



# Sudbury & District Board of Health

Thursday, June 16, 2016

SDHU Boardroom

1300 Paris Street

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

Thursday, June 16, 2016, Sudbury & District Health Unit, 1300 Paris Street, Boardroom, 1:30 p.m.

## 1.0 CALL TO ORDER

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## 2.0 ROLL CALL

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

-

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*Agenda*

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## 4.0 DELEGATION / PRESENTATION

- i) Lyme Disease  
Stacey Laforest, Director, Environmental Health Division

## 5.0 CONSENT AGENDA

- i) Minutes of Previous Meeting

*Fourth Meeting - May 19, 2016*

Page 13

- ii) Business Arising From Minutes

None

- iii) Standing Committees

None

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

*MOH/CEO Report, June 2016*

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*April 2016 Financial Statements*

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v) Correspondence

a. Endorsement for the Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act

*Letter from the Middlesex-London Board of Health dated May 13, 2016* Page 36

b. Mandatory Long-Form Census

*Email from the Minister of Innovation, Science and Economic Development dated May 13, 2016* Page 37

c. Rising Cost of Healthy Food

*Letter from the County of Lambton Board of Health to the Minister Responsible for the Poverty Reduction Strategy and the Minister of Community and Social Services dated May 9, 2016* Page 38

d. Legislation for the International Code of Marketing of Breastmilk Substitute

*Letter from Grey Bruce Health Unit to the Federal Minister of Health dated June 7, 2016* Page 40

e. Lyme Disease

*Letter to the Federal and Provincial Ministers of Health from the Grey Bruce Health Unit dated June 2, 2016* Page 42

*Letter to the Federal and Provincial Ministers from Niagara Region dated May 9, 2016* Page 44

vi) Items of Information

*a. alPHA Information Break - June 1, 2016* Page 46

*b. MOHLTC News Release "Helping More Ontarians Quit Smoking"* Page 49

*MOTION: Approval of Consent Agenda* Page 52

6.0 NEW BUSINESS

i) Patients First Act and alPHA Annual Conference and Annual

## General Meeting

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*News Release, MOHTLC: Patient First Act Would Deliver on Action Plan for Health Care dated June 2, 2016* Page 54

*Resolution from the Federation of Northern Ontario Municipalities (FONOM)* Page 58

*alPHa summary of Bill 210, the Patients First Act* Page 59

## ii) Board of Health Manual

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*A-II-10 Distribution - Policy* Page 69

*B-I-11 Strategic Plan - Policy* Page 70

*C-I-10 SDHU Organizational Structure - Information* Page 71

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iii) Enterprise Risk Management

*Briefing Note re Risk Management Plan* Page 144

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*MOTION: Risk Management* Page 148

iv) 2013-2017 Performance Monitoring Plan

*Strategic Priorities: Narrative Report, June 2016* Page 149

7.0 ADDENDUM

*MOTION: Addendum* Page 157

8.0 ANNOUNCEMENTS / ENQUIRIES

[Please take a few seconds to complete the Board meeting evaluation](#)

*- Evaluation* Page 158

9.0 ADJOURNMENT

*MOTION: Adjournment* Page 159

**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 – FIFTH MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT  
THURSDAY, JUNE 16, 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) Lyme Disease**
    - Stacey Laforest, Director, Environmental Health Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Fourth Meeting – May 19, 2016**
  - ii) Business Arising From Minutes**

None
  - iii) Standing Committees**

None
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, June 2016**
  - v) Correspondence**
    - a. Endorsement for the Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act**
      - Letter from the Middlesex-London Board of Health dated May 13, 2016
    - b. Mandatory Long-Form Census**
      - Email from the Federal Minister of Innovation, Science and Economic Development dated May 13, 2016
    - c. Rising Cost of Healthy Food**
      - Letter from the County of Lambton Board of Health to the Minister Responsible for the Poverty Reduction Strategy and the Minister of Community and Social Services dated May 9, 2016

**d. Legislation for the International Code of Marketing of Breastmilk Substitute**

- Letter from Grey Bruce Health Unit to the Federal Minister of Health dated June 7, 2016

**e. Lyme Disease**

- Letter to the Federal and Provincial Ministers of Health from the Grey Bruce Health Unit dated June 2, 2016
- Letter to the Federal and Provincial Ministers from Niagara Region dated May 9, 2016

**vi) Items of Information**

- |  |  |
|--|--|
| <p><b>a.</b> alPHA Information Break</p> <p><b>b.</b> MOHLTC News Release "<i>Helping More Ontarians Quit Smoking</i>"</p> | <p>June 1 , 2016</p> <p>May 31, 2016</p> |
|--|--|

**APPROVAL OF CONSENT AGENDA**

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

**6. NEW BUSINESS**

**i) Patients First Act and alPHA Annual Conference and Annual General Meeting**

- Letter from the Middlesex-London Board of Health to the Minister of Health and Long-Term Care dated May 13, 2016
- News Release, Ministry of Health and Long-Term Care: *Patient First Act Would Deliver on Action Plan for Health Care* dated June 2, 2016
- Resolution 2016-06 from the Federation of Northern Ontario Municipalities (FONOM)
- alPHA summary of Bill 210, the Patients First Act

**ii) Board of Health Manual**

- Briefing Note to the Board Chair dated June 9, 2016
- Proposed revisions to the Board Manual

**BOARD OF HEALTH MANUAL**

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

**iii) Enterprise Risk Management**

- Briefing Note from the MOH/CEO dated June 9, 2016
- Draft Heat Map
- Draft Risk Framework

## **RISK MANAGEMENT**

**MOTION:** WHEREAS the Sudbury & District Board of Health is committed to transparency, accountability and continuous quality improvement; and

WHEREAS the Ontario Public Health Organizational Standards mandate board of health stewardship and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization;

WHEREAS the Board of Health has engaged in a risk management process in order to systematically identify/assess current risks and controls;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health direct the Medical Officer of Health to finalize for the Board's approval an enterprise risk management framework and related policy and a current risk management plan.

### **iv) 2013-2017 Performance Monitoring Plan**

- Strategic Priorities: Narrative Report, June 2016

## **7. ADDENDUM**

### **ADDENDUM**

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

## **8. ANNOUNCEMENTS / ENQUIRIES**

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

## **9. ADJOURNMENT**

### **ADJOURNMENT**

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

**MINUTES – FOURTH MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM  
THURSDAY, MAY 19, 2016, AT 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Claude Belcourt  
Robert Kirwan  
Paul Myre  
Ursula Sauvé

Janet Bradley  
René Lapierre  
Ken Noland  
Carolyn Thain

Jeffery Huska  
Richard Lemieux  
Rita Pilon

**BOARD MEMBERS REGRETS**

Stewart Meikleham

**BOARD MEMBERS ABSENT**

Mark Signoretti

**STAFF MEMBERS PRESENT**

Sandra Laclé  
Shelley Westhaver

Rachel Quesnel

Dr. P. Sutcliffe

Media

**R. LAPIERRE PRESIDING**

**1.0 CALL TO ORDER**

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

**2.0 ROLL CALL**

**3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

**4.0 DELEGATION / PRESENTATION**

**i) Stay on Your Feet: Falls Prevention**

- Sandra Laclé, Director, Health Promotion Division
- Mary Ann Diosi, Manager, Health Promotion Division

S. Laclé and M.A. Diosi provided an overview of the Stay on Your Feet, An Older Adult Falls Prevention Program.

Through the Ministry of Health and Long-Term Care (MOHLTC)'s Ontario Public Health Standards, all boards of health are required to prevent falls across the lifespan. The Board was also reminded that one of the MOHLTC's health promotion monitoring indicators is "Reduction of fall-related emergency visits in older adults aged 65+".

S. Laclé described our local work to reduce falls in adults aged 65 and older includes the implementation of an evidence informed program within a regional partnership with the North East LHIN and the health units in the north east. Locally, we know there is a need to focus on falls prevention as, in the SDHU area, approximately 17% of our population is 65 years of age and older and between 20% and 30% of seniors fall each year.

In 2009, the SDHU and other local stakeholders partnered with NE LHIN to work on falls prevention as part of the LHIN's Aging at Home Strategy. As evidence showed that coordinated, community-wide, multi-strategy initiatives to preventing falls can reduce falls, the North East LHIN and the five northeast public health units subsequently entered into a partnership to implement a Stay on Your Feet (SOYF) north east region wide falls prevention strategy. The SOYF best practice framework promotes healthy active aging and preventing falls among older adults across the health continuum at the local level.

Questions and comments were entertained. It was clarified that fall-related figures presented today represent rates of emergency department visits for which the diagnosis was an injury due to a fall. Additional sources of data were discussed as was the importance of identification and reporting of hazards for falling.

The SDHU's linkage with the NE LHIN and leadership in this important preventive work was acknowledged.

## **5.0 CONSENT AGENDA**

There were no consent agenda items identified for discussion.

- i) Minutes of Previous Meeting**
  - a. Third Meeting – April 20, 2016
- ii) Business Arising From Minutes**
- 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 |

**28-16 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

**6.0 NEW BUSINESS**

**i) Hepatitis A Virus Food Recall - Emergency Response**

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

The SDHU prepared a Situation Report summarizing the SDHU response to a recent Hepatitis A Virus Food Recall relating to contaminated Nature's Touch brand Organic Berry Cherry Blend frozen berries sold at Costcos.

The report provided a summary of the incident and the SDHU's response. Teamwork, leadership, and past experience with lessons from similar situations were highlighted. It was noted that a complete report was also prepared for internal purposes. R. St Onge and her team in the Resources, Research, Evaluation and Development Division were thanked for their leadership in pulling this information together.

Dr. Sutcliffe noted that the SDHU response was effective and timely. This was in the context of mixed messaging regarding Costco's role in providing immunization. It is understood that the public health response to this outbreak was varied across the province as communication by the province was that Costco would be providing the hepatitis A vaccinations. The SDHU discussed with the local Costco and expediently implemented a plan to ensure public notification and access to vaccination. The MOH concluded that an experienced and skilled SDHU team was evidenced by how easily staff stepped into their IMS roles.

If a provincial debrief is held, Dr. Sutcliffe will seek to participate and provide feedback regarding the roles and responsibilities of local public health units in communicable disease outbreak responses.

Questions were entertained.

**ii) Sudbury & District Health Unit's 2015 Audit**

- 2015 Audited Financial Statements

Chair of the Board Finance Standing Committee, C. Thain, reported that Committee met on May 2, 2016, and reviewed the 2015 audited financial statements. Grant Redpath and Michael Hawtin, from Pricewaterhouse Coopers joined the



Finance meeting via teleconference to review the audit processes and present findings of the annual financial audit.

Despite the new provincial funding formula, conservative spending through an established contingency plan in 2015 allowed the Health Unit to complete the year with a small surplus, and in stable financial condition. Ongoing provincial funding pressures are anticipated; however, the SDHU's expenditure management is well under control. The financial statement disclosure in the detailed statements support the reporting requirements under the accountability agreement for a variety of programs.

The Board was assured that there were no matters requiring their attention relating to internal control matters or fraud. The external audit team was appreciative of the work and collaboration of the SDHU's accounting team which facilitated an efficient audit.

The financial statements for 2015 are presented with the agenda with the Board Finance Standing Committee's recommendation for approval of the 2015 audited financial statements.

#### **29-16 ADOPTION OF THE 2015 AUDITED FINANCIAL STATEMENTS**

***Moved by Kirwan – Sauvé: 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***

**CARRIED**

#### **7.0 ADDENDUM**

##### **30-16 ADDENDUM**

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

**CARRIED**

#### **DECLARATION OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

##### **i) Resignation of Board Member – Claude Belcourt**

- Email from Claude Belcourt to the Board Chair dated May 17, 2016

Longstanding provincial appointee, Claude Belcourt, announced his resignation from the Sudbury & District Board of Health as he is moving.

On behalf of the Board, the Chair thanked Claude for his engagement and contributions to the Board of Health. Best wishes were extended to Claude.

Nominations for the position of Vice-Chair were opened to replace Claude Belcourt. Jeffery Huska was nominated and accepted his nomination.

**31-16 APPOINTMENT OF VICE-CHAIR OF THE BOARD**

***Moved by Pilon – Lemieux: THAT the Sudbury & District Board of appoints Jeffery Huska as Vice-Chair for the remainder of 2016.***

**CARRIED**

**8.0 IN CAMERA**

**32-16 IN CAMERA**

***Moved by Lemieux – Thain: That this Board of Health goes in camera.  
Time: 2:12 p.m.***

**CARRIED**

- Labour Relations or Employee Negotiations

**9.0 RISE AND REPORT**

**33-16 RISE AND REPORT**

***Moved by Kirwan – Noland: That this Board of Health rises and reports.  
Time: 2:22 p.m.***

**CARRIED**

It was reported that an item relating to labour relations/employee negotiations was discussed and the following motions emanated:

**34-16 APPROVAL OF BOARD IN-CAMERA MEETING NOTES**

***Moved by Bradley – Huska: THAT this Board of Health approve the meeting notes of the April 20, 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**

**35-16 MOH/CEO EMPLOYMENT CONTRACT RENEWAL**

***Moved by Huska – Belcourt: THAT the Sudbury & District Board of Health approve the Employment Contract between the Board of Health for the Sudbury & District Health Unit and the Medical Officer of Health and Chief Executive Officer, dated May 19, 2016.***

**CARRIED**

**10.0 ANNOUNCEMENTS / ENQUIRIES**

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

Although no longer present at the meeting, Board members extended their congratulations and best wishes to retiring Director of Clinical and Family Services Division, Shelley Westhaver.

Dr. Sutcliffe shared with the Board that S. Laclé is currently the Acting Director of Corporate Services until recruitment is successful.

**11.0 ADJOURNMENT**

**36-16 ADJOURNMENT**

***Moved by Lemieux – Pilon: THAT we do now adjourn. Time: 2:26 p.m.***

***CARRIED***

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(Chair)

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(Secretary)

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

### **Words for thought...**

#### Ontario Launches \$222 Million First Nations Health Action Plan

##### Province Supporting Indigenous Health Care

Ontario is investing nearly \$222 million over the next three years to ensure Indigenous people have access to more culturally appropriate care and improved outcomes, focusing on the North where there are significant gaps in health services. This investment will be followed by sustained funding of \$104.5 million annually to address health inequities and improve access to culturally appropriate health services over the long term.

Ontario's First Nations Health Action Plan, which will be implemented and evaluated in close partnership with Indigenous partners focuses on primary care, public health and health promotion, senior's care, hospital services, and life promotion and crisis support. The plan includes:

- Investments in primary health care, including increasing physician services by 2,641 more days for 28 First Nations communities across the Sioux Lookout region
- Providing cultural competency training for front-line health care providers and administrators who work with First Nations communities
- The establishment of up to 10 new or expanded primary care teams that include traditional healing
- Expanding access to fresh fruits and vegetables for approximately 13,000 more Indigenous children in northern and remote communities
- Expanding diabetes prevention and management in Indigenous communities
- More hospital beds for seniors care at Meno Ya Win Health Centre and increased funding to the Weeneebayko Area Health Authority for capital planning
- Improving access to home and community care services, including on-reserve
- Life promotion and crisis support, such as trauma response teams, youth programs and mental health workers in schools
- Expanding access to telemedicine for individuals who need clinical support.

Source: Ministry of Health and Long-Term Care  
May 25, 2016

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### **Chair and Members of the Board,**

The recent provincial announcement of a First Nations Health Action Plan represents a first-of-its-kind investment by the provincial government in First Nations health. It will be important to follow this initiative closely for potential implications for public health supports to area First Nations. I have the privilege of participating on a provincial committee tasked with working toward a vision of all First Nations communities being served by an integrated and comprehensive public health system. And while we know there is a long way to go, locally, we continue to build relationships with Indigenous partners, understanding that this is a critical step to building trust and improving health. We need to

incorporate important lessons learned from the recent Truth and Reconciliation Commission. A reminder that June 21 is National Aboriginal Day in Canada, a day of celebration of the unique heritage, diverse cultures and outstanding achievements of the Aboriginal peoples.

With June now well underway, I wish everyone a safe and restful yet re-energizingly beautiful northern Ontario summer. A reminder that the next regularly scheduled Board of Health meeting is September 15, 2016.

## **GENERAL REPORT**

### **1. Sudbury & District Health Unit 2015 Annual Report**

The 2015 Annual Report is now finalized. The bilingual document is produced in both electronic and print form. A print copy is provided to Board of Health members at the June Board meeting. It will also be digitally distributed to stakeholders, promoted through social media, and made available at [www.sdhu.com](http://www.sdhu.com).

### **2. Human Resources**

Recruitment is underway for the Director of Corporate Services. Sandra Laclé continues as Acting Director, Corporate Services until the position is filled at which point she will begin her role as the Director of Clinical and Family Services. Director of Environmental Health, Stacey Laforest, is currently covering as Acting Director of Clinical and Family Services. Effective June 1, 2016, Megan Dumais began as the permanent Director of Health Promotion.

### **3. Healthy Babies Healthy Children Program**

The Ministry of Children and Youth Services announced on May 13, 2016, that a third party review of the 100% funded Healthy Babies Healthy Children (HBHC) program will be undertaken. The review will be completed to “assess if the existing HBHC delivery model best meets Ontario’s needs, and to identify opportunities to address program sustainability and alignment with the Ministry of Children and Youth Services’ mandate.”

The SDHU has been increasingly challenged to maintain and meet Ministry expectations for service provision of the HBHC program within the existing funding envelope. Along with the Association of Local Public Health Agencies (alPHA) and other boards of health, the Sudbury & District Board has advocated previously for adequate funding as there have been no program funding increase since 2009.

Although we continue to review and adjust operating expenses and business processes in order to maximize efficiencies within the HBHC program, annual increases such as salary and benefit increases, mileage costs and other administrative costs continue to rise. The ability to continue to deliver comprehensive services across the district becomes increasingly challenging as the gap between funding and the real costs associated with delivering the program widens. We await the outcome of the announced review.

#### **4. Board Training**

Friendly reminder to please complete the online emergency preparedness and response training module which is required to be completed annually. Completion rate to date is three of 12 members. Your completion of this training determines the Board's compliance results for performance indicator 10 – Emergency Preparedness Index of our performance monitoring plan. The video can be accessed through the home page of BoardEffect or under the *Resource Library - Sudbury & District Board of Health - Yearly Mandatory Emergency Preparedness Training for Board Members*. Once completed you are asked to sign a *Board of Health Emergency Preparedness and Response Training acknowledgment* form confirming you have completed the training for this year. Copies of this form will be available at the June Board meeting.

#### **5. Accountability Agreement Performance Indicators**

As of May 31, 2016, the Sudbury & District Health Unit (SDHU) has demonstrated compliance with 13 of the 14 Ministry of Health and Long-term Care (MOHLTC) Accountability Agreement Performance Indicator targets. In the month of April, one suspected rabies exposure was not responded to within one day of notification to the Health Unit. Measures have been implemented within the Environmental Health division to address the issue that led to the delay.

The SDHU is also continually monitoring 17 Accountability Agreement Monitoring Indicators. As articulated by the MOHLTC, the purpose of the Accountability Agreement Indicators is to ensure the Board of Health's ability to: comply with the Ontario Public Health Standards; address health unit specific performance issues; demonstrate effective use of public funds and value for money; and demonstrate clear movement on government priorities.

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

As was noted in April, the theme of the 2016 Public Health Champion award will be based on the *You Can Create Change* campaign, with the award being given out in October. The call for nominees is being launched the week of June 13 via a media release. The media release will also serve to launch the *You Can Create Change* campaign video, which is available at <https://www.youtube.com/watch?v=N83PNb6-g48>. The submission deadline for nominees will be early September. A Joint Board of Health/Staff Public Health Champions Selection Committee meeting will be scheduled for mid-September to allow for the selection of the award recipient.

#### **7. Local and Provincial Meetings**

Staff Day 2016 was held on May 25 at the Caruso Club with over 250 staff and volunteers participating in the event. This half-day annual event comprised of a staff development session, staff and volunteer recognition, and provided an opportunity for staff across the agency to connect with each other. The keynote speaker, Bill Carr, presented on "*Creating your future with a positive approach to change*". This year, 27 staff members were recognized for their years of service by the Medical Officer of Health and the Chair of the Board of Health. Nine volunteers were also presented with certificates for their contribution to the organization by the Board Chair.

The alPHa Annual Conference 2016, *Building a Healthier Ontario*, was held from June 5 to 7, 2016, in Toronto, and I was joined by Board member, R. Kirwan who will provide conference highlights at the June Board meeting.

A Council of Ontario Medical Officers of Health (COMOH) Section meeting was held on June 7, 2016, the day following the alPHa AGM and resolution session. Board member, R. Kirwan, and I were voting members for the SDHU at the alPHa AGM. I had the honour of introducing and thanking the Minister of Health, Eric Hoskins, as he addressed the alPHa membership on the recently introduced Patients First Act. It was my privilege to be elected Chair of COMOH for a one-year term.

I, along with other SDHU staff, participated in the Program for the Education & Enrichment of Relationships Skills (PEERS) training in Sudbury from June 8 to 10.

In my capacity as Acting MOH for the Algoma Public Health, I joined their Board meeting via teleconference on May 25 and am covering for Dr. Hukowich, APH Associate MOH, from May 12 to June 12.

From May 30 to June 1, R. St Onge and I attended and presented the *Pathways to Health Equity: Levelling the Playing Field Conference 2016* in Winnipeg.

On June 2, I had the honour of introducing André Picard at the Laurentian University convocation where he received an Honorary Doctorate.

The Northern Medical Officers of Health continue with monthly teleconferences. The northeast MOHs have been discussing engagement with the NE LHIN pursuant to the Patients First Discussion Paper and the Sudbury & District Board motion regarding the same. We meet again via teleconference on June 15, 2016.

## **8. Financial Report**

The positive variance in the cost-shared program is \$259,114 for the period ending April 30, 2016. Gapped salaries and benefits account for \$120,227 or 46% with operating expenses and other revenue accounting for \$138,987 or 53% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses.

## **9. Quarterly Compliance Report**

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

The SDHU has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 20, 2016, on May 20, 2016. The Employer Health Tax has been paid as required by law, to May 31, 2016, with a cheque dated June 15, 2016. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to May 31, 2016, with a cheque dated June 30, 2016. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

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

## **CORPORATE SERVICES DIVISION**

### **1. Accounting**

The 2015 Board approved budget was submitted to the MOHLTC February 9, 2016. We are awaiting the Ministry funding approval which is expected late summer 2016. We continue to monitor expenditures pending receipt of our grant approval. It is uncertain at this time whether the MOHLTC will apply the public health funding formula used in 2015.

The Board of Health Finance Committee recommended the 2015 Audited Financial Statements for approval at the May Board of Health meeting. A copy of the Board of Health approved audited financial statements has been provided to all obligated municipalities.

The 2015 Annual Reconciliation Report forms and audited financial statements have been submitted to the MOHLTC.

### **2. Facilities**

*1300 Paris Street Projects:* We have completed the upgrade to the security portion of the building automation system to allow additional required security cameras and sensors. A storage area has been retrofitted to allow for Needle Exchange Program (NEP) supplies to be centralized at the main office.

*District Office Projects:* Televisions were installed in the lobbies of the Manitoulin and Espanola District Offices to provide clients with current information on public health and available services. Critical components of main vaccine fridge in the Espanola office were replaced to ensure continued proper temperature monitoring. At the Rainbow Centre, space was reorganized to allow for a NEP room.

### **3. Human Resources**

*Health and Safety:* We continue to work to achieve and maintain compliance with the Occupational Health & Safety Act (OHSA) and SDHU health and safety policies and procedures. We have reviewed the workplace violence and harassment program related to the implementation of amendments to the OHSA (Bill 132) which come into effect on September 8, 2016, and will expand the definition of “workplace harassment” to include “sexual harassment” as well as requirements for the development and maintenance of the workplace harassment program and complaint investigations.

*Psychological/Mental Health and Safety:* The SDHU has endorsed the National Standard for Psychological Health & Safety in the workplace and the new Psychological Health and Wellness Committee will meet in June. This Committee will focus on improving employee psychological health and wellness. The first activity of this new committee was to repeat a Corporate Culture employee survey using the Guarding Minds at Work survey that was previously administered in 2013.

*Accessibility for Ontarians with Disabilities Act (AODA):* The SDHU Accessibility Plan is currently being reviewed to continue to move the SDHU towards being a fully accessible and inclusive environment.

*Privacy:* On May 5, 2016, the Health Information Protection Act (HIPA) passed third reading and introduces new measures that put patients first by improving privacy, accountability and transparency in the health care system. The SDHU Privacy Officer and the Manager of Information Technology will work with the SDHU to ensure the requirements for this legislation are implemented, which will include reviewing existing policies and practices, communication and training.



*Access to Information Requests:* In 2015 we received 15 formal requests and to date in 2016 we have received 5 requests. In some cases, our decisions have been appealed to mediation and/or the Information and Privacy Commissioner.

*Labour Relations:* SDHU and CUPE Local 1916 were successful in bargaining for a new collective agreement which will expire March 31, 2018.

#### **4. Information Technology**

*Records Management/SharePoint Project:* The Phase I implementation was completed in Environmental Health and has commenced in Clinical and Family Services. A SharePoint survey was conducted in late 2015 and results showed a continued need for training at all levels.

*Refresh:* Nearly all SDHU computers have had hard drives replaced with solid state drives. This has been a cost effective strategy for keeping computers longer while significantly decreasing boot times and increasing performance.

*Helpdesk System:* Continued alignment is underway between Spiceworks, our current helpdesk system and Microsoft's equivalent configuration system for asset management purposes (hardware inventory and software licensing). The system will be used to pull lists into SharePoint.

*IT Infrastructure:* The phone system was successfully and quickly modified to provide call centre capacity in support of the recent Hepatitis A response. One phone server has also been relocated to our main server room location at Paris Street. Physical placement of phone servers in more than one location is an improvement to our disaster recovery plan.

#### **5. Volunteer Resources**

Seventy-Seven (77) volunteers are actively involved in assisting staff to plan and deliver programs and services. Health Unit volunteers have contributed 262.50 hours from November 2015 to May 2016.

A new role description was approved by the Senior Executive Committee. The Skill Development Opportunity Volunteer position provides post-secondary students, recent graduates or professionals seeking to gain experience in a profession that exists within public health, an opportunity to enhance their competencies and contribute to activities of the organization with hands on practical experience.

#### **6. Quality & Monitoring**

*Lean @ SDHU:* Lean is a quality improvement methodology focused on finding and reducing or eliminating waste. This approach is particularly important in today's public health environment of fiscal constraints, competing priorities, new and emerging public health issues, accountability measures, and existing high productivity levels. A total of seven Lean Reviews have been completed since November 2015. Of these seven reviews, four focused their efforts on organization wide priorities; the review of SDHUs Offsite Storage Locations, a review of the new Graphic Designer position and how it will be operationalized within SDHU, the processes related to the elimination of SDHUs Print Shop Services and a review of SDHUs Intake Services.

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

*Locally Driven Collaborative Project (LDCP):* The SDHU is a co-applicant in the submission of a grant proposal for a one-year Public Health Ontario funded Locally Driven Collaborative Project (LDCP). The project is focused on continuous quality improvement and titled “Strengthening Continuous Quality Improvement in Ontario’s Public Health Units”. The project team includes 17 public health units as well as an academic partner from Brock University.

*Risk Management:* A draft Risk Management Framework has been developed that includes 24 organizational risks within 14 risk categories. These risks were reviewed with Board of Health members at the Risk Management Workshop on May 27, 2016.

The Quality & Monitoring Specialist participates on a Provincial Risk Management Working Group organized by alPHa.

## **CLINICAL AND FAMILY SERVICES DIVISION**

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

*Influenza:* There have been 138 cases of influenza A and 98 cases of influenza B identified to date for the 2015-2016 influenza season. Last year, at this time, there had been 136 cases of influenza A and 24 cases of influenza B.

*Immunization of School Pupils’ Act:* The CID team is nearing the completion of enforcement under the Immunization of School Pupils Act, for all school-aged children up to 18 years of age in our catchment area. From the nearly 30,000 student immunization records that have been reviewed, only 2 children remain on the suspension list (both children are in school as arrangements have been made by their parents for vaccination). As a result of ISPA enforcement, the team has administered 2,014 school-aged vaccinations from February through to the end of May.

*School Immunization Campaign:* The CID team is completing their final clinics for the school year in all area elementary schools for immunization against Hepatitis B & Meningitis (all Grade 7 students), and Human Papillomavirus (all eligible female Grade 8 students). Coverage rates for these vaccines will be available in August 2016. Plans are currently underway to prepare for school clinics for 2016/2017 when HPV vaccine will be available to boys and girls in Grade 7.

*Updates to enforcement of vaccine management protocol under Child Care and Early Years Act (CCEYA):* Preparation is currently underway to inform all licensed child care centres of the updates to enforcement protocols and responsibilities of operators under the Act. These changes will impact the vaccinations required by staff and children attending child care centres.

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

### **2. Family Health**

*Breastfeeding:* For the month of May, the Family Health team received one new breastfeeding client referral for our A Breastfeeding Companion Program. Promotional material will be launched over the summer to help increase uptake of this program.

*Positive Parenting Program (Triple P):* Family Health team staff provided one-to-one primary care parenting services to 10\* parents of teens and 16\* parents participated in the Transitions (parenting program for parents going through separation/divorce) group sessions held in May.

Triple P Level 4 Group sessions and Level 2 seminars have been mapped out across the Sudbury and Manitoulin districts from September 2016 – August 2017.

\*may reflect repeat clients

*Healthy Eating and Healthy Weights:* Since June 2015, a total of 200 children have been screened with the NutriStep tool in all of the primary care pilot project sites which include Chapleau Family Health team, City of Lakes Family Health team (Walden Site), Growing Family Health Clinic (SDHU) and Health Babies, Healthy Children team (SDHU). This includes 93 preschoolers and 107 toddlers. The NutriStep tablet pilot project within primary care settings will continue until the summer of 2016.

A new partnership has been established to expand NutriSTEP® implementation with the Espanola Family Health team. A NutriSTEP® screening event was also held in the community as part of the child health screening fair.

*Child Health Community Events:* Family Health team staff facilitated a session on safe sleep during a prenatal class held at the Hanmer location of Our Children Our Future. There were 12 participants who attended the session.

### **3. Sexual Health - Sexually Transmitted Infections including HIV and Blood Borne Infections**

During the month of May, the Sexual Health team responded to three community requests for presentations to 24 participants. The presentations focused on healthy relationships, birth control options and the prevention and treatment of sexually transmitted infections.

Physician, NP clinics, PHN counselling appointments and drop-in services at the Rainbow Centre site, as well as outreach initiatives at agencies and high schools in across the districts of Sudbury and Manitoulin remain ongoing.

The Needle Exchange program fixed site at the Rainbow Centre maintained client access since opening at the end of March 2016. In May, there were 349 visits to obtain and discard harm reduction supplies compared to 361 in April. Of note, a total of 31,536 needles were given out to clients, 17,543 used needles were taken in from clients, and 94 safe inhalation kits were provided since the opening of the site.

It is anticipated that the SDHU will begin offering needle exchange program services at the 1300 Paris Street site by the end of June 2016 and district office sites in the last quarter of 2016.

## **ENVIRONMENTAL HEALTH DIVISION**

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

During the month of May, three sporadic enteric cases, and two infection control complaints were investigated. One enteric outbreak was declared in an institution.

### **2. Food Safety**

During the month of May, two food product recalls prompted public health inspectors to conduct checks of 94 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale. The recalled food products included Quaker Harvest brand Quinoa Granola Bars and Dr. Praeger's brand Black Bean Veggie Burgers due to possible contamination with Listeria.

In May, staff issued 41 Special Event Food Service Permits to various organizations for events serving approximately 5,930 attendees.

Through the Food Handler Training and Certification Program sessions offered in May, 74 individuals were certified as food handlers.

### **3. Health Hazard**

In May, 31 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

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

During the month of May, 28 sewage system permits, and 23 renovation applications were received.

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

Thirty-four rabies-related investigations were carried out in the month of May. Four individuals received rabies post-exposure prophylaxis due to exposure to wild or stray animals.

### **6. Safe Water**

During May, 25 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated seven regulated adverse water sample results. Additionally during the month of May, two boil water orders, two drinking water advisories, and one drinking water order were issued. Furthermore, one boil water order, and two drinking water advisories were rescinded.

### **7. Tobacco Enforcement**

In May, tobacco enforcement officers charged one individual for smoking in an enclosed workplace vehicle.

### **8. Emergency Preparedness**

Emergency Preparedness Week took place from May 1, 2016, to May 7, 2016. This year's provincial theme was "Emergency Preparedness starts with you, Prepare Your Selfie!". In recognition of Emergency Preparedness Week, information was shared with all staff regarding the importance of personal emergency preparedness, including details on preparing a 72-hour emergency kit. As a City of Greater Sudbury Community Control Group member, Dr. Sutcliffe shared, via social media, how SDHU is prepared to respond in the event of an emergency.

### **9. Proactive Disclosure**

At its September 17, 2015 meeting, the Sudbury & District Board of Health passed Motion #36-15 (Expansion of proactive disclosure system). This motion directed staff to expand the existing Check Before You Eat! Disclosure system to include findings of routine inspection and enforcement-related activities pertaining to public pools, public spas, personal services settings, and tobacco vendors. Since the passing of Motion #36-15, staff have discovered that the manufacturing company of the Environmental Health division's inspection software has ceased support of the current software. Additionally, staff have become aware that necessary upgrades to Health Unit servers and Microsoft Office do not support the outdated inspection software. Due to these unanticipated issues, staff will pause on action in response to Motion #36-15 and explore solutions. An update will be provided to the Board of Health in the autumn of 2016.

## HEALTH PROMOTION DIVISION

### 1. Accolades

We are very proud of Joanne Beyers, Foundational Standard Specialist, who at the June 6, 2016, alPHA meeting was awarded a Distinguished Service Award, recognizing her significant contributions to public health at the provincial level.

### 2. Healthy Eating

On May 9, 2016, S. Laclé and Michelle Lim, Registered Dietitian, Public Health Nutritionist, co-presented on the topic of *Mindful Eating* at the Registered Nurses' Association of Ontario (RNAO) Sudbury & District Chapter's Nursing Week Celebration held at Bryston's-on-the-Park in Copper Cliff.

In Sudbury East, the public health nurse continues to be an active partner with VAA Villages amis des aînés, amis de tous working successfully at strengthening the French River community gardens. An additional two schools were involved this year, Monetville Public School and St-Charles Borromée. Through the *SpeakUp* Project grant, funding was secured to build and seed two new boxes. The community now benefits from a total of 30 raised gardening beds, 15 of which are dedicated to seniors. Ongoing awareness was provided to 25 community members and students on topics such as seedling and composting.

Health unit nutrition staff presented to 65 students at the Laurentian University School of Architecture on food systems and opportunities for collaboration in the creation of food-friendly communities.

### 3. Injury Prevention

The SDHU continues to support community agencies to implement *StandUp!*, a falls prevention exercise program. Eleven programs were implemented from April to June, nine of which were in the City of Greater Sudbury and two on Manitoulin Island. There continues to be great interest in the program. A facilitator training will be offered in August to support those wishing to offer the program in the fall.

### 4. Prevention of Substance Misuse

The Health Unit participated in the event hosted by the Canadian Association of Retired Persons in May 2016. A Low-Risk Alcohol Drinking Guidelines information booth, provided staff with an opportunity to engage with and provide attendees with information. A Pour Challenge was also implemented. The Pour Challenge challenges participants to pour a standard serving size of alcohol and then inform of standard serving sizes for wine, spirits and beer. There were approximately 150 persons in attendance at the annual event.

### 5. Physical Activity

At The Ontario Public Health Convention (TOPHC) 2016, health promotion staff delivered a presentation titled, *Access to inclusive and accessible playgrounds as a synergist of individual and community strengths*, to public health practitioners from across the province. The purpose of the presentation was to share initial research findings from the Ridgecrest Accessible Neighbourhood Playground (CGS, Ward 12) project which has been jointly led by SDHU and Laurentian University with support from a Louise Picard Public Health Research Grant. The themes identified through qualitative research methods were also supported by quantitative analyses: caring family, family communication, adult family role models, safety, self-efficacy, self-esteem, acceptance, adult

relationships, caring community, neighbourhood boundaries, positive peer influence and peer relationships. The presentation introduced the potential role of accessible public playgrounds in strengthening individual skills, family dynamics and community connections.

## **6. Tobacco Control**

The North East Tobacco Control Area Network (TCAN) hosted a Youth Summit on May 13-15 in Sudbury. Twenty-seven youth attended, representing all 5 Public Health Units across the north east region. The weekend was facilitated by the Youth Advocacy Training Institute (YATI) who led the youth through training and activities focusing on tobacco industry de-normalization which speaks to the tobacco industry's deceptive practices and role in the tobacco epidemic and enticement of youth to smoke. Melodie Tilson from the Non-Smokers' Rights Association led a session on plain and standardized packaging and Canada's next steps to reduce tobacco use. The youth created shadow boxes as a tool that can be used to educate the public in their local health unit areas on the tobacco industry's cigarette packaging tactics.

## **7. Workplace Health**

The Health Unit attended the Sudbury Protocol Conference in May 2016. The goal of the Sudbury Protocol is to help replicate Sudbury's success for those adversely affected by industrial development, and to create a greener environment, sustainable economic development and a successful community. The conference brought together researchers, community leaders, and partners to help produce a strategic plan for the Sudbury Protocol project. The Health Unit presented on the topic of workplace health with emphasis on creating and sustaining healthy workplaces to help employees make healthy choices. The Health Unit also participated in strategic planning towards the development of the Sudbury Protocol.

## **8. Screening for the Early Detection of Cancer**

In recognition of Colorectal Cancer Awareness Month which targeted Under Never Screened males, aged 55 – 65 years, health promotion staff organized a local print and digital media campaign, across the catchment area, using Cancer Care Ontario's messaging, *Call the Shots on Colon Cancer*.

Additionally, health promotion staff supported Cancer Care Ontario's newly-launched Cervical Cancer Awareness campaign targeting women aged 35 – 49 years who are under/remotely screened (have not had a Pap test in 3.5 to 15 years). This year, the messaging focused on, *It's always better to spot things early*. Annually, the month of April will be designated for the promotion of cervical cancer awareness. On May 4, health promotion staff were on-hand to encourage eligible women to participate in *Mammoth* - a one day breast screening blitz to reach women aged 50+ years who were either due for screening or had never been screened for breast cancer. The regional campaign aimed to address common barriers that women experience as it relates to cancer screening participation including fear, limited time, and lack of awareness. Health unit staff also took the opportunity to address the other provincial screening programs.

# **RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT DIVISION**

## **1. Health Equity**

In May, two members of the Health Equity Knowledge Exchange and Resource Team hosted a webinar titled *Social Inequities in Health* via the Northern Ontario School of Medicine for medical residents and practicing health care practitioners. The content included a review of the social

determinants of health, the local picture of health inequities, and strategies and tools to assist health care practitioners and their patients.

As part of the *You Can Create Change* campaign, a video, which is framed around the notion that every person has the potential to create change in the community, was developed. The video was shared with SDHU at Staff Day on May 25. It is now available on the SDHU's YouTube site, in both English and French. The video will be launched to the public and our partners via a media release in mid-June. This public video launch will be tied to the call for nominations for the Public Health Champions Award for 2016.

English video link <https://www.youtube.com/watch?v=N83PNb6-g48>

French video link <https://www.youtube.com/watch?v=Un-OR-PpSPg>

On June 1, 2016, R. St Onge, Director, Resources, Research, Evaluation and Development Division, presented on the SDHU's You Can Create Change Campaign: An Evolution of Local Health Equity Communications in Action at the *Pathways to Health Equity: Levelling the Playing Field Conference* in Winnipeg. This international conference was a unique opportunity to share our work and learn about the exciting work that is being done to improve the determinants of health and reduce health inequities in Canada and abroad.

## **2. Population Health Assessment and Surveillance**

Five 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 Food Handler Training, Exposure to Environmental Tobacco Smoke, Tanning Equipment Provincial Law, Tanning Equipment Risk Awareness, and Awareness of Benefits of Breastfeeding. These reports are provided to SDHU staff to help inform program planning.

## **3. Staff Development**

On May 12, approximately 30 staff participated in an information session introducing mindfulness, an evidence-based approach to self-care. This session was hosted at the main site and was broadcast via OTN to our district offices. This session was led by Gary Petingola, a Masters prepared Social Worker who has extensive formal training in the area of mindfulness. Gary highlighted what mindfulness is and what it is not, and led staff through an exercise demonstrating the application of this powerful self-care tool.

## **4. Student Placement Program**

On May 11, 2016, a Preceptor Appreciation event to celebrate the contribution of preceptors to the Student Placement Program (SPP) was held. This year, a total of 55 individual preceptors and 11 teams were issued certificates of recognition. A total of 13 preceptors received their certificates in person at the event and provided their input on their experiences in order to improve future student placement experiences. Highlights of students' experiences and recent changes to the SPP policies and procedures were also shared.

The SDHU will host a full day preceptorship training workshop, led by Public Health Ontario, on June 14, 2016. Northeastern health units (Algoma, Porcupine, North Bay & Parry Sound, and Temiskaming) are invited to participate in person at the SDHU. Public Health Ontario is delivering these workshops across the province to members of the Student Placement, Education and Preceptorship (SPEP) network. The SDHU has been a member of this network for a number of years. This workshop will complement the resources currently utilized to support our preceptors and will further support our efforts to engage staff in the preceptorship role.

## **5. Presentations**

As part of work with the Association of Public Health Epidemiologists in Ontario's (APHEO) Built Environment Core Indicator Working Group, the Manager of Population Health Assessment and Surveillance was a contributing author to a poster entitled *Geographic Retail Food Environment Measures for Use in Public Health* which was presented at the Nutrition Resource Centre 2016 Forum in Toronto on May 11, 2016. Contributing authors included registered dietitians, epidemiologists, GIS specialists, and policy specialists, from the Public Health Agency of Canada, Public Health Ontario, and several public health units including the SDHU.

Respectfully submitted,

*ORIGINAL SIGNED BY*

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



**Sudbury & District Health Unit**  
**STATEMENT OF REVENUE & EXPENDITURES**  
For The 4 Periods Ending April 30, 2016

**Cost Shared Programs**

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOHLTC - General Program	14,893,000	4,964,333	4,964,333	0	9,928,667
MOHLTC - Unorganized Territory	813,000	271,000	271,000	0	542,000
MOHLTC - VBD Education & Surveillance	65,000	21,667	21,667	(0)	43,333
MOHLTC - SDWS	106,000	35,333	35,333	0	70,667
MOHLTC - CINOT Expansion	24,800	8,267	8,267	(0)	16,533
Municipal Levies	6,807,155	2,269,057	2,269,057	(0)	4,538,098
Municipal Levies - Small Drinking Water Syst	47,222	15,741	15,741	(0)	31,481
Municipal Levies - VBD Education & Surveill	21,646	7,215	7,215	0	14,431
Municipal Levies - CINOT Expansion	10,503	3,501	3,501	0	7,002
Interest Earned	85,000	20,344	20,344	(0)	64,656
<b>Total Revenues:</b>	<b>\$22,873,326</b>	<b>\$7,616,458</b>	<b>\$7,616,458</b>	<b>\$(0)</b>	<b>\$15,256,868</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	4,231,671	1,640,359	1,614,438	25,921	2,617,234
Print Shop	211,219	71,129	65,165	5,964	146,054
Espanola	119,781	37,872	35,081	2,791	84,700
Manitoulin	125,708	42,369	40,234	2,135	85,474
Chapleau	98,585	31,137	28,594	2,543	69,991
Sudbury East	16,486	5,595	5,469	126	11,017
Volunteer Services	6,838	2,404	298	2,106	6,540
<b>Total Corporate Services:</b>	<b>\$4,810,288</b>	<b>\$1,830,866</b>	<b>\$1,789,279</b>	<b>\$41,587</b>	<b>\$3,021,009</b>
<b>Strategic Engagement</b>					
Strategic Engagement	498,341	149,934	143,893	6,041	354,448
<b>Total Strategic Engagement:</b>	<b>\$498,341</b>	<b>\$149,934</b>	<b>\$143,893</b>	<b>\$6,041</b>	<b>\$354,448</b>
<b>Clinical and Family Services:</b>					
General	941,543	302,568	277,894	24,674	663,649
Clinical Services	1,339,396	406,936	381,942	24,993	957,454
Branches	336,399	99,554	93,062	6,492	243,337
Family	648,589	192,622	189,104	3,518	459,485
Risk Reduction	100,502	46,761	46,346	415	54,156
Intake	310,216	94,817	92,999	1,819	217,217
Clinical Preventative Services - Outreach	139,150	44,416	41,020	3,396	98,130
Sexual Health	934,242	293,030	285,342	7,688	648,900
Influenza	0	0	(104)	104	104
Meningitis	0	0	(799)	799	799
HPV	0	0	(536)	536	536
Dental - Clinic	807,384	188,173	171,507	16,665	635,877
CINOT Expansion - Clinic	35,303	0	0	0	35,303
Family - Repro/Child Health	1,154,323	326,877	288,494	38,383	865,830
<b>Total Clinical Services:</b>	<b>\$6,747,048</b>	<b>\$1,995,754</b>	<b>\$1,866,272</b>	<b>\$129,482</b>	<b>\$4,880,776</b>
<b>Environmental Health:</b>					
General	771,116	225,438	218,284	7,154	552,833
Environmental	2,646,606	820,644	811,574	9,070	1,835,032
Vector Borne Disease (VBD)	86,585	7,845	7,120	726	79,465
Small Drinking Water System	178,200	56,107	48,021	8,086	130,179
<b>Total Environmental Health:</b>	<b>\$3,682,507</b>	<b>\$1,110,035</b>	<b>\$1,084,998</b>	<b>\$25,037</b>	<b>\$2,597,509</b>
<b>Health Promotion:</b>					
General	1,136,943	364,911	366,463	(1,553)	770,479
School	1,381,702	400,236	393,734	6,502	987,968
Healthy Communities & Workplaces	180,720	53,503	52,239	1,264	128,482
Branches - Espanola / Manitoulin	295,926	91,315	89,147	2,168	206,779
Nutrition & Physical Activity	1,238,972	340,572	315,303	25,268	923,669
Branches - Chapleau / Sudbury East	304,286	93,910	93,168	742	211,118
Injury Prevention	451,061	129,252	124,059	5,194	327,002
Tobacco By-Law	332,655	77,671	69,765	7,906	262,890
Alcohol and Substance Misuse	271,006	67,380	66,826	555	204,180
<b>Total Health Promotion:</b>	<b>\$5,593,271</b>	<b>\$1,618,750</b>	<b>\$1,570,704</b>	<b>\$48,046</b>	<b>\$4,022,567</b>
<b>RRED:</b>					
General	1,526,631	479,046	470,593	8,452	1,056,038
Health Equity Office	15,240	4,692	4,123	568	11,117
<b>Total RRED:</b>	<b>\$1,541,871</b>	<b>\$483,737</b>	<b>\$474,716</b>	<b>\$9,021</b>	<b>\$1,067,155</b>
<b>Total Expenditures:</b>	<b>\$22,873,326</b>	<b>\$7,189,076</b>	<b>\$6,929,862</b>	<b>\$259,214</b>	<b>\$15,943,464</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$427,382</b>	<b>\$686,597</b>	<b>\$259,214</b>	

## Sudbury & District Health Unit 2010-2015

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2016

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
Funding	22,985,843	7,681,575	7,686,976	(5,401)	15,298,867
Other Revenue/Transfers	858,935	265,075	299,442	(34,367)	559,493
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>23,844,778</b>	<b>7,946,650</b>	<b>7,986,418</b>	<b>(39,768)</b>	<b>15,858,360</b>
<b>Expenditures:</b>					
Salaries	15,733,648	4,702,759	4,614,871	87,889	11,118,777
Benefits	4,315,688	1,390,883	1,358,545	32,338	2,957,144
Travel	282,180	57,942	37,552	20,390	244,628
Program Expenses	895,258	271,691	234,497	37,194	660,761
Office Supplies	71,683	22,779	18,654	4,125	53,029
Postage & Courier Services	72,230	20,267	18,406	1,861	53,824
Photocopy Expenses	67,706	19,840	16,442	3,397	51,264
Telephone Expenses	59,466	19,579	17,609	1,970	41,857
Building Maintenance	397,320	191,542	189,981	1,561	207,340
Utilities	199,144	69,071	66,896	2,175	132,248
Rent	239,074	79,693	78,839	854	160,235
Insurance	102,774	97,774	91,232	6,542	11,542
Employee Assistance Program ( EAP)	34,969	16,818	15,484	1,334	19,485
Memberships	30,027	14,870	14,703	168	15,324
Staff Development	119,456	37,416	41,302	(3,886)	78,154
Books & Subscriptions	16,750	8,472	5,869	2,603	10,881
Media & Advertising	126,086	21,768	17,355	4,414	108,731
Professional Fees	311,828	51,781	50,088	1,693	261,740
Translation	47,300	16,949	12,750	4,199	34,550
Furniture & Equipment	16,130	3,685	3,551	134	12,579
Information Technology	706,060	403,688	395,196	8,492	310,864
<b>Total Expenditures</b>	<b>23,844,778</b>	<b>7,519,268</b>	<b>7,299,822</b>	<b>219,446</b>	<b>16,544,956</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>427,382</b>	<b>686,597</b>	<b>259,214</b>	

**Sudbury & District Health Unit**  
**SUMMARY OF REVENUE & EXPENDITURES**  
For the Period Ended April 30, 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	25,950	113,050	18.7%	Dec 31	33.3%
GSPS - Community Drug Strategy	705	62,632	62,632	-	100.0%	Dec 31	33.3%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	5,945	30,755	16.2%	Dec 31	33.3%
SFO - Electronic Cigarette Act - New Nov./15 - 1-time Fndg	723	36,700	17,663	19,037	48.1%	Mar 31/16	100.0%
SFO - TCAN - Prevention	724	97,200	2,300	94,900	2.4%	Dec 31	33.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	81,699	204,101	28.6%	Dec 31	33.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	52,277	207,523	20.1%	Dec 31	33.3%
SFO - Tobacco Control Coordination	730	101,320	31,650	69,670	31.2%	Dec 31	33.3%
SFO - Youth Engagement	732	80,000	22,785	57,215	28.5%	Dec 31	33.3%
Infectious Disease Control	735	479,100	148,620	330,480	31.0%	Dec 31	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	5,118	94,882	5.1%	Mar 31/17	8.3%
MOHLTC - Special Nursing Initiative	738	180,500	55,539	124,961	30.8%	Dec 31	33.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	71,700	1,396	70,304	1.9%	Aug./17	8.3%
Beyond BMI - LDCP	747	143,023	8,590	134,433	6.0%	Dec 31	33.3%
Food Safety - Haines Funding	750	36,500	3,978	32,522	10.9%	Dec 31	33.3%
Triple P Co-Ordination	766	12,985	12,986	(1)	100.0%	Dec 31	33.3%
Healthy Babies Healthy Children	778	1,476,897	475,273	1,001,624	32.2%	Dec 31	33.3%
Healthy Smiles Ontario (HSO)	787	406,300	121,675	284,625	29.9%	Dec 31	33.3%
Anonymous Testing	788	59,393	3,551	55,842	6.0%	Mar 31/17	8.3%
MHPS- Aboriginal Diabetes	792	175,000	3,436	171,564	2.0%	Mar 31/17	8.3%
<b>Total</b>		<b>4,240,550</b>	<b>1,143,063</b>	<b>3,097,487</b>			

May 13, 2016

Ms. Peggy Sattler  
Main Legislative Building, Room 359  
Queen's Park, Toronto, ON  
M7A 1A5

Dear Ms. Peggy Sattler,

At its April 21, 2016 meeting, the Middlesex-London Board of Health reviewed correspondence from Dr. David McKeown, Medical Officer of Health, Toronto Public Health regarding the *Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act*. The Middlesex-London Board of Health passed the following motion to endorse this letter:

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health endorse the letter from Toronto Public Health re Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act.*

Carried

The Middlesex-London Board of Health supports advocating for workplace recognition of the physical and emotional toll that domestic or sexual violence can have on people and the impact this may have on their employment.

Yours sincerely,



Jesse Helmer  
Chair, Middlesex-London Board of Health

cc: Dr. David McKeown, Medical Officer of Health, Toronto Public Health  
Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Deb Matthews, MPP London-North Centre  
Jeff Yurek, MPP Elgin-Middlesex-London  
Monte McNaughton, MPP Lambton-Kent-Middlesex  
Theresa Armstrong, MPP London-Fanshawe  
All Ontario Boards of Health

From: Minister of ISED - Ministre de ISDE (IC) [<mailto:ised.minister-ministre.isde@canada.ca>]  
Sent: May-13-16 1:25 PM  
To: Rachel Quesnel  
Subject: Minister of Innovation, Science and Economic Development

Dear Dr. Sutcliffe:

On January 31, 2016, the Prime Minister's Office forwarded to me your email regarding the mandatory long-form census. I regret the delay in replying to you.

As you mention in your letter, the 2016 Census Program has the goal of restoring the quality of data for special populations and at all levels of geography, including the coverage of small municipalities, to the levels of the 2006 Census. This will provide communities with the information they need to make decisions on services and programs.

I appreciate your support for the Government of Canada's decision regarding the reinstatement of the mandatory long-form census and for sharing the Sudbury and District Health Unit's views on this important matter.

Please accept my best wishes.

Sincerely,

The Honourable Navdeep Bains, P.C., M.P.



**Office of the County Warden**  
789 Broadway Street, Box 3000  
Wyoming, ON N0N 1T0

Telephone: 519-845-0801  
Toll-free: 1-866-324-6912  
Fax: 519-845-3160

May 9, 2016

The Honourable Deb Matthews  
Deputy Premier  
President of the Treasury Board  
Minister Responsible for the Poverty Reduction Strategy  
Room 4320, 4th Floor, Whitney Block  
99 Wellesley Street West  
Toronto, ON M7A 1W3

The Honourable Helena Jaczek  
Minister of Community and Social Services  
6th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 1E9

**Attention: The Honourable Ministers Matthews and Jaczek**

Dear Minister Matthews and Minister Jaczek:

**Re: Rising Cost of Healthy Food as Determined by the 2015 Nutritious Food Basket Cost Data**

During its meeting on February 3, 2016, the County of Lambton Board of Health accepted a report from Lambton Public Health, reflecting results of the 2015 Nutritious Food Basket (NFB) cost data. As Ministers responsible for both the Poverty Reduction Strategy and Community and Social Services, we request that social assistance rates be increased to reflect the rising cost of healthy food as determined by the Nutritious Food Basket, and to index rates to inflation to keep up with the rising cost of living.

In 2013 and 2014, 8% of Lambton residents reported moderate or severe food insecurity. Local data indicates that it costs \$869.46 per month to feed a family of four in Lambton County, and that a single person receiving Ontario Works has a shortfall of \$160.55 every month after paying for rent and food.

Page 38 of 159

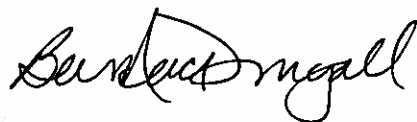
Since 2009, prices for the NFB have increased by 17.5%, well above the consumer price index for the same period of time. When money is tight, many Lambton residents struggle to make ends meet by cutting their food budget.

We acknowledge your ongoing commitment to moving the needle on poverty in Ontario through the *Poverty Reduction Strategy*. On February 25, 2016 we learned that the Province's budget included pursuing a Basic Income Pilot under section E, "Towards a Fair Society". Certainly this could serve to address the concerns of household food security for individuals and families that have access to this pilot program. We recognize however, that not all communities will see the immediate impacts of the pilot and Lambton's Board of Health continues to have concerns about access to healthy food for its residents based on 2015 Nutritious Food Basket cost data.

Thank you for hearing our concerns, which are echoed across Ontario's Boards of Health. We look forward to hearing how these planned changes will impact residents of the County of Lambton who are struggling to meet their basic needs as costs continue to rise.

We encourage you to partner with Boards of Health to evaluate the Basic Income Pilot(s) in order to achieve a comprehensive understanding of the impacts of this program on population health.

Sincerely,



Warden Bev MacDougall  
Chair, County of Lambton Board of Health

cc: The Honourable Kathleen Wynne, Premier of Ontario  
M.P.P. Bob Bailey, Sarnia-Lambton  
M.P.P. Monte McNaughton, Lambton-Kent-Middlesex  
Ontario Boards of Health  
County of Lambton Lower-Tier Municipalities  
Linda Stewart, Association of Local Public Health Agencies  
Dr. Sudit Ranade, Medical Officer of Health  
Andrew Taylor, General Manager, Public Health Services Division  
Margaret Roushorne, General Manager, Social Services Division

June 7, 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:

**Re: Legislation for the International Code of Marketing of Breastmilk Substitute**

---

On May 27, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Peterborough County-City Health Unit regarding the International Code of Marketing of Breastmilk Substitute (The Code) and requesting your government to advocate for legislation for the Code in Canada. The following motion was passed:

Motion No: 2016-51

**Moved by: David Shearman**

**Seconded by: Mike Smith**

**“That, the Board of Health does endorse the correspondence from Peterborough County-City Health Unit regarding legislation for the International Code of Marketing of Breastmilk Substitute.”**

**Carried.**

Sincerely,



Hazel Lynn MD, FCFP, MHSc  
Medical Officer 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  
Larry Miller, MP Bruce-Grey-Owen Sound  
Benn Lobb, MP Huron-Bruce  
Kellie Leitch, MP Simcoe-Grey  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Lisa Thompson, MPP Huron-Bruce  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
Ontario Boards of Health

Encl.

June 2, 2016



The Honourable Dr. Jane Philpotts  
Health Canada  
70 Colombine Driveway  
Tunney's Pasture  
Ottawa, ON K1A 0K9

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

Dear Ministers:

**Re: Lyme Disease**

---

On May 27, 2016, the Board of Health for the Grey Bruce Health Unit passed the following resolution.

Resolution No: 2016-52

**Moved by: Gary Levine**

**Seconded by: David Shearman**

WHEREAS, the blacklegged tick, *Ixodes scapularis*, is expanding into new areas of Ontario, and can carry the bacteria, *Borrelia burgdorferi*, which causes Lyme disease; and

WHEREAS, people who are infected with *Borrelia burgdorferi*, may develop Lyme disease which can cause long-term consequences if not treated properly;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Grey Bruce Health Unit requests the Province of Ontario to increase funding to enhance environmental surveillance for the tick;

AND FURTHER THAT the Province of Ontario monitor the pattern of spread of the tick and the rate of tick infection in various areas of the province;

AND FURTHER THAT the Province of Ontario develop control measures for the tick;

AND FURTHER THAT the Province of Ontario increase the education to the population regarding personal protection, property management, testing and treatment.

Carried

---

*A healthier future for all..*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

Sincerely,



Hazel Lynn MD, FCFP, MHSc  
Medical Officer of Health

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

Encl.


**Administration**

Office of the Regional Clerk

1815 Sir Isaac Brock Way, PO Box 1042, Thorold, ON L2V 4T7

Telephone: 905-685-4225 Toll-free: 1-800-263-7215 Fax: 905-687-4977

[www.niagararegion.ca](http://www.niagararegion.ca)

May 9, 2016

The Honourable Dr. Jane Philpotts  
 Health Canada  
 70 Colombine Driveway  
 Tunney's Pasture  
 Ottawa, ON K1A 0K9

*Sent via email:*
[hon.jane.philpott@canada.ca](mailto:hon.jane.philpott@canada.ca)

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

*Sent via email:*
[ehoskins.mpp@liberal.ola.org](mailto:ehoskins.mpp@liberal.ola.org)

**RE: Lyme Disease**  
**Minute Item 9.3, CL 6-2016, April 28, 2016**

Dear Ministers:

Regional Council at its meeting held on April 28, 2016, passed the following resolution:

Whereas the number of cases of ticks positive for Lyme disease is increasing throughout Ontario and specifically in Niagara Region;

Whereas the laboratory testing for and diagnosis of Lyme disease is sub-optimal;  
 and

Whereas there are chronic sufferers of long term consequences of this disease.

NOW THEREFORE BE IT RESOLVED:

1. That Niagara Region **REQUEST** the Province of Ontario to increase funding for research aimed to enhance the testing for Lyme disease;
2. That Niagara Region **REQUEST** the Government of Canada to increase funding for research aimed to enhance the testing for Lyme disease and determine better treatment for long term outcomes of Lyme disease;
3. That this resolution **BE FORWARDED** to all Municipalities in Ontario for their endorsement; and
4. That this resolution **BE FORWARDED** to the Premier of Ontario, the Minister of Health and local Members of Provincial Parliament.

.../2

Please do not hesitate to contact me should you have any questions.

Yours truly,



Ralph Walton  
Regional Clerk

cc: The Honourable K. Wynne, Premier of Ontario *Sent via email:* kwynne.mpp@liberal.ola.org  
W. Gates, MPP (Niagara Falls) *Sent via email:* w gates-co@ndp.on.ca  
The Honourable R. Nicholson, MP (Niagara Falls) *Sent via email:* rob.nicholson@parl.gc.ca  
T. Hudak, MPP (Niagara West) *Sent via email:* tim.hudakco@pc.ola.org  
D. Allison, MP (Niagara West) *Sent via email:* dean.allison@parl.gc.ca  
The Honourable J. Bradley, MPP (St. Catharines) *Sent via email:* jbradley.mpp.co@liberal.ola.org  
C. Bittle, MP (St. Catharines) *Sent via email:* chris.bittle@parl.gc.ca  
C. Forster, MPP (Welland) *Sent via email:* cforster-op@ndp.on.ca  
V. Badawey, MP (Niagara Centre) *Sent via email:* vance.badawey@parl.gc.ca  
All Ontario Municipalities *Sent via email*



## Information Break

June 1, 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.*

\*\*\*2016 ANNUAL CONFERENCE  
EDITION\*\*\*

---

### Minister Hoskins at alPHa Conference

alPHa is pleased to announce that the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, will be bringing greetings and remarks to the alPHa membership on **Monday, June 6, from 12:50 to 1:00 PM**. This marks the first time Minister Hoskins will address an alPHa convention. Be sure to attend!

[View the latest Program-at-a-Glance here](#)

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### 2016 Conference Sponsors

[alPHa's annual conference](#) is generously supported by its sponsors and contributors. We wish to acknowledge the following organizations and their support of alPHa and this event:

Platinum Sponsors

[Merck](#)  
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[Mosey & Mosey Insurance](#)  
[Public Health en français - Community of Practice](#)

Bronze Sponsor

**Sanofi Pasteur**

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### **2016 Conference Exhibits**

Come visit our conference exhibits -- we have a total of 9 this year! Located in the main foyer (hallway) on the second floor of the Novotel Toronto Centre hotel, these exhibits can enhance your conference experience. Learn about a host of public health-related initiatives and products, from the latest public health vaccines, responsible alcohol services, group health benefits, French language support for health units, and more.

Visit our exhibitors and speak to a representative from:

**BORN Ontario**  
**Dairy Farmers of Canada**  
**GSK**  
**Mosey & Mosey Insurance**  
**OnCore - EnCours**  
**Public Health en français - Community of Practice**  
**Public Health Ontario**  
**Sanofi Pasteur**  
**Smart Serve Ontario / DrinkSmart Inc.**

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### **Upcoming Event** (in case you skipped the items above)

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.

**HIGHLIGHTS:** Special guest speaker - **Hon. Eric Hoskins**, Ontario Minister of Health and Long-Term Care. Plenary sessions on working with **Local Health Integration Networks** and **Patients-First** related breakout sessions. **Award ceremony** honouring distinguished public health professionals. **Networking** opportunities, and much more.

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

This email was sent to [lerouxh@sdhu.com](mailto:lerouxh@sdhu.com) from the Association of Local Public Health Agencies ([info@alphaweb.org](mailto: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.



**Helping More Ontarians Quit Smoking**  
*Ontario Marking 10th Anniversary of Smoke-Free Ontario Strategy*  
May 31, 2016 12:30 P.M.

Today, Ontario is launching a new smoking cessation plan to help drive down smoking rates.

The province is also celebrating the 10<sup>th</sup> anniversary of the Smoke-Free Ontario Strategy through the presentation of the Heather Crowe Smoke-Free Ontario Award to tobacco control champions across the province.

The [Helping Smokers Quit: Ontario's Smoking Cessation Action Plan](#) is a provincewide approach to cessation, including:

- \$5 million of increased funding to enhance priority populations' access to smoking cessation services
- A cessation service network that leverages technology to provide coordinated behavioural supports and programs to tobacco users
- An online cessation hub that is a centralized access point to help tobacco users navigate the system and to find local services and cessation aids tailored to their needs targeted to be in place by summer of 2017
- Beginning in the upcoming quit season Ontario's quit line services, providing coaching and counselling by phone, will be available 24/7, followed by the addition of texting capabilities.

To recognize individuals, groups and organizations that have championed tobacco control in Ontario over the past 10 years, Ontario is presenting 10 Heather Crowe Smoke-Free Ontario Awards. Heather Crowe was a non-smoker who developed lung cancer after being exposed to second-hand smoke in her workplace. She travelled across Canada, advocating for improved second-hand smoke by-laws. Heather passed away from lung cancer just nine days before Smoke-Free Ontario legislation came into effect, on May 31, 2006.

Promoting a smoke-free Ontario 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 is sustainable for generations to come.

## QUOTES

" On the 10th anniversary of Smoke-Free Ontario, I'm excited to launch Ontario's new cessation plan to improve access to cessation services across the province and provide Ontarians with the information they need to make the right decisions about their health. On this year's World No Tobacco Day, I am also honoured to recognize the accomplishments of anti-smoking advocates who, like Heather Crowe, have made significant contributions toward achieving a Smoke-Free Ontario. Today is a day to celebrate the progress we have made and to move forward with our next steps in smoking cessation, protection and prevention."

- Dipika Damerla

Associate Minister of Health and Long-Term Care

" The Smoke-Free Ontario Act was a monumental milestone for public health and cancer prevention. While measures implemented over the last 10 years have helped reduce smoking rates, the tobacco industry continues to target young people and fight smoke-free measures. Tobacco use remains the number one cause of preventable disease and death and is responsible for 30 per cent of all cancers. The Canadian Cancer Society will continue to advocate for stronger tobacco control measures until Ontario is truly smoke-free."

- Rowena Pinto

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

" By giving legislative force to the policies, programs and public education initiatives of the Smoke-Free Ontario Strategy, the Smoke-Free Ontario Act has helped to drive a decade of progress in reducing the harm caused by tobacco use"

- George Habib

President and CEO of the Ontario Lung Association

" Ten years ago Heather Crowe advocated with the Heart and Stroke Foundation for a smoke-free province by telling her story to Ontarians through our public education campaign. Today we honour her legacy and celebrate the 10th anniversary of the Smoke-Free Ontario Act, which is among the toughest anti-tobacco legislation in the world. We commend this government for recognizing the crucial role of anti-tobacco leaders and for committing to further action in smoking cessation. Together with our partners and the provincial government, we can ensure that the late Heather Crowe's efforts for a smoke free Ontario live on."

- Joe Belfontaine

Executive Director, Heart and Stroke Foundation of Ontario

## QUICK FACTS

- May 31, 2016, marks the 10th anniversary of the Smoke-Free Ontario Strategy, which is also this year's World No Tobacco Day.
- In partnership with tobacco control service delivery organizations and tobacco control advocates across the province, smoking rates in Ontario have decreased from 24.5 per cent in 2000 to 17.4 per cent in 2014. This represents about 408,250 fewer smokers.
- The Smoke-Free Ontario Strategy was launched in 2006 to reduce tobacco use and lower health risks to non-smokers in Ontario.
- Public Health Units across the province are also hosting events on May 31, 2016, to celebrate World No Tobacco Day.

## LEARN MORE

- [Smoke-Free Ontario Strategy](#)
- [What Smoke-Free Ontario Has Achieved in 10 Years](#)
- [Helping Smokers Quit: Ontario's Smoking Cessation Action Plan](#)

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**Jeff Costen** Associate Minister's Office  
416-325-3754  
**David Jensen** Ministry of Health and Long-Term Care  
416-314-6197

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

**APPROVAL OF CONSENT AGENDA**

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

May 13, 2016

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

Dear Minister Hoskins,

At its April 21, 2016 meeting, the Middlesex-London Board of Health reviewed correspondence from Dr. Valerie Jaeger, President, Association of Local Public Health Agencies (ALPHA) regarding ALPHA's preliminary comments on your Ministry's discussion paper *Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario*.

The Middlesex-London Board of Health passed the following motion to endorse this letter:

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health endorse the letter from the Association of Local Public Health Agencies re Patients First discussion paper.*

Carried

The Middlesex-London Board of Health supports the recommendations outlined in the attached letter to your Ministry.

Yours sincerely,



Jesse Helmer  
Chair, Middlesex-London Board of Health

cc: Dr. Valerie Jaeger, President, Association of Local Public Health Agencies  
Ms. Linda Stewart, Executive Director, Association of Local Public Health Agencies  
All Ontario Boards of Health

## News Release

### **Ontario Introduces Legislation to Further Improve Patient Access and Experience**

June 2, 2016

#### **Patients First Act Would Deliver on Action Plan for Health Care**

Ontario introduced new legislation today that would, if passed, improve access to health care services by giving patients and their families faster and better access to care and putting them at the centre of a truly integrated health system.

*The Patients First Act* would give Ontario's 14 Local Health Integration Networks (LHINs) an expanded role, including in primary care and home and community care. This would improve and integrate planning and delivery of front-line services and increase efficiency to direct more funding to patient care within the existing system.

The system-level changes would mean easier access to care, better coordination and continuity of care, and a greater focus on culturally and linguistically appropriate services. They would support the Action Plan by:

- Improving access to primary care for patients - such as a single number to call when they need to find a new family health care provider close to home.
- Improving local connections and communication between primary health care, hospitals, and home and community care to ensure more equitable access and a smoother patient experience.
- Ensuring that patients only have to tell their story once, by enabling health care providers to share and update their health care plans.
- Making it easier for doctors, nurses, and other primary care providers to connect their patients to the health care they need.
- Providing smoother patient transitions between acute, primary, home and community, mental health and addictions, and long-term care.

- Improving consistency of home and community care across the province so that people know what to expect, and receive good care regardless of where they live in the province.
- Strengthening health planning and accountability by monitoring performance.
- Ensuring public health has a voice in health system planning by establishing a formal relationship between LHINs and local boards of health.
- Facilitating local health care planning to ensure decisions are made by people who best understand the needs of their communities, and that LHIN boards reflect the communities they serve.

This new legislation would support the [Patients First: Action Plan for Health Care](#) - Ontario's blueprint for health care transformation, which includes expanding access to home and community care and ensuring that every Ontarian has access to a primary care provider.

Ontario will continue working with First Nations, Métis, Inuit and urban Indigenous partners and health providers to ensure their voices are heard, in particular with respect to equitable access to services that meet their unique needs.

Ontario will honour its commitment to meaningfully engage Indigenous partners through a parallel processes that will collaboratively identify the requirements necessary to achieve responsive and transformative change. Ontario is also committed to ensuring that any proposed changes will not negatively impact their current or future access to care.

*The Patients First Act* is the next step in the government's plan to build a better Ontario by 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.

## QUICK FACTS

- Ontario is planning for a net increase of 700 more doctors each year.
- 94 per cent of Ontarians now have a primary health care provider. Through work of the Patients First: Action Plan for Health Care, Ontario is committed to connecting a family doctor or nurse practitioner to everyone who wants one.
- In 2015, there was a net gain of 205 Nurse Practitioners in Ontario.
- Investments in home and community care are up 90 per cent over the past decade.
- The ministry consulted and engaged extensively in English and French with more than 6,000 individuals and organizations across the province to help inform the proposed improvements to the health care system.
- LHINs plan, integrate and fund local health care, improving access and patient experience.

- If passed, the new legislation would replace the old Local Health System Integration Act, 2006 and the Home Care and Community Services Act, 1994, among other statutes.
- If passed, Ontario will initiate a review of The Patients First Act in three years.

## ADDITIONAL RESOURCES

- [Patients First: Reporting Back on the Proposal to Strengthen Patient-Centred Health Care in Ontario](#)
- [Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario](#)
- [Patients First: Action Plan for Health Care -- Year One Results](#)
- [Patients First: Action Plan for Health Care](#)
- [Local Health Integration Networks](#)

## QUOTES

"Ontario is committed to a health care system that truly puts patients first. This means faster access to primary care for patients no matter where they live, and a system that will be there for generations to come. Thank you to the thousands of Ontarians who provided valuable input into creating this important legislation. Together we will continue to improve Ontario's health care system so it remains one of the best in the world."

— *Dr. Eric Hoskins, Minister of Health and Long-Term Care*

"When we or one of our loved ones are ill, we want to be able to count on our health care providers to be able to access the appropriate level of care efficiently and seamlessly. As a practising family physician, I'm pleased to see that the Ontario government is introducing legislation which will help all of us in primary health care to work in a more integrated system that will benefit patients."

— *Dr. David Price, Co-author of "Patient Care Groups: A new model of population based primary health care for Ontario"*

"Ensuring health equity and the social determinants of health are mandated in the Patients First Act sets a strong legislative framework towards achieving transformative change that puts people and communities first within Ontario's health care system."

— *Adrianna Tetley, Chief Executive Officer, Association of Ontario Health Centres*



## CONTACTS

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Ministry of Health and Long-Term Care  
<http://ontario.ca/health>

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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1



**MOVED BY:** Michel Arsenault

**SECONDED BY:** Doug Bender

**RESOLUTION NO. 2016-06**

**WHEREAS** the Ministry of Health and Long-Term Care released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario on December 17, 2015; and

**WHEREAS** the document seeks to make it easier for patients to find a primary health care provider when they need one, closer to home; to improve communication and connections between primary health care providers, hospitals and home and community care; and ensure the province has the right number of doctors, nurses, and other health care providers, and plan locally to make sure they are available to patients where and when they are needed; and

**WHEREAS** Patients First proposes to make Local Health Integration Networks (LHINS) responsible and accountable for all health service planning and performance; and

**WHEREAS** due to their expanded role, LHINS governance structures would need to be revisited and would require expanded Boards and leadership with the necessary skills, expertise and local knowledge; and

**WHEREAS** there is cause for concern that funding dedicated to public health would become a part of the overall healthcare budget; and

**WHEREAS** there is also cause for concern that municipal representation will be less reflected on Boards of Health as a result of a shift towards skills based Boards; and

**THEREFORE BE IT RESOLVED THAT** the Federation of Northern Ontario Municipalities (FONOM) requests the Minister of Health and Long-Term Care provide assurances that funding for public health will remain for that purpose and that municipal representation on Local Boards of Health will be sustained; and

**BE IT FURTHER RESOLVED THAT** a copy of this resolution be sent to the Minister of Health and Long-Term Care, the Association of Public Health Agencies (alPHA), Northern Public Health Units, Northeastern MPs and MPPs, and the Leaders of the Opposition Parties."

**CARRIED.**

Bill 210, the long-anticipated legislation related to the proposals for health system reform that were laid out in the Patients First Discussion Paper was introduced for first reading in the Ontario Legislature on June 2 2016.

In his introduction of Bill 210, The Minister of Health and Long-Term Care [stated](#) that “this bill would make amendments to the Local Health System Integration Act, 2006, and various other acts to expand the mandate of local health integration networks to make LHINs accountable for primary care planning, responsible for the management and delivery of home care, and formalize linkages between LHINs and public health units”. The related [Ontario News Release](#) includes a reference to “ensuring that public health has a voice in health system planning” as part of those formalized linkages.

Most of the legislative changes would be made to the Local Health System Integration Act, with a view to authorizing the expanded service roles of the LHINs (mainly those that currently reside with Community Care Access Centres) and the enhanced planning and coordination functions that were described in the Patients First discussion paper.

There are amendments to both the Health Protection and Promotion Act and the LHIN Act that formalize relationships between LHINs and Medical Officers of Health as well as Boards of Health. These changes do not include a transfer of public health funding and accountability agreements to the LHINs from the MOHLTC, as originally proposed in the discussion paper.

alPHA is pleased to provide its members with this overview of the changes most relevant to their interests.

EXCERPTS FROM THE BILL 210 EXPLANATORY NOTE OF INTEREST TO PUBLIC HEALTH (*alPHA editorial notes in italics*)

- The Bill amends the Local Health System Integration Act, 2006 and makes related amendments to several other Acts. (*Most of the amendments to other Acts are simply the removal of references to CCACs. Two changes to the HPPA are described below*).
- The Lieutenant Governor in Council is given the power to change the geographic area of local health integration networks by regulation. (*It is alPHA’s understanding that the Ministry appreciates the difficulties with the current misalignment between LHIN and PHU boundaries and intends to address them*).
- Local health integration networks are required to establish geographic sub-regions in their local health system for the purposes of planning, funding and service integration. They must develop strategic directions and plans for these sub-regions in their integrated health service plan. (*This is included simply with reference to their potential bearing on the intended relationships with medical officers and boards of health*)

- Local health integration networks are given the ability to provide funding to health service providers in respect of services provided in or for the geographic area of another network. (*see note below*)
- New procedures and requirements are provided for service accountability agreements. The provision about local health integration networks not being allowed to enter into agreements or other arrangements that restrict or prevent an individual from receiving services based on the geographic area in which the individual resides is re-enacted in a new section. (*This and the point above are included here to highlight the fact that the Patients First discussion paper suggested that public health funding and accountability agreements would be transferred to LHINs from the MOHLTC. This was a major concern for alPHA's members and we are pleased that the Patients First Act does not follow through on this change. Boards of health are not identified as "health service providers", the entities to which these and other changes to LHIN authority will apply*).
- Health Protection and Promotion Act: Medical officers of health are required to engage with their local health integration networks. The Chief Medical Officer of Health is given the power to issue directives to local health integration networks, rather than CCACs. (*Details of the changes are presented in a table in the next section*).

#### EXCERPTS FROM THE TEXT OF BILL 210 OF INTEREST TO PUBLIC HEALTH

**1. (1) Subsection 2 (1) of the *Local Health System Integration Act, 2006* is amended by adding the following definition:**

"medical officer of health" has the same meaning as in the *Health Protection and Promotion Act*; ("médecin-hygiéniste")

**4. (2) Section 5 ("The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including"), of the Act is amended by adding the following clause:**

(e.1) to promote health equity, reduce health disparities and inequities, and respect the diversity of communities in the planning, design, delivery and evaluation of services;

**9. Section 10 of the Act is amended by adding the following subsection:**

Medical officer of health engagement

(3.1) A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

**13. (2) Section 15 of the Act is amended by adding the following subsection:**

Consultations

(4) A local health integration network shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan.

**39. Health Protection and Promotion Act is amended** (the current sections of the HPPA are provided for your reference).

<b>HPPA Section 67 Current</b>	<b>HPPA Section 67 Amended with the addition of the following subsections</b>
<p><a href="#">67. (1)</a> The medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (1).</p> <p><b>Direction of staff</b></p> <p><a href="#">(2)</a> The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. R.S.O. 1990, c. H.7, s. 67 (2); 1997, c. 30, Sched. D, s. 7 (2).</p> <p><b>Management</b></p> <p><a href="#">(3)</a> The medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (3).</p> <p><b>Area of authority</b></p> <p><a href="#">(4)</a> The authority of the medical officer of health of a board of health under this Act and the regulations is limited to the health unit served by the board of health. R.S.O. 1990, c. H.7, s. 67 (4).</p>	<p><b>Engagement with LHIN</b></p> <p>(5) The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.</p> <p><b>Delegation</b></p> <p>(6) A medical officer of health may only delegate his or her responsibilities under subsection (5) to another medical officer of health for a health unit within the relevant local health integration network, with the agreement of that other medical officer of health.</p>
<b>HPPA Section 77.7 (6) Current</b>	<b>HPPA Section 77.7 (6) Amended</b>
<p>“health care provider or health care entity” means:</p> <p>2. A service provider within the meaning of</p>	<p>“health care provider or health care entity” means:</p> <p>2. A service provider within the meaning of</p>

<p>the <i>Long-Term Care Act, 1994</i> who provides a community service to which that Act applies.</p> <p>3. A community care access corporation within the meaning of the <i>Community Care Access Corporations Act, 2001</i>.</p> <p>5. A pharmacy within the meaning of Part VI of the <i>Drug and Pharmacies Regulation Act</i>.</p>	<p>the <i>Home Care and Community Services Act, 1994</i> who provides a community service to which that Act applies.</p> <p><b>Paragraph 3 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed.</b></p> <p><b>(4) Paragraph 5 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed and the following substituted:</b></p> <p>5. A pharmacy within the meaning of the <i>Drug and Pharmacies Regulation Act</i>.</p> <p><b>(5) The definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is amended by adding the following paragraph:</b></p> <p>9.1 A local health integration network within the meaning of the <i>Local Health System Integration Act, 2006</i>.</p>
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## OTHER INFORMATION

Ontario News Release: <http://bit.ly/1UxCciA>  
Full text of Bill 210: <http://bit.ly/1TSTUAg>  
alPHA News Release: Attached  
Summary of Related alPHA Correspondence: Attached

Members should be aware that alPHA has been very active on this since the Patients First discussion paper was released in December of 2015. It has been the major point of discussion for the alPHA Board and its Committees (including the Boards of Health and COMO Health Sections), with internal meetings dedicated to responses and scenario planning as well as external ones with partners at all levels of the Ministry of Health and Long-Term Care. alPHA will remain active on behalf of its members as the specifics of the formalized relationship between LHINs and Local Public Health are developed.

We hope that you find this information useful.

## NEWS RELEASE

June 2, 2016

For Immediate Release

### **Minister Affirms the Importance of Public Health to the Health of Ontarians and the Sustainability of the Health Care System**

TORONTO – Today, the Ontario government introduced the *Patients First Act*. The proposed legislation calls on the Local Health Integration Networks (LHINs) to work more closely with local public health units. The expected outcome would be a health care system that better meets patients' needs. More importantly, the outcome would be a health care system that better prevents people from becoming patients in the first place.

"The Association of Local Public Health Agencies (alPHA) applauds this initiative to reorient the health care system toward disease prevention and health promotion," says alPHA President, Dr. Valerie Jaeger. "Along with our health care colleagues, we are strong advocates for health and we know that an effective health care system contributes to the health of individuals and communities. We are pleased at the opportunity and the health dividends that the *Patients First Act* represents."

However, alPHA also recognizes that these proposals only encompass one of the five pillars in the Ottawa Charter for Health Promotion. Introduced by the World Health Organization (WHO) 30 years ago, the Charter maps out five strategies or pillars to keep individuals and communities healthy: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and finally, reorienting health care services so that opportunities for disease prevention are acted on. This last pillar is a focus of the public health-related proposals in the *Patients First Act*.

The landmark, internationally acclaimed Charter has guided public health practice around the world. It also put Canada on the map as a global leader, not only for its illness care system, but also for its public health system—tackling the underlying conditions that keep people healthy.

alPHA's Past President, Dr. Penny Sutcliffe emphasized that, "Health, of course, is about much more than access to health care. An accessible, quality health care system is an essential but insufficient ingredient in creating opportunities for health for all. Working on the other four Charter pillars is critical if Ontarians are to be the healthiest they can be and if the health care system is to be sustainable." Dr. Sutcliffe added, "This is what local public health units do every day in collaboration with many community partners. The health opportunities presented by the *Patients First Act* will not be realized if its implementation means an erosion of the capacity of Ontario's local public health system to work on all pillars of the Ottawa Charter."

alPHA wholeheartedly supports measures that will improve the health care system. We are also committed to comprehensive public health action – action which a recent report by the Institute for

Clinical Evaluative Sciences (ICES) estimates has saved the Ontario health care system almost \$5 billion in the last 10 years.

These are the health dividends of an effective public health system – dividends that can then be reinvested in all the things that really matter to health – education, transportation, child care, municipal infrastructure, drinking water, reconciliation with Indigenous communities, housing, food security, jobs, family supports, and more – so that all Ontarians can live healthier and be ill less frequently, while knowing that a more accessible and patient-centred quality health care system is there for us when we need it.

### **About alPHa**

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario's boards of health and local public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

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For more information regarding this news release, please contact:

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## **SUMMARY OF alPHA CORRESPONDENCE RELATED TO PATIENTS FIRST (most to least recent)**

### [alPHA News Release - Patients First Act](#)

June 2 2016 alPHA News Release following the introduction of Bill 210, the Patients First Act.

### [alPHA Brief - Patients First Response](#)

April 29 2016 - single-page summary of alPHA's response to the Patients First discussion paper, distributed to members for use during meetings with MPPs and other local advocacy activities.

### [alPHA Letter - Patients First](#)

April 28 2016 alPHA letter to the Minister of Health and Long-Term Care that responds to his April 20 memo to Boards and MOHs regarding health system transformation, noting its omission of any specific reference or response to alPHA's February 28 recommendations on the Patients First discussion paper.

### [MOHLTC Memo - Patients First](#)

April 20 2016 memo from the Minister of Health and Long-Term Care to alPHA's members regarding his vision for public health's role in the Patients First health care system transformation plan.

### [alPHA Letter - Patients First Expert Panel](#)

March 4 2016 alPHA letter responding to the Patients First Discussion Paper proposal to establish an Expert Panel to advise on deepening and formalizing linkages between LHINs and Public Health Units. Includes a recommendation to include the current alPHA President as a member.

### [alPHA Letter - Thanks to Deputy Minister](#)

March 2 2016 letter from the alPHA President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

### [alPHA Letter - Thanks to Deputy Minister](#)

March 2 2016 letter from the alPHA President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

### [alPHA Letter - Patients First Response](#)

February 29 2016 alPHA response to the Ministry of Health and Long-Term Care discussion paper, "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario".

### [MOHLTC Letter - Health System Discussion Paper](#)

December 17 letter to the alPHA President from the Minister of Health and Long-Term Care inviting input to the engagement processes related to the just-released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario discussion paper.

### [alPHA News Release - MOHLTC Discussion Paper](#)

December 17 alPHA News Release congratulating the Minister of Health on the release of his proposed vision for the health system in Ontario (Patients First - A Proposal to Strengthen Patient Centred Health Care in Ontario).

# Briefing Note

**To:** René Lapierre, Sudbury & District Board of Health Chair  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** June 9, 2016  
**Re:** Board of Health Manual Review

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

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

**Recommended Action:**

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

**Background:**

- Under the current review, housekeeping revisions were identified as well as updates based on the information received at the recent governance and risk management training.
- Pages from the Board of Health Manual that are edited or new are appended to this briefing note for ease of reference.
- The Board of Health manual is accessible through the BoardEffect application on the SDHU iPad. Pending Board approval, the updated manual will be posted on BoardEffect.
- The Board of Health manual has been updated to an accessible format as the SDHU is working to achieve accessibility by design in relation to employment accessibility and internal information and communication.
- Highlights include the following:
  - A Board Policy and Procedure have been developed relating to the MOH/CEO performance appraisal.

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<sup>1</sup> Strategic Priorities:

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

- 
- The Board Executive Committee Terms of Reference have been updated to reflect Board discussions and clarify the roles and responsibilities.
  - D-II-10 Funding Sources has been updated to incorporate current updated funding information.
  - F-II-20 is updated to better reflect our accountability and transparency processes.
  - Proposed revisions to F-III-10 reflect legislative wording. By-law changes are minor in updates.
  - I-I-10 has been updated to reflect a process that the SDHU has begun this year providing municipalities with a summary of remuneration for respective Board members.
  - Minor housekeeping updates have been incorporated, i.e., distribution of the manual, position titles, cross-referenced Board policy numbers, additional text to ensure clarity, process changes as the board package are now available electronically, etc.

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

**Strategic Priority:** All

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<sup>1</sup> Strategic Priorities:

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

O: October 19, 2001  
R: February 2010

# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Introduction

**Section:** Purpose of Manual

**Subject:** Purpose

**Number:** A-I-10

**Approved By:** Board of Health

**Original Date:** September 4, 1991

**Revised Date:** ~~September~~ [June 16, 2016](#), 1994

### Information

The ~~purpose of the purpose of this~~ Board of Health ~~Manual~~ [is to outline the governance practices of the Sudbury & District Board of Health. The Manual contains the information, is to policies and procedures that describe the key governance context and functions of the Board of Health.](#)

This manual functions in conjunction with the General Administrative Manual [which outlines the management and operational practices](#) of the [Sudbury & District Health Unit](#)~~health unit~~.

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Introduction  
**Section:** Maintenance of Manual  
**Subject:** Distribution  
**Number:** A-II-10  
**Approved By:** Board of Health  
**Original Date:** September 24, 1991  
**Revised Date:** June 16<sup>8</sup>, 2016<sup>5</sup>

### Purpose

The Board of Health manual will be distributed as follows:

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

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

The Board of Health manual will be available to Board members electronically on their SDHU iPads through the Board Effect application.

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Vision/Mission/Plan

**Section:** Health Unit

**Subject:** Strategic Plan

**Number:** B-I-11

**Approved By:** Board of Health

**Original Date:** May 27, 1993

**Revised Date:** June 1~~6~~<sup>8</sup>, 201~~6~~<sup>5</sup>

### Purpose

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

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

The Board of Health will ensure that administration:

- Provides an operational plan to implement the strategic plan
- Implements the Performance Monitoring Plan

The strategic plan will cover a three to five year timeframe and is reported upon regularly to the Board of Health through staff reports during the current timeframe. ~~will be reviewed at least every other year and revised as appropriate.~~

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

# Sudbury & District Health Unit Board of Health Manual

## Information

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

**Section:** Board of Health

**Subject:** SDHU Organizational Structure

**Number:** C-I-10

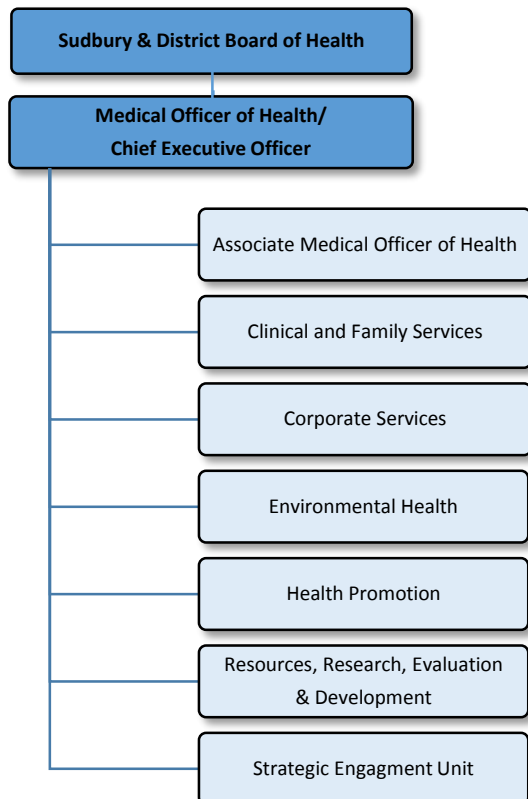
**Approved By:** Board of Health

**Original Date:** January 16, 2003

**Revised Date:** ~~February 20, 2014~~ June 16, 2016

### Information

- Sudbury & District Board of Health
  - Medical Officer of Health
    - Associate Medical Officer of Health
    - Clinical and Family Services
    - Corporate Services
    - Environmental Health
    - Health Promotion
    - Resources, Research, Evaluation & Development
    - Strategic Engagement Unit



# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Structure & Function  
**Section:** Board of Health  
**Subject:** Board of Health Roles and Responsibilities  
**Number:** C-I-12  
**Approved By:** Board of Health  
**Original Date:** January 25, 2001  
**Revised Date:** ~~February 20, 2014~~June 16, 2016

### Information

#### Summary

The Board of Health is convened in accordance with the Health Protection and Promotion Act, RSO 1990, and Regulations thereunder. The Board of Health is composed of members appointed to the Board under the Health Protection and Promotion Act, RSO 1990 and Regulations. Municipal members are appointed by Municipal Councils as outlined in Regulation 559.

The Board of Health is the legal authority for the Sudbury & District Health Unit. The Board of Health is accountable to the community for ensuring that health needs are addressed by appropriate programs and that the organization is effectively governed.

#### Role

The Board of Health shall superintend, provide or ensure the provision of health programs and services as per Part II (Health Programs and Services), Part III (Community Health Protection) and Part IV (Communicable Disease) of the Health Protection and Promotion Act, RSO 1990, the Ontario Public Health Standards and the Ontario Public Health Organizational Standards and may provide any other health programs and services that the Board of Health feels are necessary or desirable and that are approved by the municipalities in the area.



## Responsibilities

### 1. Board Structure

The Board of Health operates through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features defined in the Health Protection and Promotion Act and regulations. Subject to the requirements of the Health Protection and Promotion Act the Board approves the overall structure of the organization.

### 2. Board Operations

In order to ensure good governance, board of health members must be aware of current and emerging best practices regarding board operations including:

- the establishment of by-laws, as well as policies and practices related to the conduct of meetings, selection of officers, remuneration, expenses
- conflict of interest and confidentiality
- duties and responsibilities of board members as individuals and the board of health as a group, and evaluation to improve their effectiveness as a board
- need for regular review and monitoring of the by-laws and organizational policy manuals and to recommend by-law and policy changes in accordance with the Health Protection and Promotion Act, the Ontario Public Health Organizational Standards and the Public Health Funding Accountability Agreement
- to appoint, subject to Minister approval, a full-time medical officer of health and may appoint one more associate medical officers of health
- to regularly assess the performance of the Medical Officer of Health/Chief Executive Officer
- to appoint an acting medical officer of health/chief executive officer where the office of the medical officer of health/chief executive officer is vacant, or the medical officer of health is absent or unable to act and there is no associate medical officer of health

### 3. Leadership

Leadership functions of the board of health include the stewardship responsibility of developing a shared vision for the organization, establishing the organization's strategic directions and taking responsibility for governing the organization to achieve the desired vision including:

- providing governance direction to the Medical Officer of Health and ensuring that the board of health remains informed about the activities of the organization including:
  - delivery of the OPHS and its Protocols
  - organizational effectiveness through evaluation of the organization and strategic planning
  - stakeholder relations and partnership building

- legislative compliance
  - research and evaluations
  - workforce issues
  - financial management and risk management
- ensuring procedures are in place, including procedures to uphold the Ontario Public Health Organizational standards, procedures to provide for the prudent and effective management of provincial funds and procedures to enable the timely identify of risks to the Board of Health's ability to perform its obligations under the Public Health Accountability Agreements.
- ensuring a strategic planning process that:
  - includes a mission, vision, values and objectives
  - addresses equity issues
  - describes how Foundational Standard outcomes will be achieved
  - considers organizational capacity
  - establishes strategic priorities that address local contexts and integrate community priorities;
  - includes the advice and input of staff, community and stakeholders; and
  - is reviewed at least every other year and revised as appropriate
- assisting in the development and maintenance of positive relations among the Board, Medical Officer of Health/Chief Executive Officer, senior management and the community to enhance the organization's mission.

While the board of health has responsibility for mission, vision, values and strategic direction setting, the management team has a related responsibility in operational planning to support the board of health's strategic priorities and objectives.

#### 4. Trusteeship

In carrying out their functions, board of health members must fulfill fiduciary duties of care, loyalty, and good faith which involve the following:

- ensuring that operations are based on principles of transparency and accountability
- ensuring that decisions reflect the best interests of the public's health
- ensuring that the community's public health needs are addressed responsibility for oversight and monitoring of operations and performance
- ensuring adequate resources, approving budgets and monitoring financial performance
- exercising the duty of care, which is the duty to exercise appropriate diligence and make decisions that are informed
- as part of their duty of care board members need to ensure orientation and continuing education and development to keep apprised of governance best practices and public health issues and trends
- exercising the duty of loyalty, which is the duty to put the interests of the organization before those of the individual

- as part of their duty of loyalty, board members also need to act in good faith, which involves acting with honesty of purpose
- although Board members may bring special expertise or points of view to Board deliberations, members do not represent a particular constituency but represent the best interest of the organization at all times
- conducting a self-evaluation of governance practices and outcomes every year that results in recommendations for improvements in board effectiveness and engagement
- attend and participate regularly in scheduled Board meetings

## 5. Community Engagement and Responsiveness

The board of health is responsive to the public health needs of local communities, understands the local community context and shows respect for the diversity of perspectives of its communities in the way it governs and provides direction to the organization in planning, operating, evaluating and adapting its programs and services by:

- producing an annual financial and performance report to the public that describes mission, roles, process and operation of the public health unit and performance indicators to ensure transparency and accountability
- advocating for action on public health issues, and support public health policy development or change

## Sudbury & District Health Unit Board of Health Manual

### Policy

**Category:** Board of Health Structure & Functions

**Section:** Board of Health

**Subject:** Board of Health Self-Evaluation

**Number:** C-I-14

**Approved By:** Board of Health

**Original Date:** February 16, 2012

**Revised Date:** ~~February 20, 2014~~ June 16, 2016

#### Purpose

The Board of Health shall ~~have engage in an annual~~ self-evaluation process of its governance practices and outcomes. ~~that is implemented every year and results in recommendations for improvements in leadership excellence, board processes and effectiveness, engagement and performance.~~ This may be supplemented ~~by with an~~ evaluation by key partners and/or stakeholders.

The annual self-evaluation process shall include consideration of whether:

- Decision-making is based on access to appropriate information with sufficient time for deliberations;
- Compliance with all federal and provincial regulatory requirements is achieved;
- Any material notice of wrongdoing or irregularities is responded to in a timely manner;
- Reporting systems provide the board with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- The Board as a governing body is achieving its strategic outcomes.

• The Board of Health shall also ~~have engage in a monthly meeting-specific self-evaluation process to ensure continuous quality improvement. This process shall include retroaction~~ feedback on items ~~on things such as alignment of agenda package content with the governance role and the strategic plan and Board member contribution to decision-making. This process shall also include feedback on~~ the Board Chair role. Results shall be provided monthly to the Board Chair and Medical Officer of Health, and an annual ~~roll-up~~ summary shall be provided to the full Board of Health.

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# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Structure & Function  
**Section:** Board of Health Committees  
**Subject:** Board of Health Executive Committee Terms of Reference  
**Number:** C-II-10  
**Approved By:** Board of Health  
**Original Date:** March 23, 1989  
**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Information

#### Purpose

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

#### Reporting Relationship

To the Board of Health

#### Membership

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

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

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

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

## Responsibilities

The Executive Committee ~~of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health provides advice to the Board on the development, review and oversight of Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services,~~ in areas such as: policy, personnel, and property.

The Executive Committee may also undertake specific responsibilities of the Board if so assigned by majority vote of the Board. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board.

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

## Committee Proceedings

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

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

Meetings are held at the health unit at a time mutually agreed upon by the committee, with the option of teleconferencing. Teleconferencing for meetings will be in accordance with a Board of Health procedural policy on teleconferencing.

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

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

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

# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Structure & Function  
**Section:** Board of Health Committees  
**Subject:** Board of Health Finance Standing Committee Terms of Reference  
**Number:** C-II-11  
**Approved By:** Board of Health  
**Original Date:** June 18, 2015  
**Revised Date:** June 16, 2016

### Information

#### Purpose

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

#### Reporting Relationship

The Finance Standing Committee reports to the Board of Health.

#### Membership

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

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

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

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

## Responsibilities

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

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

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

## Committee Proceedings

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

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

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

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

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

[Agendas are made available to the public via the SDHU website.](#)

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



# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Structure & Function  
**Section:** Management  
**Subject:** Management Philosophy & Organizational Structure  
**Number:** C-III-10  
**Approved By:** Board of Health  
**Original Date:** January 16, 2003  
**Revised Date:** ~~February 16~~June 16, 20162

### Information

#### Management Philosophy

The Board of Health should be committed to the effectiveness of its organization, its human resources and a good management process.

Its programs should be based on sound epidemiological principles and an effective program evaluation system needs to be developed to ensure cost efficiency, effectiveness and benefits.

In terms of human resources, this philosophy implies that the Board is committed to using the talents, initiative and creativity of each employee and is dedicated to fair treatment, growth and development of each individual.

The management process that reflects this philosophy should focus on:

- achieving results efficiently (primary target of every program, service and policy);
- requiring accountability on every level of management; and
- the systematic delegation of responsibility and authority to the lowest appropriate level in the organization.

#### Organizational Structure

The philosophy and objectives of good management requires that the health unit have a sound organization structure that reflects the responsibilities at each level of the organization.

The Board of Health is the governing body, the policymaker of the health unit. It monitors all operations within the unit and is accountable to the community and to the Ministry of Health and Long-Term Care.

The Medical Officer of Health and Chief Executive Officer reports directly to the Board of Health and provides policy guidance on issues relating to public health concerns and to public health programs and services. The Medical Officer of Health is responsible for management of the public health operations, programs and services and is accountable to the Board of Health.

The senior management team is the operational nucleus of the unit. It is created to provide a forum for formal planning processes, which relate budgeting to programs and provides a mechanism for monitoring of staff, programs, and organizational performance.

Relating budgeting to programs, program evaluation, and performance appraisals assist the management team and the Board in identifying and addressing problems and ensuring that both individual and program contributions serve the needs of the community.

The membership of the senior management team consists of the Medical Officer of Health/Chief Executive Officer as Chair, the Associate Medical Officer of Health and the ~~Divisional Directors (department heads)~~.

Through this forum, senior staff contributes to overall management co-ordination of health unit programs, policy development and implementation.

Bringing senior staff together into a goal-oriented team creates an efficient network of communication among its members and provides a milieu conducive to effective planning and management.

The management team acts in a directly supportive role to the Medical Officer of Health/Chief Executive Officer and is accountable to him/her.

# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Structure & Function  
**Section:** Code of Ethics  
**Subject:** Sudbury & District Board of Health Code of Ethics  
**Number:** C-IV-10  
**Approved By:** Board of Health  
**Original Date:** January 16, 2003  
**Revised Date:** ~~June 17, 2004~~ June 16, 2016

### Information

Most professional and many special interest associations have codes of ethics or conduct to which their members must adhere. The purpose of these codes is to ensure, on behalf of the public who deal with the association's members, that the association is safeguarding the standard of services being offered.

Likewise, local health agencies wishing to adopt or maintain a code of ethics should take certain steps to ensure their efficacy.

- 1) The code must be adopted, or accepted, by the Board at a meeting of the Board.
- 2) The code must be well and widely published and known by both Board and staff.
- 3) There must be enforcement procedures and a system of natural justice for those accused of violations. This would include:
  - written complaints
  - notification to the accused
  - the opportunity to be heard, together with counsel, before a tribunal of peers
  - an appeals process.

### Preamble

This code of ethics states key principles of the ethical practice of public health. An accompanying statement lists the key values and beliefs inherent to a public health perspective upon which the ethical principles are based. Public health is understood within this code as what we, as a society, do collectively to assure the conditions for

people to be healthy. We affirm the World Health Organization's understanding of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

The code is neither a new nor an exhaustive system of health ethics. Rather, it highlights the ethical principles that follow from the distinctive characteristics of public health. A key belief worth highlighting, and which underlies several of the ethical principles, is the interdependence of people. This interdependence is the essence of community. Public health not only seeks the health of whole communities but also recognizes that the health of individuals is tied to their life in the community.

~~The code is intended principally for the Sudbury & District Board of Health and other institutions in the Sudbury & District Health Unit that have an explicit public health mission. Institutions and individuals that are outside of traditional public health but recognize the effects of their work on the health of the community may also find the code relevant and useful.~~

## Sudbury & District Health Unit Board of Health Manual

### Information

**Category:** Public Health System  
**Section:** Public Health Funding  
**Subject:** Funding Sources  
**Number:** D-II-10  
**Approved By:** Board of Health  
**Original Date:** January 16, 2003

**Revised Date:** ~~February 16, 2012~~ June 16, 2016

#### Information

Funding for public health programs and services comes from both provincial and municipal government sources. The majority of the provincial funding comes from Ministry of Health and Long-Term Care as well as the Ministry of Children and Youth Services. Municipal funding is on a per capita basis.

Board of health programs and services are funded either on a cost-shared basis (provincial and municipal governments) or a 100% provincial basis. The cost-shared portion of budgets is typically about ~~85~~84% of total board budgets.

Although the *Health Protection and Promotion Act* stipulates that the “obligated municipalities” in the health unit shall pay the expenses incurred by or on behalf of the board of health or the Medical Officer of Health in the performance of their functions, the Act also indicates that the “Minister may make grants for the purposes of this Act”. Notice of the grant is not normally provided to boards of health from the Ministry of Health and Long-Term Care until ~~late summer~~ September ~~August~~ of the current fiscal year (ending December 31 for the cost shared budget). The Minister’s policy for grants for the board-approved budget for the cost-shared program is as follows:

- 1999 to 2004 up to 50% ~~province, 50% municipalities~~
- ~~January 2005~~ up to 55% ~~province, 45% municipalities~~
- ~~January 2006~~ up to 65% ~~province, 35% municipalities~~
- January 2007- ~~present~~ present 2014 up to 75% ~~province, 25% municipalities~~

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- For the January 2015 fiscal, the MOHLTC introduced a new equity based funding model. —present— New Funding Model— Equity based

Other programs are funded at 100% by the appropriate provincial ministry. These programs are typically new initiatives that the provincial government would like to introduce. Some of these programs and services are introduced on a pilot basis only. The fiscal year varies for different budgets.

The management of public resources is subject to the same scrutiny and accountability as in any other enterprise. The introduction or continuation therefore, of Board of Health programs, must have epidemiological support or valid indication as to their need.

Medical officers of health have overall responsibility for the Board of Health program budgets. Apart from actual justification for programs, their actual execution should be carried out with maximum efficiency in personnel and resource utilization.

### **Informing Municipalities of Financial Obligations**

The Board of Health shall delegate to administration the responsibility of giving annually to each obligated municipality in the Health Unit served by the Board of Health a written notice of the financial levy that complies with the following requirements:

- The notice shall specify the amount that the Board of Health estimates, consistent with the approved budget, will be required to defray.
- The notice shall specify the amount for which the obligated municipality is responsible in accordance with Ontario Regulation 489/97 which provides that each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population, as determined from the most recent enumeration under the Assessment Act, by the sum of the populations of all the obligated municipalities in the health unit.
- The notice shall specify the times at which the board of health requires payments to be made by the obligated municipality and the amount of each payment required to be made.

# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Proceedings

**Section:** Board of Health Meetings

**Subject:** Preparation of the Agenda

**Number:** E-I-11

**Approved By:** Board of Health

**Original Date:** February 26, 1990

**Revised Date:** ~~October-June 16, 2016~~<sup>15, 2015</sup>

### Process

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

#### 1) Call to Order

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

#### 2) Roll Call

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

#### 3) Declaration of Conflict of Interest

This is asked by the Chair of the Board members which is their opportunity to announce a conflict (as per C-I-~~42~~<sup>15</sup>) which would then eliminate that individual from any discussion on that topic. These should be recorded in the minutes.

#### 4) Delegations/Presentations

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

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

- be printed, typewritten or legibly written;
- clearly set out the matter at issue and the request made of the Board of Health

- be signed with the name of the writer and contain the mailing address, street address and telephone number of the writer.

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

## 5) Consent agenda

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

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

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

After introduction of the consent agenda motion, the Chair shall then invite discussion on any item(s) set forth in the consent agenda motion. Any member who wishes to discuss any item(s) set forth in the consent agenda motion shall so advise the Chair, following which:

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

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

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

### i) Minutes of Previous Meeting

These are distributed as part of the agenda package prior to the meeting.

### ii) Business Arising from Minutes

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

### iii) Standing Committees



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

- iv) **Report of Medical Officer of Health/Chief Executive Officer**  
Program and service highlights are submitted by the Division Heads to the Secretary two weeks prior to a scheduled Board meeting as per the document "Schedule of Reporting at Board Meetings" located within the EC terms of reference which can be found in the General Administrative Manual. The purpose of the Report is to provide the Board with an update on issues relating to public health concerns and to public health programs and services as per Section 67 (1) of the *Health Protection and Promotion Act* (1990). The Report will also include periodic reports to the Board on the status of compliance with the required obligations under the other statutory requirements.
- v) **Correspondence**  
These are items received through the mail.
- vi) **Items for Information**  
These are general public health materials, i.e., newsletters, shared for the Board's information.

## **6) New Business**

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

## **7) Addendum**

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

## **8) In Camera**

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

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

## **9) Rise and Report**

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

## **10) Announcements/Enquiries**

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

## **11) Adjournment**

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

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

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

# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Proceedings  
**Section:** Board of Health Meetings  
**Subject:** Distribution of Agenda Package  
**Number:** E-I-12  
**Approved By:** Board of Health  
**Original Date:** March 23, 1989  
**Revised Date:** June 16, ~~2016~~, 2015

### Process

Once the agenda is prepared, the agenda package, along with supporting documentation, are uploaded and published in Board-Effect for the Board of Health members to access via their iPads.

One print package is required for the Board of Health minute binder and one extra agenda package is to be kept on hand should anyone require it at the meeting.

On the Monday of the week preceding a Board meeting, Communications staff posts the agenda package to the SDHU internet and shares it with the news media informing them of the meeting. The MOH office shares the agenda package constituent municipalities electronically.

Any questions related to the agenda package ~~All information for the Board of Health should~~ be directed to the Board Secretary.

# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Proceedings

**Section:** Board of Health Meetings

**Subject:** Minutes and Motions

**Number:** E-I-13

**Approved By:** Board of Health

**Original Date:** February 26, 1990

**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Process

#### Board of Health Meeting Minutes

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

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

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

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

Once approved, original minutes are filed for permanent preservation and properly labeled in a binder along with the supporting documentation. ~~(i.e. attendance~~ register (once photocopied and forwarded to Payroll for disbursements of per

diems, mileages, etc.), ~~agenda~~, addendum and any information distributed at the Board meeting.

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

## Standing Committee Minutes

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

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

~~Standing Committee minutes are distributed to Board members only.~~

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

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

## Motions

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

Motions – Closed Meeting

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

#### Motions - Open Meeting

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

#### Exception

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

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

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

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Board of Health Proceedings  
**Section:** Board of Health Meetings  
**Subject:** Posting and Circulation of Board Minutes  
**Number:** E-I-14  
**Approved By:** Board of Health  
**Original Date:** February 26, 1990  
**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Purpose

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

All meeting minutes, whether it be an in-camera or public meeting, are approved at the subsequent meeting of the originating committee.

Once approved by the Board of Health, the Board minutes ~~then become public documents. Once the Board of Health has approved the minutes of the previous Board meeting, they are~~ posted on the Sudbury & District Health Unit website for a period of four years. ~~The approved Board minutes are also posted made available on the Sudbury & District Health Unit Intranet for staff to view electronically and~~ The minutes are filed for permanent preservation.

Unapproved Board ~~Executive Standing~~ Committee minutes are shared with Board members at the next regular Board meeting ~~if the Board Executive Committee is not scheduled to meet prior to a regular Board meeting under Reports of Standing Committees.~~

~~When~~ If in camera minutes are circulated in print for approval or information, they are copied on colored paper and distributed and retrieved at the meeting. If they are circulated electronically at the meeting, they are removed from the system at the end of the in camera session.

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Communication

**Section** Annual Reports

**Subject:** Preparation

**Number:** F-II-20

**Approved By:** Board of Health

**Original Date:** January 15, 2004

**Revised Date:** ~~February 16, 2012~~ June 16, 2016

### Purpose

In keeping with Policy F-I-10 with respect to public communication, a Sudbury & District Health Unit annual report will be prepared and distributed to the general public on an annual basis.

This annual financial and performance report will include:

- A description of the mission, roles, processes, programs and operation of the Health Unit; and
- Performance indicators.

The purpose of the annual report is to ensure transparency and accountability and to keep the general public informed of the activities and programs of the Board of Health.



# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Communication

**Section** Confidentiality

**Subject:** Freedom of Information

**Number:** F-III-10

**Approved By:** Board of Health

**Original Date** May 23, 1991

**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Purpose

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

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

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

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

## Sudbury & District Health Unit Board of Health Manual

### Procedure

**Category:** Communication  
**Section** Confidentiality  
**Subject:** Freedom of Information  
**Number:** F-III-10  
**Approved By:** Board of Health  
**Original Date** May 23, 1991

**Revised Date:** ~~February 16, 2012~~ June 16, 2016

#### Process

Except as described in this procedure, all Board of Health meetings are open to the public.

In accordance with Section 239 of the *Municipal Act*, which also applies to local boards or committees of local boards, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is:

- the security of the property of the Sudbury & District Health Unit;
- personal matters involving one or more identifiable individuals, including employees or prospective employees;
- proposed or pending acquisition or disposition of land, rent or disposition of land or realty by the board;
- ~~• reports on charges which have been laid for contravention of by-laws or regulations, but which have not yet been dealt with in court;~~
- ~~•~~
- labour relations or employee negotiations;
- litigation or potential litigation, including matters before administrative tribunals, affecting the board;
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act; and

- for the purpose of educating or training the members (reference section 239, Subsection 3.1 of the *Municipal Act*.)

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act. (~~1990~~2001, c. 25, s. 239 (3))

A meeting may be closed to the public if the following conditions are both satisfied:

1. The meeting is held for the purpose of educating or training the members.

2. At the education or training meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee. 2006, c. 32, Sched. A, s. 103 (1).

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act*.

Copies of Board records in the possession or under the control of the Secretary to the Board may be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests. Payment of the costs of photocopying shall be in accordance with the Sudbury & District Health Unit fee schedule.

*Municipal Freedom of Information and Protection of Privacy Act* does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that the SDHU receives a complaint relating to a closed Board of Health meeting the SDHU will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 ~~(1)~~ of the *Municipal Act*. (~~reference 03-08~~)

The Secretary to the Board of Health will ensure that members of the press covering Board meetings have access to relevant information

## Sudbury & District Health Unit Board of Health Manual

### Information

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

**Section** By-laws

**Subject:** By-law 01-88

**Number:** G-I-10

**Approved By:** Board of Health

**Original Date** June 23, 1988

**Revised Date:** ~~June 18, 2015~~ June 16, 2016

#### Information

#### To Provide for the Management of Property

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

1. In this by-law:
  - a) "Act" means the *Health Protection and Promotion Act* as amended;
  - b) "Board" means the Board of Health for the Sudbury & District Health Unit
2. The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act.
3. The Board shall obtain consent of the councils of the majority of the municipalities within the health unit served by the Board before selling, exchanging, leasing, mortgaging, or otherwise charging or disposing of real property owned by it in accordance with the Act.
4. The Director, Corporate Services through the Medical Officer of Health/Chief Executive Officer, shall be responsible for the care and maintenance of all properties acquired by the Board.
5. Such responsibility shall include, but not be limited to, the following:
  - Establishing a capital funding plan to ensure that long term facility needs are appropriately identified, costed, managed and monitored.

- the replacement of, or major repairs to capital items such as the heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;
- the maintenance and repair of the parking areas and the exterior of the building;
- the care and upkeep of the grounds of the property;
- the cleaning, maintaining, decorating and repairing the interior of the building; and
- the maintenance of up-to-date fire and liability insurance coverage.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1993.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of April 1994.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of April 1995.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of May 1998.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1999.

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

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2014.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of June 2015.

## Sudbury & District Health Unit Board of Health Manual

### Information

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

**Section** By-laws

**Subject:** By-law 02-88

**Number:** G-I-20

**Approved By:** Board of Health

**Original Date** June 23, 1988

**Revised Date:** June 16, 2016 8, 2015

#### Information

#### To Provide for the Duties of the Auditor of the Board of Health

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

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

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.  
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Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.  
Reviewed and passed by the Board of Health, Sudbury & District Health unit this 17<sup>th</sup> day of June 2004.  
Reviewed and passed by the Board of Health, Sudbury & District Health unit this 18<sup>th</sup> day of May 2006.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup>-day of November 2007.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of June 2015

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## Sudbury & District Health Unit Board of Health Manual

### Information

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

**Section** By-laws

**Subject:** By-law 04-88

**Number:** G-I-30

**Approved By:** Board of Health

**Original Date** June 23, 1988

**Revised Date:** ~~October 15, 2015~~ June 16, 2016

#### Information

#### To Regulate the Proceedings of the Board of Health

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

#### Interpretation

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

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.
  - g) "Committee" means a committee of the Board, but does not include the Committee of the Whole;
  - h) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;



- i) "Council" means the Council of any constituent municipality;
- j) "Meeting" means a meeting of the Board;
- k) "Member" means a member of the Board;
- l) "Quorum" means a majority of the members of the Board who are present at a Board meeting either in person or via tele/videoconference;
- m) "Secretary" means the Secretary of the Board of Health.
- n) "Absences" means a Board member who is not present at a Board meeting either in person or by tele/videoconference.

### **General**

2. The Board of Health for the Sudbury & District Health Unit shall consist of 13 members.  
  
Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.
3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.
4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.
5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.
6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.
7. No persons shall smoke in the health unit buildings or on health unit premises.

### **Convening a Regular Meeting**

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

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

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

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

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

### **Convening a Special Board Meeting**

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

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

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

### **Notice of Meetings**

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

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

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

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

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

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

### **Preparation of the Agenda**

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

### **Commencement of Meetings / Quorum**

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

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

#### Rules of Debate and Conduct of Members at the Board

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

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

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

20.

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

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

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

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20-21. ~~0~~ If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.

21-22. ~~4~~ Every member, prior to speaking to any question or motion, shall respectfully address the Chair.

22-23. ~~2~~ When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.

23-24. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

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

24-25. Subject to this section, no member may ask a question of the previous speaker except with the consent of such previous speaker and then only to clarify any part of the previous speaker's remarks and such question shall be stated concisely.

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

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

25-26. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.

26-27. A member shall not:

- speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
- use offensive words or unparliamentary language at the Board meetings;
- disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
- leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
- interrupt a member while speaking except to raise a point of order.

27-28. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

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

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

### Questions of Privilege and Points of Order

~~28-29.~~ A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. -A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. -A matter of privilege shall take precedence over other matters. -When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. \_\_\_\_\_ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.

~~29-30.~~ When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

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

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

~~30-31.~~ When the Chair calls a member to order, the member shall immediately cease speaking until the point of order is dealt with then he shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

### Motions and Order of Putting Questions

~~31-32.~~ A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.

~~32-33.~~ Every motion presented to the Board shall be written.

~~33-34.~~ Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

~~34-35.~~ When a matter is under debate, no motion shall be received other than a motion:

- to adopt,

- to amend,
- to defer action,
- to refer,
- to receive,
- to adjourn the meeting, or
- that the vote be now taken.

35-36. A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.

A motion to refer shall require direction as to the body to which it is being referred and is not debatable.

A motion to defer must include a reason and a time period for the deferral and is not debatable.

36-37. When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and if carried by a majority vote of the members present, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.

A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

37-38. Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

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

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

38-39. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

39-40. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.

40-41. Every member present at a meeting of the Board when a vote is taken on a matter shall vote therein unless prohibited by statute; and, if any member present persists in refusing to vote, he shall be deemed as voting in the negative.

~~41-42.~~ If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.

~~42-43.~~ When a member present requests a roll call vote, all members present, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.

~~43-44.~~ Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. -When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.

~~44-45.~~ After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. -For the purposes of this section, the word "year" shall mean the period from January 1st to December 31st in the same year.

### **Adjournment**

~~45-46.~~ A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:

- when a member is in possession of the floor;
- when it has been decided that the vote be now taken; or,
- during the taking of a vote;

but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.

~~46-47.~~ Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.

~~47-48.~~ Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

### **Secretary for the Board**

~~48-49.~~ It shall be the duty of the Secretary:

- to attend or cause an assistant to attend all meetings of the Board;
- to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and



- to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

### **Appointment and Organization of Committees**

~~49-50.~~ At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.

~~50-51.~~ The Board may appoint committees from time to time to consider such matters as specified by the Board.

### **Conduct of Business in Committees**

~~51-52.~~ The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.

~~52-53.~~ It shall be the duty of the Committee:

- to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
- to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
- to forward to the incoming Committee for the following year any matter undisposed of.

~~53-54.~~ The procedures of the Board with respect to:

- incurring of liabilities and paying of accounts;
  - contacts and expenditures;
  - petty cash;
  - tenders and quotations;
- shall be in accordance with By-law 01-88 and 01-93.

### **Corporate Seal**

~~54-55.~~ The corporate seal of the Board shall be in the form impressed herein and shall be kept by the Executive Officer or the Secretary of the Board.

### **Execution of Documents**

~~55-56.~~ The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

## Duties of Officers

### Chair and Vice-Chair

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

~~56-57.~~ The Chair of the Board shall:

- preside at all meetings of the Board;
- represent the Board at public or official functions or designate another Board member to do so;
- be ex-officio a member of all Committees to which he has not been named a member;
- perform such other duties as may from time to time be determined by the Board.

~~57-58.~~ The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

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

~~58-59.~~ The Vice-Chair shall preside during in-camera sessions.

~~59-60.~~ When it is moved and carried that the Board recess and go in-camera, the Chair shall vacate the Chair and the Vice-Chair shall preside over the Board sitting as a Committee of the Whole

Board of Health in-camera matters shall be as per F-III-10 Freedom of Information.  
~~include:~~

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

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

### **Amendments**

~~60-61.~~ Any provision contained herein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote to give effect to any recommendation contained in a Report to the Board and such Report has been transmitted to members of the Board prior to the meeting at which the Report is to be considered, but otherwise no motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any even no bill to amend this by-law shall be introduced at the same meeting as that at which such report or motion is considered.

### **Medical Officer of Health**

~~61-62.~~ The Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to the Sudbury & District Health Unit during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health;

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

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

### **Dismissal of Medical Officer(s) of Health**

~~62-63.~~ A decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

- the decision is carried by the vote of two-thirds of the members of the Board; and
- the Minister consents in writing to the dismissal.

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

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;

- a written statement of the reason for the proposal to dismiss the Medical Officer of Health; and
- an opportunity to attend and to make representation to the Board at the meeting.

### **MOH/CEO Meeting Notice and Attendance**

~~63-64.~~ The MOH/CEO is entitled to notice of and to attend each meeting of the Board of Health and every committee of the board, but the Board may require the MOH/CEO withdraw from any part of a meeting at which the Board or a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

### **General**

~~64-65.~~ In this by-law, words importing the singular number of the masculine gender only shall include more person, parties or things of the same kind than one and females as well as males and the converse.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1993.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of April 1994.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of April 1995.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1996.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of May 1998.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1999.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.  
 Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of November 2007.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of November 2010.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2012.  
 Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2014.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of October 2015.

# Sudbury & District Health Unit Board of Health Manual

## Information

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

**Section** By-laws

**Subject:** By-law 02-02

**Number:** G-I-60

**Approved By:** Board of Health

**Original Date** March 26, 1998

**Revised Date:** ~~June 16~~~~June 18, 2015~~May 17, 2016

### Information

#### **Being a By-law of the Board of Health of the Sudbury & District Health Unit to Appoint Inspectors for the Purposes of the Enforcement of the Ontario Building Code Act Respecting Sewage Systems**

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

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

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

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

2. The following persons are appointed Inspectors, whose titles shall be "Sewage System Inspector 3.1 (2)":

(1)	Nathalie Barsalou	<del>(14)</del> (12)	Stacey Laforest
(2)	Miranda Berardelli	<del>(15)</del> (13)	Brad Manning
(3)	Holly Browne	<del>(16)</del> (14)	Michael Maryniuk
(4)	Laura Bulfon	<del>(17)</del> (15)	Rachel O'Donnell
(5)	Dan Burns	<del>(16)</del>	Cynthia Peacock-Rocca
(6)	Michael Campbell	<del>(18)</del> (17)	<u>Victoria Peczulis</u>
(7)	Ashley DeRocchis	<del>(19)</del> (18)	Ashley Pepin
(8)	Travis DeRocchis	<del>(20)</del> (19)	Mark Rondina
(9)	Brad Dorman	<del>(21)</del> (20)	Adam Ranger
<del>(10)</del>	<del>Matthieu Frappier</del>	<del>(21)</del>	Jagdish Sharma
<del>(11)</del> (10)	Anthony Gras	(22)	<u>Gary Tam</u>
<del>(12)</del> (11)	Jonathan Groulx	<del>(23)</del>	<u>Rylan Yade Yade</u>
	<del>Ted Korzeniecki</del>		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2014.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 128<sup>th</sup> day of June 2015.

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Staff Development

**Section:** Staff Development

**Subject:** Professional Practice Support and Workforce Development Plan

**Number:** H-I-10

**Approved By:** Board of Health

**Original Date:** March 23, 1989

**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Purpose

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

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

### Professional Practice Support

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

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

their role is to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines.

## Workplace Development Plan

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

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

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



## Sudbury & District Health Unit Board of Health Manual

### Procedure

**Category:** Board of Health Administration

**Section** Monetary

**Subject:** Remuneration and Expenses

**Number:** I-I-10

**Approved By:** Board of Health

**Original Date** March 23, 1989

**Revised Date:** June 16, 2016~~8, 2015~~

#### Process

##### Remuneration for Attendance at Board of Health Meetings

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

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

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

## **Remuneration for Attendance at Board of Health Functions**

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

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

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

For example:

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

## **Expenses**

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
3. The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual – Non-Union Employees.
4. The Roll Call is used to record attendance and Travel Expense Claim Form is used to reimburse the kilometers traveled for attendance at Board functions (conference, conventions or workshops).
5. Reasonable and actual expenses incurred respecting accommodation, food, parking\* and registration fees for conferences are reimbursed to any Board member and subject to any limitations as in the General Administrative Manual (receipts where applicable required).

6. Once submitted, Board/MOH Expenses are to be approved as follows:

- a. The Board of Health Chair expenses: The Board of Health Chair will sign to attest to expenses with no required approval;
- b. Board member expenses will be approved by the Board of Health Chair or delegate.
- c. MOH expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

7. Corporate Services will provide an itemized statement of the remuneration and expenses paid for the year to members appointed by a municipality on or before January 31 in the following year in accordance with s.284(3) of the Ontario Municipal Act.

## Sudbury & District Health Unit Board of Health Manual

### Policy

**Category:** Board of Health Administration  
**Section:** Board Appointments  
**Subject:** Public Member Appointments to Board of Health  
**Number:** I-II-10  
**Approved By:** Board of Health  
**Original Date:** September 24, 1992  
**Revised Date:** ~~October 18, 2007~~ June 16, 2016

#### Purpose

The Board of Health believes that fulfillment of its mission is enhanced by a thorough understanding of the health promotion and disease prevention needs of the communities it serves. Representation from the community at large on the Board provides an opportunity for public involvement in the identification of needs and the formulation of policy. Elected members have an additional responsibility and accountability to their constituent municipalities as a result of the electoral process.

The Government of Ontario makes appointments to boards of health through the Public Appointments Secretariat (PAS).

In support of the PAS process, the Board will advertise the public appointment vacancies in local papers throughout the catchment area.

#### Public Member Appointees and Reappointments

- ~~• No public member will serve more than six (6) consecutive years.~~
  - ~~• Current appointees who have not exceeded a total of six years may be eligible for re-appointment.~~
- As per the Public Appointment Secretariat rules.

- Public members will be bound by the confidentiality policy, conflict of interest policy and all other by-laws, policies and procedures of the Board.
- Public members will receive an honorarium that is determined by the Board.

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# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Administration  
**Section** Board Appointments  
**Subject:** Public Member Appointments to Board of Health  
**Number:** I-II-10  
**Approved By:** Board of Health  
**Original Date** March 23, 1989  
**Revised Date:** ~~May 14, 2009~~[June 16, 2016](#)

### Process

#### A. Public Notification of Vacancy and Application Process

The Board notifies the Public Appointments Secretariat and the Public Health Division six months in advance of any upcoming public appointee vacancy.

Once the Public Appointments Secretariat posts the board of health public appointee vacancy, [the SDHU may place](#) an advertisement ~~is placed~~ in the local newspapers [advising of the vacancy](#) (Information 1).

Individuals interested in applying for a public appointment must apply through the PAS by completing the PAS Application Form. The PAS website, [www.pas.gov.on.ca](http://www.pas.gov.on.ca), provides applicants with the option of applying online, downloading an application form or requesting an application by mail. The appointment application process also requires the completion of a Personal Conflict of Interest Disclosure Statement, which includes the disclosure of any perceived or real conflicts of interest, questions about personal integrity, public accountability and consent to a security clearance investigation through the Canadian Police Information Centre.

#### B. Notification of Appointment

Upon notification of appointment by the Lieutenant Governor in Council, the Board Chair sends a letter of acknowledgement (Information 2) to the successful appointee.

#### C. Responsibilities of Board Members

The successful appointee, at the time of appointment notification, is provided with a list of expected responsibilities of Board members (Information 3).

## **D. Performance Criteria**

Appointees are expected to conduct themselves in a manner consistent with the responsibilities outlined in C.

If an appointee consistently fails to assume the designated responsibilities and fails to maintain attendance requirements specified in the Board by-laws and procedures, the Board Chair, along with a member of the Executive Committee of the Board, if requested, meets with the appointee to review his/her performance with a view to rectifying the performance.

## **E. Re-Appointments**

Appointees whose terms of appointment will be expiring and would like to be considered for reappointment should complete and submit a *Reappointment Information Form* through the Public Appointments Unit at least four (4) months prior to the expiration of their appointment.

The Board has the option of submitting a letter of endorsement addressed to the Minister of Health and Long-Term Care listing the names of all interested appointees that are being supported for reappointment along with the completed *Reappointment Information forms* submitted by the appointees.

## **F. Termination/Filling of Terminated Position**

Appointees who wish to terminate their appointment prior to the expiry date are to submit a letter of resignation to the Board Chair with a copy to the Public Appointments Unit.

If the appointee is unable or unwilling to fulfill the obligations of the position, the Board Chair advises the Public Appointments Secretariat and the Public Health Division in writing, requesting removal of this member and appointment of an alternate from the list of recommended candidates on file with the Ministry.

In the event of a member being unable to complete his/her term for reasons of health, moving outside the area, or other exigencies, the Board may request that the Ministry fill the duration of the unexpired term (if more than six months from the expiration date) with an alternate candidate from the original list.

# Sudbury & District Health Unit Board of Health Manual

## Information

**Category:** Board of Health Administration  
**Section** Board Appointments  
**Subject:** Public Member Appointments to Board of Health  
**Number:** I-II-10  
**Approved By:** Board of Health  
**Original Date** September 24, 1992  
**Revised Date:** ~~May 14, 2009~~June 16, 2016

### INFORMATION 1

#### Sample of Newspaper Advertisement

(Date)

#### PUBLIC APPOINTEE TO SUDBURY & DISTRICT BOARD OF HEALTH

The Sudbury & District Board of Health is seeking individuals to fill the volunteer position of Public Appointee to our Board of Health. This is a non-profit Board, which acts as the governing body of the local health unit. It ensures the provision of all programs within the health unit and is accountable to the community and to the Ministry of Health and Long-Term Care.

This position will afford the individual a special opportunity to learn about and work with public health issues. You should be able to devote a minimum of two hours per month to the position.

Appointment ~~terms are determined by the Public Appointment Secretariats~~are for an initial term of (Number of) years renewable up to a maximum of six years in total. Candidates must be residents of the area in the health unit's jurisdiction.

The Ontario government is dedicated to employment equity to reflect the diversity of the population of Ontario and the Sudbury/Manitoulin districts.

Interested persons are asked to apply through the Public Appointments Secretariat (PAS) by completing the PAS Application Form. To a copy of the application form or to apply online, please refer to the PAS web site, [www.pas.gov.on.ca](http://www.pas.gov.on.ca).

Deadline for applications is (Date).

## **INFORMATION 2**

### **Letter of Acknowledgement/Congratulations (Sample)**

(Date)

Dear (Sir or Madam):

On behalf of the Sudbury & District Board of Health, we would like to extend our welcome and to congratulate you on your successful appointment by the Lieutenant Governor in Council to serve as a "Public Member" on our Board for a period of (Number of) years.

The next Board of Health meeting is scheduled for (date/time and location). We look forward to your contribution towards our common goal of a healthier Ontario.

Please find enclosed pertinent materials relating to public health. (Board of Health Manual which includes Ontario Public Health Standards, Health Protection and Promotion Act, 1990, etc.) and the Association of Local Public Health Agencies' Orientation & Reference Manual for Board of Health Members.

If you have any questions or require any further information, please do not hesitate to contact the Medical Officer of Health/Chief Executive Officer at (705) 522-9200, ext. 291.

Again, welcome to the Sudbury & District Board of Health.

Yours sincerely,

Chair

Sudbury & District Board of Health



## **INFORMATION 3**

### **Responsibilities of Board Members**

A member of a Board of Health should:

- be an active and committed participant in the affairs of the health unit;
- be involved at Board meetings, ask questions, discuss issues, participate in decision making, react to ideas and exercise initiative;
- know and maintain the lines of communication between the Board and staff;
- be responsible for continuing self-education and growth; be familiar with local resources; be aware of changing community trends and needs; attend related community functions;
- keep informed about the background of issues in order to discuss them responsibly;
- be regular and punctual at all Board meetings; if unable to attend, give early notice to the Board Secretary;
- do "homework" and read relevant minutes before meeting;
- have a working knowledge of parliamentary procedure;
- abide by all Board by-laws, policies and procedures;
- maintain Board business confidentiality.

# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Administration

**Section** Orientation

**Subject:** Orientation of Board Members

**Number:** I-III-10

**Approved By:** Board of Health

**Original Date** May 23, 1991

**Revised Date:** ~~June 18, 2015~~ June 16, 2016

### Process

1. When Board members are appointed, they are given ~~a copy~~access of the Board of Health Policy and Procedure Manual that provides information necessary to their orientation. The following information will also be shared with newly appointed Board members:
  - a) Introduction to Public Health
  - b) Provincial Government structures and roles in public health
  - c) History of Public Health Units of Ontario
  - d) History of Sudbury & District Health Unit
  - e) Mission vision and strategic priorities
  - f) *\*Health Protection and Promotion Act, 1990*
  - g) Community demographics overview
  - h) Guidelines for Board of Health and Medical Officers of Health
  - i) Roles and Responsibilities and Senior Staff
  - j) Current Budget (including funding streams)
  - k) Current Financial Statement
  - l) Current Annual Report
  - m) *\*Sudbury & District Health Unit General Administrative Manual*
  - n) Ontario Public Health Standards Ministry of Health and Long-Term Care - Introduction
  - o) Association of Local Public Health Agencies – aLPHa - Introduction
  - p) *\*Current O.N.A. Agreement*
  - q) *\*Current C.U.P.E. Agreement*

- r) \*\*Board of Health Minutes for past 3 years
- s) \*Board Orientation Power Point Presentation
- t) Duties and responsibilities of Board members
- u) Orientation to the Baby-Friendly Organizational Policy
- v) Emergency Response Training

\* Available for viewing in office of Board Secretary

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

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

5.—

6-5. An orientation will be offered to newly appointed Board Chairs regarding their roles and responsibilities.

# Sudbury & District Health Unit Board of Health Manual

## Policy

**Category:** Board of Health Administration  
**Section** Technology  
**Subject:** Board of Health Mobile Device Use  
**Number:** I-V-10  
**Approved By:** Board of Health  
**Original Date** February 2015

**Revised Date:** June 16, 2016

### Purpose

This policy applies to all Board members who use SDHU-provided mobile devices to connect to the SDHU network as well as any form of wireless communication capable of transmitting packet data. Upon receipt of their mobile device, Board members will review and sign the attached form, *Board of Health Mobile Device Provided by the Sudbury & District Health Unit*.

The SDHU may, at its discretion and in accordance with this policy, provide mobile devices at the expense of the SDHU for Board of Health members for the purpose of fulfilling their duties as board members.

Mobile device includes any SDHU owned or provided device that is portable and capable of storing, collecting, transmitting or processing electronic data or images including, but not limited to, laptops, tablets, cellular or smart phones and storage media.

Board Members are responsible for ensuring the appropriate use of the device as well as the security and safe keeping of the device as outlined in this policy and the supporting procedure.

Mobile devices are important tools for the organization and their use is supported to achieve business goals. Mobile devices can also represent significant risk to information security and data security and without security measures they can be a conduit for unauthorized access to organizational data.

The policy shall:

- Support board of health members to perform their duties using mobile devices
- Promote safety and security when using health unit mobile devices
- Limit organization risk and liability
- Reinforce current data and network security standards

The SDHU is required to protect its information assets in order to safeguard privacy, confidentiality, intellectual property and the organization's reputation.

~~\*To jailbreak a device is to remove limitations imposed by the manufacturer. This allows access to the operating system, thereby unlocking all of its features and enabling the installation of unauthorized software.~~

The following rules apply:

- Devices must not be jailbroken\* or have any software installed which is designed to gain access to functionality not intended to be available to the user. There should never be illegal or pirated software loaded on the device.
- While personal use of the device is permitted personal use should not be contrary to organization policy or procedure and must not adversely impact device safety or security or the intended business uses of the device.
- Devices must never be used by other than the original user it was intended for.
- Board Members are prohibited from using the SDHU-issued device while operating a motor vehicle.
- Board Members use of mobile devices must comply with Board of Health governance policies, practices and procedures including, but not limited to, conflict of interest, code of conduct and confidentiality.

All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM). MDM allows devices to have policies and applications applied to them as well enables Information Technology staff to remotely wipe the device in the event it is lost or stolen.

\*To jailbreak a device is to remove limitations imposed by the manufacturer. This allows access to the operating system, thereby unlocking all of its features and enabling the installation of unauthorized software.

# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Board of Health Administration  
**Section** Technology  
**Subject:** Board of Health Mobile Device Use  
**Number:** I-V-10  
**Approved By:** Board of Health  
**Original Date** February 2015  
**Revised Date:** June 16, 2016

### Process

1. All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM).
2. Devices must be configured with a password.
3. A secure/strong password is required in order to access email and/or the Board of Health application. The password for the Board of Health application and the device should be different. The email/application passwords must follow these rules:
  - A minimum of 8 characters and must use at least one Uppercase, one number and one special character (!@#\$%^&\*(){}[]);
  - These passwords will not expire unless there is reason to believe there has been unauthorized access;
  - Usernames and passwords allowing access to SDHU resources must never be stored on the mobile device in unencrypted format, be written down in any form or shared with anyone that would allow users to gain access to resources.
  - The Board of Health application password will be managed by the Executive Assistant to the MOH.
4. Users should always maintain physical control of the device in order to protect against theft or loss and natural/environmental hazards.
5. Board members must report lost, stolen or damaged devices to SDHU Information Technology immediately by calling 705.522.9200 ext. 300. Outside of normal business hours please leave a message. Information Technology can remotely wipe

the device or lock the device to prevent access. If the device is recovered, it can be submitted to IT for re-provisioning.

6. The addition of hardware or software and/or related components to provide additional mobile connectivity will be managed at the discretion of Information Technology. Information Technology reserves the right to monitor, audit and restrict access to features on the device in order to protect the safety and security of the device.
7. Devices are to be returned to Executive Assistant to the Medical Officer of Health and Secretary to the Board of Health at the end of the Board member's term.

~~\*To jailbreak a device is to remove limitations imposed by the manufacturer. This allows access to the operating system, thereby unlocking all of its features and enabling the installation of unauthorized software.~~

# **Sudbury & District Health Unit Board of Health Manual Policy**

**Category:** Human Resources  
**Section:** Board of Health Administration  
**Section:** Performance Management  
**Subject:** Performance Appraisal of MOH/CEO  
**Number:** I-VI-10  
**Approved By:** Board of Health  
**Original Date:** June 16, 2016  
**Revised Date:**

## **Purpose**

The Sudbury & District Board of Health maintains a policy of ongoing evaluation of the job performance of its employees as a means of measuring efficiency and effectiveness of the organization's operations; providing employees with meaningful information about their work; and aiding the SDHU in making personnel decisions related to such areas as training, promotion, work assignments, retention and long-range planning of its operations.

The management of the Medical Officer of Health/CEO performance will be done on an ongoing basis through regular interactions with the Board and Board Chair. The Board of Health monitors the performance of the MOH/CEO through reports and information to the Board relative to the MOH/CEO position expectations including for example, the areas of finance and human resources, program and organizational standards, community and stakeholder engagement, management and governance.

Performance appraisals of the MOH/CEO will be conducted with the Board Chair as outlined in the procedure.

Performance appraisals are intended to be constructive and positive experiences. They are viewed as an opportunity for the MOH/CEO to review how she/he is doing relative to position expectations and to set goals and objectives for the future.

The performance appraisal is the sole property of the SDHU. The Municipal Freedom of Information and Protection of Privacy Act will govern use of the information contained therein.



# Sudbury & District Health Unit Board of Health Manual

## Procedure

**Category:** Human Resources

**Section:** Board of Health Administration

**Section:** Performance Management

**Subject:** Performance Appraisal of MOH/CEO

**Number:** I-VI-10

**Approved By:** Board of Health

**Original Date:** June 16, 2016

**Revised Date:**

### Process

- Performance appraisals are conducted on an annual basis, unless otherwise specified by the Board Chair, and are the responsibility of the Board Chair.
- A survey tool that permits respondent anonymity will be used to seek feedback from all Board of Health members and positions that report directly to the MOH/CEO. The survey tool will explicitly seek input relative to the current position description. The survey tool will be administered by the Executive Assistant to the MOH/CEO/Board Secretary.
- The compiled feedback will be shared with the Board of Health Executive Committee members and the MOH/CEO.
- The Board Chair will conduct the performance appraisal meeting with the MOH/CEO after appropriate consultation with the Board of Health Executive Committee. The *Performance Mapping Mutual Action Plan* forms will be used as per the SDHU General Administrative Manual forms.
- Information regarding the work and conduct of the MOH/CEO is referred to when preparing the performance appraisal and all relevant successes and performance issues are included in the performance appraisal from the entire review period.
- The factors evaluated during the appraisal are the MOH/CEO's quality of work, work habits, and interpersonal relations. Each appraisal is thoroughly discussed to point out both areas of successful performance and areas that require improvement or are unacceptable.
- The evaluation is intended to be participatory in nature.

- The MOH/CEO signature on the completed performance appraisal shall be part of the completed document. The signature signifies that the appraisal has been completed and discussed. It does not necessarily imply agreement with the appraisal. Should the MOH/CEO wish to provide additional comments to their performance appraisal, they shall do so and these comments will be appended to the performance appraisal being placed in the personnel file.
- The original performance appraisal (plus any additional comments) will be filed in the personnel file located in the Corporate Services Division.
- A copy of the performance map is provided to the MOH/CEO.
- The Board shall be informed once the performance appraisal process is completed.

# Sudbury & District Health Unit Board of Health Manual

## Information

<b>Category:</b>	Public Health Standards
<b>Section</b>	Program Standards
<b>Subject:</b>	Ontario Public Health Standards, Protocols and Relevant Legislation
<b>Number:</b>	J-I-10
<b>Approved By:</b>	Board of Health
<b>Original Date</b>	March 23, 1989
<b>Revised Date:</b>	<del>February 16, 2012</del> <a href="#">June 16, 2016</a>

### Information

The Ontario Public Health Standards<sup>i</sup> establish requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur.

The following standards are administered by the Ministry of Health and Long-Term Care:

- Foundational
- Infectious Diseases
  - Infectious Diseases Prevention and Control
  - Rabies Prevention and Control
  - Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
  - Tuberculosis Prevention and Control
  - Vaccine-Preventable Diseases
- Environmental Health
  - Food Safety
  - Safe Water
  - Health Hazard Prevention and Management
- Emergency Preparedness
  - Public Health Emergency Preparedness

- Chronic Diseases and Injuries
  - Chronic Disease Prevention
  - Prevention of Injury and Substance Misuse
- Family Health
  - Reproductive Health
  - Child Health

Note: The Ministry of Children and Youth Services is responsible for the administration of the Healthy Babies Healthy Children components of the Family Health standards.

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the HPPA.

Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

The Protocols<sup>ii</sup> that accompany the OPHS are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to, *the Building Code Act*, the [\*Child Care and Early Years Act-Day Nurseries A\*](#), *the Employment Standards Act*, *the Immunization of School Pupils Act*, *the Occupational Health and Safety Act*, *the Personal Health Information Protection Act*, [\*Making Healthier Choices Act, 2015\*](#) and *the Smoke-Free Ontario Act*, [\*the Electronic Cigarettes Act\*](#), and [\*the Skin Cancer Prevention Act\*](#).

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<sup>i</sup> Ministry of Health and Long-Term Care  
 website: [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/interactive.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/interactive.html)  
 (retrieved May 1, 2009)

<sup>ii</sup> Ministry of Health and Long-Term Care  
 website: [http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/ophsprotocols.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/ophsprotocols.html) (retrieved November 2010)

# Sudbury & District Health Unit Board of Health Manual

## Information

<b>Category:</b>	Public Health Standards
<b>Section</b>	Organizational Standards
<b>Subject:</b>	Ontario Public Health Organizational Standards, Management Operations
<b>Number:</b>	J-II-10
<b>Approved By:</b>	Board of Health
<b>Original Date</b>	February 20, 2014
<b>Revised Date:</b>	<u>May 25 June 16, 2016</u>

### Information

Similar to the Ontario Public Health Standards, which outline mandatory expectations for providing public health programs and services, the Ontario Public Health Organizational Standards (Organizational Standards) establish the management and governance requirements for public health units. The Organizational Standards promote organizational excellence, establish the foundation for effective and efficient program and service delivery and contribute to a public health sector with a greater focus on performance, accountability and sustainability.

The Organizational Standards requirements are grouped into the following categories:

- Board Structure
- Board Operations
- Leadership
- Trusteeship
- Community Engagement and Responsiveness
- Management Operations

Within each category, there are specific requirements. The first 5 categories are identified as direct requirements of the Board of Health and are outlined in detail under Board of Health Roles and Responsibilities C-I-12. Management Operations is a responsibility delegated by the Board of Health to the Medical Officer of Health.

The Board of Health delegates to the MOH/CEO the responsibility to ensure compliance with the management operations section of the Ontario Public Health Organizational Standards.

In particular, the Medical Officer of Health shall ensure that plans or programs are established compliant with the requirements of the standards:

- Operational plans
- Risk management
- Educational requirements for public health professionals
- Financial records
- Financial policies and procedures
- Procurement
- Capital funding plan
- Communications strategy
- Information management
- Research ethics
- Human resource strategy
- Staff development
- Professional practice support

The MOH & CEO will provide information on compliance activities in these areas to the Board of Health through regular updates to the Board and through the annual Performance Monitoring Plan.

**BOARD OF HEALTH MANUAL**

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

# Briefing Note

**To:** René Lapierre, Chair, Sudbury & District Board of Health  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** June 9, 2016  
**Re:** Enterprise Risk Management

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☐ For Information

☐ For Discussion

☒ For a Decision

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## Issue:

Per the Ontario Public Health Organizational Standards Risk management is a responsibility of the Board of Health and also has been highlighted as a priority in a number of recent initiatives.

As part of usual business, the SDHU conducts ongoing risk assessments and engages in some formal program-specific risk management but has not developed a comprehensive process for enterprise risk management.

## Recommended Action:

**That the Sudbury & District Board of Health direct the Medical Officer of Health to finalize for the Board's approval an enterprise risk management framework and related policy and a current risk management plan.**

## Background:

- The Ontario Public Health Organizational Standards mandate board of health stewardship and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource succession and surge capacity planning, operational risks, and legal issues.
- Enterprise risk management has also been highlighted in recent provincial audits of boards of health, the Algoma Public Health Assessor's recommendations and the Sudbury & District Board governance training.

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### 2013–2017 Strategic Priorities:

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

O: October 19, 2001  
R: October 2013



- As part of usual business practice, the SDHU engages in ongoing risk management and for certain programs has undertaken more formal risk management. However, the SDHU has not developed a comprehensive strategy for enterprise risk management.
- During the spring of 2016, the Board of Health engaged with Senior Management in working through a risk management process. Senior Management has worked with the Association of Local Public Health Authorities (alPHA) and with a Senior Audit Manager from the Treasury Board Secretariat, contributing to provincial infrastructure and applying a five step risk management process to the SDHU context. Activities to date include the following:
  - Participation in alPHA Risk Management Working Group
  - April 14-15 – Senior Management workshop, facilitated by the Senior Audit Manager from the Treasury Board Secretariat
  - May 3 – Senior Management workshop
  - May 6 – Board Executive Committee
  - May 27 – Board Risk Management workshop, facilitated by the Senior Audit Manager from the Treasury Board Secretariat
- Through this process, the Board has developed a draft current risk management plan which must now be finalized by staff. Draft materials are attached to this briefing note.
- The process itself will be captured in a risk management policy to ensure that the SDHU has a framework to systematically identify/assess risks and controls, and evaluate, monitor and report the risks regularly.
- It is expected that the current risk management plan and Board policy will be finalized for the Board's approval in the fall of 2016.

**Financial Implications:**

Additional costs may be identified as part of the review of specific mitigation strategies and will be considered at that time.

**Ontario Public Health Standard:**

Organizational Standards: 3.1, 4.2, 6.2

**Strategic Priority:**

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

**Contact:**

Sandra Lacle, Acting Director, Corporate Services Division

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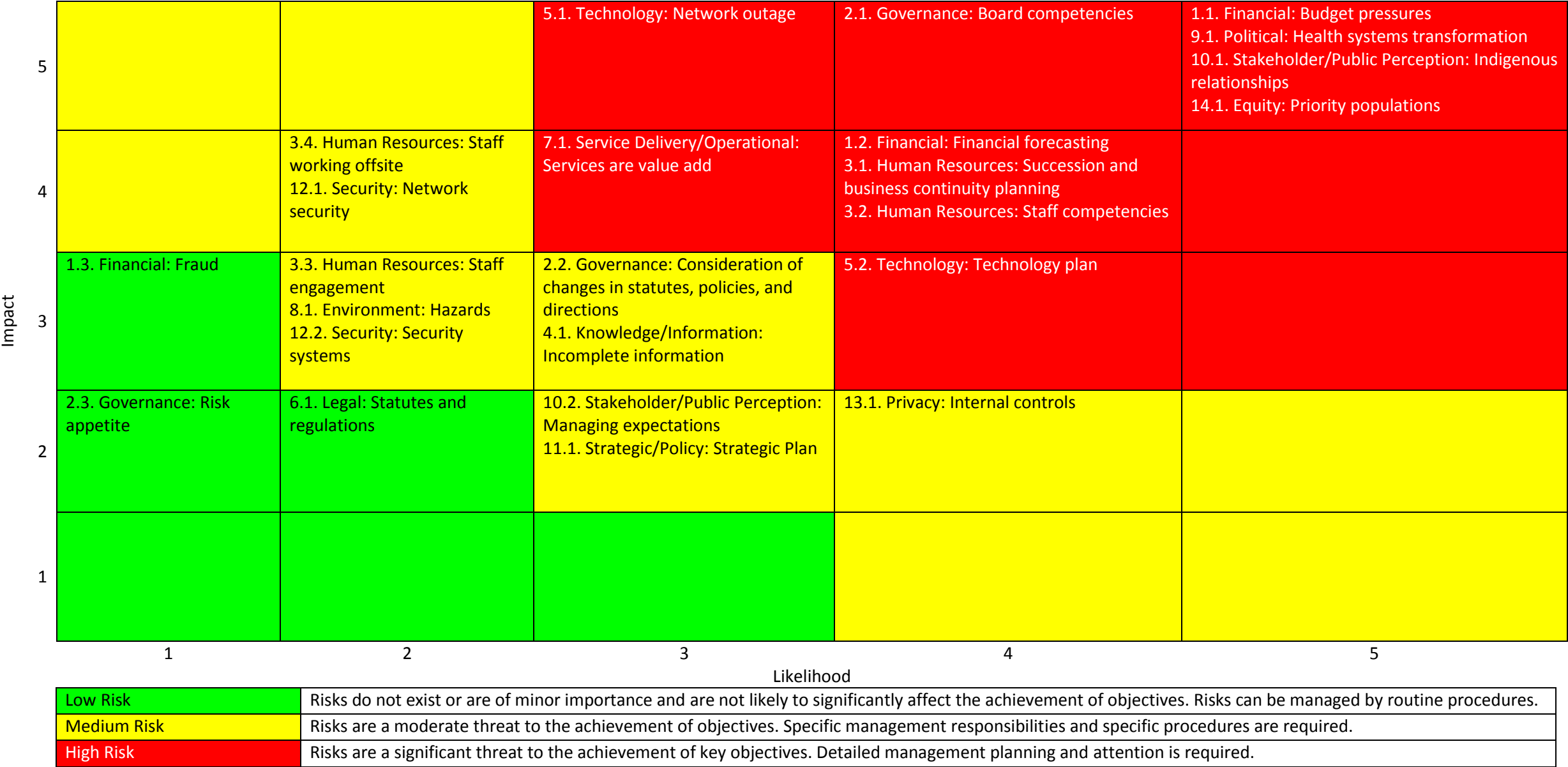
**2013–2017 Strategic Priorities:**

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

O: October 19, 2001  
R: October 2013

SDHU Organizational Risks: Heat Map of Current Residual Risks

(DRAFT June 2016)



# SDHU Organizational Risk Framework (DRAFT June 2016)

**Overall Objective: To identify future events that may impact on the achievement of the SDHU vision and mission**

**Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the SDHU**

Risk Categories		Rating Scale
1. Financial Risks		
1.1	The SDHU may be at risk as budget pressures are expected to increase over the next several years.	L5 I5
1.2	The SDHU may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L4 I4
1.3	The SDHU may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
2. Governance / Organizational Risks		
2.1	The SDHU may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.	L4 I5
2.2	The SDHU may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L3 I3
2.3	The SDHU may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I2
3. Human Resources		
3.1	The SDHU may be at risk as a result of an insufficient investment in succession and business continuity planning.	L4 I4
3.2	The SDHU may be at risk as staff may not have all of the necessary competencies to meet evolving Public Health needs.	L4 I4
3.3	The SDHU may be at risk related to varying levels of staff engagement in the work of the organization.	L2 I3
3.4	The SDHU may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
4. Knowledge / Information		
4.1	The SDHU may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3
5. Technology		
5.1	The SDHU may be at risk of a network outage.	L3 I5
5.2	The SDHU may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	L4 I3
6. Legal / Compliance		
6.1	The SDHU may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of the Health Unit.	L2 I2
7. Service Delivery / Operational		
7.1	The SDHU may be at risk of our service not being perceived as a value add to our clients.	L3 I4
8. Environment		
8.1	The SDHU may be at risk of natural and anthropogenic disasters or hazards.	L2 I3
9. Political		
9.1	The SDHU may be at risk of significant disruptions and high opportunity costs related to health system transformation.	L5 I5
10. Stakeholder / Public Perception		
10.1	The SDHU may be at risk of poorly defined relationships with indigenous communities.	L5 I5
10.2	The SDHU may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health and a negative public image.	L3 I2
11. Strategic / Policy		
11.1	The SDHU may be at risk of developing a Strategic Plan that may need to be modified given the great uncertainty with health system transformation.	L3 I2
12. Security Risks		
12.1	The SDHU may be at risk of threats to network security.	L2 I4
12.2	The SDHU staff and visitors may be at risk if security systems are offline.	L2 I3
13. Privacy Risks		
13.1	The SDHU may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2
14. Equity Risks		
14.1	The SDHU may be at risk of not effectively leveling up the health status with priority populations.	L5 I5

## **RISK MANAGEMENT**

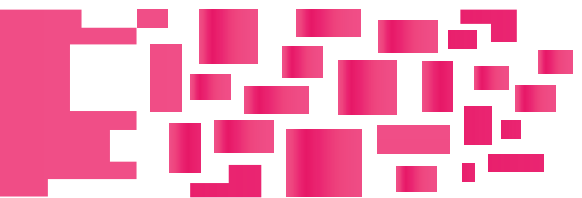
**MOTION:**        **WHEREAS the Sudbury & District Board of Health is committed to transparency, accountability and continuous quality improvement; and**

**WHEREAS the Ontario Public Health Organizational Standards mandate board of health stewardship and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization;**

**WHEREAS the Board of Health has engaged in a risk management process in order to systematically identify/assess current risks and controls;**

**THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health direct the Medical Officer of Health to finalize for the Board's approval an enterprise risk management framework and related policy and a current risk management plan.**

# Strategic Priorities: Narrative Report



Performance  
Monitoring Plan

2013  
2017

June 2016



Sudbury & District

Health Unit

Service de  
santé publique

## Introduction

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

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

## Opening New Doors to Harm Reduction Services

On April 1, 2016, access to publicly funded needle exchange services within Greater Sudbury expanded. Clients can now drop in to receive safe injection and safe inhalation supplies at the Health Unit's Rainbow Centre site. This site is in addition to the existing site in the Sudbury Action Centre for Youth (SACY) and the outreach services provided by the Réseau ACCESS Network, the Ontario Aboriginal HIV/AIDS Strategy (OAHAS), and SACY.

Needle exchange programs have been shown to reduce the spread of disease and other serious health conditions. Having access to clean needles and other supplies decreases the spread of infectious diseases such as HIV, hepatitis B and C. Equally important, this service offers an opportunity for people who might otherwise be marginalized with little to no access to health services to be referred to the health care system.

Individuals who access this service will receive: education, testing, and counselling regarding their health.

These efforts aim to improve the lives of people who use drugs by increasing opportunities for positive health outcomes.



### Strategic Priority: Champion and lead equitable opportunities for health

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

## Workplace Safety and Prevention Services: Knowledge Exchange Session

The Health Unit (SDHU) strengthened its relationships with community stakeholders by hosting the January 2016 Workplace Safety & Prevention Services (WSPS) Networking & Knowledge Exchange meeting. The WSPS invites area organizations to attend local networking and knowledge exchange meetings held throughout the year across Ontario. These facilitated discussions provide an opportunity for health and safety professionals to share ideas and best practices. Representatives from 20 organizations that represent health care, First Nations communities, child care, and education sectors were in attendance at the January meeting. Members of the SDHU Joint Health and Safety, and Wellness committees provided an overview of the SDHU program model for employee health and safety/wellness, which includes culture and psychological safety. Participants were provided detailed information on SDHU wellness initiatives, infection prevention and control strategies, and introductory training on conflict resolution and tactical communication.

The Health Unit continues to work in partnership with the WSPS, and participants have been inquiring about further information related to SDHU programs and services.

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### Strategic Priority: Strengthen relationships

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





## Blue-green Algae Forum

Mayors, Councilors, and municipal staff from across the Sudbury and Manitoulin districts were invited to attend the Health Unit's blue-green algae forum on March 22, 2016. Representatives from Public Health Ontario and the Ministry of the Environment and Climate Change provided presentations on the latest science and blue-green algae surveillance information. Health Unit staff reviewed local statistics, as well as prevention and mitigation efforts to date. The Health Unit also engaged attendees in a discussion to explore additional measures that might be undertaken, this upcoming summer and into the future, to further support municipalities, agencies and residents to effectively respond to blue-green algae in local waterways and throughout its service area.

The blue-green algae forum strengthened evidence-informed public health practice by providing Health Unit staff and local municipalities with the most current scientific information regarding blue-green algae to support respective roles in effectively responding to blooms, thereby protecting the health of the public.



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### Strategic Priority: Strengthen evidence-informed public health practice

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

## Education and Skill-Building With Alternative Schools

The School Health Promotion Team has been working with adult influencers to foster strong relationships with students and staff in all four alternative education schools in our district. These schools provide non-traditional methods to support students and young adults who are at risk of not graduating and require additional support to complete their high school education.

The team has continually sought input from these schools to tailor the programs to meet the needs of this unique population. Programs and services are tailored to both staff and students. Examples of programs offered over the past few years include: food skills sessions, Food Handler Training and Certification Program, curriculum support, and professional development.

The programs have provided students with the skills required to make healthy and informed decisions. Providing school staff with capacity and skill building opportunities has helped them create supportive social environments where students feel valued and connected. The team will continue to strengthen their partnerships with these schools to ensure that youth graduate and build the resiliency skills necessary to thrive.

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### Strategic Priority: Support community actions promoting health equity

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



4

## Mentorship Matters

The SDHU mentorship program is beginning to flourish—11 experienced staff have been volunteering to mentor their peers and share their knowledge and skills as public health practitioners. To date, the program has matched two individuals who were seeking unique learning experiences with mentors.

The mentorship program fosters organization-wide excellence in leadership and innovation through its ability to build and cultivate a skilled and responsive workforce, build capacity to support staff core competencies, and promote a learning organization. The mentors and mentees who participate in the program mutually benefit from this initiative. Mentors can experience an increase in job satisfaction and are provided with the opportunity to enhance their skills and to network with others. Mentee benefits include receiving peer support, empathy, and encouragement.

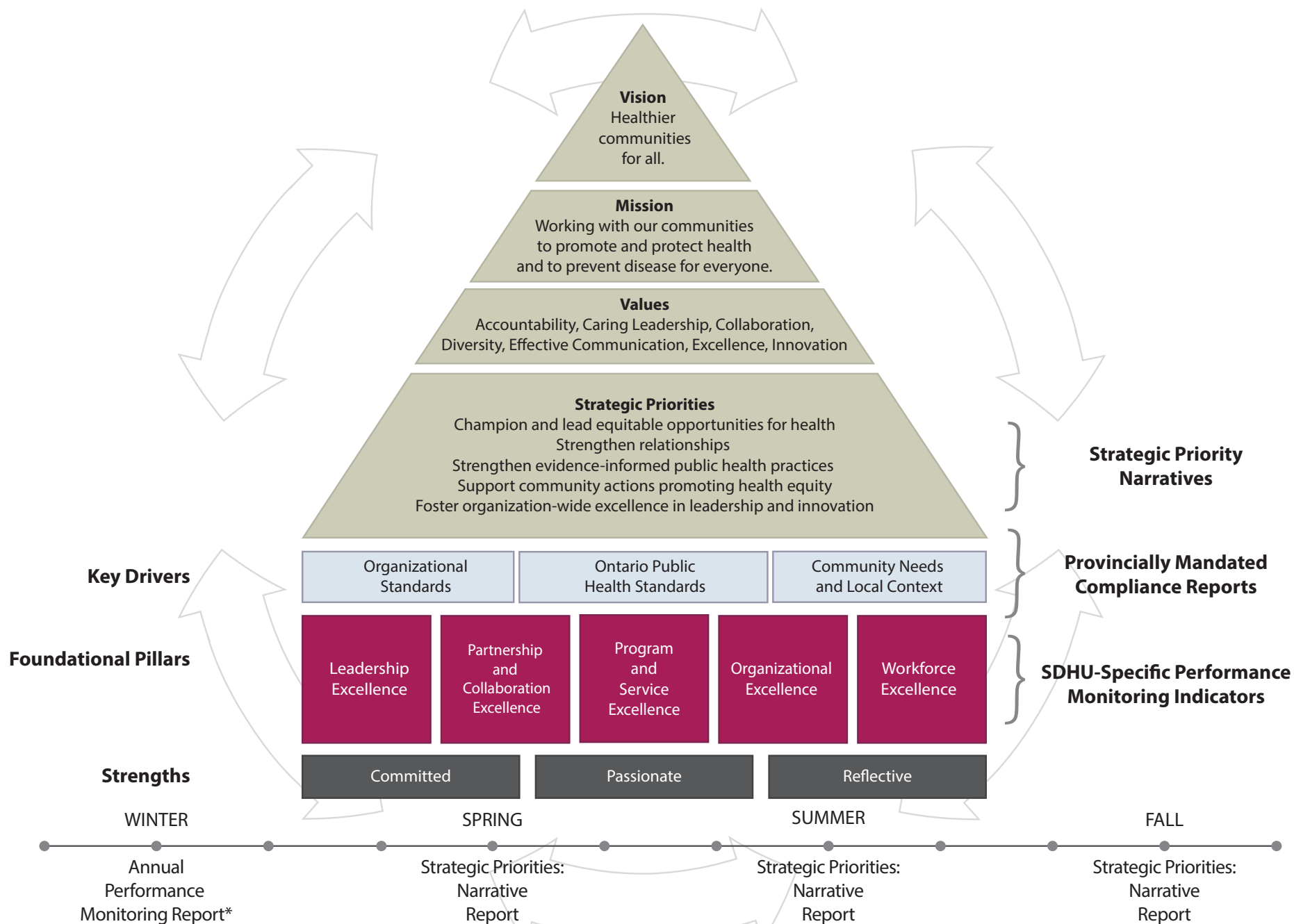
The program, which is open to all staff at the Health Unit, officially launched in April 2015. Ongoing promotion of the program has included email announcements, internal newsletter articles, posters, and staff presentations. Staff interest has recently grown, and ongoing promotion and support for the program are in place.



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

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

# 2013–2017 Sudbury & District Board of Health Strategy Map



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

**ADDENDUM**

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

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

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

**ADJOURNMENT**

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