

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

Sudbury & District Board of Health

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

1. CALL TO ORDER

- Letter from the City of Greater Sudbury Re: Citizen Appointments received by fax March 6, 2015

2. ROLL CALL

3. DECLARATION OF CONFLICT OF INTEREST

4. DELEGATION / PRESENTATION

- i) **Evidence-Informed Practice at the Sudbury & District Health Unit**
 - Renée St Onge, Director, Resources, Research, Evaluation and Development (RRED) Division

5. MINUTES OF PREVIOUS MEETING

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

APPROVAL OF MINUTES

MOTION: THAT the minutes of the Board of Health meeting of February 19, 2015, be approved as distributed.

6. BUSINESS ARISING FROM MINUTES

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

- i) **April 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 April 2015 be accepted as distributed.

8. NEW BUSINESS

- i) **Items for Discussion**
 - a) **Access to Alcohol**
 - Letter from the Association of Local Public Health Agencies (aIPHa) President to the Minister of Finance dated March 17, 2015

MODERNIZATION OF BEVERAGE ALCOHOL REGULATIONS IN ONTARIO

MOTION: WHEREAS alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries; and

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

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

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

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

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

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

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

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

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

ii) Correspondence

- a) Low-Income Dental Programs Integration**

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

- b) Community Water Fluoridation**

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

- c) Energy Drinks**

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

- d) Naloxone Distribution Program**

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

ACCEPTANCE OF NEW BUSINESS ITEMS

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

9. ITEMS OF INFORMATION

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

10. ADDENDUM

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

11. IN CAMERA

IN CAMERA

MOTION: That this Board of Health goes in camera. Time: _____ p.m.

- Labour Relations / Employee Negotiations

12. RISE AND REPORT

RISE AND REPORT

MOTION: That this Board of Health rises and reports. Time: _____ p.m.

13. ANNOUNCEMENTS / ENQUIRIES

14. ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____ p.m.

The Chair will call the meeting to order.



February 11, 2015

Carolyn Thain
248 John Street
Sudbury ON P3E 1P8

PO BOX 5000 SIN A
200 BRADY STREET
SUDBURY ON P3A 5P3

CP 5000 SUCCA
200, RUE BRADY
SUDBURY ON P3A 5P3

Dear Ms. Thain:

Re: Appointment – Sudbury & District Board of Health

705.671.2489

www.greatersudbury.ca
www.grandsudbury.ca

On February 10, 2015, the Council of the City of Greater Sudbury adopted the Minutes of the Nominating Committee held on January 27, 2015 which included the following recommendation:

THAT the following Citizens be appointed to the Sudbury & District Board of Health for the term ending November 30, 2018 or until such time as their successors are appointed:

Paul Vincent Myre
Carolyn Thain
Jeffery Huska
Ursula Sauve

Yours truly,

A handwritten signature in black ink, appearing to read 'BSobush'.

Brigitte Sobush
Deputy City Clerk

cc: Dr. P. Sutcliffe, Medical Officer of Health/CEO, SDHU
M. Depatie, Executive Assistant to Councillors

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.

- This month's presentation is from the Resources, Research, Evaluation and Development (RRED) Division.
- A hand-out version of the Power Point presentation will be distributed at the Board meeting.

**MINUTES – FIRST MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, FEBRUARY 19, 2015, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Claude Belcourt
Robert Kirwan
Paul Myre
Paul Schoppmann

Janet Bradley
René Lapierre
Ken Noland
Mark Signoretti

Jeffery Huska
Stewart Meikleham
Rita Pilon
Carolyn Thain

BOARD MEMBERS REGRETS

Ursula Sauvé

STAFF MEMBERS PRESENT

Sandra Laclé
Dr. P. Sutcliffe

Stacey Laforest

Rachel Quesnel

GUESTS

Dr. D. Kempkens

Dr. I. Arra

Dr. J. Jackman

R. QUESNEL PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:30 p.m. New and returning Board members were welcomed.

Northern Ontario School of Medicine medical residents, Dr. Kempkens, Dr. Arra and Dr. Jackman currently on placement at the SDHU were introduced.

- Letter from the City of Greater Sudbury Re: Appointments to the Sudbury & District Board of Health: Councillors Signoretti, Kirwan and Lapierre
- Resolution from Manitoulin Municipal Association (MMA) Re: Appointment of Ken Noland to the Sudbury & District Board of Health
- Resolution from the Sudbury East Municipal Association (SEMA) Re: Appointment of Paul Schoppmann to the Sudbury & District Board of Health
- Resolution from the Township of Chapleau Re: Appointment of Rita Pilon to the Sudbury & District Board of Health
- Lacloche Foothills Association Representative
 - o Letter from the Nairn and Hyman Council Re: Appointment of Stewart Meikleham dated January 15, 2015
 - o Email and Resolution from the Sables-Spanish Rivers Council dated January 15, 2015
 - o Letter from the Town of Espanola dated February 12, 2015

The City of Greater Sudbury (CGS) has notified the Sudbury & District Health Unit (SDHU) of the four CGS municipal appointees via email and a formal letter is expected shortly.

2.0 ROLL CALL

3.0 DECLARATION OF CONFLICT OF INTEREST

None.

4.0 ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

Following a call for nominations for the position of Chair of the Board, René Lapierre and Ken Noland were nominated.

There being no further nominations, the nomination for the Sudbury & District Board of Health Chair for 2015 was closed.

K. Noland declined and R. Lapierre accepted the nomination. The following was announced:

THAT the René Lapierre is duly elected by acclamation as Board Chair for 2015.

RENÉ LAPIERRE PRESIDING

APPOINTMENT OF VICE-CHAIR OF THE BOARD

Following a call for nominations for the position of Vice-Chair of the Board, Rita Pilon, Claude Belcourt, and Robert Kirwan were nominated.

There being no further nominations, the nomination for the Sudbury & District Board of Health Vice-Chair for 2015 was closed.

R. Kirwan and C. Belcourt accepted and R. Pilon declined. Nominees provided a brief description of themselves before a paper ballot vote was conducted and results handed to the Chair. The Chair announced:

THAT the Sudbury & District Board of Health appoints Claude Belcourt as Vice-Chair for the year 2015.

APPOINTMENTS TO THE BOARD EXECUTIVE COMMITTEE

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Jeffery Huska, Stewart Meikleham, Janet Bradley, and Ursula Sauvé were nominated.

There being no further nominations, the nominations for the Board Executive Committee for the year 2015 was closed.

The four nominees accepted their nominations (U. Sauvé in absentia in writing) and provided a brief description of themselves. A paper ballot vote was conducted and results handed to the Chair. The Chair announced:

THAT the Sudbury & District Board of Health appoints the following individuals to the Board Executive Committee for the year 2015:

- 1. Janet Bradley , Board Member at Large***
- 2. Jeffery Huska, Board Member at Large***
- 3. Stewart Meikleham, Board Member at Large***
- 4. René Lapierre, Chair***
- 5. Claude Belcourt, Vice-Chair***
- 6. Medical Officer of Health/Chief Executive Officer***
- 7. Director, Corporate Services***
- 8. Secretary Board of Health (ex-officio)***

Roundtable introductions were conducted.

5.0 DELEGATION / PRESENTATION

i) Celebrating Success in Tobacco Control

- Francine Brunet-Fechner, Public Health Nurse, Tobacco Control Program, Health Promotion Division

Dr. Sutcliffe introduced F. Brunet-Fechner to speak to successes in tobacco control.

A comprehensive approach to tobacco control was introduced in 1992 through the Ontario Tobacco Strategy (OTS) and continues today with the Smoke-Free Ontario (SFO) strategy initiated in 2005. The Ontario government and the leadership of the Sudbury & District Board of Health have seen many accomplishments in the last ten years.

Sudbury was recognized as a municipal leader across the province for its progressive smoke-free bylaw. This ground breaking work also paved the way for the eventual provincial implementation of the SFO strategy and the Smoke-Free Ontario Act (SFOA). From 2011 on, the main focus in our district and in the province has been to create smoke-free environments such as outdoor smoke-free spaces, smoke-free hospital grounds and smoke-free multi-unit dwellings. In 2014 the Board of Health passed motions requesting change in the production and manufacturing and sale of e-cigarettes, and motions supporting Bill 131 the Youth Smoking Prevention Act. Recent proposed amendments to the SFOA addressing these areas have been announced.

In November 2014, the Ontario government announced amendments to the Ontario Regulation made under the SFOA resulting in a ban to smoke on all bar and restaurant patios, ban to smoke on playgrounds and public sports fields and surfaces, and to sell tobacco on post-secondary campuses.

Questions were entertained and presenter was thanked for her presentation.

6.0 MINUTES OF PREVIOUS MEETING

i) Eighth Meeting – November 20, 2014

01-15 APPROVAL OF MINUTES

Moved by Bradley - Schoppmann: THAT the minutes of the Board of Health meeting of November 20, 2014, be approved as distributed.

CARRIED

7.0 BUSINESS ARISING FROM MINUTES

None.

8.0 REPORT OF THE MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER

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

Board members were advised that the MOH/CEO report is shared at each regular Board meeting and highlights topics that are timely, pertinent locally and/or at the provincial level, updates on SDHU programs and initiatives, strategic directions of the SDHU, as well as provides updates on compliance reporting and legal obligations. This month's report is longer as it highlights key issues and activities since the last Board meeting in November 2014.

The section *Words for thought* features headlines or journal articles that are historical or current and may relate to a national, internal, or local public health matter. This month's *Words for thought* quotes a Globe and Mail article regarding the debate on childhood immunization and whether it should be mandatory for all children.

Board members were reminded that the fundamental work of Ontario Boards of Health is directed by the Ontario Public Health Standards (OPHS).

This year, it is expected that the Ministry of Health and Long-Term Care (MOHTLC) will be undertaking a review of the Ontario public health system. Although there is no formal communication, we know through the mandate letters to the provincial ministers and other government correspondence that the Ministry will consider the structure and organization of public health program and service delivery, including funding models and allocation.

Starting with today's Board meeting, Board members are asked to complete an online Board meeting evaluation survey at the end of each Board meeting.

An update was provided regarding the provincial immunization program and two related reports released in December 2014:

- the Ministry-established 2012-2013 Report of the Advisory Committee for Ontario's Immunization System; and
- the Auditory General of Ontario (AGO) Immunization Audit released within the 2014 Annual Report from the AGO. It was noted that the SDHU was one of three local health units to receive a site visit from the Office of the AGO. It is in the context of responding to these recommendations that the Ministry communicated its intention to undertake a review of public health units in 2015/16, including structure and organization of public health program and service delivery, and funding models and allocation.

An action plan is expected by the MOHTLC which will be informed by both the Auditor General and Advisory Committee reviews.

In May 2014, the Sudbury & District Board of Health approved a Public Health Champions recognition award initiative to recognize outstanding contributions by both individuals and

organizations that foster, promote, and support public health. The first award will recognize work in the area of Environmental Health and will be given in June 2015. The initiative will be launched following today's meeting and news release issued regarding the public health champion award program. Board members interested in participating on the Joint Staff/Board of Health workgroup that will review the nominations and identify the recipients, are asked to contact Rachel Quesnel, Secretary to the Board.

Board members who are interested in joining the Joint Board of Health/Staff Performance Monitoring Working Group are also asked to advise R. Quesnel. The Joint Board of Health/Staff Performance Monitoring Working Group is responsible for reviewing key quality assurance documents, helping with the interpretation of the results, and presenting the multiple reports to the Board of Health.

In her current role as the President of the Association of Local Public Health Agencies (aLPHa), Dr. Sutcliffe attends and chairs the aLPHa Board meetings and is also the past Chair of the Council of Ontario Medical Officers of Health (COMOH) Executive Committee. As previously communicated via email to the Board, Dr. Sutcliffe has taken on the role of Acting MOH for the Algoma Public Health as they recruit for a permanent MOH.

With recent measles cases reported in the province, the SDHU has proactively been communicating with health care providers, contacting parents/guardians of students whose immunizations are not up to date, and written communication has been sent to all schools within our catchment area to inform parents of the current measles situation in the province. To date, there are no reported measles cases or contacts in the SDHU area.

Dr. Sutcliffe reported that she is very proud of the SDHU's response to recent laboratory confirmed case of Hepatitis A in a food handler requiring a rapid and coordinated effort. The SDHU's Emergency Control Group was activated, broad external communication took place and mass immunization clinics resulted in over 1 200 Hepatitis A vaccinations. Staff responded to over 800 telephone inquiries.

In partnership with the local school, staff in the Chapleau district office conducted a community information session in response to a confirmed Invasive Group A Streptococcus (iGAS).

The Health Promotion division has been doing great work to provide food literacy programming. Volunteer Community Food Advisors participate in regular education and training sessions. Health eating is being promoted with more vulnerable populations and most recently, food literacy sessions were provided to Independent living Sudbury Manitoulin clients.

Dr. Sutcliffe shared that the revised provincial *Health and Physical Education (H&PE)* curriculum for elementary and secondary schools has been posted and will be implemented in the new school year.

The SDHU's Resources, Research, Evaluation and Development (RRED) division has strong partnerships with Laurentian University and other post-secondary institutions. Recently, the SDHU hosted a half-day Research Showcase for staff, academic researchers, and community agency partners to showcase the research projects that SDHU staff are involved in with local and provincial partners, and to present on the SDHU's research needs and priorities.

Board members had no questions.

02-15 ACCEPTANCE OF REPORTS

Moved by Belcourt - Bradley: THAT the Report of the Medical Officer of Health and Chief Executive Officer for the month of February 2015 be accepted as distributed.

CARRIED

9.0 NEW BUSINESS

i) Items for Discussion

a) Attendance Record - 2014 Board of Health Meetings

A Board meeting attendance summary is shared with the Board yearly. An excerpt from the Board By-law regarding Board members' attendance at meetings is included.

b) Orientation for the Sudbury & District Board of Health

- Briefing Note from Medical Officer of Health and Chief Executive Officer to the Sudbury & District Board of Health Chair dated February 12, 2015

The briefing note is shared for the Board's information regarding the SDHU's orientation for the Board and to outline ongoing opportunities for continuing education and participation as well as provincial opportunities for orientation and education of Board of Health members.

Dr. Sutcliffe noted that both she and J. Bradley attended a recent alPHA orientation session for local Board of Health members. J. Bradley provided an overview of the alPHA conference and topics which were covered including Board accountability and liabilities. Board members were encouraged to read the Health Protection and Promotion Act (HPPA) and reminded regarding the SDHU's comprehensive insurance coverage for directors and officers.

The 2015 Board membership and schedule of upcoming Board meetings were attached to the briefing note.

c) Ebola Virus Disease Preparedness: Public Health Response to Infectious Diseases of Public Health Importance

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2015

Board members were informed of its responsibilities under the Ontario Public Health Standards relating to infectious diseases prevention and control and emergency preparedness. In response to the Ebola Virus Disease (EVD) outbreak in West Africa, the Chief Medical Officer of Health used, for the first time, authority under section 77.7 of the Health Protection and Promotion Act to issue directives to health care providers.

Board members were informed of the SDHU's work to ensure preparedness by testing its readiness plans and examining its current approach to the management of infectious diseases of public health importance including

- Ensure that our health system partnerships and structures continue to be strong
- Expand beyond structures and tools created for pandemic influenza preparedness to create an impact-based approach to the management of Infectious Disease of Public Health Importance (IDPHI).

Dr. Sutcliffe confirmed that the SDHU has strong relationships and good communication as it relates to pandemic preparedness and we want to broaden and develop an overarching document to respond to infectious diseases in public health. The existing Pandemic Critical Care Committee (PC3) will be looking at a more generalized plan for us locally.

Questions were entertained.

d) Release of the Community Drug Strategy for the City of Greater Sudbury: A Call to Action

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2015
- Executive Summary: Community Drug Strategy for the City of Greater Sudbury

The Board was informed of an important collaborative initiative that the SDHU is involved with for Sudbury, the *Community Drug Strategy for the City of Greater Sudbury: A Call to Action*. The initiative was supported by the SDHU's MOH, Greater Sudbury Police Services Chief of Police, and the efforts of more than 50 community stakeholders. The SDHU is also involved in work to examine substance misuse prevention strategies for other communities in our catchment area.

Included with today's briefing note is a copy of the Executive Summary which outlines the nine priorities for community action, including a focus on inclusivity, housing, public policy, treatment, harm reduction, enforcement and supportive environments.

The GSPS and SDHU have requested to jointly present the Strategy to the Greater Sudbury City Council.

It is anticipated that at a future Board meeting, further updates will be provided on additional substance misuse prevention program directions throughout our catchment area.

Comments and questions were entertained.

e) Oral Health Program Integration

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2015
- Letter from the Council of Ontario Medical Officers of Health (COMOH) to the Director of Public Health Division dated January 27, 2015

New Board members were informed that in December 2013, the MOHLTC announced the amalgamation of six publicly funded oral health programs into one provincial program for children 0-17 years of age from low income families. This change is expected effective August 2015.

A letter has been sent to the MOHLTC by alPha on behalf of the Council of Medical Officers of Health (COMOH) and local Boards of Health expressing concerns regarding the program eligibility for children.

Human resources and funding implications are not known at this point. A number of committees have been established to help develop the new program and the SDHU has contributed to ensure the principles of access and equity are included. The Board will be kept up to date as further information is available from the MOHLTC.

f) Board of Health Mobile Device Use Policy, Procedure and Form

A new Board Policy, Procedure and Form were developed entitled the Use of SDHU Mobile Devices. Board members will be asked to sign the form upon receiving their iPad device.

03-15 BOARD OF HEALTH MANUAL

Moved by Pilon - Kirwan: THAT this Board of Health, having reviewed the new Board of Health Mobile Device Use Policy, Procedure and form, approves the contents therein for inclusion in the Board of Health Manual.

CARRIED

ii) Correspondence

a) Electronic Cigarettes

- Letter dated November 25, 2014, to the Premier of Ontario and Resolution from the Timiskaming Board of Health
- Letters from the Simcoe Muskoka Board of Health to the Federal Minister of Health, Minister of Health and Long-Term Care and Health Products and Food Branch Inspectorate, dated November 19, 2014
- Letter from Health Canada to the Sudbury & District Health Unit's Medical Officer of Health dated November 20, 2014

No discussion.

b) Bill 45, Making Healthier Choices Act, 2014

- Letter from the Sudbury & District Health Unit's Medical Officer of Health to the Minister and Associate Minister of Health and Long-Term Care dated February 2, 2015
- Ministry of Health and Long-Term Care News Release Ontario Takes Action to Reduce Smoking and Obesity Rates, November 24, 2014

No discussion.

c) Smoke-Free Spaces

- Letter to The Honourable Minister Dr. Hoskins from the Windsor-Essex Board of Health dated January 12, 2015

No discussion.

d) 2015 Public Health Funding and Accountability Agreement Indicators

- Memorandum from the Ministry of Health and Long-Term Care to the Board of Health Chairs, Medical Officers of Health and Chief Executive Officers dated December 5, 2014

No discussion.

e) Public Health Dental Program

- Letter from the Ontario Oral Health Alliance to the Minister of Health and Long-Term Care, dated December 1, 2014, Re: Privatization of Healthy Smiles Ontario Administration
- Letter and Resolution from the Algoma Board of Health to the Minister of Health and Long-Term Care dated November 13, 2014, Re: Preventive Oral Health and Treatment Services for Children
- Letter and Resolution to the Minister of Health and Long-Term Care from the Haliburton, Kawartha, Pine Ridge Board of Health dated November 20, 2014, Re: Preventive Oral Health and Treatment Services for Children
- Letter and Resolution from the Northwestern Board of Health to the Minister of Health and Long-Term Care dated November 21, 2014, Re: Preventive Oral Health and Treatment Services for Children
- Letter from Regional Municipality of Durham Re: Continued Oral Health Access to the Premier of Ontario dated January 22, 2015

No discussion.

f) Ontario Public Health Standards Protocols

- Memorandum from the Ministry of Health and Long-Term Care to the Board of Health Chairs, Medical Officers of Health dated December 30, 2014 Re: Amendments to Vaccine Storage and Handling Protocol, 2014

No discussion.

g) Community Water Fluoridation

- Letter to the Minister of Health and Long-Term Care from the Windsor-Essex County Board of Health dated December 18, 2014

No discussion.

h) 2014 Nutritious Food Basket Survey

- Letter from the Township of Nairn and Hyman to the Premier of Ontario dated December 8, 2014
- Letter from the Durham Region to the Premier of Ontario dated January 22, 2015

No discussion.

i) 2014-2015 Funding

- Letter from Member of Provincial Parliament, M. Mantha to the Sudbury & District Board of Health Chair, received November 24, 2014

No discussion.

j) Energy Drinks

- Letter from Wellington-Dufferin-Guelph Public Health Board of Health to the Minister of Health and Long-Term Care dated February 4, 2015

No discussion.

04-15 ACCEPTANCE OF NEW BUSINESS ITEMS

Moved by Huska - Noland: THAT this Board of Health receives New Business items 9 i) to ii).

CARRIED

10.0 ITEMS OF INFORMATION

- | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| i) | Senior Management Executive Committee Minutes | November 5, 2014 |
| ii) | alPHa Information Break | December 15, 2014
December 12, 2014
January 8, 2015
January 21, 2015 |
| iii) | Ontario's Publicly Funded Immunization Program Report of the Advisory Committee for the Ontario's Immunization System Review | March 2014 |
| iv) | Office of the Auditor General of Ontario 2014 Annual Report Section 3.04 | |
| v) | Canadian Public Health Association Editorial by Editor in Chief | Vol 105, No. 6 |
| vi) | Ministry of Health and Long-Term Care News Releases:
"A Decade of Progress Toward A Smoke-Free Ontario"
"Joint Statement by Ontario's Health Minister and Acting Chief Medical Officer of Health on Measles in Ontario" | January 21, 2015
February 11, 2015 |
| vii) | Email from CMOH Re: Ontario's Action Plan for Health Care | February 2, 2015 |
| viii) | SDHU Strategic Plan Newsletter: Making it Real | Fall 2014 |
| ix) | Inside Edition | November 2014
January 2015 |
| x) | 2015 Food Safety Calendar (print copy available at the meeting) | |

These items are shared for information.

11.0 ADDENDUM

There is no addendum for today's meeting.

12.0 ANNOUNCEMENTS / ENQUIRIES

The Food Safety Calendar highlights the *Check Before You Eat* campaign. SDHU staff were thanked for developing this new campaign which will allow food premise patrons to check via a QR code of directly through the SDHU website, food and restaurant inspection results.

Dr. Sutcliffe noted that inspections results are available on the SDHU website and the QR code and map options will be launched this spring once the new SDHU website is available.

13.0 ADJOURNMENT

05-15 ADJOURNMENT

Moved by Noland - Thain: THAT we do now adjourn. Time: 3:25 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MINUTES

MOTION: THAT the minutes of the Board of Health meeting of February 19, 2015, be approved as distributed.

There are no items coming forward under Business Arising.

Medical Officer of Health/Chief Executive Officer Board Report, April 2015

Words for thought...

What we know

Child and youth mental health and addictions service delivery in Ontario is complex and is offered through a number of different channels including the health care system, primary and post-secondary education, and community and social services. In July 2011, Ontario's Comprehensive Mental Health and Addictions Strategy, *Open Minds, Healthy Minds*, was released as an effort to examine and address how these services are delivered.

The presentation and effects of mental illness and addictions can span a lifetime; however, up to 70 percent of mental health problems begin in childhood or adolescence. As many as one in five people in Ontario between the ages of four and 16 experience some form of mental health problem at any given time, yet fewer than one in six children and youth receive the specialized treatment services they require.^{1,2}

What the baseline scorecard tells us

The prevalence of mental health disorders varies by geography and income, for example:

- Compared to those in the highest-income neighbourhoods, children and youth living in the lowest-income neighbourhoods had the highest rates of:
 - suicide (6.8 vs. 5.4 deaths by suicides per 100,000 children and youth aged 10 to 24 in the lowest- and highest-income neighbourhoods, respectively);
 - emergency department visits for deliberate self-harm (24.0 vs. 15.1 visits per 10,000 children and youth aged 10 to 24);
 - acute care mental health service use (11.1 vs. 7.4 emergency department visits for mental health reasons per 1,000 children and youth aged 0 to 24 and 2.4 vs. 1.7 mental health-related hospitalizations per 1,000 children and youth);
 - treated prevalence of schizophrenia (17.1 vs. 8.5 individuals per 10,000 children and youth aged 0 to 24).
- Children in LHINs in Northern Ontario had the highest rates of behavioural issues identified by the education system (the North East LHIN had behavioural issues identified 5 times more frequently than in the lowest LHINs, Central West and Mississauga-Halton; 18.8 vs. 3.4 per 1,000 K-12 students in schools where the primary language of instruction is English).

Source: Child and Youth Mental Health and Addictions in Ontario
ICES *Data Discovery Better Health* Briefing Note
DATE: March 2, 2015

Chair and Members of the Board,

Mental health promotion and illness prevention is very complex, as is the mental health system in Ontario. As demonstrated in the statistics noted above, issues of health equity are critical to understanding and promoting mental health. Local public health in Ontario has long questioned its role within mental health promotion programming as there is no formally articulated mandate within the Ontario Public Health Standards. Recently, public health units have responded to surveys sponsored by the Ministry of Health and Long-Term Care (MOHLTC) as the Ministry seeks to gain a better understanding of adult and child/youth mental health programming within local public health. We look forward to engaging further in discussions to chart a clearer course for local public health in this important area.

GENERAL REPORT

1. Algoma Public Health

As the Algoma Public Health Board continues with their recruitment for a permanent Medical Officer of Health/CEO, I continue to provide Acting Medical Officer of Health coverage on a month by month basis. As previously communicated, the SDHU's Director of Health Promotion, Sandra Laclé, is providing on-site Acting Chief Executive Officer coverage up until August 2015. Nicole Frappier is the Sudbury & District Health Unit (SDHU)'s Acting Director of Health Promotion during this time. We were pleased to welcome Nicole to the SDHU in the fall of 2014 as Acting Manager in the Health Promotion Division.

2. Board Orientation

An additional orientation session is scheduled for Thursday, April 16, 2015, from 11 a.m. until 12:30 p.m. in the SDHU Ramsey Room at the Paris Street location. All Board members are invited to attend. The session includes an annual emergency response training session for the Board as mandated in the Ontario Public Health Standards and will also cover financial risk management. A light lunch will be served.

Following the Board orientation, Board members are invited to the Ramsey Room for a showcase of short, innovative public health video productions. Popcorn will be served to all in attendance.

3. Sudbury & District Health Unit's Public Health Champion Award

The first Public Health Champions Awards program is well under way. This was a program suggested by the Board in an effort to recognize citizens and residents who go above and beyond the call of duty to promote public health in our communities. The call for nominations was sent out earlier this year and a working group made up of Board members and staff will be meeting on May 21 to review the nominees and select the person or organization we will be honouring at a reception on June 18.

I would like to thank Board members Jeffery Huska, Stewart Meikleham, and Janet Bradley who will be joining staff members on the working group to select and present the first public health champions award. This is a great Board-inspired initiative that I hope will shine a light on the importance of our communities coming together in the name of public health.

4. Local and Provincial Meetings

As President of the Association of Local Public Health Agencies (alPHA) Board, I chaired the alPHA Board meeting on February 27 in Toronto and the teleconference meeting for the alPHA Board Executive meeting on February 13.

I attended The Ontario Public Health Convention (TOPHC), *Adapting to a Changing World*, from March 25 to 27. This convention is tri-sponsored by Public Health Ontario, alPHA, and the Ontario Public Health Association. In my role as current Chair of alPHA, I had the honour of introducing and engaging with Dr. Mark Jaccard, plenary speaker and expert on climate change. The Convention provided an excellent opportunity to further learn and discuss important public health topics, including climate change and mental health. I also attended a pre-convention workshop on Risk Communication for Public Health Professionals. As the SDHU's MOH, I was very proud to see staff present at TOPHC as noted in the divisional highlights below.

The SDHU hosted a public health municipal leaders breakfast meeting on April 9, 2015, with City of Greater Sudbury (CGS) Council members, CGS staff, as well as CGS police staff. The purpose of the meeting was to:

- Briefly 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 CGS; and
- Discuss future potential for partnerships and actions within municipal purview that would benefit the health of Greater Sudbury citizens.

5. Financial Report

The approved 2015 budget was at \$23,499,762 reflecting an overall 2% increase. The approved budget included a vacancy rate of \$283,133. The SDHU experiences vacancies due to staff resignations or leaves and attempts to fill these positions as quickly as possible to ensure program and service continuity.

The 2015 Budget request was submitted to the MOHLTC for approval on February 27, 2015. Ministry approval is not expected prior to June. The Ministry continues to emphasize the government's direction regarding fiscal constraint and the need to protect service delivery.

The February statements are the first set of statements presented for 2015 and they reflect the Board of Health approved budget. Necessary adjustments due to calendarization will be reflected in the March statements. The positive variance in the cost-shared program is \$309,602 for the period ending February 28, 2015. Gapped salaries and benefits account for \$149,651 or 48.3% of the variance with operating expenses and other revenue accounting for \$159,951 of 51.7% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses.

6. 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 February 27, 2015 on February 27, 2015. The Employer Health Tax has been paid as required by law, to February 27, 2015, with a cheque dated March 15, 2015. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to February 27, 2015, with a cheque dated March 31, 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 for February and March 2015.

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases (CID)

Influenza: There have been 133 cases of Influenza A and 11 cases of Influenza B identified to date for the 2014-2015 influenza season.

Respiratory Outbreaks: There have been 17 identified respiratory outbreaks in long-term care and retirement homes to date since December 2014. The causative agent for 11 of the outbreaks was identified as Influenza A. The causative agent for four outbreaks has not yet been identified, while the causative agent for two other outbreaks were identified as coronavirus and parainfluenza respectively.

Immunization of School Pupils' Act (ISPA): The CID team is in the process of reviewing 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 sent out over 4 000 notices to parents/guardians to advise that their child is overdue for immunization and to provide this information to the SDHU to ensure compliance with the ISPA.

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

2. Sexual Health / Sexually Transmitted Infections (STI) / Blood Borne Infections (BBI) including Human Immunodeficiency Virus (HIV) Program

The focus of our February campaign was to create awareness related to what a healthy relationship looks like. Words like intimacy, passion, communication, consent, and trust were presented in the form of healthy relationship digital snapshots. The ad was presented at Silver City during the preshow for six adult only “restricted” rated movies running between February 13 and February 27.

On March 31, the Sexual Health program launched the “My Test” online testing program. This program aims to increase accessibility to screening for chlamydia and gonorrhea by offering access to a test requisition on the SDHU’s website. The target population for this initiative is the 18 to 24 year olds who are known to be avid on-line users. Clients can access the web site, do a self-assessment to determine their risk, print a requisition form for chlamydia and gonorrhea and then visit a participating Life Lab to provide a urine sample to be screened. All positive results are followed by the Sexual Health program as per usual practice.

During the months of February and March, the Sexual Health team provided nine community presentations including two displays to promote birth control, safe sex practices and testing, reaching a total of 304 participants.

3. Dental Team

April is National Oral Health Month. The Dental team is promoting Baby’s First Dental visit utilizing a variety of media venues. The Dental team has also commenced our school preventive oral health program. Children who were identified during the screening program as at risk for oral health issues, are receiving a professional cleaning and topical fluoride treatment. These services are provided at the elementary schools as well as health unit office locations.

4. Family Team

Triple P: As part of the Early Childhood Educator Project, 20 early childcare educators from two sites have taken part in the Level 4 Group program and will be applying the strategies within their centres over the next year to determine effectiveness of managing behaviour problems.

Staff have expanded their Triple P partnerships and are now working with the alternative school, St-Albert’s within the Sudbury Catholic District School Board to offer parenting services to the student population which includes teen parents and parents returning to school after being away from education for a period of time.

Prenatal Education: Seventeen clients attended in-person prenatal classes at the SDHU’s main site and ten clients registered for on-line prenatal in March.

The SDHU hosted a prenatal/postnatal booth at the Shawenekezhik Health Centre in Whitefish.

Breastfeeding: Nine families participated in the breastfeeding education session that SDHU facilitated at Our Children, Our Future.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the months of February and March, 12 sporadic enteric cases were investigated and ten enteric outbreaks were declared in institutions.

2. Food Safety

Six recalls prompted public health inspectors to conduct checks of 183 local premises. Food products related to one recall were found in 14 premises and were immediately removed from sale following SDHU notification. Recalled food products included PC Blue Menu brand Bran Flakes cereal due to possible presence of plastic pieces, as well as Mountainoak Cheese brand Farmstead Premium Dutch Semi-soft cheese, Elite Salads International brand white fish, Simply Organic and Frontier brands Garlic Powder, and Monticello brand Mortadella and Monticello brand cooked ham due to possible contamination with pathogenic bacteria.

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

Staff issued 47 Special Event Food Service Permits to various organizations for events serving approximately 8 840 attendees.

Through Food Handler Training and Certification Program sessions offered in February and March, 204 individuals were certified as food handlers.

3. Health Hazard

Forty-four health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

Six sewage system permits, nine renovation applications and five consent applications were received.

5. Rabies Prevention and Control

Twenty-six rabies-related investigations were carried out. Two cats were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and were subsequently reported as negative.

6. Safe Water

One health information notice was issued to one premises for elevated sodium, one boil water order and two drinking water advisories were issued.

Public health inspectors ordered one pool closed in the month of February. The order has since been rescinded, and the pool allowed to re-open.

Forty-one residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated six regulated adverse water sample results.

7. Tobacco Enforcement

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

8. Emergency Response

SDHU staff responded to two train derailments which occurred on the Canadian National main rail line north of Gogama.

On February 15, 2015, a train derailment approximately 30 kilometers north of Gogama, Ontario, resulted in a spill of crude oil into the surrounding environment, as well as a fire. Although the location for the derailment was remote, air quality and wind direction were carefully monitored to ensure that the communities of Gogama and Foleyet were not impacted by the fire.

On March 7, 2015, a second train derailment occurred approximately three kilometers north of Gogama, Ontario, resulting in a spill of crude oil into the adjacent waterway, as well as a fire. As a precaution, the SDHU issued a Drinking Water Advisory for residents who take their drinking water directly from Minisinakwa Lake, or from wells supplied by the adjacent river. This Drinking Water Advisory remains in place. Air quality and wind direction were carefully monitored to ensure that the community of Gogama was not impacted by the fire.

Remediation work continues at both sites and water quality monitoring is ongoing.

HEALTH PROMOTION DIVISION

1. Healthy Eating

Registered dietitians (RDs) from the SDHU partnered with the City of Lakes Family Health Team (FHT) RD and the Mayor's office to officially proclaim the month of March, Nutrition Month, and Wednesday, March 18, National Dietitians Day, in the City of Greater Sudbury. Additionally, SDHU RDs participated in a series of weekly guest appearances on CBC Morning North, and joined fellow RDs from Health Sciences North, the City of Lakes FHT, Centre de santé communautaire du Grand Sudbury, and Sudbury District Nurse Practitioner Clinic at Science North, to profile Nutrition Month and nutrition-related services in the community. In an effort to build relationships with local pharmacists and to promote EatRight Ontario (ERO), 30 ERO promotional packages were distributed to pharmacies across the SDHU catchment area.

In celebration of Nutrition Month and the focus on eating well at work, health promotion staff collaborated with health unit communications to host a social media contest. Each week, in March, a new question related to Nutrition Month was posted on the SDHU Facebook and Twitter pages. Contestants were encouraged to submit their ideas by commenting on the SDHU Facebook post or by tweeting SDHU, via Twitter, for a chance to win a cooking essentials gift basket.

The Greater Sudbury Food Policy Council (GSFPC) hosted a lunchtime Meet-and-Greet on February 12, 2015, with the purpose of introducing the work of the GSFPC membership, and profiling a number of community based food programs to City Council and other key decision makers in the community.

In support of food literacy programming, health promotion staff were actively involved in planning and delivering the 6th Sudbury Seedy Sunday event which took place on March 8, at Parkside Centre. Through guest-speakers and interactive opportunities, the event raised awareness about gardening, the importance of saving seeds, and provided a venue for swapping and purchasing seeds. To improve access to the event, the Lacloche Foothills Food Network arranged travel for local residents to attend Seedy Sunday. Health promotion staff supported 15 members (aged 9–15 years) of the Massey 4-H Club with three food literacy sessions held at the Massey Legion.

2. Healthy Weights

The Northern Ontario School of Medicine (NOSM) accredited continuing medical education module, *Healthy Kids: The Role of the Primary Health Care Provider in Preventing Weight-Related Issues* was delivered to primary health care providers at the City of Lakes Family Health Team, Walden site. The module aims to help health care providers recognize the complexities of childhood weight-related issues and identify risk and protective factors for the development of healthy weights.

Health Promotion staff was invited to present, *NutriSTEP® Implementation at the Sudbury & District Health Unit (SDHU) : A Tool to Start the Conversation*, at The Ontario Public Health Convention (TOPHC) pre-convention workshop entitled, *Mental Health and Healthy Weights for Children and Youth*. The workshop, hosted by the Centre for Addiction and Mental Health (CAMH) Health Promotion Resource Centre (HPRC) and Public Health Ontario, aimed to highlight the intersections of mental health promotion, healthy equity, and healthy weights within local public health programming.

In early March, the Diabetes Prevention Program hosted a workshop, in Espanola, on Motivational Interviewing and Coaching Tools for Health Practitioners. Twenty-five health service providers, working in the areas of chronic disease prevention, tobacco cessation, injury prevention, and workplace health, attended the 2-day interactive event. The workshop was attended by members of the Sudbury and Manitoulin Districts Aboriginal Diabetes Prevention Advisory Committee and other health service providers from Manitoulin Island, Lacloche Foothills, and City of Greater Sudbury.

3. Physical Activity

The Skate Exchange Program completed another successful season hosting five exchange events. This year, the reach of the program extended to Dowling and Wahnapiatae. In total, 300 pairs of gently-used skates were given out and 250+ pairs were donated. The SDHU works closely with the Centre de santé communautaire du Grand Sudbury and City of Greater Sudbury, and other community partners, to ensure that children, youth and adults have access to the equipment they need in order to be active throughout the winter months.

4. Prevention of Injury

Injury Prevention team members continue to work with community partners to provide information and support to the public on car seat safety. Three car seat clinics were held in Sudbury over the winter months and 52 car seats were inspected.

In February, car seat technician training was provided to partners in the Espanola and Manitoulin areas. A training for partners in Sudbury was held in March.

The Fall Prevention team members continue to work in partnership with the North East Local Health Integration Network (NE LHIN) and the four North East Health Units to implement a three-year regional falls prevention strategy to adopt the Stay On Your Feet (SOYF) model across the North East. As part of the regional strategy, the Falls Prevention team members supported local partners to implement 11 falls prevention exercise classes in Sudbury, Espanola, Manitoulin and Sudbury East. The sessions are very popular with older adults and an additional 35 series are being planned for 2015/16.

5. Prevention of Substance Misuse

Alcohol Strategy-Education and Awareness: The Substance Misuse Prevention team released several tweets and posted messages on Facebook as part of the *Creating a Buzz* Low Risk Alcohol Drinking Guidelines (LRADG) campaign. LRADG pamphlets were provided for a Francophone Seniors forum.

Drug Strategies

After sharing the *Community Drug Strategy for the City of Greater Sudbury* with both the Sudbury & District Board of Health and Greater Sudbury Police Services Board, four media interviews were completed and two presentations for decision makers were delivered.

The *LaCloche Foothills Drug Strategy* was presented at the Espanola Healthy Communities Services Council which resulted in one media interview.

Manitoulin Drug Strategy: The SDHU, in partnership with the Health Sciences North Little Current site, Centre for Addiction and Mental Health Manitoulin site, M'Chigeeng Health Centre, Noojmowin Teg Health Centre, Manitoulin Health Centre, Manitoulin Family Resources, Manitoulin Family Resources, Manitoulin District Services Board, Manitoulin Central Family Health Team and Mnaamodzawin Health Services, have begun to develop an island-wide drug strategy for Manitoulin Island. Other partners in process of being engaged include the Ontario Provincial Police and United Chiefs and Councils of Manitoulin Anishnaabe Police Services.

6. Tobacco Control

In January, the SDHU partnered with the Centre for Addiction and Mental Health (CAMH), to offer a "Stop on the Road" presentation in Sudbury. Twenty-three community members attended an education workshop and were eligible for five weeks of free nicotine replacement therapy from CAMH. Planning is underway to offer this education opportunity in the SDHU district office locations.

7. UVR Exposure & Early Detection of Cancer

In recognition of Colorectal Cancer Awareness Month, health promotion staff partnered with the North East Cancer Centre, the Cancer Prevention & Screening Network and Loblaw's pharmacies to encourage all northeastern Ontarians, over the age of 50 years, to be screened for colorectal cancer. In early March, the public education campaign, *Let's Wipe Out Colon Cancer*, was launched. Through social media and print communications, the campaign was profiled across the SDHU catchment area.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Presentations

Staff from the RRED Division have presented on a number of topics at a number of venues in February and March 2015. These include:

- A presentation at the BORN Ontario Conference on a research project titled *Beyond BMI: Investigating the feasibility of a surveillance system for healthy weights including risk and protective factors in children using NutriSTEP® and electronic medical records*.
- A presentation to public health and preventive medicine residents at the Northern Ontario School of Medicine on 100 years of public health practice in northeastern Ontario.
- A presentation on the public health system to students in the Rural and Northern Health PhD Program at Laurentian University.
- A CHNET-Works! Fireside Chat webinar on the SDHU's new Ontario Public Health Standards Evidence-Informed Planning Cycle.
- A presentation on public health epidemiology to a class of health care students at Lockerby Composite School. This was the 19th semester in nine years in which the SDHU has facilitated this student experience.
- A presentation as part of a panel session at the Ontario Public Health Conference (TOPHC) titled *"Communicating for change: Improving public and decision-maker awareness on the social determinants of health (SDOH) and health equity"*.

2. Health Equity

Three members of the SDHU Health Equity Knowledge Exchange and Resource team attended the *3rd Annual Social Determinants of Health Public Health Nurse Conference* in Toronto in March. The one-day Conference included guest talks from provincial and national experts on health equity, and provided an opportunity for health units to share local experiences with health equity efforts. The Conference ended with a discussion on future activities and directions of the network.

3. Research and Evaluation

The SDHU and Laurentian University, in partnership with Better Beginnings Better Futures, recently completed a qualitative study seeking to better understand the experiences of teen mothers living in Sudbury. As a result, the team has created a short video titled *"We are Teen Moms"*, highlighting the stigma that these young women face in our community. The official launch of the video, which will include a panel discussion regarding supportive strategies for teen families in Sudbury, will be held on April 29, 2015 at the Steelworkers Union Hall & Conference Centre.

Staff from the RRED Division and other divisions attended a three-day workshop on *Evaluating Community Impact* on February 23–25, 2015. The focus of the workshop was to explore options, concepts and methods for evaluating community change and to embrace some guidelines for developing good evaluation. Learnings from the workshop will be applied to evaluation activities at the SDHU.

On March 24, 2015, the Manager of Research, Evaluation and Knowledge Exchange met with Laurentian University students affiliated with the Evaluating Children's Health Outcomes (ECHO) Research Centre to discuss SDHU evidence needs and to identify areas for potential collaboration. A total of seven students have since expressed interest in collaborating with the SDHU, with support from Laurentian University faculty, on addressing some of the identified public-health research questions as part of their undergraduate or graduate work.

4. Population Health Assessment and Surveillance

The RRED Division has released six new *Population Health Assessment team – Indicator Reports* (PHASSt-IR) based on Rapid Risk Factor Surveillance System (RRFSS) data. These include approximately 25 indicators on bed bugs, Lyme disease, food labels, and sodium reduction. *PHASSt Indicator Reports* are for SDHU internal use only, however the information contained within may be used by SDHU staff for program planning, as material for presentations, and in discussions with external partners subject to the appropriate approval processes.

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 2 Periods Ending February 28, 2015

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,190,835	2,531,806	2,531,806	(0)	12,659,029
MOHLTC - Unorganized Territory	800,980	133,497	133,497	(0)	667,483
MOHLTC - VBD Education & Surveillance	64,939	10,823	10,823	0	54,116
MOHLTC - VBD Contingency	375,000	0	0	0	375,000
MOHLTC - SDWS	106,000	17,667	17,667	(0)	88,333
MOHLTC - CINOT Expansion	31,510	5,252	5,252	(0)	26,258
Municipal Levies	6,641,127	1,106,843	1,106,843	(0)	5,534,284
Municipal Levies - Small Drinking Water Syst	47,222	7,870	7,870	0	39,352
Municipal Levies - VBD Education & Surveill	21,646	3,608	3,608	(0)	18,038
Municipal Levies - VBD Contingency	125,000	0	0	0	125,000
Municipal Levies - CINOT Expansion	10,503	1,751	1,751	(1)	8,752
Interest Earned	85,000	13,511	13,511	(0)	71,489
Total Revenues:	\$23,499,762	\$3,832,626	\$3,832,628	\$(2)	\$19,667,134
Expenditures:					
Corporate Services:					
Corporate Services	4,407,975	978,219	971,389	6,831	3,436,586
Print Shop	262,383	46,725	39,872	6,852	222,511
Espanola	120,700	21,827	18,777	3,050	101,923
Manitoulin	124,639	22,611	23,566	(955)	101,073
Chapleau	98,171	18,072	15,931	2,141	82,240
Sudbury East	16,486	2,779	2,712	67	13,774
Volunteer Services	6,838	1,261	205	1,057	6,633
Total Corporate Services:	\$5,037,192	\$1,091,495	\$1,072,452	\$19,042	\$3,964,740
Clinical and Family Services:					
General	979,559	179,677	177,156	2,521	802,402
Clinical Services	1,220,150	243,413	240,467	2,946	979,683
Branches	341,475	65,453	41,718	23,735	299,757
Family	639,452	124,881	117,191	7,690	522,261
Risk Reduction	134,516	0	(10,292)	10,292	144,808
Intake	313,081	60,156	58,478	1,678	254,603
Clinical Preventative Services - Outreach	140,503	27,116	24,543	2,573	115,960
Sexual Health	943,426	179,173	176,038	3,135	767,388
Influenza	0	0	275	(275)	(275)
Meningitis	0	0	(0)	0	0
HPV	0	0	0	(0)	(0)
Dental - Clinic	796,577	149,170	133,233	15,937	663,344
CINOT Expansion - Clinic	42,013	7,002	5,009	1,993	37,004
Family - Repro/Child Health	1,301,502	244,134	212,628	31,506	1,088,874
Total Clinical Services:	\$6,852,254	\$1,280,175	\$1,176,443	\$103,732	\$5,675,810
Environmental Health:					
General	786,954	140,403	130,542	9,861	656,412
Environmental	2,676,092	550,005	522,258	27,747	2,153,834
Vector Borne Disease (VBD)	586,585	7,751	6,345	1,406	580,240
Small Drinking Water System	169,333	32,543	28,913	3,630	140,419
Total Environmental Health:	\$4,218,963	\$730,702	\$688,059	\$42,643	\$3,530,904
Health Promotion:					
General	1,361,855	248,857	238,339	10,518	1,123,516
School	1,379,670	263,831	242,116	21,716	1,137,554
Healthy Communities & Workplaces	357,577	66,220	65,623	597	291,954
Branches	542,638	102,373	106,119	(3,746)	436,519
Nutrition & Physical Activity	1,212,088	225,081	208,253	16,828	1,003,835
Injury Prevention	468,951	88,903	67,106	21,797	401,845
Tobacco By-Law	354,544	68,774	42,934	25,840	311,610
Alcohol and Substance Misuse	293,928	53,308	47,968	5,340	245,960
Total Health Promotion:	\$5,971,251	\$1,117,346	\$1,018,458	\$98,888	\$4,952,793
RRED:					
General	1,404,862	284,254	241,002	43,252	1,163,860
Health Equity Office	15,240	2,765	722	2,043	14,518
Total RRED:	\$1,420,102	\$287,019	\$241,724	\$45,295	\$1,178,378
Total Expenditures:	\$23,499,762	\$4,506,737	\$4,197,137	\$309,600	\$19,302,625
Net Surplus/(Deficit)	\$0	\$(674,111)	\$(364,509)	\$309,602	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 2 Periods Ending February 28, 2015

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,499,762	3,832,626	3,868,035	(35,409)	19,631,727
Other Revenue/Transfers	735,125	88,547	134,093	(45,546)	601,032
Total Revenues & Expenditure Recoveries:	24,234,887	3,921,173	4,002,129	(80,955)	20,232,759
Expenditures:					
Salaries	15,562,705	3,047,087	2,926,646	120,441	12,636,059
Benefits	4,300,417	827,138	797,928	29,210	3,502,489
Travel	283,510	43,621	15,023	28,598	268,487
Program Expenses	1,354,739	145,093	113,347	31,746	1,241,392
Office Supplies	80,383	12,770	12,585	185	67,798
Postage & Courier Services	72,230	12,038	6,000	6,039	66,230
Photocopy Expenses	82,006	13,993	12,326	1,666	69,680
Telephone Expenses	59,466	9,942	8,299	1,643	51,167
Building Maintenance	350,461	103,749	99,691	4,058	250,770
Utilities	195,265	32,544	32,972	(428)	162,293
Rent	239,198	39,866	38,095	1,772	201,103
Insurance	101,714	0	0	0	101,714
Employee Assistance Program (EAP)	34,969	8,742	7,441	1,301	27,528
Memberships	31,567	4,732	4,822	(90)	26,745
Staff Development	233,251	19,450	28,843	(9,393)	204,408
Books & Subscriptions	17,110	2,905	2,114	790	14,996
Media & Advertising	140,077	15,867	10,443	5,424	129,634
Professional Fees	329,479	54,914	58,701	(3,787)	270,779
Translation	54,550	7,733	4,761	2,973	49,789
Furniture & Equipment	17,730	2,628	743	1,885	16,987
Information Technology	694,060	190,473	185,859	4,614	508,201
Total Expenditures	24,234,887	4,595,285	4,366,638	228,647	19,868,249
Net Surplus (Deficit)	0	(674,111)	(364,509)	309,602	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended February 28, 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	25,634	113,366	18.4%	Dec 31	16.7%
SFO -TCAN - Prevention	724	97,200	-	97,200	0.0%	Dec 31	16.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	47,130	238,670	16.5%	Dec 31	16.7%
SFO - Local Capacity Building: Prevention & Protection	726	190,500	35,775	154,725	18.8%	Dec 31	16.7%
SFO - Tobacco Control Coordination	730	100,000	19,220	80,780	19.2%	Dec 31	16.7%
SFO - Youth Engagement	732	80,000	12,908	67,092	16.1%	Dec 31	16.7%
Infectious Disease Control	735	478,973	93,607	385,366	19.5%	Dec 31	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	52,540	87,701	(35,161)	166.9%	Mar 31/15	91.7%
MOHLTC - Special Nursing Initiative	738	180,448	34,701	145,747	19.2%	Dec 31	16.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	147,700	84,939	62,761	57.5%	Mar 31/15	66.7%
Food Safety - Haines Funding	750	36,435	-	36,435	0.0%	Dec 31	16.7%
Triple P Co-Ordination	766	65,706	12,818	52,888	19.5%	Dec 31	16.7%
Healthy Communities Fund Partnership Stream	769	88,400	28,912	59,488	32.7%	Mar 31/15	91.7%
Healthy Babies Healthy Children	778	1,376,897	265,450	1,111,447	19.3%	Dec 31	16.7%
Healthy Babies Healthy Children - Screening	779	100,000	19,013	80,987	19.0%	Dec 31	16.7%
Healthy Smiles Ontario (HSO)	787	445,350	65,745	379,605	14.8%	Dec 31	16.7%
Anonymous Testing	788	59,393	49,640	9,753	83.6%	Mar 31/15	91.7%
MHPS- Aboriginal Diabetes	792	175,000	127,912	47,088	73.1%	Mar 31/15	91.7%
Total		4,099,342	1,011,105	3,088,237			

ACCEPTANCE OF REPORTS

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

alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

March 17 2015

Hon. Charles Sousa
Minister of Finance
Frost Bldg S, 7th Flr
7 Queen's Park Cres
Toronto ON M7A1Y7

Dear Minister Sousa,

Re: Beverage Alcohol in Supermarkets

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to express our misgivings about the reported decision of the Ontario Government to make beverage alcohol available in Ontario's supermarkets as part of the 2015 Ontario Budget.

We have had several opportunities in the past to communicate our position that any changes to the way beverage alcohol is sold in Ontario should be preceded by careful consultation with our members. Such changes, especially those that involve the expansion of the availability of alcohol, can have a significant impact on health, and this needs to be as much a consideration as the economic motive.

Last year, we were invited to provide our input to the decision to allow the sale of VQA wines at Ontario Farmers' Markets (please see attached). In so doing, our Council of Ontario Medical Officers of Health (COMOH) expressed concern that while this decision meant only a small expansion of alcohol availability in a specific context, it could be used as an argument to expand the availability of beverage alcohol in other venues.

We repeated our concerns shortly thereafter, following the subsequent proposal to allow LCBO Express kiosks in a limited number of large grocery stores. Although this initiative did not proceed, our apprehension is now magnified as this new proposal appears to be far more permissive.

Our members strongly agree that alcohol is not an ordinary commodity, and decisions about how it is regulated, promoted and sold must be made within the broader context of its known and measurable societal harms, negative economic impacts and most importantly for us, risks to the public's health.

Direct health problems leading to chronic disease and death, as well as drunk driving and violence are the most obvious examples of the adverse impacts of alcohol use and abuse. It is well-established that access increases consumption, which in turn increases the numerous alcohol-related harms as well as societal costs to the Province related to such things as law enforcement and economic productivity.

The Ministry of Health and Long-Term Care (MOHLTC) clearly recognizes that alcohol consumption is an important public health issue. The Ontario Public Health Standards (OPHS) set out requirements that oblige our members to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies to prevent them. The related 2011-2013 Accountability Agreements between our members and the Ministry include the % of adults exceeding the Low Risk Alcohol Drinking Guidelines as a monitoring indicator. The decision to expand alcohol availability by allowing sale at grocery stores amounts to a situation where the Government's own actions are at odds with what it expects us to achieve.

I have attached two of our alcohol-related resolutions and the text of COMOH's input to the VQA consultation that outline the potential public health impacts that need to be discussed alongside the dimensions of economics and convenience in any conversation about the regulation of alcohol availability.

We would welcome the opportunity to be part of that conversation, so that the potential negative health, economic and social impacts can be quantified and integrated into the decision-making process that accompanies this significant change to Ontario's beverage alcohol retailing system.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Sutcliffe', with a stylized, cursive script.

Dr. Penny Sutcliffe
alPHa President.

Copy: Hon. Kathleen Wynne, Premier of Ontario
Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister, Health and Long - Term Care (Long - Term Care and Wellness)
Dr. David Mowat, Interim Chief Medical Officer of Health Martha Greenberg, Assistant Deputy Minister, Health Promotion Division
Roselle Martino, Executive Director, Public Health Division, Ministry of Health and Long-Term Care

Encl.

ALPHA RESOLUTION A08-4.1

TITLE: Eliminate The Availability Of Alcohol Except In Liquor Control Board Outlets (LCBO) (i.e. Increase Point Of Sale Control)

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and

WHEREAS 73% of Ontarians disagree with the privatization of alcohol retail sales; and

WHEREAS 77% of Ontario adults want beer and liquor store hours to stay the same; 77% want hours of sale in bars to stay the same; and 94% support government involvement in the prevention of alcohol-related problems. (Anglin et al., 2004);

NOW THEREFORE BE IT RESOLVED THAT that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to maintain its monopoly on off-premise liquor sales through the Liquor Control Board of Ontario;

AND FURTHER THAT alPHa petition the Ontario government to retain oversight of beverage alcohol at Ontario wineries, microbreweries and the Beer Store through the provisions of the Liquor License Act;

AND FURTHER THAT alPHa petition the Ontario Government to fully consult with health experts, including but not limited to alPHa, the Centre for Addiction and Mental Health and the Ontario Public Health Association before making any policy changes to the availability of beverage alcohol.

alPHa RESOLUTION A12-4

TITLE: Alcohol Pricing and LCBO Revenue Generation

- WHEREAS** the Liquor Control Board of Ontario (LCBO) will be implementing a number of measures to deliver \$100 million per year in additional net revenue to the Province; and
- WHEREAS** research has clearly established an association between easy access to alcohol (either through low prices or physical availability) and overall rates of consumption and damage from alcohol (Barbor et al., 2010); and
- WHEREAS** Ontario has a significant portion of the population drinking alcohol (79.1%), exceeding the low risk drinking guidelines (27.4%), consuming 5 or more drinks on a single occasion weekly (9%), and reporting hazardous or harmful drinking (16.7%) (CAMH Monitor, 2009); and
- WHEREAS** the low cost of alcohol from do-it-yourself brewing and winemaking facilities can potentially lead to individuals inexpensively producing and consuming harmful levels of alcohol (Recommendations for a National Alcohol Strategy, 2007); and
- WHEREAS** it has been established that increasing alcohol pricing can achieve the financial goal of increased revenues while realizing the health benefits of reduced alcohol consumption. Saskatchewan increased minimum prices and saw a decline in alcohol consumption of 135,000 litres of absolute alcohol and a revenue increase of \$9.4 million last year (G. Thomas, CCSA, 2012); and
- WHEREAS** increased alcohol sales will reduce overall provincial revenues since direct costs from alcohol-related healthcare and enforcement already leave Ontario with a \$456 million annual deficit (G. Thomas, CCSA, 2012); and
- WHEREAS** billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home (The Costs of Substance Abuse in Canada, 2002);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urgently request that the Premier of Ontario (Dalton McGuinty), the Minister of Health and Long-Term Care (Deb Matthews), the Office of the Attorney General (John Gerretsen), the Minister of Finance (Dwight Duncan), and the Chief Medical Officer of Health (Arlene King), only consider revenue generation from increased pricing on alcohol, not fostering increased alcohol sales. Furthermore, the leader of opposition parties NDP (Andrea Horvath) and PC (Tim Hudak) should be copied on this communication.

Feedback on proposed regulatory amendments to allow a pilot program for the sale of VQA wine at farmers' markets, by occasional extensions of on-site winery retail stores; submitted electronically March 20, 2014.

As the Chair of the Council of Ontario Medical Officers of Health (COMOH), I am writing to provide the COMOH's feedback on the Premier's proposal to allow the sale of VQA wines at farmers' markets commencing May 1, 2014. This proposal was discussed at our February 2014 meeting during which COMOH supported a balanced position reflecting known public health principles related to alcohol consumption with the recognition that VQA wines and farmers' markets are an important part of Ontario's agriculture sector and economy.

A number of concerns were raised by COMOH members:

1. The sale of alcohol to minors must continue to be well controlled. We are pleased to see that the Alcohol and Gaming Commission of Ontario (AGCO) will develop educational materials for wineries wishing to sell VQA wine at farmers' markets and that wineries will be required to staff farmers' markets with employees who have been SmartServe trained. However, these are minimum requirements for the safe sale of alcohol. COMOH strongly supports that the same vigilance be required of the AGCO in not allowing sales to those under 19 as is currently required of retail outlets of the LCBO.
2. Research has demonstrated that consumption and harm from alcohol is related to alcohol accessibility as measured by the number of retail outlets and vendors per capita, hours and day of sale, and type of retailing system. Therefore, since the proposed change would increase the number of retail outlets and type of retailing system, COMOH is not supportive of extending the hours for retail sales and sampling to 6am from 9am. Allowing retail sales at a farmers market starting at 9am equates to the provision of an alternate venue for purchase; whereas extending the hours of retail sale to 6am is the addition of hours of sale. These two concepts are very different.
3. COMOH expects that this alternative venue for the purchase of alcohol is limited to only VQA wines and to farmers markets. Our concern is that this initiative does not become an argument to promote more widespread alcohol sales at such locations as corner stores and gas stations. We are very much opposed to such further expansion. Alcohol is *not* an ordinary commodity and should not be treated as such.
4. Alcohol is responsible for the second highest rate of death and disease in Canada following tobacco. Its negative impacts on public safety and community well-being are well documented including homicides, suicides, assaults, fires, drownings, and falls. The huge human and health care costs associated with alcohol consumption are recognized by the Ministry of Health and

Long-Term Care (MOHLTC) and by local boards of health. As part of their financial and accountability agreements, local boards of health must report annually to the MOHLTC on the rates of adherence to low-risk drinking guidelines. Notwithstanding competing pressures and priorities, government policies should strive to work in concert to support the health of all Ontarians.

We are grateful for the opportunity to provide comment. Even though timelines are tight, we would also be pleased to provide public health input to the development of educational materials.

MODERNIZATION OF BEVERAGE ALCOHOL REGULATIONS IN ONTARIO

MOTION: WHEREAS alcohol is the second leading cause of death, disease, and disability in Canada and causally linked to over 60 diseases and injuries; and

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

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

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

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

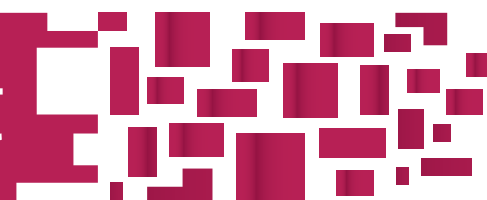
WHEREAS local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to mitigate against the risks of alcohol consumption and boards are held accountable under MOHLTC Accountability Agreements for reporting on local alcohol consumption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

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

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

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

2014 Performance Monitoring Report



Performance
Monitoring Plan

2013
2017

April 2015



Sudbury & District

Health Unit

Service de
santé publique

The 2014 Performance Monitoring Report has been compiled to provide the Board of Health with information about the Sudbury & District Health Unit's status in meeting various accountability measures, which are grounded within the 2013–2017 Strategy Map (see Strategy Map). This report contains a compendium of monitoring components which include:

Strategic Priority Narratives Report



The 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus which steer the planning and delivery of public health services, learning activities and partnerships. Ongoing monitoring of the integration of the strategic priorities within SDHU programs and/or services provides an opportunity to gauge progress on these key areas.

SDHU-Specific Performance Monitoring Indicators Report



SDHU-Specific Performance Monitoring Indicators are meant to provide the SDHU Board of Health with information about the “current state” of key focus areas, and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate the SDHU's commitment towards performance excellence and Vision of “Healthier communities for all”.

Ontario Public Health Organizational Standards Report



The Ontario Public Health Organizational Standards outline the expectations for the effective governance of boards of health and effective management of public health units. There are 44 requirements grouped within 6 standard categories. When implemented, they are essential to establishing consistent organizational processes which in turn, facilitates desired program outcomes.

Public Health Accountability Agreement Indicators Report



The Ministry of Health and Long-Term Care (MOHLTC) has set out performance expectations for boards of health which includes a set of performance indicators. These are measured and monitored by the MOHLTC throughout accountability agreement periods and represent outcomes relating to the delivery of public health programs and services.

Special Note

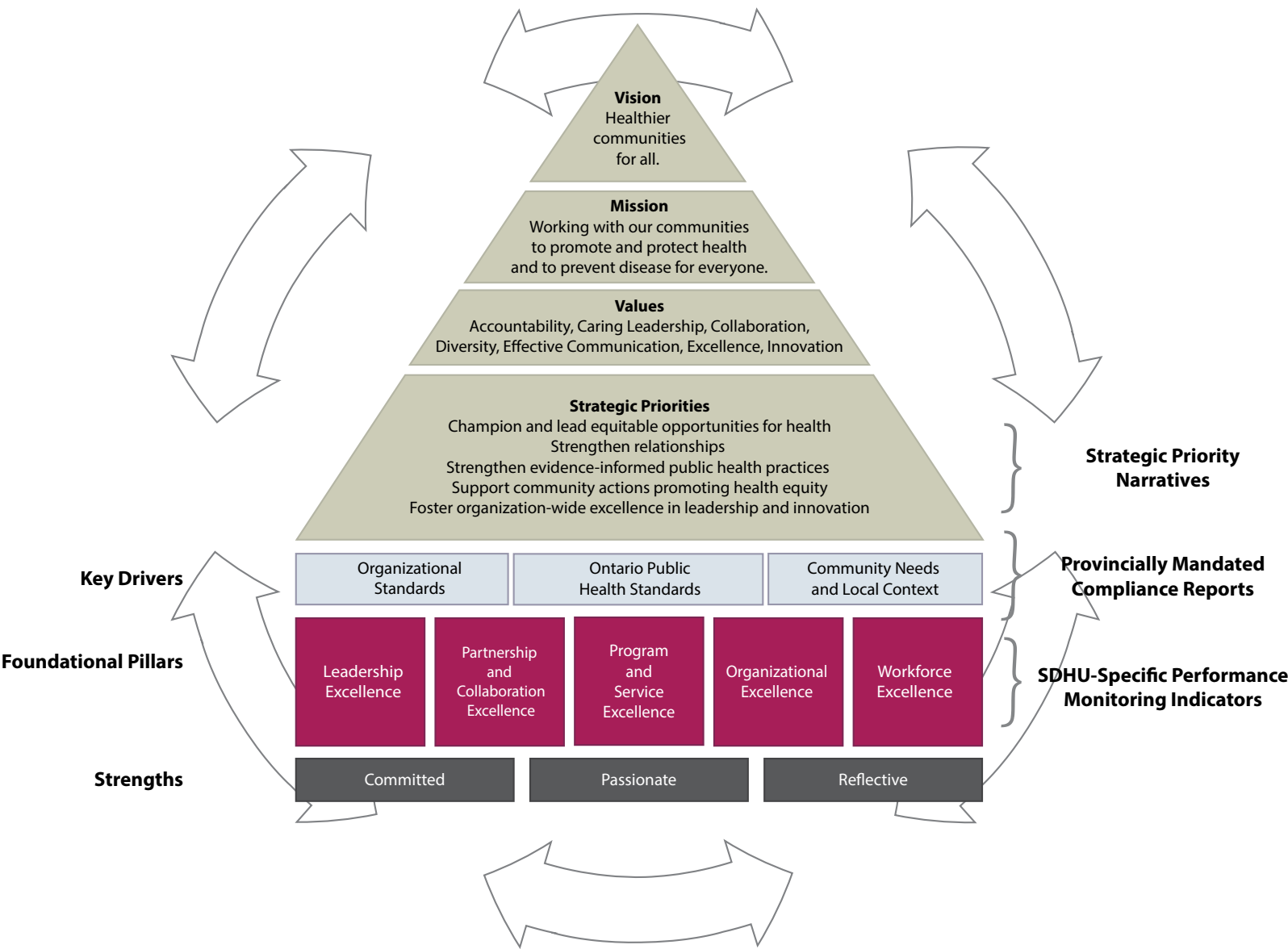
Beginning in 2015, the annual Performance Monitoring Report includes two additional monitoring components over and above those contained within the 2014 report. One relates to the Public Health Accountability Agreement Indicators and the other to the Ontario Public Health Organizational Standards. These additions to the report are directly linked to the Performance Monitoring Plan's key drivers and therefore a good fit to this annual report.

Reporting Timelines



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

Figure 1: Sudbury & District Board of Health Strategy Map 2013–2017

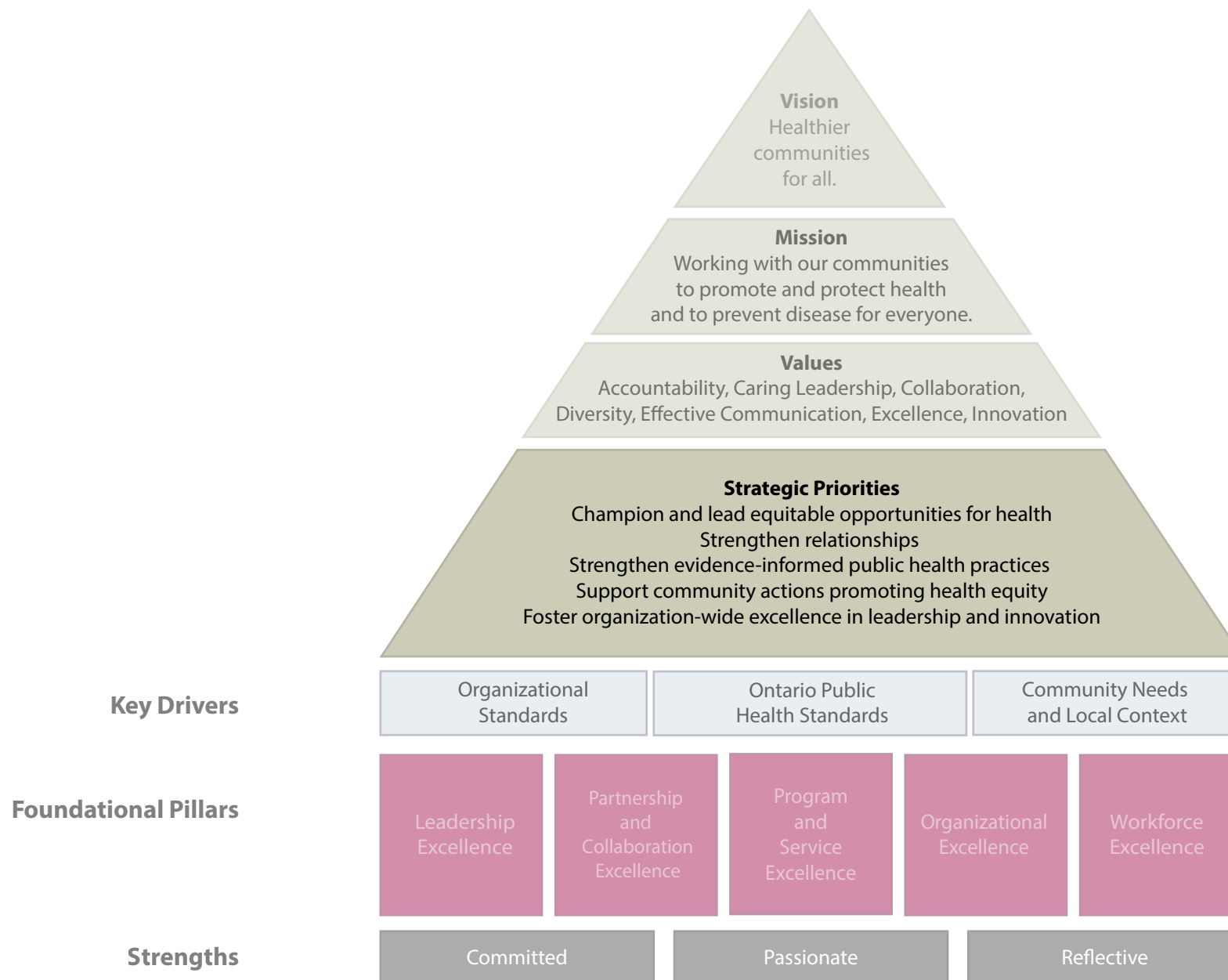


Strategic Priority Narratives Report



The 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus which steer the planning and delivery of public health services, learning activities and partnerships. Ongoing monitoring of the integration of the strategic priorities within SDHU programs and/or services provides an opportunity to gauge progress on these key areas.

Figure 2: Sudbury & District Board of Health Strategy Map 2013–2017, Strategic Priorities



2014 Strategic Priorities Narrative Topics

The following presents a summary of the Strategic Priorities Narrative topics that were presented in 2014.

1 **Strategic Priority: Champion and lead equitable opportunities for health**

The Sudbury & District Good Food Box: Improving access to vegetables and fruit
Responding to a community request for healthy eating programming
Back to school community store – Community spirit at its finest!

2 **Strategic Priority: Strengthen relationships**

A multi-sector data sharing partnership to inform community planning and programming
Triple P: Opening doors for parents
Strengthening relationships for a community-driven walking program in Massey

3 **Strategic Priority: Strengthen evidence-informed public health practice**

Evidence-informed framework in support of West Nile virus risk reduction program
District office demographic profiles
Wildfire evacuation experiences and preparedness in northeastern Ontario

4 **Strategic Priority: Support community actions promoting health equity**

A collaborative community engagement strategy to increase access to services
Equal opportunity for food education programs
Promoting health equity with municipal social services partners

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

Assessing and improving workplace culture: Guarding Minds @ Work survey
Implementing Lean principles
Introducing orientation e-modules at the SDHU

SDHU-Specific Performance Monitoring Indicators Report



SDHU-Specific Performance Monitoring Indicators are meant to provide the SDHU Board of Health with information about the “current state” of key focus areas, and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate the SDHU’s commitment towards performance excellence and Vision of “Healthier communities for all”.

Figure 3: Sudbury & District Board of Health Strategy Map 2013–2017, Foundational Pillars

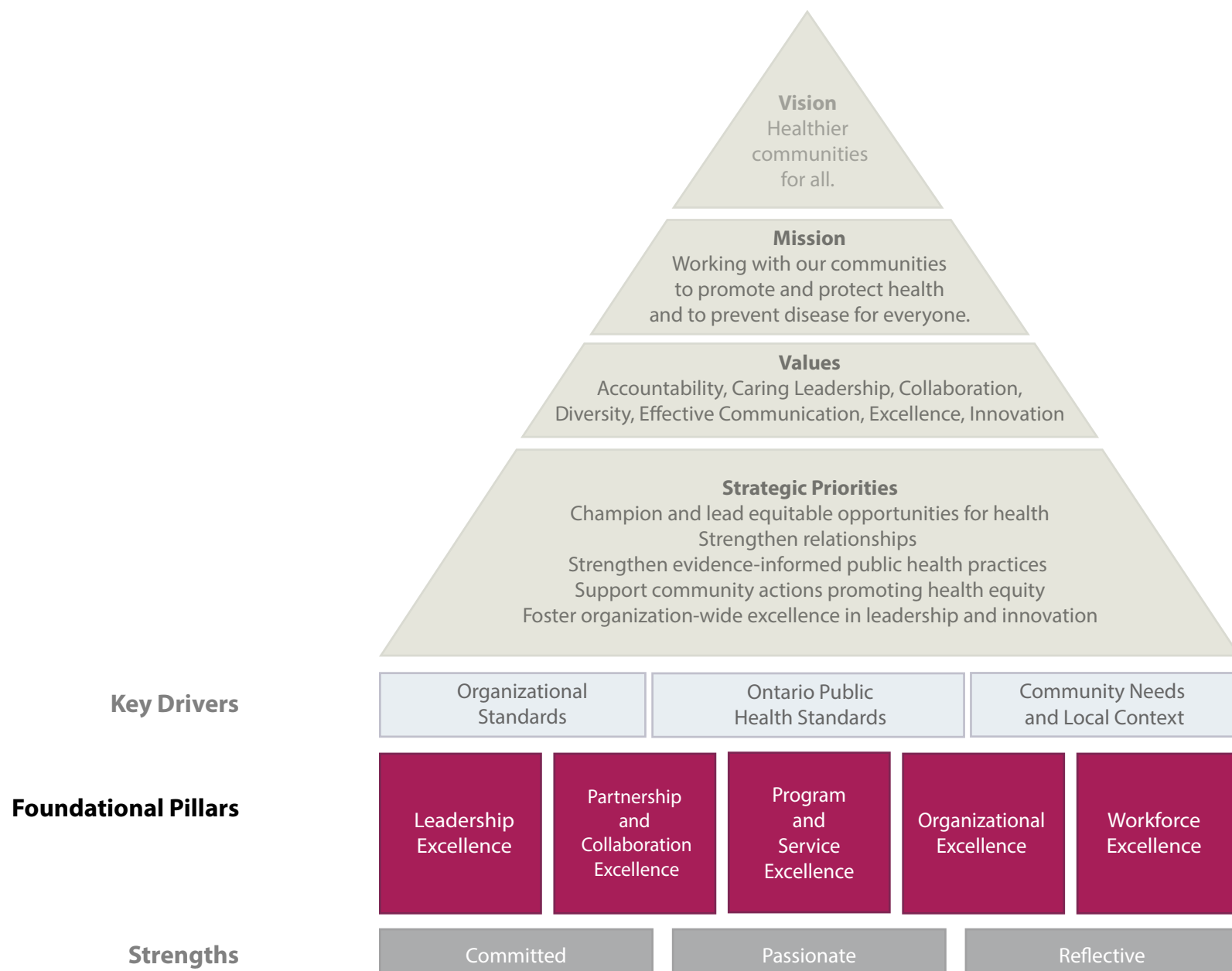


Table 1: SDHU-Specific Performance Monitoring Indicator Trends 2013–2017

FOUNDATIONAL PILLAR	INDICATOR	2013	2014	2015	2016	2017
Leadership Excellence	Board of Health Commitment Index	95	89	—	—	—
	Number of Program-related Board of Health Motions Passed	9	8	—	—	—
	Board of Health Member's Satisfaction Index	96	100	—	—	—
Partnership and Collaboration Excellence	Percent of Partnerships That Are Intersectoral	61%	63%	—	—	—
	Number of External Partnership Effectiveness Reviews Goal: 5	Under Development	5	—	—	—
	Website Usage Status					
	Average web visits per day Average web page views per day	1 773 16 555	1 736 13 415	— —	— —	— —
Program and Service Excellence	Number of New Advanced Knowledge Products	106	97	—	—	—
	Number of Academic Research Projects	18	17	—	—	—
	Organization-wide Program or Service Evaluations Used by Senior Management Goal: 1	2	3	—	—	—
	Emergency Preparedness Index	99	99	—	—	—
Organizational Excellence	Worker Engagement Index	88	See Notes	—	—	—
	SharePoint Deployment Status	P1, P2, P3 In Progress	P1, P3–P5 In Progress; P2 Complete	—	—	—
Workforce Excellence	Workforce Development Status	P1, P2 In Progress	P1, P2 In Progress	—	—	—

Explanatory Notes

The SDHU-Specific Performance Monitoring Indicators measure the Sudbury & District Health Unit's (SDHU) performance as an organization and further demonstrate its commitment to excellence and accountability.

LEADERSHIP EXCELLENCE

Board of Health (BoH) Commitment Index

- A 6% decrease in score compared to 2013. This is attributed to weighted scores on the measures of meeting attendance and completion of the annual BoH self-evaluation questionnaire.

Number of Program-related Board of Health (BoH) Motions Passed

- Board's activities in providing leadership for public health in our communities and in the province.
- Compared to 2013, there is only 1 less BoH motion passed in 2014. Some year to year fluctuation may be expected depending on issues brought forward to the BoH.

Board of Health (BoH) Commitment Index

- A score of 100 indicates that all BoH members who completed the survey reported that they were satisfied with their individual performance, with the Board's processes, and with the overall performance of the Board.

PARTNERSHIP AND COLLABORATION EXCELLENCE

Percent of Partnerships That Are Intersectoral

- *Intersectoral* means at least one member represents a sector other than public health or health care (examples of sectors: childcare, school board, university).
- Out of 229 partnerships, 145 were intersectoral.
- The % of partnerships that are intersectoral remained similar to that of 2013. Some year over year fluctuation may be expected given the dynamic nature of partnerships.

Number of External Partnership Effectiveness Reviews

- Highlights the SDHU's commitment to ensure that our contributions to external community partnerships meet our strategic and operational priorities.
- 2014 was the first year in which Partnership Effectiveness Reviews were conducted.
- Each division conducted one review, to meet our target goal of 5.

Website Usage Status

- The daily usage of the website has remained stable over the previous year.
- Some year-to-year variation is normal with regards to the average page views per day.

PROGRAM AND SERVICE EXCELLENCE**Number of New Advanced Knowledge Products**

- Captures the number of new internally developed or significantly altered products that require knowledgeable interpretation by an informed audience (e.g. reports, manuals, presentations).
- Compared to 2013, there are only 9 fewer advanced knowledge products.

Number of Academic Research Projects

- Captures new and ongoing research projects conducted in collaboration with academic and research institutions, such as projects funded by the Louise Picard Public Health Research Grant, a joint SDHU/Laurentian University research initiative.
- Out of the 17 academic research projects, 4 were new in 2014 and 13 are ongoing.

Organization-wide Program or Service Evaluations Used by Senior Management

- Evaluations that are undertaken that inform organization-wide decisions.
- Surpassed goal of 1.

ORGANIZATIONAL EXCELLENCE**Worker Engagement Index**

- The SDHU was engaged in a number of activities at the organizational, divisional and team levels throughout 2014 in order to improve upon our strong and healthy organizational culture. The efforts included gathering information to better understand potential areas for improvement, identifying possible activities and implementing the selected actions. A number of the actions taken were relatively simple changes that were easy to implement. Some items relating to principles of transparency and trust are more difficult to define and will require longer term efforts to determine the correct balanced approach to create the desired culture to support our public health mission.
- Initial data on employee engagement was garnered from the *Guarding Minds@Work* survey. However, this survey will not be administered to staff every year. A brief employee engagement survey will be developed and administered to all staff in the fall 2015. This will serve as an employee engagement “check-in” to be administered every year for the duration of this monitoring plan.

SharePoint Deployment Status

- SharePoint is an internal collaboration tool that allows for content to be shared and helps users find the right people and the right information to be able to make more informed decisions.
- One out of five SharePoint indicator phases are complete; all other phases are being worked on simultaneously. SharePoint is currently implemented within 2 divisions, while other divisions are in various stages of launch preparation. Lessons learned from the pilot were compiled for use with additional upcoming rollouts.

WORKFORCE EXCELLENCE**Workforce Development Status**

- The workforce development framework will outline a structure to guide the SDHU in ensuring that its workforce has the knowledge, skills, and abilities needed to respond to and be aligned with current and future public health service demands.
- Phase 1 and 2 continue to be worked on simultaneously. These phases involve a substantive amount of groundwork in order to move to Phase 3.
- Key 2014 project milestones include Senior Executive Committee:
 - endorsement of the Core Competencies for Public Health in Canada (2007) as a blueprint to guide skills, knowledge and attitude development at the SDHU, and
 - approval of revisions to training and development policies and procedures.

Ontario Public Health Organizational Standards Report



The Ontario Public Health Organizational Standards outline the expectations for the effective governance of boards of health and effective management of public health units. There are 44 requirements grouped within 6 standard categories. When implemented, they are essential to establishing consistent organizational processes which in turn, facilitates desired program outcomes.

Figure 4: Sudbury & District Board of Health Strategy Map 2013–2017, Organizational Standards

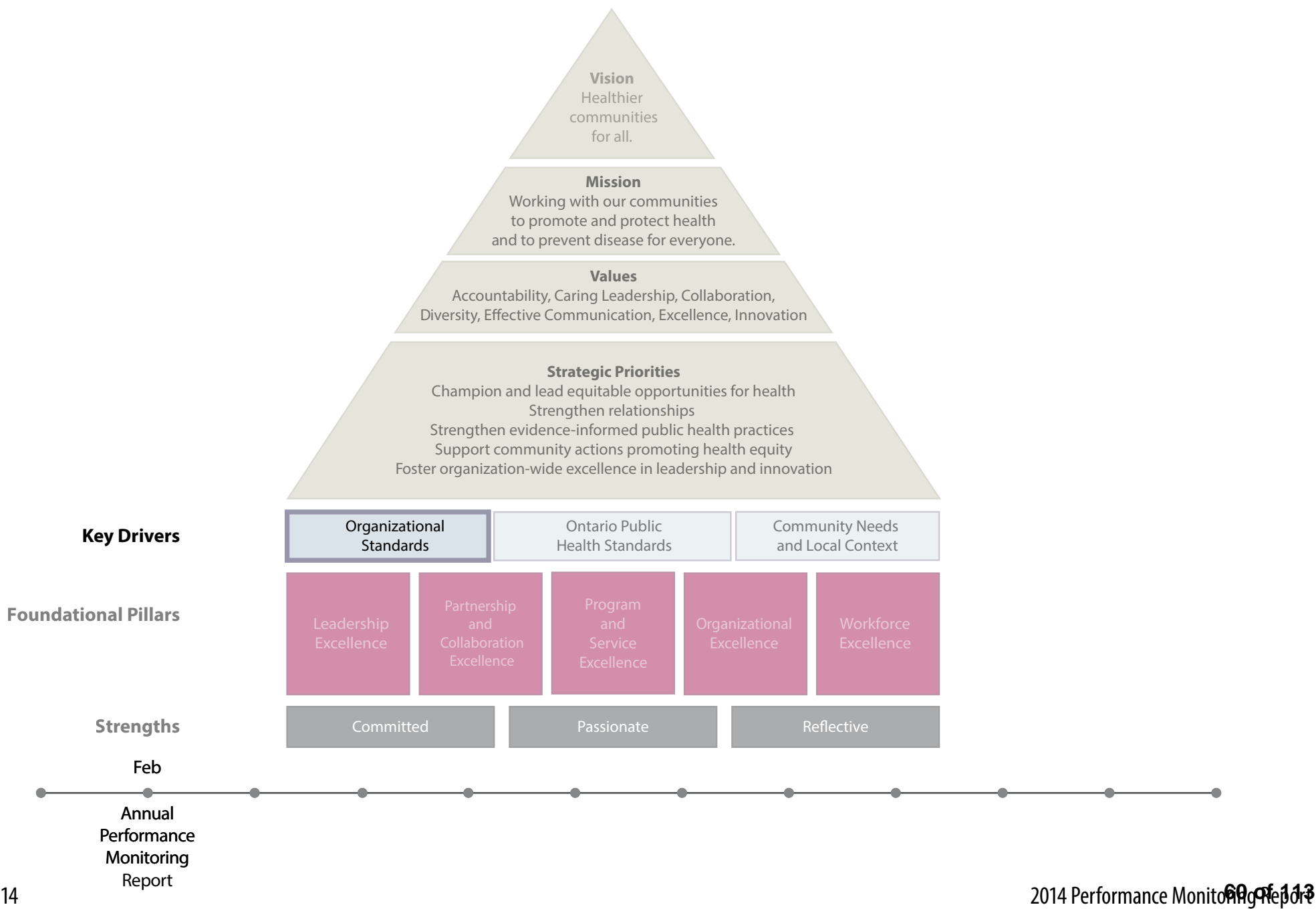


Table 2: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
1. Board Structure	1.1 Definition of a Board of Health	-		-	-	-
	1.2 Number of members on a Board of Health	-		-	-	-
	1.3 Right to make provincial appointments	-		-	-	-
	1.4 Board of Health may provide public health services on reserve	-		-	-	-
	1.5 Employees may not be Board of Health members	-		-	-	-
	1.6 Corporations without share capital	-		-	-	-
	1.7 Election of the Board of Health chair	-		-	-	-
	1.8 Municipal membership	-		-	-	-
2. Board Operations	2.1 Remuneration of Board of Health members	-		-	-	-
	2.2 Informing municipalities of financial obligations	-		-	-	-
	2.3 Quorum	-		-	-	-
	2.4 Content of by-laws	-		-	-	-
	2.5 Minutes, by-laws and policies and procedures	-		-	-	-
	2.6 Appointment of a full-time Medical Officer of Health	-		-	-	-
	2.7 Appointment of an acting Medical Officer of Health	-		-	-	-
	2.8 Dismissal of a Medical Officer of Health	-		-	-	-
	2.9 Reporting relationship of the Medical Officer of Health to the Board of Health	-		-	-	-
	2.10 Board of Health policies	-		-	-	-



Met or exceeded standard



Non-compliant with standard

Table 2 continued: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
3. Leadership	3.1 Board of Health stewardship responsibilities	-		-	-	-
	3.2 Strategic plan	-		-	-	-
4. Trusteeship	4.1 Transparency and accountability	-		-	-	-
	4.2 Board of Health member orientation and training	-		-	-	-
	4.3 Board of Health self-evaluation	-		-	-	-
5. Community Engagement and Responsiveness	5.1 Community engagement	-		-	-	-
	5.2 Stakeholder engagement	-		-	-	-
	5.3 Contribute to policy development	-		-	-	-
	5.4 Public reporting	-		-	-	-
	5.5 Client service standards	-		-	-	-
6. Management Operations	6.1 Operational plan	-		-	-	-
	6.2 Risk management	-		-	-	-
	6.3 Medical Officer of Health provides direction to staff	-		-	-	-
	6.4 Eligibility for appointment as a Medical Officer of Health	-		-	-	-
	6.5 Educational requirements for public health professionals	-		-	-	-
	6.6 Financial records	-		-	-	-
	6.7 Financial policies and procedures	-		-	-	-
	6.8 Procurement	-		-	-	-



Met or exceeded standard



Non-compliant with standard

Table 2 continued: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
6. Management Operations	6.9 Capital funding plan	-		-	-	-
	6.10 Service level agreements (The SDHU has an autonomous Board not integrated with the municipality.)	-	N/A	-	-	-
	6.11 Communications strategy	-		-	-	-
	6.12 Information management	-		-	-	-
	6.13 Research ethics	-		-	-	-
	6.14 Human resources strategy	-		-	-	-
	6.15 Staff development	-		-	-	-
	6.16 Professional practice support	-		-	-	-



Met or exceeded standard



Non-compliant with standard

Explanatory Notes—Significant Achievements

3.0 LEADERSHIP

3.2 Strategic plan

- The development of the 2013–2017 Strategic Plan included the advice of staff and community partners. The strategic priorities address local contexts, integrate local community priorities and health equity.
- The Performance Monitoring Plan Report, which includes both qualitative and quantitative reports, illustrate our direction for performance management and quality improvement.

5.0 COMMUNITY ENGAGEMENT AND RESPONSIVENESS

5.3 Contribute to policy development

- The SDHU facilitates community involvement and engages in activities that inform the policy development process. Examples of the SDHU developing healthy public policy internally and externally include; smoke-free patios, parks and municipal spaces and workplace wellness.

5.4 Public reporting

- The electronic version of the annual report is compliant with the Accessibility for Ontarians with Disabilities Act (AODA). The report, being available online, has increased our distribution and reach.

6.0 MANAGEMENT OPERATIONS

6.13 Research ethics

- The Research Ethics Review Committee (RERC) excels in ensuring that public health research reflects the highest ethical standard. The committee offers staff the opportunity to attend biannual ethics training seminars, online tutorials, consultations, and presentations. The committee represents the SDHU on the Public Health Ontario Ethics Review Board.

6.16 Professional practice support

- The SDHU has had a Chief Nursing Officer (CNO) in place since February 2012. The Professional Practice Committee has developed an interprofessional practice framework to guide the needs of its professional staff and has a 2014 activity plan which outlines various projects supporting this Standard.
- CNO activity plans also outline a number of activities carried out by the CNO and the Manager of Professional Practice and Development with regards to complying with this Standard. For example, the Chief Nursing Officer recently supported revisions to medical directives to ensure public health nurse (PHN) practice is consistent with new dispensing regulations.

Explanatory Notes—Steps to Further Exceed the Standard

4.0 TRUSTEESHIP

4.1 Transparency and accountability

- To further explore social media as a means to communicate Board proceedings, decisions, policies, etc.

5.0 COMMUNITY ENGAGEMENT AND RESPONSIVENESS

5.1 Community engagement

- As part of the evaluation of the SDHU's Ontario Public Health Standards Planning Path, the SDHU identified the need to further delineate ways to engage with the community and consider public input in the planning of its services and programs. The SDHU is currently undertaking a rapid review of evidence on best practices for engaging with the community, with the goal of developing an organizational wide framework for community engagement.

5.2 Stakeholder engagement

- The SDHU has developed a 2013–2017 Performance Monitoring Plan to provide the Board of Health with accountability measures on key focus areas. One of the monitoring indicators is the number of external partnership effectiveness reviews carried out annually. The target is to conduct a total of 5 annually for the duration of the Performance Monitoring Plan. To further exceed the standard, the SDHU should ensure that it incorporates and acts on the findings of these partnership reviews, and that any gaps are addressed.

5.5 Client service standards

- To ensure that programs consider priority populations – both access and inclusion. Currently, the SDHU provides services that are accessible and timely for clients, community partners, and the general public. Examples at the SDHU include: set times for responsiveness to website enquiries; accessibility of all SDHU properties, a program focus on outreach, early evening immunization clinics, weekend and evening classes, and skill building opportunities for the public.
- Information is provided in multiple formats and is AODA compliant.
- To further exceed the standard, the SDHU will develop an organizational policy on client services to guide teams in tailoring service approaches to their serviced populations.

6.0 MANAGEMENT OPERATIONS

6.2 Risk management

- There is currently no coordinated approach or formal reporting system to document SDHU's risk management process. SDHU will create a formalized Risk Management Tool to ensure and support a continuous quality improvement approach to organizational risk management.
- In 2014, the SDHU completed an Agency Reporting Tool from the Ministry of Children and Youth Services. It provided a clear structure and methodology to the assessment of our potential risks. The SDHU's risk level has been ranked as "low".
- As part of the performance management framework for public health, in 2013, the SDHU participated in the Ministry of Health and Long-Term Care's pilot of an Organizational Risk Monitoring Tool "Risk Tool". The intent of the Risk Tool is to identify risks related to the requirements in the Organizational Standards and the Accountability Agreement. The SDHU's risk level has been ranked as "low".

6.15 Staff Development

- The 2013–2017 SDHU Performance Monitoring Plan identifies the development of a workforce development framework. To continue the work on multiple phases of this initiative that are currently in progress.

Public Health Accountability Agreement Indicators Report



The Ministry of Health and Long-Term Care (MOHLTC) has set out performance expectations for boards of health which includes a set of performance indicators. These are measured and monitored by the MOHLTC throughout accountability agreement periods and represent outcomes relating to the delivery of public health programs and services.

Figure 5: Sudbury & District Board of Health Strategy Map 2013–2017, Accountability Agreement Indicators

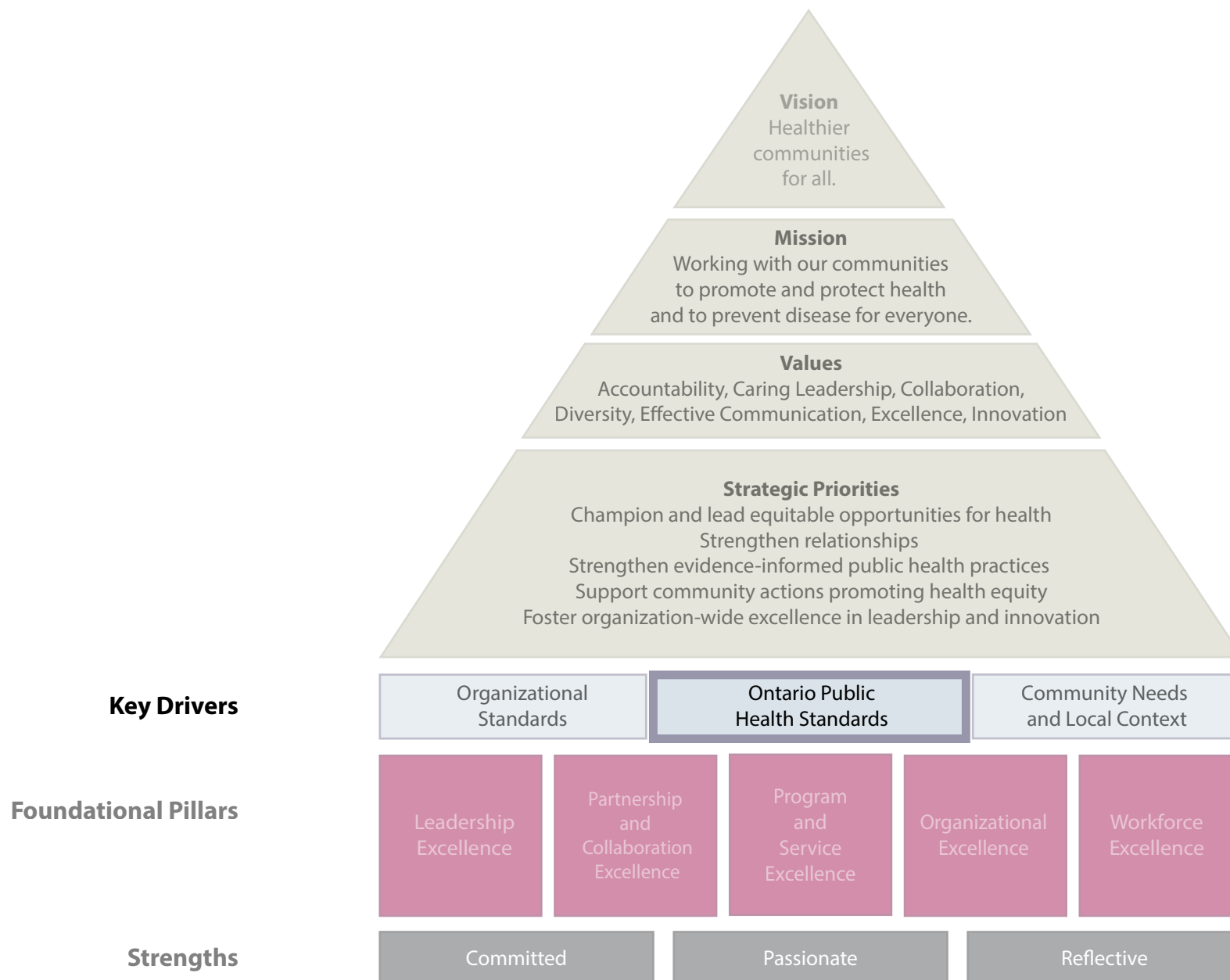


Table 3: Public Health Accountability Agreement Performance Indicators, 2013–2017




DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Clinical and Family Services	Oral Health Assessment and Surveillance: % of schools screened	-		-	-	-
	Oral Health Assessment and Surveillance: % of JK, SK & Grade 2 students screened	-		-	-	-
	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 (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case			-	-	-
	% of the Human papillomavirus (HPV) 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 refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	-		-	-	-
Environmental Health	% of tobacco vendors in compliance with youth access legislation at the time of last inspection			-	-	-
	% of secondary schools inspected once per year for compliance with section 10 of the Smoke Free Ontario Act (SFOA)	-		-	-	-
	% of tobacco retailers inspected twice per year for compliance with section 3 of the SFOA			-	-	-

 Baseline
  Met or exceeded target
  Variance*

* See explanatory notes

Table 3 continued: Public Health Accountability Agreement Performance Indicators, 2013–2017

DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Environmental Health	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the SFOA			-	-	-
	% of high-risk food premises inspected once every 4 months while in operation			-	-	-
	% of moderate-risk food premises inspected once every 6 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 1 day of public health unit notification			-	-	-
	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into integrated Public Health Information System (iPHIS)	-		-	-	-
Health Promotion	Fall-related emergency visits in older adults aged 65+*	†	‡	-	-	-
	% of youth (ages 12-18) who have never smoked a whole cigarette*	†	†	-	-	-

 Baseline
  Met or exceeded target
  Variance*

* See explanatory notes

† No reporting requirements

‡ 2011–2014 narrative status update

Explanatory Notes—Health Promotion Division

FALL-RELATED EMERGENCY VISITS IN OLDER ADULTS AGED 65+

- Data for this indicator was last reported to the MOHLTC in 2013 and was based on 2011 data. There were no MOHLTC reporting requirements for the 2013 data year. A descriptive activity status update covering 2011-2014 years was recently provided to the MOHLTC as requested. This indicator has a long-term target with a fall 2017 reporting timeline on 2016 year-end data.

% OF YOUTH (AGES 12-18) WHO HAVE NEVER SMOKED A WHOLE CIGARETTE

- There were no MOHLTC reporting requirements for both 2013 and 2014 data years. Data was last reported to the MOHLTC in 2013 and was based on 2011-2012 data. This indicator has a long-term target with a fall 2017 reporting timeline on 2016 year-end data.



Sudbury & District

Health Unit

Service de
santé publique

alPHA's members are
the 36 public health
units in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

March 3 2015

Hon Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins,

Re. Low-Income Dental Programs Integration

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing to express enduring concerns that we have about the Low Income Dental Integration (LIDI) process.

As you are aware, our members are very supportive of consolidating Ontario's six publicly-funded oral health programs into a new Healthy Smiles Ontario (HSO) program. We are certainly conscious of the challenges presented by this undertaking, and we are aware of the significant amount of work that is underway at the provincial level to meet them.

On January 27 of this year, you were copied on a letter I wrote to Liz Walker outlining our members' most pressing concerns. Many of these were about program design and the financial and practical implications for our member health units, and we understand that these are being considered.

However, unaddressed is our concern about the absence of detailed information in the context of a fast approaching August 1 implementation date. As I wrote in January, there is significant anxiety among our members about this as it is not possible for them to carry out well-informed advance planning for the program and service delivery changes that will be required to implement the new HSO. This anxiety is only rising as time passes with no response and no key details.

We are grateful that the work that is being done on LIDI includes mechanisms for engagement, most notably the Implementation Technical Advisory Committee (ITAC), and we are pleased that field – level stakeholders, including our own members, have been invited to inform government policy. It is, however, very frustrating when our representatives are unable to share pertinent information when asked for updates, and that we are as a result unable to provide informed feedback. We acknowledge the need for discretion in the policy development arena, but a one-way flow of information hampers effective consultation and collaboration.

Hon. Eric Hoskins
March 3, 2015

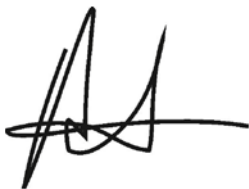
Page 1 of 2

As previously communicated, the provision of clear and complete information to local public health units about HSO program design and provincial supports well in advance of the implementation/effective date is a prerequisite for the effective planning for the service, human resource, financial and facility changes that will be required under the new program.

We believe that the August 1 implementation date is no longer reasonable, and strongly recommend that it be delayed until at least January of 2016. Time is needed to examine the program details and initiate the processes required at the local level to ensure a smooth and effective launch and ultimately, to ensure that Ontarians are best served.

We look forward to your reply and to working with the Ontario government to maximize the contribution of the Healthy Smiles Ontario program to making Ontario the healthiest place in North America to grow up and grow old.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Sutcliffe', with a stylized, cursive script.

Dr. Penny Sutcliffe,
aPHa President

Copy: France G  linas, NDP Critic, Health and Long-Term Care
Christine Elliott, PC Critic, Health and Long-Term Care
Liz Walker, Co-Chair, LIDI Implementation Technical Advisory Committee & Director
Public Health Planning and Liaison Branch
Laura Pisko-Bezruchko, Co-Chair, LIDI Implementation Technical Advisory Committee &
Director, Standards, Programs & Community Development
Andrea Feller, Co-Chair, LIDI Implementation Technical Advisory Committee
Pat Vanini, Executive Director, Association of Municipalities of Ontario

March 4, 2015



The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Dr. Hoskins:

Re Community Water Fluoridation:

On January 23, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from Windsor-Essex County Health Unit regarding Community Water Fluoridation. The following motion was passed:

Motion No: 2015-3

Moved by: David Inglis

Seconded by: Kevin Eccles

“That the Board of Health receives the correspondence as circulated and that the Board of Health support the resolution from Windsor-Essex County Health Unit urging the Province of Ontario to amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of .07 mg/L), and further that the governing body that initiates the legislation be responsible for any costs incurred to implement such systems.”

Carried

Sincerely,

A handwritten signature in blue ink, appearing to read "Hazel Lynn".

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605

75 of 113

December 18, 2014

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Dr. Hoskins:

On December 18, 2014, the Windsor-Essex County Health Unit Board of Health passed the following resolution regarding community water fluoridation:

WHEREAS global health experts and evidence support community water fluoridation to prevent tooth decay; and

WHEREAS providing fluoride via community water offers the positive benefits equally for everyone in the community; and

WHEREAS individuals in the community of lower socio-economic status suffer a more significant burden of poor health; and

WHEREAS Windsor-Essex has a higher than average number of individuals living in low income compared to the province; and

WHEREAS the relationship between poor oral health and risks associated with childhood development are known; and

WHEREAS the relationship between poor oral health and poor physical and mental health is clear;

THEREFORE BE IT RESOLVED that the Windsor Essex County Health Unit recommends that the Province of Ontario amend the regulations of the Safe Drinking Water Act to require community water fluoridation for all municipal water systems (when source-water levels are below the Health Canada-recommended level of 0.7 mg/L) to prevent dental caries.

Continued to page 2

Thank you for your attention to this important public health issue.

Yours very truly,



Gary McNamara
Chair, Board of Health



Dr. Gary M. Kirk
Associate Medical Officer of Health and CEO

F:\Administration\Committees\Board\Letters\Board Resolutions\2014 Resolution Letters\CWF letter to Dr Hoskins-Dec 18 2014.docx

cc: Board Members, Windsor-Essex Board of Health

Local MPPs

Mary Brennan, Director, Council Services (distribution to County Councillors)

Becky Murray, City Council Services (distribution to City Councillors)

Ms. Monika Turner, Director of Policy, AMO

Dr. David Mowat, Interim Chief Medical Officer of Health

The Honourable Tracy MacCharles, Minister of Children and Youth Services

Dr. Jerry Smith, President, Ontario Dental Association

Dr. Charles Frank and Dr. Lesli Hapak, Board Members, Ontario Dental Association

Dr. Matt Duronio, President, Essex County Dental Society

Dr. Peter Cooney, Canadian Oral Health Advisor, Public Health Agency of Canada

Dr. Haider Hasnan, President, Essex County Medical Society

Dr. Peter Donnelly, President and CEO, Public Health Ontario

Ontario Association of Public Health Dentistry

Ms. Sue Makin, President, The Ontario Public Health Association

Ms. Amy MacDonald, Co-Chair, Ontario Society of Nutrition Professionals in Public Health

Mr. Gordon Fleming, Manager of Public Health Issues, alPHa

Mr. Adam Vasey, Director, Pathway to Potential

Ontario Boards of Health



The Regional
Municipality
of Durham

Corporate Services
Department -
Legislative Services

605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 1, 2015

The Honourable Kathleen Wynne
Premier and Minister of Agriculture
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
APR 9 2015	
Environ. Health	_____
Clinical Services	_____
Corporate Services	_____
Health Promotion	_____ ✓
RRED	_____
Board	_____ ✓
Committee	_____
File ()	Circulate ()
Return ()	F.Y.I. ()

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated March 5, 2015 re: Energy Drinks (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 1, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated February 4, 2015 from Wellington-Dufferin-Guelph Public Health, to all Ontario Boards of Health, urging the Ontario government to take action to reduce the consumption of high-calorie, low-nutrient beverages and, in particular, energy drinks by children, be endorsed; and
- B) That the Premier of Ontario, Associate/Minister of Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, ADM Health Promotion and all Ontario Boards of Health be so advised."

Deb Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/np

c: The Honourable Dr. Eric Hoskins, Minister of Health and Long
Term Care
Minister Dipika Damerla, Associate Minister of Health and Long-
Term Care
Joe Dickson, MPP (Ajax/Pickering)
Christine Elliott, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP,
(Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Dr. David Mowat, Interim Chief Medical Officer of Health
Martha Greenberg, Assistant Deputy Minister (Interim),
Health Promotion
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

2015 February 19

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

The Windsor-Essex County Board of Health would first like to acknowledge the good work that is made possible in our community under the current naloxone distribution program. In Windsor-Essex County, between 2005 and 2011, there were 139 fatal opioid overdoses (Office of the Chief Coroner, 2012). Overdose education and access to naloxone can help prevent and/or treat an opioid overdose.

On January 15, 2015 the Windsor-Essex County Board of Health passed a resolution in support of the activities related to naloxone distribution by our public health unit, but also to recommend that an expanded program reach be considered. The approved resolution states:

WHEREAS naloxone is a medication that can reverse the symptoms of an opioid overdose and,

WHEREAS the provincial Expert Working Group on Narcotic Addiction (EWGNA) has recommended that the Ministry “increase and sustain the availability of naloxone overdose prevention kits and harm reduction information via public health units across the province.

NOW THEREFORE BE IT RESOLVED that the Board of the Windsor-Essex County Health Unit encourages the MOHLTC to expand the naloxone distribution program, which restricts the dispensing of naloxone to individuals who are current needle exchange program clients or patients in the MOHLTC Hepatitis C Treatment and Outreach Program, to include:

- Not-for-profit agencies and organizations that service individuals at risk of opioid overdose.
- Individuals that support and/or care for individuals at risk of opioid overdose.
- Any individual living in Ontario that is 16 years of age and older and dependent on opioids.

The Board of Health at the Windsor-Essex County Health Unit is in full support of the advice provided in March 2012 by the Expert Working Group on Narcotic Addiction (EWGNA), convened by the Minister of Health and Long Term Care, to strengthen addiction services. In its final report, EWGNA recommended that the ministry “increase and sustain the availability of naloxone overdose prevention kits and harm reduction information via public health units across the province”.

Letter to The Honourable Dr. Eric Hoskins
2015 February 19
Page 2

We would be happy to discuss potential implementation of the naloxone distribution program and would volunteer to be a part of the evaluation of additional program avenues.

Sincerely,



Gary McNamara
Chair, Windsor-Essex County Board of Health



Gary M. Kirk, MPH, MD
Medical Officer of Health and CEO

F:\Administration\Committees\Board\Resolutions and Recommendations\2015\Board resolution - Expanded Naloxone Program Reach-Feb 19 2015 Letter to MOHLTC-Final.docx

cc: Ms. Nicole Dupuis, Director Health Promotion, Windsor-Essex County Health Unit
Ms. Kristy McBeth, Manager, Chronic Disease and Injury Prevention, Windsor-Essex County Health Unit
Windsor-Essex County Board of Health
Local MPPs
Ms. Monika Turner, Director of Policy, AMO
Dr. David Mowat, Interim Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Ms. Sue Makin, President, The Ontario Public Health Association
Mr. Gordon Fleming, Manager of Public Health Issues, alPHa
Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care
Association of Local Public Health Agencies
Ontario Boards of Health



The Regional
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605 ROSSLAND RD. E.
PO BOX 623
WHITBY ON L1N 6A3
CANADA

905-668-7711
1-800-372-1102
Fax: 905-668-9963

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 1, 2015

The Honourable Kathleen Wynne
Premier and Minister of Agriculture
Room 281
111 Wellesley Street West
Queen's Park
Toronto ON M7A 1A1

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
APR 9 2015	
Environ. Health	<input checked="" type="checkbox"/>
Clinical Services	<input checked="" type="checkbox"/>
Corporate Services	<input checked="" type="checkbox"/>
Health Promotion	<input checked="" type="checkbox"/>
RRED	<input checked="" type="checkbox"/>
Board	<input checked="" type="checkbox"/>
Committee	<input checked="" type="checkbox"/>
File ()	Circulate ()
Return ()	F.Y.I. ()

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated March 5, 2015, re: Naloxone Distribution (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 1, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated February 19, 2015 from the Wellington-Essex County Board of Health, to all Ontario Boards of Health, urging the Ontario government to expand its naloxone distribution program to include:
- Non-Governmental Organizations (NGOs) that service individuals at risk of opioid overdose;
 - Individuals that support and/or care for individuals at risk of opioid overdose; and;
 - Any individual living in Ontario that is 16 years of age and older and dependent on opioids, be endorsed; and
- B) That the Premier of Ontario, Associate/Minister of Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, ADM Health Promotion, alpha, AMO and all Ontario Boards of Health be so advised."

D. Bowen

D. Bowen, AMCT
Regional Clerk/Director of Legislative Services

DB/np

c: The Honourable Dr. Eric Hoskins, Minister of Health and Long
Term Care
Minister Dipika Damerla, Associate Minister of Health and Long-
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Joe Dickson, MPP (Ajax/Pickering)
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The Honourable Tracy MacCharles, MPP,
(Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Dr. David Mowat, Interim Chief Medical Officer of Health
Martha Greenberg, Assistant Deputy Minister (Interim),
Health Promotion
L. Stewart, Executive Director, Association of Local Public
Health Agencies (alPHA)
P. Vanini, Executive Director, Association of Municipalities of
Ontario (AMO)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

ACCEPTANCE OF NEW BUSINESS ITEMS

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

Ontario Releases Updated Health & Physical Education Curriculum, Parent Resources

Promoting the Health and Well-Being of Students
February 23, 2015 10:00 A.M.

Ontario is releasing updated Health and Physical Education curriculum to give students accurate information that will help keep them safe and healthy. The province is also providing parents with resources to help them understand and participate in what will be taught to their children.

Starting September 2015, the updated curriculum will reflect health, safety and well-being realities faced by today's students. Updates to the curriculum include healthy relationships, consent, mental health, online safety and the risks of "sexting." The curriculum has also been updated to be more reflective of Ontario's growing and diverse population.

Resources to inform parents and to support learning at home include:

- An outline of the new Health and Physical Education curriculum for Grades 1-12.
- Guides on human development and sexual health part of the curriculum - one for Grades 1-6 and one for Grades 7-12.
- Quick reference sheets about healthy relationships and consent as well as online safety, including the risks of sexting.

The revision of the Health and Physical Education curriculum is the result of work done through the curriculum consultation, which began in 2007. The review was the most extensive curriculum consultation process ever undertaken by the ministry and involved parents, students, teachers, faculties of education, universities, colleges and numerous stakeholder groups including the Centre for Addiction and Mental Health, The Ontario Public Health Association and the Ontario Healthy Schools Coalition. More than 70 health-related organizations submitted reports for consideration and thousands of people provided feedback.

QUOTES

" We are updating the curriculum to ensure the safety and health of our students. Schools and parents both play an essential and complementary role in supporting student learning — including learning about human development and sexual health. We are listening to parents. That is why we are working with education partners to develop a number of resources for parents and educators about the curriculum and about issues impacting today's children and youth."

- Liz Sandals
Minister of Education

QUICK FACTS

- The Growth and Development section of the elementary Health and Physical Education curriculum has not been updated since 1998 – before the widespread use of social media and smartphones.
- Studies have shown that girls are entering puberty as early as seven years old, which is significantly earlier than in previous generations.
- The World Health Organization has found that providing kids with comprehensive sexual health information helps prevent early sexual activity and negative health outcomes.
- Studies have shown that the vast majority of parents want schools to provide sexual health education.

LEARN MORE

- [A Parent Guide to the Revised Health and Physical Education Curriculum, Grades 1-12](#)
- [Updated curriculum documents](#)
- [A Parent Guide to the Revised Health and Physical Education Curriculum, Grades 1-12](#)
- [A Parent Guide: Learn More About Human Development and Sexual Health in the Health and Physical Education Curriculum, Grades 1-6](#)
- [A Parent Guide: Learn More About Human Development and Sexual Health in the Health and Physical Education Curriculum, Grades 7-12](#)
- [Quick Facts for Parents: Online Safety, Including Risk of Sexting](#)
- [Quick Facts for Parents: Healthy Relationships and Consent](#)
- [Public Health Agency of Canada's Canadian Guidelines for Sexual Health Education](#)
- [Achieving Excellence: Ontario's Renewed Vision for Education in Ontario](#)

Gary Wheeler Communications Branch
gary.s.wheeler@ontario.ca
416-325-2454
Nilani Logeswaran Minister's Office
Nilani.Logeswaran@ontario.ca
416-314-6020

[Available Online](#)
[Disponible en Français](#)



SDHU Response to Hepatitis A Virus in Food Handler

Situation Report: Summary

Internal Use Only

Sudbury & District Health Unit
March 2015



Sudbury & District

Health Unit

Service de
santé publique

Authors

Renée St Onge
Dr. Penny Sutcliffe
Stephanie Bale
Colette Barrette
Holly Browne
Mary Ann Diosi
Nicole Frappier
Troy Haslehurst-Walker
Dan Hutchins
Sandra Laclé
Stacey Laforest
Cynthia Peacock-Rocca
Marc Piquette
Nicole Proulx
Todd Robson
Lisa Schell
Monique Schler
Shelley Westhaver

Citation

Sudbury & District Health Unit. (2015, March). *SDHU response to Hepatitis A virus in food handler: Situation report: Summary*. Sudbury, ON: Author.

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Background

The Sudbury & District Health Unit (SDHU) received a report of a laboratory confirmed case of Hepatitis A Virus (HAV) at 15:15 on Tuesday, January 28, 2015. It was learned that the case was a food handler at a local Sudbury restaurant. The case reported symptom onset date of January 16, 2015 with jaundice onset of January 20, 2015. Restaurant scheduling records confirmed information provided by the case that the case worked at the restaurant regularly in the month preceding the reported onset of symptoms, with the last shift being January 18, 2015. The case's period of communicability was determined to be January 1 to January 27, 2015. Staff and patrons of the restaurant from January 1 to January 20, 2015 were identified as potentially exposed and those from January 15 to January 20, 2015 were identified as candidates for HAV post-exposure prophylaxis.

In accordance with the Ontario Public Health Standards Infectious Diseases Protocol, December 2014, and the Provincial Infectious Diseases Advisory Committee, Immunization (PIDAC-I), post-exposure prophylaxis (PEP) was offered to household contacts up until 14 days following their last contact with the case while communicable. Workplace contacts and anyone having eaten at the restaurant from January 15 to January 20, 2015 inclusive were offered HAV PEP. Furthermore, the SDHU advised individuals who dined at the restaurant between January 1 and January 20, 2015 to monitor for signs and symptoms of HAV infection, to practice thorough hand washing, and to contact their health care provider if concerned.

Actions

On Thursday, January 29, 2015 at 08:30, the SDHU Emergency Control Group (ECG) was activated by Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer. The full ECG met a total of six times in order to ensure a rapid and thorough response. The ECG was deactivated at 15:30 on February 2, 2015.

Timelines

Key timelines for the emergency are noted in the table below.

Date	Activities
Wednesday January 28, 2015	<ul style="list-style-type: none"> SDHU notification of laboratory confirmed case of hepatitis A (15:15) SDHU investigation identifies that case is a food handler at a local restaurant (16:20)
Thursday January 29, 2015	<ul style="list-style-type: none"> ECG activated (08:30) Inspection of food premises (13:16) Immunoglobulin and vaccine ordered (10:01 and 09:24 respectively) Immunization clinic held for restaurant staff on site at restaurant (14:00) Advisory Alert issued to area health care providers (16:16) Media release and social media issued (17:34)

Date	Activities
	<ul style="list-style-type: none"> Notification to all SDHU staff and board members (all SDHU staff 16:29; board members 17:13) Notification to MOHLTC, PHO, and all health units (MOHLTC 08:18; PHO 11:37; all health units via CIOSC 16:40, Northern health units 18:56) Health Unit call centre set up and opened SDHU staff trained to be customer service representatives to run the call centre
Friday January 30, 2015	<ul style="list-style-type: none"> Immunization clinics held at main 1300 Paris Street Sudbury location 09:00 to 21:00 Call centre open 09:00 to 21:00
Saturday January 31, 2015	<ul style="list-style-type: none"> Immunization clinics held 09:00 to 21:00 at main 1300 Paris Street Sudbury location, at the Espanola and Chapleau district offices, and at the Manitoulin Health Centre. Call centre open 09:00 to 14:00 (closed early due to low volume)
Sunday February 1, 2015	<ul style="list-style-type: none"> Immunization clinics held 09:00 to 21:00 at main 1300 Paris Street Sudbury location, at the Espanola and Chapleau district offices, and at the Manitoulin Health Centre.
Monday February 2, 2015	<ul style="list-style-type: none"> Immunization clinics held 09:00 to 21:00 at main 1300 Paris Street Sudbury location, at the Espanola and Chapleau district offices, and at the Manitoulin Health Centre. Emergency Control Group deactivated at 15:30
Tuesday February 3, 2015	<ul style="list-style-type: none"> Immunization clinics held 08:30 to 16:30 at main 1300 Paris Street Sudbury location, at the Espanola and Chapleau district offices, and at the Manitoulin Health Centre.

Operations

Follow-up Actions at Food Premises

- A compliance inspection and interview of the general manager of the restaurant were conducted on January 29, 2015.
- An immunization clinic was held on-site for the restaurant staff on this same date. In total, 53 staff attended the onsite clinic and either received vaccination, showed proof of previous vaccination, or received counselling from one of the public health nurses. Other staff members attended the Sudbury & District Health Unit clinic and received vaccination.
- A symptomatic contact list was created and maintained by the Environmental Health Division. All symptomatic contacts were provided with education regarding prevention of secondary spread, monitoring of signs and symptoms, consulting a health care provider, and having blood drawn to identify presence of hepatitis A virus IgM antibodies.

Mass Immunization Clinics

- 3500 doses of vaccine were ordered via the Ontario Government Pharmacy. The vaccine was received at 16:00 on Thursday, January 29, 2015. In addition, 300 ml of Immune Globulin (IG) was ordered via the Health Sciences North bloodbank and delivered by late Thursday (just after midnight).
- Immunization clinics were scheduled for January 30 to February 2, 2015 from 09:00 to 21:00), and were held at 1300 Paris Street in Sudbury. Additional clinics were held in Espanola and Chapleau, and at Manitoulin Health Centre.
- A total of 34 public health nurses were involved in the operations of the mass immunization activity.
- The total number of vaccines administered (includes both HAV and Twinrix) was 1,239. The total number of doses of Immune Globulin (IG) administered was 128. Other public health units reported contacts immunized with Hepatitis A vaccine (Algoma Public Health, 12; North Bay Parry Sound, 13, Timiskaming, 5).

Planning

- In order to respond to calls from the public, an SDHU call centre was set up with 15 phone lines, to be staffed by SDHU employees.
- The call centre was initially set up to be operational from the afternoon of Thursday, January 29, 2015 to 21:00 on Monday, February 2, 2015. Due to diminishing call volume, the call centre was closed at 14:00 on January 31, 2015 and calls were redirected to the nurse on call.
- A total of 54 staff members from across the organization were recruited to be customer service representatives (CSRs).
- All calls received were documented for analysis purposes. All complex calls that could not be answered by call centre staff were redirected to the Clinical and Family Services nurse on call.
- The CSRs responded to a total of 843 calls from January 29, 2015 to Saturday, January 31, 2015 with the largest volume of calls coming in between 16:30 on January 29 and 14:00 on January 30.
- Public health nurses working the Clinical and Family Services nurse on call line received and responded to 344 telephone calls starting on Thursday, January 29, 2015.

Information

- An Advisory Alert was issued on January 29, 2015 to all area health care providers advising of the confirmed case, clinic dates and times, as well as indications for post-exposure prophylaxis for individuals who may have been exposed. Notification was also sent to the Ministry of Health and Long-Term Care, Public Health Ontario, and all Ontario health units on January 29, 2015 via telephone call, email and CIOSC posting. Notification was provided to the Health Sciences North Infection Control team.
- A media release was dispatched in French and English at 17:34 on January 29, 2015.
- Media coverage was substantial on January 30, 2015 as public awareness grew, the story spread, and word of large crowds at our clinics reached the media. Total tracked media

including interviews was approximately 26 interviews and stories between January 29, 2015 and February 3, 2015.

- Social media played a key role in the immediate dissemination of the message. Social media also played a role in promoting weekend clinics. The measured audience is 75 903 for Facebook and 48 201 for Twitter.

Logistics

- Security coverage was added for the main lobby during extended hours of clinics. Additional cleaning services were also available for the duration of clinics.
- Staff parking was arranged offsite to allow for additional parking spots for members of the public coming in for immunizations.
- Additional phone lines were added to account for the increased volume of calls, and an extension for the call centre was set up.
- Human Resources notified the bargaining units and management about the emergency to ensure appropriate scheduling of staff.
- Safety checks of staff work spaces related to the response were also conducted.
- Accounting measures to track all expenses related to the emergency (including staffing and supplies) were put in place.

Debrief

Two debrief sessions were held following the emergency situation to identify what went well with the emergency response, what could be improved upon, and to reflect on lessons learned for future situations.

The SDHU response was considered to have been effective and timely. Teamwork and leadership were highlighted as being critical to the SDHU successful response. The effectiveness of the IMS structure was identified as a factor that enabled the core management functions of the EOC to run smoothly during the response.

Opportunities for improvement were also identified. These included giving attention to the following areas:

- Additional clarity around roles and responsibilities;
- Planning for future extended outbreaks;
- Development of checklists and toolkits for supporting a clear and effective response;
- A centralized location for information and streamlined internal communications to assist with meeting and communication efficiency;
- Enhanced training to ensure adequate staff comfort levels with emergency response; and
- Continued communication and collaboration between the Section Chiefs.

Detailed findings from the debrief sessions will be considered and used to inform the SDHU's response in future emergency situations.

Conclusion

Overall, the HAV emergency situation was short in duration (less than one week), but required rapid response and solid teamwork. Activation of the ECG and use of the IMS was seen as very effective for response in this situation. There were multiple actions from all Sections in the IMS, including Operations, Planning, Logistics, and Information.

There were 1239 vaccine doses and 128 doses of immune globulin given to members of the public. Through the call centre that was set up to respond to inquiries from the public, there were nearly 850 calls, and over 200 calls directed to the nurse on call. There was also extensive communication with external partners including the Ministry of Health and Long-Term Care and other Ontario public health units. Media uptake included approximately 26 interviews and stories on the situation in six days. Social media played a key role in immediate dissemination of the message with a reach of approximately 75 000 people via Facebook and nearly 50 000 people via Twitter.

Two debrief sessions were held with the Executive Committee and members of the ECG. From these sessions we can conclude that the response was considered effective, with demonstration of the strong capacity within the SDHU to respond to such situations. A number of areas for improvement were identified for consideration in future emergency situations.

Next steps include a review of opportunities for ongoing improvement, and ensuring that these are addressed through internal processes and structures.



Ontario

Cancer Care Ontario

Action Cancer Ontario



Cancer Risk Factors in Ontario

Healthy Weights, Healthy Eating and Active Living

HIGHLIGHTS, CONTEXT

FOREWORD



Cancer Risk Factors in Ontario: Healthy Weights, Healthy Eating and Active Living is the fourth report in our Cancer Risk Factors in Ontario series. The first report in the series summarized the epidemiological evidence for a wide range of cancer risk factors, including body composition, diet and physical activity. The second and third reports provided information on the prevalence, distribution and related cancer risk of smoking and alcohol use, respectively, in the province. The report series supports one of Cancer Care Ontario's key strategic priorities to reduce chronic disease through prevention.

This report provides data related to three major risk modifiers associated with chronic diseases: healthy weights, healthy eating and active living. Maintaining a healthy weight, eating a diet rich in vegetables and fruit, and participating in regular physical activity, are associated with decreased risk for hypertension, stroke, cardiovascular disease, diabetes and certain cancers, and are protective against premature mortality. Obesity is a complex health issue with multiple causes and contributors. While eating a diet rich in vegetables and fruit, and participating in moderate to vigorous physical activity both contribute to maintaining a normal weight, each also confers independent health benefits for chronic disease prevention.

Cancer Risk Factors in Ontario: Healthy Weights, Healthy Eating and Active Living presents the prevalence and distribution of obesity and overweight, and some cancer-related aspects of diet and active living in Ontario; examines their geographic and socio-demographic variation; and estimates the cancer burden attributable to overweight and obesity in the province.

The data in this report highlight a considerable opportunity for cancer and chronic disease prevention efforts. The related domains of overweight and obesity, aspects of diet, physical inactivity and sedentary time are among the most directly modifiable chronic disease risk factors. Sustained change requires a collaborative commitment from individuals, communities and all levels of government. We hope the report will serve as a resource for public health and health professionals, policy-makers and planners.

Linda Rabeneck, MD MPH FRCPC
Vice President, Prevention and Cancer Control
Cancer Care Ontario



HIGHLIGHTS

HEALTHY WEIGHTS

- Approximately 2,640 new cancer cases diagnosed in Ontario (4.0% of all new cancers) were estimated as attributable to excess body weight (i.e., overweight and obesity) in 2010.
- Cancers of the endometrium, kidney and esophagus have the highest proportion of new cases attributable to overweight and obesity in Ontario, reflecting their relatively strong association with body fatness. Breast and colorectal cancers, because they are among the most common cancers in Ontario, account for the largest absolute numbers of attributable cases.
- Between 2003 and 2013, the proportion of overweight Ontario adults aged 18 years and older remained stable, while the proportion who were obese increased significantly. By 2013, 36.2% of adults were overweight and 24.7% were obese, representing roughly 6,150,900 people. The proportion of adults who were overweight or obese generally increased across older age groups.
- Significant variation in the proportion of overweight or obese adults exists across Ontario's 14 Local Health Integration Networks (LHINs), with particularly large variation for obesity. In 2012–2013, the prevalence of overweight and obesity combined ranged from 52.5% to 70.7%.
- The proportion of overweight or obese adults varies across levels of several socio-demographic factors. In 2012–2013, immigrants of both sexes were less likely to be overweight or obese than their Canadian-born counterparts. The relationship with other factors, including income and education, was less consistent between males and females.

HEALTHY EATING

- In 2013, 34.8% of Ontario adults aged 18 and older reported consuming vegetables (excluding potatoes) and fruit five or more times per day. The proportion was significantly higher among females (40.7%) than males (28.7%), and has shown no significant change since at least 2003.
- Significant socio-demographic disparities exist for consuming vegetables and fruit five or more times per day; in 2012–2013, prevalence was significantly higher among adults living in urban compared with rural areas, among adults who graduated from post-secondary education than adults with less education, and among the highest income group compared with all lower income groups.
- In 2007–2009, 25.1% of male and 13.7% of female Canadian adults consumed more red and processed meat than the cancer prevention recommendation of less than 500 g per week.
- In 2004, average total dietary fibre intake by Ontario males and females was well below age- and sex-specific levels recommended for general health; males younger than 50, in particular, consumed about half their recommended daily level.
- Ontario adults consumed more than the daily 2,300 mg of sodium recommended by Health Canada for general health. Consumption was higher among males and decreased across age groups; males younger than age 50 were most likely to exceed recommendations.



ACTIVE LIVING

- In 2013, 52.9% of Ontario adults aged 18 and older (55.6% males, 50.5% females) could be classified as at least moderately active during their leisure time and this had not changed significantly since 2003.
- In 2013, the proportion of adults classified as “moderately active” or “active” during leisure time and transportation (walking or cycling to and from work or school) ranged from just over 40% in females aged 65 and older to almost 70% in males aged 18–29.
- Significant regional variation in levels of physical activity existed across the province in 2012–2013, with prevalence of at least moderate activity ranging from 45.2% to 60.9% across Ontario’s 14 LHINs.
- The prevalence of at least moderate activity during leisure time and transportation was significantly higher among post-secondary graduates than those with less than secondary school education, among the highest income group compared to other income groups, and among Canadian-born adults compared with immigrants.
- The prevalence of more than 14 hours of leisure screen time (television, computer and video games) per week was highest, at around 70%, in the 18–29 and 65 and older age groups.

IMPLICATIONS FOR CANCER CONTROL

- A substantial number of new cancers in Ontario can be attributed to excess body weight. With the proportion of overweight or obese Ontarians continuing to rise, the number of new cases will increase in the future unless effective prevention efforts are implemented.
- The rising prevalence of excess body weight and physical inactivity with advancing age suggests a critical need to intervene at earlier stages in life. Obese children are more likely to remain obese as adults; infants, children and youth are an important target population for prevention efforts related to achieving healthy weights, healthy eating and active living. Significant geographic and socio-demographic disparities in the prevalence of cancer risk modifiers in Ontario should be taken into account when developing related programs and policies.
- Addressing several gaps in the data available for monitoring and measuring overweight and obesity, healthy eating and physical activity in the Ontario population will be important for monitoring trends and evaluating outcomes of provincial and local interventions.
- Some initiatives are being implemented to address chronic disease prevention by reducing overweight and obesity, promoting healthy eating and increasing physical activity in the Ontario population. In particular, actions following from *Ontario’s Action Plan for Health Care* and the Healthy Kids Panel aim to provide support for healthy, active communities.



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N O T I C E

2015 ANNUAL GENERAL MEETING

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

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

DATED at Toronto, Ontario, February 10, 2015.

BY THE ORDER OF THE BOARD OF DIRECTORS.



Linda Stewart
Executive Director

CALL FOR BOARD OF HEALTH NOMINATIONS TO 2015-2016 & 2016-2017 alPHa BOARD OF DIRECTORS

*alPHa is accepting nominations for **two** Board of Health representatives on its 2015-2016 and 2016-2017 Board of Directors from the **East and South West regions**. See the attached appendix for boards of health in these regions.*

Each position is for a 2-year term, beginning June 2015 and ending June 2017, and will fill a seat on the Boards of Health Section Executive and a seat on the alPHa Board of Directors.



Qualifications:

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

An election to determine the two representatives will be held at the Boards of Health Section Meeting on June 9 during the 2015 alPHa Annual Conference, Marriott Ottawa Hotel, 100 Kent Street, Ottawa, Ontario.

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

Why stand for election to the alPHa Board?

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

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

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

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

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

How is the alPHa Board structured?

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

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

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

Are my expenses as a Director of the alPHa Board covered?

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

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

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

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

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

Board of Health Vacancies on alPHa Board of Directors

alPHa is accepting nominations for **two** Board of Health representatives to fill positions on its 2015-2016 and 2016-2017 Board of Directors, i.e. one representative from the **East Region** and one from the **South West Region**. See below for boards of health in these regions.

Each position is for a 2-year term, beginning June 2015 and ending June 2017, and will fill a seat on the Boards of Health Section Executive and a seat on the alPHa Board of Directors.

An election will be held at alPHa's annual conference in June to determine the two new representatives (one from each of the regions below).

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

East Region

Boards of health in this region include:

- Eastern Ontario
- Hastings & Prince Edward
- Kingston, Frontenac Lanark & Addington
- Leeds Grenville
- Ottawa
- Renfrew

South West Region

Boards of health in this region include:

- Chatham-Kent
- Elgin St. Thomas
- Grey Bruce
- Huron
- Lambton
- Middlesex-London
- Oxford
- Perth
- Windsor-Essex

FORM OF NOMINATION AND CONSENT
alPHA Board of Directors 2015-2016 & 2016-2017

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

_____, is HEREBY NOMINATED
 (Please print health unit name)

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

☐ **East Region**

☐ **South West Region**

SPONSORED BY:

1) _____
 (Signature of a Member of the Board of Health)

2) _____
 (Signature of a Member of the Board of Health)

Date: _____

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

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

Date: _____

IMPORTANT:

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



Information Break

March 12, 2015

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

alPHA Fitness Challenge

alPHA has issued its Annual Fitness Challenge to health units across the province. This year, the Challenge will take place on May 7. Health units are asked to round up as many staff as possible to participate in 30 minutes of physical activity on the 7th. The health unit with the highest staff participation rate will receive a plaque in their honour to be presented at alPHA's annual general meeting in Ottawa.

[Learn more about the alPHA Fitness Challenge](#)

Healthy Rural Communities Tool Kit

The Healthy Rural Communities Tool Kit, A guide for rural municipalities, is now available at the link below. The Tool Kit, produced by several health units and Public Health Ontario as part of a Locally Driven Collaborative Project, offers rural communities planning and development strategies and resources to create healthier built environments for a healthier population.

[Download the Healthy Rural Communities Tool Kit here](#)

Bill 10, Child Care Modernization Act 2014 Passes (Corrected Link)

In December 2014, the Ontario government passed Bill 10, Child Care Modernization Act, 2014. The Act repeals and replaces the Day Nurseries Act, the legislation that has governed child care in Ontario since 1946. Broader in scope than its predecessor, the

new legislation promotes quality and safety in early learning and child care settings.
[Click here for a backgrounder on Child Care Modernization Act, 2014](#)
[Click here to view the Child Care Modernization Act, 2014](#)

alPHA Website Feature: Correspondence

Scan the latest advocacy letters written by alPHA to government and other organizations by visiting our website. Here you will also find responses from letter recipients on a variety of public health issues and related topics.
[Read alPHA's latest correspondence here](#)

Upcoming alPHA Events

June 7-9, 2015 - alPHA Annual Conference and AGM, Marriott Ottawa, 100 Kent Street, Ottawa. Registration will open end of March. In the meantime, [download the Notice of AGM, and Calls for resolutions, board of health nominations to the alPHA Board, and Distinguished Service Award nominations.](#)

Contact: Karen Reece, karen@alphaweb.org, 416-595-0006 ext 24

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Information Break

February 25, 2015

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

Ontario Releases Updated Health & Phys Ed Curriculum

On February 23, the Ministry of Education published an updated Health and Physical Education curriculum for Ontario elementary and secondary schools. The new curriculum reflects the current social realities that children are growing up in while providing them with the latest information on keeping safe and healthy.

[Read the Ministry of Education's announcement](#)

[Click here to view the Elementary curriculum](#)

[Click here to view the Secondary curriculum](#)

Boards of Health Orientation

alPHA held an informative orientation session for new and returning Ontario Board of Health members on February 5, 2015 in Toronto. Presentations were made on the *Health Protection and Promotion Act*, board of health liability, community engagement, and the built environment.

[Read the summary and download the presentations](#)

alPHA Conference for Public Health Admin Assistants

On February 6, public health executive and administrative assistants convened in Toronto to learn about the role of social media in the health unit, effective organizational communications, the paperless work environment, and online alPHA tools and resources. Thank you to all who attended and assisted with the conference planning. A special thanks also go to speakers and presenters.

[Read the summary and download the presentations](#)

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[Read the Child Care Modernization Act, 2014](#)

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Contact: Karen Reece, karen@alphaweb.org, 416-595-0006 ext 24

Change in alPHA Symposiums

Results from our member survey in 2013 indicated support for changes to member networking and learning opportunities. As part of its new strategic direction, alPHA will no longer be holding its two-day Fall and Winter Symposiums each year, beginning Fall 2014. Instead, **separate** business meetings for COMOH and the Boards of Health (BOH) Section and other events will be scheduled in consultation with alPHA's member groups. alPHA will continue to hold its Annual Conference and AGM in early June.

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ADDENDUM

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

IN CAMERA

MOTION: **THAT this Board of Health goes in camera. Time:_____p.m.**

IN CAMERA

IN CAMERA

MOTION: That this Board of Health goes in camera. Time: _____ p.m.

- Labour Relations / Employee Negotiations

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____p.m.

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

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

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

ADJOURNMENT

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