

Sudbury & District Board of Health - Regular Meeting - October 15, 2015

1.0 CALL TO ORDER

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Page 5

2.0 ROLL CALL

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3.0 REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

-

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Agenda

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4.0 DELEGATION / PRESENTATION

i) Lean @ SDHU
Lisa Schell, Manager, Clinical and Family Services
Division and Annie Berthiaume, Specialist, Quality
and Monitoring, Corporate Services

5.0 MINUTES OF PREVIOUS MEETING

i) Fifth Meeting September 17, 2015

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MOTION: Approval of Minutes

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6.0 BUSINESS ARISING FROM MINUTES

7. REPORT OF BOARD COMMITTEES

i) Board of Health Finance Committee

Minutes dated September 23, 2015

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

October 2015

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9.0 NEW BUSINESS

i) Items for Discussion

a) Performance Monitoring Plan

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b) Nutritious Food Basket

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c) Board of Health Proceedings - Consent Agenda

Proposed Board of Health Manual Revisions

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d) Public Health Funding Review

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ii) Correspondence

a) Enforcement of the Immunization of School Pupils' Act (ISPA)

Sudbury & District Board of Health Motion #25-15

Letter from the Chatham-Kent Board of Health to the Minister of Health and Long-Term Care dated September 21, 2015 Page 80

Letter from the Durham Region Council to the Premier of Ontario dated September 29, 2015 Page 81

Letter from the Peterborough County-City Board of Health to the Minister of Health and Long-Term Care dated September 30, 2015 Page 83

b) Healthy Babies Healthy Children (HBHC) Program

Sudbury & District Board of Health Motion #28-15

Letter from the Durham Region Council to the Premier of Ontario dated September 29, 2015 Page 84

c) Northern Ontario Evacuations of First Nations Communities

Sudbury & District Board of Health Motion #32-15

Letter from the Peterborough County-City Board of Health to the Premier of Ontario dated September 30, 2015 Page 86

d) Basic Income Guarantee

Letter from the Peterborough County-City Board of Health to the Federal Minister of Health and the Provincial Ministers of Labour, Health and Long-Term Care, Children and Youth Services and Poverty Reduction Strategy dated September 30, 2015 Page 87

e) Energy Drinks

Letter from the Peterborough County-City Board of Health to the Minister of Health and Long-Term Care dated September 30, 2015 Page 92

f) Acting Chief Medical Officer of Health

Email from the Office of the Chief Medical Officer of Health Page 103

dated October 1, 2015

MOTION: Acceptance of New Business

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10.0 ITEMS OF INFORMATION

i) alPHa Information Break

September 16, 2015

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September 29, 2015

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ii) alPHa Workshop Managing Uncertainty: Risk Management on
November 5, 2015

Workshop Flyer

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11.0 ADDENDUM

MOTION: Addendum

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12.0 IN-CAMERA

MOTION: In Camera

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Personal matters involving one or more identifiable individuals,
including employees or prospective employees

13.0 RISE AND REPORT

MOTION: Rise and Report

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14.0 ANNOUNCEMENTS / ENQUIRIES

For completion

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15.0 ADJOURNMENT

MOTION: Adjournment

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The Chair will call the meeting to order.

Board of Health attendance is taken and recorded.

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

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

**AGENDA – SIXTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, OCTOBER 15, 2015 - 1:30 P.M.**

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

i) Lean @ SDHU

- Lisa Schell, Manager, Clinical and Family Services Division
- Annie Berthiaume, Specialist, Quality and Monitoring, Corporate Services

5. MINUTES OF PREVIOUS MEETING

i) Fifth Meeting – September 17, 2015

APPROVAL OF MINUTES

MOTION: THAT the minutes of the Board of Health meeting of September 17, 2015, be approved as distributed.

6. BUSINESS ARISING FROM MINUTES

7. REPORT OF BOARD COMMITTEES

i) Board of Health Finance Standing Committee

- Minutes dated September 23, 2015

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

i) October 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 October 2015 be accepted as distributed.

9. NEW BUSINESS

i) Items for Discussion

a) Performance Monitoring Plan

- Strategic Priorities Narratives Report by the Joint Board/Staff Performance Monitoring Working Group

b) Nutritious Food Basket

- Nutritious Food Basket Infographic: Limited Incomes = A Recipe for Hunger
- 2015 Nutritious Food Basket Scenarios

NUTRITIOUS FOOD BASKET 2015: LIMITED INCOMES = A RECIPE FOR HUNGER

MOTION: WHEREAS the Sudbury & District Board of Health has monitored the cost of healthy eating on an annual basis since 2008 in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the Ontario Public Health Standards; and

WHEREAS the 2015 costing results continue to demonstrate that individuals and families living on low incomes cannot afford food after paying for housing and other necessities and therefore may be at higher risk for food insecurity; and

WHEREAS food insecurity means inadequate or insecure access to food because of financial constraints and has serious public health implications; and

WHEREAS a basic income guarantee is a cash transfer from government to citizens not tied to labour market participation that can ensure everyone has an income sufficient to meet basic needs; and

WHEREAS basic income guarantee is similar to the income guarantees provided in Canada for seniors and children, which have contributed to health improvements in those groups; and

WHEREAS basic income guarantee is a simpler and more transparent approach to social assistance and has the potential to eliminate poverty;

WHEREAS the Association of Local Public Health Agencies endorsed the concept of basic income guarantee;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health urge provincial and federal governments to prioritize and investigate a joint federal-provincial basic income guarantee as a policy option for reducing poverty;

FURTHER THAT while basic income guarantee is being investigated, ask the Province to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing as informed by the current results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports;

FURTHER THAT the Sudbury & District Board of Health request that the Province index social assistance rates to inflation to keep up with the rising cost of living;

FURTHER THAT the Sudbury & District Board of Health share this motion and supporting materials with appropriate community agencies, boards, and municipalities throughout the catchment area.

c) Board of Health Proceedings – Consent Agenda

- Proposed Board of Health Manual Revisions:
 - E-I-11 Preparation of the Agenda - Procedure
 - G-I-30 By-Law 04-88

BOARD OF HEALTH MANUAL

MOTION: THAT the Board of Health, having reviewed the revised Procedure E-I-11 and By-Law 04-88, approves the contents therein for inclusion in the Board of Health Manual.

d) Public Health Funding Review

- Resolution from the Board of Health for the Porcupine Health Unit dated September 18, 2015
- Resolution from the Board of Health for the Grey Bruce Health Unit dated September 25, 2015
- Ministry of Health and Long-Term Care Public Health Funding Model Share Status for the SDHU
- Memo from the Association of Local Public Health Agencies' Executive Director dated October 8, 2015

ii) Correspondence

a) Enforcement of the Immunization of School Pupils Act (ISPA)

Sudbury & District Board of Health Motion #25-15

- Letter from the Chatham-Kent Board of Health to the Minister of Health and Long-Term Care dated September 21, 2015
- Letter from the Durham Region Council to the Premier of Ontario dated September 29, 2015
- Letter from the Peterborough County-City Board of Health to the Minister of Health and Long-Term Care dated September 30, 2015

b) Healthy Babies Healthy Children (HBHC) Program

Sudbury & District Board of Health Motion #28-15

- Letter from the Durham Region Council to the Premier of Ontario dated September 29, 2015

c) Northern Ontario Evacuations of First Nations Communities

Sudbury & District Board of Health Motion #32-15

- Letter from the Peterborough County-City Board of Health to the Premier of Ontario dated September 30, 2015

d) Basic Income Guarantee

- Letter from the Peterborough County-City Board of Health to the Federal Minister of Health and the Provincial Ministers of Labour, Health and Long-Term Care, Children and Youth Services and Poverty Reduction Strategy dated September 30, 2015

e) Energy Drinks

- Letter from the Peterborough County-City Board of Health to the Minister of Health and Long-Term Care dated September 30, 2015

f) Acting Chief Medical Officer of Health

- Email from the Office of the Chief Medical Officer of Health dated October 1, 2015

ACCEPTANCE OF NEW BUSINESS ITEMS

MOTION: THAT this Board of Health receives New Business items 9 i) to ii).

10. ITEMS OF INFORMATION

- | | | |
|-----|--|--------------------|
| i) | alPHa Information Break | September 16, 2015 |
| | | September 29, 2015 |
| ii) | alPHa Workshop – Managing Uncertainty: Risk Management on November 5, 2015 | Workshop Flyer |

11. ADDENDUM

ADDENDUM

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

12. IN CAMERA

IN CAMERA

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

- Personal matters involving one or more identifiable individuals, including employees or prospective employees;

13. RISE AND REPORT

RISE AND REPORT

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

14. ANNOUNCEMENTS / ENQUIRIES

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

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

15. ADJOURNMENT

ADJOURNMENT

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

**MINUTES – FIFTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, SEPTEMBER 17, 2015, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Claude Belcourt
Paul Myre
Ursula Sauvé

Robert Kirwan
Ken Noland
Mark Signoretti

René Lapierre
Rita Pilon
Carolyn Thain

BOARD MEMBERS REGRETS

Janet Bradley

Jeffery Huska

Paul Schoppmann

BOARD MEMBERS ABSENT

Stewart Meikleham

STAFF MEMBERS PRESENT

Nicole Frappier
Stacey Laforest

Marc Piquette
Rachel Quesnel

Sandra Laclé
Dr. P. Sutcliffe

GUESTS

Dr. Donna Mak, Public Health Physician
Dr. Chiebere Ogbuneke, NOSM Resident
Christina Luukkonen, Board Secretary, Algoma Public Health
Media

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:30 p.m.

2.0 ROLL CALL

3.0 DECLARATION OF CONFLICT OF INTEREST

None.

4.0 DELEGATION / PRESENTATION

i) Blue-green Algae

- Stacey Laforest, Director, Environmental Health Division

S. Laforest provided Board members with an overview regarding blue-green algae, also known as cyanobacteria. BGA blooms have been confirmed throughout the SDHU service area including Sudbury, Sudbury East, Manitoulin Island, Espanola and Chapleau areas.

The health effects of exposure to BGA toxins were summarized.

S. Laforest outlined the Sudbury & District Health Unit roles and responsibilities in responding to reports of potential BGA as well as if a sample is confirmed as being capable of producing toxins. Various methods are used to communicate with the public, including the SDHU website.

One key factor affecting the growth of BGA is the amount of available nutrients such as phosphorus and nitrogen in the water. Options to prevent BGA blooms were outlined.

Comments and questions were entertained. Board members agreed that educating the public is an important prevention measure. As it relates to education, prevention, surveillance, enforcement, Dr. Sutcliffe noted that the SDHU continues to work closely with all partners, including local lake stewardship committees, municipalities, and provincial partners. The SDHU will continue to seek out opportunities to do proactive education.

5.0 MINUTES OF PREVIOUS MEETING

i) Fourth Meeting – June 18, 2015

34-15 APPROVAL OF MINUTES

Moved by Pilon – Myre: THAT the minutes of the Board of Health meeting of June 18, 2015, be approved as distributed.

CARRIED

6.0 BUSINESS ARISING FROM MINUTES

None.

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

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

Words for thought quotes an article from the Canadian Public Health Association's Executive Director, linking Canadian values and standards and how these relate to the upcoming federal election. At the local level, SDHU staff continuously strive to live the SDHU values to uphold high standards as we work to meet our Vision of *Healthier communities for all*. Work on our values is evidenced by our recent promotion of our strategic plan values. Work on upholding high standards is evidenced by the recently developed Evidence-Informed Practice Primer. The SDHU is also developing a public health primer for candidates and elected representatives. We plan to have this distributed shortly to the media and to candidates in the upcoming federal election. The Board was also informed of work underway to launch a health equity social media campaign. These materials will be shared with the Board once finalized.

Active recruitment is underway for the SDHU's Associate Medical Officer of Health and it is expected that interviews will be held this fall.

Dr. Sutcliffe continues to provide Acting MOH coverage on a month-to-month basis to Algoma Public Health (APH) as they continue to seek a permanent MOH/CEO. Algoma Public Health has hired an interim CEO. With the support of the Board and a strong leadership team, the SDHU has been able to provide support to its neighbour. S. Laclé has

returned to the SDHU as Director of Health Promotion after providing Acting CEO coverage for almost six months to APH. N. Frappier was recognized for acting as Director of Health Promotion during Sandra's absence and for taking on the additional responsibilities of Assistant Director of the newly established Strategic Engagement Unit (SEU) in August. The SEU oversees communication and is a key support to strategic engagement with our communities.

Board members were reminded of Ministry of Health and Long-Term Care's e-learning module which is an online learning tool for all board of health members. The tool was recently updated and provides overviews of the Ontario Public Health Standards and the Ontario Public Health Organizational Standards, an orientation to the public health sector, and to specific roles and responsibilities under the Health Protection and Promotion Act with respect to the oversight and delivery of public health programs and services in Ontario.

Board members are asked to complete the annual Board self-evaluation which can now be completed electronically. The yearly Sudbury & District Board of Health Member Self-Evaluation of Performance is used as a data source for the SDHU's 2013–2017 Annual Performance Monitoring Report. The Board of Health Members' Satisfaction Index combines information on three aspects of Board of Health members' satisfaction: individual performance as a Board member; Board processes; and overall Board performance.

35-15 ACCEPTANCE OF REPORTS

Moved by Myre – Noland: THAT the Report of the Medical Officer of Health and Chief Executive Officer for the month of September 2015 be accepted as distributed.
CARRIED

8.0 NEW BUSINESS

i) Items for Discussion

a) Alcohol and Substance Misuse

- The Impact of Alcohol Poster
- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated September 10, 2015
- Report to the Sudbury & District Board of Health: *Addressing substance misuse in Sudbury & District Health Unit service area*, September 10, 2015
- The Sudbury & District Health Unit Alcohol Use and the Health of Our Community Report

Print copies of The Impact of Alcohol poster are available for those interested.

Board members were informed that, along with key partners, the SDHU has engaged in the development of area drug strategies to reduce the harms associated with substance use and misuse, through interventions based on evidence, trends, resources and existing programs. It was pointed out that this relates to one of our accountability indicators and represents a high burden of illness. The report shared today addresses substance misuse in SDHU service area and includes statistics as well as a framework for an Alcohol Strategy and Drug Strategies.

This is an area the SDHU will be focusing on and the Board agreed to be considered for future opportunities to champion alcohol and drug strategies. It was noted minor typos in the report will be corrected and the report reposted to the website. Comments and questions were entertained.

b) Expansion of Proactive Disclosure System

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated September 10, 2015

At the June meeting, the Board carried motion #29-15 Transparency in Reporting Practices confirming its' support for the SDHU to develop detailed reporting practices for disclosure.

Further to the Board's motion 29-15, the Board's endorsement was sought at today's meeting for the expansion of the Check Before you Eat! disclosure system to include findings of routine inspection and enforcement-related activities pertaining to public pools, public spas, personal services settings, and tobacco vendors and to revise the current Board policy on the release of enforcement and inspection information.

Comments and questions were entertained.

Dr. Sutcliffe noted that the SDHU has some experience with the food premises disclosure and will be systemizing the additional reporting structures while ensuring we stay within budget. It is anticipated that implementation of the new Board policy will occur by next spring and that this will be noted in the updated Board manual.

Board members concurred that proactive disclosure is a positive step towards accountability and transparency.

36-15 EXPANSION OF PROACTIVE DISCLOSURE SYSTEM

Moved by Belcourt – Myre: WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health make transparency a priority objective in business plans; and

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

WHEREAS the Sudbury & District Health Unit is committed to public transparency;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the expansion of the Check Before you Eat! disclosure system to include findings of routine inspection and enforcement-related activities pertaining to public pools, public spas, personal services settings, and tobacco vendors; and

THAT the following be the Board policy on the release of enforcement and inspection information:

1. Charges: Statistical information on charges (i.e. no identifying information) is released to the Sudbury & District Board of Health at its regularly scheduled meetings.

2. Convictions: Convictions related to food premises, public pools, public spas, personal services settings, and tobacco vendor infractions are posted on the Sudbury & District Health Unit website as soon as possible following the conviction and for a period of 12 months from the date on which the conviction was rendered.

3. Orders: Orders pertaining to food premises, public pools, public spas, personal services settings, and tobacco vendors are posted on the Sudbury & District Health Unit website as soon as possible following the issuance of the order and for a period of 12 months from the date on which the order was rescinded.

4. Routine inspection reports related to food premises, public pools, public spas, and personal services settings: Routine inspection and re-inspection reports are posted on the Sudbury & District Health Unit website as soon as possible following the inspection and for a period of 12 months from the date of the inspection.

5. Requests for information not posted on website: Requests for information not posted on the website are considered on an individual basis in accordance with Health Unit policy and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA); and

FURTHER THAT motion 36-09 is hereby rescinded and Board of Health Disclosure Information Sheet F-IV-10 be correspondingly updated.

CARRIED

c) Provincial Public Health Funding

- Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair dated September 4, 2015, regarding 2015 base and 2015-16 one-time funding
- Public Health Funding Review
 - Memo from the Ministry of Health and Long-Term Care's Executive Director and Assistant Deputy Minister re PH Funding Review Update dated September 4, 2015
 - Final Report of Funding Review Working Group dated December 2013
 - Appendix 1 - Funding Review Working Group Field Input Responses

All Ontario Boards were awaiting word from the Ministry of Health and Long-Term Care regarding the 2015 provincial grant and also regarding the implementation of a public health funding formula following the 2012-13 public health funding review. Boards received notice in the correspondence attached to this item and a MOHLTC webinar was held with health units and Board Chairs this morning.

Boards were informed that the 2% provincial growth envelope for public health has been distributed to eight boards of health whose funding is not at the model-based share per the new funding model. The remaining 28 boards of health were funded at 2014 levels.

Many concerns about the funding formula were shared at the webinar. Participants were informed that absent a funding model, the MOHLTC would not have been able to allocate the 2% growth envelope.

Dr. Sutcliffe shared that our proactive implementation plan for 2015 has resulted in our ability to manage this funding news for our 2015 year. We are currently assessing the impact of the new funding model for the 2016 budget and beyond.

We received minor increases for certain 100% provincially funded programs including unorganized territories. We also were approved for the one-time capital project we submitted for a generator project.

All management staff have been made aware of the funding formula and fiscal restraints. The MOH/CEO has activated the SDHU's Vacancy Management Review Policy which ensures that every vacant position goes through a review process to assess implications and requires MOH approval to be filled. Senior management will undertake a careful review of the announcement, its implications for 2015, 2016 and beyond. EC will be analysing cost saving options/scenarios.

Further discussion will occur at the Board Finance Standing Committee's September 23, 2015 meeting.

d) Accessibility for Ontarians with Disabilities Act (AODA) and Human Rights Compliance

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated September 10, 2015

The briefing note outlines for the Board's information the organizational actions that have been taken to ensure compliance with Human Rights principles and the AODA standards (Customer Services; Employment; Information and Communications and Built Environment) that are being phased in to make Ontario accessible for people with disabilities by 2025.

No questions or comments were entertained.

e) Board of Health Proceedings

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated September 10, 2015

To foster efficiency and good governance, it is recommended that Board agendas be structured as a consent agenda to ensure enough time to discuss critical items. A number of items would be considered routine such as the MOH report, correspondence and items of information. Board members would need to inform themselves and send any questions regarding the consent items to the MOH. MOH responses would then be shared with all Board members. If today's motion is supported, the process will be mapped out and will include an evaluation of the new process.

Comments and questions were entertained.

37-15 BOARD OF HEALTH PROCESSES – CONSENT AGENDA PROCESS

Moved by Myre – Noland: THAT the Sudbury & District Board of Health support in principal a consent agenda process and direct staff to recommend related revisions to the Board of Health Manual for the Board’s review and approval.

CARRIED

ii) Correspondence

a) Access to Alcohol

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

- Letter from the Peterborough County-City Health Unit’s Board Chair to the Premier of Ontario dated July 6, 2015
- Letter from the Durham Region Public Health’s Medical Officer of Health to the Premier of Ontario dated July 7, 2015
- Letter from the Minister of Finance to Dr. Sutcliffe dated July 30, 2015
- Letter from the Township of Nairn and Hyman to the Premier of Ontario dated August 17, 2015

No discussion.

b) Ontario Grades 1-12 Health and Physical Education Curriculum “Human Development and Sexual Health” Content

- Letter from the Perth District Health Unit’s Medical Officer of Health and Board Chair to the Premier of Ontario dated June 19, 2015

No discussion.

c) Healthy Babies Healthy Children (HBHC) Program

Sudbury & District Board of Health Motion #28-15 Healthy Babies Healthy Children (HBHC) Program

- Letter from the Grey Bruce Health Unit’s Medical Officer of Health to the Minister of Children and Youth Services dated August 6, 2015
- Letter from the Minister of Children and Youth Services to Dr. Sutcliffe dated August 10, 2015

No discussion.

d) Northern Ontario Evacuations of First Nations Communities

Sudbury & District Board of Health Motion #32-15 Northern Ontario Evacuations of First Nations Communities

- Letter from the Grey Bruce Health Unit’s Medical Officer of Health to the Premier of Ontario dated August 6, 2015
- Letter from the Township of Nairn and Hyman to the Premier of Ontario dated August 12, 2015

No discussion.

e) Smoke-Free Multi-Unit Housing

- Letter and Resolution from the Grey Bruce Health Unit's Medical Officer of Health to the Minister of Health and Long-Term Care dated August 6, 2015

No discussion.

f) National Alcohol Strategy Advisory Committee (NASAC)

- Letter from the Durham Region Regional Clerk to the Prime Minister dated June 25, 2015

No discussion.

g) Food Charter

- Letters and Resolution from the Grey Bruce Health Unit's Medical Officer of Health to the County of Bruce and the Corporation of the County of Grey dated August 11, 2015

No discussion.

h) Amendment to the Protocol under the Ontario Public Health Standards - Public Health Emergency Preparedness Protocol, 2015

- Memo from the Acting Chief Medical Officer of Health to the Board of Health Chairs dated August 19, 2015

No discussion.

i) Basic Income Guarantee

- Letter to the Minister of Health and Long-Term Care from Ontario Physicians dated August 17, 2015

No discussion.

j) Food Safety Protocol, 2015

- Memo from the Acting Chief Medical Officer of Health to the Board of Health Chairs dated August 10, 2015

No discussion.

k) Low Income Dental Integration

- Letter from the Minister of Health and Long-Term Care to Dr. Sutcliffe dated August 10, 2015

No discussion.

38-15 ACCEPTANCE OF NEW BUSINESS ITEMS

Moved by Noland – Belcourt: THAT this Board of Health receives New Business items 8 i) to ii).

CARRIED

9.0 ITEMS OF INFORMATION

- | | | |
|------|---|---|
| i) | aIPHa Information Break | July 8, 2015
July 21, 2015
August 11, 2015
September 1, 2015
Spring/Summer 2015 |
| ii) | SDHU Workplace Health Newsletter
(English and French versions) | |
| iii) | 2014 Snapshot of Public Health
(English and French versions) | Chapleau Area |
| iv) | 2014 Snapshot of Public Health
(English and French versions) | Lacloche Foothills |
| v) | 2014 Snapshot of Public Health
(English and French versions) | Manitoulin Island |
| vi) | SDHU Commentary on Health Quality Ontario Report | July 2015 |

Dr. Sutcliffe recommended Board members review the Snapshot reports which have been prepared for three of the SDHU district areas; similar to the one prepared for the Sudbury East area in the Spring. The reports will be released to the local Associations and district offices.

10.0 ADDENDUM

39-15 ADDENDUM

Moved by Belcourt – Noland: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

ii) Electronic Means of Participation of Local Boards

- Letter to the Ministry of Municipal Affairs & Housing from the Wellington-Dufferin-Guelph Board of Health dated September 10, 2015
- Letter to the Wellington-Dufferin Guelph Medical Officer of Health from the Interim Chief Medical Officer of Health dated June 30, 2015

Local health units have requested changes to the Municipal Act that currently restrict electronic participation at Board meetings. Currently, Sudbury & District Board of Health policy allows for Board members to call or videoconference in for Board meetings. Changes in practice are not recommended at this time and the Board normally has onsite quorum.

11.0 ANNOUNCEMENTS / ENQUIRIES

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

12.0 ADJOURNMENT

40-15 ADJOURNMENT

Moved by Belcourt – Myre: THAT we do now adjourn. Time: 3:06 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF MINUTES

MOTION: THAT the minutes of the Board of Health meeting of September 17, 2015, be approved as distributed.

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
WEDNESDAY, SEPTEMBER 23, 2015, AT 9:30 A.M.**

BOARD MEMBERS PRESENT

Claude Belcourt

René Lapierre

Carolyn Thain

STAFF MEMBERS PRESENT

Colette Barrette
Dr. P. Sutcliffe

Marc Piquette

Rachel Quesnel

R. QUESNEL PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 9:35 a.m.

2.0 ROLL CALL / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

There was consensus that today's meeting addendum items be discussed under the relevant agenda items under New Business.

3.0 ELECTION OF COMMITTEE CHAIR

The Board of Health Finance Standing Committee Terms of Reference stipulates the following for the committee Chair: *As elected annually by the committee at the first meeting of the Finance Committee of the Board of Health.*

01-15 ELECTION OF BOARD FINANCE STANDING COMMITTEE CHAIR FOR 2015

Moved by Belcourt – Lapierre: THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Finance Standing Committee Chair for 2015.
CARRIED

C. THAIN PRESIDING

4.0 NEW BUSINESS

4.1 Review of Board of Health Finance Standing Committee Terms of Reference

The Terms of Reference were approved by the Board at their June 18, 2015, meeting. The rules governing the procedures of the Board shall be observed by the Finance Standing Committee, insofar as applicable including rules regarding closed meetings and public notice pursuant to the Municipal Act.

4.2 Ministry of Health and Long-Term Care (MOHLTC) Provincial Funding

- a) Public Health Funding Model Slides, September 17, 2015, MOHLTC webinar with Public Health Units**
- b) Overview of the Public Health Funding Model**
- c) Letter to the SDHU Medical Officer of Health from the MOHLTC dated September 9, 2015, Re 2015 Funding**
- d) Public Health Funding, Accountability Agreement, and Schedule A-3 Program Board Grants**
- e) SDHU Comparison of 2015 Grant Request to MOHLTC 2015 Approval Grant**

Dr. Sutcliffe noted that some of the attachments were previously shared with the Board. Some of the materials are excerpts from a slide deck shown during a Ministry of Health and Long-Term Care (MOHLTC) webinar on September 17, 2015, which the Board Chair and senior managers attended, regarding the Public Health Funding Formula and 2015 Program-Based Grants Update.

Dr. Sutcliffe and M. Piquette outlined the MOHLTC's newly released Public Health Model and resulting funding to Ontario Boards of Health for 2015.

As per the new funding model, the 2% 2015 provincial growth envelope for cost-shared public health programs will be allocated to only eight of the 36 boards of health. The remaining 28 boards of health were calculated to be over their model-based share and would effectively be receiving 0% for 2015.

The breakdown of the calculation and weighting for the mandatory programs and unorganized territories per the new funding model was reviewed. At the September 17 teleconference, the MOHLTC indicated that, absent of a public health funding formula, they would not have received approval to allocate the 2% growth envelope to the public health sector.

Local public health units are interested in knowing the public health funding model share of all public health units and the province has requested permission from the local health units to share this data publicly. The Association of Local Public Health Agencies (aLPHA) has also requested this information and a summary showing increases from 2014 to 2015 per health unit for 27 health units is attached to today's addendum.

The Ministry letter to the Sudbury & District Health Unit outlines additional base funding of \$156,177 and up to \$94,600 in one-time funding. Amending Agreement No. 2 of the Board of Health for the Sudbury & District Health Unit's Accountability Agreement has been signed and returned to the Ministry.

A comparison table was reviewed showing the line by line variances from the 2015 MOHLTC allocation over the SDHU's 2014 allocation.

The SDHU received funding for a generator replacement through a one-time capital request. It was shared that public health units will now have access to capital funding. The MOHLTC has indicated that it will be communicating soon regarding the process and criteria for health units to make these requests. Some new funding such as electronic cigarettes is good news; however, the program implications/terms and conditions are not yet known and the funding likely involves additional service expectations.

Staff will be further analyzing the financial implications; however, as a result of the contingency plans put in place for 2015, there are no significant concerns for this year's budget. It is estimated that the introduction of the funding formula will represent a funding shortfall of approximately \$300,000 for the 2016 budget and further financial constraints in the longer term. Careful decisions will be required in order to ensure that we continue to deliver our required programs and services and meet the needs of our communities.

Questions and comments were entertained.

4.3 Year-to-Date Financial Statements

a) August 2015 Financial Statements

C. Barrette reviewed key points from the August 2015 year-to-date financial statements. It was noted that the statements have been adjusted to reflect actual MOHLTC provincial funding for 2015 as per the MOHLTC's funding announcement letter.

The positive year-to-date variance totaling \$344,802 has been realized due to the contingency plans put in place for this year given the provincial government grant has historically been announced late in the fiscal year. The projected annual surplus for 2015 is estimated at \$375,000.

Questions and comments were entertained. It was concluded that there are still many uncertainties at this point for local public health units and the public health system; however, dialogue at all levels is taking place, including with the Association of Municipalities of Ontario.

4.4 2016 Budget Process and Key Assumptions and Principles

a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 18, 2015 Re: 2016 Budget Timelines

b) Discussion item – Key Assumptions and Budget Principles

The timelines and responsibilities for the preparation of the 2016 mandatory health programs and services budget were reviewed.

For this year, the funding formula changes and the newly established Board of Health Finance Standing Committee have been included in the process. Dr. Sutcliffe clarified that budget presentations to any municipality are held following the Board's approval of the budget for information purposes only.

Key assumptions for preparing the 2016 budget were shared. As a result of the new public health funding formula, we are starting 2016 budget planning by setting a savings/revenue target that will enable us to achieve a balanced budget. Key assumptions were discussed related to salaries, benefits, vacancy rate, staff development dollars, and operating costs such as utilities.

Committee members indicated that a longer-term fiscal projection would be helpful to assess rising costs and the impacts on programs and services.

Recognizing it is difficult to predict future utility costs, it was pointed out that the SDHU is looking at an external audit to identify potential areas where we can realize savings.

Questions were entertained and management emphasized that all cost-reduction options are being explored.

Due to the Ministry's implementation of the funding review and recent communication regarding the 2015 provincial grant, future provincial funding is expected to remain at the 2015 approved level for an indefinite period of time. This will present significant challenges as we strive to reach a balanced budget with increasing costs. Given the new opportunity to apply for capital funding, the SDHU will be assessing capital needs and submitting requests where appropriate.

It was signaled that the 2016 budget recommendations will include a sensible increase on the municipal side. Senior management continues to explore possible sustainable cost reductions that would make sense for the longer term.

In order to make sound decisions for the budget, principles were discussed that would inform the budgeting process. Based on feedback and discussion at today's meeting, a final list of principles will be developed and brought to the Board Finance Committee.

The finance committee concurred that communication with staff will need to be a priority and that transparency is a key objective.

Discussion ensued regarding key mandated services and critical public health work. Members also discussed potential changes in our service environment that may be considered as we review programs and services.

4.5 Annual Insurance Review

a) Frank Cowan Company Summary of the SDHU's 2015 Insurance Program

Consensus was reached that this item be deferred to the November meeting.

b) Frank Cowan Company Summary of the SDHU Claims from 2005 to 2015

Consensus was reached that this item be deferred to the November meeting.

5.0 ADDENDUM

Was discussed as agreed upon in item 2.0.

i) Ministry of Health and Long-Term Care (MOHLTC) Public Health Funding Model

- i) Letter and Resolution from the Porcupine Health Unit dated September 21, 2015

The Porcupine Board of Health passed a resolution objecting to the public health funding formula, noting it negatively affects northern and rural areas. This Finance Committee agreed that further advocacy would be worthwhile to highlight that although the funding formula has changed, legislative duties and local needs have not. Key advocacy points were discussed, including the need to highlight that the funding formula's negative impact on northern health units. The Porcupine letter will be shared with the Board and a motion drafted for the Board's consideration.

ii) Ministry of Health and Long-Term Care (MOHLTC) Provincial Funding

- i) Association of Local Public Health Agencies (alPHa) Summary
- ii) Email from MOHLTC Re SDHU model based share dated September 18, 2015, and Sudbury & District Model Share Status

Discussed under 4.2.

6.0 ADJOURNMENT

02-15 ADJOURNMENT

Moved by Lapierre – Belcourt: THAT we do now adjourn. Time: 11:30 a.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought...

In times of economic uncertainty and slow growth, it is more important than ever for economies to find alternative ways to gain a competitive advantage. Healthy individuals and healthy populations can create a competitive advantage through increased productivity, reduced healthcare costs and overall higher levels of well-being.

Non-communicable diseases (NCDs) are a key threat to a population's health and therefore to its economic growth. The negative effect of these chronic diseases is undeniable. An unhealthy population is expensive – for governments, for businesses, for communities and for individuals. Globally, \$47 trillion of cumulative output will be lost between 2012 and 2030 because of the impact of NCDs and mental disorders (World Economic Forum and Harvard School of Public Health, 2011).

The ecosystem of health is complex, but also full of opportunities for bringing populations to healthier states and realizing the respective socio-economic gains that this will deliver. Investments in the primary prevention of NCDs, built on robust primary healthcare infrastructure and efforts to maximize “healthy life years”, will bring positive health and economic returns. For example, Singapore's Health Promotion Board subsidizes healthier cooking oil for use in meals outside the home, a move which is expected to reduce the number of cases of coronary heart disease by 2020 and generate a return on investment (ROI) of 1100%. Meanwhile, Columbia University has estimated that China could generate a 90% ROI by implementing air and water protection mechanisms to reduce the health effects of pollution. Investments at the right inflection point in the life cycle involving stakeholders from across diverse sectors can generate superior economic returns, thereby justifying the investment.

Public and private stakeholders can realize a return from investing towards healthier populations. Various methodologies are available to quantify the benefits and returns of a healthy population and all have their advantages and disadvantages. Understanding what businesses, governments and societies at large have to gain from investing in health requires an approach that assesses full societal costs and full societal benefits of healthy populations.

The concept of maximizing healthy life years to assess the link between healthy populations and economic growth can provide a pragmatic approach to assessing the full range of costs and benefits societies face. By living healthier lives, communities nurture “virtuous cycles of health” – recurring

cycles of events, with the result of each one increasing the beneficial effect of the next – that fuel both health and growth.

This report, part of the “Future of Healthy” project, includes:

- A systems map depicting the complex ecosystem influencing healthy populations
- Key inflection points for investment in healthier societies, extracted from an analysis of the systems map
- Examples of investments at these inflection points that have resulted in positive health and economic returns
- Building blocks to rethink the concept of ROI for a healthy population

The report stresses the need for a new way of thinking about the ROI of healthy populations. The ROI can be regarded from an **individual perspective (iROI)** as well as from a **population/societal perspective (pROI)**. It is critical to bring all relevant stakeholders together to create a common understanding of the value of healthy populations in order to attract private and public investment. Increased investment in health will also come from a common understanding of sustainable business models that can be used to share the positive returns from healthy populations and of the roles of each party in driving these models.

Figure 1: A Virtuous Cycle: Healthy Life Years as a Source for Continuous Economic Growth



Sources: World Economic Forum, Bain

Source: Maximizing Healthy Life Years: Investments that Pay Off
 World Economic Forum
 DATE: January 2015

The Virtuous Cycle depicted in this month's Words for Thought is a simple illustration of how healthy populations are essential for healthy economies. The World Economic Forum report makes the case that increasing investment in health results in individual and societal/population benefits that can be sustainable and reinforcing.

The Sudbury & District Health Unit (SDHU) has recently engaged in a campaign called *You Can Create Change*. This campaign builds on the themes in the Words for Thought and furthers our previous work on health equity such as our [Let's Start a Conversation About Health... and Not Talk About Health Care at All](#) video. Each one of us, whether the SDHU MOH, SDHU staff, a political leader or neighbour have the opportunity to create change.

The new health equity campaign, *You Can Create Change*, is a social marketing initiative that aims to inform people about social and economic determinants of health and, very importantly, to encourage people to take action to improve health equity. This campaign is made up of a number of initiatives that will be rolled out over the coming months. They include billboards that will be posted throughout the community, Facebook posts, Twitter messages, decals, bus ads, etc. A special section has been created on the SDHU website (www.sdhu.com/change) which includes additional information about how to take health equity action.

GENERAL REPORT

1. Human Resources Update

Interviews for the SDHU's Associate Medical Officer of Health have taken place recently and the Board will be updated on the status of recruitment.

2. Local and Provincial Meetings

The Council of Ontario Medical Officers of Health (COMOH) Section meeting was held via teleconference on September 30 and I participated in the Association of Local Public Health Agencies (alPHA) Board meeting in Toronto on October 2, 2015. I also look forward to participating in the Health Quality Transformation Conference on October 14, 2015.

3. Opportunity for Board of Health Members

alPHA is hosting a one-day workshop for Ontario Boards of Health on November 5, 2015, *Managing Uncertainty: Risk Management*, in downtown Toronto at the DoubleTree by Hilton. This workshop is open to all Board of Health members in the province. Sudbury & District Board of Health members are encouraged to attend. Please advise R. Quesnel as soon as possible of your interest to participate.

4. Public Health Physician

I am pleased to report that Dr. A. Hey's contract has been renewed for another six months. Dr. Hey provides public health physician services one day per week and her portfolio includes the ongoing development of the Advisory which is the SDHU's public health/primary care newsletter, management of the SDHU's Academic Detailing project, planning for the poverty workshop for primary care professionals in October 2014 and ongoing consultation and reporting to the Director CFS division on other clinician engagement projects such as the SDHU website.

5. Annual Board Self-Evaluation

Board members are reminded to complete the [online self-evaluation questionnaire](#) by Monday, October 19, 2015. Results of the Board of Health member self-evaluation of performance will be presented at the future Board meeting.

6. Mindfulness

The Senior Management Executive Committee has supported SDHU staff participation in Mindfulness-Based Stress Reduction (MBSR) sessions offered to the SDHU by Sheila and Gary Petingola through a Health Sciences North sponsored-initiative. Senior Management is considering further opportunities to promote a culture of mindfulness including staff information sessions and management leadership training. The concepts align well with our work on management leadership core competencies. I look forward to providing further updates as we explore opportunities for the SDHU.

7. 2015 Program-Based Grant

The Ministry of Health and Long-Term Care (MOHTLC) Public Health Division conducted a teleconference with members of the Senior Management Executive Committee on September 30 to address questions pertaining to the public health funding model, implementation approach, the 2015 Program Based Grant, and to discuss next steps. We used this opportunity to convey the many concerns we have with the new funding model including the inadequate overall investment in the public health funding envelope, the negative impacts on health units who are at or above their model-based share, the diversion of funds to comparatively advantaged areas of the province and the fact that the model undermines the fundamental financial and governance relationships of health units with local municipalities. We will continue to seek opportunities to advance our advocacy efforts with respect to the new funding formula.

8. Strategic Plan and Performance Monitoring

The Joint Board/Staff Performance Monitoring Working Group is pleased to share the fall 2015 edition of the 2013–2017 Performance Monitoring Plan—Strategic Priorities Narrative Report. This report assists with monitoring the integration of the strategic priorities within the SDHU's programs and services and is shared with the Board in the spring, summer, and fall of every year for the duration of the 2013–2017 Strategic Plan.

9. Financial Report

The August Financial statements reflect the MOHLTC approved funding. The positive variance in the cost-shared program is \$339,400 for the period ending August 31, 2015. Gapped salaries and benefits account for \$216,262 or 64% with operating expenses and other revenue accounting for \$123,138 or 36% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenue and expenses.

Additional one-time operating pressures were identified, approved and are reflected on the August 2015 financial reporting in the amount of \$129,416 as follows:

- **Staffing** – Casual staff for the implementation of Immunization of School Pupils Act. Additional staff coverage. (\$72,524)
- **Programming and Research** – Rapid Risk Factor Surveillance oversampling and Health Equity campaign “You Can Create Change. (\$30,943)
- **Infrastructure** – Completion of Clinical Program Lean Review. (\$25,949)

10. 2016 Budget

Work on preparing the 2016 cost-shared operating budget is proceeding. The Board of Health Finance Standing Committee has reviewed and provided input regarding the new funding model, the budget timelines, key assumptions and budget principles. The Senior Management Executive Committee is working on budget strategies based on the draft budget principles. The key components of the draft recommended cost-shared operating budget will be presented to the Finance Standing Committee prior to being presented to the Board of Health.

Following are the divisional highlights since the September Board of Health meeting.

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases

Influenza: There have been no cases of influenza A or B identified during the month of September.

Ontario's annual 2015-2016 Universal Influenza Immunization Program will soon be underway with flu vaccine expected to be shipped to health units by mid-October. This year the Sudbury & district area will see up to 50 area pharmacies offering influenza vaccine to clients five years of age and older. Given the increased accessibility of influenza vaccine across the district through healthcare providers and pharmacies, the SDHU will be scaling back the number of influenza vaccination clinics offered. This is also in response to our need to manage the increasing costs of implementing the program. Since the program's inception in October 2000, the MOHLTC has reimbursed health units only \$5.00 per dose and over time this has made it increasingly difficult to implement what is intended to be a cost-recovery program.

Respiratory Outbreaks: There has been one identified respiratory outbreak in a Long-Term Care Home during the month of September. Causative organism for this outbreak was identified as Rhinovirus.

2. Vaccine Preventable Diseases

Grade 7 & 8 Vaccination Program: The 2015-2016 Grade 7 (Hepatitis B & Menactra) and Grade 8 Female (Gardasil) vaccination campaigns are underway. A total of 1796 students will be offered the Hepatitis B & Menactra vaccines, and 801 eligible Grade 8 female students will be offered the Gardasil vaccination. Public health nurses will be attending a total of 67 schools on four separate occasions to ensure that all eligible students receive these vaccines by the end of the school year.

3. Cold Chain Inspection Satisfaction Survey

All public health units in Ontario are required to inspect premises at least once annually where provincially-funded vaccines are stored. The Control of Infectious Diseases (CID) team conducts routine cold chain inspections every summer, and in 2015, the team implemented a satisfaction survey to measure their performance and determine if the cold chain inspection process was meeting

the needs of participating health care facilities. A total of 58 satisfaction surveys were submitted from July to September. Overall, those who responded to the survey were very satisfied with the cold chain inspection experience and respondents noted their appreciation of the quality of the service provided by and their relationship with the SDHU.

4. Family Health

Prenatal Education: In September, 18 pregnant women and their support persons attended ‘in-person’ prenatal classes at SDHU’s main site and 30 clients registered for on-line prenatal.

Family Health team members co-facilitated sessions with staff from Our Children, Our Future on the following topics: post-partum mood disorder, alcohol, and smoking during pregnancy. Sessions were facilitated at the Hanmer and Minnow Lake locations with approximately 23 participants.

Breastfeeding: On September 11, Family Health team staff presented *Breastfeeding and Beyond: Feeding Children in the Early Years* learning module to NOSM residents and interested clinician across the North.

Positive Parenting Program (Triple P): There were 21 clients that took part in Triple P programs offered by the SDHU in September.

Child Health Community Events: The Family Health team helped coordinate the annual Fetal Alcohol Spectrum Disorder Awareness Day on September 9. A BBQ and activities were organized for the event which included approximately 60 participants.

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

The sexual health program participated in Cambrian College’s Frosh week events by hosting a display promoting MyTest, an innovative on-line STI testing program launched in March 2015. Since the launch of MyTest, March 31, 2015, 62 individuals have accessed testing through the program resulting in 1 gonorrhea and 10 chlamydia infections being confirmed and treated.

School based sexual health clinics have resumed in September. The team continues to maintain clinics in secondary schools throughout the district where students can access pregnancy testing with options on counselling, low cost birth control, emergency contraception, testing and free treatment for sexually transmitted infections.

6. Client-Centred Care Survey

The Clinical and Family Services division has committed to the enhancement of client-centered care (CCC) within its programs that provide direct client care. In order to ensure that programs are providing optimal client care, a survey has been implemented and is being administered to clients who use SDHU services. The results of the survey will be used to guide future service delivery. The CCC survey commenced on April 8, 2015, and as of September 15, 2015, a total of 232 surveys were submitted by SDHU clients. Overall, the responses have been overwhelmingly positive, indicating that clients are satisfied with the services received. All comments received are being taken into consideration as they are submitted and addressed accordingly.

7. Quality Assurance and Continuous Quality Improvement (College of Nurses of Ontario)

On October 7, a workshop facilitated by Myra Kreick, the Community/Public Health Outreach Consultant from the College of Nurses of Ontario (CNO) was held for Public Health Nurses at the

SDHU. This session provided our nurses with an opportunity to learn more about the College's Quality Assurance (QA) program requirements, as well as associated tools and support resources. They also had an opportunity to review sample plans facilitating their efforts to meet the QA requirements of the CNO. The purpose of the Quality Assurance (QA) Program is to assure the public that nurses demonstrate their commitment to continuing competence and continuing quality improvement. The College does this by assessing the knowledge, skill and judgment of its members. Nurses in every setting are expected to demonstrate their commitment to continually improving their nursing practice by engaging in practice reflection, and by setting and achieving learning goals on an annual basis. Participation in the QA program is required by all nurse registered in the General or Extended classes.

The SDHU hosted the Registered Nurses' Association of Ontario (RNAO) Best Practice Champion Network workshop on September 28 for over 35 nurses from practice settings including but not limited to Public Health, Correctional Services, Nursing Homes, School of Nursing, Family Health teams, and First Nations Health Centers. The session was hosted at the main office of the SDHU in Sudbury and broadcast out to seven sites across the north via the Ontario Telemedicine Network. The session engaged participants in understanding about the RNAO Nursing Best Practice Guidelines as well as how to implement these in their respective organizations. RNAO have produced 50 guidelines to support nursing practice so that nurses provide the best possible care. They have also translated many of the publications to French.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of September, 12 sporadic enteric cases and three infection control complaints were investigated. One enteric outbreak was declared in a licensed day nursery. The causative organism of this outbreak has not been identified.

2. Emergency Preparedness

A simulation exercise designed to test the Greater Sudbury Airport's emergency response plan took place at the Sudbury Airport on Wednesday, September 30, 2015. Exercise participants included Airport staff, as well as City of Greater Sudbury Emergency Medical Services, Fire Services, and Police Services. SDHU staff were in attendance as observers and evaluators.

3. Food Safety

In September, staff issued 102 Special Event Food Service Permits to various organizations for events serving approximately 28,090 attendees.

Through Food Handler Training and Certification Program sessions offered in September, 54 individuals were certified as food handlers.

4. Health Hazard

In September, 38 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

5. Ontario Building Code

During the month of September, 26 sewage system permits, eight renovation applications, and five consent applications were received.

Three mandatory maintenance inspections of private septic systems were completed for the Source Water Protection program in September.

6. Rabies Prevention and Control

Twenty-seven rabies-related investigations were carried out in the month of September. Three specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. One specimen has subsequently been reported as negative, and results of the remaining two specimens are pending.

One individual received rabies post-exposure prophylaxis due to exposure to a wild animal.

7. Safe Water

The eleventh annual Sudbury Children's Water Festival took place on September 23 and 24, 2015, at the Anderson Farm Museum in Lively. Four hundred Grade 3 students attended the festival and participated in hands on activities regarding water conservation, water safety and water protection. Numerous partner agencies including the Ministry of Natural Resources and Forestry, Earth Care Sudbury, Ontario Power Generation, Junction Creek Stewardship Committee, Ontario Provincial Police, Greater Sudbury Police Services, and City of Greater Sudbury Fire Services were in attendance. A media release was issued on September 24, 2015, in recognition of the event.

In September, one beach was posted as unsafe for swimming due to elevated levels of E.coli. Beach sample results have since returned to acceptable levels.

Public health inspectors investigated six blue-green algae complaints in the month of September, three of which were subsequently identified as blue-green algae capable of producing toxin.

During September, 68 residents were contacted regarding adverse private drinking water samples and public health inspectors investigated eight regulated adverse water sample results.

Additionally during the month of September, two boil water orders, and one drinking water advisory were issued. Furthermore five boil water orders, and one drinking water advisory were rescinded.

8. Tobacco Enforcement

In September, tobacco enforcement officers charged three individuals for smoking on school property.

9. Vector Borne Diseases

In September, 300 mosquitoes were trapped and sent for analysis. A total of 40 mosquito pools were tested, seven for Eastern Equine Encephalitis (EEE) virus, and 33 for West Nile virus (WNV). All pools tested negative for WNV and EEE.

On October 2, 2015, the SDHU received a report of a confirmed human case of WNV. This case represents the second human case in the SDHU service area. The first confirmed case occurred in 2006. A total of 16 probable and confirmed human WNV cases and 92 positive mosquito pools have been reported to date in 2015 in Ontario.

Mosquito surveillance for the 2015 season ended in October. From June 17, 2015, to October 2, 2015, a total of 6101 mosquitoes were collected in 271 traps and sent for analysis. During this time, a total of 205

mosquito pools were tested, 57 for EEE virus, and 148 for WNV. All pools tested negative for WNV and EEE.

HEALTH PROMOTION DIVISION

1. Healthy Eating

SDHU registered dietitian staff organized a Demos for Dietitians training workshop for 20 individuals. Led by two facilitators from Clairmont Clinics and Consulting (Toronto), this workshop focused on the effective delivery of cooking classes and demonstrations. Through the Community Use of Schools initiative, this full-day workshop was held in the Family Studies room at Lockerby Composite High School. Registered dietitians from a variety of settings, including Community Health Centre's, hospitals, other northeastern Ontario health units, and Diabetes Prevention Program partners joined SDHU staff for the lively and informative session.

Registered dietitian staff participated in the Ontario Society of Nutrition Professionals in Public Health's response to Health Canada's proposed changes to the nutrition facts label, and also provided written feedback on behalf of the SDHU. This is the second time the SDHU has responded to a Health Canada's nutrition labelling consultation process and demonstrates our ongoing support for the Healthy Kids Strategy, which recommends that Ontario support the use of the nutrition label as a key public health tool, and encourage the Federal government to make nutrition labels easier to understand.

At their September meeting, the LaCloche Foothills Food Network was presented with the Healthy Eating and Older Adults from the LaCloche Foothills Area report. The report summarizes results from community food discussions carried out with older adults from across the LaCloche Foothills area. Key recommendations included exploring opportunities to improve the food environment through increased access to vegetables and fruit through retail and community based programs.

Registered dietitian staff continue to work with Sustain Ontario and the local Bring Food Home Committee to plan for the 2015 Bring Food Home Conference. Led by Sustain Ontario, the Bring Food Home Conference began in 2010. It is now held biennially and attracts hundreds of food systems leaders. Dozens of workshops and presentations by farmers, educators, community food advocates, First Nations' leaders and more are offered. The Bring Food Home Conference offers a forum to share experiences and expertise in helping to build a sustainable, resilient and healthy food system for our province. The [Bring Food Home Conference](#) will be held in Sudbury November 20 to 22.

2. Healthy Weights

As an active member of Manitoulin Island's Child Poverty Task Force, Mindemoya Office health promotion staff continue to support planning for the implementation of the Manitoulin Island Healthy Kids Community Challenge, led by Noojmowin-Teg Health Centre.

In late September, the Diabetes Prevention Program hosted the final session of a three-part ABC's of Community Gardens' workshop series in Little Current and Sudbury. This session - *Savouring Your Garden* - covered the fall harvest, food preservation, and steps to prepare a garden for the following year. The workshop featured three speakers including local gardener, Ron Lewis, a SDHU registered dietitian, and the executive chef of Bernardin Ltd., Emerie Brine. The ABCs of Community Gardens' workshop series was launched in April with the first session, *Starting Out*, followed by the *Managing Your Garden* event in early June. All three sessions were held in both Little Current and Sudbury and were open to the general public.

3. Injury Prevention

As part of the regional Stay On Your Feet (SOYF) falls prevention programming, the SDHU hosted a refresher training for facilitators of the falls prevention program STAND UP! Twenty-eight facilitators from across the SDHU service area took part in the training. The SDHU along with the other northeastern Ontario health units and the North East Local Health Integration Network, are working together to implement this best practice program designed to meet the requirements of the new Exercise and Fall Prevention Initiative of the MOHLTC. There are currently 24 Stand UP! programs implemented by partners across the SDHU service area planned for this fall.

A Children's Restraint System technician training was held in M'Chigeeng First Nation and Little Current on September 21 to 23, in which six new technicians were trained. The new technicians came from a variety of services such as the Aboriginal Healthy Babies Healthy Children, Child and Family health, and the Ontario Provincial Police, servicing a variety of communities including M'Chigeeng, Manitowaning and Wikwemikong.

4. Physical Activity

As a long-standing board member of Rainbow Routes Association, a public health nurse, representing the Health Promotion Division, participated in the grand opening of the last section of the Trans Canada Trail through the City of Greater Sudbury. After 25 years, the Trans Canada Trail aims to be complete in 2017.

On September 21, the Diabetes Prevention Program hosted a DrumFIT® certification and training workshop in Espanola. The session was facilitated by a DrumTRAINER for community partners and health promoters working in Aboriginal communities within the Sudbury and Manitoulin districts. DrumFIT® incorporates various forms of body movement and physical activity with music. Eight newly-certified instructors are now able to promote DrumFIT®-themed physical activities among Aboriginal adults as a way to reduce their risk of developing type 2 diabetes. The Diabetes Prevention Program also outfitted each instructor with DrumFIT® equipment to ensure that they have access to the necessary resources for implementing this behaviour modification program.

5. Prevention of Substance Misuse

Two presentations were provided to Laurentian University residence life advisors in late August and early September. The presentations featured information on the Low-Risk Alcohol Drinking Guidelines. Approximately 100 post-secondary students attended each presentation.

The *Community Drug Strategy for the City of Greater Sudbury* was presented to Council's Community Services Committee on September 21. It was recommended by this committee that the City of Greater Sudbury support the strategy for the city of Greater Sudbury. The strategy will be brought to City Council by the Community Services Committee.

In Sudbury East, SDHU staff initiated conversations with the Sudbury East Safety Coalition (SESC) to discuss the development of a Sudbury East Drug Strategy. All members of the SESC showed their full support and endorsed further planning in the development of the local drug strategy.

6. School Health

Throughout August and September, Sudbury East continued to feature physical activity programming in secondary schools, made possible by a 2014 Ministry of Education grant. Public health nurses worked with community members and school staff to coordinate the training and delivery of exercise classes, as well as purchasing specific physical activity equipment for use by the community. SDHU

staff also helped to coordinate a venue for the classes and promotional materials for advertising. In the local high school, École secondaire de la Rivière-des-Français, SDHU staff continued to collaborate with the school principal and teachers in the development of a school-wide policy that encourages physical activity and supports active environments.

7. Tobacco Control

Tobacco cessation services were steady over the summer months. In the Quit Smoking Clinic, public health nurses supported 15 new clients, 26 returning clients, and distributed 45 vouchers for nicotine replacement therapy from mid-June to mid-August. Nine people dropped in for information about our cessation services and 68 calls were answered on the SDHU tobacco information phone line. The inquiries to the phone line included questions about the Smoke-Free Ontario Act, the City of Greater Sudbury no-smoking bylaw, information about quitting, and individuals seeking cessation support.

8. Other

In September, staff in Sudbury East met with the new counsellors at the Aboriginal healing lodge in Alban to brief them on SDHU health promotion programming.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Population Health Assessment and Surveillance

With students returning to classes in September, the RRED Division has resumed the Student Absenteeism Surveillance Program. Data on student absenteeism at over 100 schools in our area are provided to the SDHU each day. Trends in these data are analysed daily. Schools showing significant increases in illness-related absenteeism are flagged for possible follow-up by the Clinical and Family Services and Environmental Health divisions.

2. Research and Evaluation

The RRED Division has compiled the *2014 Inventory of Research and Evaluation Projects*, which provides information on all the research and evaluation projects SDHU staff were involved with in 2014. As in previous years, the Inventory presents a summary of each project, and identifies the partners with whom we work on these projects. The Inventory is a useful tool for making staff and partners aware of the range of projects in which we are involved, and provides a contact person for each project to enable interested readers to find out more. This report will be available on the SDHU website.

3. Student Placement Program

In order to achieve the mission of public health, skills and knowledge from a cross section of professions and disciplines are required. Engaging and preparing future workers in public health competencies is a key strategy ensuring future human resource capacity for our organization. In this respect, the SDHU has engaged in seeking out unique opportunities for a variety of students from disciplines not usually placed within public health through their course practicums. This fall, in addition to nursing and medicine students, the SDHU is pleased to welcome students from science communication (1), social work (2), psychology (4), and human kinetics (1). Our staff and the students have mutually benefited from these placements and we continue to seek opportunities to engage other disciplines that add to our ability to respond to the public health needs of the communities we serve.

4. Presentations

The Manager, Population Health Assessment and Surveillance was invited to present the results of SDHU's *Opportunity for All* report to francophone students in Laurentian University's School of Nursing community health class on September 24, 2015.

Staff from the RRED Division have contributed to ten abstract submissions for *The Ontario Public Health Conference* (TOPHC) which will be held in the spring of 2016 in Toronto. Submissions include proposals for oral presentations, posters, or workshops. Topics range from the SDHU's Performance Monitoring Plan, the Population Health Assessment and Surveillance Team Indicator Reports (PHASTiR), the implementation of evidence-informed practice at the SDHU, and the Teen Moms study. Staff contributions at public health conferences are aligned with the SDHU's role of exchanging knowledge within the public health system and of contributing to the evidence base of public health knowledge.

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 8 Periods Ending August 31, 2015

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,893,000	10,127,223	10,127,223	0	4,765,777
MOHLTC - Unorganized Territory	813,000	533,987	533,987	(0)	279,013
MOHLTC - VBD Education & Surveillance	65,000	43,293	43,293	(0)	21,707
MOHLTC - VBD Contingency	375,000	0	0	0	375,000
MOHLTC - SDWS	106,000	70,667	70,667	(0)	35,333
MOHLTC - CINOT Expansion	24,800	21,007	21,007	(0)	3,793
Municipal Levies	6,641,127	4,427,373	4,427,373	0	2,213,754
Municipal Levies - Small Drinking Water Syste	47,222	31,481	31,481	0	15,741
Municipal Levies - VBD Education & Surveilla	21,646	14,431	14,431	(0)	7,215
Municipal Levies - VBD Contingency	125,000	0	0	0	125,000
Municipal Levies - CINOT Expansion	10,503	7,002	7,002	0	3,501
Interest Earned	85,000	46,066	46,066	(0)	38,934
Total Revenues:	\$23,207,298	\$15,322,529	\$15,322,530	\$(1)	\$7,884,768
Expenditures:					
Corporate Services:					
Corporate Services	4,348,039	3,314,488	3,354,015	(39,526)	994,025
Print Shop	262,837	170,951	142,849	28,102	119,988
Espanola	120,927	82,409	82,845	(436)	38,082
Manitoulin	124,866	85,159	83,950	1,209	40,916
Chapleau	98,398	67,384	63,334	4,050	35,064
Sudbury East	16,486	11,042	10,888	154	5,598
Volunteer Services	6,598	2,673	899	1,773	5,699
Strategic Engagement	0	0	3,022	(3,022)	(3,022)
Total Corporate Services:	\$4,978,151	\$3,734,105	\$3,741,802	\$(7,697)	\$1,236,350
Clinical and Family Services:					
General	1,042,958	701,617	691,679	9,937	351,278
Clinical Services	1,273,489	910,234	987,865	(77,630)	285,624
Branches	341,475	236,198	185,326	50,872	156,149
Family	650,117	453,203	445,648	7,555	204,469
Risk Reduction	146,964	56,970	56,970	0	89,994
Intake	317,445	217,776	220,692	(2,916)	96,753
Clinical Preventative Services - Outreach	140,503	98,475	94,203	4,272	46,300
Sexual Health	940,792	651,144	624,850	26,294	315,942
Influenza	0	0	1,462	(1,462)	(1,462)
Meningitis	0	0	(161)	161	161
HPV	0	0	(366)	366	366
Dental - Clinic	759,812	510,361	472,414	37,947	287,398
CINOT Expansion - Clinic	35,303	22,146	25,501	(3,355)	9,802
Family - Repro/Child Health	1,187,462	814,152	762,847	51,305	424,615
Total Clinical Services:	\$6,836,320	\$4,672,276	\$4,568,930	\$103,346	\$2,267,390
Environmental Health:					
General	785,386	528,938	518,828	10,110	266,558
Enviromental	2,598,675	1,763,600	1,690,834	72,766	907,841
Vector Borne Disease (VBD)	586,646	47,790	39,281	8,509	547,365
Small Drinking Water System	169,994	113,330	102,490	10,840	67,504
Total Environmental Health:	\$4,140,701	\$2,453,658	\$2,351,433	\$102,225	\$1,789,268
Health Promotion:					
General	1,413,798	991,383	942,276	49,107	471,521
School	1,279,905	837,019	825,173	11,846	454,731
Healthy Communities & Workplaces	274,720	190,110	179,437	10,673	95,283
Branches	559,349	381,572	377,618	3,953	181,730
Nutrition & Physical Activity	1,245,571	819,734	783,254	36,480	462,317
Injury Prevention	408,424	260,432	252,599	7,832	155,825
Tobacco By-Law	331,408	216,108	211,543	4,565	119,865
Alcohol and Substance Misuse	282,288	187,816	181,241	6,575	101,047
Total Health Promotion:	\$5,795,462	\$3,884,173	\$3,753,142	\$131,032	\$2,042,320
RRED:					
General	1,441,423	961,874	954,746	7,128	486,677
Health Equity Office	15,240	6,952	3,586	3,366	11,654
Total RRED:	\$1,456,663	\$968,825	\$958,332	\$10,494	\$498,331
Total Expenditures:	\$23,207,298	\$15,713,038	\$15,373,638	\$339,399	\$7,833,659
Net Surplus/(Deficit)	\$0	\$(390,509)	\$(51,109)	\$339,400	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 2015

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,371,934	15,447,735	15,474,202	(26,467)	7,897,732
Other Revenue/Transfers	1,033,356	778,751	846,749	(67,998)	186,608
Total Revenues & Expenditure Recoveries:	24,405,290	16,226,486	16,320,950	(94,464)	8,084,340
Expenditures:					
Salaries	15,493,094	10,853,446	10,696,434	157,013	4,796,660
Benefits	4,262,389	2,971,327	2,912,078	59,249	1,350,311
Travel	276,074	172,741	152,519	20,222	123,555
Program Expenses	1,468,608	566,030	532,283	33,747	936,325
Office Supplies	80,420	48,909	45,869	3,040	34,551
Postage & Courier Services	72,230	43,153	33,970	9,183	38,260
Photocopy Expenses	94,512	65,823	33,252	32,571	61,260
Telephone Expenses	59,466	39,445	36,018	3,427	23,448
Building Maintenance	388,161	286,773	391,396	(104,623)	(3,235)
Utilities	195,265	130,177	127,165	3,011	68,100
Rent	239,198	159,465	153,087	6,379	86,111
Insurance	111,340	106,340	109,390	(3,050)	1,950
Employee Assistance Program (EAP)	34,969	26,226	22,651	3,575	12,318
Memberships	34,120	29,550	30,812	(1,262)	3,308
Staff Development	225,219	149,858	128,449	21,409	96,770
Books & Subscriptions	18,610	12,262	8,144	4,118	10,466
Media & Advertising	166,577	64,351	40,176	24,174	126,401
Professional Fees	386,696	251,465	287,174	(35,709)	99,522
Translation	57,550	37,130	29,453	7,677	28,097
Furniture & Equipment	17,730	9,493	19,202	(9,709)	(1,472)
Information Technology	723,063	593,030	582,537	10,493	140,526
Total Expenditures	24,405,290	16,616,995	16,372,059	244,936	8,033,231
Net Surplus (Deficit)	0	(390,509)	(51,109)	339,400	

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

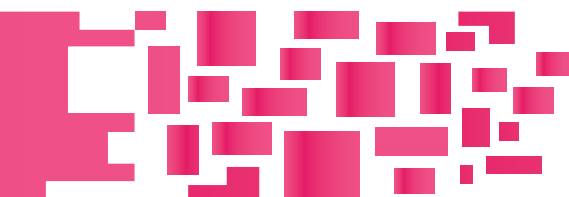
100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	93,757	45,243	67.5%	Dec 31	66.7%
SFO -TCAN - Prevention	724	97,200	16,079	81,121	16.5%	Dec 31	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	162,038	123,762	56.7%	Dec 31	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	190,500	143,638	46,862	75.4%	Dec 31	66.7%
SFO - Tobacco Control Coordination	730	100,000	70,770	29,230	70.8%	Dec 31	66.7%
SFO - Youth Engagement	732	80,000	41,795	38,205	52.2%	Dec 31	66.7%
Infectious Disease Control	735	479,100	336,623	142,477	70.3%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	36,972	63,028	37.0%	Mar 31/15	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	124,925	55,575	69.2%	Dec 31	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	150,100	57,203	92,897	38.1%	Mar 31/15	66.7%
Food Safety - Haines Funding	750	36,500	9,867	26,633	27.0%	Dec 31	66.7%
Triple P Co-Ordination	766	110,600	45,231	65,369	40.9%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	977,006	499,891	66.2%	Dec 31	66.7%
Healthy Smiles Ontario (HSO)	787	457,300	265,084	192,216	58.0%	Dec 31	66.7%
Anonymous Testing	788	59,393	21,805	37,588	36.7%	Mar 31/15	41.7%
MHPS- Aboriginal Diabetes	792	175,000	52,197	122,803	29.8%	Mar 31/15	41.7%
Total		4,117,890	2,454,990	1,662,900			

ACCEPTANCE OF REPORTS

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

Strategic Priority Narratives Report



Performance
Monitoring Plan

2013
2017

October 2015



Introduction

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

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

Accommodating people with disabilities in the Food Handler Training and Certification Program

One in seven Ontarians have a disability. A disability can happen to anyone at any time. Some disabilities are long-term or permanent, and some are temporary in nature. A disability may affect one's vision, hearing, speech or can affect their ability to learn or communicate.

An evaluation of the Food Handler Training and Certification Program was conducted in 2014 with a recommendation to enhance its inclusivity for participants. A *Guide to Accommodating People with Disabilities* was developed with the goal to support all program instructors to be aware of and accommodate any participant's physical or learning disabilities. The *Guide* specifically:

- provides tangible examples on how to identify a person in need of accommodation
- highlights the SDHU's duty to accommodate
- lists types of disabilities and provides suggestions for accommodation and guidance to staff when interacting with individuals with disabilities

This *Guide* offers instructors the tools needed to ensure that participant's dignity and independence are respected while providing equitable opportunities for all people to benefit from SDHU services.



Strategic Priority: Champion and lead equitable opportunities for health

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

Partnerships to strengthen our communities

Active partnerships between the Health Unit, Sudbury's Best Start Integration and Planning Network, and dedicated community members have resulted in the creation of eight neighbourhood teams across Greater Sudbury. Each neighbourhood team includes a diverse and engaged membership that works together with the common goal of planning activities and services for families. By actively engaging families in their neighbourhoods, the teams strive to: create collaborative partnerships, identify individual neighbourhood needs, act as advocates for community needs, create a sense of belonging by creating opportunities for community engagement.

As an example, in June 2015, the Rayside Balfour Neighbourhood Team worked collaboratively to host a local bike rodeo. The full-day event was made possible through sponsorship and strong collaboration among the partners. Children were provided with free helmets, helmet fittings, and a lunch, along with skill building and education to improve their knowledge around safety and bicycle use. Local community agencies further utilized this event to promote their services.

This is one of many collaborations which illustrate neighbourhood teams' leadership to foster relationships and resolve to meet the unique needs of the communities they serve.

Strategic Priority: Strengthen relationships

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



Knowledge dissemination leads to new stakeholder relationship

From 2012 to 2015, the SDHU collaborated with Laurentian University and Monarch Recovery Services in participatory action research seeking to explore the experiences of women receiving opioid substitution therapy in our community. The importance of safe space, which is co-created between women and their service provider, was a core finding of this study. With time, involvement in safe space increases women's capacities to establish healthier connections in their communities.

The study's results have been shared with various frontline, management, and academic staff in our community and within the public health system. Specifically, SDHU's frontline staff have had insightful reflections about the study's findings and their implications for practice with staff from a New Sudbury-based methadone clinic. These joint discussions nurtured a new stakeholder relationship between this methadone clinic and the SDHU. As such, the methadone clinic provides referrals for SDHU services while the SDHU reciprocally supports the methadone clinic's clients through the Healthy Babies Healthy Children program.



Strategic Priority: Strengthen evidence-informed public health practice

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

Collaboration for smoke-free social housing

The SDHU strongly supports the Manitoulin-Sudbury District Services Board's (DSB) Smoke-Free Housing policy, which was passed in May 2014 and implemented in January 2015. This policy designates all new social housing units as smoke-free, while existing units can be voluntarily declared as smoke-free. This is to protect residents from involuntary exposure to the effects of second-hand and third-hand smoke.

In order to assist with effective implementation of this policy, the DSB partnered with the SDHU's tobacco cessation services. As a partner, the SDHU provided sessions to DSB tenants which highlighted services offered by the SDHU and others to help people quit smoking. These sessions were conducted by public health nurses to tenants in 14 social housing locations (253 units) within 11 SDHU catchment area communities.

Multi-level partner collaboration, such as this one, builds opportunities to implement equitable policies for all residents. As of May 2015, the DSB noted an "increase of 14% smoke-free units. The tenants have been very positive, and are happy with the change," DSB Social Housing Program Supervisor.

Strategic Priority: Support community actions promoting health equity

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



Developing a new, more accessible website

When the Health Unit undertook the task of completely redesigning its website, a key priority was to ensure that the information posted online as well as the site's navigational structure were more easily accessible to individuals with disabilities. The guidelines to achieve this goal were developed by the World Wide Web Consortium and are known as the Web Content Accessibility Guidelines (2.0), which are aligned with requirements set by the Accessibility for Ontarians with Disabilities Act.

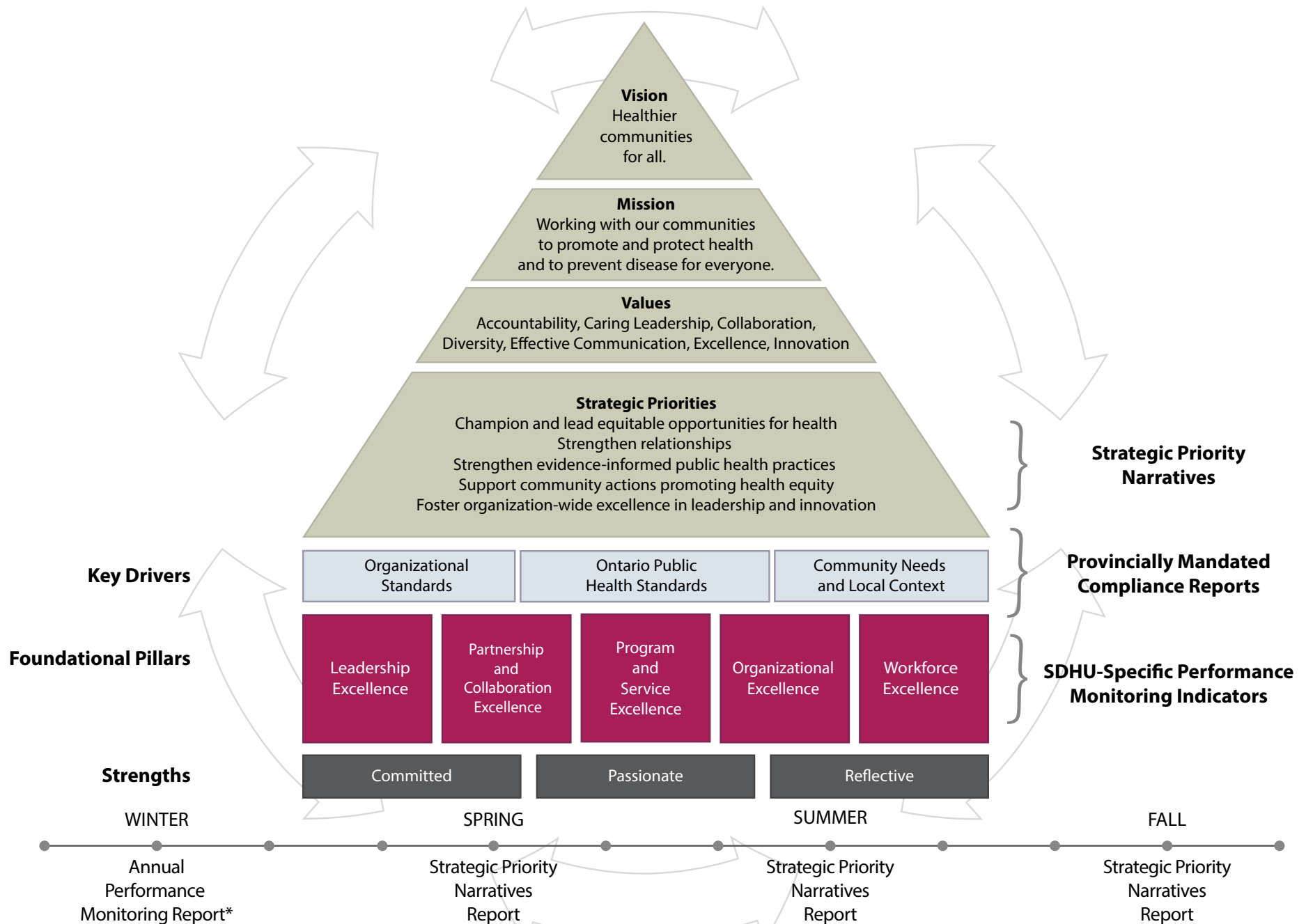
In addition to implementing technological web enhancements, achieving a more accessible website required Health Unit staff to develop their skills through training so they can produce information and file formats that would be more easily accessed by individuals with disabilities, for example, those using assistive devices that read web information aloud. Responding to client requests to receive information in alternate formats that are more accessible to them is also part of the SDHU's ongoing commitment to ensuring that clients can access the information they seek.



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

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

2013–2017 Sudbury & District Board of Health Strategy Map



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

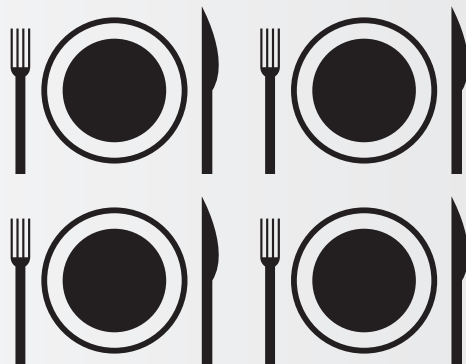
Limited Incomes = A Recipe for Hunger

Family of four living on Ontario Works



\$874

The cost of groceries for a family of four



39%

of monthly income needed for healthy food



50%

of monthly income needed for rent/housing

Leaves only **\$229** left to pay for:



heat



telephone



transportation



hydro

+

This leaves little money left for buying healthy food.
Too often, it's so little that people go hungry.

You Can Create Change?

Advocate for:

- Basic income guarantee
- More affordable housing
- More affordable child care

Participate in or support:

- Your local Food Network
- Your local Good Food Box program
- Fruit for All Sudbury

Make it a
**Healthy
Day!**

Sudbury & District Health Unit
Service de santé publique de Sudbury et du district

For more information, visit www.sdhc.com.



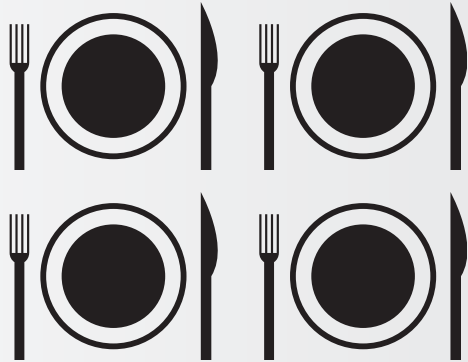
Revenu restreint = une recette pour rester sur sa faim

Famille de quatre personnes sur Ontario au travail



874 \$

Le coût de l'épicerie pour une famille de quatre



39 %

du revenu mensuel nécessaire pour les aliments sains



50 %

du revenu mensuel nécessaire pour le loyer/la maison

Ceci laisse seulement **229 \$** pour payer :



le chauffage



le téléphone



les transports



l'électricité

+

Ceci laisse peu d'argent pour acheter des aliments sains. Souvent, c'est tellement peu que les gens ont faim.

Vous êtes une force de changement!

Préconisez :

- Le revenu de base garanti
- Plus de logements abordables
- Plus de garderies abordables

Participez ou soutenez :

- Votre réseau local d'aliments
- Le programme local de la Boîte de bonne bouffe
- Fruit for All Sudbury








Visez
Santé
dès aujourd'hui!

Service de santé publique de Sudbury et du district
Sudbury & District Health Unit

Pour avoir plus de détails,
consultez le site www.sdhu.com.



2015 NUTRITIOUS FOOD BASKET SCENARIOS

Households with Children					Single Person Households		
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
Scenarios^a	 Ontario Works	 Minimum Wage Earner	 Median Ontario Income	 Ontario Works	 Ontario Works	 ODSP	 Senior OAS / GIS
Income							
Total Monthly Income (after tax)	\$2,214	\$2,900	\$6,952	\$2,006	\$752	\$1,205	\$1,556
Expenses							
	3 Bedroom			2 Bedroom	Bachelor	1 Bedroom	
Monthly Rent (may include heat/hydro)^b	\$1,111	\$1,111	\$1,111	\$986	\$632	\$804	\$804
Food^c	\$874	\$874	\$874	\$660	\$295	\$295	\$214
Funds Remaining for Other Basic Needs							
	\$229	\$915	\$4,967	\$360	(\$175)	\$106	\$538
% of Income Required for Rent	50%	38%	16%	49%	84%	67%	52%
% of Income Required to Purchase Healthy Food	39%	30%	13%	33%	39%	24%	14%

a - As applicable, all scenarios are based on the following:

1 male adult, 1 female adult, 1 girl, 1 boy, 1 female older adult








b - Rental costs calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Spring 2015.

www.cmhc-schl.gc.ca/odpub/esub/64507/64507_2015_B01.pdf

c - Reference: Nutritious Food Basket Data Results 2015 for the Sudbury & District Health Unit – Includes Household Size Adjustment Factors.

For more information, please call 705.522.9200, ext. 257.

SCÉNARIOS DU PANIER À PROVISIONS NUTRITIF - 2015

Ménages avec enfants					Ménages composés d'une seule personne		
	Scénario 1	Scénario 2	Scénario 3	Scénario 4	Scénario 5	Scénario 6	Scénario 7
Scénarios ^a	 Ontario au travail	 Salaire minimum	 Revenu ontarien médian	 Ontario au travail	 Ontario au travail	 POSPH	 Personne âgée SV/SRG
	Revenu						
Revenu mensuel total (après impôt)	2 214 \$	2 900 \$	6 952 \$	2 006 \$	752 \$	1 205 \$	1 556 \$
	Dépenses						
	3 chambres			2 chambres	Studio	1 chambre	
Loyer mensuel (peut inclure le chauffage et l'électricité) ^b	1 111 \$	1 111 \$	1 111 \$	986 \$	632 \$	804 \$	804 \$
Nourriture ^c	874 \$	874 \$	874 \$	660 \$	295 \$	295 \$	214 \$
	Argent qui reste pour d'autres besoins essentiels						
	229 \$	915 \$	4 967 \$	360 \$	(175 \$)	106 \$	538 \$
% du revenu requis pour le loyer	50 %	38 %	16 %	49 %	84 %	67 %	52 %
% de revenu requis pour acheter des aliments sains	39 %	30 %	13 %	33 %	39 %	24 %	14 %

a - Le cas échéant, les scénarios sont basés sur les éléments suivants :
1 homme, 1 femme, 1 fille, 1 garçon, 1 femme âgée

b - Les calculs des frais de loyer proviennent du Rapport sur le marché locatif : Faits saillants – Ontario. Société canadienne d'hypothèques et de logement, printemps 2015.
http://www.cmhc-schl.gc.ca/odpub/esub/64509/64509_2015_B01.pdf?lang=fr

c - Référence : Données du panier à provisions nutritif – Résultats 2015 du Service de santé publique de Sudbury et du district – Comprend les facteurs d'ajustement en fonction de la taille des ménages.

Pour avoir plus de détails, appelez le 705.522.9200, poste 257.

This document is available in English. Traduit par un traducteur agréé.

© Service de santé publique de Sudbury et du district, 2015

NUTRITIOUS FOOD BASKET 2015; LIMITED INCOMES = A RECIPE FOR HUNGER

MOTION: **WHEREAS** the Sudbury & District Board of Health has monitored the cost of healthy eating on an annual basis since 2008 in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the Ontario Public Health Standards; and

WHEREAS the 2015 costing results continue to demonstrate that individuals and families living on low incomes cannot afford food after paying for housing and other necessities and therefore may be at higher risk for food insecurity; and

WHEREAS food insecurity is inadequate or insecure access to food because of financial constraints and has serious public health implications; and

WHEREAS a basic income guarantee is a cash transfer from government to citizens not tied to labour market participation that can ensure everyone has an income sufficient to meet basic needs; and

WHEREAS basic income guarantee is similar to the income guarantees provided in Canada for seniors and children, which have contributed to health improvements in those groups; and

WHEREAS basic income guarantee is a simpler and more transparent approach to social assistance and has the potential to eliminate poverty;

WHEREAS the Association of Local Public Health Agencies endorsed the concept of basic income guarantee;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health urge provincial and federal governments to prioritize and investigate a joint federal-provincial basic income guarantee as a policy option for reducing poverty;

FURTHER THAT while basic income guarantee is being investigated, ask the Province to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing as informed by the current results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports;

FURTHER THAT the Sudbury & District Board of Health request that the Province index social assistance rates to inflation to keep up with the rising cost of living;

FURTHER THAT the Sudbury & District Board of Health share this motion and supporting materials with appropriate community agencies, boards, and municipalities throughout the catchment area.

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

PROCEDURE

APPROVED:	Board of Health	CATEGORY:	Board of Health Proceedings
DATE:	O: February 26, 1990 R: June 18October 15, 2015	SECTION:	Board of Health Meetings
NUMBER:	E-I-11	SUBJECT:	Preparation of the Agenda
PAGE:	1 of 3		

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

1) Call to Order

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

2) Roll Call

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

3) Declaration of Conflict of Interest

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

4) Delegations/Presentations

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

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

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

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

5) Consent agenda

The consent agenda is a single item that includes all items that the Board of Health would normally approve with little or no discussion. The consent agenda is introduced by a motion.

The consent agenda may include, but is not limited to, items such as Board or standing committee minutes, the report of the Medical Officer of Health/Chief Executive Officer, routine financial reports, correspondence and information items.

Items for clarification or for which a board member has a question are normally requested before the meeting.

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BOARD OF HEALTH MANUAL**

PROCEDURE

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After introduction of the consent agenda motion, the Chair shall then invite discussion on any item(s) set forth in the consent agenda motion.

Any member who wishes to discuss any item(s) set forth in the consent agenda motion shall so advise the Chair, following which:

- (1) ~~the item(s) for discussion~~ shall be separated from the consent agenda motion and moved to ~~the regular agenda as an item to be discussed~~
- (2) ~~the remainder of the consent agenda motion~~ shall be voted on;

Items of the consent agenda that were moved to New Business shall be discussed there and at the conclusion of the discussion:

- (1) ~~if no amendments have been proposed to any item(s), the Chair shall call for a vote on each separated motion;~~
or
- (2) ~~if amendments have been proposed to any item(s):~~
 - (a) ~~each amendment shall be voted on separately without further amendment or debate; and~~
 - (b) ~~the Chair shall call for a vote on each item, as amended.~~

a) Minutes of Previous Meeting

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

~~e)b)~~ Business Arising from Minutes

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

~~d)c)~~ Reports of Standing Committees

These are the minutes and Committee Chair's report from any committees established by the Board.

~~e)d)~~ Report of Medical Officer of Health/Chief Executive Officer

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

e) Correspondence

These are items received through the mail

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f) Items for Information

These are general public health materials, i.e., newsletters, shared for the Board's information.

6) New Business

~~**a) Items for Discussion**~~

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

~~**b) Correspondence**~~

~~These are items received through the mail~~

~~**9) Items for Information**~~

~~These are general public health materials, i.e., newsletters, shared for the Board's information.~~

7) Addendum

This is a separate agenda prepared and made available (if required) at the beginning of the Board meeting and contains items that have arisen during the time the agenda was prepared and before the Board meeting. A motion is prepared to deal with items on the addendum.

8) Announcements/Enquiries

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

9) In Camera

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

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

10) Rise and Report

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

11) Adjournment

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

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

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

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To Regulate the Proceedings of the Board of Health

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

Interpretation

1. In this By-law:
 - a) “Act” means the *Health Protection and Promotion Act*. S.O. Ontario, Chapter 10 as amended;
 - b) “Board” means the Board of Health for the Sudbury & District Health Unit
 - c) “Chair” means the person presiding at the meeting of the Board;
 - d) “Chair of the Board” means the chair elected under the Act, which reads:

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.
 - g) “Committee” means a committee of the Board, but does not include the Committee of the Whole;
 - h) “Committee of the Whole” means all the members present at a meeting of the Board sitting in Committee;
 - i) “Council” means the Council of any constituent municipality;
 - j) “Meeting” means a meeting of the Board;
 - k) “Member” means a member of the Board;
 - l) “Quorum” means a majority of the members of the Board who are present at a Board meeting either in person or via tele/videoconference;
 - m) “Secretary” means the Secretary of the Board of Health.
 - n) “Absences” means a Board member who is not present at a Board meeting either in person or by tele/videoconference.

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General

2. The Board of Health for the Sudbury & District Health Unit shall consist of 13 members.

Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.
3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.
4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.
5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.
6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.
7. No persons shall smoke in the health unit buildings or on health unit premises.

Convening a Regular Meeting

8. Regular monthly meetings shall be held at a date and time as determined by the Board which is normally the 3rd Thursday of the month at 1:30 p.m. with the exception of March, July, August and December when regular Board meetings are not scheduled.

It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

The Board may, by resolution, alter the time, day or place of any meeting.

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act a member who participates in a meeting through electronic means is deemed to be present at the meeting including ,without limitation, for purposes of establishing quorum, full participation rights and full voting rights.

Electronic participation may be approved by the Board of Health Chair in special circumstances.

The electronic means will enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

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Convening a Special Board Meeting

9. A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of (participating) council(s) or municipality(s).

A special meeting may be called by the Chair of the Board of Health.

The Secretary shall summon a special meeting upon receipt of a signed petition of the majority of Board members, constituting a quorum, for the purpose and at the time mentioned in the petition.

Notice of Meetings

10. The Secretary shall give notice of each regular and special meeting of the Board and of any Committee to the members thereof and to the heads of divisions concerned with such meeting.

The notice shall be accompanied by the agenda and any other matter, so far as is known, to be brought before such meeting.

The notice shall be delivered or sent by courier to the residence or place of business of each member so as to be received no later than one week prior to the day of the meeting.

Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

The notice for calling a special meeting of the Board shall state the business to be considered at the special meeting and not business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

The public is made aware of regular board meetings or board committee meetings through the Sudbury & District Health Unit website as per the *Municipal Act*, 238 subsection 2.1

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Preparation of the Agenda

11. The Secretary, in conjunction with the Medical Officer of Health/Chief Executive Officer, shall have prepared for the use of members at the regular meetings the agenda as follows:
- Call to Order
 - Roll Call
 - Declaration of Conflict of Interest
 - Delegations/Presentation
 - Consent agenda which normally shall include:
 - Minutes of Previous Meeting
 - Business Arising from Minutes
 - Report of Standing Committees
 - Report of the Medical Officer of Health/Chief Executive Officer
 - Correspondence
 - Items of Information
 - New Business ~~-(a) Items for Discussion (b) Correspondence~~
 - ~~Items of Information~~
 - Addendum
 - Announcements/Enquiries
 - In-Camera
 - Rise & Report
 - Adjournment
12. For special meetings, the agenda shall be prepared when and as the Chair of the Board may direct or, in default of such direction, as provided in the last preceding section so far as is applicable.
13. The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.

Commencement of Meetings / Quorum

14. As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board, or Vice-Chair or person appointed to act in their place and stead, shall take the chair and call the members to order.
15. If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary shall call the members to order and a presiding officer shall be appointed by majority vote to preside during the meeting or until the arrival of the person who ought to preside.

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16. If there is no quorum within 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present, and the meeting shall then adjourn until such time as quorum is available.
17. Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall within three minutes following such request, record the names of those members present and advise the Chair, if a quorum is, or is not, present.

Rules of Debate and Conduct of Members at the Board

18. The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.
19. Each deputation will be allowed a maximum of one speaker for a maximum of 10 minutes, but a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard on an item unless there is a report from staff on the item or upon agreement of two-thirds of the Board present.

The Board shall render its decision in each case within seven days after deputations have been heard.

When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary prior to the holding of such meeting of his wishes with respect to items on the agenda or matters appearing therein in which he is vitally interested.

Three consecutive absences by a member of the Board of Health will be reviewed by the Chair, following which notification will be forwarded to the appropriate municipality or council.

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

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20. If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.

21. Every member, prior to speaking to any question or motion, shall respectfully address the Chair.

22. When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.

23. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

No member shall speak to the same question at any one time for longer than ten minutes except that the Board upon motion therefore, may grant extensions of time for speaking of up to five minutes for each time extended.

24. Subject to this section, no member may ask a question of the previous speaker except with the consent of such previous speaker and then only to clarify any part of the previous speaker's remarks and such question shall be stated concisely.

When it is a member's turn to speak, before speaking he may ask questions of the Medical Officer of Health/Chief Executive Officer or Secretary, in order to obtain information relating to the report or clause in question and, with the consent of the speaker, other members of the Board may ask a question of the same official.

A member's question shall not be ironical, rhetorical, offensive, contain epithet, innuendo, satire or ridicule, be trivial, vague or meaningless, or contain questions and answers.

25. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.

26. A member shall not:

- speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
- use offensive words or unparliamentary language at the Board meetings;
- disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;

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- leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
- interrupt a member while speaking except to raise a point of order.

27. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

If the Board votes in the affirmative, the Chair shall order the member to leave his seat for the duration of the meeting.

If the member apologizes, the Chair, with the approval of the Board, may permit him to resume his seat.

Questions of Privilege and Points of Order

28. A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. A matter of privilege shall take precedence over other matters. When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. _____ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.

29. When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

Unless a member immediately appeals to the Board, the decisions of the Chair shall be final.

If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.

30. When the Chair calls a member to order, the member shall immediately cease speaking until the point of order is dealt with then he shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

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Motions and Order of Putting Questions

31. A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.
32. Every motion presented to the Board shall be written.
33. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.
34. When a matter is under debate, no motion shall be received other than a motion:
- to adopt,
 - to amend,
 - to defer action,
 - to refer,
 - to receive,
 - to adjourn the meeting, or
 - that the vote be now taken.
35. A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.
- A motion to refer shall require direction as to the body to which it is being referred and is not debatable.
- A motion to defer must include a reason and a time period for the deferral and is not debatable.
36. When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and if carried by a majority vote of the members present, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.
- A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

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37. Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or if any amendment has carried, the main motion as amended shall be put to a vote.

Nothing in this section shall prevent other proposed amendments being read for the information of the members.

38. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.
39. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.
40. Every member present at a meeting of the Board when a vote is taken on a matter shall vote therein unless prohibited by statute; and, if any member present persists in refusing to vote, he shall be deemed as voting in the negative.
41. If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.
42. When a member present requests a roll call vote, all members present, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.
43. Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.

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44. After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. For the purposes of this section, the word "year" shall mean the period from January 1st to December 31st in the same year.

Adjournment

45. A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:
- when a member is in possession of the floor;
 - when it has been decided that the vote be now taken; or,
 - during the taking of a vote;
- but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.
46. Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.
47. Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

Secretary for the Board

48. It shall be the duty of the Secretary:
- to attend or cause an assistant to attend all meetings of the Board;
 - to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and
 - to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

Appointment and Organization of Committees

49. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.
50. The Board may appoint committees from time to time to consider such matters as specified by the Board.

Conduct of Business in Committees

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51. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.
52. It shall be the duty of the Committee:
- to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
 - to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
 - to forward to the incoming Committee for the following year any matter undisposed of.
53. The procedures of the Board with respect to:
- incurring of liabilities and paying of accounts;
 - contacts and expenditures;
 - petty cash;
 - tenders and quotations;
- shall be in accordance with By-law 01-88 and 01-93.

Corporate Seal

54. The corporate seal of the Board shall be in the form impressed herein and shall be kept by the Executive Officer or the Secretary of the Board.

Execution of Documents

55. The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

Duties of Officers

Chair and Vice-Chair

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

56. The Chair of the Board shall:
- preside at all meetings of the Board;
 - represent the Board at public or official functions or designate another Board member to do so;
 - be ex-officio a member of all Committees to which he has not been named a member;
 - perform such other duties as may from time to time be determined by the Board.
57. The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

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When undertaking the duties outlined in 57 above, the Vice-Chair shall be paid, in lieu of his regular Board member per diem, a fee as stipulated in Board of Health policies.

58. The Vice-Chair shall preside during in-camera sessions.

59. When it is moved and carried that the Board recess and go in-camera, the Chair shall vacate the Chair and the Vice-Chair shall preside over the Board sitting as a Committee of the Whole

Board of Health in-camera matters include:

- the security of the property of the Sudbury & District Health Unit
- personnel matters involving one or more identifiable individuals, including employees or prospective employees;
- proposed or pending acquisition, rent or disposition of land or realty;
- reports on charges which have been laid for contravention of by-laws or regulations, but which have not yet been dealt with in court;
- labour relations or employee negotiations
- litigation or potential litigation affecting the board; and
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act. 2001, c. 25, s. 239 (2).
- for the purpose of educating or training the members and that the meeting is closed to the public under section 239, Subsection 3.1 of the Municipal Act, 2006

The Vice-Chair shall report the proceeding to the Board and a motion of concurrence shall be voted upon.

Amendments

60. Any provision contained herein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote to give effect to any recommendation contained in a Report to the Board and such Report has been transmitted to members of the Board prior to the meeting at which the Report is to be considered, but otherwise no motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any even no bill to amend this by-law shall be introduced at the same meeting as that at which such report or motion is considered.

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

INFORMATION

APPROVED BY:	Board of Health	CATEGORY:	Board of Health By-Laws
DATE:	O: June 23, 1988 R: February 20October 15, 20142015	SECTION:	By-laws
NUMBER:	G-I-30	SUBJECT:	By-law 04-88
PAGE:	13 of 14		

Medical Officer of Health

61. The Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to the Sudbury & District Health Unit during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health;

The Medical Officer of Health, wherever possible, will advise the Board of Health Chair if such arrangements constitute an absence or inability to act of the Medical Officer of Health as per Section 69(1) of the Health Protection and Promotion Act;

Activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. In the event that the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment. In the event of Acting Medical Officer of Health appointments of six months or greater, the consent of the Minister and Chief Medical Officer of Health will be obtained in accordance with the HPPA;

Dismissal of Medical Officer(s) of Health

62. A decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:
- the decision is carried by the vote of two-thirds of the members of the Board; and
 - the Minister consents in writing to the dismissal.

The Board of Health shall not vote on the dismissal of a Medical Officer of Health unless the Board has given to the Medical Officer of Health:

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
- a written statement of the reason for the proposal to dismiss the Medical Officer of Health; and
- an opportunity to attend and to make representation to the Board at the meeting.

MOH/CEO Meeting Notice and Attendance

63. The MOH/CEO is entitled to notice of and to attend each meeting of the Board of Health and every committee of the board, but the Board may require the MOH/CEO withdraw from any part of a meeting at which the Board of a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

General

64. In this by-law, words importing the singular number of the masculine gender only shall include more person, parties or things of the same kind than one and females as well as males and the converse.

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

INFORMATION

APPROVED BY:	Board of Health	CATEGORY:	Board of Health By-Laws
DATE:	O: June 23, 1988 R: February 20<u>October 15, 2014</u><u>2015</u>	SECTION:	By-laws
NUMBER:	G-I-30	SUBJECT:	By-law 04-88
PAGE:	14 of 14		

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26th day of February 1990.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1991.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29th day of June 1992.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1996.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.

BOARD OF HEALTH MANUAL

MOTION: **THAT the Board of Health, having reviewed the revised Procedure E-I-11 and By-Law 04-88, approves the contents therein for inclusion in the Board of Health Manual.**

September 21, 2015

Dear Public Health Stakeholder,

Please find attached, a copy of Resolution #2015.39 adopted by the Board of Health for the Porcupine Health Unit, at its meeting held September 18, 2015.

The Board of Health for the Porcupine Health Unit strongly objects to the radical change in public health funding, in the Province of Ontario, which the Province has begun implementing in 2015.

It is the Board of Health's position that this drastic change will effectively transfer scarce public health financial resources to areas of the Province of relative health and wealth, and away from those areas of the Province such as Northern and rural areas, which have the greatest public health needs.

We would request your support in opposing this massive redistribution of public health funding in Ontario.

Yours very truly,



Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

Encl.

pc: Federation of Northern Ontario Municipalities (FONOM)
Northeastern Ontario Municipal Association (NEOMA)
Northern Ontario Municipal Association (NOMA)
Association of Local Public Health Agencies (alPHA)
Local Member Municipalities
Dr. Eric Hoskins, Minister of Health & Long-Term Care (MOHLTC)
Kathleen Wynne, Premier of Ontario
Provincial Party Leaders
Northern Members of Provincial Parliament
Ontario Nurses Association (ONA)
Canadian Union of Public Employees (CUPE)
Ontario Boards of Health

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

Branch Offices: Cochrane, Hearst,
Hornepayne, Iroquois Falls,
Kapuskasing, Matheson,
Moosonee, Smooth Rock Falls

Date: 15 / 09 / 18
y m d

R-2015.39

MOVED BY: Gilles Chartrand

SECONDED BY: Claude Bourassa

WHEREAS, the Ministry of Health and Long-Term Care has, on September 4, 2015, released the 2013 report of the Funding Review Working Group with respect to a public health funding model for Mandatory Programs which it has accepted for the 2015 budget year and beyond; and

WHEREAS, based upon current information, the model indicates that approximately 80% of Public Health Units in the Province of Ontario are overfunded, which in and of itself calls into question, the validity of said model; and

WHEREAS, this funding model will result in an inevitable significant long-term transfer of public health resources to relatively wealthier, and healthier, large urban settings, and will cause reductions in public health services in Northern and rural areas of the Province; and

WHEREAS, in some large centres there is a possibility that these extra public health funds could effectively be consumed by larger municipal budgets and not utilized for additional public health services; and

WHEREAS, under this model, health units who have been identified as being overfunded, may have many years of shrinking public health services, in the face of higher costs, due to having to deal with a flatlined budget allocation; and

WHEREAS, Unorganized Territories funding for public health services will not be allocated in the same manner as the Mandatory Programs funding, it appears that equitable access to public health resources depend on where you live in this Province, and since only Northern health units have Unorganized Territories funding, and the Ministry of Health and Long-Term Care has indicated that there will only be a one-time adjustment to that funding, this model, with its implementation inconsistencies, is particularly detrimental to those health units in Northern Ontario;

NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Porcupine Health Unit opposes this new funding model and the radical long-term shifting of public health resources to wealthier urban centres of the Province, at the direct expense of Northern and rural health units in the Province, who are much less able to replace those lost funds than our growing urban centred health units; and

FURTHERMORE THAT, the Ministry of Health and Long-Term Care reverse their decision to support this report, which appears biased against smaller, Northern, and rural health units; and

FURTHERMORE THAT, this resolution be forwarded to FONOM, NEOMA, NOMA, alPHA, local member municipalities, the Minister of Health and Long-Term Care, the Premier of Ontario, Provincial Party leaders, Northern members of Provincial Parliament, ONA, CUPE, and Ontario Boards of Health.

Head Office:
169 Pine Street South
Postal Bag 2012
Timmins, ON P4N 8B7

Phone: 705 267 1181
Fax: 705 264 3980
Toll Free: 800 461 1818

email: info4you@porcupinehu.on.ca
Website: www.porcupinehu.on.ca

(circle as appropriate)

CARRIED

DEFEATED



Chair - Board of Health

Branch Offices: Cochrane, Hearst,
Hornepayne, Iroquois Falls,
Kapuskasing, Matheson,
Moosonee, Smooth Rock Falls

September 25, 2015



Hon Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4
ehoskins.mpp@liberal.ola.org

Re: Public Health Funding

On September 25, 2015, the Board of Health for the Grey Bruce Health Unit considered the attached resolution from Porcupine Health Unit and passed the following resolution, #2015-88.

Moved by: Mitch Twolan

Seconded by: David Shearman

WHEREAS, the Ministry of Health and Long-Term Care has, on September 4, 2015, released the 2013 report of the Funding Review Working Group with respect to a public health funding model for Mandatory Programs, which it has accepted for the 2015 budget year and beyond; and

WHEREAS, based upon current information, the model indicates that approximately 80% of Public Health Units in the Province of Ontario are overfunded, which in and of itself calls into question, the validity of said model; and

WHEREAS, in some large centres there is a possibility that these extra public health funds could effectively be consumed by larger municipal budgets and not utilized for additional public health services; and

WHEREAS, under this model, health units who have been identified as being overfunded, may have many years of shrinking public health services, in the face of higher costs, due to having to deal with a flatlined budget allocation;

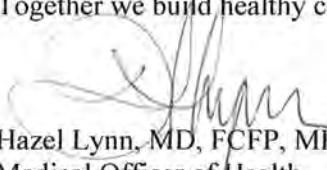
NOW THEREFORE BE IT RESOLVED THAT, the Board of Health for the Grey Bruce Health Unit support the resolution from the Porcupine Health Unit and opposes this new funding model and the radical long-term shifting of public health resources to wealthier urban centres of the Province, at the direct expense of Northern and Rural Health Units in the Province, who are much less able to replace those lost funds than our growing urban centered health units, and

FURTHER THAT, the Board of Health for the Grey Bruce Health Unit calls for the Ministry of Health and Long-Term Care to reverse their decision to support this report, and revise the funding formula which appears biased against smaller, Northern and Rural Health Units; and

FURTHER THAT, this resolution be forwarded to the Premier of Ontario, the Minister of Health and Long-Term Care, AMO, ROMA, alPHA, Local MP's and MPP's, All Municipalities in Grey and Bruce Counties and All Ontario Boards of Health.

Carried

Together we build healthy communities,


Hazel Lynn, MD, FCFP, MHSc
Medical Officer of Health
Grey Bruce Health Unit

Working together for a healthier future for all.

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

Public Health Funding Model Share Status – Mandatory Programs

Boards of Health	2014					2015				
	Approved Grant (at 75%)	Actual Share (%)	Model Share (%)	Share Difference (%)	Model Share Status (%)	Approved Grant (at 75%)	Actual Share (%)	Model Share (%)	Share Difference (%)	Model Share Status (%)
Sudbury & District	\$ 14,892,975	2.64%	1.68%	(0.96)%	156.86%	\$ 14,893,000	2.59%	1.68%	(0.91)%	153.78%
Total	\$ 563,930,645					\$ 575,210,900				

From: allhealthunits-bounces@lists.alphaweb.org [<mailto:allhealthunits-bounces@lists.alphaweb.org>]
On Behalf Of Linda Stewart
Sent: October-08-15 12:33 PM
To: 'All Health Units' <allhealthunits@lists.alphaweb.org>
Subject: [allhealthunits] Member Update re Public Health Funding

Please forward to the Chair of your Board of Health. Thank you.

Dear Public Health Colleague,

This is to provide you with an update on the actions alPHA is taking regarding the new funding formula in use by the MOHLTC for program-based grants to boards of health. alPHA's Board of Directors met with representatives from the Ministry at its meeting on October 2 and had the opportunity to clarify and provide comment on the road ahead.

The Ministry clarified that in order to apply an increase to program-based grants this year, they were required to use a funding formula. They made the decision to apply the formula recommended in the report of the Funding Review Working Group to the funds that were available to provide 2 percent growth. This resulted in 8 boards of health receiving increases while the remaining 28 were held to 2014 funding levels. At the meeting on October 2, the ministry communicated to alPHA's Board that they are open to reviewing the impacts of the funding formula and to possible alterations. They were also clear that there is no guarantee of any further funds being available in future years for increases and they have recommended to business administrators to plan for zero percent increases into the future.

As next steps, alPHA is undertaking the following:

1. Developing a resolution outlining action steps for alPHA Board endorsement that will be shared with boards of health for their consideration
2. A letter is being prepared to the Minister to provide a formal response to the application of the funding formula
3. alPHA will be collecting some key pieces of information through a short survey to assist with assessing the financial impact on public health units and municipalities of the funding formula
4. alPHA will be meeting with representatives of the Association of Municipalities of Ontario (AMO) to discuss areas of mutual concern
5. alPHA will be meeting with representatives from other parts of the health system that have already experienced funding changes to determine possible strategies forward
6. alPHA will continue to discuss member concerns with government decision makers
7. alPHA's Executive Committee and Board of Directors will continue to strategize and communicate with alPHA members on this issue

Please do not hesitate to contact me with any questions, comments or suggestions.

Linda

Linda Stewart
Executive Director
Association of Local Public Health Agencies (alPHA)

September 21, 2015

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

Dear Minister Hoskins:

SUDBURY & DISTRICT HEALTH UNIT			
Medical Officer of Health and CEO			
SEP 28 2015			
Environ. Health			
Clinical Services			
Corporate Services			
Health Promotion			
RRRD			
Board			
Committee			
File	()	Circulate	()
Return	()	F.Y.I.	()

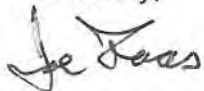
Re: Enforcement of the Immunization of School Pupils Act

On September 18, 2015, the Board of Health for the Chatham-Kent Public Health Unit met and reviewed and supported the resolution from Sudbury & District Health Unit dealing with the enforcement of the Immunization of School Pupils Act.

The Board felt strongly that the implementation of Panorama has assisted in the enforcement of the Immunization of School Pupils Act. However, amending the provincial regulations to require health care providers to report to the Medical Officer of Health all immunizations administered to patients under 18 years of age would greatly assist health units in the enforcement of the Act, and eliminate the need to suspend students unnecessarily from school due to what health units perceive as being incomplete immunization records.

Making this amendment to the provincial regulations will greatly assist in the effectiveness and efficiency of the Board's responsibility.

Sincerely,



Joe Faas,
Chair, Chatham-Kent Board of Health

cc: ✓ Penny Sutcliffe, Medical Officer of Health, Sudbury & District Health Unit
Linda Stewart, Executive Director, Association of Local Public Health Agencies



The Regional
Municipality
of Durham

Corporate Services
Department -
Legislative Services

605 ROSSLAND RD. E.
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WHITBY ON L1N 6A3
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Matthew L. Gaskell
Commissioner of
Corporate Services

September 29, 2015

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

**RE: Memorandum from Dr. Robert Kyle, Commissioner &
Medical Officer of Health, dated September 8, 2015 re:
Immunization of School Pupils Act (ISPA)
(Our File No. P00)**

COPY

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
OCT 05 2015	
Environ. Health	_____
Clinical Services	_____
Corporate Services	_____
Health Promotion	_____
RRFD	_____
Board	_____
Committee	_____
File	_____
Return	_____
Circulate	()
F.Y.I.	()

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on September 23, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated June 30, 2015 from the Sudbury & District's Medical Officer of Health to the Ministry of Health and Long-Term Care, urging the Ontario government to require health care providers to report to the local Medical Officer of Health all immunizations administered to patients under 18 years of age through a common electronic database be endorsed; and
- B) That the Premier of Ontario, Minister Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, alPha, and all Ontario Boards of Health be so advised."

Attached is a copy of the correspondence dated June 30, 2015 from the Sudbury & District's Medical Officer of Health to the Ministry of Health and Long-Term Care.

Debi A. Wilcox, MPA, CMO, CMM III
Regional Clerk/Director of Legislative Services

DW/np

Attach.

"Service Excellence
for our Communities"

If this information is required in an accessible format, please contact the Accessibility Co-ordinator at 1-800-372-1102 ext. 2009.

- c: The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
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 Williams, Interim Chief Medical Officer of Health
L. Stewart, Executive Director, Association of Local Public Health Agencies (alpha)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health



September 30, 2015

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

Dear Minister Hoskins:

Re: Enforcement of the Immunization of School Pupils' Act (ISPA)

At its meeting held on September 9, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence forwarded and supported by the Sudbury District Health Unit regarding enforcement of the Immunization of School Pupils' Act

The Board echoes the recommendations outlined in their letter (attached) and urges you to consider amending the Act to require all healthcare providers to electronically report immunizations for all children attending school in Ontario in a timely and accurate manner.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at
Encl.

cc: MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes Brock
Association of Local Public Health Agencies
Ontario Boards of Health



The Regional
Municipality
of Durham

Corporate Services
Department -
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Matthew L. Gaskell
Commissioner of
Corporate Services

September 29, 2015

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

**RE: Memorandum from Dr. Robert Kyle, Commissioner &
Medical Officer of Health, dated September 8, 2015 re:
Healthy Babies Healthy Children (HBHC) Program
(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 September 23, 2015 Council adopted the following recommendations of the Committee:

- "A) That the correspondence dated June 30, 2015 from the Sudbury & District's Medical Officer of Health to the Minister of Children and Youth Services, urging the Ontario government to fully fund all program costs related to the Healthy Babies Healthy Children (HBHC) program, including all staffing, operating and administrative costs be endorsed; and
- B) That the Premier of Ontario, Ministers of Children and Youth Services, Finance, and Health and Long-Term Care, Durham's MPPs, Interim Chief Medical Officer of Health, alpha, and all Ontario Boards of Health be so advised."

Attached is a copy of the correspondence dated June 30, 2015 from the Sudbury & District's Medical Officer of Health to the Minister of Children and Youth Services.

Debi A. Wilcox, MPA, CMO, CMM III
Regional Clerk/Director of Legislative Services

DW/np

Attach.

If this information is required in an accessible format, please contact the Accessibility Co-ordinator at 1-800-372-1102 ext. 2009.

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
OCT 02 2015	
Environ. Health	_____
Clinical Services	_____
Corporate Services	_____
Health Promotion	_____
RRRD	_____
Board	_____
Committee	_____
File ()	Circulate ()
Return ()	F.Y.I. ()

c: The Honourable Tracy MacCharles, Minister of Children and Youth Services
The Honourable Charles Sousa, Minister of Finance
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
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 Williams, Interim Chief Medical Officer of Health
L. Stewart, Executive Director, Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health



September 30, 2015

The Honourable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
premier@ontario.ca

Dear Premier Wynne,

Re: Northern Ontario Evacuations of First Nations Communities

At its meeting held on September 9, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence forwarded and supported by the Sudbury District Health Unit regarding evacuations of First Nations communities in Northern Ontario.

The Board echoes the recommendations outlined in their letter (attached) and it is our hope that you will address the needs of these vulnerable communities and ensure their safe, efficient and effective temporary relocation when faced with environmental and weather-related threats.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at
Encl.

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Yasir Naqvi, Minister of Community Safety and Correctional Services
Hon. David Zimmer, Minister of Aboriginal Affairs
Hon. Michael Gravelle, Minister of Northern Development and Mines
Hon. Bill Mauro, Minister of Natural Resources and Forestry
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes Brock
Association of Local Public Health Agencies
Ontario Boards of Health



September 30, 2015

The Honourable Pierre Poilievre
Minister of Employment and
Social Development
House of Commons
Ottawa, ON K1A 0A6
pierre.poilievre@parl.gc.ca

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

The Honourable Rona Ambrose
Minister of Health
Ministry of Health
House of Commons
Ottawa, ON K1A 0A6
rona.ambrose@parl.gc.ca

The Honourable Kevin Daniel Flynn
Minister of Labour
Ministry of Labour
400 University Avenue, 14th Floor
Toronto, ON M7A 1T7
kflynn.mpp@liberal.ola.org

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

The Honourable Tracy MacCharles
Minister of Children and Youth Services
Ministry of Children and Youth Services
56 Wellesley Street West, 14th Floor
Toronto, ON M5S 2S3
tmaccharles.mpp.co@liberal.ola.org

The Honourable Deborah Matthews
Minister Responsible for the
Poverty Reduction Strategy
Room 4320, 4th Floor, Whitney Block
99 Wellesley Street West
Toronto, ON M7A 1W3
dmatthews.mpp.co@liberal.ola.org

Dear Ministers:

Re: Public health support for a basic income guarantee

At its meeting held on September 9, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence forwarded and supported by the Windsor-Essex County Health Unit regarding joint federal-provincial consideration for a basic income guarantee for Ontarians and all Canadians.

The Board echoes the recommendations originally outlined by the Simcoe Muskoka District Health Unit (letter attached) urging you to undertake this initiative in order to address the extensive health inequities in our province, and across the country.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at
Encl.

cc: The Right Honourable Steven Harper, Prime Minister of Canada
The Honourable Kathleen Wynne, Premier of Ontario
Dr. David Williams, Ontario Interim Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Office of the Peterborough Member of Parliament
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes Brock
Ontario Boards of Health

May 28, 2015

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

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

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

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

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

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

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

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

Re: Public health support for a basic income guarantee

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

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

□ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

□ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

□ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

□ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ **Midland:**
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

□ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

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

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

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

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

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

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

Sincerely,

Barry Ward
Chair, Board of Health

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

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September 30, 2015

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

Dear Minister Hoskins:

Re: Energy drinks

At its meeting held on September 9, 2015, the Board of Health for the Peterborough County-City Health Unit considered correspondence forwarded and supported by the Windsor-Essex County Health Unit regarding energy drinks.

The Board echoes the recommendations originally outlined by the Wellington-Dufferin-Guelph Public Health (letter attached) and urges you to take action to protect the health of our children.

Sincerely,

Original signed by

Councillor Lesley Parnell
Chair, Board of Health

/at
Encl.

cc: MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes Brock
Association of Local Public Health Agencies
Ontario Boards of Health



February 4, 2015

DELIVERED VIA REGULAR MAIL & E-MAIL

Ministry of Health and Long-Term Care
Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: Hon. Dr. Eric Hoskins,
Minister

Dear Honourable Dr. Hoskins:

RE: Energy Drinks

Wellington-Dufferin-Guelph Public Health (WDGPH) supports the recent report *Patients First: Action Plan for Health Care*, released by the Ministry of Health and Long-Term Care. In this report, the *Healthy Kids Strategy* is highlighted as a framework to support healthy habits from childhood. As part of this strategy, two recommendations were listed that referred to banning the marketing and promotion of unhealthy foods and beverages to children. A review of health data and literature by WDGPH suggests that energy drinks meet this recommendation.

Energy drinks are a rapidly growing component of the beverage market and current research demonstrates that children and youth are consuming energy drinks. The main concern about rising rates of energy drink use is caffeine and sugar content. Overuse of caffeine can contribute to acute physical and mental health conditions, and increasing levels of sugar among the diets of children and youth have already been linked to obesity and higher numbers of dental carries.

Health Canada has set Recommended Daily Maximum Intake (RDMI) limits for caffeine, based upon age. However, the average 8oz energy drink contains 80 mg of caffeine, which exceeds the RDMI for children 4-9 years of age. Moreover, energy drinks are often sold in sizes double that amount, which would also exceed the RDMI for children 10-12 years of age. It is therefore concerning that children and youth can readily access energy drinks.

.../2

The *No Time to Wait: Healthy Kids Strategy (2013)* made recommendations regarding unhealthy foods and beverages for children. These included:

- Ban the marketing of high calorie, low-nutrient foods, beverages and snacks to children under the age of 12; and
- Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.

In 2011, Health Canada enacted labeling requirements on energy drinks to include “High source of caffeine” and “Not recommended for children, pregnant or breastfeeding women and individuals sensitive to caffeine”. Since Health Canada has acknowledged that this product is not to be consumed by children, it further supports the *Healthy Kids Strategy (2013)* to ban the marketing and point-of-sale displays and promotions to children of such beverages.

On behalf of the Board of Health for WDGPH, I would like to urge you to consider a timely implementation of the above-noted recommendations from the *Healthy Kids Strategy (2013)* beginning with sugar-sweetened beverages to reduce the consumption of high-calorie, low-nutrient beverages and, in particular, energy drinks by children.

Sincerely,



Doug Auld
Chair, WDGPH Board of Health

c.c. Wellington-Dufferin-Guelph MPPs – via e-mail

c.c. Ontario Public Health Units – via e-mail

c.c. Rita Sethi, Director, Community Health & Wellness (WDGPH) – via e-mail.

Report to: Board of Health
Submitted by: Dr. Nicola Mercer, Medical Officer of Health & CEO
Prepared by: Jennifer McCorriston, Manager, Chronic Disease, Injury Prevention & Substance Misuse
Approved by: Rita Sethi, Director, Community Health & Wellness
Subject: ENERGY DRINKS

RECOMMENDATION(S)

- (a) That the Board of Health receives this report for information.
- (b) That the Board of Health send a letter to Toronto Public Health applauding their efforts to explore a municipal ban on the sale and promotion of energy drinks.
- (c) That the Board of Health send a letter to the Minister of Health and local MPP's to support recommendations 2.1 and 2.2 in the *No Time to Wait: The Healthy Kids Strategy*, and that the letter specifically include 1) language to identify energy drinks as a high-calorie, low-nutrient beverage of health concern and 2) that Health Canada has already identified energy drinks as "High source of caffeine" and "not recommended for children, pregnant or breastfeeding women, and individuals sensitive to caffeine" and 3) that this letter along with a copy of this report be sent to all Public Health units within the province



Nicola J. Mercer, MD, MBA, MPH, FRCPC
Medical Officer of Health & CEO

EXECUTIVE SUMMARY

In recent years, an increasing number of caffeinated beverages have been introduced into the Canadian marketplace. These products, known as energy drinks, are generally marketed to improve energy and concentration. Most energy drinks contain 70 to 80 mg caffeine per 8 oz (237 ml) serving.^{1,2} The sugar content is typically similar to the amount of sugar in soft drinks.²

There are a number of health and safety concerns with regard to consumption, labelling and marketing. Among adolescents and young adults, research suggests that 30-50% consume energy drinks.³ This raises public health concerns of caffeine consumption and possible caffeine toxicity, which is known to cause headaches²⁻⁶, agitation/anxiety²⁻⁷, irregular heart rate^{3,6-8} and insomnia^{4,7,9}. Beyond the potential side-effects of caffeine, increased energy drink consumption among children and youth could contribute to the obesity epidemic.^{3,8,10}

In light of these concerns there is strong interest to reduce access and marketing of energy drinks in the province. Recently, Toronto Public Health was given direction to conduct a feasibility study on reducing access to energy drinks for persons under the age of 19 in the City of Toronto. Although these efforts should be applauded, a provincial approach would have a greater benefit to the health and well-being of the population and therefore it is urged that the provincial government take immediate action in light of the increasing evidence.

BACKGROUND

In recent years, an increasing number of caffeinated beverages have been introduced into the Canadian marketplace. These products, known as energy drinks, are generally marketed to improve energy and concentration. These beverages typically contain caffeine, taurine (an amino acid), vitamins, herbal ingredients and sugar or artificial sweeteners. Some ingredients such as guarana and yerba mate, commonly found in energy drinks are natural sources of caffeine. Most energy drinks contain 70 to 80 mg caffeine per 8 oz (237 ml) serving.^{1,2} This is similar to the amount of caffeine in coffee and approximately 3 times the amount of caffeine in cola drinks.¹ The sugar content is typically similar to the amount of sugar in soft drinks (approximately 21 to 34 grams per 8 oz serving).²

Energy drinks are a rapidly growing component of the beverage market. In 2006, the Canadian energy drink market was valued at \$287.2 million and is expected to reach \$375.2 million by 2011.¹ Energy drinks are popular with children, youth and young adults. Among adolescents and young adults, 30-50% consume energy drinks.³

There are a number of health and safety concerns with regard to consumption, labelling and marketing of energy drinks. A 2013 assessment of the potential health risks in Canada reported that as of July 2010, 61 adverse reactions were associated with consumption of energy drinks. Of these, 32 were considered serious with 15 of these involving the cardiac system (6 of these 15 cardiac events occurred in 13-17 year olds).²

With increasing concerns of caffeine consumption by Canadians, particularly among adolescents, Health Canada conducted a scientific assessment of the potential hazards and exposure associated with caffeinated energy drinks. The common amounts consumed of similar beverages (e.g. soft drinks) were used to help assess risks for various populations. This assessment revealed that children and youth are most at risk of exceeding Health Canada's Recommended Daily Intake (RMDI) of caffeine because of the volumes consumed and lower RMDI for these age groups. As such, Health Canada released labeling requirements in 2011, which included statements on the label such as:

- The amount of caffeine from all sources in mg per container or serving size
- "High source of caffeine" and "not recommended for children, pregnant or breastfeeding women, and individuals sensitive to caffeine"
- "Do not mix with alcohol"¹¹

In response to Health Canada's approach, several public health units in Ontario, including WDGPH, formed an Energy Drink Joint Advocacy Work Group to organize a coordinated public health response to encourage Health Canada to strengthen its actions. On February 1, 2012, WDGPH Board of Health passed a resolution to send letters to Health Canada, the Ministry of Health and Long-Term Care (MOHLTC) and the Chief Medical Officer of Health to adopt the recommendations of the working group.¹²

In June 2012, the Association of Local Public Health Agencies (alPHA) took the issue one step further to pass a resolution (A12-6) on energy drink regulation that supported recommendations from the Ontario Society of Nutrition Professionals in Public Health (OSNPPH).¹³ These recommendations stated that:

- Health Canada and the Province of Ontario should prohibit the advertising and sale of energy drinks to children and adolescents.
- Health Canada should require the addition of a warning label to energy drink packaging that states: "*Energy drinks are not recommended for use during exercise or to rehydrate following exercise.*" The space allocated for warning labels should be at least 25% of the total packaging.
- Province of Ontario should prohibit the sale of all pre-mixed caffeinated-alcoholic beverages at Provincial Liquor Outlets or at a minimum require the addition of a warning label to all pre-mixed caffeinated-alcoholic beverages packaging that states: "*This product contains alcohol and caffeine. Consuming alcohol and caffeine together may increase your risk of injury.*"
- Province of Ontario should prohibit the sale of energy drinks at all locations where alcohol is sold and served.

ANALYSIS/RATIONALE

The literature is showing that children and youth are using energy drinks and the amount of data is steadily growing. According to the Ontario Drug Use Survey (2013), 39.7% reported drinking energy drinks in the past year.¹⁴ Similar results were found in the Student Drug Use Survey of the Atlantic Provinces (2012), where 62% of junior and senior high school students used energy drinks at least once in the past year and 20% used energy drinks once or more

per month.⁹

In 2011, the Canadian Pediatric Surveillance Program survey on energy drinks revealed that more than 30% of youth reported using energy drinks, and among the 741 respondents, 9% reported some sort of caffeine-related complication.⁶ That same year, the European Food Safety Authority gathered energy drink consumption data among 16 European countries and found that 68% of youth aged 10-18 years consumed energy drinks. This was greater than adults where 30% of this population reported use.¹⁵ To specifically look at children, researchers in Italy studied energy drink consumption among 916 students. They revealed that 17.8% of sixth graders and 56.2% of eighth graders consumed energy drinks less than once a week, and 16.5 and 6.2% did so at least once per week.¹⁶ Locally, WDG is collecting energy drink consumption data among grade 7 and grade 10 students through the Youth Report Card, which will be analyzed in late 2015.

The main concern about rising rates of energy drink use is caffeine. Caffeine consumption in one's diet can come from a variety of sources, however literature suggests that the vast majority of caffeine consumed in one's diet comes from beverages.⁵ In low to moderate amounts, caffeine may have some short-term benefits including improvements in certain aspects of cognition (e.g. reaction time) and athletic performance.²⁻⁵ Health Canada has produced recommendations for caffeine consumption across all age groups. For children aged 4-6, 7-9 and 10-12 the recommendations are no more than 45 mg/day, 62.5 mg/day and 85 mg/day, respectively. For youth, the recommendation is no more than 2.5 mg/kg of body weight.¹⁷

Although these guidelines are helpful to direct parental and health care decisions, potential caffeine side effects are influenced by a variety of factors including pre-existing health conditions, current medications and individual tolerance levels.^{7,18} Thus, when considering the typical energy drink caffeine content is 80 mg, this is already above the recommendations set for children under ten years of age. Even for older children, if they are already consuming caffeine from other sources in their daily diet (e.g. soft drinks, chocolate milk), one energy drink would put them beyond their recommended limit. This also assumes that children and youth are buying an 8 oz (237 ml) serving, when in fact, many energy drinks are sold in sizes double that amount ranging in caffeine content from 160-180 mg.²

The overuse and side effects from caffeine, particularly among children and youth, is an emerging public health concern. Caffeine toxicity is defined as "specific symptoms that emerge as a direct result of caffeine consumption".⁷ Caffeine toxicity can result in adverse effects such as headaches²⁻⁶, agitation/anxiety²⁻⁷, irregular heart rate^{3,6-8} and insomnia^{4,7,9}. In overdoses, "caffeine toxicity can mimic amphetamine poisoning and lead to seizures, psychosis, cardiac arrhythmias, and potentially, but rarely death".¹⁰ In 2014, the American Association of Poison Control Centers received 2,808 reports of exposure to energy drinks, of which 1673 were for children aged 18 and younger.¹⁹

In the American Pediatric Association paper on energy drinks, they cite concerns regarding the use of caffeine in children because of its "potential effects on the developing neurological and cardiovascular systems and risk of physical dependence and addiction."⁸ Consequently, children and youth who do not use caffeine daily are at greater risk for caffeine toxicity because they may be inexperienced and less tolerant to the effects of caffeine.⁷

Beyond the caffeine risks of energy drinks, they also have the potential to contribute to childhood obesity.^{3,8,10} Studies report that energy drinks typically range from 21 to 34 grams of sugar per 8 oz serving², although there are some types that are artificially sweetened. This high sugar content is similar to that of soft drinks, which has already been shown to play a role in the rising rates of overweight and obesity, and increased risk for dental caries.^{2,8,20} Additionally, a review of commonly sold energy drinks shows that the carbohydrates contained in energy drinks range from 3 to 31 grams per 8 oz serving.⁸ For average children and youth, carbohydrate-containing beverages are not needed within the diet, beyond the recommended daily intake of lower fat milk.⁸ Hence, the American Pediatric Association has stated that “excessive regular consumption of carbohydrate-containing beverages increases overall daily caloric intake without significant additional nutritional value”.⁸

The rising rates of energy drink consumption among children and youth suggests the energy drink industry is targeting this segment of the population. Several research papers propose that energy drinks are largely promoted and advertised to younger generations^{7,10,16,18,20} Specifically, it has been noted that the industry focuses on appealing to young males with claims of performance enhancement.^{7,15}

In 2010, approximately \$164 million was spent by the energy drink industry on television, sports sponsorship, event marketing and social media.¹⁸ For example, youth in the United States watched an average of 124 energy drink television ads, which equals about 1 ad every 3 days (this is similar to those viewed on soft drinks).²⁰ Moreover, youth were approximately twice as likely to visit energy drink websites compared to adults.²⁰

Local jurisdictions have taken it upon themselves to set some regulations for marketing and sale. In August 2014, the City of Toronto, as directed by their Board of Health, banned the sale of energy drinks at all City properties. Furthermore, November 17, 2014, the “Toronto Board of Health Requested the Medical Officer of Health, in consultation with other appropriate staff, to report to the Board of Health on ways and means of preventing children and youth under the age of majority from buying energy drinks, and on the feasibility of:

- banning energy drink marketing, distribution (sampling) and advertising on City properties;
- banning the sale of energy drinks to youth and children in all Toronto affiliated agencies, boards, and commissions including the Canadian National Exhibition in compliance with the ban at City properties;
- banning the sale of energy drinks to youth and children in Toronto retail outlets; and
- requiring point-of-sale warning signage to be posted in retail outlets to assist in awareness to the potential dangers that these drinks pose.”²¹

WDGPH applauds Toronto’s action and supports this feasibility study. Nevertheless, since Health Canada has recognized that energy drinks are “not recommended for children”, the next logical step would be to examine provincial regulatory approaches to decrease access and marketing to children. In the words of the American Pediatric Association “stimulant containing energy drinks have no place in the diets of children and adolescents”.⁸

In 2013, the Healthy Kids Panel released *No Time to Wait: The Healthy Kids Strategy*.²² This report was produced by a panel of experts appointed by the Minister of Health to make recommendations for the health and well-being of children and youth. On September 4,

2013, WDGPH Board of Health passed a resolution to send a letter to the MOHLTC requesting all of the strategies in the report be endorsed.²³ It is timely to re-examine recommendations 2.1 and 2.2 in the Healthy Kids Strategy report:

- Ban the marketing of high calorie, low-nutrient foods, beverages and snacks to children under the age of 12.
- Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.

We propose that WDGPH sends a letter to the Minister of Health and local MPP's asking them to endorse these recommendations and explicitly state the inclusion of energy drinks.

In summary, recent research indicates that energy drinks are emerging as a public health threat to children and youth. Additional research on consumption patterns, long-term health effects and regulatory approaches is appropriate and may result in future policy recommendations.

ONTARIO PUBLIC HEALTH STANDARD

Board of Health Outcomes

- The Board of Health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services for chronic disease prevention.
- There is increased awareness among community partners about the factors associated with chronic diseases that are required to inform program planning and policy development, including the following:
 - Community health status;
 - Risk, protective, and resiliency factors; and
 - The importance of creating healthy environments.
- Policy-makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of chronic diseases.
- The public is aware of the importance of healthy eating, healthy weights, comprehensive tobacco control, physical activity, reduced alcohol use, and reduced exposure to ultraviolet radiation.

WDGPH STRATEGIC COMMITMENT

Community and Partner Relationships

We will work with our communities and key stakeholders, and consider their perspectives in our decision-making processes. We will identify important partnerships and collaborate to improve the health of our community.

Evidence-Informed Practices

We will use the best available information to guide our decisions regarding which programs and services to provide, the manner in which we provide them, and the allocation of our resources in support of these decisions.

HEALTH EQUITY

Health equity is the differences in the quality of health and health care across diverse populations. It can refer to the equal treatment of individuals or groups in the same circumstances, or conversely “the principle that individuals who are unequal should be treated differently according to their level of need”.²⁴

Children and youth are a priority population for health. Many health behaviours are developed in childhood, therefore certain restrictions for harmful products may be beneficial until a young person reaches an age where they can access and process all the relevant health information to make an informed choice. For example, lessons gained from tobacco efforts show that private industry will target youth using deceptive marketing practices to hook young people on their products to become life-long users.²⁵ Youth may not always be able to discern that they are being targeted and may fall victim to these aggressive marketing tactics, which may ultimately have an impact on their long-term health.

APPENDICES

NONE.

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From: CMOH
Sent: October 1, 2015
To: CMOH and MOHs
Subject: Revision to Acting Chief Medical Officer of Health - Ontario

Dear Colleagues,

We are pleased to announce that Dr. David Williams has agreed to extend his time with us until **January 8, 2016** as Acting Chief Medical Officer of Health or until such time that a permanent CMOH is appointed by the LGIC on address of the Legislative Assembly.

A sincere thanks to David for agreeing to continue in this capacity for the next little while.

Office of the Chief Medical Officer of Health
Public Health Division
MOHLTC

From: CMOH
Sent: June 26, 2015 4:16 PM
To: MOH@algotmapublichealth.com; malcolm.lock@bchu.org; davidc@chatham-kent.ca; robert.kyle@durham.ca; proumeliotis@eohu.ca; moh@elginhealth.on.ca; h.lynn@publichealthgreybruce.on.ca; malcolm.lock@hnhu.org; hnmoh@hnhu.org; lnoseworthy@hkpr.on.ca; hamidah.meghani@halton.ca; elizabeth.richardson@hamilton.ca; rschabas@hpechu.on.ca; moh@huroncounty.ca; jowen@huroncounty.ca; ian.gemmell@kflapublichealth.ca; moh@kflapublichealth.ca; sudit.ranade@county-lambton.on.ca; paula.stewart@healthunit.org; christopher.mackie@mlhu.on.ca; valerie.jaeger@niagararegion.ca; jim.chirico@nbpsdhu.ca; kyoungmoon@nwhu.on.ca; isra.levy@ottawa.ca; dneal@oxfordcounty.ca; eileen.devilla@peelregion.ca; mklassen@pdhu.on.ca; rpellizzari@pcchu.ca; dennis.hong@porcupinehu.on.ca; mcarew@rcdhu.com; charles.gardner@smdhu.org; sutcliffe@sdhu.com; david.williams@tdhu.com; spruytm@timiskaminghu.com; dmckeown@toronto.ca; lnolan@regionofwaterloo.ca; nicola.mercer@wdgpublichealth.ca; gkirk@wechealthunit.org; karim.kurji@york.ca; c.kennedy@publichealthgreybruce.on.ca; monir.taha@halton.ca; jemili@hamilton.ca; jessica.hopkins@hamilton.ca; ninh.tran@hamilton.ca; kieran.moore@kflapublichealth.ca; andrea.feller@niagararegion.ca; vera.etches@ottawa.ca; rosamund.lewis@ottawa.ca; carolyn.pim@ottawa.ca; gayane.hovhannisyan@mlhu.on.ca; megan.ward@peelregion.ca; kathleen.dooling@peelregion.ca; monica.hau@peelregion.ca; colin.lee@smdhu.org; lisa.simon@smdhu.org; janet.demille@tdhu.com; iarmstr@toronto.ca; lberger@toronto.ca; vdubey@toronto.ca; mfinkel@toronto.ca; cnavarr@toronto.ca; erea@toronto.ca; rshahin@toronto.ca; hshapir@toronto.ca; hsachde@toronto.ca; byaffe@toronto.ca; hwang@regionofwaterloo.ca; wahmed@wechu.org; richard.gould@york.ca; lilian.yuan@york.ca; Kim.Baker@lhins.on.ca; Deborah.Hammons@lhins.on.ca; Scott.Mcleod@lhins.on.ca; Chantale.Leclerc@lhins.on.ca; Gary.Switzer@lhins.on.ca; Donna.Cripps@lhins.on.ca; Bill.MacLeod@lhins.on.ca; Jill.Tettmann@lhins.on.ca; Louise.Paquette@lhins.on.ca; Laura.Kokocinski@lhins.on.ca; Paul.Huras@lhins.on.ca; Michael.Barrett@lhins.on.ca; Camille.Orridge@lhins.on.ca; Bruce.Lauckner@lhins.on.ca; linda@alphaweb.org; Pegeen Walsh; Simard, Anne (PHO); Schwartz, Brian (PHO); Egan, Cathy (PHO); Mallove, Cathy (PHO); Sider, Doug (PHO); Gary Garber (gary.garber@oahpp.ca); George Pasut (george.pasut@oahpp.ca); Manson, Heather (PHO); Dhaliwal, Jastej (PHO); Fortuna, Lisa (PHO); Crowcroft, Natasha (PHO); Peter Donnelly (peter.donnelly@oahpp.ca); Copes, Ray (PHO); Ryan Bissonnette (ryan.bissonnette@oahpp.ca); Deeks, Shelley (PHO); Perri, Vincy (PHO)

Cc: Mowat, Dr. David (MOHLTC); Williams, Robin Dr. (MOHLTC); Seeds, Laura (MOHLTC); Martino, Roselle (MOHLTC); Hope, Amy (MOHLTC); MacDonald, Gillian (MOHLTC); Fraser, Catherine (MOHLTC); Phil.Avella@tbdhu.com

Subject: Interim Chief Medical Officer of Health

Dear Colleagues,

Please see the attached memo from Deputy Minister Dr. Bob Bell that provides an update on the Interim Chief Medical Officer of Health.

Thank you.

Office of the Chief Medical Officer of Health
Public Health Division
MOHLTC

ACCEPTANCE OF NEW BUSINESS ITEMS

MOTION: THAT this Board of Health receives New Business items 9 i) to ii).



Information Break

September 16, 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 Visits Hastings-Prince Edward's New Main Office

Linda Stewart, executive director of alPHA, visited Hastings-Prince Edward Public Health on September 11 to help the health unit celebrate its grand re-opening of its main office in Belleville, Ontario. The new facility features energy efficient heating, ventilation and air conditioning, as well as greater space for client consultations, improved building access, a demonstration kitchen for food skills training, and better interior/exterior traffic flow.

[Take a virtual tour of Hastings-Prince Edward Public Health here](#)

Report on Public Health Funding Review

On September 4, the Ministry of Health and Long-Term Care released its *Public Health Funding Model for Mandatory Programs: The Final Report of the Funding Review Working Group*. The report comes after a process that began in 2010 to review the allocation of provincial funding to Ontario's 36 public health units.

[View The Final Report of the Funding Review Working Group](#)

Upcoming alPHA Events

Fall 2015 - Look for further details in this space on our upcoming 1-day workshop "Managing Uncertainty: Risk Management for Ontario Boards of Health", Toronto. Date and venue TBA soon!

June 5, 6 & 7, 2016 - alPHA Annual General Meeting and Conference, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario. Details to come.

alPHA Website Feature: Correspondence

alPHA recently wrote to the government on the Healing Arts Radiation Protection Act and the Retirement Homes Act in response to government's invitation to the public to provide input on legislation. alPHA continues to receive official replies from various ministers to its resolutions that were passed in June.

[Read alPHA's recent correspondence here](#)

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

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Information Break

September 29, 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.

Seeking Volunteers for 2016 Annual Conference Committee

alPHA is looking for volunteers from health units and boards of health to participate on the Program Committee for its 30th anniversary conference that will be held from June 5 to 7, 2016. The program committee will develop the conference agenda, including topics and speakers for all event sessions. Volunteers should be either a senior public health manager or board of health member with an interest in conference program planning and who can commit to attending monthly teleconference. Interested individuals should contact [Susan Lee](#) at by October 2, 2015.

Provincial Health Announcements

The past couple of weeks have seen a number of provincial announcements on health-related items that may be of interest to public health. They include the following:

[Standing Committee Hearings on Bill 9, Ending Coal for Cleaner Air Act, 2015](#)

[Statement by the Minister of Health on the Auditor General's Report on Community Care Access Centres](#)

[Province Takes Next Steps to Modernize Beer Retailing](#)

[Ontario Providing Over 2,200 Parents Reaching Out Grants](#)

Upcoming alPHa Events

November 5, 2015 - Managing Uncertainty: Risk Management Workshop for Ontario Boards of Health, Toronto. Venue and details TBA soon!

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference - 30th Anniversary, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario.

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

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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHa.

FALL 2015 MEETINGS



COMOH Section General Meeting (ONE DAY ONLY)

Wednesday, November 4, 2015
9 AM – 3:30 PM (tentative)
Toronto Ballroom

DoubleTree by Hilton Hotel Downtown Toronto
108 Chestnut Street, Toronto
(near University/Dundas)

Open to:

- Member Medical Officers of Health
- Member Associate Medical Officers of Health
- Public Health & Preventive Medicine Residents*

\$295 + HST per person

To register for the COMOH Section Meeting,
[please click here](#)

** Note: PHPMRs – alPHa regrets it is unable to reimburse expenses related to attendance of this meeting*

Managing Uncertainty: Risk Management Workshop for Ontario Boards of Health (ONE DAY ONLY)

Thursday, November 5, 2015
8:30 AM – 4:30 PM
Toronto Ballroom

DoubleTree by Hilton Hotel Downtown Toronto
108 Chestnut Street, Toronto
(near University/Dundas)

Open to:

- All Board of Health Members
- All Medical/Associate Medical Officers of Health
- All Senior Public Health Managers

\$295 + HST per person

To register for the Board of Health
 Risk Management Workshop, [please click here](#)

See workshop agenda attached

Hotel guestroom reservations and registration details coming soon!

- PROGRAM -

Thursday, November 5, 2015

Toronto Ballroom, DoubleTree by Hilton Hotel, 108 Chestnut Street, Toronto

8:30–9:00	BOH Section Business Meeting	<i>Mary Johnson</i> , alPHA Board of Health Section Chair
9:00-9:10	Welcome and Introduction	<i>Mary Johnson</i> , alPHA Board of Health Section Chair
9:10-10:10	Introduction to Risk	<i>Graham Scott</i> , Chair, Institute For Research in Public Policy, Canada Health Infoway / Algoma Public Health Assessor
10:10-10:30	 Individual Exercise	Participant Self-Assessment – Part A
10:30-11:00	BREAK	
11:00–12:00	Implementation of Risk Management	<i>Corinne Berinstein</i> , Senior Audit Manager, Treasury Board Secretariat
12:00-12:30	 Exercise & Discussion	Participant Self-Assessment – Part B
12:30-1:30	LUNCH	
1:30-2:30	Case Studies	<i>Tony Hanlon</i> , CEO & <i>Justin Pino</i> , CFO, Algoma Public Health <i>Hazel Gilchrist</i> , Director, Corporate Services, KFLA Public Health
2:30-3:00	 Exercise & Discussion	Participant Self-Assessment- Part C
3:00-3:30	BREAK	
3:30-4:20	Insights, Comments & Next Steps	Group Discussion
4:20-4:30	Wrap Up	<i>Mary Johnson</i> , alPHA Board of Health Section Chair

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.

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.

Please remember to complete the Board Evaluation following the Board meeting:
<https://fluidsurveys.com/s/sdhuBOHmeeting/>

ADJOURNMENT

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