



Sudbury & District Board of Health Meeting

Thursday, May 19, 2016

SDHU Boardroom

1300 Paris Street

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

Sudbury & District Board of Health

1. CALL TO ORDER

-

Page 6

2. ROLL CALL

-

Page 7

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

-

Page 8

Agenda

Page 9

4. DELEGATION / PRESENTATION

- i) Stay on Your Feet: Falls Prevention
Sandra Laclé, Director, Health Promotion and Mary Ann Diosi,
Manager, Health Promotion

5. CONSENT AGENDA

- i) Minutes of Previous Meeting

a. Third Meeting - April 20, 2016

Page 12

- ii) Business Arising From Minutes

None

- iii) Standing Committees

a. Board Finance Standing Committee Minutes dated May 2, 2016

Page 23

b. Board Executive Committee Minutes dated May 6, 2016

Page 28

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

v) Correspondence

a. Ontario Minister of Health and Long-Term Care's
Discussion Paper: Patients First: A Proposal to Strengthen
Patient-Centred Health Care in Ontario

Board Motion #03-16

*Letter from alPha to the Minister of Health and Long-
Term Care dated April 28, 2016* Page 47

*Memo from the Minister of Health and Long-Term
Care to Boards of Health and Medical Officers of
Health dated April 20, 2016* Page 52

*Letter from the Perth Board of Health to the Minister of
Health and Long-Term Care dated March 24, 2016* Page 54

b. Cannabis

*Letter from the Simcoe Muskoka Board of Health to
the Prime Minister of Canada dated April 20, 2016* Page 55

*Letter from the Elgin St. Thomas Board of Health to
the Prime Minister of Canada dated March 23, 2016* Page 58

c. Community Water Fluoridation

*Letter from the Porcupine Board of Health to the
Minister of Health and Long-Term Care dated May 2,
2016* Page 60

d. Herpes Zoster Vaccine

*Letter from the Algoma Board of Health to the Minister
of Health and Long Term Care dated May 3, 2016* Page 61

e. Enforcement of the WHO Code

*Letter from the Peterborough Board of Health to Health
Canada dated April 27, 2016* Page 62

f. Environmental Health Program Funding

Letter from the Peterborough Board of Health to Minister of Health and Long-Term Care dated April 28, 2016 Page 64

g. Ontario Overdose Co-Ordinator – Opioid-Related Overdoses

Letter from the Premier of Ontario to the Peterborough Medical Officer of Health and Board Chair dated May 3, 2016 Page 65

h. HPV Vaccine Program Expansion

Letter from the Minister of Health and Long-Term Care to the Boards of Health dated April 21, 2016 Page 66

Minister of Health and Long-Term Care News Release re Ontario Expanding HPV Vaccine Program to Include Boys dated April 21, 2016 Page 68

Letter from alPHa to the Minister of Health and Long-Term Care dated April 21, 2016 Page 71

i. Invasive Personal Services Settings (PSS)

Letter from the Durham Regional Council to the Premier of Ontario dated April 29, 2016 Page 73

j. Bill 139, Smoke-Free Schools Act

Letter from the Durham Regional Council to the Premier of Ontario dated April 29, 2016 Page 75

vi) Items of Information

a. alPHa Information Break dated May 2, 2016 Page 77

b. alPHa Fitness Challenge Email dated May 10, 2016 Page 80

MOTION: Approval of Consent Agenda Page 82

6. NEW BUSINESS

i) Hepatitis A Virus Food Recall - Emergency Response

SDHU Response to Hepatitis A Virus Food Recall: Situation Report: Summary dated May 2016 Page 83

ii) Sudbury & District Health Unit's 2015 Audit

2015 Audited Financial Statements Page 93

MOTION: Adoption of the 2015 Audited Financial Statements Page 126

7. ADDENDUM

MOTION: Addendum Page 127

8. IN CAMERA

MOTION: InCamera Page 128

Labour Relations or Employee Negotiations.

9. RISE AND REPORT

MOTION: Rise and Report Page 129

10. ANNOUNCEMENTS / ENQUIRIES

for completion: meeting evaluation Page 130

11. ADJOURNMENT

MOTION: Adjournment Page 131

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.

AGENDA – FOURTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, MAY 19, 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) Stay on Your Feet: Falls Prevention**
 - Sandra Laclé, Director, Health Promotion Division
 - Mary Ann Diosi, Manager, Health Promotion Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a.** Third Meeting – April 20, 2016
 - ii) Business Arising From Minutes**

None
 - iii) Standing Committees**
 - a.** Board Finance Standing Committee Minutes dated May 2, 2016
 - b.** Board Executive Committee Minutes dated May 6, 2016
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a.** MOH/CEO Report, May 2016
 - v) Correspondence**
 - a. Ontario Minister of Health and Long-Term Care's Discussion Paper: Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario**

Sudbury & District Board of Health Motion #03-16

 - Letter from alPHA to the Minister of Health and Long-Term Care dated April 28, 2016
 - Memo from the Minister of Health and Long-Term Care to Boards of Health and Medical Officers of Health dated April 20, 2016
 - Letter from the Perth Board of Health to the Minister of Health and Long-Term Care dated March 24, 2016

b. Cannabis

- Letter from the Simcoe Muskoka Board of Health to the Prime Minister of Canada dated April 20, 2016
- Letter from the Elgin St. Thomas Board of Health to the Prime Minister of Canada dated March 23, 2016

c. Community Water Fluoridation

- Letter from the Porcupine Board of Health to the Minister of Health and Long-Term Care dated May 2, 2016

d. Herpes Zoster Vaccine

- Letter from the Algoma Board of Health to the Minister of Health and Long-Term Care dated May 3, 2016

e. Enforcement of the WHO Code

- Letter from the Peterborough Board of Health to Health Canada dated April 27, 2016

f. Environmental Health Program Funding

- Letter from the Peterborough Board of Health to Minister of Health and Long-Term Care dated April 28, 2016

g. Ontario Overdose Co-Ordinator – Opioid-Related Overdoses

- Letter from the Premier of Ontario to the Peterborough Medical Officer of Health and Board Chair dated May 3, 2016

h. HPV Vaccine Program Expansion

- Letter from the Minister of Health and Long-Term Care to the Boards of Health dated April 21, 2016
- Minister of Health and Long-Term Care News Release re Ontario Expanding HPV Vaccine Program to Include Boys dated April 21, 2016
- Letter from alPHa to the Minister of Health and Long-Term Care dated April 21, 2016

i. Invasive Personal Services Settings (PSS)

- Letter from the Durham Regional Council to the Premier of Ontario dated April 29, 2016

j. Bill 139, Smoke-Free Schools Act

- Letter from the Durham Regional Council to the Premier of Ontario dated April 29, 2016

vi) Items of Information

- | | | |
|-----------|-------------------------------|--------------|
| a. | alPHa Information Break | May 2, 2016 |
| b. | alPHa Fitness Challenge Email | May 10, 2016 |

APPROVAL OF CONSENT AGENDA

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

6. NEW BUSINESS

i) Hepatitis A Virus Food Recall - Emergency Response

- SDHU Response to Hepatitis A Virus Food Recall: Situation Report: Summary dated May 2016

ii) Sudbury & District Health Unit's 2015 Audit

- 2015 Audited Financial Statements

ADOPTION OF THE 2015 AUDITED FINANCIAL STATEMENTS

MOTION: WHEREAS at its May 2, 2016, meeting, the Board Finance Standing Committee reviewed the 2015 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2015 audited financial statements be approved as distributed.

7. ADDENDUM

ADDENDUM

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

8. IN CAMERA

IN CAMERA

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

- Labour Relations or Employee Negotiations

9. RISE AND REPORT

RISE AND REPORT

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

10. ANNOUNCEMENTS / ENQUIRIES

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

11. ADJOURNMENT

ADJOURNMENT

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

**MINUTES – THIRD MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
WEDNESDAY, APRIL 20, 2016, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Claude Belcourt
René Lapierre
Paul Myre
Ursula Sauvé

Jeffery Huska
Richard Lemieux
Ken Noland
Carolyn Thain

Robert Kirwan
Stewart Meikleham (until 3:06 pm)
Rita Pilon

BOARD MEMBERS REGRETS

Janet Bradley

Mark Signoretti

STAFF MEMBERS PRESENT

Sandra Laclé
Dr. P. Sutcliffe

Marc Piquette
Shelley Westhaver

Rachel Quesnel

Media

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:36 p.m.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 DELEGATION / PRESENTATION

i) Community Drug Strategy

Sandra Laclé, Director, Health Promotion Division and co-chair of the Community Drug Strategy Steering Committee with the Greater Sudbury Police Service was invited to present on the Sudbury & District Health Unit's work with the Community Drug Strategy for the City of Greater Sudbury for which Dr. Sutcliffe and Chief Pedersen are the executive leads.

The Board was reminded that an update was previously provided at its February 2016 Board meeting along with the Executive Summary: Community Drug Strategy for the City of Greater Sudbury.

With a vision of community health and safety, the Community Drug Strategy has been actively working towards increasing awareness and reducing the harms associated with

substance misuse. The local need is great with 364 calls for drug overdose and 1116 calls for alcohol intoxication reported by Sudbury's emergency services in 2015.

Next steps were outlined and the SDHU will continue to work with all its partners on local drug strategies within its catchment area.

Questions were entertained and S. Laclé was thanked for her presentation.

5.0 CONSENT AGENDA

There was a request to discuss further the MOH/CEO performance appraisal process and it was noted that this could be discussed under item 6 (ii).

i) Minutes of Previous Meeting

- a. Second Meeting – February 18, 2016

ii) Business Arising From Minutes

iii) Report of Standing Committees

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

- a. MOH/CEO Report, April 2016

v) Correspondence

a. Enactment of Legislation to Enforce Infection Prevention and Control Practices within Invasive Personal Service Settings

Sudbury & District Board of Health Motion #11-16

- Letter from the Premier of Ontario to Dr. Sutcliffe dated March 8, 2016
- Letter from the Peterborough County-City Health Unit to the Premier of Ontario dated March 15, 2016
- Letter from the Grey Bruce Health Unit to the Premier of Ontario dated March 24, 2016

b. Environmental Health Program Funding

- Letter from the North Bay Parry Sound District Health Unit to the Minister of Health and Long-Term Care dated February 22, 2016
- Letter from the Grey Bruce Health Unit to the Minister of Health and Long-Term Care dated March 24, 2016

c. Herpes Zoster Vaccine

- Letter from the Peterborough County-City Health Unit to the Minister of Health and Long-Term Care dated February 25, 2016
- Letter from the Grey Bruce Health Unit to the Minister of Health and Long-Term Care dated March 24, 2016

d. Smoke-Free Multi-Unit Housing

Sudbury & District Board of Health Motion #55-15

- Letter from the Federation of Northern Ontario Municipalities to Dr. Sutcliffe dated March 8, 2016

- Letter from the Porcupine Health Unit to the Minister of Municipal Affairs and Housing dated March 21, 2016

e. **Bill 139: Smoke-Free Schools Act**

- Letter from the North Bay Parry Sound District Health Unit to the Minister of Health and Long-Term Care dated February 22, 2016
- Letter from the Grey Bruce Health Unit to the Minister of Health and Long-Term Care dated March 24, 2016

f. **Cannabis**

- Letter from the Durham Region Regional Clerk to the Prime Minister of Canada dated February 8, 2016
- Letter from the Middlesex-London Board of health to the Prime Minister of Canada dated February 12, 2016

g. **Basic Income Guarantee**

- Letter from the North Bay Parry Sound District Health Unit to the Minister Responsible for the Poverty Reduction Strategy dated February 22, 2016
- Letter from the Wellington-Dufferin-Guelph Board of Health to the Minister of Families, Children and Social Development dated March 2, 2016

h. **Northern Ontario Evacuations of First Nation Communities**

- Letter from the Porcupine Health Unit to the Premier of Ontario dated March 21, 2016

i. **Advocacy for Amendments to the Ontario Fluoridation Legislation**

- Letter from the Windsor-Essex County Board of Health to the Minister of Health and Long-Term Care dated March 18, 2016

vi) **Items of Information**

- | | |
|--|---|
| a. alPHa Information Break | February 23, 2016
March 10, 2016
March 30, 2016 |
| b. Letter of Resignation from the SDHU Director, Clinical and Family Services | March 16, 2016 |
| c. The Globe and Mail Article: <i>Why did Calgary cave to chemophobes over fluoridation?</i> | February 19, 2016 |
| d. SDHU Workplace Health Newsletter | Spring/Summer 2016 |

14-16 APPROVAL OF CONSENT AGENDA

Moved by Lemieux – Pilon: THAT the Board of Health approves the consent agenda as distributed.

CARRIED

6.0 NEW BUSINESS

i) Appointment to Board of Health Finance Standing Committee

- C-II-11 Board of Health Finance Standing Committee Terms of Reference

The Board of Health Finance Standing Committee was struck in 2015 and it was an oversight at the January 2016 meeting to not have considered a motion for the appointment of Board membership on this committee at the same time as the election of officers.

Following a call for nominations for three positions of Board Member at Large to the Board Finance Standing Committee, Stewart Meikleham, Carolyn Thain, Jeff Huska and René Lapierre were nominated. There being no further nominations, the nominations for the Board Finance Standing Committee for the year 2016 was closed. Three of four nominees accepted their nominations and the following was announced:

15-16 APPOINTMENT TO BOARD FINANCE STANDING COMMITTEE

Moved by Noland – Kirwan: THAT the Board of Health appoint the following individuals to the Board Finance Standing Committee for the year 2016:

- 1. Carolyn Thain, Board member at large***
- 2. Stewart Meikleham, Board member at large***
- 3. René Lapierre, Board member at large***
- 4. Medical Officer of Health/Chief Executive Officer***
- 5. Director, Corporate Services***
- 6. Manager, Accounting Services***
- 7. Board Secretary***

CARRIED

ii) MOH Position Description – Revised

- Revised Position Description

As per the SDHU's General Administrative Policy K-II-30, the MOH and Board Chair reviewed the MOH position description at the time of the MOH's performance map on March 4, 2016. Proposed updates to the position description reflect new processes that have put in place, i.e. performance monitoring. Dr. Sutcliffe flagged one error in that the description should reference the *Assistant* Director, versus *Associate* Director.

Discussion ensued regarding best practices for performance appraisals and whether the full Board should participate in the review. It was suggested that a Board policy for the MOH performance appraisal might be considered during this year's review of the Board manual. It was concluded that the Board Executive Committee will discuss at the upcoming meeting and recommend a process for the MOH's performance appraisal which will be formalized in a Board policy when the Board manual is reviewed this year.

16-16 MOH/CEO POSITION DESCRIPTION

Moved by Meikleham – Kirwan: BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the revised position description for the Medical Officer of Health/Chief Executive Officer, dated March 2016.

CARRIED

iii) Board Executive Committee

The proposed motion delegates responsibility for the Board Executive Committee to review and execute the MOH/CEO employment contract ending December 31, 2016, and report back to the Board.

The Board discussed their responsibilities as a governance body as it relates to the MOH's performance appraisal and employment contract. It was clarified that this is in the context of ensuring that governance responsibilities are fulfilled and do not relate to any concerns regarding the MOH's performance.

Dr. Sutcliffe stated that the performance review and the employment contract are two separate topics and processes. Past practices for the renewal of the MOH/CEO employment contract were recapped.

It was concluded that the Board Executive Committee will bring a recommendation for the renewal of the employment contract to the full Board and the following amendment was voted on.

17-16 MOH/CEO RENEWAL EMPLOYMENT CONTRACT (amendment)

Moved by: Thain – Belcourt: THAT the Sudbury & District Board of Health amend the last paragraph to read:

THEREFORE BE IT RESOLVED THAT the Board of Health assign to the Board of Health Executive Committee the responsibility to engage in discussions with the MOH/CEO regarding a renewal agreement, and recommend execute an the updated employment contract with the MOH/CEO agreement and report back to the Board of Health following for execution of the updated agreement approval.

CARRIED

18-16 MOH/CEO RENEWAL EMPLOYMENT CONTRACT (main motion as amended)

Moved by Kirwan - Meikleham: WHEREAS the term of the current employment contract agreement for the Medical Officer of Health/CEO for the Sudbury & District Health Unit is until December 31, 2016; and

WHEREAS the Board of Health is required to provide notice in order to commence negotiations for a renewal agreement no later than two months prior to the expiry of the agreement; and

WHEREAS the Board of Health Executive Committee has historically reviewed the MOH/CEO contract agreement; and

WHEREAS the Board of Health Executive Committee Terms of Reference stipulate that the Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property; and

WHEREAS responsibilities assigned to the Board of Health Executive Committee must be delegated by majority vote of the full Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign to the Board of Health Executive Committee the responsibility to engage in discussions with the MOH/CEO regarding a renewal agreement, ~~and recommend execute an~~ the updated employment contract with the MOH/CEO agreement and report back to the Board of Health following for execution of the updated agreement approval.

CARRIED

iv) alPHa Annual General Meeting and Conference

- Notice of 2016 Annual General Meeting
- Call for Board of Health Nominations for 2016-2017 & 2017-2018 alPHa Board of Directors
- Summary of Health Unit Voting Delegates for alPHa's AGM Resolutions Session

Information received to date regarding the Association of Local Public Health (alPHa)'s upcoming 2016 Annual General Meeting and conference on June 5, 6 and 7 in Toronto is being shared with the Board. Based on its catchment area population, the Sudbury & District Health Unit is allowed up to four votes, including proxy votes at the AGM's resolution session.

R. Kirwan and U. Sauvé voiced an interest in attending. U. Sauvé noted she would not be available on June 7. Although this motion is being put forward today, other Board members who might be interested in attending should contact R. Quesnel as soon as possible. The conference program will be shared once it is available from alPHa.

19-16 2016 ALPHA ANNUAL GENERAL MEETING AND CONFERENCE

Moved by Thain – Huska: WHEREAS the SDHU has a modest travel budget to cover remuneration, registration, travel, meals, and accommodation as per the Board Manual Policy and Procedure I-I-10, permitting Board members to attend official Board of Health functions; and

WHEREAS the SDHU is allocated four votes at the Annual General Meeting; and

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health, the following Board member(s) attend(s) the 2016 alPHa Annual General Meeting as voting delegates for the Sudbury & District Board of Health: Robert Kirwan and Ursula Sauvé (June 7 only).

CARRIED

v) Performance Monitoring Plan

- Strategic Priorities: Narratives Report, April 2016

Dr. Sutcliffe stated that the spring narrative report is one of the reporting components to the board for the SDHU's 2013-2017 Performance Monitoring Plan. The Joint Board/Staff Performance Monitoring Working Group reviewed and provided comments regarding the draft narrative report. Working Group Board representatives include, J. Bradley, R. Pilon, and C. Thain.

R. Pilon provided highlights of the narrative report's five stories outlining one program or service narrative for each of the SDHU's Strategic Priorities which showcases the SDHU's priorities "in action" while gauging progress. Kudos were extended to the staff involved in submitting stories which provide great examples of the day-to-day work that aligns with the SDHU's strategic plan priorities.

Dr. Sutcliffe added that the program directors attempt to select a group of narratives from across all divisions and varying in service scopes.

vi) Ontario Minister of Health and Long-Term Care's Discussion Paper: Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario

- Briefing Note from the Sudbury & District Health Unit's Medical Officer of Health to the Sudbury & District Board of Health Chair dated April 13, 2016
- alPHa's Response to the Minister of Health and Long-Term Care on the Discussion Paper dated February 29, 2016
- Letter from the Ottawa Public Health to the Minister of Health and Long-Term Care dated February 18, 2016
- Letter from the Haliburton, Kawartha, Pine Ridge District Health Unit to the Minister of Health and Long-Term Care dated February 18, 2016
- Letter from the Grey Bruce Health Unit to the Association of Local Public Health Agencies dated March 7, 2016
- Letter from the Peterborough County-City Health Unit to the Premier of Ontario and the Minister of Health and Long-Term Care dated March 31, 2016

The briefing note provides updates on actions pursuant to Board of Health motion 03-16 concerning the December 17, 2015, MOHLTC discussion paper, *Patients First*. Today's motion recommends next steps for collaboration and further engagement with northeast counterparts.

We continue to await confirmation regarding legislation anticipated for this spring.

It is hoped that these actions will help inform the NE LHIN partners of public health and leverage their support in continuing to move public health work forward.

Dr. Sutcliffe noted that she has spoken with her NE MOH counterparts and understands that their respective Boards will also be supportive of collective engagement.

20-16 PATIENTS FIRST: PUBLIC HEALTH AND THE NE LHIN

Moved by Huska – Thain: THAT the Sudbury & District Board of Health seek to collaborate with the boards of health for Porcupine, Timiskaming, Algoma and North Bay Parry Sound to engage further with the North East LHIN for the purposes of relationship building and exploring the potential implications for the northeast of the proposals in Patients First; and

THAT to this end, an initial meeting be sought between the respective Board of Health Chairs and Medical Officers of Health/Chief Executive Officers and the Board and Chief Executive Officer for the North East LHIN.

CARRIED

vii) Strengthening Ontario's Smoking and Vaping Laws

- Public Consultation Paper dated March 10, 2016

The Board's support is being sought to endorse the Ministry of Health and Long-Term Care's Public Consultation Paper aimed at improving the health and wellness of Ontarians. It was pointed out that consultation paper includes provisions for marijuana.

In response to a question regarding item 3, Dr. Sutcliffe noted that the report was a consultation paper; therefore, the MOHLTC are inviting questions and feedback and the Board member's questions would be included.

The Board's support was sought for the consultation paper, in principle.

21-16 STRENGTHENING ONTARIO'S SMOKING AND VAPING LAWS

Moved by Thain – Kirwan: WHEREAS as strong regulatory environment is essential for effective tobacco control as supported by the World Health Organization Framework Convention on Tobacco Control; and

WHEREAS Sudbury & District Board of Health motion 54-15 calls for a public health framework for the anticipated legalization of cannabis; and

WHEREAS the Sudbury & District Board of Health motion #57-14 calls for enhanced public health measures in the manufacturing, quality, promotion and sale of e-cigarettes; and

WHEREAS the proposed changes to regulations made under the Smoke Free Ontario Act and Electronic Cigarettes Act, 2015 as described in the MOHLTC Public Consultation Paper, March 10, 2016 further strengthen the tobacco regulatory framework, and are consistent with Board of Health motions regarding cannabis and e-cigarettes, and include following:

- 1. Expand no smoking rules to apply to medical marijuana;***
- 2. Prohibit the use of e-cigarettes – including the use of vaporizers to consume medical marijuana and testing in stores that sell e-cigarettes – in all enclosed public places, enclosed workplaces, and other specified outdoor areas;***
- 3. Permit parents, guardians and caregivers to supply e-cigarettes to minors for medical marijuana purposes;***
- 4. Expand the definition of "e-cigarette" to include "e-substance";***
- 5. Expand the list of places where e-cigarettes are prohibited from sale;***
- 6. Establish rules for the display and promotion of e-cigarettes at places where they are sold.***

THEREFORE be it resolved that the Sudbury & District Board of Health fully endorse the proposals as described in the March 10, 2016 MOHLTC Public Consultation Paper.

CARRIED

viii) Community Water Fluoridation

- Presentation by Charlene Plexman, Manager, Clinical and Family Services Division

C. Plexman was invited to explain community water fluoridation and provide the Board with an update on recent developments regarding water fluoridation at the local and provincial level. The Board was informed of their role with respect to fluoridation and provincial legislation as well as how fluoride works, key messaging with fluoridation and where we are headed with next steps in the coming weeks and months.

Despite the SDHU's efforts to educate Council and constituents, the Nairn & Hyman Council on April 11, 2016, voted 3/2 in favor of discontinuing their municipal water fluoridation which has been in place since 1994.

Recently, the Ontario's Minister of Health and Long-Term Care and Chief Medical Officer of Health have urged municipalities to continue to endorse fluoridated community water. An MPP has introduced a Bill for water fluoridation in an attempt to amend the current Fluoride Act.

The SDHU's goal is to preserve this important preventive strategy to protect oral health and significantly reduce cavities and next steps were outlined.

C. Plexman was thanked for her presentation.

22-16 COMMUNITY WATER FLUORIDATION

Moved by Kirwan – Meikleham: WHEREAS tooth decay remains the most common chronic disease in Canadian Children; and

WHEREAS water fluoridation is the most cost-effective, safe and internationally recognized method to prevent dental decay and to ensure that citizens receive the benefits of reduced dental decay; and

WHEREAS children living in fluoridated communities in Ontario have less tooth decay than children living in non-fluoridated communities and the effect tends to be maximized among children from lower socioeconomic groups; and

WHEREAS dental treatment costs are substantially higher than the costs of preventing dental disease; and

WHEREAS a recently introduced bill by a Member of Provincial Parliament supports community water fluoridation, and calls for changes to the Fluoride Act and other relevant legislation to support mandatory fluoridation of municipal drinking water; and

WHEREAS the decision on April 11, 2016 of the Council of the Township of Nairn and Hyman to discontinue the practice of fluoridating its community water supply is expected to result in a negative impact on the oral health among residents; and

WHEREAS the Sudbury & District Board of Health has consistently supported the principle and administration of community water fluoridation in Sudbury and districts;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health reaffirm its support for community water fluoridation and advocate for the implementation of provincial regulation mandating community water fluoridation; and

FURTHER THAT this motion be shared with relevant area municipalities, dental associations, community stakeholders, boards of health, the Minister of Health and Long-Term Care and the Chief Medical Officer of Health.

CARRIED UNANIMOUSLY

7.0 ADDENDUM

No addendum.

8.0 IN CAMERA

23-16 IN CAMERA

***Moved by Nolan – Lemieux: That this Board of Health goes in camera.
Time: 3:06 p.m.***

CARRIED

- Labour Relations or Employee Negotiations

9.0 RISE AND REPORT

24-16 RISE AND REPORT

***Moved by Pilon – Lemieux: That this Board of Health rises and reports.
Time: 3:17 p.m.***

CARRIED

It was reported that a labour relations item was discussed. The following two motions emanated:

25-16 APPROVAL OF BOARD IN-CAMERA MEETING NOTES

Moved by Thain – Lemieux: THAT this Board of Health approve the meeting notes of the January 21, 2016, 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

26-16 CUPE MEMORANDUM OF AGREEMENT

Moved by Lemieux – Myre: THAT the Board of Health ratify the February 25, 2016 Memorandum of Agreement settling terms for a 2 year renewal collective agreement from April 1, 2016 to March 31, 2018 between the Sudbury & District Health Unit and the Canadian Union of Public Employees.

CARRIED

10.0 ANNOUNCEMENTS / ENQUIRIES

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

In response to a question, it was clarified that we will communicate with union, staff and updates to the management who are responsible for this group.

11.0 ADJOURNMENT

27-16 ADJOURNMENT

Moved by Pilon – Kirwan: THAT we do now adjourn. Time: 3:22 p.m.

CARRIED

(Chair)

(Secretary)

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
MONDAY, MAY 2, 2015, AT 9 A.M.**

BOARD MEMBERS PRESENT

René Lapierre

Carolyn Thain

BOARD MEMBERS REGRETS

Stewart Meikleham

STAFF MEMBERS PRESENT

Colette Barrette
Dr. P. Sutcliffe

Marc Piquette

Rachel Quesnel

GUESTS: Grant Redpath, Pricewaterhouse Coopers LLP
Michael Hawtin, Pricewaterhouse Coopers LLP

C. THAIN PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 9:05 a.m. The auditors will be joining via teleconference for agenda item 6.4.

2.0 ROLL CALL

3.0 ELECTION OF BOARD FINANCE STANDING COMMITTEE CHAIR FOR 2016

3.1 Board of Health Finance Standing Committee Terms of Reference

Terms of Reference were shared for information and as a reminder of the committee's role.

C. Thain was nominated and accepted the nomination.

ELECTION OF BOARD FINANCE STANDING COMMITTEE CHAIR FOR 2016

THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Finance Standing Committee Chair for 2016.

4.0 REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

5.0 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

5.1 Board of Health Finance Standing Committee Meeting Notes dated November 2, 2015

01-16 APPROVAL OF MINUTES

Moved by Lapierre – Thain: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 2, 2015, be approved as distributed.

CARRIED

6.0 NEW BUSINESS

6.1 Year-to-Date Financial Statements

a) March 2016 Financial Statements *

The financial statement ending March 31, 2016, were shared for information. Management is monitoring statements to ensure the budget contingencies for 2016 are on target.

C. Barrette reviewed the statements showing a year to date surplus of \$268,573, primarily the result of gapped salaries and benefits. It was noted that the usual monthly internal process is that monthly statements are shared with management and any significant variance is investigated with the respective program manager and director.

Questions were entertained.

b) Cost Reduction Strategies

A summary of the 2016 cost reduction initiatives was reviewed and it was noted that there are a couple of initiatives that still require work such as the Children's Water Festival and outsourcing print shop. Certain initiatives are more complex such as the Needle Exchange Program and cost reductions targets have been slightly adjusted; however, there are additional benefits for the program that are also being realized with this transition.

This summary is monitored and reviewed on monthly basis by the Senior Management Executive Committee.

Once these targets are achieved, they will also help us in addressing the 2017 budget constraints.

6.2 Annual Insurance Review

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

An outline of the Sudbury & District Health Unit's 2015 insurance program, which was deferred from the two previous Board Finance Standing Committee meetings, was reviewed today. It was pointed out that the program and coverage for 2016 have not changed.

The broker for Frank Cowan Company Limited is Canada Brokerlink (Ontario) Inc. It was pointed out that Frank Cowan is used by the vast majority of health units in Ontario.

The insurance coverage summary outlines a schedule of our coverage including deductibles, and limits of insurance of general liabilities, errors & omissions liabilities, property, etc

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

A summary from Frank Cowan Company Limited displaying claims over the last ten years was reviewed. The table outlines the type of loss, claims status, and includes a brief description. There is currently one active claim.

It was noted that the summary confirms that the SDHU has adequate coverage and that overall, premiums have been stable. The coverage is reviewed annually with our broker. Our claims experience has not required specific litigation and there have been no service issues with either our insurer or broker.

Questions were entertained. Email clarification will be provided regarding a missing convalescent number. Additional clarification was sought regarding privacy breaches.

Given the Board Finance Standing Committee Terms indicate an annual review of this coverage, it was felt that a brief update would suffice for 2016.

6.3 Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair dated March 31, 2016, Re: 2015 Base Funding and One-Time Funding for 2015-16

We are pleased with additional one-time funding and base funding dollars as it relates to the MOH and AMOH compensation that will be flowed based on our budget request for these positions.

6.4 2015 Audited Financial Statement

a) Review of 2015 Audit Report by Pricewaterhouse Coopers LLP

Pricewaterhouse Coopers LLP auditors, G. Redpath and M. Hawtin, joined the meeting via teleconference and were invited to review the 2015 audit report.

The auditors confirmed that they have completed all the audit work and that the date the Board approves the audited statement is the date they finalize the reports and that the SDHU would sign the management letter.

The auditors have performed various levels of testing on every significant line item, including the cash balance sheet, confirmed that there are no significant items and full cooperation from management throughout the audit process. The risk is also assessed for fraud and illegal acts and that internal processes mitigate risks. The auditors also inquired about appropriate governance over the financials and the Board confirmed that were not aware of any fraud or illegal acts.

There were no concerns with internal control measures. Control testing which includes validating or performing substantive testing, focused on procurement; payroll and certain controls for invoices and payments.

The draft management representation letter is a standard letter that is required for auditing practices to confirm all is truthful and is signed by management closer to the Board meeting date.

The auditors concluded that, in their opinion, the financial statements present fairly, in all material respects, the financial position of the SDHU as of December 31, 2015, and the results of its operations, accumulated surplus, changes in its net financial assets and cash flows for the year then ended in accordance with Canadian public sector general accounting standards.

The auditors thanked management and staff for their time and for accommodation the auditor's requests throughout the process.

It was pointed out that the City of Greater Sudbury will be going to tender for the auditing services this year and, under legislation, the SDHU is required to use the same auditing firm as its largest constituent municipality.

b) Review of 2015 Audited Financial Statements

The draft statements were reviewed.

The Statement of Operations reports an annual surplus of \$270,876 due to budget contingency planning as the provincial grant is not known until later in the year. The 2015 fiscal year was also the first year that the new provincial public health funding formula was implemented. The statement of operations and statement of accumulated surplus accompanied by Note 5 that makes reference to the capital assets were reviewed. A breakdown of the surplus was outlined, including salaries and benefits. The accumulated surplus was also explained. It was noted that unfunded employee benefit obligations represent the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

Notes to Financial Statements were reviewed including the revenues and expenses by funding sources which is a requirement from the Ministry that we itemize each funding pool for them to reconcile at end of year.

Questions were entertained.

02-16 2015 Audited Finance Statements

Moved by Lapierre – Thain: THAT the Board of Health Finance Standing Committee recommend to the Sudbury & District Board of Health the adoption of the 2015 audited financial statements.

CARRIED

This will come forward at the May Board meeting. The Board Finance Standing Committee Chair will introduce the process that was followed by this committee.

6.5 Public Health Funding & Accountability Agreement (PHFAA)

- a) Review of Key Elements of the PHFAA
- b) PHFAA and Schedules

Power Point slides were used to review the Public Health Funding and Accountability Agreement (PHFAA) that came into effect January 1, 2014. A lengthy attachment with schedules was included for Finance Standing Committee members' orientation.

This signed formal, legal agreement is required between all boards of health and the Ministry as a condition of funding. The PHFAA sets out key requirements for the accountability of the Boards and management of health units.

The key provisions and accountability requirements were reviewed.

Internal processes for ensuring compliance were explained.

Dr. Sutcliffe pointed out that under the Patients First proposals, boards of health would enter into the PHFAA with the LHINs versus the MOHLTC.

6.0 ADJOURNMENT

03-16 ADJOURNMENT

Moved by Lapierre – Thain: THAT we do now adjourn. Time: 10:42 p.m.

CARRIED

(Chair)

(Secretary)

**BOARD OF HEALTH EXECUTIVE COMMITTEE
UNAPPROVED MINUTES**

FRIDAY, MAY 6, 2016

1 P.M.

BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT

MEMBERS: Janet Bradley
Stewart Meikleham

Jeffery Huska

René Lapierre

REGRETS: Claude Belcourt

STAFF: Marc Piquette

Rachel Quesnel

Dr. Penny Sutcliffe

DR. PENNY PRESIDING

1. CALL TO ORDER

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

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and there were no declarations of conflict of interest.

4. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2016

J. Huska was nominated and accepted the nomination.

ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2016

THAT the Board of Health Board Executive Committee appoint Jeffery Huska as the Board Executive Committee Chair for 2016.

J. Huska invited R. Lapierre to Chair today's meeting.

RENÉ LAPIERRE PRESIDING

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated January 21, 2014

01-16 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Huska – Meikleham: THAT the meeting notes of the Board of Health Executive Committee meeting of January 21, 2014, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 Executive Committee of the Board Terms of Reference C-II-10

The Terms of Reference were initially included in today's agenda package as the Committee had not met since 2014; however, pursuant to the May 5 governance training session yesterday, it was felt timely to discuss the purpose and responsibilities of the Board Executive Committee.

Dr. Sutcliffe pointed out that the current Terms stipulate that "*The Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property. Assigned responsibilities must be delegated by majority vote of the full Board.*" The Terms do not outline that the Board Executive meets regularly.

Further to information provided at the governance session, the MOH proposed the Terms be revised to clarify that the Board EC does not have to be assigned responsibility by the Board if discussing an issue that is to be brought to the Board for decision. If the Board EC is tasked with making a decision, then the Board would assign this responsibility via Board motion. The Board EC supported this standing authority of the Board EC to consider issues at the call of the chair to make recommendations to the full Board but when a decision is required, the Board would assign this responsibility to the EC.

Historically, the Executive Committee assumes governance of the Board between Board meetings. It was not felt that the terms needed to be more specific regarding the timeframes.

It was clarified that the Board EC does not meet regularly but it can do so if required. Board EC agreed to the proposed revisions and this will come forward with the next Board manual review revisions for the approval of the full Board.

6.2 Governance

A Board governance training session was held on May 5 for all Board members. The training was facilitated by John Fleming, Occasional Consulting, and nine board members were in attendance. Board EC members shared their reflections regarding the training.

Dr. Sutcliffe summarized key take-aways and Board topics that will be re-examined at the time of our Board Manual review:

- conflict of interest
- selection of board members as it relates to the OPHOS
- updating the board meeting evaluations to seek feedback re chairing of the meetings
- having a written policy as it relates to the monthly Board meeting evaluations
- revised Board EC terms of reference in the board manual.

Understanding that the MOHLTC is working with Algoma Public Health to develop board profiles, competency matrices and toolkits, we will review this work once

shared to inform future policies and practices related to board member training and appointment.

In the context of discussion related to ensuring that boards reflect diversity, Dr. Sutcliffe noted that cultural training had been provided to the previous Board on issues related to the health of area First Nations communities. Updates will be provided to this Board in the future.

6.3 Risk Management Scoping/Review of Senior Management Work and Preparation for Board In Service

The Board risk management session is scheduled for May 27. This agenda item is intended to update the Board EC on preparations to date for this session and to briefly review the process mapped out for the day.

The MOH walked through materials distributed at the meeting including a presentation, "placement" describing the risk management tool and process, the risks identified by the senior management team and a related rating of these risk (called a "heat map" graphic).

The process for the May 27 meeting was described. Essentially, there will be a presentation on risk management and the analysis process, a review of risks as identified by senior management, a validation exercise and an exploration of Board members' risk tolerance or appetite. It is expected that further details will then be brought to the June Board of Health meeting and further work will occur by staff into the fall to map out risk mitigation plans. The risk management process will ultimately be documented and included in the Board Manual.

6.4 MOH/CEO Performance Appraisal Process

- Briefing Note from the Medical officer of Health / Chief Executive Officer to the Board Executive Committee dated April 29, 2016 Re: Performance Appraisal Process for MOH/CEO *
- SDHU's General Administrative Manual (GAM) Performance Management Policy and Procedure K-II-20 *

It was agreed at the April 20, 2016, Board meeting, that the Board EC review the process for the MOH/CEO performance appraisal.

Dr. Sutcliffe reviewed past practice for the MOH/CEO performance management as per the General Administrative Manual Policy and Procedure. A summary of the information that the Board already receives relating to the MOH performance and her ability to fulfill the position requirements were outlined.

The Board Executive Committee directed the MOH/CEO to follow-up on these actions:

1. That the MOH/CEO performance appraisal process and position description review be included as a separate policy in the Board of Health Manual to increase transparency and facilitate all Board members' familiarity with the process.

2. That the MOH/CEO performance appraisal process include the following:
 - Opportunities for input by all Board of Health members and direct reports to be shared anonymously with MOH/CEO and Board Executive Committee members;
 - Explicitly seek input relative to the position expectations using an electronic survey tool; and
 - Specify that the Board Chair conducts the performance appraisal meeting after appropriate consultation with the Board of Health Executive Committee.

These recommended actions would allow a more vigorous and transparent process from what is currently in place.

The MOH/CEO will draft a Board Manual Policy for the MOH/CEO performance map consistent with direction provided by the Board EC and it will be tabled at a future Board meeting when the revisions to the Board Manual is tabled.

02-16 IN CAMERA

Moved by Meikleham – Huska: THAT this Board of Health Executive Committee goes in-camera. Time: 2:09 p.m.

CARRIED

R. LAPIERRE PRESIDING

- 6.5 Personnel matters involving one or more identifiable individuals, including employees or prospective employees

03-16 RISE AND REPORT

Moved by Huska – Meikleham: THAT this Board of Health Executive Committee rises and reports. Time: 2:34 p.m.

CARRIED

R. LAPIERRE PRESIDING

The following motion emanated from the in-camera discussion:

04-16 APPROVAL OF IN CAMERA MEETING NOTES

Moved by Meikleham – Huska: THAT this Board of Health Executive Committee approve the meeting notes of the January 21, 2014, 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

7. ANNOUNCEMENT

Dr. Sutcliffe shared that the President of the Association of Local Public Health Agencies (alPHA) received a call from the Minister advising that he had listened to the response from alPHA and other inputs and, at this time, he plans to await the work of the Expert Panel. Further, he is not recommending that funding and

accountability for public health units go through the LHINs but that they remain with the Ministry of Health. He also indicated they were redrawing the LHIN boundaries and that work should be done by the end of the summer.

Dr. Sutcliffe shared that she had put her name forward to be the COMOH Chair for a one year term due to Dr. McKeown's recent resignation from Toronto Public Health.

8. ADJOURNMENT

05-16 ADJOURNMENT

Moved by Meikleham – Huska: THAT we do now adjourn. Time: 2:38 p.m.

CARRIED

(Chair)

(Secretary)

**Medical Officer of Health/Chief Executive Officer
Board Report, May 2016**

Words for thought...



Message from

Grand Council Chief **Patrick Madahbee**

Chair, Ontario Chiefs Committee on Health

ON BEHALF OF THE CHIEFS OF ONTARIO, I am pleased to provide a message to introduce this very critical report—*Cancer in First Nations in Ontario: Risk Factors and Screening*. This report is a collaboration between the Chiefs of Ontario and Cancer Care Ontario, and is about improving the health of First Nations peoples by looking at their cancer risk factors and participation in screening.

We need to equip our Peoples with the information they need to take control of their health and well-being. We hope this report will help First Nation individuals and communities begin the planning process for better health.

The accumulated effect of life circumstances—over which many of our Peoples have had no control—have put them at higher risk for poor health. These circumstances involve imposed reserve systems that dictate where they can live, low housing standards, poor water quality, poor access to nutritious food and lack of resources.

At the very least, our Peoples need better access to health screening and health services so they are aware of the risks and can be diagnosed sooner. At the end of the day, First Nations deserve access to the same level of services enjoyed by all Ontarians.

Just as importantly, we need access to healthy foods. We need to educate our youth on the dangers of abusing tobacco and we need more funding for smoking cessation programs for those already at risk.

In closing, we extend our thanks to Cancer Care Ontario for working with us, and for sharing our vision towards building happy, healthier communities.

Meegwetch.



Patrick Madahbee

Source: Chiefs of Ontario and Cancer Care Ontario. Cancer in First Nations in Ontario: Risk Factors and Screening. Toronto, 2016.
<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=355106>

Chair and Members of the Board,

The important work by Chiefs of Ontario and Cancer Care Ontario referenced in this month's *Words for Thought* is an excellent example of collaboration in support of the health of First Nations in Ontario. It provides essential evidence that First Nations, boards of health and others can use to support cancer prevention and screening. The report itself notes that the work is unique. It is unique not only in its content - the cancer risk factors and screening uptake that it describes – but perhaps more importantly, in the collaborative process that made it possible.

The Sudbury & District Board of Health continues to seek ways to effectively and respectfully collaborate with area First Nations Peoples to best support health. Staff is inspired and informed by this report. Although we have engaged in cultural competency training and are seeking appropriate ways to collaborate, we have a long way to go to ensure a seamless public health system for all. The Board can expect further updates on our work with the area's Indigenous Peoples.

GENERAL REPORT

1. Human Resources

I continue to act as the Algoma Public Health Medical Officer of Health, now ably assisted by Dr. Hukowich, Algoma's Associate Medical Officer of Health.

This will be the last Board meeting that our Director of Clinical and Family Services Division, Shelley Westhaver, will be attending before her retirement. As Chief Nursing Officer and Director of Clinic and Family Services, Shelley was honoured this month to receive the Registered Nurses Association of Ontario (RNAO) award, *Special contribution to our community as a nurse*. This award is given to the registered nurse who consistently demonstrates expertise and evidence-based practice in the community. Additionally the recipient of this award exhibits effective teamwork and leadership influencing change within the workplace and community for the betterment of clients, families and the community. This award accurately reflects Shelley's professional and passionate commitment over her 26 year career at the SDHU. Congratulations Shelley and best wishes in your retirement!

As previously announced, I am pleased to welcome Sandra Lacle as the Director of Clinical and Family Services effective June 1, 2016.

I am also pleased to announce that Megan Dumais, Manager of Clinical and Family Services is the successful applicant for the Director of Health Promotion position. Megan will begin in her senior management role effective June 1, 2016.

2. Board Training Sessions

The Board governance training session was held on Thursday, May 5, 2016. The session was facilitated by John Fleming and nine Board members were in attendance. Evaluation results are pending although informal feedback is very positive. There are some key learnings that will be taken into consideration as the Board of Health manual is reviewed and as we engage in risk management.

A friendly reminder that the risk management training session is scheduled for Friday, May 27, 2016, from 10 a.m. until 3:30 p.m. in the Ramsey Room. The session will be facilitated by Corinne Berinstein, Senior Audit Manager, Health Audit Services Team (HAST), Ontario Internal Audit Division, Treasury Board Secretariat.

The Ontario Public Health Standards (OPHS) requires that Board members to receive emergency preparedness and response training on a yearly basis. As May 2-6 was Emergency Preparedness Week, Board members are asked to complete the online training module and to sign an acknowledgement form at the May 19 Board meeting confirming they have completed the 15-20 minutes training video. Your completion of this training will influence our compliance results for Indicator 10 – Emergency Preparedness Index of our performance monitoring report. The video can be access through the home page of BoardEffect or under the *Resource Library - Sudbury & District Board of Health - Yearly Mandatory Emergency Preparedness Training for Board Members*.

3. Local and Provincial Meetings

In addition to local meetings, the following meetings/conferences are highlights since the last Board meeting:

- alPHa Board of Directors on April 22
- Immunization 2020 Stakeholder Summit on April 26
- COMO H section meeting on April 27
- Practice & Evidence Program Standards Advisory Committee on May 9
- COMO H Executive on May 10
- Cancer Care Ontario Prevention Advisory Committee on May 12
- Public Health Working Group on May 13

4. Financial Report

The March financial statements reflect the Board of Health approved budget. Implementation of the cost reduction initiatives reflected in the Board of Health approved budget are proceeding. Most of the strategies have been finalized and implemented. The remaining strategies are currently tracking on target. The positive variance in the cost-shared program is \$268,573 for the period ending March 31, 2016. Gapped salaries and benefits account for \$107,693 or 40% with operating expenses and other revenue accounting for \$160,880 or 60% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses.

5. 2015 Audited Financial Statements

The audit of the SDHU financial statement for the year ended December 31, 2015 has been substantially completed. The audit was conducted by Pricewaterhouse Coopers. This is the second and final year of a two year optional extension of the original three year term of their engagement. The SDHU will participate in the City of Greater Sudbury's procurement process for audit services this summer/fall. It is a requirement of the Municipal Act that boards of health use the auditor engaged by the municipality responsible for the largest share of expenses.

We are pleased to report another successful audit noting no significant reporting issues and no significant internal control recommendations. The auditors propose to issue an unqualified report on the statements pending finalization of outstanding items, approval of the draft statements by the Board of Health and receipt of a signed management representation letter. Included in the meeting package is the auditor's 2015 year-end report including communications to the Board, draft auditor's report and financial statements and the draft management representation letter. The audit report was presented to the Board of Health Finance Standing Committee at their May 2nd meeting. The auditors participated in the meeting to provide their report and Finance Standing Committee members reviewed the financial statements.

6. Response to National Hepatitis A Outbreak

A national hepatitis A outbreak linked to Nature's Touch brand Organic Berry Cherry Blend frozen berries resulted in the Canadian Food Inspection Agency issuing a food recall warning on April 15, 2016, for product sold between December 11, 2015, and April 15, 2016, at any Costco location in Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador. Currently, there are sixteen cases of Hepatitis A in Ontario, Quebec, and Newfoundland and Labrador related to the outbreak. One local case of hepatitis A was confirmed via laboratory testing to be part of the outbreak.

A separate report on the SDHU response to this outbreak is included in this meeting package for the Board's attention.

I am very proud of the SDHU response. Staff from across all divisions and disciplines came together on very short notice to enact a very thorough response to this potential public health threat. Whether providing direct or indirect services, the SDHU staff response to this Hepatitis A incident has once again confirmed the dedication and professionalism that staff bring to their work.

Following are the divisional program highlights since the April 2016 Board meeting.

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases

Influenza: There have been 179 cases of influenza A and 88 cases of influenza B identified to date since the late start to our influenza season in January 2016. 40 of 179 cases were confirmed to be subtyped H1N1 (pdm09), many of which resulted in hospitalization. A total of nine confirmed Influenza cases in our area have resulted in a fatal outcome. Sporadic cases of influenza B in the community continue to be confirmed even now into May. The quadrivalent vaccine (available to children 6 months to 17 years) was a perfect match this year and the trivalent vaccine was a close match, missing one of the B strains (B Brisbane). The majority of confirmed FLU cases were not immunized. At this time last year in comparison, there had been 136 cases of influenza A and 19 cases of influenza B identified.

Respiratory Outbreaks: There have been ten identified respiratory outbreaks in long-term care and retirement homes to date since December, 2015 (compared with 20 to date for last year). The causative agent(s) identified were as follows:

- 3 -Influenza A
- 1 -Influenza B
- 1 -Influenza A/RSV B
- 1 -Influenza B/meta pneumovirus/enterovirus
- 1 -Coronavirus
- 1 -Parainfluenza 4
- 1 -Rhinovirus
- 1 -Unknown

Immunization of School Pupils' Act: The CID team continues to review all student immunization records for all school-aged children up to 18 years of age to ensure compliance with the ISPA. Additional childhood immunization clinics were offered on Tuesday April 12, Saturday April 16th and Saturday April 30th to accommodate children requiring immunization under the ISPA. To date, the CID team has reviewed nearly 30,000 student immunization records. Children who are not up-to-date in 75 of the 109 total schools have so far received two reminder notices and if necessary, a suspension order. The team continues to work with parents and schools to remove suspensions as soon as possible and allow 'lifts' if parents have a plan in place to provide records or seek vaccination or exemption

Mass Immunization Response to Hepatitis A/Costco frozen berry product recall: The CID team response is documented in the summary report included in today's agenda.

2. Prenatal Education

In the month of April, 25 pregnant women and their support persons attended 'in-person' prenatal classes at SDHU's main site and 9 individuals registered for on-line prenatal.

Breastfeeding: On April 7, a Family Health Team staff member presented the BFI practice outcome indicators to NEO Kids staff at HSN and also provided them with breastfeeding resources. The NEO Kids coordinator expressed interest in learning more about the BFI process and opportunities for future engagement will be explored.

Positive Parenting Program (Triple P): Staff have conducted one-on-one sessions with 8* parents of teens. There were no group sessions offered in April.

Healthy Eating and Healthy Weights: The one-year NutriStep Tablet pilot project within primary care settings is more than half-way completed. The Family Health Team dietitian recently completed mid-point data collection through focus groups with both the Walden Family Health Team and the Chapleau Family Health Team. A total of seven clinicians participated in the focus groups which included a mix of physicians, registered nurses, registered practical nurses and a registered dietitian.

Child Health Community Events: Family Health team staff worked in collaboration with school boards to assist the Child and Family Centre in coordinating an event on May 2 for youth to celebrate Children's Mental Week. The theme of the event was physical activity and mental well-being. Over 150 youth from all four school boards took part in activities offered at Collège Boréal.

A presentation on "Stages of Readiness" related to parent engagement in parenting programs was delivered to 12 staff from Our Children Our Future on April 4.

Resiliency: Family Health team staff has started working in partnership with Child and Community Resources and Teddy Bear Daycare to launch a resiliency pilot project in one child care site located within Holy Trinity School. The aim is to increase the capacity of child care staff to apply a strength-based approach to enhance the resiliency of children.

On April 20, Family Health Team staff co-facilitated a stress presentation to over 100 youth attending the “Courage to Stand” Conference organized by the Chief Youth Advisory Council. Resiliency messaging was embedded within this presentation.

Partnerships: In April, a family health team staff member met with Aboriginal Healthy Babies Healthy Children staff from the Métis Nations of Ontario, Sudbury location to explore partnership opportunities.

3. Sexual Health/STI including HIV and BBI Programs

During the month of April, the sexual health team responded to three community requests for presentations to 27 participants. The presentations focused on healthy relationships, birth control options and the prevention and treatment of sexually transmitted infections.

March 31, 2016 marked the first year anniversary of MyTest, the on-line access-enabling testing program for chlamydia and gonorrhea. Over the course of the past year 146 tests were completed via My Test. Twenty of the tests were confirmed positive and treatment was provided.

Needle Exchange Program (NEP): The Needle Exchange program model changed as of April 1 2016. One of the changes to the model is an expansion of the services in the form of a fixed site at the Health Unit’s Rainbow Centre office. Since the start of NEP services at the Rainbow Centre on March 28, there have been 361 visits to obtain and discard harm reduction supplies. Of note, a total of 17,986 needles were supplied to clients, 7,206 used needles were taken in from clients and 46 safe inhalation kits were provided.

4. Academic Detailing Program (ADP)

Since February 2016, 23% of all health care practitioners within the City of Greater Sudbury have received a 30 minute one-on-one academic detailing session on the topic of Low Risk Drinking Guidelines (LRDG). This session is delivered by SDHU staff who received specific training in academic detailing and the topic of LRDG. Informal feedback from the detailers and their program participants has been positive. An evaluation report of this pilot will be shared with the Board of Health in the Spring 2017. This timeline is required to wrap up the additional LRDG fall 2016 AD sessions and subsequently compile all qualitative and quantitative data as per the “SDHU Academic Detailing Evaluation Plan”. Recruitment to the ADP program is ongoing and the development of the next session topic is underway for a January 2017 implementation.

The SDHU ADP is one-on-one personalized Continuing Professional Development designed to connect primary care providers to public health issues that impact individual health interventions and population health. This program meets the accreditation criteria of the [College of Family Physicians of Canada](#).

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of April, 11 sporadic enteric cases and four infection control complaints were investigated. Two enteric outbreaks were declared in institutions. Norovirus was identified as the causative organism for one of these outbreaks.

2. Food Safety

During the month of April, public health inspectors issued a closure order to a food premises due to unsanitary conditions that constituted a health hazard. Following a thorough cleaning of the premises and food handler training, the order was rescinded and the premises allowed to reopen.

In April, staff issued 72 Special Event Food Service Permits to various organizations for events serving approximately 4075 attendees.

Through Food Handler Training and Certification Program sessions offered in April, 97 individuals were certified as food handlers.

3. Health Hazard

In April, 22 health hazard complaints were received and investigated.

4. Ontario Building Code

During the month of April, 13 sewage system permits, 12 renovation applications, and four consent applications were received.

5. Rabies Prevention and Control

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

6. Safe Water

During April, 18 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated six regulated adverse water sample results. Additionally during the month of April, one boil water advisory was issued and one boil water order was rescinded.

Staff participated in the Greater Sudbury Watershed Alliance *Greater Shorelines - Greater Living* event which was held at Science North on April 20, 2016. A presentation on private drinking water systems and private sewage systems was provided to approximately 100 members of the public.

7. Tobacco Enforcement

In April, tobacco enforcement officers charged two individuals for smoking on school property.

HEALTH PROMOTION DIVISION

1. Healthy Eating

As part of ongoing provincial advocacy efforts to create a healthier food environment in recreational settings, SDHU staff presented alongside Dr. Kim Raine, Professor at the Centre for Healthy Promotion Studies School of Public Health, University of Alberta at the annual Parks and Recreation Ontario (PRO) Educational Forum and Trade Show. Individuals from a variety of sectors – park, recreation, culture, community development, health promotion, education, community agencies, and elected officials – came together to gain a better understanding of why promoting a healthy food environment is key to supporting health and wellbeing in their community. SDHU staff provided participants with an overview of the evidence and best practices in relation to the food environment in recreation spaces, and shared evaluations of provincial-level health promotion initiatives. Strategies and actions for offering quality food and beverages in recreation facilities was also discussed.

Health promotion staff delivered SCREEN® (Seniors in the Community Risk Evaluation for Eating and Nutrition) administrator training to community health promotion paramedics involved with the Community Health Assessment Program through Emergency Medical Services (CHAPS-EMS). Additionally, in partnership with the CHAP-EMS, health promotion staff delivered a highly successful six-week community kitchen series with older adults living in a Greater Sudbury Housing Corporation apartment complex.

Health promotion staff assisted the Greater Sudbury Food Policy Council (GSFPC) in hosting their annual lunch hour event. The target audience was key decision makers from across the City of Greater Sudbury and the purpose of the event was to provide participants with the opportunity to learn how local organizations and food businesses are contributing to the development of a more sustainable, resilient, and healthy food system. Presenters from Valley Growers, Ministry of Agriculture, Food and Rural Affairs, Association des cultivateurs de Chelmsford, Flour Mill Community Food Centre, Fruit For All, and Eat Local Sudbury Co-operative shared their initiatives and discussed the value of a Greater Sudbury Food Strategy. Food Strategies are growing in communities across Canada as way of meeting social, environmental, and economic goals. Food Strategies also use a community-led approach to define issues and create solutions.

2. Injury Prevention

Falls Prevention: On April 11, 2016, staff attended the Year 2 Stay on Your Feet planning meeting with the North East LHIN and the 5 Northeastern Public Health Units.

On April 21, 2016, staff attended the Regional network meeting to finalize the year 2 priorities for the Stay On Your Feet Regional Falls Prevention Strategy.

Road Safety: A Public Health Nurse in Injury Prevention is the co-researcher for the project, “Anti-texting and driving strategies: Youth perceptions, attitudes and behaviours”. On March 3, 2016, this project was awarded a Louise Picard Grant.

On March 30, 2016, a first Car Seat Strategy coalition meeting was hosted for the City of Greater Sudbury. Ten members attended from various key agencies such as the Ministry of Transportation, Canadian Automobile Association-North and East Ontario, Our Children, Our Future, YMCA Newcomer Services Sudbury, Ontario Provincial Police, Greater City Police Service and Centre Pivot Du Triangle Magique. At the meeting, the members reviewed an evidence-based car seat strategy model and a three-year logic model. The members agreed to meet quarterly and a member from the Centre Pivot du Triangle Magique agreed to co-chair the meetings with the Public Health Nurse from the Sudbury & District Health Unit. Together, they will draft guiding principles.

3. Prevention of Substance Misuse

The Workplace Health and Substance Misuse Program (WHSMP) is continuing its efforts with the *Alcohol... Let's Get Real* social media engagement campaign. The ongoing social media campaign engages community members on Facebook and Twitter with efforts to de-normalize alcohol use by creating conversation to increase awareness of the health and social impacts of alcohol use. The WHSMP team collects and evaluates the social media engagement data of the campaign quarterly. The following data were collected over the periods of November 2015 to February 2016 to as monitoring indicators for the campaign's performance:

Alcohol... Let's Get Real Facebook page:

- 199 page "likes"
- 45,000+ unique people in the SDHU area have seen *Alcohol... Let's Get Real* on Facebook
- Campaign posts appeared 140,000+ times in Facebook newsfeeds (posts can appear multiple times and are not unique views)

@*AlcoholGetReal* Twitter:

- 120 followers
- 446 profile visits
- 8,217 views of the highest performing tweet

4. School Health

In March 2016, Sudbury East public health nurses supported the Parent Reaching Out Grant programming and worked with the Markstay Public School to host a presentation provided by Dr. Hammond. The presentation was delivered to a total of 11 parents and guardians and focused on building resiliency.

In Chapleau, a public health nurse led a discussion with grade 3 students about resisting the pressures of using tobacco. Throughout the activity, the importance of inner strengths and supports was emphasized.

The SDHU partnered with the *Conseil scolaire public du Grand Nord de l'Ontario* to organize a family fair, entitled *EXPLO! Une foire pour faire étinceler les familles (Making Families Shine)*. This year's theme was "I make a difference", and highlighted various ways that families could make a difference at home, in their class, at school, and in their community. Three hundred school community members, from all schools within the board attended the event. Dr. Wayne Hammond spoke to parents about promoting resilience and positive relationships between parents and children.

School Team staff hosted a workshop at the *Dare to Stand Out* event for students from the Rainbow District School Board. The event aims to create and enhance school-based supports for students that are Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTBQ), as well as students with friends and families in these communities. Approximately 80 students attended the SDHU workshop, which empowered them to examine the 'power in their hands', and provided them with the opportunities to explore their strengths.

In April, the Manager of School Health Promotion presented at the Ontario Healthy School Coalition's 15th annual conference in Toronto. The presentation highlighted the partnerships that has been built with our school boards, with the goal of building and fostering resilience and positive relationships, and showcasing the link to health and academic outcomes. The presentation was well-received by the 200 participants.

School Team staff partnered with an elementary school from the Rainbow District School Board to support the implementation of *Adventures in Cooking*. A total of eight sessions were held, where students did food preparation, and learned about cross-contamination and proper hand washing techniques. They also explored other cultures and their traditional dishes.

The team partnered with Métis staff from Collège Boréal to deliver a workshop at the *Canadian Roots Youth Conference*, which was held in Sudbury in March 2016. Over 180 participants attended this conference, which was aimed at uniting indigenous and non-indigenous youth to move forward together and stand in solidarity. Our workshop, called *Power To Be/Le pouvoir d'être*, encouraged youth to realize their potential through self-reflection and character building activities.

5. Tobacco Control

During the first quarter of 2016, Public health nurses working in tobacco cessation supported individuals interested in quitting; there were 130 calls to the tobacco information line, 50 appointments to the Quit Smoking Clinic, and 44 vouchers were provided to clients, to support the purchase of nicotine replacement therapy.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Health Equity

In April, there were opportunities for Health Equity Knowledge Exchange Resource Team (HEKERT) members to connect and learn with community members. Three HEKERT members had the opportunity to hear Dr. Andrew Pinto share his knowledge around strategies to address the social determinants of health which was followed by a valuable discussion with community leaders around research on potential health equity interventions. There was also an opportunity for a full day workshop to learn the fundamentals of *Collective Impact* with community partners looking to mobilize.

2. Population Health Assessment and Surveillance

The RRED Division provided support to the Environmental Health division's food premise outbreak investigation in late April. Support included entry and management of data for analysis of demographics, incubation periods, distribution and duration of symptoms, and an epidemic curve.

Six Population Health Assessment and Surveillance team Internal Reports (PHASSt-IR) were generated using data from the 2013–2014 Rapid Risk Factor Surveillance System (RRFSS) dataset. Topics include Safe Water, Artificial Tanning, Support for Water Fluoridation, Awareness of the Ontario Breast Screening Program, and Urban Development I: Walking Distance from Home.

3. Student Placement Program

On April 22, the Manager of Professional Practice and Development and the Education and Volunteer Services Officer participated in the Public Health Ontario Student Placement, Education and Preceptorship (SPEP) Network meeting. This meeting offered an opportunity to hear about the recent evaluation of SPEP, to provide input into a provincial student placement tracking mechanism, to learn about the implementation of a preceptor development survey, to and discuss implications of recent changes to the national nursing certification exam. Participation in this meeting also allowed for dialogue amongst members on efforts to support student placements, student education, and preceptor development as ways to strengthen the public health workforce.

Respectfully submitted,

Original signed by

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

Sudbury & District Health Unit
STATEMENT OF REVENUE & EXPENDITURES
For The 3 Periods Ending March 31, 2016

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,893,000	3,723,250	3,723,250	0	11,169,750
MOHLTC - Unorganized Territory	813,000	203,250	203,250	0	609,750
MOHLTC - VBD Education & Surveillance	65,000	16,250	16,250	0	48,750
MOHLTC - SDWS	106,000	26,500	26,500	0	79,500
MOHLTC - CINOT Expansion	24,800	6,200	6,200	0	18,600
Municipal Levies	6,807,155	1,701,791	1,701,791	(0)	5,105,364
Municipal Levies - Small Drinking Water Syst	47,222	11,806	11,806	(0)	35,416
Municipal Levies - VBD Education & Surveill	21,646	5,412	5,412	(0)	16,234
Municipal Levies - CINOT Expansion	10,503	2,626	2,626	(0)	7,877
Interest Earned	85,000	15,124	15,124	(0)	69,876
Total Revenues:	\$22,873,326	\$5,712,208	\$5,712,209	\$(2)	\$17,161,117
Expenditures:					
Corporate Services:					
Corporate Services	4,194,795	1,229,810	1,229,740	70	2,965,055
Print Shop	211,219	51,000	42,221	8,779	168,998
Espanola	119,781	28,152	27,184	968	92,597
Manitoulin	125,708	32,357	31,751	606	93,957
Chapleau	98,585	23,353	21,751	1,603	76,834
Sudbury East	16,486	4,221	4,102	120	12,384
Volunteer Services	6,838	1,834	198	1,636	6,640
Total Corporate Services:	\$4,773,412	\$1,370,728	\$1,356,946	\$13,782	\$3,416,466
Strategic Engagement					
Strategic Engagement	506,341	118,528	113,613	4,915	392,728
Total Strategic Engagement:	\$506,341	\$118,528	\$113,613	\$4,915	\$392,728
Clinical and Family Services:					
General	937,854	226,831	208,099	18,732	729,755
Clinical Services	1,343,654	301,597	274,588	27,009	1,069,066
Branches	336,399	73,165	70,479	2,686	265,920
Family	648,589	149,717	140,965	8,751	507,624
Risk Reduction	98,302	33,629	33,629	0	64,673
Intake	306,216	70,753	69,440	1,313	236,776
Clinical Preventative Services - Outreach	139,150	33,227	31,264	1,964	107,887
Sexual Health	934,242	221,311	212,903	8,408	721,339
Influenza	0	0	3	(3)	(3)
HPV	0	0	(374)	374	374
Dental - Clinic	805,584	157,282	123,962	33,320	681,622
CINOT Expansion - Clinic	35,303	0	0	0	35,303
Family - Repro/Child Health	1,162,323	240,053	205,444	34,609	956,879
Total Clinical Services:	\$6,747,617	\$1,507,565	\$1,370,402	\$137,162	\$5,377,214
Environmental Health:					
General	771,116	170,421	164,078	6,343	607,038
Enviromental	2,658,862	630,599	618,794	11,805	2,040,068
Vector Borne Disease (VBD)	86,585	6,401	5,555	846	81,030
Small Drinking Water System	178,200	41,139	35,913	5,226	142,287
Total Environmental Health:	\$3,694,763	\$848,560	\$824,340	\$24,220	\$2,870,423
Health Promotion:					
General	1,112,994	277,818	268,988	8,830	844,006
School	1,389,702	302,934	294,159	8,775	1,095,543
Healthy Communities & Workplaces	180,720	40,815	39,269	1,546	141,451
Branches - Espanola / Manitoulin	295,926	69,311	67,328	1,983	228,598
Nutrition & Physical Activity	1,258,172	266,038	237,574	28,464	1,020,598
Branches - Chapleau / Sudbury East	304,286	71,130	69,593	1,538	234,693
Injury Prevention	451,061	95,299	89,016	6,284	362,045
Tobacco By-Law	347,655	67,317	60,173	7,144	287,482
Alcohol and Substance Misuse	271,006	44,149	34,840	9,308	236,165
Total Health Promotion:	\$5,611,522	\$1,234,812	\$1,160,939	\$73,872	\$4,450,583
RRED:					
General	1,524,431	371,982	359,657	12,325	1,164,774
Health Equity Office	15,240	5,095	2,801	2,294	12,439
Total RRED:	\$1,539,671	\$377,077	\$362,458	\$14,619	\$1,177,214
Total Expenditures:	\$22,873,326	\$5,457,270	\$5,188,698	\$268,572	\$17,684,628
Net Surplus/(Deficit)	\$0	\$254,938	\$523,511	\$268,573	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2016

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	22,922,114	5,760,995	5,765,047	(4,052)	17,157,067
Other Revenue/Transfers	838,682	200,057	249,539	(49,481)	589,143
Total Revenues & Expenditure Recoveries:	23,760,796	5,961,053	6,014,585	(53,533)	17,746,210
Expenditures:					
Salaries	15,726,617	3,536,977	3,457,468	79,509	12,269,148
Benefits	4,297,312	1,037,760	1,009,576	28,184	3,287,736
Travel	282,080	48,276	24,043	24,233	258,037
Program Expenses	840,033	231,975	179,944	52,031	660,089
Office Supplies	70,683	17,862	12,841	5,021	57,842
Postage & Courier Services	72,230	11,294	9,462	1,832	62,768
Photocopy Expenses	67,706	15,272	10,648	4,624	57,058
Telephone Expenses	59,466	14,539	13,156	1,383	46,310
Building Maintenance	397,320	163,748	162,855	893	234,466
Utilities	199,144	57,310	57,294	16	141,850
Rent	239,074	59,779	60,299	(520)	178,775
Insurance	103,774	91,232	91,232	(0)	12,542
Employee Assistance Program (EAP)	34,969	7,742	7,605	137	27,364
Memberships	30,027	13,829	14,972	(1,143)	15,055
Staff Development	120,060	26,054	25,764	290	94,296
Books & Subscriptions	16,750	8,237	5,718	2,519	11,032
Media & Advertising	125,886	17,530	11,025	6,505	114,861
Professional Fees	308,174	39,047	41,084	(2,037)	267,090
Translation	47,300	12,575	8,114	4,461	39,186
Furniture & Equipment	16,130	2,792	2,134	658	13,996
Information Technology	706,060	292,285	285,840	6,445	420,220
Total Expenditures	23,760,795	5,706,115	5,491,074	215,040	18,269,721
Net Surplus (Deficit)	0	254,938	523,511	268,573	

Sudbury & District Health Unit

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2016

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	16,634	122,366	12.0%	Dec 31	16.7%
GSPS - Community Drug Strategy	705		60,847	(60,847)	#DIV/0!	Dec 31	16.7%
SFO - Electronic Cigarette Act - New Nov./15	723	36,700	18,857	17,843	51.4%	Mar 31/16	0.0%
SFO -TCAN - Prevention	724	97,200	2,210	94,990	2.3%	Dec 31	16.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	63,919	221,881	22.4%	Dec 31	16.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	48,297	211,503	18.6%	Dec 31	16.7%
SFO - Tobacco Control Coordination	730	100,000	23,619	76,381	23.6%	Dec 31	16.7%
SFO - Youth Engagement	732	80,000	17,161	62,839	21.5%	Dec 31	16.7%
Infectious Disease Control	735	479,100	111,077	368,023	23.2%	Dec 31	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	127,499	123,803	3,696	97.1%	Mar 31/16	91.7%
MOHLTC - Special Nursing Initiative	738	180,500	41,654	138,846	23.1%	Dec 31	16.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	150,100	131,864	18,236	87.9%	Mar 31/16	66.7%
Beyond BMI - LDCP	747	143,023	8,206	134,817	5.7%	Dec 31	16.7%
Food Safety - Haines Funding	750	36,500	999	35,501	2.7%	Dec 31	16.7%
Triple P Co-Ordination	766	12,985	12,986	(1)	100.0%	Dec 31	16.7%
Healthy Babies Healthy Children	778	1,476,897	352,513	1,124,384	23.9%	Dec 31	16.7%
Healthy Smiles Ontario (HSO)	787	406,300	95,999	310,301	23.6%	Dec 31	16.7%
Anonymous Testing	788	59,393	58,518	875	98.5%	Mar 31/16	91.7%
MHPS- Aboriginal Diabetes	792	175,000	151,230	23,770	86.4%	Mar 31/16	91.7%
Total		4,245,797	1,340,393	2,905,404			

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

April 28, 2016

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

Dear Minister Hoskins:

Thank you for your letter dated April 20, 2016. I am pleased to note that we are in agreement about the positive contributions local public health units can make in working with Local Health Integration Networks (LHINs) to facilitate and support better health and wellness outcomes for all Ontarians.

From a public health perspective, we appreciate the direction to expand the focus of LHIN planning to include population health. However, as we noted in our letter to you dated February 29, 2016, LHINs are one of the many partners with whom public health works to keep people healthy. In the absence of more detailed information, we remain concerned about the form that "integration" and "formal linkages" may take.

We wish to reiterate that alPHa's member Medical Officers of Health, Boards of Health and Affiliate organizations are concerned that some of the *Patients First* proposals regarding local public health may have unintended consequences. These consequences include an erosion of the public health system's capacity to improve the health of Ontarians through our intersectoral work on the determinants of health. We also reiterate alPHa's position, based on experience in jurisdictions elsewhere that the aims of public health are best served by Boards of Health that are truly independent, with funding and accountability flowing directly from the Ministry. alPHa's concerns are more fully expressed in our attached letter and your office has received numerous letters and resolutions from individual Boards of Health expressing similar concerns.

We are committed to finding win-wins so that Ontarians can continue to benefit from a strong and effective public health system while knowing that a quality health care system is there for them when they need it.

Sincerely,

Dr. Valerie Jaeger,
President

Copy: Dr. David Williams, Chief Medical Officer of Health
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister of Health and Long-Term Care
Nancy Naylor, Associate Deputy Minister of Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Board of Health Chairs
Medical Officers of Health
Ontario MPPs

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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

February 29, 2016

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

Dear Minister Hoskins:

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations, the Association of Local Public Health Agencies (alPHA) is pleased to provide comment on the Ministry of Health and Long-Term Care discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. We received and reviewed the paper with much interest and anticipation. There is much to consider from a local public health perspective. We offer our preliminary comments herein and will be very pleased to engage further as the government's work progresses to strengthen patient-centred health care in Ontario.

We note the fact that how a "problem" is defined will greatly inform the solutions that are considered.

Patients First conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care. One solution to this problem is to better integrate population health within the health system, specifically through establishing closer linkages between LHINs and public health units. We are aware of recent work exploring the use of the population health approach in health system planning (CIHI 2014) and appreciate the merits of this work in contributing to health system sustainability. Further, we believe that local public health has valuable expertise to offer in this area. Indeed this approach is one of the five actions for health promotion as set out in the 1986 Ottawa Charter for Health Promotion.

A wider problem is improving and supporting the health and health equity of Ontarians which is effectively the mandate of the Ontario public health system. A solution to this problem would be to support and strengthen the public health system which works on all five Ottawa Charter actions for health promotion. The public health system understands that although access to a quality health care system is a determinant of individual and population health, it is a relatively minor determinant as compared with social and economic circumstances that create opportunities for health, mediated by factors such as education, food security, physical activity opportunities, social networks, effective coping strategies, etc. The public health system is that part of the overall health system that is specifically mandated to work with both health and non-health sector partners to act on these determinants and create opportunities for health for all.

We are concerned that some of the *Patients First* proposals regarding public health may have the unintended consequence of eroding the capacity of the public health system to improve the health of Ontarians through our intersectoral work on the determinants of health.

At the same time, we firmly hold that public health can assist in reorienting the health care system and see this as a valuable contribution of public health to the problems of health care system sustainability as set out in *Patients First*. We also hold that health care system sustainability is achieved by ensuring a strong public health system that can stem the tide of need; focusing on healthy people first.

In the recommendations that follow, we list and briefly describe what we present are the conditions necessary to achieve both. That is, to ensure that public health is able to contribute to the reorientation of the health care system so that population and public health priorities inform health care planning, funding and delivery, while at the same time protecting public health's ability to work upstream to promote and protect the health of all Ontarians.

Recommendations

1. **Funding and Accountability** – Provincial Public Health Funding and Accountability Agreements (PHFAA) must continue to be directly negotiated between local boards of health and the MOHLTC.
 - a. A direct relationship mitigates against the threat of resource reallocation (financial and functional) to the acute care system as has been evidenced in the experience of other regions with integrated health systems.
 - b. The direct relationship ensures that common Ministry principles and standards are upheld and implemented for all boards, further ensuring that all Ontarians benefit equitably from the public health system.
 - c. The direct relationship with the Ministry is needed to maintain the independent voice of public health at LHIN tables; otherwise public health would be advising on health resource allocation and also be a resource recipient.
2. **Independent Voice of Boards of Health** – Boards of health must be maintained as defined in the Health Protection and Promotion Act, directly accountable to the Minister of Health.
 - a. Boards of health must continue as entities with an independent voice with roles and responsibilities as set out in statute, standards and accountability agreements.
 - b. Municipal representation on boards of health ensures invaluable connections with decision makers and staff in non-health sectors where there is scope of authority over key determinants of health (e.g. bylaws, built environment, social services, child care, planning, long term care, drinking water, recreational facilities, first responders, etc.).
 - c. For certain boards of health (e.g. single tier and regional boards), local government is the de facto board of health, creating governance issues if required to report to an appointed LHIN board.
 - d. Ways to strengthen boards of health should be explored; this should form part of the work of the Expert Panel following the report of the Institute on Governance (IOG).

3. **Integration of Local Population and Public Health Planning with Other Health Services** – The Ontario Public Health Standards and Ontario Organizational Standards, as required, should be modified to require boards of health to align their work and ensure that population and public health priorities inform LHIN health planning, funding and delivery. Reciprocal amendments should be made to the LHIN legislation (or other mandate documents as appropriate) to require LHIN boards to ensure that population and public health priorities inform LHIN health planning, funding and delivery. aPHa looks forward to participating in the following activities.
 - a. Identification of the enabling policies and structures to ensure an effective relationship between the medical officer of health and LHIN leadership.
 - b. The identification of the resources and funding required for public health to effectively engage in this work.
4. **Process for Determining Respective Roles** – The respective roles of local public health and LHINs (and other system players involved with population and public health including the Population and Public Health Division, MOHLTC, the Capacity Planning and LHIN Support, Health Analytics Branch, MOHLTC and Public Health Ontario) must be determined through a transparent, inclusive and deliberative process that is informed by evidence. We maintain that this is a key role of the proposed Expert Panel.
 - a. It must be recognized that the work for public health as described in *Patients First* is additional to public health's core functions and mandate and the related resources must be identified to accommodate this work to ensure that public health capacity to promote and protect health and improve health equity is not eroded.
 - b. There is an important distinction between providing population health information and translating this information into planning, funding and delivery decisions for acute care and other downstream services. It should not be assumed that the latter is a public health competency.
5. **Geographic Boundaries** – LHIN boundaries should be re-configured to align with municipal, local public health, education and social service boundaries to support their relationships with local public health and population health and health care system planning.

Local public health appreciates that a population health approach to health system planning is an emerging paradigm that may contribute to the sustainability of the health care system. Local public health also agrees with the *Patients First* discussion document that the public health system has expertise that may support such a reorientation of the health care system. Simply put, however, we must ensure that this “fix” to the health care system does not “break” the public health system.

We are committed to engaging in a thoughtful change management process with you that minimizes system disruption, mitigates risks associated with system instability and fosters balance between the systems intended to treat illness and the systems intended to prevent disease and promote health. To this end, we look forward to ongoing dialogue with government on the issues addressed in this letter. We trust that this will take place in many ways, including our participation in the proposed Expert Panel. We remain available for further consultation and are eager to pursue next steps.

In closing, I would reiterate that we are committed to finding win-wins so that Ontarians can continue to benefit from a strong and effective public health system while knowing that a quality health care system is there for them when they need it.

Sincerely,

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

Dr. Valerie Jaeger,
President

Copy: Dr. David Williams, Chief Medical Officer of Health
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister of Health and Long-Term Care
Nancy Naylor, Associate Deputy Minister of Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Board of Health Chairs
Medical Officers of Health

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

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

**Ministère de la Santé
et des Soins de longue durée**

Bureau du ministre

Édifice Hepburn, 10^e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante



HLTC2976IT-2016-61

April 20, 2016

To: Boards of Health and Medical Officers of Health

Ontario is committed to developing a health-care system that puts patients first. This includes keeping people healthy and reducing inequities in health.

As Minister of Health and Long-Term Care and as a public health doctor, I know the integral role that public health units (PHUs) play in protecting and promoting the health of Ontarians. My priority is to elevate this role and ensure that your expertise in population health and prevention is incorporated into planning across our health-care system, end-to-end.

Over the past decade, Ontario's health-care system has improved significantly. We have reduced wait times for surgery, increased the number of Ontarians who have a primary health-care provider and expanded services for Ontarians at home and in their communities. But we can do more to put patients first.

When we established our Local Health Integration Networks (LHINs) a decade ago, they brought planning and decision-making to the local community moving these functions which had been centralized in the ministry for years. But primary care and public health, two parts of the system most critical to keeping people healthy, were left out. Accordingly, in December I introduced proposals to truly integrate the health-care system, using a population health and health equity approach to health system planning and service delivery across the continuum of care so that Ontarians have access to the services they need, no matter where they live.

This integration can facilitate and support better health and wellness outcomes for all Ontarians and thereby improve the quality and sustainability of the health-care system. However, to achieve the full potential of the integration it will require the expertise of the public health sector.

The formal linkages we propose between PHUs and LHINs will ensure that Medical Officers of Health (MOHs) and other public health professionals are part of planning and decision making at the local level and that local population and public health priorities inform health-care system planning, funding and delivery. My intent and focus of establishing formal linkages between our LHINs and PHUs is this: to further empower and engage our public health professionals - our experts in the social determinants of health, in health equity and in population health - to positively influence and help guide our planning and delivery of services across the health care system. We need this expertise and influence to build a better health care system.

The Discussion Paper has generated significant commentary and feedback. I have also heard the concerns raised that emphasize the importance that funds for public health be protected and dedicated exclusively for use by our public health units. I want to assure you that my ministry and I fully agree on this point.

I am pleased that the Association of Local Public Health Agencies (ALPHA) has recognized the opportunity presented by our proposals as indicated in its press release of December 17, 2015. There is a strong role for local public health included in our proposals, and the essential leadership provided by you with regards to population health and health equity will be an important element in supporting the extension of this approach across the rest of the health system.

I look forward to the continued participation of the public health sector in our exciting system transformation.

Yours sincerely,

Original signed by

Dr. Eric Hoskins
Minister

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

March 24, 2016

Dear Dr Hoskins,

The Board of Health for the Perth District Health Unit received *Patient's First Report: A proposal to strengthen patient-centred health care in Ontario* on December 22, 2015, and further considered the proposal on January 20, 2016 and March 16, 2016.

During its board meeting on March 16, the board unanimously moved to support the alPHA response to the Patients First Report, and urges the Ministry of Health and Long-Term Care to include the alPHA recommendations in any implementation of Patients First.

Sincerely,



Ms. Teresa Barresi
Board Chair

Attachments:

PDHU Staff Report: Patients First Report (January 20, 2016)
alPHA Response to Patients First Report (February 29, 2016)

Links:

Ministry of Health and Long-Term Care. (2015). Patients First: A proposal to strengthen patient-centred health care in Ontario. Discussion Paper. Retrieved from: http://www.health.gov.on.ca/en/news/bulletin/2015/hb_20151217.aspx

MK/mr

cc.

Association of Local Public Health Agencies
Council of Medical Officers of Health
Ontario Public Health Association
36 Boards of Health of Ontario
Dr David Williams, Chief Medical Officer of Health
Member municipalities (City of Stratford, Town of St. Marys, Perth County)

April 20, 2016

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

Dear Prime Minister:

Re: A Public Health Approach to the Legalization of Cannabis in Canada

The Simcoe Muskoka District Health Unit (SMDHU) is mandated by the Ministry of Health and Long-Term Care (MOHLTC) under the Ontario Public Health Standards (2008) to address the prevention of the “adverse health outcomes associated with substance use”. Prevention efforts include the delayed use of substances, such as cannabis, as well as incorporating harm reduction strategies in the delivery of health unit services. We are pleased that you are aware of the need for a well-regulated system for cannabis access which promotes public health and safety, reduces the harms associated with the use of marijuana, and helps to restrict access to youth.

In May of 2014, The Canadian Public Health Association (CPHA) identified the need for a public health approach in the management of psychoactive substances that is “based on the principles of social justice, attention to human rights and equity, evidenced informed policy and practice, and addressing the underlying determinants of health”.⁽⁵⁾ The SMDHU Board of Health has similarly passed a resolution today strongly urging you to adopt a public health approach regarding the legalizing of cannabis, with strict regulation of its use, production, distribution, product promotion, and sale.

Despite prohibition, cannabis is the most commonly used illegal drug in Canada, with youth and young adults having the highest rates of use. Research shows that cannabis use is associated with adverse health consequences, most notably for those who begin use at an early age and use it frequently. The evidence suggests that cannabis use — particularly chronic use — can have negative impacts on mental and physical health, brain function (memory, attention and thinking), driving performance and dependence. In addition, women who use cannabis during pregnancy can negatively affect the development and behaviour of their future children.^(1, 2, 3, 4)

While cannabis use has the potential for many health harms, it is also important to consider the disproportionate social harms stemming from its prohibition. In addition to being ineffective and costly, prohibition has led to a series of harmful consequences including the criminalization and marginalization of users while hindering the ability of health and education professionals to effectively prevent and address problematic use.^(1, 5) We are aware that you are familiar with the

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

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

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

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

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

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

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

Centre for Addiction and Mental Health (CAMH) Cannabis Policy Framework (October 2015) and strongly recommend that a public health approach to legalizing cannabis should include some or all of the following evidence informed guidelines for a regulatory framework as proposed by CAMH:

- **Establish a government monopoly on sales.** Control board entities with a social responsibility mandate provide an effective means of controlling consumption and reducing harm.
- **Set a minimum age for cannabis purchase and consumption.** Sales or supply of cannabis products to underage individuals should be penalized.
- **Limit availability.** Place caps on retail density and limits on hours of sale.
- **Curb demand through pricing.** Pricing policy should curb demand for cannabis while minimizing the opportunity for continuation of lucrative black markets. It should also encourage use of lower-harm products over higher-harm products.
- **Curtail higher-risk products and formulations.** This would include higher-potency formulations and products designed to appeal to youth.
- **Prohibit marketing, advertising, and sponsorship.** Products should be sold in plain packaging with warnings about risks of use.
- **Clearly display product information.** In particular, products should be tested and labelled for Tetrahydrocannabinol (THC) and Cannabidiol (CBD) content.
- **Develop a comprehensive framework to address and prevent cannabis-impaired driving.** Such a framework should include prevention, education, and enforcement.
- **Enhance access to treatment and expand treatment options.** Include a spectrum of options from brief interventions for at-risk users to more intensive interventions.
- **Invest in education and prevention.** Both general (e.g. to promote lower-risk cannabis use guidelines) and targeted (e.g. to raise awareness of the risks to specific groups, such as adolescents or people with a personal or family history of mental illness) initiatives are needed. ⁽¹⁾

When implementing these critical policy changes we strongly encourage your government to take sufficient time to develop and build capacity to implement these regulations and to ensure systems are in place to monitor patterns of use and health outcomes. In addition, we recommend that you develop evidence based prevention and harm reduction messaging for broad dissemination across the country. ⁽¹⁾

Thank you for considering a comprehensive public health approach to cannabis policy in Canada. Please do not hesitate to contact me should you wish to discuss further.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward, Board of Health Chair
Simcoe Muskoka District Health Unit

- c. Bill Blair, MP (Scarborough Southwest)
Dr. Kellie Leitch, MP (Simcoe-Grey)
The Honourable Tony Clement, MP (Parry Sound–Muskoka)
Patrick Brown, MPP (Simcoe North)
Ann Hoggarth, MPP (Barrie)
Norm Miller, MPP (Parry Sound-Muskoka)
Julia Munro, MPP (York-Simcoe)
Jim Wilson, MPP (Simcoe-Grey)
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Boards of Health in Ontario

References:

1. Crépault J-F. Cannabis Policy Framework. [Report online]. Toronto: Centre for Addiction and Mental Health; 2014 [Last accessed 2016/03/03]. Available from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHCannabisPolicyFramework.pdf
2. Canadian Centre on Substance Abuse. Substance Abuse in Canada: The Effects of Cannabis Use during Adolescence. [Report online]. Ottawa: Canadian Centre on Substance Abuse, 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Effects-of-Cannabis-Use-during-Adolescence-Report-2015-en.pdf>
3. Porath-Waller AJ, Beirness DJ, Diplock J, Kalant H. Clearing the Smoke on Cannabis: Highlights [Report online]. Canadian Centre on Substance Abuse (CCSA), 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Clearing-Smoke-on-Cannabis-Highlights-2015-en.pdf>
4. Beirness D, Porath-Waller A. Clearing the Smoke on Cannabis: Cannabis Use and Driving-An Update. [Report online]. Ottawa: Canadian Centre on Substance Abuse; 2015 [Last accessed 2016/03/03]. Available from: <http://www.ccsa.ca/Resource%20Library/CCSA-Cannabis-Use-and-Driving-Report-2015-en.pdf>
5. Canadian Public Health Association. A New Approach to Managing Illegal Psychoactive Substances in Canada. [Discussion paper online]. Ottawa: Canadian Public Health Association, 2014 [Last accessed 2016/03/03]. Available from: http://www.cpha.ca/uploads/policy/ips_2014-05-15_e.pdf



March 23, 2016

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

The Board of Health for Elgin St. Thomas Public Health brings forth the following resolution for government to carefully consider as it explores policy options around the legalization of cannabis.

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 Elgin St. Thomas catchment area: 46.8 % of adults (aged 19 years and older) reported ever using marijuana, cannabis, or hashish, and 26.6 % of adults reported use of marijuana, cannabis, or hashish in the previous 12 months.

WHEREAS residents in our community are not only using marijuana at regular intervals but are doing so in conjunction with the operation of motor vehicles 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 with youth, and

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

NOW THEREFORE BE IT RESOLVED that Elgin St. Thomas Public Health Board of Health supports a public health approach to any cannabis legalization framework introduced into Ontario, including a strong health-centred and age-restricted regulations to reduce the health and societal harms associated with cannabis use, and

FURTHER THAT this resolution be shared with the Honorable 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.

Members of Elgin St. Thomas Public Health Board of Health respectfully request that the Right Honourable Prime Minister use a public health approach to the regulation and legalization of cannabis in Canada.

Sincerely,



Cynthia St. John
Executive Director



Dr. Joyce Lock
Medical Officer of Health

cc: The Honourable Jane Philpott, Minister of Health, Government of Canada
The Honourable Eric Hoskins, Minister of Health and Long-Term Care,
Government of Ontario
The Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General
of Canada
The Honourable Madeleine Meilleur, Attorney General of Ontario
Karen Vecchio MPP Elgin- Middlesex- London
Jeff Yurek MP Elgin- Middlesex- London
The Honourable Kathleen Wynne, Premier of Ontario
Dr. Gregory Taylor, Chief Public Health Officer, Public Health Agency of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-
Term Care
Linda Stewart, Executive Director, Association of Local Public Health Agencies
(alPHA)
Dr. Catherine Zahn, President and Chief Executive Officer, Centre for Addiction
and Mental Health Ontario Boards of Health
Linda Sibley, Executive Director, Addiction Services of Thames Valley
Heather Debrun, Executive Director, Canadian Mental Health Association

May 2, 2016

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

Dear Minister Hoskins,

On April 22, 2016, the Porcupine Health Unit Board of Health passed the following resolution:

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

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

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

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

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

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

FURTHER THAT, the Province provide the funding and technical support to municipalities to implement community water fluoridation.

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

Yours very truly,



Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

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

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

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

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



May 3, 2016

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

Dear Minister Hoskins,

The Board of Health for the District of Algoma recently received a staff report regarding the Herpes Zoster Vaccine. We note the February 25th letter from The Board of Health for Peterborough County-City Health Unit to you requesting the addition of the herpes zoster vaccine to the list of publicly funded vaccines available to Ontario's adults. We also note the statement in the Ontario 2016 Budget that "The government is making the shingles vaccine free for eligible Ontario seniors between the ages of 65 and 70 — saving them about \$170 and reducing emergency room visits and hospitalizations."

We commend your government on adding the herpes zoster vaccine to the list of publicly funded vaccines available to Ontario's adults and look forward to the speedy implementation of this new cost-effective initiative which will benefit thousands of Ontario senior citizens.

Sincerely,

Mr. Lee Mason,
Chair, Algoma Public Health

cc: Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care
Dr. David Williams, Ontario Chief Medical Officer of Health
Hon. David Oraziotti, M.P.P.
Ontario Boards of Health
Linda Stewart, Association of Local Public Health Agencies

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752



April 27, 2016

The Hon. Jane Philpott
70 Colombine Driveway,
Tunney's Pasture
Postal Location: 0906C
Ottawa, ON K1A 0K9
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

On behalf of the Board of Health for the Peterborough County-City Health Unit, I am writing to express our concern about formula industry violations of the *International Code of Marketing of Breastmilk Substitute* (the Code), and to request that your government advocate for legislation of the Code in Canada.

The aim of the Code is to protect optimal health outcomes for infants through breastfeeding, and support appropriate use of breastmilk substitutes (i.e., baby formula). The Code focuses attention on how the infant formula industry influences consumers to support the use of breastmilk substitutes, thereby undermining maternal and child health. Violations of the Code in Canada are rampant, and easily spotted: targeting women purchasing maternity wear; advertisements in pregnancy and parenting magazines; invitations to mothers to sign up for “baby clubs” from which they receive free samples or coupons for formula. Even more concerning are Code violations through the health care system, including provision of free formula to health care facilities.

Our public health agency is committed to protecting and supporting breastfeeding as outlined in the Ontario Public Health Standards, and has achieved the World Health Organization’s *Baby Friendly* designation, a best practice in infant feeding. Despite this commitment, local surveillance data indicates that while more than 90% of local mothers initiate breastfeeding, more than half of all local babies have received at least one formula supplement by the time they are two weeks old. These statistics speak to the normalization of formula feeding, and the effectiveness of the industry in undermining a mother’s intention to breastfeed.

Despite Canada’s adoption of the Code, there is currently no legislation in place to ensure that industry complies with the Code provisions. Such legislation would be an asset, given the important role of breastfeeding in maternal and child health, and the inability of industry to voluntarily adhere to this ethical framework.

In closing, I ask that Canada's commitment to maternal and child health, and the Code be honoured by legislation of the Code in Canada.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
Dr. Gregory W. Taylor, Chief Public Health Officer, Public Health Agency of Canada
Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



April 28, 2016

The Honourable Eric Hoskins
Minister 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: Environmental Health Program Funding

At its meeting held on April 13, 2016, the Board of Health for the Peterborough County-City Health Unit considered correspondence from the North Bay Parry Sound District Health Unit regarding the above noted matter.

The Board echoes the recommendations outlined in their resolution (attached), and appreciates your attention to this important public health issue.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: Hon. Dr. Bob Bell, Deputy Minister of Health and Long-Term Care (MOHLTC)
Roselle Martino, Assistant Deputy Minister, Population and
Public Health Division, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
MPP Jeff Leal, Peterborough
MPP Laurie Scott, Haliburton-Kawartha Lakes-Brock
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health

The Premier of Ontario

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



La première ministre de l'Ontario

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

RECEIVED

MAY - 6 2016

**PETERBOROUGH COUNTY
CITY HEALTH UNIT**

May 3, 2016

Dr. Rosana (Pellizzari) Salvaterra and Colleagues
Medical Officer of Health and the Board of Health
Peterborough County-City Health Unit
10 Hospital Drive
Peterborough, Ontario
K9J 8M1

Dear Dr. Salvaterra and Colleagues:

Thank you for your letter on behalf of the addictions treatment and prevention community regarding your request that the role of Ontario overdose co-ordinator be created in response to opioid-related overdoses. I appreciate hearing from you again, and have noted the urgency with which you call for collaborative planning and response regarding this important issue.

I also note that you have written to my colleague the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care. I have asked that Minister Hoskins respond to you directly on this matter.

Once again, thank you for writing to detail your concerns. Please accept my best wishes.

Sincerely,

A handwritten signature in cursive script that reads 'Kathleen Wynne'.

Kathleen Wynne
Premier

c: The Honourable Dr. Eric Hoskins

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

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

**Ministère de la Santé
et des Soins de longue durée**

Bureau du ministre

Édifice Hepburn, 10^e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante



April 21, 2016

To Boards of Health:

RE: Ontario's Publicly Funded Human Papillomavirus (HPV) Immunization Program

We are writing to inform you about an exciting expansion to Ontario's publicly funded Human Papillomavirus (HPV) immunization program to help protect more youth from HPV infection and related cancers.

Consistent with the *Patients First: Action Plan for Health Care and Immunization 2020*, Ontario's five-year plan to modernize its publicly funded immunization program, effective September 2016, the Ministry of Health and Long-Term Care will be:

- Expanding Ontario's school-based HPV immunization program to include boys; and
- Moving Ontario's school-based HPV immunization program from Grade 8 to Grade 7.

Ontario's HPV immunization program is currently available to Grade 8 girls through school-based immunization clinics administered by public health units. Starting in the 2016/17 school year, the school-based HPV immunization program will be offered to boys and girls in Grade 7. To support the transition of the program to Grade 7, female students who are beginning Grade 8 in the transitional 2016-17 school year will be eligible for publicly funded HPV vaccine through school-based clinics.

The expansion of Ontario's school-based HPV immunization program to include boys aligns with current scientific and expert recommendations. Moving the school-based HPV immunization program from Grade 8 to Grade 7 will bring Ontario in line with other jurisdictions in Canada that offer publicly funded HPV immunization programs in earlier grades.

.../2

Further information and materials to support public health units and school boards in communicating these changes to health care providers and parents will be forthcoming.

We look forward to collaborating with you to implement this important initiative. We gratefully acknowledge the hard work that goes into the delivery of Ontario's publicly funded immunization program and thank you for your continued leadership.

Yours sincerely,

Original signed by

Dr. Eric Hoskins
Minister

c. Medical Officers of Health and Associate Medical Officers of Health

Ontario Expanding HPV Vaccine Program to Include Boys
Expanding Ontario's Immunization Program to Help Protect Against Cancer
April 21, 2016 1:45 P.M.

Ontario is expanding its publicly funded immunization program to help protect more youth from Human Papillomavirus (HPV) infection and related cancers. Beginning September 2016, Ontario will offer the cancer-fighting HPV vaccine to boys as well as girls.

Currently, the HPV vaccine is offered free of charge in Ontario schools to girls in Grade 8. Under the expanded program, the province will start offering the vaccine to all students in Grade 7. Female students beginning Grade 8 in the transitional 2016-2017 school year will still be able to receive the two-dose HPV vaccine in school-based clinics to ensure they don't miss the opportunity to be immunized.

Expanding the school-based HPV immunization program to include boys and offering the vaccine to students in Grade 7 falls in line with current scientific and expert recommendations including Canada's National Advisory Committee on Immunization. Approximately 154,000 school-aged youth will be eligible to receive the HPV vaccine every year as a result of these changes.

HPV is a very common virus worldwide, and can lead to different kinds of cancer in females and males. The HPV vaccine can best prevent HPV-related diseases and cancers if received at a young age.

Helping to protect young people from infections and cancers caused by HPV is part of the government's plan to build a better Ontario through its Patients First: Action Plan for Health Care, which is providing patients with faster access to the right care, better home and community care, the information they need to stay healthy and a health care system that's sustainable for generations to come.

QUOTES

" Helping to protect Ontarians against cancer is part of our government's plan to build a successful and vital province. Expanding access to the HPV vaccine to include boys is an evidence-based decision and it is the right thing to do. This expansion is part of Immunization

2020 – our government's five-year plan to improve the health of Ontarians by increasing access to life-saving vaccines."

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

" Getting vaccinated at a young age is an important investment in long-term health. By expanding Ontario's routine, school-based HPV immunization program to include boys and offering the program a year earlier, the province will be protecting more youth from HPV-related cancers at an age when the vaccine can be most effective."

- Dr. David Williams

Ontario's Chief Medical Officer of Health

" The HPV vaccine gives us an opportunity to protect the next generation from cancer. Expanding the Ontario school-based HPV vaccination program to also include boys is an essential part of a comprehensive cancer prevention strategy."

- Rowena Pinto

Vice President, Public Affairs & Strategic Initiatives, Canadian Cancer Society, Ontario Division

QUICK FACTS

- Eligible youth who are unable to begin or complete the HPV vaccine series in Grade 7 will remain eligible to catch-up on missed doses, free of charge, until the end of Grade 12.
- HPV can cause both benign and malignant disease. HPV in Ontario has been estimated to cause an average of 254 deaths and 1,090 cases of cancer every year.
- The HPV vaccine is safe. It has been approved by Health Canada and recommended for use by Canada's National Advisory Committee on Immunization.
- The HPV vaccine is approved for use in over 100 countries. Over 175 million doses have been distributed worldwide.

LEARN MORE

- [Human Papillomavirus \(HPV\)](#)
- [Immunization 2020](#)
- [Public Health Units in Ontario](#)
- [Patients First: Action Plan for Health Care](#)

Media Line Toll-free: 1-888-414-4774

media.moh@ontario.ca

GTA: 416-314-6197

David Jensen Communications and Marketing Division-MOHLTC

media.moh@ontario.ca

416-314-6197

Shae Greenfield Minister's Office

416-325-5230

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

For public inquiries call ServiceOntario, INFOline (Toll-free in
Ontario only)
ontario.ca/health-news
1-866-532-3161

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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

ANDSOOHA - Public
Health Nursing
Management

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Society of
Nutrition Professionals
in Public Health

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

April 21, 2016

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

Dear Minister Hoskins:

Re: Ontario HPV Vaccination Program Expansion

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to congratulate and thank the Government of Ontario for its commitment to expanding its HPV vaccination program to include males.

We have already expressed our appreciation for your commitment to providing HPV vaccinations to Grade 8 girls with a provision for catch-up in grades 9 through 12. This is an important health protection initiative that will only be strengthened by expanding eligibility to Ontario's boys.

As you know, the National Advisory Committee on Immunization (NACI) has recommended HPV vaccination for both males and females between the ages of 9 and 26 years and alPHA Resolution A12-10 (attached) was passed in support of that recommendation. We are very pleased that coverage for boys will now be provided, and that you have confirmed that eligible youth who are unable to begin or complete the HPV vaccine series in Grade 7 will remain eligible to catch-up on missed doses until the end of Grade 12.

With this announcement, Ontarians can be proud that theirs will be the fifth Canadian province to provide this cancer-preventing vaccine to males as part of its own school-based program.

Again, we sincerely congratulate you for further expanding this important health protection program and will be pleased to assist by working in our communities with schools and other local partners to ensure maximum uptake of this life-saving vaccine.

Sincerely,



Valerie Jaeger,
President

Copy: Hon. Kathleen Wynne, Premier of Ontario; Hon. Liz Sandals, Minister of Education; Hon. Charles Sousa, Minister of Finance; Dr. David Williams, Chief Medical Officer of Health ; Roselle Martino, Assistant Deputy Minister, Public Health Division, MOHLTC

Attach.

alPHa RESOLUTION A12-1

TITLE: HPV Immunization of All Students

- WHEREAS** infection with HPV types 6 and 11 causes anogenital warts and with HPV types 16 and 18 is associated with cancers of the penis, anus, mouth, and oropharynx in males; and
- WHEREAS** more than 70% of sexually active men and women are infected with HPV at least once in their lifetime; and
- WHEREAS** HPV infection is associated with a significant burden of anogenital warts and anogenital and head & neck cancer; and
- WHEREAS** in Canada, of the ~150 men and ~200 women who are diagnosed with anal cancer every year, 80 to 90% case are HPV positive; and
- WHEREAS** in February 2010, a quadrivalent HPV vaccine (Gardasil®) was authorized by Health Canada to expand its indications to include males 9 to 26 years of age for the prevention of infection caused by HPV types 6, 11, 16, and 18 and for genital warts caused by HPV types 6 and 11; and
- WHEREAS** in May 2011, Gardasil® was indicated in females and males 9 through 26 years of age for the prevention of anal cancer caused by HPV types 16 and 18 and anal intraepithelial neoplasia grades 1, 2, and 3 caused by HPV types 6, 11, 16, and 18; and
- WHEREAS** in January 2012, the National Advisory Committee on Immunization (NACI) advised that Gardasil® be recommended for use in males between 9 and 26 years of age for the prevention of anal intraepithelial neoplasia grades 1, 2, and 3, anal cancer, and anogenital warts (NACI Grade A Recommendation); and
- WHEREAS** NACI also advised that Gardasil® be recommended in males between 9 and 26 years of age for the prevention of penile, perianal, and perineal intraepithelial neoplasia and associated cancers (NACI Grade B Recommendation); and
- WHEREAS** all grade 8 female students are eligible to receive 3 publicly funded doses of Gardasil® through public health school-based immunization clinics”;

NOW THEREFORE BE IT RESOLVED that alPHa urges the Ontario government to expand Ontario’s Publicly Funded Immunization Schedule to make Gardasil® available to male students through public health school-based immunization clinics;

AND FURTHER that the Premier of Ontario, Ministers of Children and Youth Services, Education, Finance and Health and Long-Term Care, Chief Medical Officer of Health, Chief Public Health Officer of Canada, AMO and all Ontario boards of health are so advised.

AND FURTHER that all students who are eligible for immunization against HPV maintain their eligibility throughout high school.

AND FURTHER that alPHa recommends a review to be conducted of the program to enhance uptake in girls including moving the program to grade 7 and implementing a catch-up program.



The Regional
Municipality
of Durham

Corporate Services
Department -
Legislative Services

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

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

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 29, 2016

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

SUDBURY & DISTRICT HEALTH UNIT Medical Officer of Health and CEO			
MAY 10 2016			
Environ Health	_____	RRRO	_____
CFS	_____	SEU	_____
Corporate Services	_____	Board	_____
Health Promotion	_____	Committee	_____
File () Circulate () Return () F.Y.I ()			

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated April 7, 2016 re: Invasive Personal Services Settings (PSS) (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 27, 2016, Council adopted the following recommendations of the Committee:

- A) That the correspondence of Haliburton, Kawartha, Pine Ridge District's (HKPRD's) Board Chair urging the Ontario government to enact legislation for infection prevention and control requirements for invasive Personal Services Settings (PSS) under the *Health Protection and Promotion Act* and *Provincial Offences Act* be endorsed; and
- B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPP's, Leaders of the Opposition and NDP, Chief Medical Officer of Health and all Ontario boards of health be so advised.

Attached is a copy of the Memorandum from Dr. Robert Kyle, Commissioner and Medical Officer of Health dated April 7, 2016 regarding Invasive Personal Services Settings (PSS).

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

DW/np

Attach.

c: The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
The Honourable Rona Ambrose, Leader of the Conservative Party of Canada
The Honourable Tom Mulcair, Leader of the New Democratic Party
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health



The Regional
Municipality
of Durham

Corporate Services
Department -
Legislative Services

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

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

www.durham.ca

Matthew L. Gaskell
Commissioner of
Corporate Services

April 29, 2016

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

SUDBURY & DISTRICT HEALTH UNIT Medical Officer of Health and CEO			
MAY 11 2016			
Evolution Health CFS	_____	RRD	_____
Corporate Services	_____	SEU	_____
Health Promotion	_____	Board	_____
File ()	Circulate ()	Return ()	F.Y.I ()

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated April 7, 2016 re: Bill 139, Smoke-Free Schools Act, 2015 (Our File No. P00)

Honourable Premier, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on April 27, 2016, Council adopted the following recommendations of the Committee:

- A) That the correspondence of North Bay and Parry Sound District's Medical Officer of Health urging passage of Private Member's Bill 139 and recommending that plain cigarette packaging and higher tobacco taxes be considered by all levels of government be endorsed; and
- B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Todd Smith, MPP, Durham's MPP's, Association of Local Public Health Agencies (alPHA) and all Ontario boards of health be so advised.

Attached is a copy of the Memorandum from Dr. Robert Kyle, Commissioner and Medical Officer of Health dated April 7, 2016 regarding Bill 139, *Smoke-Free Schools Act, 2015*.

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

DW/np

Attach.

- c: The Honourable Charles Sousa, Minister of Finance
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Todd Smith, MPP (Prince Edward – Hastings)
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
L. Stewart, Executive Director, Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health



Information Break

May 2, 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.

Register Now for 2016 alPHA Annual Conference

Registration is now open for *Building a Healthier Ontario*, alPHA's annual conference that will be held June 5-7 at the downtown-located Novotel Toronto Centre. Marking our 30th anniversary as an association, the conference will explore building public health relationships in a transformed Ontario health system; a main focus will be partnering with Local Health Integration Networks. New this year are breakout sessions on understanding LHINs, scenario planning for Patients First, and population health planning. All this plus more! We hope you can attend.

[Get more information on the 2016 Annual Conference here](#)

TIP: Book your hotel guestroom today to avoid disappointment ([click here](#) or call 416-367-8900 and quote Association of Local Public Health Agencies).

Patients First Activities

At its April 21 meeting the alPHA Board of Directors held a Patients First scenario planning exercise led by public health consultant Dr. Brent Moloughney. The Board discussed public health-related policy items and potential actions to take as an association on these policy items. A follow up report on the exercise will be shared with the membership when it becomes available. At the same meeting, the Board spoke with Roselle Martino, Assistant Deputy Minister, on Patients First issues. Also recently, the alPHA Board reiterated its concerns to the province over unintended consequences that may result from Patients First proposals, including a weakened public health system and a loss of local board of health independence. The letter was in response to an April 20 memo from Minister Hoskins to boards of health acknowledging public health contributions at the health system level. alPHA will continue to engage with the province on Patients First and keep members posted in the coming months.

[Read alPHA's latest letter on Patients First](#)
[Read Minister Hoskin's letter to Boards of Health on Patients First](#)
[Read alPHA's response to the Patients First discussion paper](#)

Ontario Expands HPV Vaccination Program

The province announced plans to expand its publicly funded Human Papillomavirus (HPV) vaccine to include male students beginning September 2016. The school-based immunization program will now see all Grade 7 students offered this cancer-fighting vaccine in the fall.

[Read the ministry news release here](#)

Correspondences

alPHA has recently written a number of letters to government, including concerns over the licensing zoning for MMT clinics and the proposed changes to regulations under the *Smoke Free Ontario* and *Electronics Cigarettes Acts*. alPHA has also written a letter of congratulations regarding the province's expansion of the HPV vaccination program, and in another correspondence, urged the government to immediately coordinate a response to opioid overdoses with a prevention and intervention approach.

[Read alPHA's latest correspondences here](#)

Reminder: alPHa Fitness Challenge, May 5

Don't forget this **Thursday, May 5** is the annual alPHa Health Unit Employee Fitness Challenge. Ontario's public health units are being put to the test in this friendly competition to see which one can involve the most number of staff in physical activity for 30 minutes on May 5th. So spread the word and gear up! *Note to Physical Activity Coordinators:* Completed forms must be submitted by **May 9, 12:00 noon** to karen@alphaweb.org [Learn more about the 2016 Fitness Challenge here](#)

Upcoming Events

June 5, 6 & 7, 2016 - alPHa Annual General Meeting and Conference, [Building A Healthier Ontario](#)*- 30th Anniversary, Novotel Toronto Centre, 45 The Esplanade, Toronto, Ontario.

* The following sponsors are acknowledged for their generous support of this conference:

[Merck Canada](#)
[Public Health Ontario](#)
[Shoppers Drug Mart](#)
[Smart Serve Ontario](#)
[Mosey & Mosey Insurance](#)

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.

This email was sent to lerouxh@sdhu.com from the Association of Local Public Health Agencies (info@alphaweb.org).
To stop receiving email from us, please UNSUBSCRIBE by visiting: <http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240578&e=lerouxh@sdhu.com&h=79bb32e21dd7a1f1046a63fd606510f60acfa781>
Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHa.

May 10, 2016

From: "Karen Reece" <karen@alphaweb.org>

To: "allhealthunits@lists.alphaweb.org" <allhealthunits@lists.alphaweb.org>

Subject: [allhealthunits] 2016 alPHa Fitness Challenge Results

Attention: All Health Unit Staff:

Congratulations are extended to all 22 health units that took part in this year's Challenge. The commitment on display this year was impressive with the high percentage of health unit staff participants.

The range of activities were equally as impressive, proving that there are many ways to build 30 minutes of physical activity into a busy day. Health unit staff participated in activities such as dog walking, Aqua fit various kinds of sports camps, bocci-ball, relays and beanbag races , cycling tours, Yoga and Pilates classes and Scavenger hunt throughout their communities. Many participants built in a healthy eating component this year as well, treating participating staff to healthy snacks.

Please join alPHa in congratulating the Timiskaming Health Unit for successfully completing the 2016 alPHa Fitness Challenge with not only 100% participation but also organizing a Group Photo Scavenger hunt in their community (please see the attached) . We are also very pleased to report that three additional health units, Sudbury, Northwestern and Huron County, will receive honourable mentions for achieving 100% participation by their staff members.

Thank you all for demonstrating your commitment to healthy, active living. Please share this widely.

Health Unit Percentage

Timiskaming Health Unit
100%

Huron County Health Unit
100%

Sudbury & District Health Unit
100%

Northwestern Health Unit
100%

Porcupine Health Unit
98.11%

Perth District Health Unit
97.0%

Halton Region Health Department
96.8%

Windsor-Essex County Health Unit
96.7%

Durham Region Health Department
96.55%

Chatham-Kent Public Health Unit
96%

Brant County Health Unit
90%

North Bay Parry Sound District Health Unit
88.8%

Grey Bruce Health Unit
87.8%

Eastern Ontario Health Unit
79.70%

Oxford County Health Unit
79%

Middlesex-London Health Unit
68%

Thunder Bay District Health Unit
62%

Algoma Public Health
57%

Leeds, Grenville & Lanark District Health Unit
56%

Wellington Dufferin Guelph Public Health
51.4%

Hastings Prince Edward Public Health
21.6%

Ottawa Public Health
14.67%

APPROVAL OF CONSENT AGENDA

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

SDHU Response to Hepatitis A Virus Food Recall

Situation Report: Summary

Sudbury & District Health Unit
May 2016



Sudbury & District

Health Unit

Service de
santé publique

Authors

Stephanie Bale
Colette Barrette
Holly Browne
Mary Ann Diosi
Shannon Dowdall-Smith
Troy Haslehurst
Sandra Laclé
Jamie Lamothe
Stacey Laforest
Suzanne Lemieux
Christopher Pollesel
Marc Piquette
Nicole Proulx
Cynthia Rocca
Renée St Onge
Monique Schler
Shannon Stewart
Dr. Penny Sutcliffe
Shelley Westhaver

Citation

Sudbury & District Health Unit. (2016, May). *SDHU response to hepatitis A virus food recall: Situation report: Summary*. Sudbury, ON: Author.

Copyright

© Sudbury & District Health Unit, 2016

Incident Summary

On April 13, 2016, the Canadian Integrated Outbreak Surveillance Centre (CIOSC) issued a notice of a national investigation underway concerning a cluster of hepatitis A virus (HAV) cases. On April 15, 2016 at 15:35, the Canadian Food Inspection Agency (CFIA) issued a class 1 food recall for Nature's Touch brand Organic Berry Cherry Blend frozen berries sold between December 11, 2015 and April 15, 2016 at any Costco location in Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador. The CFIA classification 1 recall means that a risk assessment has concluded that there is reasonable probability that the use of, or exposure to the product will cause serious adverse health consequences or death, in this case related to possible HAV exposure. Customers were advised by CFIA not to consume the product and to throw it out or return it to the store where purchased.

Boards of health were not requested by the Ministry of Health and Long-Term Care (MOHLTC) to verify the effectiveness of the recall. However, the SDHU verbally confirmed with the local Costco at 16:33 on April 14, that recalled product had been pulled from sale and the SDHU ensured at 17:39 that information related to the recall was published on its social media.

At 22:32 on April 15, Ontario's Chief Medical Officer of Health (CMOH) issued an email to all boards of health through their medical officers of health (MOHs) advising of the evolving outbreak investigation. The email informed boards of health that Costco was collaborating on addressing the situation with the Public Health Agency of Canada (PHAC) and the affected provinces. The email advised that PHAC had informed the provinces that Costco was undertaking the following actions:

- Contacting customers, by automated telephone call, who purchased the product to advise them not to eat the product. It was noted that a second phone call was planned to be administered the next day to the same customers advising them to speak with a physician, Costco pharmacist, or local public health if they had any questions or concerns.
- Offering post-exposure immunization, at Costco locations, to customers who consumed the recalled product within the last 14 days.
- Planning to start immunization clinics, staffed by nurses, potentially starting the following Monday (in Ontario).
- Posting information about the recall and the immunization clinics at Costco locations on the Costco website.

The CMOH requested that this information be shared with the local health care provider community, including emergency departments.

The SDHU issued an Advisory Alert to local emergency departments at 12:01 on Saturday, April 16. The SDHU further conducted a site visit to the local Costco on April 17 to verify product and to inquire regarding the store's plans for immunization clinics. The Costco store and pharmacy managers were unaware of any clinic plans but indicated their willingness to fully cooperate with the SDHU.

A number of inquiries regarding the provincial outbreak response as outlined in the CMOH email from Friday, April 15 were communicated to the CMOH over the weekend. A teleconference was

organized by the province and held at 12:30 on Monday, April 18 with local board of health staff, Public Health Ontario (PHO) and the MOHLTC.

Following this teleconference, the SDHU decided to undertake its own public communication and immunization clinics. The SDHU decision was based on its understanding of its responsibilities per statute and policy, information shared at the teleconference, and its assessment of readiness, capacity and the appropriateness of the role of the local Costco in delivering immunization. The MOH officially activated the SDHU Emergency Control Group at 16:00 on April 18 in order to support the SDHU cross-organization response.

The SDHU outbreak control response is summarized below and included the following, in accordance with the Ontario Public Health Standards Infectious Diseases Protocol, December 2014, and the Provincial Infectious Diseases Advisory Committee, Immunization (PIDAC-I):

- Offered post-exposure prophylaxis (PEP) to individuals who had consumed the recalled product within 14 days.
- Advised individuals who had consumed recalled product from 15-50 days prior to monitor for signs and symptoms of HAV, to practice thorough hand washing, and to contact their health care provider if concerned.
- Requested food handlers and individuals working with vulnerable populations to contact the SDHU regardless of whether or not they were ill or well, for employment specific education.

At the time of writing, 16 cases of HAV have been reported in Ontario, Quebec, and Newfoundland and Labrador related to this outbreak. One local case of HAV was confirmed on May 2, 2016 via laboratory testing to be part of the outbreak. The SDHU has followed-up with the case and two local contacts and continues to offer vaccine and provide information.

Chronology of Actions

On Monday April 18, 2016 at 16:00 the SDHU Emergency Control Group (ECG) was activated by Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer. The full ECG met a total of five times in order to ensure a rapid and thorough response. The ECG was deactivated at 10:23 on April 21, 2016.

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

Date	Activities
Wednesday April 13, 2016	<ul style="list-style-type: none"> • CIOSC posting issued re national investigation of a cluster of HAV
Friday April 15, 2016	<ul style="list-style-type: none"> • CFIA issues food recall warning (15:35) • PHI verbally confirmed with local Costco location that recalled product were pulled from sale (16:33) • Information related to the recall was published via social media with the SDHU (17:39) • Email from the Ministry of Health and Long-Term Care and Chief Medical Officer of Health regarding the situation and Costco actions (22:32)

Date	Activities
Saturday April 16, 2016	<ul style="list-style-type: none"> • Advisory Alert (AA) issued to local Emergency Departments (12:01)
Sunday April 17, 2016	<ul style="list-style-type: none"> • Onsite visit conducted at local Costco location by PHI
Monday April 18, 2016	<ul style="list-style-type: none"> • Provincial teleconference as requested by Medical Officers of Health to the Ontario Chief Medical Officer of Health (12:30) • ECG activated (16:00) • AA issued to all local health care providers (23:21) • SDHU media release issued to all media and shared via social media (20:56)
Tuesday April 19, 2016	<ul style="list-style-type: none"> • Immunization clinics were held at main 1300 Paris Street Sudbury location (13:00-20:00), and immunization was available at the Chapleau, Espanola, and Manitoulin district offices • A call centre was established in the Emergency Operations Centre (EOC) to respond to calls from members of the public. Call centre open (10:15-20:00) • SDHU media release issued to all media and shared via social media (18:57)
Wednesday April 20, 2016	<ul style="list-style-type: none"> • Immunization clinics were held at main 1300 Paris Street Sudbury location (8:30-20:00), and immunization was available at the Chapleau, Espanola, and Manitoulin district offices • Call centre open (8:30-17:00)
Thursday April 21, 2016	<ul style="list-style-type: none"> • Immunization clinics were held at main 1300 Paris Street Sudbury location (8:30-16:30), and immunization was available at the Chapleau, Espanola, and Manitoulin district offices. • Call centre open (8:30-11:00); closed early due to low volume • SDHU media release issued to all media and shared via social media (12:10) • ECG deactivated (10:23) • HAV positive lab result was reported to the SDHU
Friday April 22, 2016	<ul style="list-style-type: none"> • Immunization clinics were held at main 1300 Paris Street Sudbury location (8:30-16:30), and immunization was available at the Chapleau, Espanola, and Manitoulin district offices • SDHU media release issued to all media and shared via social media (12:26)
Saturday April 23, 2016	<ul style="list-style-type: none"> • Immunization clinics were held at main 1300 Paris Street Sudbury location (10:00-15:00) • Call centre re-opened (10:00-15:00) • AA issued to local health care providers (13:11)
Wednesday May 4, 2016	<ul style="list-style-type: none"> • SDHU media release issued to all media and shared via social media (9:22) • HAV case was confirmed via laboratory testing to be part of the outbreak

Operations

Follow-up Actions at Food Premises

- The SDHU verified that recalled product had been removed from sale by phone on April 15, 2016, and confirmed this via a site visit on April 17, 2016.
- Early discussions with the Costco pharmacy manager indicated that Costco had contracted Quality Health, who would be providing immunization clinics onsite. The SDHU indicated that it would run immunization clinics and the local Costco agreed to collaborate fully and refer to the SDHU anyone seeking vaccine. Anyone seeking information would be referred to the SDHU or family physician. Costco offered to supply the SDHU with extra vaccines if required. The Costco pharmacy manager indicated that Costco and contracted nursing staff would provide counselling to clients.

Case Contact and Management

- A list of callers who were food handlers or those working with vulnerable populations was created and maintained by the Environmental Health Division; these individuals were provided with education regarding the prevention of secondary spread and monitoring of signs and symptoms.
- A positive HAV was reported on April 21, 2016. The case was found to have consumed the recalled berries within the time frame. Contact information was collected and provided to PHO for referral to PHAC due to contact living in BC. Spouse received vaccination on April 22, 2016.

Mass Immunization Clinics

- 100 adult and 40 pediatric doses of vaccine were ordered via the Ontario Government Pharmacy. The vaccine was received on Wednesday April 20, in the evening. In addition, 10 Immune Globulin (IG) doses were ordered via the Health Sciences North bloodbank and delivered on April 19 at 10:45. Orders were also made to local pharmacies (number not specified). 20 adult and 10 pediatric doses were also ordered from the Northern Ontario Medical Office and later returned. Costco also provided 150 adult and 15 pediatric doses.
- Immunization clinics were scheduled for April 19 to April 23, 2016, and were held at 1300 Paris Street in Sudbury and at the Chapleau, Espanola, and Manitoulin district offices.
- A total of 10 public health nurses were involved in the operations of the mass immunization activity.
- The total number of HAV vaccines administered at time of writing is 228. One dose of immunoglobulin was administered.

Planning

- A call centre was set up with eight phone lines, staffed by trained SDHU employees.
- The call centre was initially set up to be operational from April 19 to April 21, and April 23, 2016.
- A total of 16 staff members from across the organization were recruited to be customer service representatives (CSRs).

- All calls received were documented for analysis purposes. All complex calls that could not be answered by call centre staff were redirected to the Clinical and Family Services nurse on call.
- The CSRs responded to a total of 162 calls between April 19 and April 21, and on April 23. Most calls were received on April 19 (52%), fewer on April 20 (33%), April 21 (7%), and April 23 (8%).
- Public health nurses working the Clinical and Family Services nurse on call line received and responded to 182 telephone calls starting on Tuesday, April 19.

Information

- An Advisory Alert (AA) was issued on April 16, 2016 to local emergency departments, and AAs were issued on April 18 and 23 to local health care providers. These AAs included information on the recall, national outbreak, clinical guidance regarding diagnosis and immunization, and details regarding SDHU immunization clinics.
- April 18, Dr. Sutcliffe sent an email to the northeastern MOHs and CEOs advising of SDHU action given that the local Costco is the only one in northeastern Ontario. Dr. Sutcliffe continued to share SDHU messaging with northeastern MOHs.
- A total of five news releases were issued between Monday, April 18, and Wednesday, May 4.
- Twelve media outlets covered this issue. The amount of media coverage (number of print and online articles, TV and radio broadcasts) was estimated to be around 30. Eight media interviews were carried out by SDHU staff.
- Social media played a key role in the immediate dissemination of the message. Social media also played a role in promoting weekend clinics. The measured audience is 16 398 for Facebook and 4 480 for Twitter.

Logistics

- Security coverage was added for the main lobby during extended hours of clinics.
- Staff parking was arranged offsite to allow for additional parking spots for members of the public coming in for immunizations.
- Additional phone lines were added to account for the increased volume of calls, and an extension for the call centre was set up.
- Human Resources assisted with communication to management and also dealt with questions that arose from managers and staff regarding the collective agreement.
- Safety checks of staff work spaces related to the response were also conducted.
- Accounting measures to track all expenses related to the emergency were put in place.

Debrief

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

Overall, the SDHU response was considered to have been effective and timely. Teamwork, leadership, and past experience with similar situations were highlighted as being critical to the SDHU successful response. The effectiveness of the IMS structure was identified as a factor that enabled the core management functions of the ECG to run smoothly during the response. Lessons learned from a previous situation in 2015 were incorporated into actions for the current situation.

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

- Additional clarity regarding provincial direction on local roles and responsibilities;
- Ensuring clarity of SDHU roles and content with respect to reviewing and approving materials for the response;
- Continued use of and enhancement of the SDHU incident Sharepoint site to ensure communication efficiency;
- Continued communication and collaboration between the SDHU IMS section chiefs.

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

Conclusion

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

There were 228 HAV vaccine doses given to members of the public. Through the special-purpose call centre there were 162 calls, and 182 calls were received by the the nurse on call. There was also extensive communication with external partners including the Ministry of Health and Long-Term Care and other Ontario public health units. Media uptake included approximately eight interviews and stories on the situation in 17 days. Social media played a key role in immediate dissemination of the message with a reach of approximately 16 398 people via Facebook and nearly 4 480 people via Twitter.

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

It is understood that the public health response to this outbreak was varied across the province. Local public health must take local circumstances and capacity into consideration in ensuring effective outbreak response. However, the SDHU experienced role confusion at the outset of this outbreak

which, if also experienced by other local public health units, could have contributed to the variability in response and potential delays in notification and access to vaccine. For the SDHU, the April 15, 2016 email from the CMOH and MOHLTC press release on April 19, contributed to this role confusion as both noted the role of Costco in contacting potential consumers and offering vaccine. For the reasons noted in this report, the SDHU decided to proceed with what it understands to be its role and responsibility in communicable disease outbreak response, and acted quickly to protect the health of the community.

Next steps include a review of opportunities for ongoing improvement and ensuring that these are addressed through internal processes and structures, in addition to participation in a provincial debrief regarding the situation.



Sudbury & District

Health Unit

Service de
santé publique

Sudbury & District Health Unit

*2015 year-end report
to the Board of Health
Finance Standing
Committee*

*Prepared as of
April 14, 2016*





April 14, 2016

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

Dear Members of the Board of Health Finance Standing Committee:

We have substantially completed our audit of the financial statements of Sudbury & District Health Unit prepared in accordance with Canadian public sector accounting standards for the year ended December 31, 2015. We propose to issue an unqualified report on those financial statements, pending resolution of outstanding items outlined in the Communications to the Board of Health Finance Standing Committee section. Our draft auditor's report is included in Appendix A.

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

We will review the key elements of this report at the upcoming meeting and discuss our findings with you.

We would like to express our sincere thanks to the management and staff of Sudbury & District Health Unit who have assisted us in carrying out our work, and we look forward to our meeting on May 2, 2016. If you have any questions or concerns prior to the meeting, please do not hesitate to contact me in advance.

Yours very truly,

PricewaterhouseCoopers LLP

Michael Hawtin
Partner
Assurance

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

PricewaterhouseCoopers LLP
PwC Tower, 18 York Street, Suite 2600, Toronto, Ontario, Canada M5J 0B2
T: +1 416 863 1133, F: +1 416 365 8215, www.pwc.com/ca

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

Contents

Communications to the Board of Health Finance Standing Committee

Appendices

Appendix A: Draft auditor's report and financial statements

Appendix B: Draft management representation letter

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

Communications to the Board of Health Finance Standing Committee

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

Appendix A: Draft auditor's report and financial statements

Sudbury & District Health Unit

Financial Statements
December 31, 2015

DRAFT

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

May 19, 2016

Independent Auditor's Report

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

We have audited the accompanying financial statements of the Sudbury & District Health Unit, which comprise the statement of financial position as at December 31, 2015 and the statements of operations, accumulated surplus, changes in net financial assets, and cash flows for the year then ended, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Sudbury & District Health Unit as at December 31, 2015 and the results of its operations, accumulated surplus, changes in its net financial assets and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

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

Sudbury & District Health Unit**Statement of Financial Position****As at December 31, 2015**

	2015	2014
	\$	\$
Financial assets		
Cash and cash equivalents	10,930,342	11,043,841
Accounts receivable	339,367	277,008
Receivable from the Province of Ontario	135,489	113,586
	<u>11,405,198</u>	<u>11,434,435</u>
Financial liabilities		
Accounts payable and accrued liabilities	928,400	1,625,434
Deferred revenue	310,650	382,779
Payable to the Province of Ontario	363,073	369,684
Employee benefit obligations (note 3)	2,783,265	2,726,917
	<u>4,385,388</u>	<u>5,104,814</u>
Net financial assets	7,019,810	6,329,621
Non-financial assets		
Tangible capital assets (note 4)	5,705,961	6,028,787
Prepaid expenses	248,633	345,120
	<u>12,974,404</u>	<u>12,703,528</u>
Accumulated surplus (note 5)		
	<u>12,974,404</u>	<u>12,703,528</u>
Commitments and contingencies (note 6)		

Approved by the Board

_____ Board member _____ Board member

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

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

Sudbury & District Health Unit**Statement of Operations****For the year ended December 31, 2015**

	2015		2014
	Budget \$	Actual \$	Actual \$
Revenues (note 10)			
Provincial grants	20,764,828	20,160,129	20,122,562
Per capita revenue from municipalities (note 8)	6,845,498	6,720,498	6,590,279
Other			
Plumbing inspections and licences	257,000	301,064	262,909
Interest	85,000	83,468	100,023
Other	801,436	1,086,396	750,968
	28,753,762	28,351,555	27,826,741
Expenses (note 10)			
Salaries and wages (note 7)	18,601,888	18,337,096	17,660,201
Benefits	5,038,792	4,748,177	4,639,269
Transportation	426,553	352,748	352,646
Administration (note 9)	2,445,562	2,422,221	2,411,239
Supplies and materials	1,688,294	1,173,513	1,087,383
Small operational equipment	552,673	375,133	322,628
Amortization of tangible capital assets (note 4)	-	671,791	638,691
	28,753,762	28,080,679	27,112,057
Annual surplus	-	270,876	714,684

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

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

Sudbury & District Health Unit**Statement of Accumulated Surplus****For the year ended December 31, 2015**

	2015 \$	2014 \$
Accumulated surplus - Beginning of year	12,703,528	11,988,844
Annual surplus	270,876	714,684
Accumulated surplus - End of year	<u>12,974,404</u>	<u>12,703,528</u>

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

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

Sudbury & District Health Unit
Statement of Changes in Net Financial Assets
For the year ended December 31, 2015

	2015 \$	2014 \$
Annual surplus	270,876	714,684
Purchase of tangible capital assets	(348,965)	(512,598)
Amortization of tangible capital assets	671,791	638,691
Change in prepaid expenses	96,487	(158,094)
Change in net financial assets	690,189	682,683
Net financial assets - Beginning of year	6,329,621	5,646,938
Net financial assets - End of year	7,019,810	6,329,621

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

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

Sudbury & District Health Unit**Statement of Cash Flows****For the year ended December 31, 2015**

	2015 \$	2014 \$
Cash provided by (used in)		
Operating activities		
Annual surplus	270,876	714,684
Adjustments for		
Amortization of tangible capital assets	671,791	638,691
Benefit payments related to employee benefit obligations	(148,272)	(178,142)
Non-cash expenses related to employee benefit obligations	204,620	159,304
Changes in non-cash working capital items		
Accounts receivable	(62,359)	11,626
Receivable from the Province of Ontario	(21,903)	33,877
Payable to the Province of Ontario	(6,611)	(460,568)
Accounts payable and accrued liabilities	(697,034)	85,792
Deferred revenue	(72,129)	(83,501)
Prepaid expenses	96,487	(158,094)
	235,466	763,669
Investing activity		
Purchase of tangible capital assets	(348,965)	(512,598)
Increase in cash and cash equivalents during the year	(113,499)	251,071
Cash and cash equivalents - Beginning of year	11,043,841	10,792,770
Cash and cash equivalents - End of year	10,930,342	11,043,841

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

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

Sudbury & District Health Unit**Notes to Financial Statements****December 31, 2015**

1 Nature of operations

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

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

2 Summary of significant accounting policies

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

Basis of accounting

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

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

Cash and cash equivalents

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

Guaranteed investment certificates amounted to \$2,188,942 as at December 31, 2015 (2014 - \$2,171,083) and these can be redeemed for cash on demand.

Employee benefit obligations

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

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

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

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

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

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

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

Non-financial assets

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

Tangible capital assets

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

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

Prepaid expenses

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

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

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

Accumulated surplus

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

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets

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

- Unfunded employee benefit obligations

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

The accumulated surplus consists of the following reserves:

- Working capital reserve

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

- Public health initiatives

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

- Corporate contingencies

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

- Facility and equipment repairs and maintenance

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

- Sick leave and vacation

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

- Research and development

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

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

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

Revenue recognition

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

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

Budget figures

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

Use of estimates

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

3 Employee benefit obligations

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2015 and forms the basis for the estimated liability reported in these financial statements.

	2015 \$	2014 \$
Accumulated sick leave benefits	849,339	879,757
Other post-employment benefits	994,287	954,822
	<hr/>	<hr/>
	1,843,626	1,834,579
Vacation pay and other compensated absence	939,639	892,338
	<hr/>	<hr/>
	2,783,265	2,726,917

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

(4)

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

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

	2015 %	2014 %
Discount rate	4.50	4.25
Health-care trend rate		
Initial	5.10	6.20
Ultimate	4.00	4.00
Salary escalation factor	3.00	3.00

The Health Unit has established reserves in the amount of \$675,447 (2014 - \$675,447) to mitigate the future impact of these obligations.

The accrued benefit obligations as at December 31, 2015 are \$1,667,050 (2014 - \$1,723,955). Total benefit plan related expenses were \$157,317 (2014 - \$199,021) and were comprised of current service costs of \$101,664 (2014 - \$139,551), interest of \$72,790 (2014 - \$71,068) and amortization of actuarial gain of \$17,137 (2014 - \$11,598). Benefits paid during the year were \$148,272 (2014 - \$178,142). The net unamortized actuarial gain of \$176,576 (2014 - \$110,624) will be amortized over the expected average remaining service period.

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

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

DRAFT

4 Tangible capital assets

									2015
	Cost				Accumulated amortization				Net book value
	Balance - Beginning of year \$	Additions \$	Disposals \$	Balance - End of year \$	Balance - Beginning of year \$	Amortization \$	Disposals \$	Balance - End of year \$	Balance - End of year \$
Land	26,939	-	-	26,939	-	-	-	-	26,939
Building	6,907,685	74,350	-	6,982,035	2,229,645	173,622	-	2,403,267	4,578,768
Leasehold improvements	391,330	-	-	391,330	282,603	42,927	-	325,530	65,800
Computer hardware	1,270,049	183,915	(91,481)	1,362,483	644,783	323,867	(91,481)	877,169	485,314
Computer software	258,819	19,545	-	278,364	258,819	19,545	-	278,364	-
Website design	69,845	-	-	69,845	20,954	13,969	-	34,923	34,922
Vehicles and equipment	2,118,573	36,155	-	2,154,728	1,754,105	75,351	-	1,829,456	325,272
Parking lot resurfacing	207,596	35,000	-	242,596	31,140	22,510	-	53,650	188,946
	11,250,836	348,965	(91,481)	11,508,320	5,222,049	671,791	(91,481)	5,802,359	5,705,961

									2014
	Cost				Accumulated amortization				Net book value
	Balance - Beginning of year \$	Additions \$	Disposals \$	Balance - End of year \$	Balance - Beginning of year \$	Amortization \$	Disposals \$	Balance - End of year \$	Balance - End of year \$
Land	26,939	-	-	26,939	-	-	-	-	26,939
Building	8,057,868	-	(1,150,183)	6,907,685	3,207,135	172,693	(1,150,183)	2,229,645	4,678,040
Leasehold improvements	391,330	-	-	391,330	239,676	42,927	-	282,603	108,727
Computer hardware	1,216,077	458,815	(404,843)	1,270,049	779,873	269,753	(404,843)	644,783	625,266
Computer software	223,418	35,401	-	258,819	223,418	35,401	-	258,819	-
Website design	69,845	-	-	69,845	6,985	13,969	-	20,954	48,891
Vehicles and equipment	2,100,191	18,382	-	2,118,573	1,670,917	83,188	-	1,754,105	364,468
Parking lot resurfacing	207,596	-	-	207,596	10,380	20,760	-	31,140	176,456
	12,293,264	512,598	(1,555,026)	11,250,836	6,138,384	638,691	(1,555,026)	5,222,049	6,028,787

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

(6)

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

DRAFT

5 Accumulated surplus

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

	2015								2014
	Invested in tangible capital assets \$	Unfunded employee benefit obligations \$	Working capital reserve \$	Public health initiatives \$	Corporate contingencies \$	Facility and equipment repairs and maintenance \$	Sick leave and vacation \$	Research and development \$	Total \$
Balance - Beginning of year	6,028,787	(2,726,917)	4,417,042	1,319,963	500,000	2,432,346	675,447	56,860	12,703,528
Annual surplus (deficit)	(671,791)	(56,348)	999,015	-	-	-	-	-	270,876
In-year transfer to (from) reserves	-	-	(629,257)	201,156	-	428,101	-	-	-
Purchase of tangible capital assets	348,965	-	(348,965)	-	-	-	-	-	-
Balance - End of year	5,705,961	(2,783,265)	4,437,835	1,521,119	500,000	2,860,447	675,447	56,860	12,974,404

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

(7)

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

6 Commitments and contingencies

Line of credit

As at December 31, 2015, the Health Unit has available an operating line of credit of \$500,000 (2014 - \$500,000). There is no balance outstanding on the line of credit at year-end (2014 - \$nil).

Lease commitment

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2015 are as follows:

	\$
No later than 1 year	211,970
Later than 1 year and no later than 5 years	539,973
Later than 5 years	674,386
	<u>1,426,129</u>

Contingencies

From time to time, the Health Unit is involved in lawsuits and claims arising in the ordinary course of business. Management has established policies and procedures to ensure adequate provisions will be made in the accounts where required such that the ultimate resolution with respect to any claims will not have a material adverse effect on the Health Unit's financial position or results of operations. As at December 31, 2015, no such claims exist.

7 Pension agreements

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

The amount contributed to OMERS for 2015 was \$1,753,523 (2014 - \$1,715,562) for current service and is included within benefits expense on the statement of operations.

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

Sudbury & District Health Unit

Notes to Financial Statements

December 31, 2015

8 Per capita revenue from municipalities

	2015 \$	2014 \$
Township of Assiginack	30,578	30,315
Township of Baldwin	20,363	20,693
Township of Billings (and part of Allan)	20,498	19,969
Township of Burpee	11,089	10,808
Township of Central Manitoulin	70,767	69,791
Municipality of St. Charles	45,565	46,461
Township of Chapleau	81,520	80,863
Municipality of French River	95,431	91,407
Township of Espanola	180,513	178,003
Township of Gordon (and part of Allan)	18,145	17,991
Town of Gore Bay	31,922	32,490
Municipality of Markstay-Warren	94,826	92,396
Township of Northeastern Manitoulin & The Islands	88,845	86,464
Township of Nairn & Hyman	16,264	15,685
Municipality of Killarney	14,180	13,971
Township of Sables and Spanish River	111,896	109,794
City of Greater Sudbury	5,773,445	5,659,141
Township of Tehkummah	14,651	14,037
	<u>6,720,498</u>	<u>6,590,279</u>

9 Administration expenses

		2015	2014
	Budget \$	Actual \$	Actual \$
Professional fees	649,899	728,204	751,563
Advertising	256,001	241,749	213,962
Building maintenance	350,501	360,473	341,711
Staff education	300,205	233,342	269,536
Utilities	195,265	181,395	193,131
Rent	256,064	249,728	245,131
Liability insurance	101,714	114,454	93,793
Postage	85,330	67,821	68,271
Telephone	196,756	197,243	186,165
Memberships and subscriptions	48,827	45,933	46,513
Strategic planning	5,000	1,879	1,463
	<u>2,445,562</u>	<u>2,422,221</u>	<u>2,411,239</u>

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

(9)

10 Revenues and expenses by funding sources

	OLHA \$	CNO \$	CINOT Expansion \$	Enhanced Safe Food \$	HSO \$	CID \$	IC-PHN \$	MOH/ AMOH \$	Unorganized territories \$	Enhanced safe water \$	SDWS \$	Needle exchange \$	UIIP \$	Men C \$	HPV \$
Revenues															
Provincial grants	14,893,000	119,529	24,800	35,606	376,354	389,000	90,100	17,000	-	16,200	106,000	71,100	18,920	11,637	9,605
Provincial grants - one-time	4,981	-	5,019	-	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	-	-	-	-	813,000	-	-	-	-	-	-
Municipalities	6,641,127	-	10,503	-	-	-	-	-	-	-	47,222	-	-	-	-
Plumbing and inspections	301,064	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	83,468	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	859,858	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	22,783,498	119,529	40,322	35,606	376,354	389,000	90,100	17,000	813,000	16,200	153,222	71,100	18,920	11,637	9,605
Expenses															
Salaries and wages	14,650,781	94,785	-	-	243,722	303,213	71,515	14,529	482,239	12,736	116,329	-	15,146	10,259	8,734
Benefits	3,877,439	24,744	-	-	73,831	75,780	18,585	2,471	134,373	3,464	31,661	-	1,537	1,017	871
Transportation	109,161	-	-	-	3,524	894	-	-	127,948	-	2,694	-	1,006	361	-
Administration (note 9)	2,081,959	-	43,950	35,606	40,616	-	-	-	37,546	-	-	-	505	-	-
Supplies and materials	753,240	-	-	-	14,661	9,113	-	-	30,894	-	-	71,100	726	-	-
Small operational equipment	369,276	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amortization of tangible capital assets	671,791	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	22,513,647	119,529	43,950	35,606	376,354	389,000	90,100	17,000	813,000	16,200	150,684	71,100	18,920	11,637	9,605
Annual surplus	269,851	-	(3,628)	-	-	-	-	-	-	-	2,538	-	-	-	-

OLHA - MOHLTC mandatory cost-shared
CNO - Chief nursing officer
CINOT - Children in need of treatment
HSO - Healthy Smiles Ontario
CID - Infectious Diseases Control Initiative
IC - PHN - Infection Prevention and Control Nurses Initiative
MOH/AMOH - MOH/AMOH Compensation Initiative
SDWS - Small drinking water systems
UIIP - Universal Influenza Immunization Program
Men. C - Meningococcal vaccine program
HPV - Human papilloma virus
VBD - Vector borne diseases
MCYS - Ministry of Children and Youth Services
SFO - Smoke Free Ontario
HCPF - Healthy Communities Partnership Fund
NFVP - Northern Fruit and Vegetable Program
SDoH Nurses - Social Determinants of Health Nurses
ISPA - Immunization of School Pupils Act.

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

	VBD \$	MCYS \$	SFO \$	HCPF \$	PHI \$	Panorama 2014-15 \$	Panorama 2015-16 \$	SFO Expanded Smoking Cessation \$	Diabetes Prevention \$	NFVP \$	Nurse Graduate Guarantee \$	ISPA \$	HIV-Aids Anonymous Testing \$	SDoH Nurses Initiatives \$	Non-Ministry \$	Total \$
Revenue																
Provincial grants	58,592	1,616,858	712,788	9,172	-	-	-	-	189,233	136,184	5,459	-	62,087	180,500	-	19,149,724
Provincial grants - one-time	-	-	-	-	18,000	24,902	90,990	2,213	-	-	-	51,300	-	-	-	197,405
Unorganized territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	813,000
Municipalities	21,646	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,720,498
Plumbing and inspections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	301,064
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	83,468
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	226,538	1,086,396
	80,238	1,616,858	712,788	9,172	18,000	24,902	90,990	2,213	189,233	136,184	5,459	51,300	62,087	180,500	226,538	28,351,555
Expenses																
Salaries and wages	36,158	1,260,306	430,637	-	15,952	19,270	69,818	-	74,331	49,829	5,459	44,304	46,712	145,565	114,767	18,337,096
Benefits	3,662	273,917	113,739	-	1,594	4,879	14,710	-	18,073	5,386	-	4,956	7,574	34,935	18,979	4,748,177
Transportation	9,430	45,449	39,089	660	-	-	-	-	9,150	101	-	2,040	246	-	995	352,748
Administration (note 9)	1,336	9,665	81,889	6,794	-	-	2,465	1,463	61,138	600	-	-	1,624	-	15,065	2,422,221
Supplies and materials	27,537	22,118	47,434	1,718	-	753	3,997	750	26,541	80,268	-	-	5,931	-	76,732	1,173,513
Small operational equipment	-	5,403	-	-	454	-	-	-	-	-	-	-	-	-	-	375,133
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	671,791
	78,123	1,616,858	712,788	9,172	18,000	24,902	90,990	2,213	189,233	136,184	5,459	51,300	62,087	180,500	226,538	28,080,679
Annual surplus	2,115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	270,876

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

Appendix B: Draft management representation letter

Client's letterhead

May 19, 2016

Mr. Michael Hawtin, Partner
PricewaterhouseCoopers LLP
PwC Tower
18 York Street, Suite 2600
Toronto ON M5J 0B2

Dear Mr. Hawtin:

We are providing this letter in connection with your audit of the financial statements of Sudbury & District Health Unit as at December 31, 2015 and for the year then ended for the purpose of expressing an opinion as to whether such financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of Sudbury & District Health Unit in accordance with Canadian public sector accounting standards.

Management's responsibilities

We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated November 18, 2015. In particular, we confirm to you that:

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

We confirm the following representations:

Preparation of financial statements

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

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

Accounting policies

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

Internal controls over financial reporting

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

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

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

Minutes

All matters requiring disclosure to or approval of the Board of Health or the shareholders have been brought before them at appropriate meetings and are reflected in the minutes.

Completeness of transactions

All contractual arrangements entered into by Sudbury & District Health Unit with third parties have been properly reflected in the accounting records and, where material (or potentially material) to the financial statements, have been disclosed to you. We have complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There are no side agreements or other arrangements (either written or oral) undisclosed to you.

Fraud

We have disclosed to you:

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

Disclosure of information

We have provided you with:

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

We have no knowledge of any allegations of fraud or suspected fraud affecting Sudbury & District Health Unit received in communications from employees, former employees, regulators or others.

Compliance with laws and regulations

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

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

Accounting estimates and fair value measurements

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

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

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

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

Related parties

We confirm that we have disclosed to you the identity of Downtown Sudbury's related parties as defined by CPA Canada Public Sector Accounting Handbook Section PS 2200, *Related Party Disclosures* (PS 2200), and all the related party relationships and transactions.

The identity of, relationship, balances and transactions with related parties have been properly recorded and adequately disclosed in the financial statements, as required by PS 2200.

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

Going concern

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

Assets and liabilities

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

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

Litigation and claims

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

Misstatements detected during the audit

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

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

There are no unadjusted or adjusted misstatements identified during your audit.

Events after balance sheet date

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

Cash and banks

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

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

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

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

All cash and bank accounts and all other properties and assets of Sudbury & District Health Unit are included in the financial statements as at December 31, 2015.

Capital assets

All charges to capital asset accounts represented the actual cost of additions or the fair value at the date of contribution.

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

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

Capital assets owned by Sudbury & District Health Unit are being depreciated on a systematic basis over their estimated useful lives, and the provision for depreciation was calculated on a basis consistent with that of the previous date. During the year, we reviewed the appropriateness of the depreciation policy and estimate of useful lives for tangible capital assets, taking into account all pertinent factors. Any changes in our assessment from the prior year have been adequately disclosed and reflected in the financial statements.

All lease agreements covering property leased by or from Sudbury & District Health Unit have been disclosed to you and classified in accordance with CPA Canada Public Sector Accounting Handbook Guideline PSG-02, *Leased Tangible Capital Assets*.

Assets held under capital leases are being amortized on a systematic basis over the period of expected use.

There have been no events, conditions or changes in circumstances that indicate that a capital asset no longer contributes to Sudbury & District Health Unit's ability to provide goods and services. We believe that the carrying amount of Sudbury & District Health Unit's long-lived capital assets is fully recoverable in accordance with CPA Canada Public Sector Accounting Handbook Section PS 3150, *Tangible Capital Assets*.

Deferred revenue and deferred contributions

All material amounts of deferred revenue and deferred contributions were appropriately recorded in the books and records.

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

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

The details of all amendments to the accumulated sick leave benefits and other post-employment benefits since December 31, 2014, the date of the last actuarial valuation, have been identified to you.

The actuarial valuation dated February 12, 2016 incorporates management's best estimates.

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

Sudbury & District Health Unit does not plan to make frequent amendments to the accumulated sick leave benefits and other post-employment benefits.

Sudbury & District Health Unit's actuaries have been provided with all information required to complete their valuation as at December 31, 2014, and their extrapolation to December 31, 2015.

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

- The significant accounting policies that Sudbury & District Health Unit has adopted in applying CPA Canada Public Sector Accounting Handbook Section PS 3250 and CPA Canada Public Sector Accounting Handbook Section PS 3255 are accurately and completely disclosed in the notes to the financial statements. Each of the best estimate assumptions used reflects management's judgment of the most likely outcomes of future events.

- The best estimate assumptions used are, as a whole, internally consistent, and consistent with the asset valuation method adopted.
- The discount rate used to determine the accrued benefit obligation was determined by reference to Ontario Municipal Bonds using assumptions that are internally consistent with other actuarial assumptions used in the calculation of the accrued benefit obligation and plan assets.
- The assumptions included in the actuarial valuation are those that management instructed Nexus Actuarial Consultants Ltd. to use in computing amounts to be used by management in determining pension costs and obligations and in making required disclosures in the above-named financial statements, in accordance with CPA Canada Public Sector Accounting Handbook Section PS 3250.

In arriving at these assumptions, management has obtained the advice of Nexus Actuarial Consultants Ltd., but has retained the final responsibility for the assumptions.

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

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

Use of a specialist

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

Yours truly,

Sudbury & District Health Unit

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

Mr. Marc Piquette, Director, Corporate Services

Ms. Colette Barette, Manager, Accounting Services

Appendix A – Related Parties

The City of Greater Sudbury
Township of Assiginack
Township of Baldwin
Township of Billings (and part of Allan)
Township of Burpee
Township of Central Manitoulin
Municipality of St. Charles
Township of Chapleau
Municipality of French River
Township of Espanola
Township of Gordon (and part of Allan)
Town of Gore Bay
Municipality of Markstay-Warren
Township of Northeastern Manitoulin & The Islands
Township of Nairn & Hyman
Municipality of Killarney
Township of Sables and Spanish River
Township of Tehkummah

- Rene Lapierre
- Claude Belcourt
- Janet Bradley
- Jeffrey Paul Huska
- Robert Kirwan
- Stewart Meikleham
- Paul Vincent Myre
- Ken Noland
- Rita Pilon
- Ursula Sauve
- Richard Lemieux
- Mark Signoretti
- Carolyn Thain

ADOPTION OF THE 2015 AUDITED FINANCIAL STATEMENTS

MOTION: WHEREAS at its May 2, 2016, meeting, the Board Finance Standing Committee reviewed the 2015 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2015 audited financial statements be approved as distributed.

ADDENDUM

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

IN CAMERA

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

RISE AND REPORT

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

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

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

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

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

ADJOURNMENT

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