Sudbury & District Board of Health - Regular Meeting - February 18, 2016

The Chair will call the meeting to order and welcome members.

Board of Health attendance is taken and recorded.

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

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

Sudbury & District Health Unit
Service de santé publique

AGENDA – SECOND MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, FEBRUARY 18, 2016 – 1:30 P.M.

1. CALL TO ORDER

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

4. DELEGATION / PRESENTATION

i) 2015 Year-In Review

- Shelley Westhaver, Director, Clinical and Family Services Division
- Stacey Laforest, Director, Environmental Health Division
- Sandra Laclé, Director, Health Promotion Division
- Nicole Frappier, Assistant Director, Strategic Engagement Unit
- Renée St Onge, Director, Resources, Research, Evaluation and Development (RRED) Division

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. First Meeting – January 21, 2016

ii) Business Arising From Minutes

None

iii) Report of Standing Committees

iv) Report of the Medical Officer of Health / Chief Executive Officer

a. MOH/CEO Report, February 2016

v) Correspondence

a. Nutritious Food Basket 2015: Limited Incomes = A Recipe for Hunger

Sudbury & District Board of Health Motion #43-15

- Letter from the Premier of Ontario to Dr. Sutcliffe dated November 19, 2015
- Letter from the Township of Nairn and Hyman to the Premier of Ontario dated December 16, 2015
- Email from the Prime Minister's Office to Dr. Sutcliffe dated January 31, 2016

b. Cannabis

Sudbury & District Board of Health Motion #54-15

- Letter from the Grey Bruce Health Unit to the Prime Minister dated January 20, 2016
- Letter from the Windsor-Essex County Health Unit to the Prime Minister dated February 1, 2016

c. Smoke-Free Multi-Unit Housing

- Letter from the North Bay Parry Sound District Health Unit to the Smoke-Free Housing Ontario Coalition dated January 20, 2016

d. Ontario Society of Nutrition Professionals in Public Health Position Statement on Responses to Food Insecurity

- Letter from the Haldimand-Norfolk Board of Health to the Ontario Society of Nutrition Professionals in Public Health dated January 25, 2016

e. Mental Health Promotion in Ontario

- Letter from the Peterborough County-City Health Unit to the Minister of Health and Long-Term Care dated February 5, 2016

f. Bill 139: Smoke-Free Schools Act

- Letter from Hastings Prince Edward Public Health to the MPP Prince Edward-Hastings dated December 10, 2015

vi) Items of Information

a. alPHa Information Break	February 5, 2016
b. Zika Virus	
i. Board of Health Update	February 10, 2016
ii. MOHLTC News Release	January 29, 2016
c. The Chief Public Health Officer's Report on the State of Public Health in Canada 2015: *Alcohol Consumption in Canada*	January 2016

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approves the consent agenda as distributed.

6. NEW BUSINESS

i) Board of Health Meeting Date, April 2016

BOARD OF HEALTH MEETING DATE

MOTION: WHEREAS the Sudbury & District Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, April 21, 2016, be moved to 1:30 pm Wednesday, April 20, 2016.

ii) Legislation to Enforce Infection Prevention and Control Practices within Invasive Personal Service Settings under the Health Protection and Promotion Act

- Letter, resolution, and backgrounder from the Haliburton, Kawartha, Pine Ridge District Health Unit to the Premier of Ontario dated January 21, 2016

ENDORSEMENT OF RESOLUTION FOR ENACTMENT OF LEGISLATION TO ENFORCE INFECTION PREVENTION AND CONTROL PRACTICES WITHIN INVASIVE PERSONAL SERVICE SETTINGS UNDER THE HEALTH PROTECTION AND PROMOTION ACT

MOTION: **WHEREAS adherence to Infection Prevention and Control (IPAC) best practices is essential in reducing the risk of infectious disease transmission through invasive procedures performed in personal services settings such as tattoo and body piercing establishment; and**

WHEREAS the Ontario Public Health Standards requires that boards of health perform routine inspections of all personal services settings at least once per year to ensure adherence to best practices for IPAC; and

WHEREAS the Ontario Public Health Standards requires that boards of health investigate complaints regarding potential health hazards including IPAC lapses in personal services settings; and

WHEREAS provincial legislation does not currently exist outlining legal requirements for IPAC practices and operator responsibility and;

WHEREAS creation of provincial legislation governing invasive Personal Services Settings would support a consistent progressive enforcement model amongst Ontario's 36 public health units;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support the Haliburton, Kawartha, Pine Ridge District Health Unit motion recommending that the Government of Ontario enact legislation implementing IPAC requirements for invasive personal services settings under the Health Protection and Promotion Act with short-form wording under the Provincial Offences Act.

FURTHER BE IT RESOLVED THAT a copy of this motion be submitted to the Premiere of Ontario, the Minister of Health and Long-term Care, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), and all Ontario Boards of Health.

iii) SDHU 2013 – 2017 Performance Monitoring Plan and Annual Performance Monitoring Report

- Presentation by Krista Galic, Specialist, Quality & Monitoring
- 2015 Performance Monitoring Report, February 2016

SDHU 2015 PERFORMANCE MONITORING REPORT

MOTION: **WHEREAS the Sudbury & District Board of Health is working toward achieving its vision of Healthier Communities for All; and**

WHEREAS the Sudbury & District Board of Health is committed to transparency, accountability and continuous quality improvement through regular monitoring of performance at multiple levels; and

WHEREAS the Sudbury & District Health Unit has multiple reporting requirements that include SDHU-Specific Performance Monitoring Indicators, the Ontario Public Health Organizational Standards, and the Public Health Accountability Agreement Indicators; and

WHEREAS the Sudbury & District Board of Health approved, in June 2013, the SDHU 2013-2017 Performance Monitoring Plan as a means to provide the Board of Health with accountability measures on key focus areas grounded within the 2013–2017 Strategy Map;

WHEREAS key former accreditation standards have been incorporated in the SDHU 2013-2017 Performance Monitoring Plan due to the cessation of the Ontario Council on Community Health Accreditation (OCCHA);

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health approve the 2015 Performance Monitoring Report.

7. ADDENDUM

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

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

4. DELEGATION / PRESENTATION

i) 2015 Year-In Review

- Shelley Westhaver, Director, Clinical and Family Services Division
- Stacey Laforest, Director, Environmental Health Division
- Sandra Laclé, Director, Health Promotion Division
- Nicole Frappier, Assistant Director, Strategic Engagement Unit
- Renée St Onge, Director, Resources, Research, Evaluation and Development (RRED) Division

MINUTES – FIRST MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, JANUARY 21, 2016, AT 1:30 P.M.

BOARD MEMBERS PRESENT

Claude Belcourt	Janet Bradley	Jeffery Huska
Robert Kirwan	René Lapierre	Richard Lemieux
Stewart Meikleham	Paul Myre	Ken Noland
Rita Pilon	Mark Signoretti (excused at 2:28 p.m.)	Carolyn Thain

BOARD MEMBERS REGRETS

Ursula Sauvé

STAFF MEMBERS PRESENT

Nicole Frappier	Stacey Laforest	Marc Piquette
Rachel Quesnel	Renée St Onge	Dr. P. Sutcliffe

GUESTS

Media

R. QUESNEL PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:30 p.m. New Board member, Richard Lemieux, was welcomed. He is replacing Paul Schoppmann as the Sudbury East Municipal Association (SEMA) representative.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

Following a call for nominations for the position of Chair of the Board, René Lapierre was nominated.

There being no further nominations, the nomination for the Sudbury & District Board of Health Chair for 2016 was closed. R. Lapierre accepted the nomination. The following was announced:

THAT THE Sudbury & District Board of Health appoints René Lapierre as Board for the year 2016.

R. LAPIERRE PRESIDING

APPOINTMENT OF VICE-CHAIR OF THE BOARD

Following a call for nominations for the position of Vice-Chair of the Board, Claude Belcourt and Jeffery Huska were nominated.

There being no further nominations, the nomination for the Sudbury & District Board of Health Vice-Chair for 2016 was closed. Claude Belcourt accepted his nomination and Jeffery Huska declined. The Board Chair announced:

THAT the Sudbury & District Board of Health appoints Claude Belcourt as Vice-Chair for the year 2016.

APPOINTMENTS TO THE BOARD EXECUTIVE COMMITTEE

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

There being no further nominations, the nominations for the Board Executive Committee for the year 2016 was closed. The three nominees accepted their nominations and it was announced:

THAT the Sudbury & District Board of Health appoints the following individuals to the Board Executive Committee for the year 2016:

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

5.0 DELEGATION / PRESENTATION

i) Population Health Profile, Sudbury & District Health Unit

- Marc Lefebvre, Manager, Population Health Assessment and Surveillance, Resources, Research, Evaluation and Development (RRED) Division
  SDHU Population Health Profile Summary Report dated January 2016

M. Lefebvre was introduced and welcomed to present the Population Health Profile for the Sudbury & District Health Unit being released today.

Under the Ministry of Health and Long-Term Care's Ontario Public Health Standards (OPHS), all Ontario boards of health are required to report regularly on the health of the population. The Population Health Profile helps the SDHU meet these provincial reporting requirements, understand our community context, and measure progress. The report will provide those working in public health and related sectors, as well as other members of our community, with valuable information taking a comprehensive look at health in our area, on important topics such as health behaviour, cancer, cardiovascular disease, etc.

The health profile includes comparisons between the Health Unit's service area, northeastern Ontario, and Ontario, and also presents differences according to demographic characteristics

such as sex and age. Key findings of the report were reviewed. The health profile report identifies local issues of public health importance as well as populations for which interventions might be targeted, allows tracking of changes in population health over time, and will inform the development of effective policies and programs.

Next steps will include a companion analysis exploring the relationships with determinants of health and expanding health topics such as mental health, chronic respiratory disease and injuries.

Dr. Sutcliffe noted that a News Release is being issued today announcing the release of the SDHU Population Health Profile and the report will be also be shared with key partners, including the Northern Ontario School of Medicine, constituent municipalities, and the North East LHIN.

Questions and comments were entertained and M. Lefebvre was thanked for his presentation.

6.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

i) Minutes of Previous Meeting

a. Seventh Meeting – November 19, 2015

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee Meeting Notes, November 2, 2015

iv) Report of the Medical Officer of Health / Chief Executive Officer

a. MOH/CEO Report, January 2016

v) Correspondence

a. Public Health Funding

- Letter from the Haliburton, Kawartha, Pine Ridge District Health Unit to the Minister of Health and Long-Term Care dated November 19, 2015
- Letter from the Algoma Public Health to the Minister of Health and Long-Term Care dated December 4, 2015
- Letter from the Elgin St. Thomas Public Health to the Minister of Health and Long-Term Care dated January 5, 2016

Sudbury & District Board of Health Motion #49-15

- Letter from the Township of Nairn and Hyman to the Minister of Health and Long-Term Care dated December 16, 2015

b. **Healthy Babies Healthy Children (HBHC) Program**

Sudbury & District Board of Health Motion #28-15

- Letter from the Thunder Bay District Health Unit to the Minister of Children and Youth Services dated November 20, 2015

c. **Basic Income Guarantee**

- Letter from the Leeds, Grenville & Lanark District Health Unit to the Federal and Provincial Ministers dated December 21, 2015

d. **Food Security and the Transformation of Social Assistance in Ontario**

- Letter from the Huron County to the Minister of Community and Social Services dated January 7, 2016

e. Smoke-Free Multi-Unit Housing

Sudbury & District Board of Health Motion #55-15

- Letter from the Township of Nairn and Hyman to the Smoke Free Housing Ontario dated December 16, 2015

f. Cannabis

Sudbury & District Board of Health Motion #54-15

- Letter from the Township of Nairn and Hyman to the Prime Minister dated December 16, 2015
- Email response from the Prime Minister's Office dated January 8, 2016

vi) Items of Information

a.	alPHa Information Break	November 20, 2015 December 8, 2015 December 22, 2015
b.	Thank you notes from Staff	
c.	Sudbury Start Article, *Public health looking upstream*	December 27, 2015

01-16 APPROVAL OF CONSENT AGENDA

Moved by Noland – Belcourt: THAT the Board of Health approves the consent agenda as distributed.

CARRIED

7.0 NEW BUSINESS

i) Board Attendance

- Summary - 2015

A yearly Board attendance summary is circulated to the Board every January. The summary references Board Policy G-I-30 related to Board attendance and absenteeism. There were no questions or comments.

ii) Board Survey Results from Monthly Board Meeting Evaluations

- 2015 Evaluation Summary Results

As part of our efforts for ongoing improvement, effective February 2015, Board members were invited to complete an online meeting evaluation following each regularly scheduled Board of Health meeting. Results from the evaluation surveys for all seven Board of Health meetings in 2015 have been analyzed and a summary of these results is being shared with the Board of Health. There were no questions regarding the results.

iii) Associate Medical Officer of Health Appointment

- Briefing Note from the Sudbury & District Health Unit's Medical Officer of Health and Chief Executive Officer dated January 14, 2016

A briefing note provided by Dr. Sutcliffe summarizes the legislative authorities and duties of an Associate Medical Officer of Health and outlines the history of this position at the Sudbury & District Health Unit including challenges in recruitment. Recruitment of public health specialist physicians to northern Ontario is challenging with two of the five North Eastern health units having longstanding vacancies. AMOH positions provide leadership and surge capacity.

A qualified physician has been successfully recruited to the SDHU Associate Medical Officer of Health position and Dr. Sutcliffe recommended that the Board endorse the appointment of Dr. Ariella Zbar effective August 8, 2016, subject to the conditions as detailed in the letter of offer. Dr. Zbar's education and qualifications were outlined. She will be writing her Royal College Fellowship exams this spring once she finishes her Public Health and Preventive Medicine training through the Queen's University residency program.

The assistance of the City of Greater Sudbury's Physician Recruitment Coordinator of Tourism, Culture & Marketing was acknowledged as was his offer to assist with any transition if required.

Questions were entertained and it was clarified that this position will be eligible for the provincial AMOH compensation initiative and a funding application will be made to the MOHLTC.

02-16 APPOINTMENT OF AN ASSOCIATE MEDICAL OFFICER OF HEALTH

Moved by Belcourt – Noland: WHEREAS the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.62 states that every board of health may appoint one or more associate medical officers of health; and

WHEREAS s.64 of the Health Protection and Promotion Act states that no person is eligible for appointment as an associate medical officer of health unless he or she is a physician; and

WHEREAS R.R.O. 1990, REGULATION 566 QUALIFICATIONS OF BOARDS OF HEALTH STAFF which establishes the requirements for employment as an associate medical officer of health in addition to those set out in section 64 of the Act includes that the person be the holder of a fellowship in community medicine from The Royal College of Physicians and Surgeons of Canada; and

WHEREAS the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.64 states that no person is eligible for appointment as an associate medical officer of health unless the Minister approves the proposed appointment; and

WHEREAS the Sudbury & District Board of Health concurs with the recommendation of the Medical Officer of Health to appoint Dr. Ariella Zbar as an Associate Medical Officer of Health for the Sudbury & District Health Unit

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health appoint Dr. Ariella Zbar as an Associate Medical Officer of Health for the Sudbury & District

Health Unit, effective August 8, 2016, subject to the following conditional requirements:

(1) Submission of evidence of Dr. Zbar's specialty certificate and master degree certificates in public health and masters of business administration indicating successful completion of all program requirements for a Master of Public Health (MPH) and Masters of Business Administration (MBA) degree and specialty certification in Public Health and Preventive Medicine from the Royal College of Physicians and Surgeons of Canada.

(2) A copy of Dr. Zbar's current Certificate of Registration for Independent Practice and a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario.

(3) Evidence of adequate and acceptable professional liability insurance.

(4) Submission of a satisfactory police record check.

(5) Submission of a signed Sudbury & District Health Unit Confidentiality Agreement.

(6) Approval of the proposed appointment by the Ontario Minister of Health and Long Term Care.

FURTHER THAT the Sudbury & District Board of Health share this motion with the Minister of Health and Long-Term Care for approval of the appointment.

CARRIED

iv) Ministry of Health and Long-Term Care Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, a discussion paper

- Briefing Note from the Sudbury & District Health Unit's Medical Officer of Health and Chief Executive Officer dated January 14, 2016
- MOHLTC *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* Discussion Paper dated December 17, 2015
- Letter from the Minister of Health dated December 17, 2015
- alPHa News Release dated December 17, 2015

The long-awaited MOHLTC's discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, was released on December 17, 2015, and circulated to the Board at that time. The discussion paper proposals have significant implications for the role and accountabilities of all local boards of health in Ontario and pulls public health more into the acute care system. Although it is titled as a Discussion Paper, it notes that the ministry is reviewing relevant acts and intends to propose draft legislation for consideration by the Legislative Assembly in the spring of 2016.

The MOHLTC is seeking feedback by the end of February on questions posed in the discussion paper. Dr. Sutcliffe shared highlights and key considerations of the report.

The Association of Local Public Health Agencies (alPHa) is engaging in a consultative process to gather feedback from local public health and develop key positions to communicate with the MOHLTC. Dr. Sutcliffe shared her interest to participate on the Expert Panel to ensure the perspectives of local public healths are heard.

Questions and comments were entertained.

It was clarified that an in-house analysis will be conducted to identify local implications. Northern Medical Officers of Health have committed to keeping each other updated on any developments given the potential implications with the NE LHIN. Prior to the release of this report, the SDHU had arranged for staff from the NE LHIN to present to the SDHU senior

management team regarding their strategic planning process and engagement with community, including the SDHU. Since the release of the discussion paper, Dr. Sutcliffe has extended this invitation to the NE LHIN CEO, L. Paquette, to join her staff and further review content of the discussion paper.

03-16 PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO DISCUSSION PAPER

Moved by Lemieux – Noland: That the Sudbury & District Board of Health receive the briefing note concerning, Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario; and

That the Board of Health direct the Medical Officer of Health to engage with the Association of Local Public Health Agencies (alPHa) in the development of key positions, consistent with the key considerations of this briefing note, for communication with the Ministry of Health and Long-Term Care; and

That the Board of Health seek engagement with constituent municipalities and with the Federation of Northern Ontario Municipalities (FONOM) to determine any municipal concerns about the proposed changes in governance and funding; and

Further that the Board of Health seek engagement with the North East LHIN to discuss matters arising from the discussion paper.

CARRIED

8.0 ADDENDUM

DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

04-16 ADDENDUM

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

CARRIED

ii) alPHa Risk Management and Board of Health Section meetings - Hold the Dates

- Email from the Association of Local Public Health Agencies (alPHa) dated January 19, 2016

Board members were informed of a Risk Management workshop being organized by alPHa on February 24 that builds on the previous risk management session held November 5, 2015. A Board of Health section meeting is also being organized for February 25, 2016 to discuss the Assessor's report on Algoma Public Health and the Patients First document. All public health Board members are invited to attend these meetings in Toronto.

Dr. Sutcliffe reminded Board members that an internal analysis has already been conducted of the Algoma Public Health's Assessor's report and recommendations for improvements at the SDHU have been actioned based on the report. Next steps

will be to look at the proposals in the MOHLTC's discussion paper as well as Board of Health risk management training, high risk assessment identification and development of a mitigation plan.

Any Board member interested in attending the alPHa workshop/meeting should advise the Board Secretary asap.

iii) Ministry of Health and Long-Term Care Memorandum Re: 2015 Year-End Data Collection for the Public Health Funding and Accountability Agreement Indicators

- Memorandum from the Ministry of Health and Long-Term Care to Board of Health Chairs, Medical Officers of Health and Chief Executive Officer dated January 19, 2016

All health units are asked to complete the 2015 year-end reporting on the 2015 Accountability Agreement performance and monitoring indicators.

The revised 2016 indicator suite have been communicated. Ten health promotion indicators will continue in 2016.Three will become monitoring indicators for 2016 and the ministry will continue to share data with each public health unit, and monitor performance.

For the health protection indicators, all of the indicators used in 2015 will continue in 2016, with many moving to become monitoring indicators. In addition to the existing indicators, four new indicators are being introduced with 2016 being used as the baseline year and data.

9.0 IN CAMERA

05-16 IN CAMERA

Moved by Meikleham – Thain: That this Board of Health goes in camera. Time: 2:29 p.m.

CARRIED

- Labour relations or employee negotiations

10.0 RISE AND REPORT

06-16 RISE AND REPORT

Moved by Thain – Meikleham: That this Board of Health rises and reports. Time: 2:44 p.m.

CARRIED

C. Belcourt reported that the Board discussed labour relations matters and the following motion emanated from the in-camera discussion:

07-16 APPROVAL OF BOARD IN CAMERA MEETING NOTES

Moved by Thain – Meikleham: THAT this Board of Health approve the meeting notes of the November 19, 2015, Board in-camera meeting and that these remain confidential

and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

11.0 ANNOUNCEMENTS / ENQUIRIES

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

12.0 ADJOURNMENT

08-16 ADJOURNMENT

Moved by Lemieux – Noland: THAT we do now adjourn. Time: 2:48 p.m.

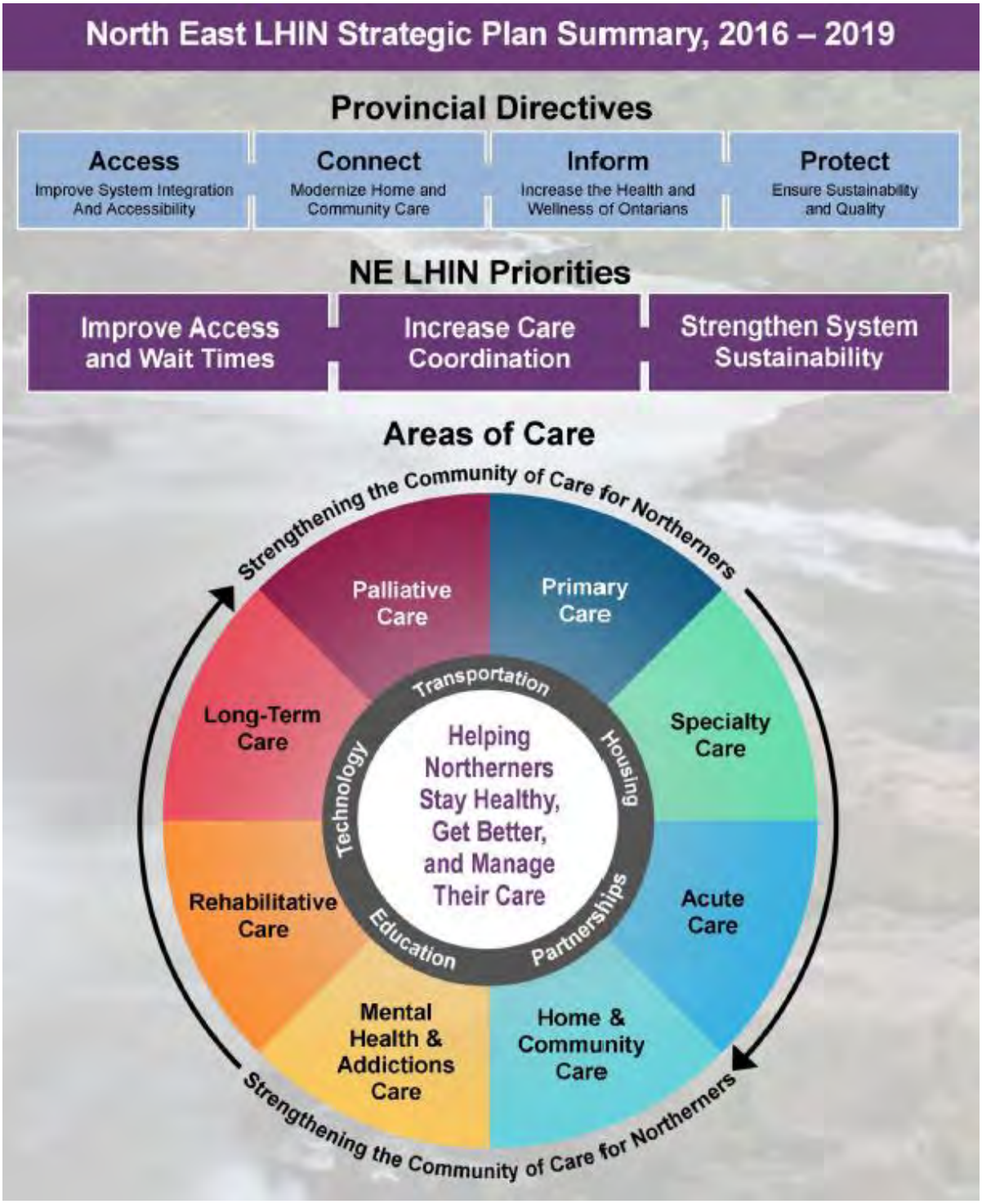
CARRIED

_____ _____

(Chair) (Secretary)

Medical Officer of Health/Chief Executive Officer
Board of Health Report, February 2016

Words for thought…



Source: North East LHIN Integrated Health Service Plan 2016-2019. February 2016.

Chair and Members of the Board,

Earlier this month, the North East Local Health Integration Network (NE LHIN) released its strategic plan, or *Integrated Service Plan (ISP),* outlining the LHIN's scope of work to improve health outcomes of people and patients for 2016 to 2019. The report was released at a time of considerable flux within the health system. As Board members are aware, the December 17, 2015, Ministry of Health and Long-Term Care (MOHLTC) *Patients First Discussion Paper* proposed changes that would have significant impacts on primary care, community care and public health. SDHU senior management was fortunate to have an opportunity in February to engage with NE LHIN senior staff to discuss the NE ISP and the proposals under the *Patients First Discussion Paper.*

Health system transformation at the provincial, regional and local levels is expected to be a topic of ongoing consultation and engagement in the coming months.

GENERAL REPORT

1. Board Updates

The Sudbury & District Health Unit continues its work to ensure readiness to respond to emergencies. N95-type mask fit testing for all health unit staff is being maintained to ensure that we have the appropriate masks available to protect staff in the event of local need. As past practice, Board Executive Committee members have been offered mask fit testing and this is being organized for the 2016 Board Executive Committee members.

A Board group photo is taken every second year and is due in 2016. We anticipate this will take place in the spring, prior to a regular Board meeting. Please stay tuned for more information.

The Joint Board/Staff Performance Monitoring Working Group met on January 26, 2016, to review the draft 2015 Performance Monitoring Report. Board representation on this working group include C. Thain, R. Pilon and J. Bradley. The final report is included in today's Board meeting agenda package.

On the morning of January 28, 2016, a Board orientation session was held for new Board member, Richard Lemieux.

Work is underway to pursue additional Board governance training for members in response to the Board's self-evaluation and our analysis of Algoma Public Health's Assessor's report findings. As previously mentioned, a one-day of Board governance training session, led by an experienced external facilitator, will be offered to the Sudbury & District Board of Health. The session will cover topics such as your duties as directors and unique requirements under the Health Protection and Promotion Act. More information will be shared once the logistics are finalized.

As previously communicated, work is also underway to further our work on risk management as per the Organizational Standards. It is expected that a Board session will be organized for this spring and M. Piquette is coordinating with external expertise in preparing for this work. On Wednesday, February 24, 2016, Board Chair, R. Lapierre, Dr. Sutcliffe, and M. Piquette will participate in a workshop hosted by the Association of Local Public Health Agencies (alPHa) on this same topic.

A notice regarding the alPHa June 2016 conference is included in the February 2016 agenda package for those who might be interested in penciling the date in their calendars.

2. Human Resources

The Algoma Public Health Board appointed Dr. Alex Hukowich as their Associate Medical Officer of Health. I will continue as their Acting Medical Officer of Health, with Dr. Hukowich reporting to me. I will continue to report to the Algoma Public Health (APH) Board in my acting role and will provide back up to Dr. Hukowich. This interim arrangement will afford the APH Board more time to recruit for a permanent Medical Officer of Health.

3. Finance

The required forms for the submission of the 2016 Program-Based Grant request have been prepared for execution and submission. The grant request reflects the Board of Health approved cost-shared operating budget. Boards of Health were advised to plan for no growth funding for 2016. Based on Ministry comments we are expecting a summer communication of grant approval.

The SDHU audit is scheduled to commence March 14, 2016, and conclude March 28, 2016. Pricewaterhouse Coopers is conducting the audit again this year for the fifth time. The current due date for submission of the audited financial statements and annual reconciliation report to the Ministry is April 29, 2016. Many health units have requested an extension to this date given the extreme difficulties this timeline presents. We are expecting a response from the Ministry on the deadline very soon. In the interim our auditor is aware of the target timeline.

The Sudbury & District Board Finance Committee membership will be decided at the next Board meeting.

4. Medical Officer of Health and Chief Executive Officer's Performance Map

The SDHU maintains a policy of ongoing evaluation of the job performance of its employees as a means of ongoing monitoring and quality improvement. As per the SDHU's performance management policy, the Medical Officer of Health performance review is scheduled to occur on March 3, 2016. Feedback will be sought from the members of the Board Executive Committee and the Senior Management Team to inform my discussion with the Board Chair.

In consultation with the Board Chair, the Medical Officer of Health position description will also be reviewed and updated as per the Health Unit policy.

5. Erratum

Some minor discrepancies were noted in the SDHU Health Profile and Summary Report released on January 21, 2016. Please refer to the online versions of the Summary Report and full SDHU Health Profile to access final revised versions.

6. Local and Provincial Meetings

I, along with the assistant director of the Strategic Engagement Unit and the director of Resources, Research, Evaluation and Development Division (RRED), met with the Sudbury East Community Health Centre on January 22, 2016, to review our relationship and recent developments under health system transformation.

I was honoured to be a guest speaker at the Healthy Kids Community Challenge media launch on January 27, 2016, at Tom Davies Square as well as at the Dr. Dan Andreae Distinguished Presidential Lecture Series on January 28, 2016.

I attended the Patients First Working Group meeting organized by alPHa on February 3, 2016, in Toronto where we worked on a response to the December 17, 2015, discussion paper. It is expected that this response will be completed for the February 29 submission deadline to the Ministry.

On February 4, 2016, two senior directors from the North East LHIN attended and presented at the SDHU Senior Management Executive Committee meeting.

I, along with SDHU staff, participated at the Partners for Children and Youth Table on February 5, 2016. This was an SDHU-inspired initiative to gather key stakeholders to examine community coordination for child and youth health to determine opportunities for further synergies and efficiencies.

On February 8, 2016, I was invited to make a presentation to the Township of Nairn and Hyman on community water fluoridation.

I participated in a Council of Ontario Medical Officers of Health (COMOH) executive teleconference on February 9, 2016.

I attended the Public Health Working Group meeting on February 11, 2016, in Toronto. The working group is established under the Ontario Trilateral First Nations Health Senior Officials Committee with a key activity to facilitate partnerships for public health service delivery to First Nations communities and Public Health Units. The February meeting goal was to reflect on the achievements of the Public Health Working Group and identify potential new opportunities of work moving forward.

I am pleased to commend to you the following sections of my report which provide the statistical highlights in public health programming and services for the 2015 year. In contrast to the usual MOH/CEO report, which describes various aspects of Health Unit programming, this "**the year by the numbers**" report provides a snapshot of the scope and volume of our work.

CLINICAL & FAMILY SERVICES DIVISION

Control of Infectious Diseases

Universal Influenza Immunization Program

61 648 doses of seasonal influenza vaccine distributed to health care providers
3933 doses of vaccine administered by the SDHU at community and office-based clinics
42 immunization clinics offered (SDHU and community)
49 pharmacies took part in UIIP

Respiratory Outbreaks

26 outbreaks in long-term care homes

School Immunization Program

1360 Grade 7 students completed the Hepatitis B series
1792 Grade 7 students received Meningococcal vaccine
589 eligible female students completed the HPV vaccine series

TB Control Program

1040 TB tests performed

Publically/Non-Publicly Funded Vaccines

13 265 vaccines administered

Nurse-on Call – CID

3940 total calls on topics such as immunization, infection control, and reportable diseases

Growing Family Health Clinic

900 client appointments
104 prenatal and postnatal appointments
478 appointments for children aged 0-6 years

Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV)

6482 client visits at the Rainbow Centre office
3936 sexual health calls includes inquiries on a variety of sexual health and sexually transmitted infection topics and follow up. Does not include calls made for service coordination.
842 Nominal HIV tests completed
147 Anonymous HIV tests completed
1301 Total HIV tests completed
459 Point of Care HIV tests completed
1 618 client visits in district offices and agency outreach
102 Online Tests

Sexual Health Promotion

4062 pamphlets and promotional items distributed
41 presentations/consultations to **1218** participants
150 posters for bus ads
4 media campaigns
4 interactive displays

Healthy Babies Healthy Children (HBHC) Program

1939 live births in the Sudbury and Manitoulin districts in 2015
89% of new moms were screened to identify those who would benefit from further services
1054 people attended breastfeeding clinics at the Sudbury and Val Caron clinic sites
41% of pregnant women are screened prenatally to determine if they would benefit from HBHC services. This exceeds the Ministry target by 16%.

HBHC Information Line

1963 total number of calls

Oral Health

1571 calls received for assistance, emergency care, and general information
10 125 children screened during school screening clinics
702 children referred for urgent care
213 children participated in school-based preventive services
112 children participated in Health Unit-based preventive care
777 children participated in CINOT

Oral Health – Healthy Smiles Ontario

178 children were enrolled in the Healthy Smiles Ontario program
118 high school students participated in voluntary dental screening program
149 First Nation children participated in dental screening programs located in daycares, elementary schools and Health Centres

Family Health

Child Health

280 parents participated in Triple P Program interventions
1 staff trained in Triple P Transition – Espanola Office
60 families and partners participated in the Fetal Alcohol Spectrum Disorder (FASD) event
950+ parents/caregivers, children and partners participated in Neighbourhood Team events such as a community BBQ, Bike Rodeo, and Christmas breakfast
79 breastfeeding mothers took part in the Breastfeeding Challenge
6 clients in the A Breastfeeding Companion (ABC) program
69 breastfeeding mothers attended the face-to-face support group implemented in the City of Greater Sudbury
1045 prenatal packages delivered to health care provider offices
525 pregnant women and their support persons attended prenatal classes
110 pregnant women registered for on-line prenatal
170* client interactions on prenatal and child health topics (i.e. breastfeeding, safe sleep, healthy eating and child safety/injury prevention) in partnership with agencies that work with priority populations (*total includes repeat clients)

CORPORATE SERVICES DIVISION

Volunteer Resources

80 active volunteers
17 new volunteers
1167 volunteer hours of services provided

ENVIRONMENTAL HEALTH DIVISION

Food Safety

3 565 inspections of food premises
207 complaint investigations
13 charges; **2** closure orders issued
42 food handler training courses
840 food handlers certified
21 food recalls; **1 285** recall inspections
760 special occasion food service permits
14 100 disclosure website hits
893 consultations and inquiries

Safe Water

Drinking Water

1 boil water advisory
22 boil water orders
9 drinking water advisories
1 drinking water order
18 blue-green algae advisories
1000 adverse drinking water reports investigated
399 bacteriological samples taken
389 consultations/inquiries
35 complaint investigations; **28** for blue-green algae
332 small drinking water systems (SDWS)
109 SDWS risk assessments completed
109 SDWS directives completed
173 SDWS consultations/inquiries

Recreational Water

32 beaches inspected weekly
390 beach inspections
2 153 bacteriological samples obtained
4 beaches temporarily posted
1 beach closed
10 blue-green algae beach advisories
176 pool inspections
54 spa inspections
171 bacteriological samples

Chronic Disease Prevention – Comprehensive Tobacco Control

Smoke-Free Ontario Act Enforcement

384 youth access inspections
12 sales/supply charges issued
4 warning letter issued to retailers/vendors
194 display and promotion inspections
122 school compliance inspections
15 charges: smoking on school property
1 charge: smoking in the workplace
4 charges: CGS smoking By-Law
48 complaints investigated
54 consultations/inquiries

Health Hazard

402 complaints investigations
- **114** mould complaints
- **97** insects/cockroaches/birds
- **48** housing complaints
- **25** rodents/vermin
- **25** sewage back-up spills
- **6** heating complaints
- **8** garbage and waste
- **79** miscellaneous complaints

494 consultations/inquiries
49 arena air quality inspections
4513 calls/office visits to the duty officer
1234 calls to the After Hours line (24/7)

Control of Infectious Diseases

33 enteric outbreaks investigated
785 people ill
105 sporadic cases investigated
139 consultations/inquiries

Rabies

307 animal exposure incidents investigated
16 animal specimens submitted
No positive cases of rabies
13 individuals received post exposure prophylaxis

2 charges issued
138 consultations/inquiries

Vector Borne Diseases

277 mosquito traps set
6105 mosquitoes trapped
4663 mosquitoes speciated
205 mosquito pools tested
- **57** Eastern Equine Encephalitis
- **148** for West Nile virus

0 positive mosquito pools for WNv
1 human case for WNv
29 ticks submitted**3** positive for bacteria causing Lyme Disease

Infection Control

30 institutional infection control meetings
337 inspections in institutional settings
625 inspections in settings where there is a risk of blood exposure
322 consultations/inquiries
32 complaint issues

Environmental Health Policy

Children's Water Festival

425 Grade 3 & 4 participants for Sudbury festival
229 student participants at the Espanola festival
100 volunteers
18 community partners running activities

Extreme Weather Alerts

0 hot weather advisories issued
0 heat alerts issued
6 plans/proposals reviewed

Part 8 – Land Control

1669 inspection activities
320 sewage system permits issued
36 consent applications processed
140 renovation applications processed
40 mandatory maintenance inspections completed
38 private sewage complaints
5 charges issued
4 orders issued
925 consultations/inquiries
3 community information sessions
81 file search requests
83 copies of record requests

Emergency Response

59 staff received respirator fit testing
Responded to two emergencies; train derailment near Gogama; truck sinking in the Killarney Channel
Participated in municipal emergency exercises

HEALTH PROMOTION DIVISION

Chronic Disease Prevention – Comprehensive Tobacco Control

655 inquiries to the Tobacco Information Line
238 appointments to the Quit Smoking Clinic
27 participants attended two STOP on the Road sessions
49 health care providers provided MCI information
2 cessation campaigns targeting young adults
1070 youth participated in the Bill 45 campaign

Exposure to Ultraviolet Radiation and Early Detection of Cancer

1 sun safety commercial developed and aired
75 people were screened by a dermatologist
3 public cancer screening awareness events
20 stylists trained during the Stylists Save Lives campaign
50 people participated in exhibit on MyCancerIQ

Healthy Eating

17 media interviews
25 Food literacy workshops with over **275** participants
9 Community Food Advisors
26 food skills sessions
6 presentations on healthy eating
10 new Good Food Box (GFB) host sites
1 Seedy Sunday community event
Over **250** delegates at the Bring Food Home Conference
17 Gardens in Community Garden Network
9 policy presentations/discussions with municipalities
30 pharmacists received resources for Nutrition Month
18 new SCREEN© administrators

Healthy Weights

30 pharmacists sent resources
1 municipality received summer staff training
81 participants attended a prevention of eating disorders presentation
15 health care providers provided professional development
5 external policy/best practice documents reviewed/feedback provided
3 media interviews on policy/best practices

Physical Activity

2 Bike Exchange events hosted
250 physical activity opportunities for people ages 55 years and older
6 Skate Exchange events, including **2** led by community partners
430 pairs of skates disseminated to local families
5 workshops hosted on physical literacy
20 consultations delivered on physical literacy
3 Rural Recreation Assessments conducted by LSI Inc.

Prevention of Injury and Substance Misuse

378 car seats inspected
37 car seat technicians trained
20 community stakeholders participated in car seat strategy meeting
6 billboard/electronic screen promotions - **"**Do the Bright Thing… when walking after dark"
35 booster seat safety public service announcements
9 drowning prevention presentations
260 seatbelt safety resources provided to police
200 impaired driving kits provided to police
400 ATV/ORV safety resources distributed
3 bicycle safety presentations
50 bicycle helmet safety resources distributed

Falls Prevention in Older Adults

25 249 educational resources distributed
6000 falls prevention risk self-assessment tools distributed
95 television spots of the Stay on Your Feet campaign
48 Stand up delivery sessions supported
2000 medication cleanout information packages distributed
16 new Stand Up facilitators trained
10 participants completed the Canadian Falls Prevention Curriculum
4 Ontario Senior Secretariat Presentations delivered
70 community partners engaged in a district wide falls prevention coalition
5 Northeast health units and the NELHIN engaged in regional planning

Alcohol and Substance Misuse Prevention

1600 community members reached through 99 activities
24 Community Drug Strategy activities for the CGS
6 activities - LaCloche Foothills Drug Strategy
1 presentation - Sudbury East Drug Strategy
1 promotional video created in collaboration
1 report: *Alcohol Use and the Health of our Community*
1 report*: Community Drug Strategy for the City of Greater Sudbury: A Call to Action*

School Health

483 resilient school community/Chronic Disease Prevention activities
20 150 school community members reached

16 training sessions delivered to adult influencers
250 students completed – Resiliency Questionnaire
39 activities engaged youth
127 families attended "EXPLO", a CSPGNO event
75 parents attended a SCDSB presentation on building resilient children
135 leaders attended a "Thriving Mindset" workshop
1079 YouTube views of SDHU video "Encourage the Adults of Tomorrow"
278 website views of SDHU video

Workplace Health

856 individuals reached on Chronic Disease and Injury Prevention topics

Northern Fruit and Vegetable Program

16 600 students received fruits and vegetables weekly for **20** weeks
76 schools participated in the Program

Diabetes Prevention Program

12 food literacy workshops
3 community workshops of ABC's of Community Gardens Series
1 DrumFIT ® leadership training session
1 local communication campaign – Bring Back the Tradition of Healthy Living

Smoke-Free Ontario *(northeast regional activities)*

25 participated in the Youth Freeze the Industry Summit
5 public health units participated in a World No Tobacco Day event
33 participated in a Youth Prevention Planning Summit
24 participated in an Aboriginal Cultural Competency Training session
24 participated in a Fostering Aboriginal Engagement in Youth Commercial Tobacco Use Prevention workshop
21 health care professionals participated in a workshop - tobacco control and smoke-free multi-unit dwellings
12 health care professionals participated in a workshop on smoking cessation
126 403 people reached via social media campaign – tobacco use cessation
194 825 people reached via social media campaign – social supply of tobacco to youth

Healthy Community Fund – Partnership Stream

2 community workshops hosted by Greater Sudbury Food Policy Council
1 planning session facilitated by HC Link in Chapleau

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

Population Health Assessment and Surveillance

SDHU Population Health Profile (full report, summary report, executive summary): analysis of most currently available data for mortality rates, leading causes of death, health care utilization, cardiovascular disease, cancer, and health behaviours and risks

14 Population Health Assessment and Surveillance team-Indicator Reports for internal use on more than **80** indicators

78 internal and external data requests, and **39** consultations on topics such as communicable diseases, demographics, determinants of health, maternal health, chronic disease, mental health, etc.

1480 SDHU area residents surveyed by Rapid Risk Factor Surveillance System (RRFSS) — **1200** as part of the regular SDHU cycles and an additional **280** surveys to provide information at each District Office Area level

Number of other surveillance activities: seasonal bi-weekly or weekly Acute Care

Enhanced Surveillance (ACES) reports, daily school absenteeism reports, quarterly reportable diseases internal reports.

Research, Evaluation, and Needs Assessments

29 research and evaluation projects where RRED acts in a lead or consultation role, including: *Exploring the Environmental Health Division's response to potentially adverse housing situations involving vulnerable people*

4 research projects funded by the Louise Picard Public Health Research Grant

6 new proposals reviewed by the Research Ethics Review Committee

1 needs assessment

52 web surveys

200 consults on development of methodology or approach for research, evaluation, or needs assessment

Knowledge Exchange

2 Knowledge Exchange Symposiums

7 Evidence-Informed Practice Working Group knowledge exchange sessions

33 conference or external meeting presentations and workshops
5 publications (research and evaluation reports, journal or newsletter articles, fact sheets, and surveillance reports)

Contribution to **3 r**apid reviews of evidence or reviews of literature

Information Resource Centre

225 interlibrary loans

7 literature searches

200 resources classified and catalogued

302 reference queries

Professional Practice and Development

Academic Affiliations

5 faculty appointments with the Northern Ontario School of Medicine (NOSM)

2 joint-appointments as Adjunct Professor with Laurentian University and **1** joint-appointment as Public Health Consultant with the SDHU

Student Placements

66 students from **6** post-secondary institutions representing **10** disciplines

21 962 hours of student placement experience

10 undergraduate medical students from NOSM

9 postgraduate medical students from the NOSM Public Health Preventive Medicine program

2 NOSM dietetic interns

1 Masters in Public Health student

2 student orientation sessions

1 preceptor appreciation event

78 staff and **7** teams in preceptor roles

Staff Development

9 staff initiation and **2** staff orientation sessions in addition to mandatory training requirements for all employees

11 Lunch and Learn sessions (hosted by Nutrition Working Group, Workplace Wellness Committee, and Clinic and Family Services Division, Manager Professional Practice and Development)

13 management development sessions (**3** in person and **10** externally hosted webinars)

60 cross-divisional development opportunities (**19** in person and **41** via webinar)

95 externally hosted staff development webinars/teleconferences offered to staff

Strategic Planning

Promotion of the 2013–2017 Strategic Plan Values through internal activities (use of the whiteboards, Inside Edition, ceiling decals)

4 Strategic Plan Values promotional videos created and shared with staff and the public

1 Strategic Plan e-newsletter sent to external community partners

1 Strategic Plan Narrative report sent to external community partners

Performance Monitoring

1 *SDHU Performance Monitoring Report* presented to the Board of Health (part of the 2013–2017 Performance Monitoring Plan)

3 *Strategic Priorities Narrative Reports* presented to the Board of Health

Monitoring of indicators measure the SDHU's performance as an organization and further demonstrate our commitment to excellence and accountability; collection of performance monitoring data for 2015.

Committee Work and Partnerships

Participation on:
4 national committees, **15** provincial committees, and **12** local or regional committees, e.g. City of Greater Sudbury Community Safety and Well-being Planning Committee, Sudbury Data Consortium, Public Health Ontario's Ethics Review Board

Health Equity Knowledge Exchange and Resource Team

You Can Create Change Campaign

7 images created for distribution including:
- **3** billboard ads within the City of Greater Sudbury
- **55** ads on City of Greater Sudbury buses
- **3** Facebook ads with **37,079** people reached
- Campaign website creation to support community knowledge and action

External

10 presentations, **13** requests for health equity resources, **3** requests for health equity data, **4** consultations, **8** partner support instances (e.g. grant writing, evaluation support, community events), **6** requests for the adaptation of SDHU health equity resources

Internal

7 instances of staff support, **5** consultations, **5** presentations, **7** health equity stories created and distributed highlighting program health equity examples

STRATEGIC ENGAGEMENT UNIT (SEU)

12 key informant interviews were conducted as part of the assessment phase of the SDHU Strategic Partner Engagement Strategy.

Electronic and Social Media Reach

937 441 Facebook users
205 000 Twitter impressions
507 *Contact Us* website emails processed
78 media releases issued
188 media requests processed by SEU staff

Respectfully submitted,

Original signed by

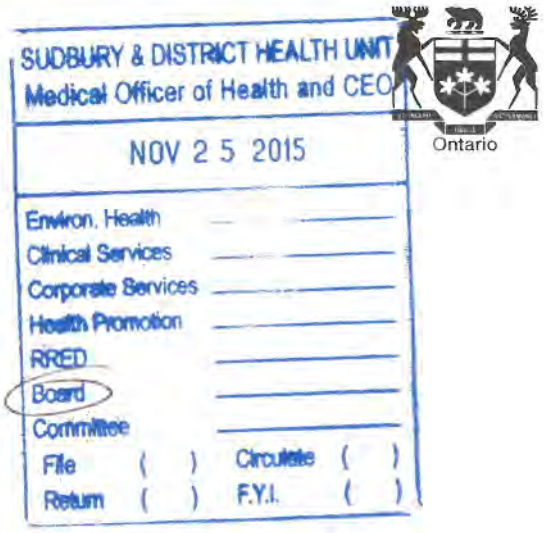
Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

The Premier
of Ontario

Legislative Building
Queen's Park
Toronto ON M7A 1A1

La première ministre
de l'Ontario

Édifice de l'Assemblée législative
Queen's Park
Toronto ON M7A 1A1



November 19, 2015

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

Dear Dr. Sutcliffe:

Thank you for your letter on behalf of the Sudbury and District Health Unit informing me of the Board of Health's resolution regarding a joint federal-provincial basic income guarantee, and social assistance rates. I appreciate your keeping me updated on the board's activities.

I note that you have sent a copy of the board's resolution to my colleague the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care. I have also forwarded a copy to the Honourable Deb Matthews, President of the Treasury Board and Minister Responsible for the Poverty Reduction Strategy. I trust that the ministers will also take the board's views into consideration.

Once again, thank you for the information.

Sincerely,

Kathleen Wynne
Premier

c: The Honourable Dr. Eric Hoskins
The Honourable Deb Matthews

TOWNSHIP OF NAIRN AND HYMAN

64 McIntyre Street • Nairn Centre, Ontario • P0M 2L0 ☎ 705-869-4232 🖷 705-869-5248
Established: March 7, 1896 Office of the Clerk Treasurer, CAO E-mail: nairncentre@personainternet.com

December 16, 2015

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

Dear Premier Wynne:

RE: Limited Incomes = A Recipe for Hunger: Nutritious Food Basket

Please be advised that our Council adopted the following motion at their meeting of December 14, 2015:

INDEXING SOCIAL ASSISTANCE RATES
RESOLUTION #2015-19-262
MOVED BY: Rod MacDonald
SECONDED BY: Riet Wigzell
RESOLVED: that Council supports resolution #43-15 adopted by the Sudbury and District Health Unit on October 15, 2015 requesting the Province of Ontario to index social assistance rates to inflation to keep up with the cost of living.

CARRIED

Sincerely Yours,

Robert Deschene,
CAO

LF/lc
cc: Sudbury & District Health Unit
Michael Mantha, MPP, Algoma - Manitoulin

-----Original Message-----
From: Prime Minister/Premier Ministre [mailto:PM@pm.gc.ca]
Sent: January-31-16 10:41 AM
To: Rachel Quesnel
Cc: Jean-Yves Duclos
Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear Dr. Sutcliffe :

On behalf of the Right Honourable Justin Trudeau, I would like to acknowledge receipt of your e-mail correspondence regarding Resolution # 43-15, passed by the Sudbury & District Health Unit. I regret the delay in replying.

Please be assured that the views expressed in the resolution have been carefully reviewed. Given his interest in the issues raised, I have taken the liberty of forwarding your correspondence to the Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development, for his information and consideration.

Thank you for taking the time to write.

A. Opalick
Executive Correspondence Officer
for the Prime Minister's Office
Agent de correspondance
de la haute direction
pour le Cabinet du Premier ministre

>>> From : Rachel Quesnel quesnelr@sdhu.com Received : 06 Nov 2015 05:09:32 PM >>>

>>> Subject : Sudbury & District Board of Health Resolution Re: Limited Incomes = A Recipe for Hunger: Nutritious >>>>

Attached is a letter and attachment outlining the Sudbury & District Board of Health's resolution regarding Limited Incomes = A Recipe for Hunger: Nutritious Food Basket 2015.

Thank you for your attention to this important matter.

Rachel Quesnel
Executive Assistant to the
Medical Officer of Health and

Secretary to the Board of Health
Sudbury & District Health Unit
Service de santé publique de Sudbury et du district
1300 rue Paris Street
Sudbury, ON P3E 3A3
Tel: 705.522.9200, ext. 291
Fax/Téléc.: 705.677.9606

January 20, 2016

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa ON K1A 0A6

Dear Prime Minister Trudeau:

Re: Cannabis Regulation and Control: Public Health Approach to Cannabis Legalization

On December 18, 2015 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution #54-15 from Sudbury and District Health Unit regarding Cannabis Regulation and Control. The following motion was passed:

Motion No: 2015-109

Moved by: Gary Levine **Seconded by: Laurie Laporte**

"That the Board of Health for the Grey Bruce Health Unit supports the resolution from Sudbury and District Health Unit regarding cannabis regulation and control and supporting a public health approach to cannabis legalization."

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: Hon, Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Hon. Jane Philpott, Minister of Health
Hon. Kathleen Wynne, Premier of Ontario
Hon, Madeleine Meilleur, Attorney General for ON
Larry Miller, MP Bruce-Grey-Owen Sound
Benn Lobb, MP Huron-Bruce
Kellie Leitch, MP Simcoe-Grey
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Dr. David Williams, Chief Medical Officer of Health (Interim)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health
All Ontario Boards of Health

Encl.

2016 February 1

The Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa ON K1A 0A6

Dear Prime Minister Trudeau:

Re: Public Health Approach to Cannabis Legalization and Regulation

On January 21, 2016, at a regular meeting of the Board of the Windsor-Essex County Health Unit, Administration brought forward the following resolution for government to carefully consider as it explores policy options around the legalization of cannabis. The approved resolution states:

WHEREAS Canada's recently elected federal government has indicated a clear intention to move forward on activities to legalize and increase public access to marijuana, and

WHEREAS within the current legal context, cannabis is widely used in the WECHU catchment area: 14.7% of youth (aged 12-18 years old) and 36.4% of adults (aged ≥19 years old) reported ever using marijuana, cannabis, or hashish, and 12% of youth and 7.4% of adults reported use of marijuana, cannabis, or hashish in the previous 12 months[1], and

WHEREAS a number of youth in our community are not only using marijuana at regular intervals but and are doing so in conjunction with the operation of a motor vehicle which can lead to an increased risk of crashes, and

WHEREAS the Canadian Centre for Substance Abuse (CCSA) has identified that consuming cannabis regularly during adolescence interferes with the function and development of an individual's brain system and that delaying the age of use onset is recommended to reduce the harms associated for youth, and

[1] CCHS data for the Windsor-Essex County region, 2012

WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146
1-800-265-5822
www.wechu.org

WINDSOR 1005 Ouellette Avenue, Windsor, ON N9A 4J8
ESSEX 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
LEAMINGTON 215 Talbot Street East, Leamington, ON N8H 3X5

WHEREAS the Centre for Addiction and Mental Health (CAMH), Canada's leading hospital for mental illness, has concluded that legalization, combined with strong health-focused regulation, could provide an opportunity to reduce the harms associated with cannabis use, and

WHEREAS there is an existing framework of lower-risk cannabis use guidelines (LRCUG), endorsed by a number of organizations including CAMH and the Canadian Public Health Association (CPHA), that can serve as an meaningful base for public education to reduce high-risk cannabis uses and harms, and

NOW THEREFORE BE IT RESOLVED that the Windsor-Essex County Board of Health supports a public health approach to any cannabis legalization framework introduced in Ontario, including strong health-centered and age-restricted regulations to reduce the health and societal harms associated with cannabis use, and

FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

Sincerely,

Gary McNamara
Chair, Windsor-Essex County Board of Health

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

F:\Administration\Committees\Board\Letters\Board Resolutions\2016 Jan 21-Cannabis.docx

cc: Cheryl Hardcastle, MP Windsor-Tecumseh
Brian Masse, MP Windsor-West
Tracy Ramsey, MP Essex
Dave Van Kesteren, MP Chatham-Kent — Leamington
Hon. Kathleen Wynne, Premier of Ontario
Rick Nicholls, MPP, Chatham-Kent-Essex

Continued to page 3

Lisa Gretzky, MPP, Windsor-West
Percy Hatfield, MPP, Windsor-Tecumseh
Taras Natyshak, MPP, Essex
Monika Turner, Director of Policy, AMO
Hon. Jane Philpott, Minister of Health (Canada)
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care
Hon. Jody Wilson-Raybould, Minister of Justice and Attorney General (Canada)
Hon. Madeleine Meilleur, Attorney General
Hon. Tracy MacCharles, Minister of Children and Youth Services
Dr. David Williams, Chief Medical Officer of Health (Interim)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Heather Manson, Public Health Ontario
Gary Switzer, CEO, Erie-St. Clair LHIN
Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health
Claudia Den Boer Grima, CEO, Canadian Mental Health Association, Windsor
Dr. Glenn Bartlett, Executive Director, Windsor-Essex Community Health Centre
Mark Ferrari, Windsor Family Health Team
David Musyj, CEO, Windsor Regional Hospital
Terry Shields, CEO, Leamington District Memorial Hospital
Al Frederick, Chief, Windsor Police Services
Nicole Dupuis, Director Health Promotion, Windsor-Essex County Health Unit
Kristy McBeth, Director, Knowledge Management, Windsor-Essex County Health Unit
Ontario Boards of Health

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound
in your community . . . here for your health
681 Commercial Street, North Bay, ON P1B 4E7 TEL 705.474.1400 FAX 705.474.8252
70 Joseph Street, Unit 302, Parry Sound, ON P2A 2G5 TEL 705.746.5801 FAX 705.746.2711
myhealthunit.ca TOLL FREE 1 800 563 2808

January 20, 2016

Smoke-Free Housing Ontario Coalition
Co-Chairs

Sent Electronically

Lorraine Fry
Executive Director
Non-Smokers' Rights Association
720 Spadina Avenue, Suite 221
Toronto, ON M5S 2T9

Donna Kosmack
Manager
South West Tobacco Control Area Network
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

Dear Lorraine Fry and Donna Kosmack:

Subject: Board of Health Resolution #BOH/2015/11/04 - Smoke-Free Multi-Unit Housing

As part of an ongoing effort to protect the health of our community by reducing exposure to second-hand smoke, the Board of Health for the North Bay Parry Sound District Health Unit has passed a resolution to sign the Smoke-Free Housing Ontario Coalition's letter of Endorsement of Action for Smoke-Free Multi-Unit Housing. At the November 25, 2015 regular meeting, the Board of Health passed the following resolution:

***Now Therefore Be It Resolved**, that the Board of Health for the North Bay Parry Sound District Health Unit endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:*

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;
(2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;
(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;
(4) All future public/social housing developments in Ontario should be smoke-free from the onset; and
(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

***Furthermore Be It Resolved**, that a copy of this resolution be forwarded to the Smoke-Free Housing Ontario Coalition, the Ontario Minister of Municipal Affairs and Housing, the Ministry of Health and Long-Term Care, member municipalities within the North Bay Parry Sound District Health Unit service area, Ontario Boards of Health, Ontario Medical Officers of Health, and the Association of Local Public Health Agencies.*

Thank you for your attention to this issue.

Respectfully yours,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Attachment (1)

Copied to:
Honourable Ted McMeekin, Minister of Municipal Affairs and Housing
Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
Ontario Boards of Health
Ontario Medical Officers of Health
Member Municipalities
Linda Stewart, Executive Director, Association of Local Public Health Agencies

October 10, 2014

Dear colleague,

Re: Act now to reduce the impact of second-hand smoke exposure in multi-unit housing in Ontario

As you are aware, tobacco use is the number one cause of preventable disease and death in Ontario. Every year, more than 13,000 people in Ontario die because of tobacco use – one person almost every 40 minutes. Tobacco is the only legal product that, when used as intended, kills half of its users prematurely. It can also kill others through involuntary exposure to second-hand smoke (SHS).

Approximately one third of Ontarians living in multi-unit housing (MUH) report regular exposure to SHS that originates in neighbouring units,and 80% of Ontarians would choose a smoke-free building if the choice existed.[1] However, many stakeholders in the housing sector erroneously believe that no-smoking policies are illegal, unenforceable or discriminatory and so many Ontarians continue to be involuntarily exposed to SHS in their home.

Studies have demonstrated that there is no safe level of exposure to SHS—all exposure is harmful and should be eliminated. According to the U.S. Department of Health and Human Services, exposure to SHS among children and adults causes a range of adverse health effects, including premature death and disease.[2] Second-hand smoke is a serious problem for many Ontario residents living in apartments and condominiums, especially those who suffer from chronic health conditions such as heart disease, asthma, allergies, diabetes, and respiratory illnesses. Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported. For many forced to breathe their neighbour's smoke, the only remedy is to move; however, moving is not always an option for people with disabilities, older adults or those with limited incomes. This is why we need to work toward making smoke-free housing in Ontario the norm, not the exception.

The 2010 Tobacco Strategy Advisory Group (TSAG) report[3] regarding Ontario's renewed Smoke-Free Ontario Strategy contains a number of recommendations pertaining to MUH. First and foremost, the report recommends continuing and intensifying a voluntary approach to smoke-free MUH. **The primary goals of the Smoke-Free Housing Ontario Coalition are to facilitate the adoption of no-smoking policies within the housing sector and to create a favourable environment to foster the adoption of those policies. We seek your endorsement in helping us achieve this end.**

Please submit a letter of endorsement of the Smoke-Free Housing Ontario Coalition to either of co-chairs Lorraine Fry at lfry@nsra-adnf.ca or Donna Kosmack at donna.kosmack@mlhu.on.ca. Endorsements are being compiled online the Smoke-Free Housing Ontario website.www.smokefreehousingon.ca. A sample statement of endorsement, and a space for your endorsement signature is attached.

Sincerely,

Lorraine Fry
Executive Director, Non-Smokers' Rights Association

Donna Kosmack
Manager, SW Tobacco Control Area Network

---

[1] Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8 December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-co-ops-want-to-live-smoke-free.

[2] U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006.

[3] *Building on our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016.* Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport, October 18, 2010. http://www.mhp.gov.on.ca/en/smoke-free/TSAG%20Report.pdf.

ENDORSEMENT OF ACTION FOR SMOKE-FREE MULTI-UNIT HOUSING

Tobacco use is the number one cause of preventable disease and death in Ontario. Leaders in public health units, local boards of health, non-governmental organizations and health charities in Ontario have a history of speaking out in favour of actions to reduce the harmful impact of tobacco use.

Whereas tobacco use is the leading cause of preventable death and disability in Canada, accounting for the deaths of approximately 13,000 people in Ontario alone each year;[4]

Whereas Second-hand smoke kills 1,000 Canadians annually.[5],[6]

Whereas Approximately one-third of Ontarians living in multi-unit housing (MUH) report regular exposure to second-hand smoke that originates in neighbouring units, and 80% would choose a smoke-free building if the choice existed.[7]

Whereas Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported.

Whereas Indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building[8] and no one should be unwilling exposed or forced to move due to unwanted second-hand smoke exposure.

Whereas second-hand smoke in multi-unit housing can lead to third-hand tobacco exposure as semi-volatile and volatile organic chemicals like nicotine and polycyclic aromatic hydrocarbons (carcinogens, also known as PAHs) are oily or waxy and more likely to stick to surfaces than be removed by ventilation.

Therefore be it resolved that the North Bay Parry Sound Dist. Health Unit **[name of organization] endorses the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:**

(1) Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties;

(2) All future private sector rental properties and buildings developed in Ontario should be smoke-free from the onset;

(3) Encourage public/social housing providers to voluntarily adopt no-smoking policies in their units and/or properties;

(4) All future public/social housing developments in Ontario should be smoke-free from the onset.

(5) Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

Rick Champagne, Board Chair — North Bay Parry Sound District Health Unit

Signatory Official (please print name and title) — Organization/Agency/Institution

Signature: _____ Date: 2015/11/25

[4] http://www.mhp.gov.on.ca/en/smoke-free/default.asp Accessed August 17 2010

[5] Health Canada, 2004. "Cigarette Smoke: It's Toxic." Second-hand Smoke: FAQs & Facts. 2004. www.hc-sc.gc.ca/hlvs/tobac-tabac/second/fact-fait/tox/index_e.html (Accessed Jan. 2006)

[6] Makomaski-Illing EM and Kaiserman MJ, 1999. Mortality attributable to tobacco use in Canada and its regions- 1998. *Canadian Journal of Public Health* 1999; 95(1):38-44. www.cpha.ca/shared/cjph/archives/abstr04.htm#38-44 (Accessed Dec. 2005)

[7] Smoke-Free Housing Ontario. 80% of People Living in Apartments, Condos and Co-ops Want to Live Smoke Free. Press release 8December 2011. http://www.newswire.ca/en/story/892061/80-of-people-living-in-apartments-condos-and-coops-want-to-live-smoke-free.

[8] "Second-hand smoke in Multi-Unit Dwellings." Non-Smokers' Rights Association (2011). Available from http://www.nsra-adnf.ca/cms/page1433.cfm.

Smoke-Free Housing Ontario's membership includes the Canadian Cancer Society, Ontario Division; Heart and Stroke Foundation of Ontario; Non-Smokers' Rights Association; Ontario Lung Association; Ottawa Public Health exposé; Physicians for a Smoke -Free Canada; Tobacco Control Area Networks—Central East, Central West, South West… HEALTH UNITS etc, Modify list as needed.

Norfolk County
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January 25, 2016

Evelyn Vaccari
Chair, Ontario Society of Nutrition Professionals in Public Health (OSNPPH)
c/o Toronto Public Health
Sent via e-mail: evaccar@toronto.ca

Lyndsay Davidson
Chair, OSNPPH Food Security Workgroup
c/o Chatham-Kent Public Health
Sent via email: lyndsayd@chatham-kent.ca

Dear Ms. Vaccari and Ms. Davidson:

The Haldimand-Norfolk Health Unit Board of Health is writing to inform you that during the January 11th Board of Health meeting the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) Position Statement on Responses to Food Insecurity was officially endorsed.

The Board of Health received the report *Food Insecurity in Haldimand and Norfolk 2015*[i] at the January meeting which reported that Haldimand and Norfolk Counties have a higher rate of food insecurity than the provincial average. We acknowledge that income responses, such as improved social assistance, affordable social housing and the investigation of a Basic Income Guarantee are needed to address the root cause of food insecurity, which is poverty.

The detrimental health effects of being unable to access healthy food are an important issue that needs to be urgently addressed. Thank you for working with Boards of Health to raise awareness about this important issue.

Sincerely,

Chair, Haldimand-Norfolk Board of Health and
Mayor, Norfolk County

pc: Ontario Boards of Health
Marlene Miranda, General Manager HN Health and Social Services
Jill Steen, Manager HN Health Unit

i Staff report H.S. 15-35 Food Insecurity in Haldimand and Norfolk 2015. Available online at https://norfolk.civicweb.net/filepro/documents/173010

Peterborough County-City
HEALTH UNIT
...because health matters!

February 5, 2016

The Honourable Dr. Eric Hoskins
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: Mental Health Promotion in Ontario Public Health Agencies

At its meeting held on January 13, 2016, the Board of Health for the Peterborough County-City Health Unit received a report on the status of Mental Health Promotion in Public Health Agencies across the Province of Ontario.

Local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to reduce the risk of a variety of injury and diseases.[1] Local public health agencies are well positioned in the field to lead mental health promotion initiatives given their focus on population health.

Both the *Connecting the Dots* Report[2] released in 2013 and the *Pathways to Promoting Mental Health* Report[3] released in 2015 revealed that Ontario public health agencies are involved in a wide range of mental health activities, initiatives, services and programming. However, despite responding to local mental health needs where possible, public health stakeholders in Ontario desire an enhanced and clearly articulated role in mental health promotion.

The recently released Locally Delivered Collaborative Project[4], *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health,* identified a strong need at a community level for mental health promotion, and that public health has the skill set in health promotion, public education, community development, capacity building, collaboration, and facilitation to be a key player in this work. The report also indicated that mental health service providers see that public health agencies have a role in mental health promotion leadership. We know that the Centre for Addiction and Mental Health (CAMH) is leading a provincial group of stakeholders to create mental health promotion guidelines for all mental health stakeholders as part of the *Open Minds Healthy Minds Strategy Stage Two*. However, for public health's role to be validated and properly resourced there is a need for explicit and strategic direction for mental health promotion through the Ontario Public Health Standards.

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

We are requesting that the Ministry of Health and Long-Term Care use the imminent review of the Ontario Public Health Standards to clarify and articulate a clear and consistent mandate for mental health promotion for local boards of public health to allow a coordinated and comprehensive public health approach with clear outcomes and indicators.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at

cc: Ontario Boards of Health
Association of Local Public Health Agencies

References:

[1] Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto: Queen's Printer for Ontario. 2008. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf

[2] Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. *Connecting the Dots: how Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. 2013.

[3] CAMH Health Promotion Resource Centre. *Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units.* Toronto, ON: Centre for Addiction and Mental Health; 2015.

[4] Murphy, Pavkovic, Sawula,and Vandervoort. *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health*. Thunder Bay, ON: 2015.

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

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December 10, 2015

Mr. Todd Smith, MPP
Prince Edward-Hastings
81 Millennium Parkway, Unit 3
Belleville, ON K8N 4Z5

Dear Mr. Smith:

I am writing regarding Bill 139: Smoke-Free Schools Act, currently before Standing Committee review at the Provincial Legislature.

The Board of Health for Hastings Prince Edward Public Health received a verbal report on the Bill at its last meeting on December 4th which included presentations from you, as the Bill's sponsor, and HPEPH Tobacco Control Manager, Roberto Almeida.

The Board formally endorsed Bill 139, with a proposed amendment that would include the ability to seize, without a warrant, tobacco sold in schools or on school grounds.

The Board of Health heard the importance of this Bill in prohibiting the sale of tobacco products in schools, increased fines for offenders caught selling illegal tobacco, and the suspension of driver's licenses for people convicted of using a vehicle for unauthorized delivery/transportation of illegal tobacco.

If passed, the Smoke-Free Schools Act would close a loophole on the sale of tobacco in schools and on school grounds, possibly paving the way toward schools free of all forms of tobacco use (e.g. chewing tobacco), and most importantly it aims to reduce youth access to tobacco products.

As Board Chair, I further suggest that plain cigarette packaging legislation and higher tobacco taxes be considered under this Bill or future Bills introduced by you and/or the Government.

I would like to commend you for introducing this Bill as it represents an important progress toward reducing the smoking prevalence of Ontario youth and improving the quality of life in Ontario.

Sincerely,

Terry McGuigan, Chair
Board of Health

North Hastings
1P Manor Ln., L1-024, P.O. Box 99, Bancroft, ON KOL 1C0
T: 613-332-4555 | **F:** 613-332-5418

Prince Edward County
35 Bridge St., Picton, ON K0K 2T0
T: 613-476-7471 | **F:** 613-476-2919

Quinte West
499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-394-4831 | **F:** 613-965-6535

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

Feb. 5, 2016

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.

Patients First Activities

The results of alPHa's member survey on the government's discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, is now available. The initial report, which includes feedback on the paper from board of health members and health unit staff, can be downloaded from alPHa's website by clicking here.

alPHa continues working on Patients First, and have hired consultants to support the development of an association response for submission by the end of February. The alPHa Board has struck a Patients First Sub-Committee that is overseeing alPHa's response plan to the discussion paper. The Sub-Committee met this week to identify key messages. Please check this space for ongoing updates on our response plan.
Read the Patients First discussion paper here
Read alPHa's news release here

Update on February 24 & 25 alPHa Events

Registration is filling up fast for alPHa's Risk Management Work Shop II event that will take place on February 24 in Toronto. Space is limited, so click here to reserve a seat.
View a draft program for February 24 here

On the following day (February 25), alPHa will be holding a full-day Boards of Health (BOH) Section meeting for board of health members and a full-day COMOH Section meeting for Medical and Associate Medical Officers of Health. Agenda details to come.
Click here to register for the Boards of Health Section meeting
Click here to register for the COMOH Section meeting

June 5-7, 2016 alPHa AGM & Conference

Mark your calendars....alPHa's 2016 Annual General Meeting and Conference will be held June 5, 6 and 7 at the Novotel Toronto Centre, 45 The Esplanade, Toronto. The conference will celebrate alPHa's 30th anniversary, and will focus on health system transformation and the role of local public health. In addition to speaker sessions, there will be a Resolutions Session, an awards dinner, and more. Stay tuned for further details.
View the Notice of AGM and conference-related Calls here

Upcoming Events

February 24, 2016 - alPHa Risk Management Session II, Novotel Toronto Centre, 45 The Esplanade, Toronto. Click here to register.
Click here for a Draft Program.

February 25, 2016 - Boards of Health Section Meeting (full day) & COMOH Meeting (full day), Novotel Toronto Centre, 45 The Esplanade, Toronto.
Click here to register for the Boards of Health Meeting
Click here to register for the COMOH Meeting

April 4-6, 2016 - TOPHC 2016, Collaborate.Innovate.Transform, Allstream Centre, Toronto, Ontario. **Registration now open!** Click on this brochure to learn about Early Bird rates and more.
Click here for TOPHC program information.

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

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

Zika virus

Sudbury & District Health Unit
Service de santé publique

Overview

- Zika is a virus primarily spread through the bite of an infected mosquito.
- The virus is found in two species of mosquitos and has been known to circulate in Africa and Asia since the 1950s and the Pacific Islands since 2007.
- In 2015, Zika virus was reported for the first time in a number of countries in Central and South America causing widespread infection.
- Current evidence suggests that human to human transmission is less likely, except in a few circumstances including mother-to-child transmission, through blood and through sexual contact with an infected person.

Symptoms

- The virus typically causes no or mild illness that occurs 3 to 12 days after a bite from an infected mosquito. Symptoms, if experienced are self-limited and usually include:
  - Low grade fever
  - Muscle and joint pain/swelling
  - Red eyes
  - Flat red rash
  - Headache
  - Lack of energy
- The virus may be associated with more severe complications which may include neurological disorders in persons who are infected; and an increased likelihood of congenital abnormalities (microcephaly) in the fetus of women who are infected while pregnant.
- A causal link between infection with Zika virus and congenital abnormalities has not been established however supporting evidence is mounting.
- Substantial effort is being directed towards better understanding if there is a causal link, the effect of the timing of infection on fetal development, and determining if there are other contributing risk factors.

Prevention

- At the time of writing, the Public Health Agency of Canada's most recent travel health notice update was posted on February 3, 2016.
- Travellers should take protective measures to prevent mosquito bites, including the use of insect repellents, protective clothing and choosing accommodations that provide mosquito barriers such as screened windows and doors.
- Pregnant women or women considering becoming pregnant are encouraged to discuss their travel plans with their health care provider to assess their risk and consider postponing travel to areas where Zika is circulating. If travel cannot be postponed then strict mosquito bite prevention measures should be followed.

Global Context

- On February 1, 2016 the World Health Organization declared that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern.
- The investigation is ongoing to confirm whether Zika virus may be the cause of these microcephaly cases
- Actions be taken to standardize and enhance surveillance, as well as to intensify research. No trade or travel restrictions have been implemented.

Canadian Context

- The mosquitos that transmit the virus to humans are thought not to be established in Canada, so a local epidemic or endemic transmission is very unlikely.
- Canadians who travel to areas experiencing Zika virus activity are at risk of infection and may develop symptoms of infection during travel or after returning home.

February 10, 2016

Zika virus

Sudbury & District Health Unit
Service de santé publique

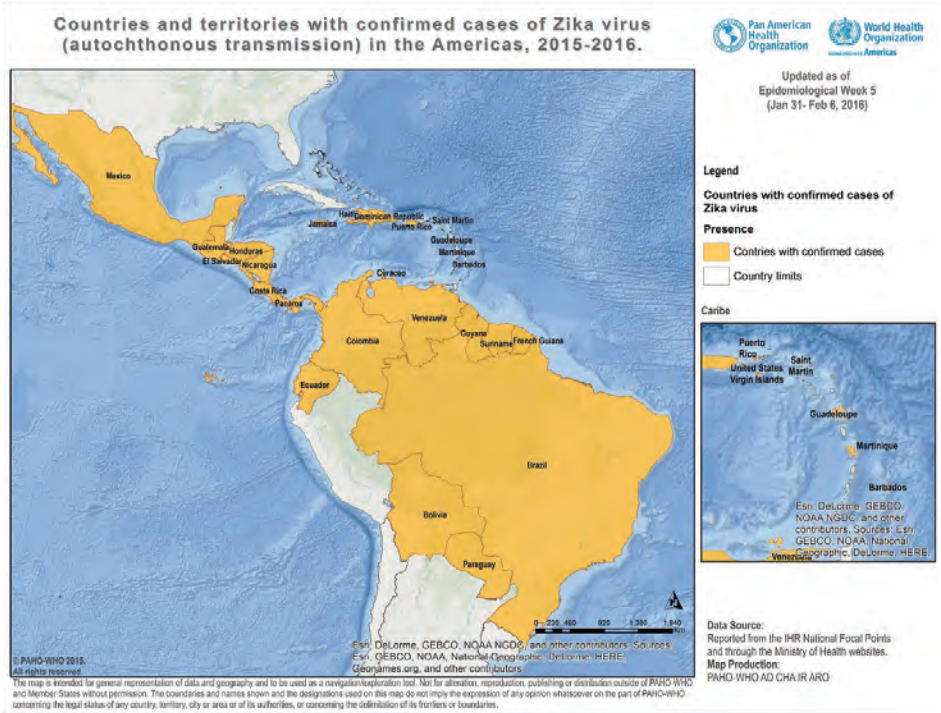
- To-date a small number of Canadian travel related cases have occurred with more expected. Persons who develop symptoms of infection during or after travel are advised to consult with a health care provider.

SDHU Response

- To date the SDHU has responded to a variety of requests for information about Zika virus from the public, particularly pregnant women considering travel.
- Local health care providers have also been requesting information on laboratory testing, for which they have been referred to the most current specimen collection guidelines from Public Health Ontario.
- Educational materials for staff are being prepared and sessions have been offered for those staff who provide Zika virus information to the clients.
- Local media attention has been limited to one request.

Currently, the following countries have confirmed cases of Zika virus:

- Barbados
- Bolivia
- Brazil
- Colombia
- Costa Rica
- Curacao
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Jamaica
- Martinique
- Mexico
- Nicaragua
- Panama
- Paraguay
- Puerto Rico
- Saint Maarten
- Suriname
- US Virgin Islands
- Venezuela



Sources:
www.healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/zika-virus/index-eng.php
www.cdc.gov/zika/index.html

February 10, 2016

Joint Statement from Minister of Health and Acting Chief Medical Officer of Health on Zika Virus

January 29, 2016 2:15 P.M.

Today, Dr. Eric Hoskins, Minister of Health and Long Term Care and Dr. David Williams, Acting Chief Medical Officer of Health, issued the following statement:

"The Ontario Ministry of Health and Long-Term Care, in cooperation with the Public Health Agency of Canada, Public Health Ontario, the Centre for Disease Control, the World Health Organization and other national and international partners are continuing to monitor and assess Zika virus infection.

The risk to Ontarians is very low, as the mosquitoes known to transmit the virus are not established in Canada and are not well-suited to our climate.

Current evidence suggests that Zika virus is likely to persist and spread in the Americas and the South Pacific. However, there is ongoing risk to Ontarians travelling to regions affected with Zika virus. Travellers should protect themselves against Zika virus by taking protective measures to prevent mosquito bites and consult their health care provider before travelling.

It is recommended that pregnant women and those considering becoming pregnant discuss their travel plans with their health care provider to assess their risk and consider postponing travel to areas where the Zika virus is circulating in the Americas.

We will continue to assess the risk on an ongoing basis by working with our partners, and support enhanced awareness for Ontarians."

Additional background on the Zika virus:

On January 15, 2016, the Public Health Agency of Canada issued a Public Health Notice and a Travel Health Notice concerning Zika virus following confirmed travel-related cases of Zika virus infection in Canada originating from Central and South America.

Advice to Ontarians

Ontarians visiting affected areas should protect themselves against Zika virus by taking individual protective measures to prevent mosquito bites, including using insect repellent, protective clothing, mosquito nets, screened doors and windows. There is no vaccine or medication that protects against Zika virus infection.

LEARN MORE

- Public Health Ontario: Zika virus factsheet
- World Health Organization: Zika virus factsheet
- Centres for Disease Control and Prevention: Zika virus information

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Available Online
Disponible en Français

The Chief Public Health Officer's Report on the State of Public Health in Canada 2015

ALCOHOL CONSUMPTION IN CANADA

Canada

Également disponible en français sous le titre :

Rapport sur l'état de la santé publique au Canada de 2015 de l'administrateur en chef de la santé publique: La consommation d'alcool au Canada

To obtain additional information, please contact:

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A MESSAGE FROM CANADA'S CHIEF PUBLIC HEALTH OFFICER

Alcohol is a socially accepted part of everyday life for most Canadians. Almost 80 percent of us drink.

Many Canadians associate drinking with pleasurable social events such as music festivals, watching sports, parties, and relaxing. Celebrations and milestones like weddings, anniversaries, and awards are often "toasted" with alcohol.

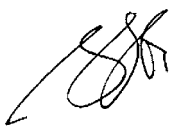
Our society condones, supports, and in some cases promotes drinking such as through "drink of the day" specials, sale prices on certain brands, and associating alcohol with fun and sophistication.

Although handled more like a food in Canada, alcohol is a mind-altering drug and there are health risks associated with drinking. Our low risk drinking guidelines do not mean that alcohol is harmless.

At least three million drinking Canadians risk acute illness, such as injury, and at least four and half million risk chronic conditions such as liver disease and cancer.

Our children grow up seeing alcohol in many aspects of their environment and around 3000 are born with fetal alcohol spectrum disorder each year.

I hope this report will raise awareness and stimulate frank conversations between Canadians, especially with their loved ones, and helps us reflect on how our society deals with this mind-altering drug.



Dr. Gregory Taylor
Canada's Chief Public Health Officer

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Many individuals and organizations have contributed to the development of *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2015: Alcohol Consumption in Canada*.

I would like to express my appreciation to the consultants who provided invaluable expert advice:

- David Mowat, MBChB, MPH, FRCPC, FFPH, former Medical Officer of Health, Region of Peel, Ontario;
- Daryl Pullman, PhD, Professor of Medical Ethics, Division of Community Health and Humanities, Memorial University;
- Don Mahleka, member of the Mental Health Commission's Youth Advisory Council and the Children and Youth in Challenging Context's youth advisory committee;
- Jeff Reading, MSc, PhD, FCAHS, Professor, School of Public Health and Social Policy, Faculty of Human and Social Development, University of Victoria;
- John Frank, MD, Director, Scottish Collaboration for Public Health Research and Policy; Chair, Public Health Research and Policy, University of Edinburgh; Professor Emeritus, Dalla Lana School of Public Health, University of Toronto;
- Michael Routledge, BSc (Med), MD, CCFP, MSc, FRCPC, Chief Provincial Public Health Officer, Manitoba;
- Peter Glynn, PhD, Health Systems Consultant; and,
- Tim Stockwell, PhD, Director of the Centre for Addictions Research of British Columbia; Professor, Psychology, University of Victoria.

In addition, I would also like to recognize contributions made by partners and stakeholders who were consulted on the report under tight timelines, including Health Canada, the Canadian Institutes of Health Research, the Council of Chief Medical Officers of Health, the Canadian Centre on Substance Abuse, the Centre for Addiction and Mental Health, the Centre for Addictions Research of British Columbia, Mothers Against Drunk Driving, the Canadian Public Health Association.

I would also like to sincerely thank the many individuals and groups within the Public Health Agency of Canada for all of their efforts and dedication, notably my report unit team, my support staff and members of the 2015 Core Advisory Group.

KEY MESSAGES

This report aims to increase Canadians' awareness about the health impacts of alcohol consumption.

- Humans have a long history with mind altering drugs, such as alcohol. Consuming alcohol is ingrained in Canadian culture. In 2013, an estimated 22 million Canadians, almost 80 percent of the population, drank alcohol in the previous year. **At least 3.1 million of those Canadians drank enough to be at risk for immediate injury and harm with at least 4.4 million at risk for chronic health effects, such as liver cirrhosis and various forms of cancer.**
- **Drinking patterns matter — how much and how often a person drinks alcohol are key factors that increase or decrease health impacts.** *Canada's Low-Risk Alcohol Drinking Guidelines* provide guidance on risky drinking patterns, including avoidance of alcohol in pregnancy. Low risk does not equal no risk.
- **Social situations, family contexts and messaging influence drinking patterns.** Exposure to alcohol through families and friends as well as through entertainment and advertising can strongly influence people's motives for drinking alcohol and their drinking patterns. For many Canadians, drinking is associated with many positive situations including important celebrations, forming friendships, positive mood and relaxation. However, risky drinking can increase the risk for family conflict, violence, crime including rape and traffic accidents through impaired driving.
- **Our understanding of the dose-dependent health effects of alcohol continues to evolve.** Recent research questions the health benefits of low to moderate alcohol consumption. Studies suggest that women are at increased risk for breast cancer even at a low level of one drink per day. The International Agency for Research on Cancer's *World Cancer Report 2014* and the Canadian Cancer Society state that **there is no "safe limit" of alcohol consumption when it comes to cancer prevention**.
- Youth are particularly at risk for negative impacts from drinking alcohol. Teenage brains are more vulnerable to the effects of alcohol. **Families, friends and all Canadians who care for or work with youth can play a positive role if they recognize their influence on youth's drinking patterns and support their healthy physical, mental and emotional development.**
- How we deal with alcohol in part defines our society. **Approaches such as a regulated alcohol industry, policies on pricing and taxation, controls on sales and availability and minimum age laws help reduce the impact on Canadians, especially youth.** These approaches vary across the country and may not be realizing their full potential. No single approach can address the large variations in the needs and drinking patterns of Canadians.
- The story of alcohol is complicated. Despite the large of amount of information available, **there are significant gaps in our understanding** of drinking patterns, risk factors, alcohol's impacts on health and the effectiveness of approaches to reduce these impacts.

WHAT THIS REPORT IS ABOUT

This report explores how consuming alcohol, a common mind-altering drug, is an important public health issue for Canadians. In 2013, an estimated 22 million Canadians, almost 80% of the population, reported that they drank alcohol in the previous year, a decrease from 2004.[1, 2]

Many Canadians who consume alcohol do so responsibly. However, alcohol consumption is linked to over 200 different diseases, conditions and types of injuries.[4] Of those who choose to drink, a significant number of Canadians (at least 3.1 million) drink enough to risk immediate injury and harm, including alcohol poisoning in some cases. At least 4.4 million are at risk for longer term negative health effects.[1]

Canadians are subjected to mixed messages about alcohol's benefits and harms. Alcohol consumption is a complex public health issue that can have a wide range of health impacts. Various factors contribute to the effects of alcohol, including how much people drink, how often they drink, what they are doing while they are drinking, as well as their underlying state of health.

Mind-altering drugs or substances contain psychoactive chemicals that act on the brain to change thinking, mood, consciousness, and behaviour and whose use can sometimes lead to dependence and abuse.[3]

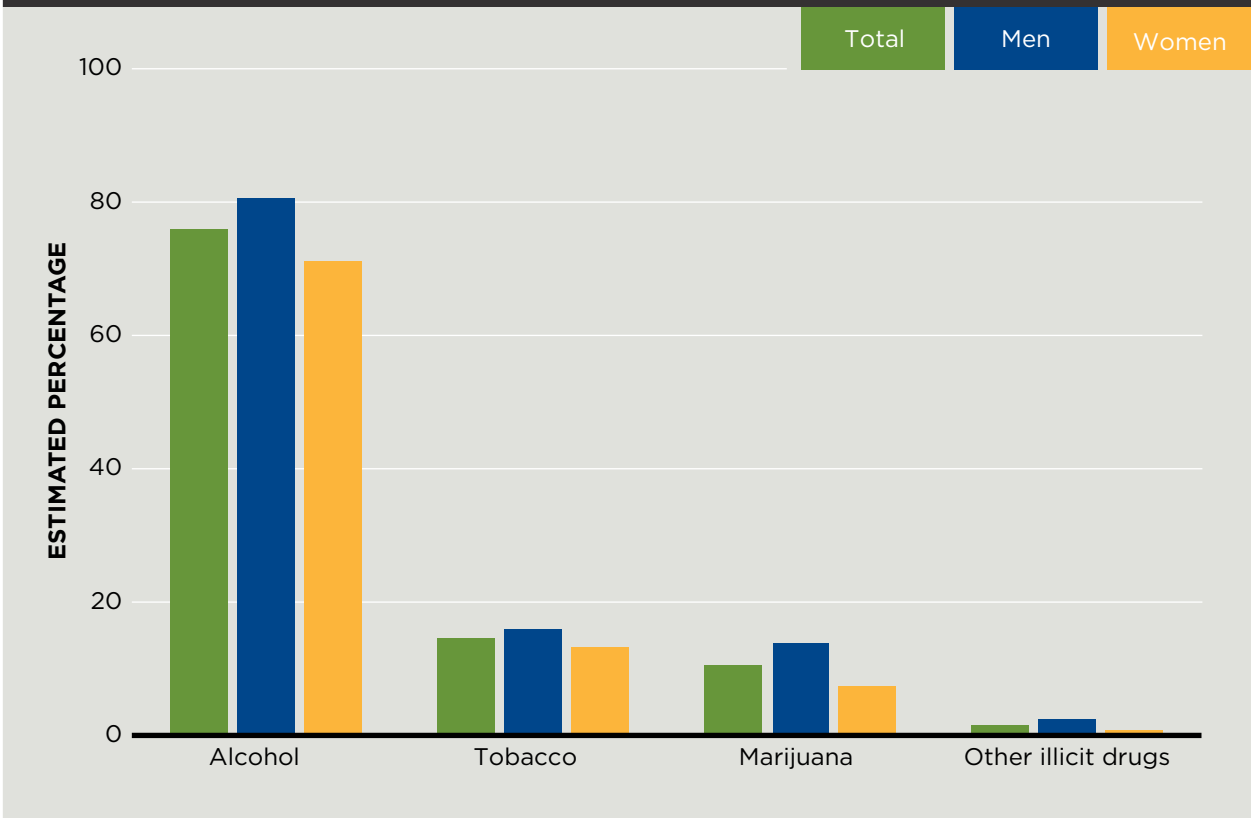
Under the *Food and Drugs Act*, alcohol is identified as a food. However, alcohol contains psychoactive chemicals making it a psychoactive drug or substance in terms of impacts on health.[3]

Why focus on alcohol?

Canadians have a long history with alcohol that has shaped drinking patterns over time. Alcohol is widely available and promoted in Canada.[5] Canadians are exposed to messages and images about alcohol through advertising and marketing of alcoholic beverages and in TV shows, movies and literature, as well as through alcohol retail outlets within their neighbourhood. With the majority of Canadians choosing to drink, people are exposed to alcohol through their friends and family, in their neighbourhoods, at social gatherings and through social media. Generally speaking, increased exposure and access to alcohol are linked to increased drinking.[10–36]

This report focuses on alcohol consumption at the population level in Canada, in order to raise awareness of the evidence regarding health risks. Canadians take health risks every day. Behaviours like how physically active people are, how many servings of fruit and vegetables or how much salt and fat is in the food people eat and how much alcohol people consume can all carry some degree of health risk. Many people who drink underestimate how much they drink.[37–39] Knowing the shorter- and longer-term risks to health may help some Canadians pay closer attention to their drinking and prevent negative impacts on their health and the health of others.

Figure 1:
WHAT PSYCHOACTIVE DRUGS ARE CANADIANS USING?



Estimated percentage of Canadians 15 years of age and older in 2013 who consumed alcohol, marijuana and other illicit drugs in the previous year and/or regularly smoke tobacco.[1]

What are Canadians using? Alcohol, tobacco, caffeine, marijuana, cocaine, heroin, hallucinogens, and various prescription drugs are all examples of psychoactive drugs. In Canada, alcohol is the most widely consumed psychoactive drug (see Figure 1)[1] except for caffeine. After water, coffee (which contains caffeine) is the second most consumed beverage in Canada.[40]

How can **alcohol be harmful**? Drinking alcohol was the third highest risk factor for global disease burden in 2010, moving up from being ranked sixth in 1990. It was also the top risk factor for poor health in people ages 15 to 49 years.[41]

Risky drinking can result in a wide range of negative impacts on society, including increased rates of premature death, disability and disease, impaired driving, reduced productivity, a burdened health care system, and high financial burden to both the individual and society.[e.g.,6, 8, 9, 42–48]

A SNAPSHOT OF ALCOHOL'S IMPACTS ON CANADIANS:

- In 2002, **4,258 deaths** in Canada were related to alcohol abuse, representing 1.9% of all deaths.[6]
- Costs related to alcohol in Canada equalled approximately **$14.6 billion** in 2002.[6]
- From April 2013 to March 2014, **$20.5 billion** worth of alcohol was sold in Canada.[7]
- In 2008, impaired driving was the **leading cause of criminal death** in Canada.[8]
- Among psychoactive drugs, alcohol-related disorders were the **top cause of hospitalizations** in Canada in 2011.[9]

DOSE-DEPENDENT HEALTH EFFECTS

Table 1: AN OVERVIEW OF THE DOSE-DEPENDENT HEALTH AND BEHAVIOURAL IMPACTS OF ALCOHOL CONSUMPTION

DIRECT EFFECTS	DISEASE AND CONDITIONS	FUNCTIONS AND SYSTEMS	BEHAVIOUR
Risky drinking can cause: • Alcohol use disorders • Amnesia (e.g., Korsakoff's syndrome) • Memory loss and blackouts • Delirium due to a severe form of withdrawal • Fetal Alcohol Spectrum Disorder (FASD)	Drinking alcohol is linked to: • Other drug use disorders • Brain damage • Liver disease • Various cancers • Pancreatitis • Mental health disorders • Suicide • Stomach ulcers • Hypertension • Stroke • Cardiovascular disease • Diabetes • Sexually transmitted infections	Drinking alcohol affects the following systems: • Immune • Stress • Memory, cognition • Digestion • Heart, blood, lungs • Brain • Hormones • Muscles • Fertility • Skin • Development	Risky drinking can lead to: • Risky behaviour • Impulsivity • Violence • Injury • Poor memory • Impaired decision-making • Lack of coordination • Poor academic performance • Impaired social and occupational functioning

References: 4, 42, 49, 51–127

At the individual level, alcohol affects a wide variety of biological systems in a dose-dependent manner, leading to impacts on health, well-being, and behaviour over both the short and long term (see Table 1).

For example, the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) has classified alcoholic beverages, ethanol in alcoholic beverages and acetaldehyde associated with the consumption of alcoholic beverages as carcinogenic to humans. This means that alcohol consumption is capable of increasing the incidence of cancer in a population. It can also reduce the length of time cancer is present but inactive in the body, increase cancer's severity, and increase the number of tumours or types of cancer present.[51]

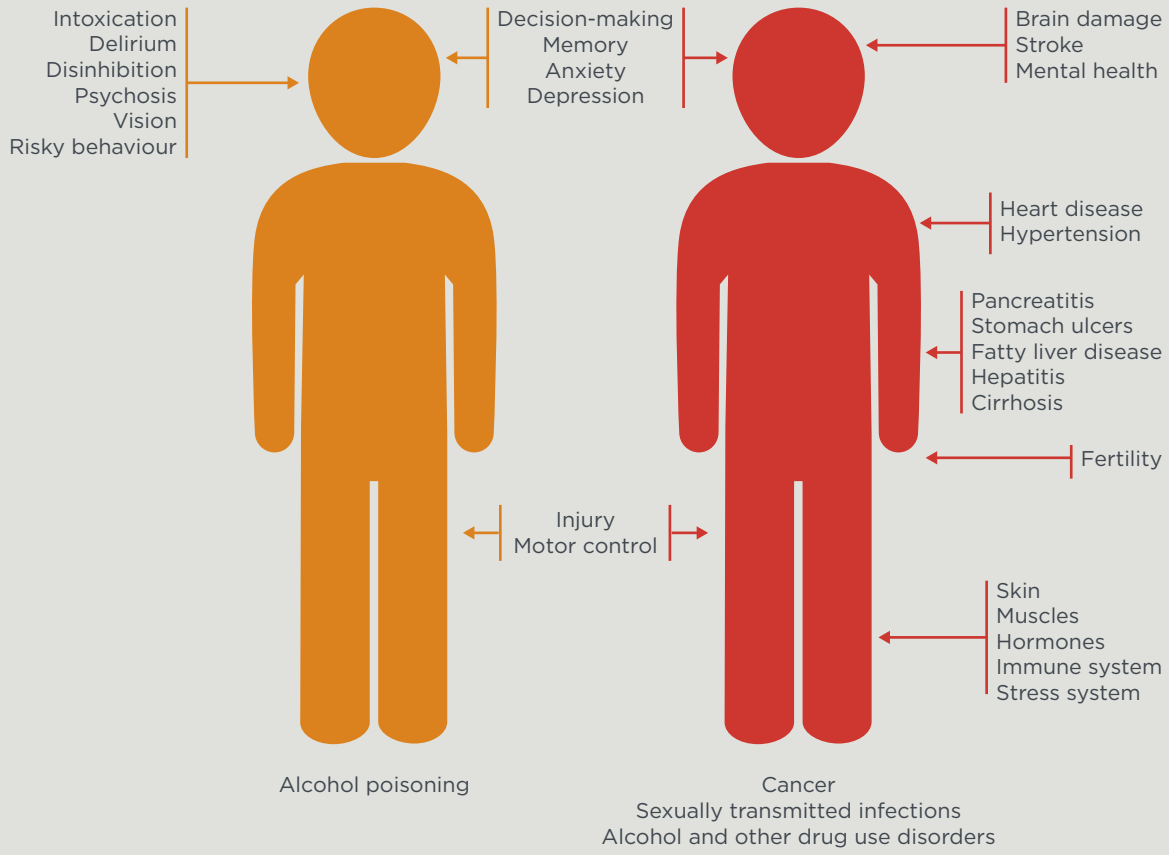
The IARC's *World Cancer Report 2014* and the Canadian Cancer Society state that **there is no "safe limit" of alcohol consumption** when it comes to cancer prevention.

Globally, alcohol was linked to over 3 million deaths per year in 2012, slightly more than lung cancer and HIV/AIDS combined.[48–50]

Many factors influence how alcohol affects a person's health, including how much and how often a person drinks, that person's specific risk factors, and what they are doing while they are drinking. Although controversial, studies have shown that alcohol may also have beneficial effects. However, benefits are dose-dependent and apply to a select set of diseases, conditions, situations, and segment of the population.[53, 54, 56, 57, 59, 61, 63–65, 69, 73, 76–80, 84, 87, 89, 90–92] Given that many people who drink underestimate how much they drink,[38, 39, 128–130], their perceived potential for harm or benefit may also be inaccurate.

Is alcohol consumption the same as alcohol abuse? No. Paying attention to drinking patterns, knowing what factors contribute to health risks, and recognizing signs can help reduce or prevent health risks, risky drinking, alcohol abuse, alcohol dependence, and alcohol use disorders and their associated harms.

EXAMPLES OF POTENTIAL HEALTH IMPACTS



References: [4, 42, 46–49, 51–127].

WHAT THIS REPORT COVERS

This report focuses on the health impacts of alcohol consumption, including how they develop and are modified by drinking patterns and risk factors. Included in this report are the following sections:

1. **Impacts on Canadians** explores how much Canadians are drinking and what are the resulting major impacts on health and society, including potential benefits.
2. **Pathways to Impacts : From Brain to Behaviour** outlines examples of how drinking patterns can lead to impacts on the brain and through behaviour.
3. **Influencing Factors** describes how different risk and protective factors can influence the risks for impacts from alcohol consumption.
4. **Population Health Perspective** provides three examples of specific populations in Canada: youth, women, and Aboriginal populations.
5. **Reducing Health Impacts** provides highlights on how public health can address the issue of alcohol consumption in Canada, with a focus on primary prevention.

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approves the consent agenda as distributed.

BOARD OF HEALTH MEETING DATE

MOTION: **WHEREAS the Sudbury & District Board of Health regularly meets on the third Thursday of the month; and**

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, April 21, 2016, be moved to 1:30 pm Wednesday, April 20, 2016.

HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT

1-866-888-4577 • www.hkpr.on.ca • info@hkpr.on.ca

21 January 2016

The Hon. Kathleen Wynne
Premier of Ontario
Legislative Building - Queen's Park
Toronto ON M7A 1A1

Re: Legislation to Enforce Infection Prevention and Control Practices within Invasive Personal Service Settings under the *Health Protection and Promotion Act*

Dear Premier Wynne

Ontario has no legislation regulating infection prevention and control practices to minimize the risk of blood borne disease transmission from practices/procedures performed at invasive Personal Service Settings (PSS). The PSS Protocol under Ontario Public Health Standards (OPHS) govern the activities of Public Health Units regarding PSS infection control such as causing one inspection per year for invasive services which is the same frequency for non-invasive PSS such as a hair salon.

Public Health Inspectors (PHIs), in accordance with the OPHS and best practices, inspect invasive PSS without provincial legislation that outlines legal requirements for infection control needs and operator responsibilities. Infection prevention and control practices are a major component of assessing invasive PSS to minimize the transmission risks of blood-borne disease.

Invasive PSS such as tattoo/body modification establishments or other invasive PSS require extra attention and time for PHIs to mitigate risk to the public by ensuring operators have adequate infection prevention and control practices in place. The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit views the importance of public health regulations to minimize the risk of blood-borne disease transmission from invasive personal service settings.

The Haliburton, Kawartha, Pine Ridge District Board of Health therefore urges the Government of Ontario to enact legislation for infection prevention and control requirements for invasive PSS under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act*.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT

Mark Lovshin
Board of Health Chair

.../2

Encl. 2

Cc:

The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Ms. Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Mr. Lou Rinaldi, MPP, Northumberland-Quinte West
Mr. Patrick Brown, MPP, Simcoe North – Leader of the Progressive Conservative Party of Ontario
Ms. Andrea Horwath, MPP, Hamilton Centre – Leader of the New Democratic Party of Ontario
Dr. David Williams, Chief Medical Officer of Health
Board of Health Chairs
Association of Local Public Health Agencies

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT BOARD OF HEALTH RESOLUTION

TITLE: Enactment of Legislation to enforce infection prevention and control practices within invasive Personal Service Settings (PSS) under the *Health Protection and Pramotion Act.*

SPONSOR: Haliburton, Kawartha, Pine Ridge District Health Unit

WHEREAS Ontario has no legislation governing infection prevention and control practices to minimize the risk of blood borne disease transmission from practices/procedures performed at invasive Personal Service Settings (PSS); and

WHEREAS The Personal Service Setting Protocol under the *Ontario Public Health Standards* (OPHS) governs the activities of public health units regarding PSS infection control; and

WHEREAS The OPHS mandate one inspection per year for invasive personal service settings, which is the same frequency for non-invasive PSS such as a hair salon; and

WHEREAS Public Health Inspectors (PHIs), in accordance with the OPHS and best practices, inspect invasive PSS without provincial legislation that outlines legal requirements for infection control needs and operator responsibilities; and

WHEREAS Infection prevention and control practices are a major component of assessing invasive PSS to minimize the transmission risks of blood-borne disease; and

WHEREAS Invasive PSS such as tattoo/body modification establishments or other invasive PSS require extra attention and time for PHIs to mitigate risk to the public by ensuring operators have adequate infection prevention and control practices in place.

NOW THEREFORE BE IT RESOLVED that the Haliburton, Kawartha, Pine Ridge District Board of Health strongly recommends and urgently requests the Government of Ontario to enact legislation implementing infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act*.

AND FURTHER that the Haliburton, Kawartha, Pine Ridge District Board of Health strongly recommends and urgently requests that the Association of Local Public Health Agencies advocate to the Premier of Ontario and the Minister of Health and Long-Term Care, to enact legislation implementing infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act*.

Haliburton, Kawartha, Pine Ridge Health Unit

21 January 2016

Backgrounder – Resolution for Legislation to Enforce Infection Prevention and Control Practices within Invasive Personal Service Settings under the Health Protection and Promotion Act

Public Health Inspectors report an increase in the number of tattoo shops opening for business since the spring. Two shops in Bobcaygeon, one in Fenelon Falls and one in Minden have opened within a few months of each other.

Public health inspectors in accordance with best practice inspect these shops without provincial legislation outlining legal requirements for infection control needs and operator responsibility.

Infection control practices are major components of assessing a tattoo shops to reduce transmission risks of blood-borne disease. Invasive personal services setting such as tattoo shops require extra attention and time for Public Health Inspectors to mitigate risk to the public by ensuring operators have adequate infection control practices in place.

Ontario has no legislation governing infection control practices within invasive Personal Service Settings. The Ontario Public Health Standards mandate one inspection per year in invasive Personal Service Settings, which is similar to that for a hair salon.

Recommendations

1. That the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit urges the Government of Ontario to move forward with the development and implementation of Legislation for infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act*; and

2. That the Board of Health of the Haliburton, Kawartha, Pine Ridge District Health Unit advises the Premier of Ontario of this recommendation, and copies the Minister of Health and Long-Term Care, Leaders of the Opposition Parties, and the MPPs of Northumberland County, City of Kawartha Lakes and Haliburton County; and

3. That the Board of Health of the Haliburton, Kawartha, Pine Ridge District Health Unit recommends to the delegates of the 2016 Association of Local Public Health Agencies that its resolution regarding the enactment of legislation implementing infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion* Act with a suitable enforcement program such as short-form wording under the Provincial *Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act* be endorsed.

ENDORSEMENT OF RESOLUTION FOR ENACTMENT OF LEGISLATION TO ENFORCE INFECTION PREVENTION AND CONTROL PRACTICES WITHIN INVASIVE PERSONAL SERVICE SETTINGS UNDER THE HEALTH PROTECTION AND PROMOTION ACT

MOTION: **WHEREAS adherence to Infection Prevention and Control (IPAC) best practices is essential in reducing the risk of infectious disease transmission through invasive procedures performed in personal services settings such as tattoo and body piercing establishment; and**

WHEREAS the Ontario Public Health Standards requires that boards of health perform routine inspections of all personal services settings at least once per year to ensure adherence to best practices for IPAC; and

WHEREAS the Ontario Public Health Standards requires that boards of health investigate complaints regarding potential health hazards including IPAC lapses in personal services settings; and

WHEREAS provincial legislation does not currently exist outlining legal requirements for IPAC practices and operator responsibility and;

WHEREAS creation of provincial legislation governing invasive Personal Services Settings would support a consistent progressive enforcement model amongst Ontario's 36 public health units;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health support the Haliburton, Kawartha, Pine Ridge District Health Unit motion recommending that the Government of Ontario enact legislation implementing IPAC requirements for invasive personal services settings under the Health Protection and Promotion Act with short-form wording under the Provincial Offences Act.

FURTHER BE IT RESOLVED THAT a copy of this motion be submitted to the Premiere of Ontario, the Minister of Health and Long-term Care, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), and all Ontario Boards of Health.

2015 Performance Monitoring Report

Performance Monitoring Plan 2013 2017

February 2016

Sudbury & District Health Unit
Service de santé publique

The 2015 Performance Monitoring Report has been compiled to provide the Board of Health with information about the Sudbury & District Health Unit's status in meeting various accountability measures, which are grounded within the 2013–2017 Strategy Map (see Strategy Map). This report contains a compendium of monitoring components which include:

Strategic Priority Narratives Report

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

SDHU-Specific Performance Monitoring Indicators Report

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

Ontario Public Health Organizational Standards Report

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

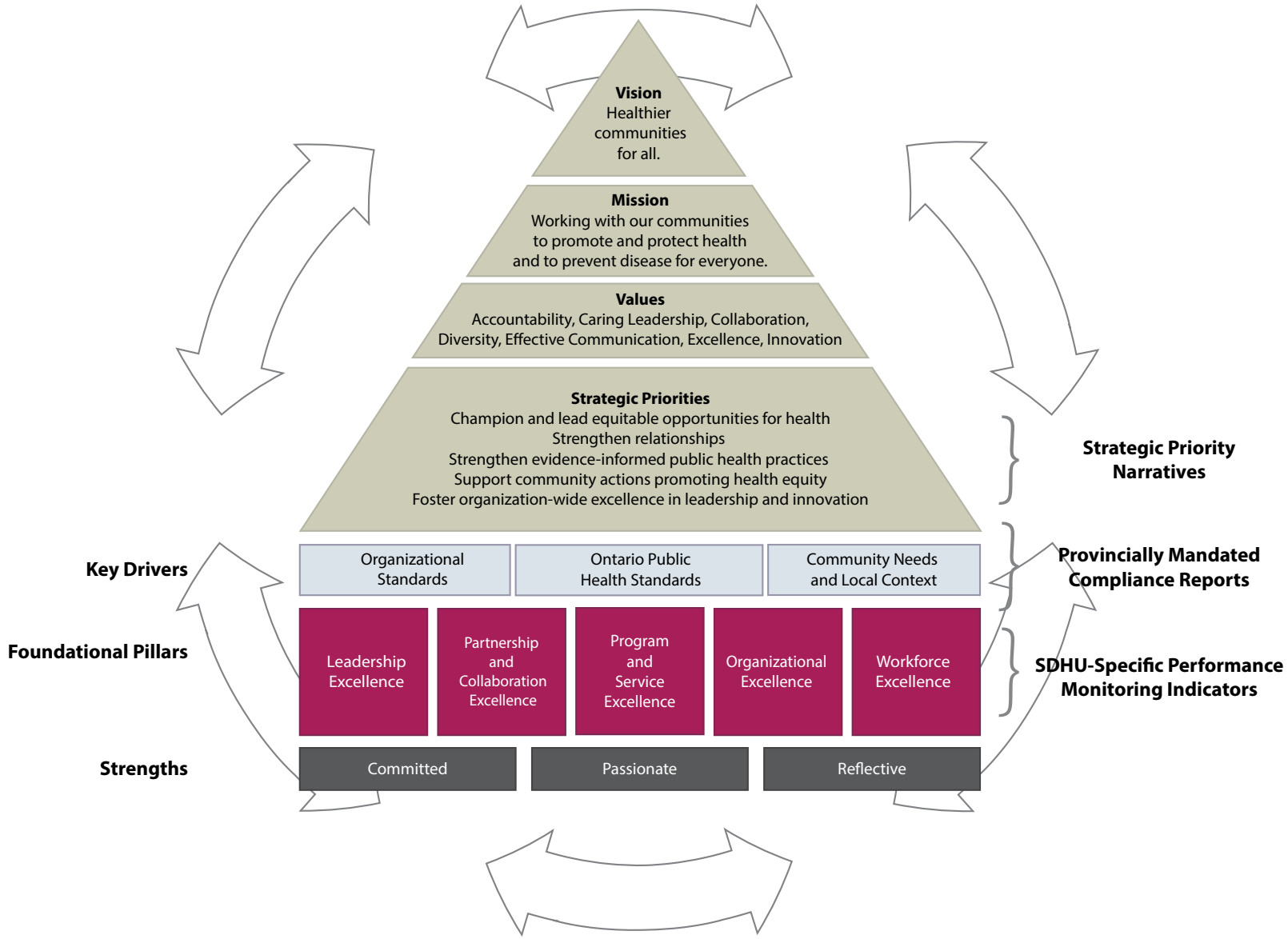
Public Health Accountability Agreement Indicators Report

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

Reporting Timelines

* Includes Strategic Priority Narratives "roll-up", Ontario Public Health Organizational Standards Report, Public Health Accountability Agreement Indicators Report, and SDHU-Specific Performance Monitoring Indicators Report

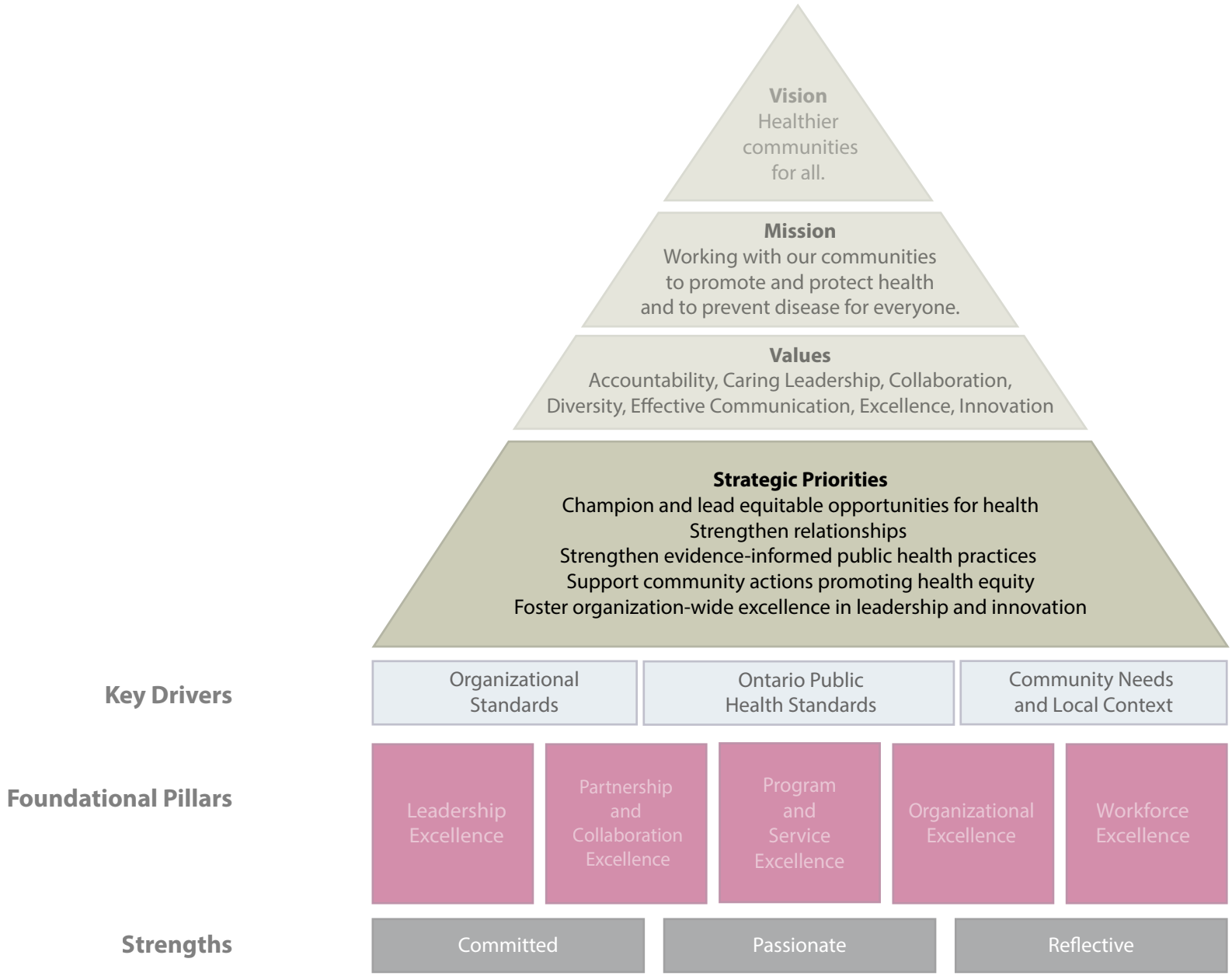
Figure 1: Sudbury & District Board of Health Strategy Map 2013–2017



Strategic Priority Narratives Report

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

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



2015 Strategic Priorities Narrative Topics

The following presents a summary of the Strategic Priorities Narrative topics that were presented in 2015.

Strategic Priority: Champion and lead equitable opportunities for health

Housing Complaints and Marginalized Populations

Supporting All SDHU Communities in Injury Prevention

Accommodating People with Disabilities in the Food Handler Training and Certification Program

Strategic Priority: Strengthen relationships

Relationships Are Key for Creating Action in Our Community!

Municipal Leaders' Breakfast

Partnerships to Strengthen Our Communities

Strategic Priority: Strengthen evidence-informed public health practice

Embracing Evidence-Informed Practice: A Journey of Organizational Change

Linking Evidence to Improve Local Air Quality

Knowledge Dissemination Leads to New Stakeholder Relationship

Strategic Priority: Support community actions promoting health equity

Treating Poverty – A Workshop for Family Physicians

Action Around Supportive Strategies for Teen Families Living in Sudbury

Collaboration for Smoke-Free Social Housing

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

Elephant in the Room Campaign

Promoting Excellence in Client-Centred Service Delivery

Developing a New, More Accessible Website

SDHU-Specific Performance Monitoring Indicators Report

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

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

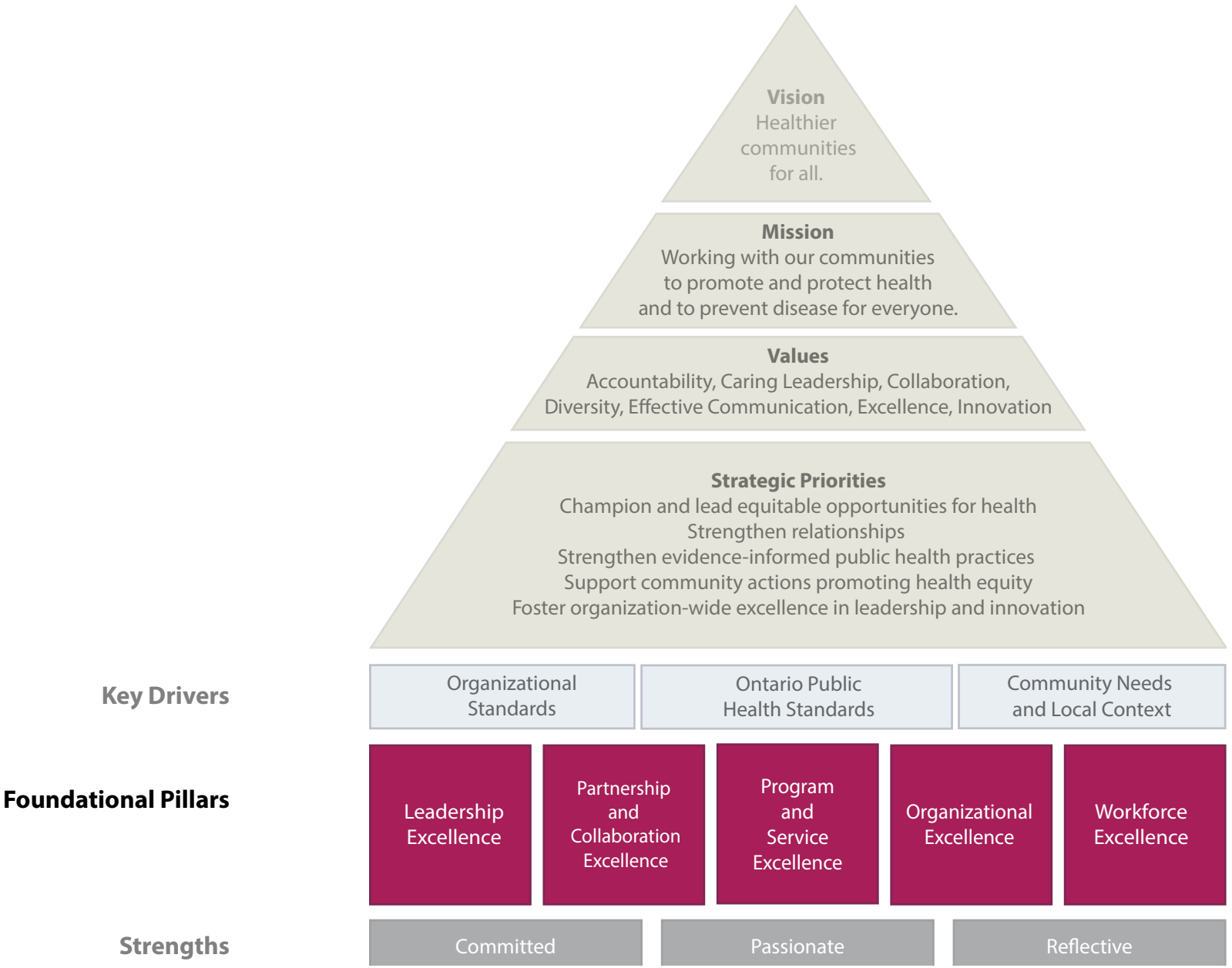


Table 1: SDHU-Specific Performance Monitoring Indicator Trends 2013–2017

FOUNDATIONAL PILLAR	INDICATOR	2013	2014	2015	2016	2017
Leadership Excellence	Board of Health Commitment Index	95	89	85	–	–
	Number of Program-related Board of Health Motions Passed	9	8	9	–	–
	Board of Health Member's Satisfaction Index	96	100	95	–	–
Partnership and Collaboration Excellence	Percent of Partnerships that Are Intersectoral	61%	63%	66%	–	–
	Number of External Partnership Effectiveness Reviews Goal: 5	Under Development	5	5	–	–
	Website Usage Status Average web visits per day Average web page views per day	 1 773 16 555	 1 736 13 415	See Notes	 – –	 – –
Program and Service Excellence	Number of New Advanced Knowledge Products	106	97	152	–	–
	Number of Academic Research Projects	18	17	19	–	–
	Organization-wide Program or Service Evaluations Used by Senior Management Goal: 1	2	3	1	–	–
	Emergency Preparedness Index	99	99	100	–	–
Organizational Excellence	Worker Engagement Index	88	See Notes	90	–	–
	SharePoint Deployment Status	P1, P2, P3 In Progress	P1, P3–P5 In Progress; P2 Complete	P1, P2, P4, P5 In Progress; P3 Complete	–	–
Workforce Excellence	Workforce Development Status	P1, P2 In Progress	P1, P2 In Progress	P1, P2 In Progress P3 Complete	–	–

Explanatory Notes

The SDHU-Specific Performance Monitoring Indicators measure the SDHU's performance as an organization and further demonstrate its commitment to excellence and accountability.

LEADERSHIP EXCELLENCE

Board of Health (BoH) Commitment Index

- A 4% decrease in score compared to 2014. This is attributed to lower rates on the measures of meeting attendance and completion of the annual BoH self-evaluation questionnaire.

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

- Board's activities in providing leadership for public health in our communities and in the province.
- Compared to 2014, there is 1 additional BoH motion passed in 2015. Some year-to-year fluctuation can be expected depending on issues brought forward to the BoH.

Board of Health (BoH) Commitment Index

- A score of 95% indicates that those BoH members who completed the survey reported strongly agreeing or agreeing with the statements regarding satisfaction with their individual performance, with the Board's processes, and with the overall performance of the Board.

PARTNERSHIP AND COLLABORATION EXCELLENCE

Percent of Partnerships That Are Intersectoral

- Intersectoral means at least one member represents a sector other than public health or health care (examples of sectors: childcare, school board, university).
- Out of 229 partnerships, 150 were intersectoral.
- The % of partnerships that are intersectoral remained similar to that of 2014. Some year-to-year fluctuation can be expected given the dynamic nature of partnerships.

Number of External Partnership Effectiveness Reviews

- Highlights the SDHU's commitment to ensure that our contributions to external community partnerships meet our strategic and operational priorities.
- Each division conducted one review, to meet our target goal of 5.

Website Usage Status

- The SDHU launched a new website in June 2015. The new website uses different website analytic software to monitor website traffic, which is more accurate than the tracking mechanism from the previous website.
- In light of this recent change, data for the website indicator are not being presented for 2015. Only reporting data from either the new or old website would not be an accurate reflection of the activity over the reporting timeframe. Data for this indicator will be reported on again for 2016, and will include a full year of data on the new website.
- An early analysis of new website data indicates that users are getting to the pages they wish to browse more quickly and that the usability of the website has increased.

PROGRAM AND SERVICE EXCELLENCE

Number of New Advanced Knowledge Products

- Captures the number of new internally developed or significantly altered products that require knowledgeable interpretation by an informed audience (reports, manuals, presentations).
- Compared to 2014, there are 55 additional advanced knowledge products.
- Some year-to-year fluctuation may be expected.

Number of Academic Research Projects

- Captures new and ongoing research projects conducted in collaboration with academic and research institutions, such as projects funded by the Louise Picard Public Health Grant, a joint SDHU/Laurentian University research initiative.
- Out of the 19 academic research projects, 7 are new in 2015, 6 were completed and 6 are ongoing.

Organization-wide Program or Service Evaluations Used by Senior Management

- Evaluations that are undertaken that inform organization-wide decisions.
- Our target goal of 1 was met.

ORGANIZATIONAL EXCELLENCE

Worker Engagement Index

- SDHU worker engagement was last reported to our Board of Health in the 2013 Performance Monitoring Report wherein data was obtained from the five worker engagement focused questions of the 2013 Guarding Minds @ Work survey.
- The new, five-question, 2015 SDHU Worker Engagement Survey focused on employee engagement only and replaces the Guarding Minds @ Work survey. This survey is based on similar physical, cognitive, and emotional engagement concepts and will help us monitor engagement on an ongoing basis.
- A total of 128 staff members completed the survey.
- Based on the results, the Worker Engagement index score is 90/100.

SharePoint Deployment Status

- SharePoint is an internal collaboration tool that allows for content to be shared and helps users find the right people and the right information to be able to make more informed decisions.
- One out of five SharePoint phases is complete; all other phases are being worked on simultaneously. SharePoint is currently implemented in 3 divisions and 1 division is currently in training.
- The project team is developing workflows, which will include automated approval processes.
- Maintenance continues and plans are underway for a formalized audit.

WORKFORCE EXCELLENCE

Workforce Development Status

- The workforce development framework will outline a structure to guide the SDHU in ensuring that its workforce has the knowledge, skills, and abilities needed to respond to and be aligned with current and future public health service demands.
- Phase 1 and 2 continue to be worked on simultaneously as Phase 3 is completed.
- Key 2015 project milestones include:
    - Approval of a Workforce Development Framework.
    - Launching of a Mentorship Program.
    - Development of a Leadership Core Competencies Working Group.

Ontario Public Health Organizational Standards Report

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

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

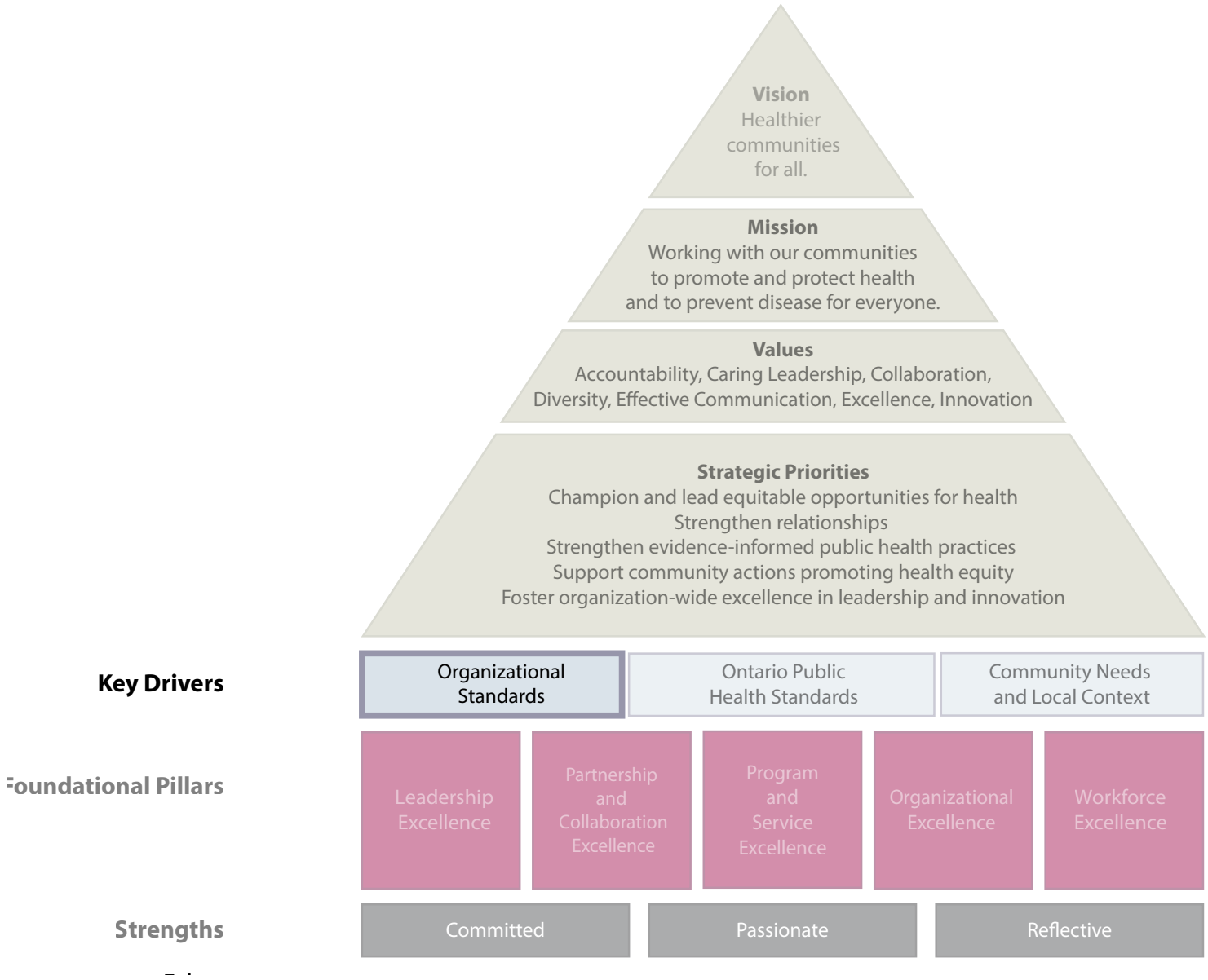


Table 2: Ontario Public Health Organizational Standards Compliance, 2013–2017

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

Met or exceeded standard Non-compliant with standard

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

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

Met or exceeded standard Non-compliant with standard

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

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

Met or exceeded standard Non-compliant with standard

Explanatory Notes—Program Highlights

3.0 LEADERSHIP

3.2 Strategic plan

- The 2013–2017 Performance Monitoring Plan Report, which includes the Strategic Priority Narratives Report, SDHU-Specific Performance Monitoring Indicators Report, the Ontario Public Health Organizational Standards, and the Public Health Accountability Agreement Indicators, illustrates our direction for performance management and quality improvement.

4.0 TRUSTEESHIP

4.1 Transparency and accountability

- The SDHU posts Board of Health agenda packages and proceedings on our website.

5.0 COMMUNITY ENGAGEMENT AND RESPONSIVENESS

5.1 Community engagement

- In order to identify best practices for implementing, sustaining and measuring the effectiveness and impact of community engagement activities, the SDHU's Strategic Engagement Unit (SEU) is leading the development of an SDHU community engagement strategy/framework.

5.2 Stakeholder engagement

- In 2015, the SEU began conducting stakeholder engagement interviews with health and non-health sector partners with whom the SDHU is seeking to establish or enhance collaborative partnerships.
- Future activities include the development and implementation of the Stakeholder Engagement plan.

5.5 Client service standard

- In collaboration with other divisions, the SEU will develop and implement a Client Service Standard policy.

6.0 MANAGEMENT OPERATIONS

6.1 Operational plan

- The SEU and the Stakeholder/Community Engagement Working Group has planned activities that consist of enhancing our assessment of community's needs.
- The framework to reduce social inequities in health, equal access checklist, provision of dental services to high risk children, and AODA, demonstrates efforts to minimize barriers to access.

6.2 Risk management

- A draft version of the SDHU Risk Assessment Framework has been developed and piloted by the Health Promotion division.

6.11 Communication strategy

- The launch of SDHU's renewed website.
- Coordination of social media.
- The SEU will be developing and implementing an internal and external Communication Strategy. This will include a coordinated communication radar of all SDHU communication tactics, renewed style guide, branding and client service standards.

6.15 Staff development

- A workforce development vision and framework was adopted.
- 5 leadership competencies were developed: Demonstrates Leadership Accountability; Leads Through Self; Leads Through Others; Provides an Environment Where the Organization, Teams and Individuals Thrive; and Fosters Innovation.

6.16 Professional practice support

- The SDHU has had a Chief Nursing Officer (CNO) in place since February 2012.
- A Mentorship program was launched.
- The Professional Practice Committee will continue to explore the utilization of Public Health Nursing core competencies as part of an approach to competency based performance management.

Public Health Accountability Agreement Indicators Report

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

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

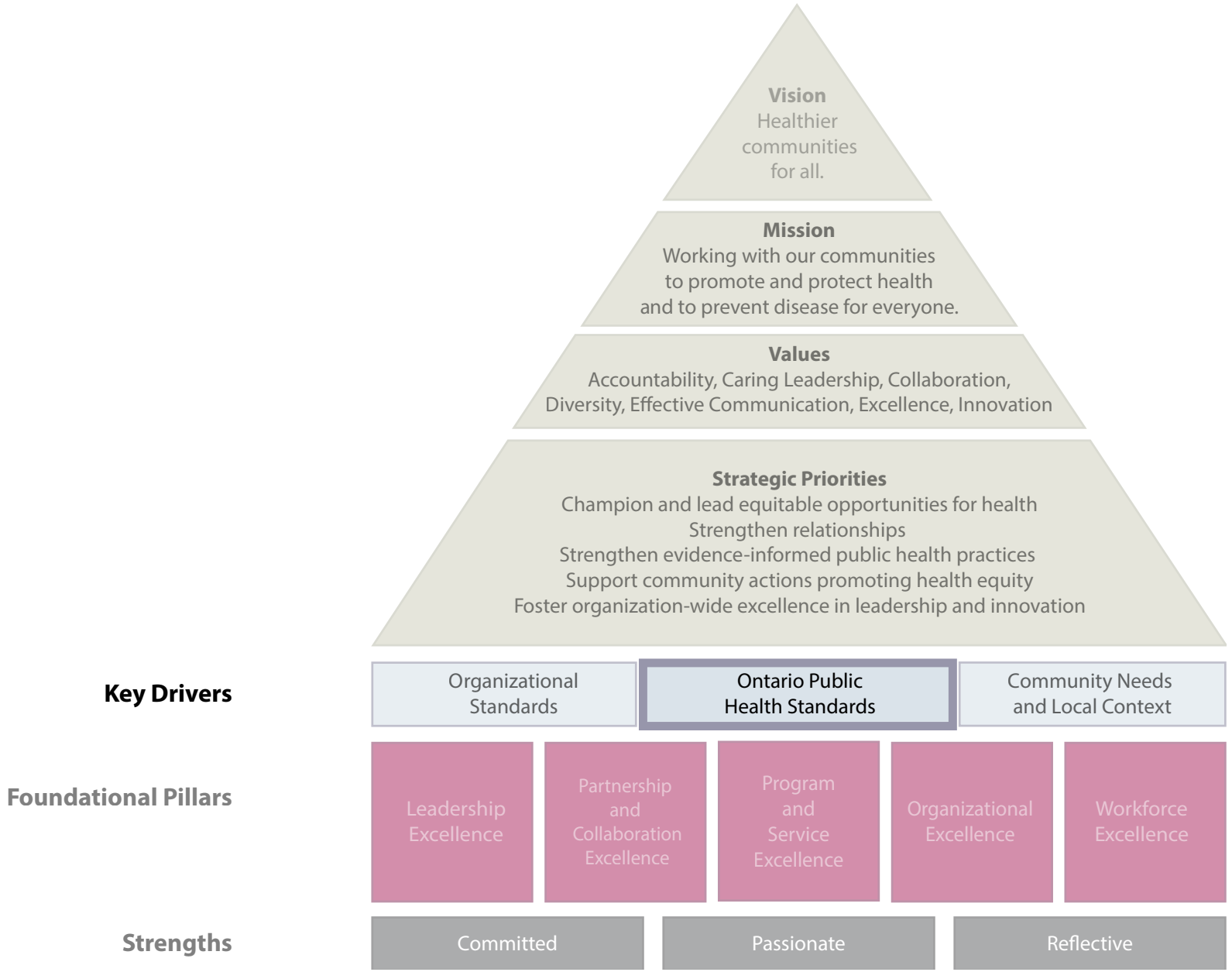


Table 3: Public Health Accountability Agreement Performance Indicators, 2013–2017

DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Clinical and Family Services	Oral health assessment and surveillance: % of schools screened	-			-	-
	Oral health assessment and surveillance: % of JK, SK and Grade 2 students screened	-			-	-
	Implementation status of NutriSTEP® Preschool Screen				-	-
	Baby-Friendly Initiative status				-	-
	% of confirmed gonorrhea cases where initiation of follow-up occurred within two business days			•	-	-
	% of confirmed Invasive group A streptococcal disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case			•	-	-
	% of the human papillomavirus (HPV) vaccine wasted that is stored/administered by the public health unit				-	-
	% of influenza vaccine wasted that is stored/administered by the public health unit				-	-
	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	-			-	-
	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines *NEW*	-	-			
Environmental Health	% of tobacco vendors in compliance with youth access legislation at the time of last inspection				-	-
	% of secondary schools inspected once per year for compliance with section 10 of the Smoke Free Ontario Act (SFOA)	-			-	-
	% of tobacco retailers inspected twice per year for compliance with section 3 of the SFOA				-	-

Baseline Met or exceeded target Variance*

* See explanatory notes

• Monitoring indicator: no reporting requirements to the Ministry; used to monitor progress.

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

DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Environmental Health	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the SFOA				-	-
	% of high-risk food premises inspected once every 4 months while in operation			•	-	-
	% of moderate-risk food premises inspected once every 6 months while in operation			•	-	-
	% of Class A pools inspected while in operation				-	-
	% of high-risk small drinking water systems inspections completed for those that are due for re-inspection				-	-
	% of public spas inspected while in operation			•	-	-
	% of known high-risk personal services settings inspected annually			•	-	-
	% of suspected rabies exposures reported with investigations initiative within 1 day of public health unit notification				-	-
	% of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into integrated Public Health Information System (iPHIS)	-			-	-
Health Promotion	Fall-related emergency visits in older adults aged 65+*	†	‡	†	-	-
	% of youth (ages 12-18) who have never smoked a whole cigarette*	†	†	†	-	-

Baseline Met or exceeded target Variance*

* See explanatory notes
† No reporting requirements until 2017
‡ 2011–2014 narrative status update
• Monitoring indicator: no reporting requirements to the Ministry; used to monitor progress.

Explanatory Notes

ORAL HEALTH ASSESSMENT AND SURVEILLANCE: % OF JK, SK AND GRADE 2 STUDENTS SCREENED

- The SDHU has met the requirements for this indicator. However, due to limitations on the Ministry web reporting platform, a data entry error means that this has been reported to the Ministry as a variance.

% OF THE HUMAN PAPILLOMAVIRUS (HPV) VACCINE WASTED THAT IS STORED/ADMINISTERED BY THE PUBLIC HEALTH UNIT

- Vaccine wastage rate for the school year = 0.2% (over the allowable 0.1%).
- 1 dose drawn up at a school clinic and not administered.
- 3 doses at Rainbow Centre expired.

% OF INFLUENZA VACCINE WASTED THAT IS STORED/ADMINISTERED BY THE PUBLIC HEALTH UNIT

- Vaccine wastage rate for the flu season = 1.4% (over the allowable 0.3%).
- 20 doses of influenza vaccine lost due to cold chain incident at a community clinic.
- Reinforcement of cold chain principles and vaccine inventory has occurred with staff.

FALL-RELATED EMERGENCY VISITS IN OLDER ADULTS AGED 65+

- Data for this indicator was last reported to the MOHLTC in 2013 and was based on 2011 data. There were no MOHLTC reporting requirements for the 2013, 2014, and 2015 data years. A descriptive activity status update covering 2011-2014 years was recently provided to the MOHLTC as requested. This indicator has a long-term target with a fall 2017 reporting timeline on 2016 year-end data.

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

- There were no MOHLTC reporting requirements for the 2013, 2014, and 2015 data years. Data was last reported to the MOHLTC in 2013 and was based on 2011-2012 data. This indicator has a long-term target with a fall 2017 reporting timeline on 2016 year-end data.

Sudbury & District

Health Unit

Service de
santé publique

SDHU 2015 PERFORMANCE MONITORING REPORT

MOTION: **WHEREAS the Sudbury & District Board of Health is working toward achieving its vision of Healthier Communities for All; and**

WHEREAS the Sudbury & District Board of Health is committed to transparency, accountability and continuous quality improvement through regular monitoring of performance at multiple levels; and

WHEREAS the Sudbury & District Health Unit has multiple reporting requirements that include SDHU-Specific Performance Monitoring Indicators, the Ontario Public Health Organizational Standards, and the Public Health Accountability Agreement Indicators; and

WHEREAS the Sudbury & District Board of Health approved, in June 2013, the SDHU 2013-2017 Performance Monitoring Plan as a means to provide the Board of Health with accountability measures on key focus areas grounded within the 2013–2017 Strategy Map;

WHEREAS key former accreditation standards have been incorporated in the SDHU 2013-2017 Performance Monitoring Plan due to the cessation of the Ontario Council on Community Health Accreditation (OCCHA);

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health approve the 2015 Performance Monitoring Report.

ADDENDUM

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

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

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

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