is actively pursuing and implementing our five Strategic Priorities.



Professional Practice and Development

### Strategic Priorities

Each of the following programs have been linked to their most appropriate Strategic Priority.

1

Champion and lead equitable opportunities for health.

2

Strengthen relationships.

3

Strengthen evidence-informed public health practice.

4

Support community actions promoting health equity.

5

Foster organization-wide excellence in leadership and innovation.



Professional Practice and Development



### Safe and sanitary

Tattoo parlours, nail salons, and public pools fall under the umbrella of the Health Unit's inspection portfolio. Preventing institutional outbreaks, keeping the public safe from harm, and ensuring all providers and premises are held to the same high public health standards ensures clean, sanitary, and safe places for serving the public.

1

Health Hazard Investigation

### Planning Cycle

The Sudbury & District Health Unit's Ontario Public Health Standards (OPHS) Evidence-Informed Planning Cycle helps guide the assessment, planning, implementation, and evaluation of our work in public health. The cycle encourages the use of evidence—including evidence on community need and evidence from research—to drive public health programming. Consistent planning ensures that the Health Unit delivers high-quality, evidence-informed programs to our community.

3

Population Health Assessment and Surveillance



### Breastfeeding Challenge

In October, nearly four dozen new mothers breastfed their babies in the New Sudbury Centre mall as part of this year's Breastfeeding Challenge. Through this challenge, the Family Health Team works to raise awareness and normalize the concept of breastfeeding. It is natural and beneficial to both mother and baby.

4

Family Health



### Vector-borne disease surveillance and insect bite prevention

Ticks and mosquitoes play a part in spreading potentially life-threatening vector-borne diseases. Lyme disease, West Nile virus, and Eastern equine encephalitis threats and potential cases are monitored through the Health Unit's surveillance program. This program also offers prevention, awareness, and seasonal media to keep residents safe when enjoying the outdoors.

3

Vector Borne Diseases/West Nile Virus

### School Triple P pilot project

The Positive Parenting Program (Triple P) helps parents solve problems in the day-to-day business of raising children.

In 2014, the Family Health Team launched a new pilot project in schools that looks at two critical child developmental periods: transition to primary school and transition from primary to secondary school. The goal of this project is to provide practical tools to equip parents and school staff with strategies to increase positive outcomes and build strong, healthy relationships.

1

Family Health

### HBHC evaluation results

The Healthy Babies Healthy Children (HBHC) program is designed to help children have a healthy start in life and provide them with every opportunity to reach their true potential. Health Unit staff contact every consenting mother to provide support and identify families who may require added or ongoing assistance caring for their newborn.

In 2014, the Ministry of Children and Youth Services evaluated the program, revealing unique challenges faced by some young families, such as smoking rates, drug and alcohol use, and access to local health care providers. Thanks to hard-working staff offering support to parents in the community, this program enjoys ongoing success.

4

Healthy Babies Healthy Children and Nurse on Call

### Panorama implementation

Compiling, sorting, and incorporating just about every detail of communicable disease investigations, cases, contacts, and outbreak information into one database is an enormous task. In 2014, Panorama provided the tools critical in managing public health cases and outbreaks. Panorama reduces the risk of infection in populations through early detection, notification, rapid verification, and appropriate response to emerging disease threats.

5

Control of Infectious Diseases, Immunization and TB Control

Annual  
Report

2014





# Public Health: It's in Your Interest

## Children's Water Festival

In 2014, the Sudbury Children's Water Festival celebrated its 10<sup>th</sup> Anniversary and received a certificate of recognition from the Mayor. The Festival was held in Sudbury and Chapleau.

Almost 900 children attended, 100 high school student volunteers participated, and 16 community partners assisted the Health Unit to disseminate messages about water protection, conservation, science, and safety.

4

Safe Water (Recreational, Small Drinking Water Systems)



## Answering the call!

The Environmental Health Team investigated 467 health hazard complaints covering the full spectrum of topics including bedbugs, mould, sewage, and hoarding. There were also 4083 calls and office visits to the duty officer, and the after-hours public health inspector took calls from 763 clients.

1

Health Hazard Investigation

## Lacloche Foothills Food Network

Access to affordable and healthy foods is not always easy when you live in a smaller community. Since 2010, the LaCloche Foothills Food Network, a group consisting of more than a dozen community and not-for-profit organizations including the SDHU, has worked to increase interest and activity in community food programming. In just four short years, the network has supported a number of initiatives including community gardening, community kitchens, a local producer pamphlet, and a local Farmers' Market.

4

Nutrition

## Measles response efforts

On April 26, 2014, for the first time in 15 years, a case of measles arrived in Sudbury. The SDHU's Infection Control Team, community partners, and Health Sciences North assembled quickly and took on the task of assessing the situation, setting up vaccination clinics, alerting the media, and encouraging people to protect vulnerable populations from the measles by getting vaccinated.

3

Control of Infectious Diseases, Immunization and TB Control



## Play Greater Sudbury initiative

The Greater Sudbury Physical Activity and Recreation Roundtable wants everyone to get out and be active. This group of public health, recreation, health care, education, not-for-profit, and social service organizations launched the Play Greater Sudbury video and website campaign in November 2014. The ongoing initiative promotes affordable and accessible recreation throughout Greater Sudbury and encourages individuals to explore their surroundings and discover new ways to play.

2

Physical Activity

## CGS Drug Strategy

The Greater Sudbury Police Service and the SDHU, in collaboration with community partners, have developed the Community Drug Strategy for the City of Greater Sudbury. The strategy has five foundational principles: Health Promotion and Prevention of Drug Misuse, Treatment, Harm Reduction, Enforcement and Sustaining Relationships. These foundations emphasize the need to work together as a community to reduce drug use and create a society increasingly free of harms associated with substance misuse.

2

Substance Misuse Prevention



## Falls prevention

The Health Unit is working with community partners to encourage older adults to "Stay Active, Stay Independent, and Stay on Your Feet". Supported by the Northeastern Local Health Integration Network (NE LHIN), the Stay On Your Feet Sudbury Manitoulin Falls Prevention Coalition is comprised of over 70 members and provides resources and education on how to reduce the risk of a fall. Falling is not a normal part of aging and most falls are predictable and preventable. This year, the Health Unit joined the other four northeastern health units and regional partners to form a regional falls prevention coalition, led by the NE LHIN.

2

Physical Activity



## Post-secondary alcohol survey

In 2014, we partnered with Laurentian University, Collège Boréal, and Cambrian College to develop a survey that looked at trends in alcohol use, awareness about Low-Risk Alcohol Drinking Guidelines, and prevention strategies for post-secondary students.

The survey of 1829 students revealed valuable insight into consumption, awareness, and delivery of messaging to this very important part of the population. The partners are working towards an effective strategy to create campuses where drinking responsibly is a social norm, where policies are in place to reduce alcohol-related risks, and where students engaging in healthy behaviours are supported.

3

Substance Misuse Prevention

Annual  
Report

2014





# Public Health: It's in Your Interest



## Social Media Challenge

In the ongoing effort to convince parents to vaccinate their kids and keep communities safe, the Health Unit produced a video, and it went viral. The locally produced video spread from Sudbury to as far away as Saudi Arabia. It was also nationally recognized out of 36 entrants from across the country by winning second place in Canada Health Infoway's Public Health Social Media Challenge.

View it at <http://youtu.be/vc02mA3MZ4U>.

5

Communications



## Food recalls

Access to food and products originating from halfway around the world creates a coast-to-coast issue when dealing with food recalls. In Sudbury, aside from directly contacting the retailers and the food premises serving high-risk populations, the Health Unit uses social media and the Internet to make sure as many people are informed as possible.

Last year, 1758 contacts to local food premises were made during 18 food recalls.

1

Food Safety



Sudbury & District

Health Unit

Service de  
santé publique



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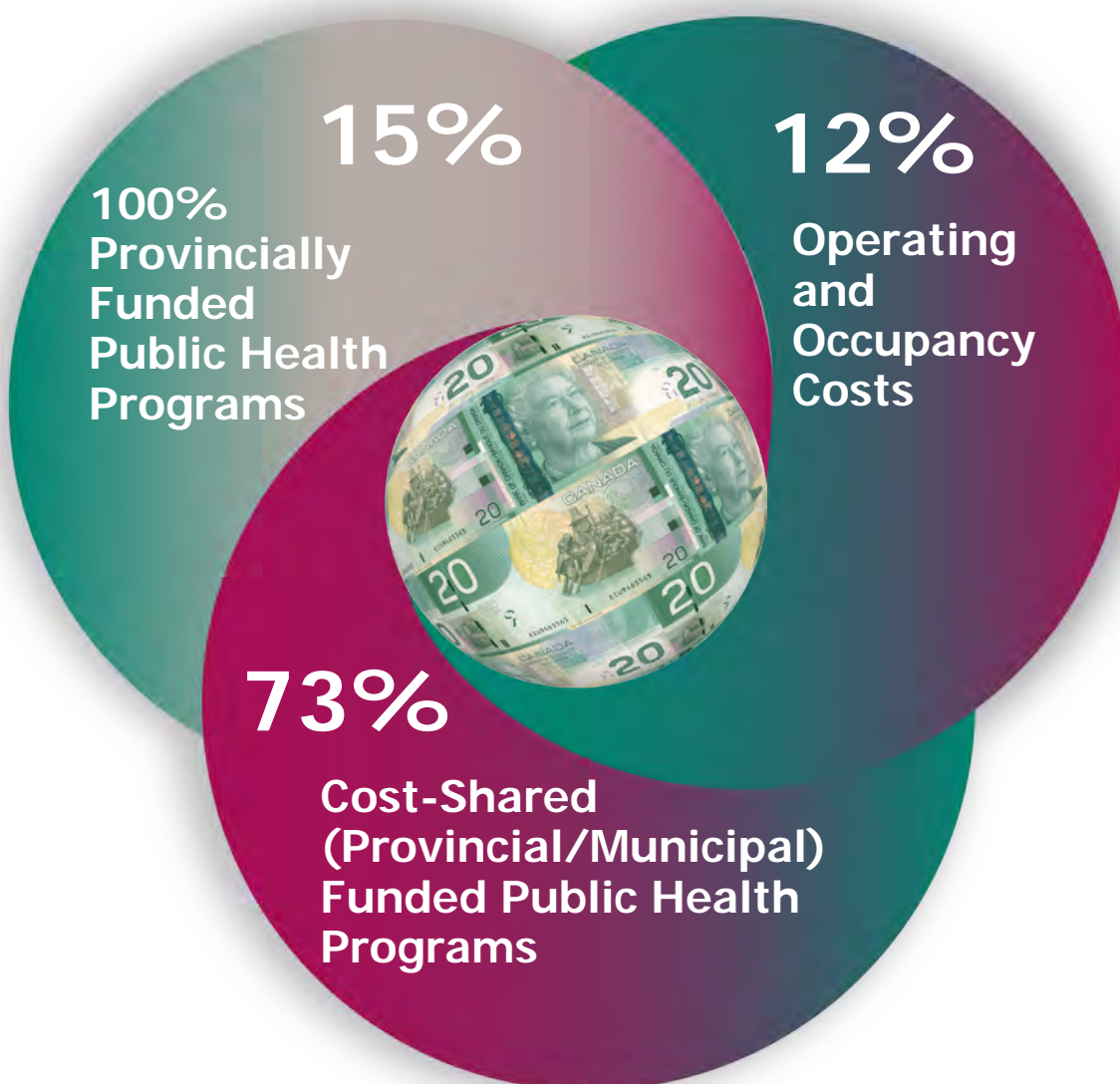


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SDHealthUnit

## 2014 Approved Budget \$26,956,906



Accounting

Annual  
Report

2014



# Public Health: It's in Your Interest

2014

## Accountability Agreement Performance Indicators



### Accountability Agreement Performance Indicators

This page outlines the Health Unit's results on the 2014 Ministry of Health and Long-Term Care's Accountability Agreement Performance Indicators. These indicators are reported annually to the Ministry by all of Ontario's 36 public health units. Collectively, they are a measure of local public health unit performance.



Public Health Accountability 2013–2017

### Collection of baseline data

2014 was a year in which we were required to collect baseline data to inform future performance targets on the indicators listed below.

| 2014 Performance Indicators   |
|---|
| Baseline data   |
| Oral Health Assessment and Surveillance:<br>% of schools screened   |
| Oral Health Assessment and Surveillance:<br>% of JK, SK & Grade 2 students screened   |
| % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection                         |
| % of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act                                     |
| % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into the integrated Public Health Information System |



Public Health Accountability 2013–2017

### Fall-related emergency visits in older adults aged 65+

This indicator has a long-term target; therefore, reporting on the indicator will only occur in future years. In 2014, a report on the activities undertaken to meet this target was submitted to the Ministry as requested.

### % of youth (ages 12–18) who have never smoked a whole cigarette

The Ministry did not ask public health units to report on this indicator's target in 2014. It has a long-term target, and reporting will take place in future years.



Public Health Accountability 2013–2017

### Met or exceeded target

The SDHU met or exceeded all of the Ministry's performance targets for each indicator.

| 2014 Performance Indicators  |
|--|
| Indicators   |
| Implementation Status of NutriSTEP® Preschool Screen   |
| Baby-Friendly Initiative Status  |
| % of confirmed gonorrhea cases where initiation of follow-up occurred within two business days   |
| % of confirmed Invasive Group A Streptococcal disease cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case |
| % of the human papillomavirus vaccine wasted that is stored/administered by the public health unit   |
| % of influenza vaccine wasted that is stored/administered by the public health unit  |
| % of tobacco vendors in compliance with youth access legislation at the time of last inspection  |
| % of tobacco retailers inspected twice per year for compliance with Section 3 of the Smoke-Free Ontario Act  |
| % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act                            |
| % of high-risk food premises inspected once every four months while in operation   |
| % of moderate-risk food premises inspected once every six months while in operation  |
| % of Class A pools inspected while in operation  |
| % of high-risk small drinking water systems inspections completed for those that are due for re-inspection   |
| % of public spas inspected while in operation  |
| % of known high-risk personal services settings inspected annually   |
| % of suspected rabies exposures reported with investigations initiative within one day of public health unit notification  |



Public Health Accountability 2013–2017







# La santé publique, c'est dans votre intérêt

Sudbury & District  
Service de  
santé publique

Rapport  
annuel

2014

## Se faire le champion de la santé pour tout le monde dans nos collectivités



Les professionnels de la santé publique sont des personnes qui s'occupent avec passion de protéger et de promouvoir la santé et de prévenir les maladies. En 2014, les employés du Service de santé publique de Sudbury et du district (SSPSD) l'ont prouvé à l'échelle de notre district de diverses manières, dans nos 19 localités.

Par la technologie et les médias sociaux, nous pouvons toucher des milliers de gens en leur fournissant des renseignements opportuns et précieux sur les avis concernant l'eau potable, les fermetures de plage, les éclosions, les séances de vaccination, les choix santé et bien plus encore. Le SSPSD travaille fort afin d'améliorer nos possibilités d'être en santé. Il le fait en collaboration avec de nombreux partenaires, dont les écoles, les entreprises, les organismes communautaires, les parents et les municipalités.

Globalement, le présent rapport annuel à l'intention de nos collectivités et de nos parties prenantes fait état à la fois de l'excellence des programmes du SSPSD et de l'engagement de ce dernier à rendre compte de ses activités.

Cependant, le rapport en question concerne fondamentalement les personnes qui fournissent les programmes et les services de santé publique à nos collectivités. Aux yeux des 254 employés et des 80 bénévoles, c'est plus qu'un travail. Qu'il s'agisse de réagir à un cas de rougeole, d'assurer le suivi d'un déraillement, de soutenir une mère qui allaite, de s'adresser aux médias ou de se présenter à une réunion du conseil municipal, les employés du SSPSD représentent la première ligne de nos collectivités dans la lutte visant à créer et à maintenir pour tous des possibilités d'être en santé.

La dernière année a été bien remplie, elle aussi, et chaque jour nous met au défi d'en faire plus et de faire mieux pour nos collectivités. Le dévouement et le soutien de notre personnel et de notre Conseil de santé nous permettent d'y arriver. Je suis très fière de l'équipe de santé publique du SSPSD, un groupe exceptionnel de personnes compatissantes, engagées et passionnées quand il s'agit de se faire le champion de la santé pour tout le monde dans nos collectivités.



Dr<sup>e</sup> Penny Sutcliffe  
Médecin-hygiéniste de Sudbury et du district et  
directrice générale

## S'efforcer d'aider chaque citoyen

En tant que nouveau président du Conseil de santé de Sudbury et du district, je suis très fier de présenter le rapport annuel 2014.

Le rapport expose un instantané de certaines des activités quotidiennes et des initiatives que les professionnels de la santé publique mettent en œuvre tout en gardant les 19 localités de notre territoire en santé.

Grâce au soutien et aux fonds très importants du gouvernement provincial et de l'administration municipale, notre personnel s'efforce d'aider chaque citoyen afin qu'il ait toutes les chances d'être en santé par nos programmes et nos services, qui vont de montrer les modes de vie sains à prôner des politiques saines.

J'aimerais souligner le dévouement et la direction qu'ont apportés les anciens membres du Conseil de santé au Service de santé publique de Sudbury et du district. C'est un honneur de servir nos collectivités, et c'est un devoir que les membres du Conseil prennent très au sérieux. J'aimerais remercier tout particulièrement M. Ron Dupuis, dont le mandat a pris fin en 2014 et qui a agi comme membre et président du Conseil pendant 14 années.

Les membres du Conseil de santé de Sudbury et du district visent très haut et se donnent pour mission de créer des collectivités plus saines pour tous. C'est avec grand plaisir que je vous sou mets notre rapport annuel 2014.



René Lapierre  
Président, Conseil de santé de Sudbury et du district

## 2014 Conseil de santé de Sudbury et du district

Ron Dupuis, président  
Madeleine Dennis,  
vice-président

Claude Belcourt  
Claude Berthiaume  
Janet Bradley  
Evelyn Dutrisac  
Brigita Gingras  
Terry Kett  
Ken Noland  
Rita Pilon  
Ursula Sauvé  
Paul Schoppmann  
Brenda Spencer



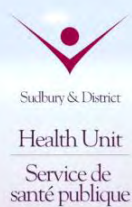




# La santé publique, c'est dans votre intérêt

## Plan stratégique 2013-2017

Des communautés plus saines pour tous



sdhu.com

### Vidéo sur le plan stratégique

Au mois de janvier 2014, le Service de santé publique a sorti une vidéo sur son plan stratégique 2013–2017. Le document en haute définition de 90 secondes montre comment le Service de santé publique s'efforce activement de mettre en œuvre ses cinq priorités stratégiques.



Pratique professionnelle et développement

### Les priorités stratégiques

Chacun des programmes qui suivent a été relié à la priorité stratégique la plus appropriée.

1

Prôner et porter des possibilités équitables d'être en santé.

2

Renforcer les rapports.

3

Renforcer la pratique en santé publique fondée sur des données probantes.

4

Appuyer des mesures communautaires favorisant l'équité en matière de santé.

5

Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme.



Pratique professionnelle et développement



### Des lieux sécuritaires et hygiéniques

Les salons de tatouage et de pose d'ongles et les piscines publiques relèvent du programme d'inspection du Service de santé publique. Prévenir les éclosions institutionnelles, assurer la sécurité du public et veiller à ce que tous les fournisseurs et les établissements respectent les mêmes normes élevées de santé publique garantit des endroits propres, hygiéniques et sûrs pour servir la population.

1

Enquête sur les risques pour la santé

### Cycle de planification

Le cycle de planification fondé sur des données probantes du Service de santé publique, fondé sur les Normes de santé publique de l'Ontario, aide à orienter l'évaluation, la planification et l'exécution de notre travail en santé publique. Le cycle favorise le recours aux données probantes, y compris celles qui concernent les besoins des populations ou qui sont issues de la recherche, afin de guider la programmation en santé publique. Une planification uniforme garantit que le Service de santé publique fournit à sa population des programmes de grande qualité, fondés sur des données probantes.

3

Évaluation de la santé de la population et surveillance



### Défi de l'allaitement

Au mois d'octobre, près de cinquante nouvelles mamans ont allaité leur bébé au centre commercial New Sudbury Centre dans le cadre du Défi de l'allaitement de cette année. Par ce défi, l'Équipe de santé familiale s'efforce de faire connaître et de normaliser l'idée de l'allaitement. Celui-ci est naturel et il est bénéfique autant pour la mère que pour le bébé.

4

Santé familiale



### Surveillance des maladies à transmission vectorielle et prévention des piqûres d'insectes

Les tiques et les moustiques ont un rôle à jouer dans la propagation des maladies à transmission vectorielle qui peuvent être mortelles. Les menaces et les cas potentiels de maladie de Lyme, de virus du Nil occidental et d'encéphalite équine de l'Est sont suivis de près par le programme de surveillance du Service de santé publique. Ce programme offre aussi des moyens de prévention, de sensibilisation et d'information saisonnière pour garder les résidents en sécurité lorsqu'ils profitent du plein air.

3

Maladies à transmission vectorielle / virus du Nil occidental

### Projet pilote en milieu scolaire Triple P

Le programme de pratiques parentales positives (Triple P) permet aux parents de régler les problèmes qui surviennent de jour en jour lorsqu'il s'agit d'élever des enfants. En 2014, l'Équipe de santé familiale a lancé un nouveau projet pilote dans les écoles qui porte sur deux périodes critiques du développement de l'enfant : la transition vers l'école primaire et le passage de l'école primaire à l'école secondaire. Le projet a pour but de fournir des outils concrets aux familles et au personnel des écoles afin qu'ils disposent de stratégies pour augmenter les résultats positifs et créer des liens solides et sains.

1

Santé familiale

### Évaluation de BSES

Le programme Bébés en santé, enfants en santé (BSES) est destiné à aider les enfants à commencer leur vie en santé et à leur donner toutes les chances d'atteindre leur plein potentiel. Le personnel du Service de santé publique communique avec chaque mère consentante pour fournir du soutien et définir les familles qui peuvent nécessiter une aide supplémentaire ou constante pour s'occuper de leur nouveau-né. En 2014, le ministère des Services à l'enfance et à la jeunesse a évalué le programme, ce qui a permis de révéler des difficultés uniques auxquelles certaines jeunes familles sont confrontées, comme les taux de tabagisme, la consommation de drogues et d'alcool et l'accès aux fournisseurs locaux de soins de santé. Grâce au travail acharné du personnel qui soutient les parents, le programme est sans cesse fructueux.

4

Bébé en santé, enfants en santé, et Infirmière-hygiéniste au service d'information

### Mise en œuvre de Panorama

Compiler, trier et intégrer à peu près chaque détail des enquêtes sur les maladies transmissibles et les renseignements sur les cas, les contacts et les éclosions dans une seule base de données représente une tâche gigantesque. En 2014, Panorama a procuré les outils essentiels pour prendre en charge les cas de santé publique et les éclosions. Il réduit le risque d'infection au sein des populations par la détection précoce, la notification et la vérification rapide des nouvelles menaces de maladie et les mesures appropriées qui sont prises à leur égard.

5

Lutte contre les maladies infectieuses, la tuberculose et les maladies pouvant être prévenues par vaccination

Rapport  
annuel

2014





# La santé publique, c'est dans votre intérêt

## Festival de l'eau pour les enfants

En 2014, le Festival de l'eau pour les enfants de Sudbury a célébré son 10<sup>e</sup> anniversaire et a reçu un certificat de reconnaissance du maire. Il s'est tenu à Sudbury et à Chapleau.

Près de 900 enfants y ont participé, 100 élèves bénévoles de niveau secondaire sont intervenus et 16 partenaires communautaires ont aidé le Service de santé publique à disséminer des messages sur la protection, la conservation, la science et la salubrité de l'eau.

4

Salubrité de l'eau (loisirs, petits réseaux d'eau potable)



## Répondre à l'appel!

L'Équipe de santé environnementale a examiné 467 plaintes de danger pour la santé qui englobaient tous les sujets, y compris les puces des lits, la moisissure, les égouts et l'amasement compulsif. Par ailleurs, l'agent de service a reçu 4 083 appels et visites, et l'inspecteur de la santé publique de garde en dehors des heures d'ouverture a reçu des appels de 763 personnes.

1

Enquête sur les risques pour la santé

## Lacloche Foothills Food Network

Il n'est pas toujours facile d'avoir accès à des aliments abordables et sains lorsque vous vivez dans une petite localité. Depuis 2010, le LaCloche Foothills Food Network, un groupe formé de plus de douze organismes communautaires et à but non lucratif, dont le SSPSD, s'est efforcé d'augmenter l'intérêt et l'activité en matière de programmes alimentaires communautaires. En seulement quatre courtes années, le réseau a soutenu un certain nombre d'initiatives, dont le jardinage et les cuisines communautaires, un dépliant des producteurs de la région et un marché fermier local.

4

Nutrition

## Efforts de réponse à un cas de rougeole

Le 26 avril 2014, pour la première fois en 15 ans, un cas de rougeole a été enregistré à Sudbury. L'équipe de contrôle des infections du SSPSD, des partenaires communautaires et Horizon Santé-Nord se sont réunis rapidement et ont entrepris d'évaluer la situation, de mettre sur pied des séances de vaccination, d'alerter les médias et d'encourager les gens à protéger les populations vulnérables contre la rougeole en se faisant vacciner.

3

Lutte contre les maladies infectieuses, la tuberculose et les maladies pouvant être prévenues par vaccination



## Initiative Jouez Grand Sudbury

La table ronde sur l'activité physique et les loisirs du Grand Sudbury souhaite que tout le monde sorte et soit actif. En novembre 2014, ce groupe d'organismes de santé publique, de loisir, de soins de santé, d'éducation, de services sociaux et à but non lucratif a lancé la campagne par vidéo et par site Web Jouez Grand Sudbury. L'initiative consiste à promouvoir des loisirs abordables et accessibles dans tout le Grand Sudbury et encourage les gens à explorer leur voisinage et à découvrir de nouveaux moyens de jouer.

2

Activité physique

## Stratégie communautaire antidrogue

Le Service de police du Grand Sudbury et le SSPSD, en collaboration avec des partenaires communautaires, ont créé la stratégie communautaire antidrogue pour la ville du Grand Sudbury. La stratégie repose sur cinq principes fondamentaux : la promotion de la santé et la prévention du mésusage de drogue, le traitement, la réduction des préjudices, l'application de la loi et les relations durables. Ces fondements soulignent la nécessité de collaborer collectivement afin de réduire la consommation de drogue et de créer une société de plus en plus exempte de préjudices associés avec le mésusage d'alcool et d'autres drogues.

2

Prévention du mésusage de substances



## Prévention des chutes

Le Service de santé publique collabore avec des partenaires communautaires afin d'encourager les aînés à « être actifs, garder leur indépendance et avancer de pied ferme ». Soutenue par le Réseau local d'intégration des services de santé (RLISS) du Nord-Est, la coalition pour la prévention des chutes Avancez de pied ferme Sudbury Manitoulin compte plus de 70 membres. Elle fournit des ressources et enseigne la manière de réduire le risque de chute. Tomber ne fait pas normalement partie du vieillissement, et la plupart des chutes sont prévisibles et peuvent être évitées. Cette année, le Service de santé publique s'est joint aux quatre autres bureaux de santé du Nord-Est et à des partenaires régionaux afin de créer une coalition régionale pour la prévention des chutes, dirigée par le RLISS du Nord-Est.

2

Activité physique



## Sondage sur la consommation d'alcool dans les établissements d'enseignement postsecondaire

En 2014, nous nous sommes associés à l'Université Laurentienne, au Collège Boréal et au Collège Cambrian afin d'élaborer un sondage qui portait sur les tendances en matière de consommation d'alcool, la sensibilisation aux Directives de consommation d'alcool à faible risque et les stratégies de prévention pour les étudiants de niveau postsecondaire. Le sondage mené auprès de 1 829 étudiants a donné un aperçu précieux de la consommation, de la sensibilisation et de la transmission des messages chez cette partie très importante de la population.

Les partenaires sont à mettre au point une stratégie efficace pour créer des campus où boire de manière responsable est une norme sociale, où des politiques sont instaurées pour réduire les risques liés à l'alcool et où les étudiants qui adoptent des comportements sains sont soutenus.

3

Prévention du mésusage de substances

Rapport  
annuel

2014





# la santé publique, c'est dans votre intérêt



## Défi Médias sociaux

Dans le cadre de ses efforts constants pour convaincre les parents de faire vacciner leurs enfants et d'assurer la sécurité des collectivités, le Service de santé publique a produit une vidéo, qui est devenue virale. La vidéo produite à Sudbury s'est répandue jusqu'en Arabie saoudite. Elle a aussi été reconnue à l'échelle nationale parmi 36 candidats d'un peu partout au pays en terminant deuxième au Défi Médias sociaux en santé publique d'Inforoute Santé du Canada.

Allez au <http://youtu.be/vc02mA3MZ4U>.

5

Communications



## Rappels d'aliments

L'accès à des aliments et à des produits provenant de l'autre bout du monde crée un problème d'un océan à l'autre lorsqu'il s'agit de gérer les rappels d'aliments. À Sudbury, en plus de communiquer directement avec les détaillants et les établissements d'alimentation qui servent les groupes à risque élevé, le Service de santé publique recourt aux médias sociaux et à Internet pour s'assurer d'informer le plus de gens possible. L'an dernier, il a communiqué avec des établissements locaux d'alimentation 1 758 fois dans le cadre de 18 rappels d'aliments.

1

Salubrité des aliments



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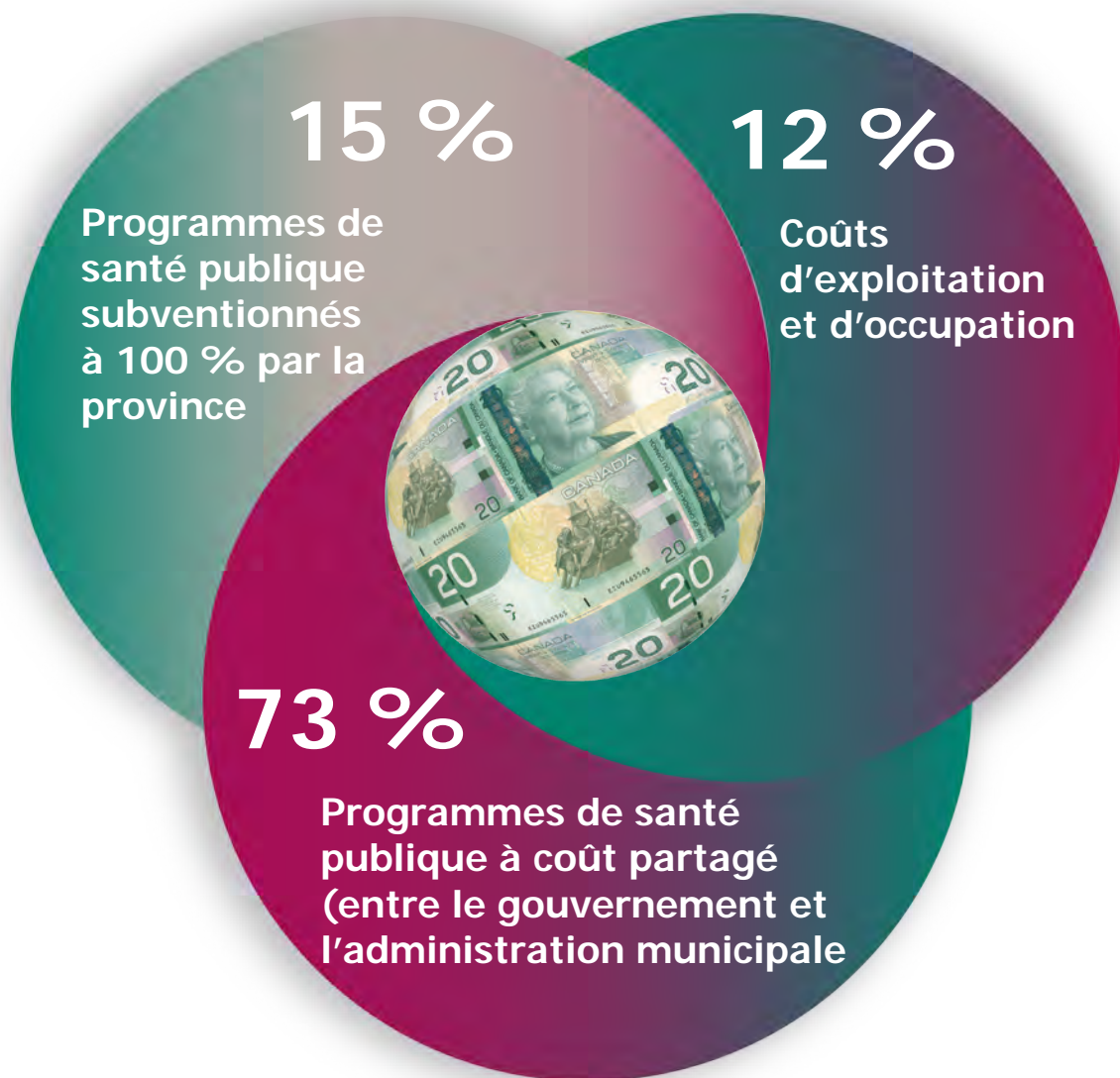


TheHealthUnit



SDHealthUnit

## Budget 2014 approuvé 26 956 906 \$



Comptabilité

Rapport  
annuel

2014



# La santé publique, c'est dans votre intérêt

2014

## Indicateurs de rendement des ententes de responsabilisation



### Indicateurs de rendement des ententes de responsabilisation

Cette page expose dans leurs grandes lignes les résultats du Service de santé publique selon les indicateurs de rendement des ententes de responsabilisation qu'a établis le ministère de la Santé et des Soins de longue durée en 2014. Les 36 bureaux de santé de l'Ontario présentent ces indicateurs chaque année au ministère. Collectivement, ceux-ci constituent une mesure du rendement de chaque bureau de santé.



Indicateurs de rendement des ententes de responsabilisation en santé publique, 2013–2017

### Collecte de données de base

Pendant l'année 2014, nous avons dû recueillir des données de base pour orienter les prochains objectifs de rendement sur les indicateurs énumérés ci-dessous.

#### Indicateurs de rendement 2014

##### Base de référence

Évaluation et surveillance de la santé buccodentaire : proportion d'écoles ayant fait l'objet d'un dépistage

Évaluation et surveillance de la santé buccodentaire : proportion d'élèves de préscolaire, de maternelle et de 2<sup>e</sup> année ayant fait l'objet d'un dépistage

Proportion de réfrigérateurs contenant des vaccins financés par le secteur public qui ont fait l'objet d'une inspection systématique annuelle de la chaîne du froid

Proportion d'écoles secondaires dont la conformité à l'article 10 de la Loi favorisant un Ontario sans fumée est vérifiée une fois par année

Proportion de cas de salmonellose où un ou plusieurs facteurs autres qu'inconnu ont été saisis dans le Système intégré d'information sur la santé publique



Indicateurs de rendement des ententes de responsabilisation en santé publique, 2013–2017

### Visites au service des urgences reliées à des chutes chez les adultes âgés de 65 ans ou plus

L'objectif pour cet indicateur est à long terme. Par conséquent, l'état le concernant ne sera présenté qu'au cours des années à venir. En 2014, un rapport sur les activités entreprises pour l'atteindre a été soumis au ministère comme demandé.

### Proportion de jeunes (de 12 à 18 ans) qui n'ont jamais fumé une cigarette complète

Le ministère n'a pas demandé aux bureaux de santé de présenter un rapport sur l'objectif touchant cet indicateur en 2014. Cet objectif est à long terme, et l'état le concernant sera présenté au cours des années à venir.



Indicateurs de rendement des ententes de responsabilisation en santé publique, 2013–2017

### Cible atteinte ou dépassée

Le SSPSD a atteint ou dépassé tous les objectifs de rendement du ministère pour chaque indicateur.

#### Indicateurs de rendement 2014

##### Indicateurs

État de mise en œuvre du dépistage préscolaire NutriSTEP®

État de l'Initiative Amis des bébés

Proportion de cas confirmés de gonorrhée où le suivi a commencé dans un délai de deux jours ouvrables

Proportion de cas confirmés d'infection streptococcique invasive du groupe A où le suivi a commencé le jour où la confirmation en laboratoire a été reçue

Proportion de vaccins contre le virus du papillome humain gaspillés qui sont stockés ou administrés par le Service de santé publique

Proportion de vaccins antigrippaux gaspillés qui sont stockés ou administrés par le Service de santé publique

Proportion de distributeurs de tabac qui se sont conformés à la loi sur l'accès pour les jeunes lors de la dernière inspection

Proportion de détaillants de tabac dont la conformité à l'article 3 de la Loi favorisant un Ontario sans fumée est vérifiée deux fois par année

Proportion de détaillants de tabacs dont la conformité aux articles de la Loi favorisant un Ontario sans fumée sur la présentation, la manutention et la promotion est vérifiée une fois par année

Proportion d'établissements d'alimentation à risque élevé qui sont inspectés une fois tous les quatre mois pendant leur exploitation

Proportion d'établissements d'alimentation à risque moyen qui sont inspectés une fois tous les six mois pendant leur exploitation

Proportion de piscines de catégorie A qui sont inspectées pendant leur exploitation

Proportion de petits réseaux d'eau potable à risque élevé devant être inspectés à nouveau et qui le sont

Proportion de spas publics inspectés pendant leur exploitation

Proportion d'établissements de services personnels à risque élevé qui sont inspectés chaque année

Proportion des signalements d'expositions à la rage soupçonnées qui font l'objet d'une enquête dans un délai d'un jour après que le Service de santé publique en est avisé



Indicateurs de rendement des ententes de responsabilisation en santé publique, 2013–2017

Rapport  
annuel

2014



**ADDENDUM**

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

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

Please remember to complete the Board Evaluation following the Board meeting:  
<https://fluidsurveys.com/s/sdhuBOHmeeting/>

**ADJOURNMENT**

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