



Sudbury & District Board of Health

Thursday, September 15, 2016

SDHU Boardroom

1300 Paris Street

Board Group Photo will be taken at 12:45 pm sharp! Please plan on arriving at 12:30 pm

Sudbury & District Board of Health Meeting

1.0 CALL TO ORDER

- i) Letter Re: CGS Appointment to the Board: Maigan Bailey Page 6

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

- Page 7

- Agenda Page 8

4.0 DELEGATION / PRESENTATION

- i) Anti-Texting And Driving Strategies: A Collaborative Research Project
Suzanne Lemieux, Manager, Resources, Research, Evaluation and Development (RRED) Division

5.0 CONSENT AGENDA

- i) Minutes of Previous Meeting

- a. Fifth Meeting - June 16, 2016 Page 11

- ii) Business Arising From Minutes

- iii) Standing Committees

- Board Executive Committee - Unapproved Minutes, June 28, 2016 Page 19

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

- MOH/CEO \Report, September 2016 Page 22

- Financial Statements, July 2016 Page 36

- v) Correspondence

- a. SDHU Associate Medical Officer of Health Appointment

Letter from the Minister of Health and Long-Term Care dated August 16, 2016	Page 39
b. HPV Immunization Program Funding	
Letter from the Algoma Board Chair to the Minister of Health and Long-Term Care dated May 31, 2016	Page 40
c. Environmental Health Program Funding	
Letter from the Algoma Board Chair to the Minister of Health and Long-Term Care dated May 26, 2016	Page 42
d. Patients First Discussion Paper	
Letter from the County of Lambton Board Chair to the Minister of Health and Long-Term Care dated July 14, 2016	Page 43
e. Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act	
Letter from the Windsor-Essex County Health Unit to the Honourable Peggy Sattler, MPP (London West) dated June 23, 2016	Page 44
f. Basic Income Guarantee	
Letter from the Simcoe Muskoka District Health Unit to the Premier of Ontario dated June 15, 2016	Page 46
Email and Position Statement from the Haliburton, Kawartha Pine Ridge District Health Unit to Ontario health units dated June 29, 2016	Page 49
g. Cannabis	
Letter from the Wellington-Dufferin-Guelph Public Health to the Prime Minister of Canada dated June 1, 2016	Page 56
Email from the Minister of Justice and Attorney General of Canada to Dr. Sutcliffe dated June 29, 2016	Page 59
Letter from the County of Lambton to the Prime Minister of Canada dated July 14, 2016	Page 60

h. Food Security

Letter from the Thunder Bay District Board Chair to the
Thunder Bay DSSAB dated May 19, 2016 Page 62

i. Community Water Fluoridation

Letter from the Peterborough Public Health Board
Chair to the Minister of Health and Long-Term Care
dated June 21, 2016 Page 66

vi) Items of Information

a. alPHa Information Break

Information Break, July 13 2016 Page 68

b. MOHLTC Organizational Governance Committee for Standards Modernization

Highlights #1, June 2016 Page 70

c. MOHLTC Standards Modernization Executive Steering Committee

Highlights #2, June 2016 Page 72

d. MOHLTC Accountability Committee for Standards Modernization

Highlights #2, July 2016 Page 73

e. MOHLTC Accountability Committee for Standards Modernization

Highlights 3, Aug 30 2016 Page 78

MOTION: Approval of Consent Agenda Page 79

6.0 NEW BUSINESS

i) Baby-Friendly Organizational Policy

Board of Health & the Baby-Friendly Initiative: What do I
need to know about BFI? Page 80

Key Messages Page 81

BFI Organizational Policy C-I-20 Page 85

BFI Organizational Procedure C-I-20 Page 86

Breastfeeding in the Workplace Policy K-V-41 Page 92

Breastfeeding in the Workplace Procedure K-V-41 Page 94

7.0 ADDENDUM

MOTION: Addendum Page 96

8.0 ANNOUNCEMENTS / ENQUIRIES

Evaluation for completion Page 97

9.0 ADJOURNMENT

MOTION: Adjournment Page 98

July 14, 2016

Maigan Bailey
1845 Springdale Cres.
Sudbury ON P3A 5H9

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

Dear Ms. Bailey:

CP 5000 SUCC A
200, RUE BRADY
SUDBURY ON P3A 5P3

Re: Appointment – Sudbury & District Board of Health

705.671.2489

www.greatersudbury.ca
www.grandsudbury.ca

On July 12, 2016, the Council of the City of Greater Sudbury adopted the Minutes of the Nominating Committee held on July 12, 2016 which included the following recommendation:

NC2016-20 Kirwan/Cormier: THAT the City of Greater Sudbury appoints Maigan Bailey to the Sudbury & District Board of Health as a citizen representative, for the term of Council.

Yours truly,

A handwritten signature in blue ink, appearing to read 'B. Sobush'.

Brigitte Sobush
Deputy City Clerk

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

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 – SIX MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, SEPTEMBER 15, 2016 – 1:30 P.M.

1. CALL TO ORDER

- i) Letter from the City of Greater Sudbury Re: Appointment to the Sudbury & District Board of Health: Citizen Appointment - Maigan Bailey dated July 14, 2016

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

4. DELEGATION / PRESENTATION

- i) **Anti-Texting And Driving Strategies: A Collaborative Research Project**
 - Suzanne Lemieux, Manager, Resources, Research, Evaluation and Development Division

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Fifth Meeting – June 16, 2016
- ii) **Business Arising From Minutes**
 - None
- iii) **Standing Committees**
 - Board Executive Committee – Unapproved Minutes dated June 28, 2016
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, September 2016
- v) **Correspondence**
 - a. **SDHU Associate Medical Officer of Health Appointment**
 - Letter from the Minister of Health and Long-Term Care dated August 16, 2016
 - b. **HPV Immunization Program Funding**
 - Letter from the Algoma Board Chair to the Minister of Health and Long-Term Care dated May 31, 2016
 - c. **Environmental Health Program Funding**
 - Letter from the Algoma Board Chair to the Minister of Health and Long-Term Care dated May 26, 2016

d. Patients First Discussion Paper

- Letter from the County of Lambton Board Chair to the Minister of Health and Long-Term Care dated July 14, 2016

e. Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act

- Letter from the Windsor-Essex County Health Unit to the Honourable Peggy Sattler, MPP (London West) dated June 23, 2016

f. Basic Income Guarantee

- Letter from the Simcoe Muskoka District Health Unit to the Premier of Ontario dated June 15, 2016
- Email and Position Statement from the Haliburton, Kawartha Pine Ridge District Health Unit to Ontario health units dated June 29, 2016

g. Cannabis

- Letter from the Wellington-Dufferin-Guelph Public Health to the Prime Minister of Canada dated June 1, 2016
- Email from the Minister of Justice and Attorney General of Canada to Dr. Sutcliffe dated June 29, 2016
- Letter from the County of Lambton to the Prime Minister of Canada dated July 14, 2016

h. Food Security

- Letter from the Thunder Bay District Board Chair to the Thunder Bay DSSAB dated May 19, 2016

i. Community Water Fluoridation

- Letter from the Peterborough Public Health Board Chair to the Minister of Health and Long-Term Care dated June 21, 2016

vi) Items of Information

- | | |
|------------------------------------------------------------------------------------------------|---------------|
| a. alPHa Information Break | July 13, 2016 |
| b. MOHLTC Organizational Governance Committee for Standards Modernization Highlights #1 | June 2016 |
| c. MOHLTC Standards Modernization Executive Steering Committee Highlights #2 | June 2016 |
| d. MOHLTC Accountability Committee for Standards Modernization Highlights #2 | July 2016 |
| e. MOHLTC Accountability Committee for Standards Modernization Highlights #3 | August 2016 |

APPROVAL OF CONSENT AGENDA

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

6. NEW BUSINESS

i) Baby-Friendly Organizational Policy

- Board of Health & the Baby-Friendly Initiative:
What do I need to know about BFI?
- Key Messages
- BFI Organizational Policy and Procedure (C-I-20)
- Breastfeeding in the Workplace Policy and Procedure (K-V-41)

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 – FIFTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, JUNE 16, 2016, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Janet Bradley
Stewart Meikleham
Ken Noland
Mark Signoretti (arrived at 2:15 pm)

Jeffery Huska
René Lapierre
Rita Pilon
Carolyn Thain

Robert Kirwan
Paul Myre
Ursula Sauvé

BOARD MEMBERS REGRETS

Richard Lemieux

STAFF MEMBERS PRESENT

Megan Dumais
Rachel Quesnel

Sandra Laclé
Renée St Onge

Stacey Laforest
Dr. P. Sutcliffe

Media

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:30 p.m. Megan Dumais, newly appointed Director of Health Promotion, was introduced.

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) Lyme Disease

- Stacey Laforest, Director, Environmental Health Division

Stacey Laforest was welcomed to speak about Lyme disease. The Board was reminded of the Ontario Public Health Standard requirements related to Lyme disease: *The Board of Health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the Infectious Diseases Protocol, (2008).*

Information was provided regarding blacklegged tick which is the only tick in Ontario that transmits the bacteria (*Borrelia burgdorferi*) that causes Lyme disease in Ontario. Federal, provincial, and local surveillance activities and results were summarized pertaining to both tick and human surveillance, as well as local educational activities aimed at informing the public and health care practitioners.

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

5.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

i) Minutes of Previous Meeting

- a. Third 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

- a. alPHa Information Break June 1, 2016
- b. MOHLTC News Release "*Helping More Ontarians Quit Smoking*" May 31, 2016

37-16 APPROVAL OF CONSENT AGENDA

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

CARRIED

6.0 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

Dr. Sutcliffe pointed out that, in addition to the correspondence in today's agenda package, a summary of the disposition of alPHa resolutions from the alPHa Annual General Meeting is included with today's addendum.

The Ministry's News Release on Bill 210, Patients First Act, was welcomed news. The Bill supports the maintenance of the existing funding and accountability relationships between boards of health and MOHLTC. It calls for a formalized relationship between medical officers of health and LHIN CEOs and for the LHINs to seek advice from boards of health on the development of their Integrated Health Service Plans.

The alPHa Conference, themed *Building a Healthier Ontario*, focused on the Patients First Discussion Paper and included an address by the Minister of Health and Long-Term Care. The Council of Ontario Medical Officers of Health were relieved to see that the provincial government heard concerns from the local public health. There were acknowledgements by Ministry representatives of the importance of the public health role and of the assistance that public health can provide to the health care system.

Board member, Robert Kirwan, who also attended the alPHa AGM and Conference, was invited to share his observations and take-aways.

R. Kirwan shared the alPHa fitness challenge award certificate he had accepted on behalf of the Sudbury & District Health Unit in recognition of staff's 100% participation. Kudos were extended to the staff.

R. Kirwan provided highlights from the conference and shared his observations regarding the importance of the Board's current and future advocacy role, of the community partnerships and the SDHU's health equity work with vulnerable populations.

Dr. Sutcliffe clarified that the second reading of the Bill will likely take place this fall. She noted that some key components in the propose legislation include

- LHINs having a role to promote health equity, reduce health disparities and inequities, and respect the diversity of communities in the planning, design, delivery and evaluation of services;
- LHINs engaging with Medical Officers of Health on issues related to local health system planning, funding and service delivery;
- LHINs seeking advice from boards of health in developing their integrated health service plans
- MOHs engaging with LHINS on issues relating to local health system planning, funding and service delivery.

Board members were informed that North East health units have collaborated with the Federation of Northern Ontario Municipalities (FONOM) in its advocacy efforts and FONOM passed a motion advocating that public health funding and municipal membership on the boards remain. Per the Board motion #20-16 Patients First: Public Health and the NE LHIN, it is anticipated that meetings with the NE LHIN will not occur until this fall. It is expected that a pre-meeting will be held with the LHIN CEO and MOHs in preparation for a meeting that would include the respective board Chairs.

ii) Board of Health Manual

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

Dr. Sutcliffe reviewed the briefing note and provided highlights regarding the proposed changes resulting from the annual Board manual review which are recommended for the Board's approval.

A new Board Policy and Procedure I-IV-10 are included as per the Board's discussion on April 20, 2016, and the Board Executive Committee's direction at its May 6, 2016, meeting, for the MOH/CEO to develop a performance appraisal policy specific to the MOH/CEO position.

Additional revisions were proposed for clarity and some are housekeeping in nature to reflect current practices or changes, for example, the newly introduced funding formula. Dr. Sutcliffe noted that there are no significant changes in roles or responsibilities for the Board or the Board Executive Committee as per recent Board Executive Committee discussions. It was clarified that the Board Executive Committee has always assumed responsibility between regular board meetings and the Terms propose that this covers all matters of administrative urgency with every action being reported at the next meeting of the Board.

Further updates reflect our accountability and transparency processes, such as in F-II-20 that speaks to keeping the general public informed of the activities and programs of the Board of Health. As we strive to make information available to the public and systemize this process, C-II-11 reflects that agendas are made available to the public via the SDHU website. Dr. Sutcliffe stated that C-II-10 should also

include *Agendas are made available to the public via the SDHU website* and Board members agreed to this friendly amendment.

I-I-10 has been updated to reflect a new process put in place this year to provide a statement of Board remuneration and expenses paid for the year to members appointed by a municipality as per the Ontario Municipal Act. This information was previously shared with the City of Greater Sudbury on an annual basis and is now being provided to all constituent municipalities.

Further to the Board's Risk Management training that took place May 27, 2016, and the framework and motion on today's agenda, 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. It was pointed out that topics covered at the training session, such as board competencies, a board membership skills matrix and Board role description would be considered for inclusion in the manual once provincial direction on this is better understood and our work on risk management and the workplan is completed.

Questions were entertained. The internal process for reviewing and revising the Board manual was shared and the Board acknowledged the collaborative work that takes place.

38-16 BOARD OF HEALTH MANUAL

Moved by Pilon – Meikleham: THAT the Board of Health, having reviewed the Board of Health Policy & Procedure Manual, approves the contents therein.

CARRIED

iii) Enterprise Risk Management

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

Dr. Sutcliffe summarized the briefing note explaining the importance of risk management, what has been done to date and recommendations for the go forward to ensure a comprehensive enterprise risk management approach.

The motion on today's agenda directs 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.

Board members were informed that much of the work has been developed since the May 27 training session, including the heat map and risk management framework that lists the 24 risk identified with their associated rating.

Questions and comments were entertained. It was recognized that a lot of mitigation work is already underway and that the additional strategies identified in the staff workplan will need to be prioritized. This is not a static process and it will be important for the Board to review risks and receive reports a regular basis.

Kudos were extended to the MOH and the leadership team for initiating this risk management work and for contributing to provincial processes through alPHa and others to assist our sector in this important work.

39-16 RISK MANAGEMENT

Moved by Meikleham – Pilon: 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.

CARRIED

iv) 2013-2017 Performance Monitoring Plan

- Strategic Priorities: Narrative Report, June 2016

On behalf of the Board/Staff Performance Monitoring Working Group, J. Bradley was invited to present the summer 2016 Strategic Priorities: Narrative Report. She noted that Working Group reviews and provides comments on the narrative reports which contain descriptive stories about programs or services that show each of the SDHU's five strategic plan priorities in action. Board representatives on the Working Group include C. Thain, R. Pilon, and J. Bradley.

The Board agreed that the narratives demonstrate how our strategic priorities are integrated into staff members' daily work.

R. St Onge and her team were thanked for their leadership with the collection, selection and development of the report.

7.0 ADDENDUM

40-16 ADDENDUM

Moved by Thain – Sauvé: 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) aPHa Resolution Session, 2016 Annual General Meeting

- aPHa Disposition of Resolutions

Discussed under 6. i)

ii) Basic Income Guarantee

- Letter from the Durham Region Council to Prime Minister dated May 24, 2016

This letter is shared for information.

iii) Board Executive Committee

Given the recently appointed Vice-Chair was already a member of the Board Executive Committee, there is a vacancy for the position of Board member at large on the Board Executive Committee.

Following a call for nominations, Mark Signoretti was nominated. There being no further nominations, the nominations for the Board Executive Committee was closed. He accepted his nomination and the following was announced:

41-16 APPOINTMENT TO THE EXECUTIVE COMMITTEE

Moved by Noland – Pilon: THAT the Sudbury & District Board of Health appoints Mark Signoretti to the Board Executive Committee for the remainder of 2016.

CARRIED

iv) Standing Committees

- Board of Health Executive Committee – Unapproved Minutes dated May 19, 2016

The most recent unapproved meeting notes of the Board of Health Executive Committee are shared with the Board for information.

v) Sudbury & District Health Unit's 2015 Annual Report
(English and French print copies)

Dr. Sutcliffe was pleased to share the English and French Sudbury & District Health Unit's 2015 Annual Reports which highlight many cross-organization initiatives, including a sampling of indicators. The report showcases that we do a lot with little. An introductory video in French and English which features the MOH/CEO is also available on the SDHU website along with the annual report.

Board members commented that the report was readable with a nice layout, helpful graphics, and succinctly informs the public on the importance of our work.

8.0 ANNOUNCEMENTS / ENQUIRIES

The Board Chair announced that City of Greater Sudbury municipal appointee, Ursula Sauvé, has provided her resignation and that today is her last Board meeting.

U. Sauvé was thanked for her contributions to the Board and public health and best wishes were extended with her future travel endeavours. U. Sauvé shared that she enjoyed her time on the Sudbury & District Board of Health extending kudos to the leadership and staff who make a difference in our communities.

Board members were reminded that the date of the next regularly scheduled Board meeting is Thursday, September 15, 2016.

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

9.0 ADJOURNMENT

42-16 ADJOURNMENT

Moved by Huska – Sauvé : THAT we do now adjourn. Time: 2:49 p.m.

CARRIED

(Chair)

(Secretary)

**BOARD OF HEALTH EXECUTIVE COMMITTEE
UNAPPROVED MEETING NOTES**

TUESDAY, JUNE 28, 2016

10 A.M.

BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT

MEMBERS: Janet Bradley
Mark Signoretti

Jeffery Huska

Stewart Meikleham

REGRETS: René Lapierre

STAFF: Rachel Quesnel

Dr. Penny Sutcliffe

STAFF REGRETS:

Sandra Laclé

J. HUSKA PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10:03 a.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

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

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated May 19, 2016

12-16 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Bradley – Meikleham: THAT the meeting notes of the Board of Health Executive Committee meeting of May 19, 2016, be approved as distributed.

CARRIED

5. NEW BUSINESS

IN CAMERA

13-16 IN CAMERA

Moved by Meikleham – Signoretti: THAT this Board of Health Executive Committee goes in-camera. Time: 10:05 a.m.

CARRIED

J. HUSKA PRESIDING

- 5.1 Personal matters about an identifiable individual, including municipal or local board employees

14-16 RISE AND REPORT

Moved by Meikleham – Signoretti: THAT this Board of Health Executive Committee rises and reports. Time: 10:29 a.m.

CARRIED

J. HUSKA PRESIDING

The following motions emanated from the in-camera discussion:

15-16 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

Moved by Bradley – Signoretti: THAT this Board of Health Executive Committee approve the meeting notes of the May 19, 2016, 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

16-16 APPOINTMENT OF AN ASSOCIATE MEDICAL OFFICER OF HEALTH

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

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

WHEREAS R.R.O. 1990, REGULATION 566 QUALIFICATIONS OF BOARDS OF HEALTH STAFF which establishes the requirements for employment as an associate medical officer of health in addition to those set out in section 64 of the Act includes requirements for specified post-graduate training; and

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

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

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

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

- (1) Submission of evidence of Dr. Zbar's master degree certificates in public health and masters of business administration indicating successful completion of all program requirements for a Master of Public Health (MPH) and Masters of Business Administration (MBA) degree.***
- (2) A copy of Dr. Zbar's current Certificate of Registration for Independent Practice and a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario.***
- (3) Evidence of adequate and acceptable professional liability insurance.***
- (4) Submission of a satisfactory police record check.***
- (5) Submission of a signed Sudbury & District Health Unit Confidentiality Agreement.***
- (6) Approval of the proposed appointment by the Ontario Minister of Health and Long Term Care.***

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

FURTHER THAT motion 02-16 is hereby rescinded.

CARRIED

It was suggested that a welcome and a celebration will be organized to welcome and introduce Dr. Zbar to the Board and staff.

6. ADJOURNMENT

17-16 ADJOURNMENT

Moved by Signoretti – Meikleham: THAT we do now adjourn. Time: 10:30 a.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought...

The Environmental Health Climate Change Framework for Action has been developed by the Population and Public Health Division of the Ministry of Health and Long-Term Care to meet the public health challenges of a changing climate in Ontario. This framework is designed to support an adaptive and resilient public health system that anticipates, addresses and mitigates the emerging risks and impacts of climate change. This framework will improve the overall effectiveness and efficiency of the public health system and its ability to:

- Reduce incidence of adverse health outcomes from the impacts of climate change
- Reduce public exposure to health hazards related to a changing climate
- Identify interventions that reduce exposure to climate change impacts
- Enhance capacity to address the risk factors associated with climate change

As part of the Environmental Health Climate Change Framework for Action, a toolkit has been developed to assist public health units across Ontario. This toolkit includes the:

- Ontario Climate Change and Health Vulnerability and Adaptation Assessment Guidelines: Technical Document;
- Ontario Climate Change and Health Vulnerability and Adaptation Assessment Guidelines: Workbook;
- Ontario Climate Change and Health Modelling Study: Report.

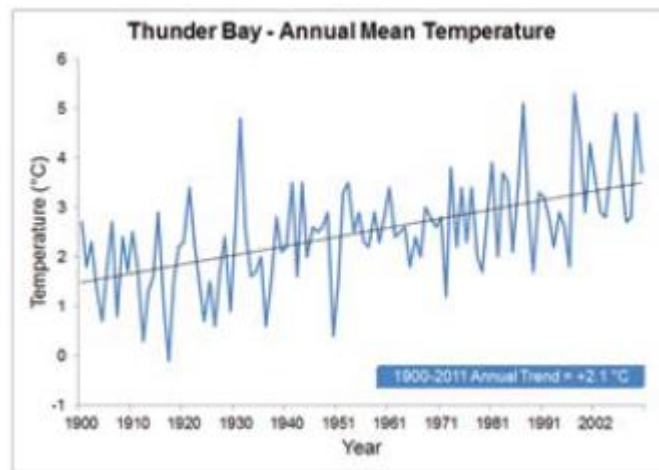
These documents are designed to be used in concert to enable public health units to identify vulnerabilities within their communities; identify and implement local mitigation and adaptation strategies; raise awareness about the health hazards of climate change; and reduce public health vulnerability to climate change.

Source: Ontario Climate Change and Health Toolkit. 2016

http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_toolkit.pdf

Climate Change in Ontario

Ontario covers a large geographical area and there are significant differences in climate in different parts of the province. Environment Canada provides historical climate data from stations across Ontario through its National Climate Archive (<http://climate.weather.gc.ca/>). Adjusted and homogenized Canadian climate data (including stations in Ontario) are also available from Environment Canada to assess long-term climate trends and variability (<http://www.ec.gc.ca/dccha-ahccd/>). To illustrate change in different regions of the province, Figure 1 shows the time evolution and long-term changes in annual, winter, and summer mean temperatures for three Ontario cities (Toronto, Thunder Bay and Windsor) over different periods of record (depending on the data available). For Toronto, the annual, winter, and summer mean temperatures increased 2.2, 2.6, and 1.9°C, respectively, over the period 1900–2013. For Thunder Bay, the annual, winter, and summer mean temperatures increased 2.1, 2.2, and 2.0°C, respectively, from 1900 to 2011. For Windsor, the annual, winter, and summer mean temperatures increased 1.4, 1.5, and 1.3°C, respectively, over the period 1941–2013.



Source: Ontario Climate Change and Health Modelling Study: Report. 2016
http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_health_modelling_study.pdf

Chair and Members of the Board,

Welcome back to all Board members from a beautifully warm northern Ontario summer!

And although we enjoyed the warmth of the season, we are indeed experiencing warmer climates across Ontario and beyond. As noted in the words for thought, there is increasing recognition of the role of public health in assessing health vulnerability and adaptations related to climate change. The recently released documents describe a comprehensive public health role including:

- Identifying vulnerabilities within communities;
- Identifying and implementing local mitigation and adaptation strategies;
- Raising awareness about the health hazards of climate change; and
- Reducing public health vulnerability to climate change

How the specific climate change-related requirements of boards of health will ultimately be articulated is still to be determined as the modernization of the Ontario Public Health Standards is ongoing. We understand that there will be a consultation period this fall on the draft standards and we are eager to see the proposals related to climate change and other areas of growing public health importance. We anticipate a busy year ahead!

I am pleased to look forward to a productive fall and to present the September MOH/CEO report, which includes program highlights for the past three months following the summer hiatus.

GENERAL REPORT

1. Sudbury & District Board of Health

Smile: A professional group photo of the Sudbury & District Board of Health is taken every second year and is due this year. The group photo will be taken prior to the September 15, 2016, Board of Health meeting. Board members are asked to present themselves in the SDHU Boardroom at 12:30 p.m. The photo will be taken at 12:45 p.m. sharp!

A Board orientation session was held on August 30, 2016, for newly appointed City of Greater Sudbury citizen appointee, Maigan Bailey.

2. Human Resources Update

Dr. Ariella Zbar began as the Sudbury & District Health Unit's Associate Medical Officer of Health on Monday, August 8, 2016. Dr. Zbar was welcomed and introduced by the Board Chair and Medical Officer of Health that afternoon at a celebration that was attended by SDHU staff and Board members.

Recruitment for the Director of Corporate Services is ongoing. In the interim, Sandra Laclé, Director of Clinical and Family Services is the Acting Director of Corporate Services. Stacey Laforest continues to provide interim leadership to the Clinical and Family Services division in addition to her role as Director of Environmental Health.

Effective August 1, 2016, the Strategic Engagement Unit (SEU) became part of the Resources, Research, Evaluation and Development (RRED) Division. This move provides a home base and ensures more structural and peer support. The move also recognized the breadth of the strategic engagement work, particularly engagement with Indigenous peoples, and builds in additional support.

I have agreed to provide Acting MOH coverage for the Algoma Public Health until January 21, 2017. Dr. A. Hukowich continues as their Associate Medical Officer of Health. I have also agreed to be the College of Physician and Surgeons of Ontario Supervisor for a year for Dr. Lianne Catton, newly appointed Acting Medical Officer of Health at the Porcupine Health Unit.

3. Local and Provincial Meetings

On June 29, the SDHU hosted an intersystem dialogue on health equity within the context of health system transformation. Dr. Jeffrey Turnbull, Chief, Clinical Quality for Health Quality Ontario was present, along with a number of local system partners from sectors such as education, emergency services, mental health, children's services, primary care, social services, and policing. The meeting included a roundtable discussion on opportunities for improving health equity and provided an opportunity to increase our mutual understanding of how our respective sectors or organizations work together to improve health equity in our region.

On the same day, Dr. Turnbull also hosted a meeting to discuss a northern plan for health equity. Participants included the Northeast and Northwest Local Health Integrated Network (LHIN)s, the Northern Ontario School of Medicine, Centre for Addictions and Mental Health and all northern health units. We are excited about the possibility of pursuing a pan-northern approach to improving health equity.

Work on the modernization of the Ontario Public Health Standards has not slowed down over the summer. I have continued to participate in the Practice and Evidence Program Standards Advisory Committee (PEPSAC) and a number of its sub-groups over the summer months via in person and teleconferenced meetings. PEPSAC sub-groups include the following:

- 1) Chronic Disease and Injuries Sub-Group – June 24, July 21, September 12
- 2) Environmental Health Sub-Group – June 30, July 7, July 12, August 30
- 3) Foundational Standards Sub-Group – August 8, September 8

I met with the City of Greater Sudbury's new Chief Administrative Officer on August 10 and will be providing E. Archer with a tour of the Sudbury & District Health Unit on October 7.

As the COMOH Chair, I chaired COMOH Executive teleconferences on July 12 and again on September 13.

I have been invited and accepted to participate on the recently established Patient's First Public Health Work Group. The main focus of this work group at this juncture will be to articulate what formal linkages between boards of health and LHINs means and what is required from/for public health, and what is required from/for LHINs with respect to population health assessment to support the planning of health services.

We have had a number of requests for LHIN engagement including a request for membership on the NE LHIN's new Regional Quality Table. I look forward to contributing to this Table. I will also be participating on a teleconference scheduled for September 15 for the NE NW LHIN Region Health Report Advisory Panel Meeting.

4. Engagement with Indigenous Peoples

Senior management has been exploring how to further engage meaningfully with Indigenous peoples in our catchment area, consistent with Board of Health motion 20-12:

That the Sudbury & District Board of Health, having carefully considered issues of health status, health services, historical relationships, and applicable legislation concerning area First Nations on-reserve; and having given thoughtful consideration to its strategic priorities... hereby direct the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore needs and strategies for strengthening public health programs and services with area First Nations.

Pursuant to the cultural competency sessions held with staff last fall, I recently held three Indigenous Engagement Sessions with staff. The purpose of these sessions is to seek staff input to better inform the path forward with respect to meaningful and culturally appropriate Indigenous engagement at the SDHU.

Further on August 8, I attended a meeting along with Algoma Public Health representatives and the Northshore Tribal Council to explore joint projects/initiatives. We will have a follow-up meeting to further pursue opportunities for engagement in public health programs and services.

Senior management will hold a retreat on September 26 to further explore next steps. I anticipate that we will hold a Board of Health training workshop later this fall to discuss related issues at the governance level.

5. Annual Board Self-Evaluation

As part of the Sudbury & District Board of Health's commitment to good governance and continuous quality improvement and in accordance with Board of Health Manual policy C-I-12 and C-I-14, the Board of Health has committed to carrying out a self-evaluation of its governance practices and outcomes.

In 2013, a Sudbury & District Board of Health Member Self-Evaluation of Performance questionnaire was constructed based on past Sudbury & District Board of Health surveys, with some revisions made to meet the data requirements for the 2013–2017 Performance Monitoring Plan and the Ontario Public Health Organizational Standards.

In addition, the yearly Sudbury & District Board of Health Member Self-Evaluation of Performance is used as a data source for the SDHU 2013–2017 Annual Performance Monitoring Report. The Performance Monitoring Plan was developed in order to provide the Board of Health with accountability measures on a number of key focus areas from the 2013–2017 Strategy Map. Leadership excellence,

one of the focus areas, includes Board of Health commitment and satisfaction. The rate of completion of the annual self-evaluation questionnaire is one component of the Board of Health Commitment Index. The Board of Health Members' Satisfaction Index combines information on three aspects of Board of Health members' satisfaction: their individual performance as a Board member; Board processes; and overall Board performance.

Since last year's annual evaluation, one new question relating to the consent agenda has been added under *Part 2: Board of Health Processes*.

The Board of Health members are asked to complete the [online self-evaluation questionnaire](#) by Monday, October 24, 2016. The questionnaire will be used to obtain valuable and comparative data for the 2013–2017 period and identify possible areas for improvement in Board effectiveness and engagement.

Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

6. Program-Based Grant

As of September 8, 2016, Local Public Health Units throughout the province have not yet heard back from the Ministry of Health and Long-Term Care (MOHLTC) regarding their 2016 provincial grant. Last year, we received notice from the MOHLTC of our 2015 provincial grant on September 9, 2015. Planning for the 2017 budget is currently underway.

7. Financial Report

The positive variance in the cost-shared program is \$336,617 for the period ending July 31, 2016. Gapped salaries and benefits account for 34% with operating expenses and other revenue accounting for 66% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses.

A number of one-time operating pressures were identified, approved and processed in the current fiscal year and are reflected on the July 2016 financial reporting in the amount of \$260,653 as follows:

- **Staffing** – In year back-fill of vacancies. (\$176,540)
- **Programming and Research** – Media, translation and Needle Exchange Program (\$30,055)
- **Staff Development** – EPODE Canada Obesity Forum Conference, Program for the Education and Enrichment of Relational Skills Training and Board Governance Training (\$15,930)
- **Infrastructure** – Website annual support, renovations related to service delivery reorganization and a vaccine refrigerator. (\$38,128)

8. 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 August 26, 2016, on August 26, 2016. The Employer Health Tax has been paid as required by law, to August 31, 2016, with a cheque dated September 15, 2016. Workplace Safety and Insurance Board premiums have also been paid, as

required by law, to August 31, 2016, with a cheque dated September 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 since the June Board of Health meeting. Board members will note that the report is lengthy due to both the busy summer and the time period covered.

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases

Respiratory Outbreaks: There was one identified respiratory outbreak in a Long-Term Care Home during the month of June and one outbreak in July. The causative organism for the outbreak in June was Rhinovirus and the causative organism for the outbreak in July was unknown.

Influenza: There have been no cases of influenza A or B identified during the months of June, July and August. Preparations are currently underway for the upcoming Universal Influenza Immunization Program.

Preparation for Universal Influenza Immunization Program (UIIP): 58 pharmacies are currently preparing to receive influenza vaccine as part of the 2016/17 UIIP. This is an increase from the 49 pharmacies having taken part in the program during the 2015/16 season and the 40 pharmacies in the 2014/15 season.

Influenza vaccine clinics are currently being planned for our main site and district offices for this season. The total number of influenza vaccinations administered by public health last season were down 40% from the previous season due to the addition of pharmacies to the UIIP. In preparation for another decrease in the doses of vaccine that SDHU will likely administer attributed to the addition of 9 more pharmacies, we will be decreasing the number of community clinics and concentrating on providing vaccine at health unit sites.

The Control of Infectious Diseases team continues to monitor all reports of respiratory illness.

Vaccine Preventable Diseases

Grade 7 & 8 Vaccination Program: Preparations are underway to begin the 2016/17 Grade 7 (Hepatitis B, Meningococcal, and Human Papillomavirus-HPV) and Grade 8 Female (HPV) vaccination campaign. Packages have been sent to each of the schools in our catchment area, and clinics are currently being scheduled.

Effective September 2016, Ontario public health units will be expanding the HPV vaccination program to include Grade 7 boys and girls in addition to Grade 8 girls. In previous years HPV vaccine was provided only to Grade 8 girls. This year will be a double cohort year, providing to both Grade 7 and 8. Next year the program will be directed at Grade 7 only. This program change aligns with current scientific and expert recommendations from the National Advisory Committee on Immunization (NACI) and Cancer Care Ontario recommending that the cancer prevention vaccine be offered at a younger age –before any sexual relationships commence in adolescence.

Clinics are planned throughout the year within the schools to ensure that all eligible students receive the vaccine during the school year.

Child Care Early Years Act / Review of Daycares: The second of phase of regulatory changes of The Child Care and Early Years Act came into effect in August 2016 and there were changes specific to the

immunization requirements of children attending child care centres. The new requirements outline specific vaccine requirements and official ministry exemptions forms required for objectors. These changes coupled with minor changes to *The Immunization Protocol 2016*, prompted a presentation to the directors of all Sudbury child care centres on June 27, 2016. Information was sent to all child care centres in the SDHU catchment area, regardless of their participation in the presentation in June. The presentation and written information reviewed the required changes and also reinforced the benefits of immunization and confirmed the existing expectations regarding immunization for staff and children at child care centres.

Over the summer months the staff have contacted and completed a review of each of the 70 child care centres within our catchment area. Each centre was asked to provide a list of currently registered children to allow the team to review the immunization records of each child in our Panorama database. Parents of each child who were not up-to-date for age were then contacted to encourage vaccination.

Annual Cold Chain Visits and Review: Over the summer months, the staff have completed 173 of the total 192 site visits to cold chain sites. Sites include health care providers, flu sites and pharmacies. Each visit includes an inspection, education and the completion of a Ministry report. The remaining 19 sites will be inspected in the first two weeks of September in preparation for the UIIP.

2. Prenatal Education

Between June and August 2016, 35 pregnant women and their support person attended “in-person” prenatal classes at SDHU’s main site.

Breastfeeding: Over the summer months, 20 new mothers attended the breastfeeding support group at Adamsdale Public School in Minnow Lake.

SDHU is preparing for the Baby-Friendly Initiative (BFI) accreditation site visit from the Breastfeeding Committee of Canada scheduled for October 18, 19, and 20, 2016. Work is underway to prepare all staff in the organization for this visit which is a mandatory component of the designation process required by the BFI accountability indicator.

Positive Parenting Program (Triple P): Over the summer months, 15 parents of teens took part in Triple P parenting sessions. One-on-one support for families continues on a regular basis.

Child Health: In August, Family Health and Oral Health team staff attended the “Back to School” community event held at Better Beginnings, Better Futures. This event assisted 58 families by providing them with necessary school supplies.

The Rayside Neighborhood team hosted a Bike Rodeo in Onaping Falls in partnership with the Onaping Community Action Network. Families were provided with a free BBQ, helmet fitting and free helmets for any child that did not have a proper helmet. Masons also completed ID kits for children.

3. Oral Health

The Oral Health team offered preventive services to 60 children under the age of 17 during the summer months. Clinics were held at 1300 Paris Street and the Espanola district office. Children received one-on-one oral hygiene instruction, a professional dental cleaning, pit and fissure sealants and fluoride varnish. The team continues to promote the free dental assistance program, Health Smiles Ontario to community organizations and families.

4. Sexual Health\Sexually Transmitted Infections including HIV and Blood Borne Infections

The Sexual Health team participated in a Firet  Sudbury Pride event on July 23 hosting a display that promoted sexual health clinic services. Anonymous HIV testing was also offered at the YMCA during the event.

A poster promoting acceptance of sexual orientation was created and posted inside 30 city buses during the month of July and on Facebook July 18-24.

The Sexual Health team responded to 4 community requests in July and August with 27 attendees.

“MyTest” the on-line program to receive a requisition for sexually transmitted infections testing continues to be well utilized with 35 tests completed for the months of July and August.

In partnership with Elizabeth Fry Society, every 6 weeks, the Sexual Health team provides presentations on prevention of sexually transmitted infections, Hepatitis C and HIV to female inmates at the Sudbury Jail. This partnership commenced in May 2016.

5. Needle Exchange Program (NEP)

During the months of July and August, The Point, needle exchange program, continued to distribute 70,000 needles monthly among all 4 sites. An average of 450 visits to the Rainbow Centre office was recorded during this time.

The program expanded to include distribution at 1300 Paris Street on September 7th and we are exploring expansion into the district offices, however, we will need to review related cost issues during our 2017 budget deliberations.

6. Community Drug Strategy

Sudbury: During the months of July and August, 5 interviews were conducted with local radio, television and newspapers. Topics included safe pick up of needles found in the community and drugs circulating in the community, including synthetic fentanyl, fentanyl and remifentanyl.

The Community Drug Strategy website was launched June 17, in coordination with Greater Sudbury Police Service (GSPS).

Requests were processed from OPP Aboriginal Policing Bureau, Algoma Public Health Unit, Peterborough Health Unit and Porcupine Public Health Unit regarding the development of drug strategies. Staff developed and distributed ‘fact sheets’ warning of harms related to W-18 and inhalant use.

A presentation was conducted at the Community Care Access Centre (CCAC) in June sharing information about drug use in schools to 30 CCAC school nurses.

Student and residence life advisors at Laurentian University, College Boreal and Cambrian College met with SDHU staff to discuss issues and concerns related to substance misuse.

Manitoulin District: The Harm Reduction Sub-Committee has finalized their community drug strategy and are preparing to present this strategy to the Manitoulin Municipal Association on September 21, 2016.

7. Healthy Babies Healthy Children (HBHC)

In May 2016, the Minister of Children and Youth Services undertook a competitive process to select a consultant to conduct a third party review of the HBHC program. The purpose of the review is to assess the extent to which the existing HBHC delivery model meets current and future needs of vulnerable families and to identify what resources are needed to deliver the program in a sustainable manner. Also, in areas where the Prenatal and Postnatal Nurse Practitioner Program (PPNP) is being delivered, the HBHC program review will provide an opportunity to determine the degree of alignment between PPNP and HBHC.

The process for review included a survey completed by HBHC staff in August which focused on quantitative data relative to both the financial and service delivery aspects of HBHC. This will be followed by interviews with multiple levels of personnel involved in the program. Interviews for SDHU staff will be held September 20, 2016 at 1300 Paris Street. The final report is due to the ministry in December 2016.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the months of June, July, and August, 29 sporadic enteric cases, and nine infection control complaints were investigated. Six enteric outbreaks were declared in institutions, two of which were confirmed to have been caused by Norovirus.

2. Food Safety

During the months of June, July, and August, six food product recalls prompted public health inspectors to conduct checks of 1088 local premises. The recalled food products included CLIF Bar brand Sierra Trail Mix Energy Bars, Atkins brand bars, Neilson brand Partly Skimmed Chocolate Milk, Basse brand and certain President's Choice brand products containing sunflower seeds, and Kashi brand Trail Mix Whole Grain Bars, all due to possible contamination with *Listeria monocytogenes*. In addition, Betty Crocker Super Moist brand Rainbow Bit Cake Mix was recalled due to possible contamination with *E. coli* O121.

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

In June, July, and August, staff issued 259 Special Event Food Service Permits to various organizations for events serving approximately 158 716 attendees.

Through Food Handler Training and Certification Program sessions offered during the summer months, 154 individuals were certified as food handlers.

In support of Sudbury & District Board of Health Motion 33-14 (Food Premises Inspection), an enhanced promotion of the "Check Before You Eat" website was carried-out in the month of July.

3. Health Hazard

In June, July, and August, 68 health hazard complaints were received and investigated. Nine of these complaints involved marginalized populations. As a result of one investigation, a corporation was ordered to remediate significant mould growth in a residential apartment building unit.

In response to five Environment Canada heat warnings, the SDHU issued media releases which contained valuable information on prevention of heat-related illness.

4. Ontario Building Code

During the months of June, July, and August, 114 sewage system permits, 63 renovation applications, one minor variance, and six consent applications were received.

5. Rabies Prevention and Control

One hundred and eighteen rabies-related investigations were carried out in the months of June, July, and August. Five individuals received rabies post-exposure prophylaxis due to exposure to wild or stray animals. Three specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and were subsequently reported as negative.

In response to the increasing reports of animal rabies in Southern Ontario, two media releases were issued in the month of July stressing the importance of reporting all animal bites and scratches to the Health Unit, and vaccinating cats and dogs against rabies.

6. Safe Water

During the summer months, 35 public beaches were sampled with a total of 2018 samples collected during 377 visits. One beach was posted as unsafe for swimming due to elevated levels of *E.coli*. All beach sample results have since returned to acceptable levels.

Public health inspectors investigated 21 blue-green algae complaints in the months of June, July, and August, four of which were subsequently identified as blue-green algae capable of producing toxin. Media releases were issued to inform the public of the importance of taking appropriate precautions and being on the lookout for algal blooms. Six public beaches were posted due to blue-green algae.

Two pools were ordered closed during the summer months, one due to high bacterial counts and the other due poor water clarity. The order on one pool has since been rescinded and the pool allowed re-open.

During June, July, and August, 215 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 29 regulated adverse water sample results, as well as drinking water lead exceedances at nine local schools.

Eleven boil water orders, and two drinking water advisories were issued. Furthermore, six boil water orders, one boil water advisory, and two drinking water advisories were rescinded.

7. Tobacco Enforcement

Tobacco enforcement officers charged one individual for smoking on school property.

8. Vector Borne Diseases

In June, July, and August, a total of 19 271 mosquitoes were trapped and submitted for analysis. During this time, 317 mosquito pools were tested, 200 for Eastern Equine Encephalitis (EEE) virus, and 117 for West Nile virus (WNV). All pools tested negative for EEE and WNV.

Public health inspectors conducted active surveillance at two locations within the City of Greater Sudbury for *Ixodes scapularis*, the vector of Lyme disease. No *Ixodes scapularis* ticks were found as a result of this surveillance.

9. Emergency Preparedness and Response

In August, the SDHU participated in a large-scale emergency tabletop exercise jointly hosted by the City of Greater Sudbury (CGS) and the Canadian Armed Forces. The event lasted 4 days and involved testing the SDHU and CGS Emergency Response Plans, as well as activation the CGS Community Control Group and Emergency Operations Centre.

HEALTH PROMOTION DIVISION

1. Healthy Eating

In July, the three local Healthy Kids Community Challenge (HKCC) partnerships, led by Noojmowin Teg Health Centre, Shkagamik-Kwe Health Centre and the City of Greater Sudbury, transitioned into Theme 2 of the multi-year, provincial initiative. To align with the focus of Theme 2, *Water Does Wonders*, SDHU staff delivered a presentation on promoting water as a replacement for sugary drinks and highlighted the importance of water fluoridation on the oral health to the City of Greater Sudbury HKCC partners and *Water Does Wonders* animators. Theme 2 will run through to March 2017.

2. Healthy Weights

Presentations addressing the importance of taking a balanced approach and addressing mental health promotion, healthy eating, physical activity, and sleep for a child's overall health were delivered to youth leaders at the YMCA and to early learning and daycare supervisors in the City of Greater Sudbury. These presentations were requested as a result of similar workshops that were delivered to all three program advisory committees of the Healthy Kids Community Challenge in our catchment area.

3. Falls Prevention

As part of Seniors' Month Celebration, Injury Prevention staff provided falls prevention information at a number of different events held in Copper Cliff, at the Minnow Lake Legion and at the Seniors 55+ Expo event held in Sudbury. A combined total of 625 attendees participated in the events and 1945 resources were distributed. In Sudbury East, a falls prevention presentation was provided to approximately 50 older adults.

On June 30, Injury Prevention staff attended the Atikameksheng Anishnawbek's Health Fair and provided information on falls prevention and healthy eating.

4. Road Safety

The first Baby Ride was held on June 9 in Noëlville and Alban. Participating Ontario Provincial Police (OPP) Constables stopped a total of 242 vehicles and performed car seat, seatbelt, distracted driving, and impaired checks. A total of 11 car seats were inspected. Fifty (50) promotional car seat inspection business cards were distributed by the OPP.

On June 4, a public health nurse assisted with the bicycle helmet fitting at a Bike Rodeo in Onaping Falls (35 participants) as part of a Safe Kids Week event. In Sudbury East, four presentations were given on helmet safety in the community and in schools. Two-hundred and twenty students were reached, and received information and incentives on helmet safety. Over 60 helmet vouchers were provided.

In mid-July, a public health nurse from the Mindemoya Office provided child restraint in-service training for the Wikwemikong Police Service. This was followed by a successful car seat clinic hosted in partnership with the Wikwemikong Police Service, and supported by SDHU staff and local car seat technician volunteers.

As an active member of the Manitoulin Injury Prevention Coalition (MIPC), Mindemoya health promotion staff worked collaboratively with community partners on the 2016 Ministry of Transportation Road Safety Challenge (MPIC) campaign. The focus is on distracted driving and aims to reach residents through a comprehensive media campaign. Additionally, the MIPC encouraged Manitoulin District residents to participate in the Texting & Driving Survey hosted by the SDHU, Laurentian University and Evaluating Children's Health Outcomes (ECHO). Youth awareness about texting and driving was increased through promotions and presentations hosted at Manitoulin Secondary School and Wikwemikong High School.

5. Physical Activity

Ninety pedometers were provided to the Enaahhtig North healing lodge in Sudbury East to encourage physical activity for those recovering from substance misuse.

In mid-August, the Sudbury Cyclist Union, the City of Greater Sudbury, the SDHU, and various community volunteers held a Children's Bike Exchange at the Market Downtown Sudbury. A total of 15 preowned bicycles were given out to children who needed a bicycle. New bike helmets were also provided to those children who didn't have a helmet or outgrew their current helmet. The Bike Exchange program was designed to allow children to trade in their outgrown bicycles for a used one of the correct size. The preowned bicycles undergo a safety inspection by volunteer bike technicians to ensure that they are safe for use.

In partnership with the Clinical and Family Services Division Family Health team, NPAAT team staff provided one-on-one consultations on physical activity and physical literacy to Best Start Hub and Our Children Our Future (OCOF) staff over the months of June and July. Participants were provided with a learning module on physical literacy, developed by the SDHU, as well as resources to support their programming.

6. Alcohol Misuse Prevention

The Workplace Health and Substance Misuse Prevention team ran three social media challenges in May, June, and July to increase active participation on the Facebook page. The challenges involved a message in the form of a question that was advertised for a one-week period requesting community members to "like", "share" and "comment". Community members who participated would be entered into a draw for a mocktail recipe book. Engagement increased significantly during and post-challenge:

Results of Three Social Media Challenges:

Date	New page likes during challenge week	Post likes	Comments	Shares	Reach (# of individuals in SDHU area who saw the post)
May 13-20	11	52	20	9	7,202
June 13-20	11	54	32	11	7,805
July 6-13	12	132	29	34	14,450

7. School Health

Members of the School Health Promotion team were on-site when Sudbury MPP Glen Thibeault visited the École Secondaire Hanmer to award the school with the Ontario EcoSchools certification. EcoSchools is an environmental education and certification program that supports school communities to develop ecological literacy and environmental practices. The SDHU has worked closely over the past few years to secure funds and engage school community members in various initiatives at the school, including a community garden and a composting program.

The School Health Promotion team has partnered with the École secondaire Hanmer and École secondaire Macdonald-Cartier to successfully apply for the Advancing Farm to School in Ontario and BC: New National Farm to School Grant Program. The \$20,000 grant will bring local, healthy, and sustainable food to these schools by introducing a salad bar program in each cafeteria. Food purchased for the salad bars will be sourced from a local farmer and from the Valley East community garden. The grant will engage students and community members in gardening, cooking, preserving, purchasing, and serving healthy local foods in a newly installed salad bar service at both schools.

8. Tobacco Control

In June 2016, the SDHU held two quit smoking information sessions. Nine participants attended at Tom Davies Square and seven at the Finlandia Village. Each person was given a package of quit information.

A *STOP on the Road* Workshop was held at the Chelmsford library for eight participants. All of the participants were eligible to receive five weeks of nicotine replacement therapy through the Centre for Addiction and Mental Health (CAMH) as part of the program.

In August 2016, SDHU staff conducted a presentation for at-risk youth at the Foyer Notre Dame House. Staff facilitated resiliency building exercises which were tied into preventing smoking and smoking cessation. Youth were invited to take smoking resources and call the SDHU if they had questions or were interested in quitting.

Staff continued to provide services to the community through the Quit Smoking Clinic and Telephone Information Line, having received 85 calls in June and July.

9. UVR Exposure and Early Detection of Cancer

Health Promotion staff attended a presentation by Cancer Care Ontario with other community partners and Health Sciences North (HSN) staff to discuss Sudbury's participation in the upcoming high risk lung cancer screening pilot. HSN was selected as one of three hospitals by Cancer Care Ontario to participate in the three-year pilot.

In June, SDHU staff, in collaboration with dermatologist Dr. Lyne Giroux from the Sudbury Skin Clinique and the Canadian Dermatology Association, hosted the seventh annual Skin Cancer Screening Clinic where a total of 65 people were screened for suspicious lesions.

Health Promotion staff from the Espanola Office met with representatives from the Espanola & Area Family Health team to discuss opportunities for enhanced collaboration between public health and primary care programming in the areas of injury prevention, breastfeeding, Triple P, smoking cessation, and healthy eating.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Health Equity

Commencing in June 2016, the SDHU moved forward with partner engagement related to its *You Can Create Change* campaign. This phase includes an evaluation survey distributed to a diverse cross-section of community partners and engagement sessions with various community groups and agencies. A first session was held with members of the Community Drug Strategy for the City of Greater Sudbury Steering Committee, and further sessions are being scheduled for the fall. These sessions, along with the evaluation survey results, will help inform future phases of this health equity campaign.

In the spring of 2016, the SDHU, Laurentian University's School of Social Work and Poverty, Homelessness and Migration Study conducted a workshop on Digital Storytelling with a group of Social Work Master's students. Seven digital stories were created using narratives given by local homeless individuals to explore themes of marginalization and inequity. A sample of these digital stories was featured at the *Living on the Outside Art Exhibit* at Gallery 6500 throughout the month of July.

In June 2016, the SDHU, with the support of eight community agencies, submitted an application to the Local Poverty Reduction Fund (LPRF) for two poverty reduction programs to be offered in the City of Greater Sudbury: *Getting-Ahead* and *Circles*. These programs are designed to assist low-income individuals and families to access the skills and resources necessary to move them toward financial self-sufficiency through relationship building across socio-economic boundaries.

2. Population Health Assessment and Surveillance

Eight Population Health Assessment and Surveillance team Internal Reports (PHASSt-IR) were generated over the summer using data from the 2013, 2014, and 2015 Rapid Risk Factor Surveillance System (RRFSS) datasets. Topics include: attitudes towards drinking during pregnancy, prenatal health, fetal alcohol syndrome, drinking and driving, awareness of the Low-Risk Alcohol Drinking Guidelines (LRADG), Triple P campaign awareness, household emergency preparedness, and restaurant food safety. These reports are provided to SDHU staff to help inform program planning.

3. Research and Evaluation

A public knowledge exchange session about youth perceptions, attitude and behaviours towards anti-texting and driving strategies was held at the SDHU on September 6. A multi-disciplinary, cross-sector and student-led team shared lessons learned, results and recommendations for public health actions.

4. Strategic Engagement Unit

In June, the Health Unit launched a new mechanism to provide all staff with succinct and timely information in a single weekly email about initiatives, events, accomplishments, and announcements that are of importance to public health and the Health Unit's work and workplace culture. Content to date has covered a variety of topics including, for example, public health reform, new staff arrivals, staff development opportunities, and project updates.

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 7 Periods Ending July 31, 2016

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,893,000	8,687,583	8,687,583	0	6,205,417
MOHLTC - Unorganized Territory	813,000	474,250	474,250	0	338,750
MOHLTC - VBD Education & Surveillance	65,000	37,917	37,917	(0)	27,083
MOHLTC - SDWS	106,000	61,833	61,833	0	44,167
MOHLTC - CINOT Expansion	24,800	6,200	6,200	0	18,600
Municipal Levies	6,807,155	3,970,851	3,970,851	0	2,836,304
Municipal Levies - Small Drinking Water Sys	47,222	27,546	27,546	0	19,676
Municipal Levies - VBD Education & Surveil	21,646	12,627	12,627	(0)	9,019
Municipal Levies - CINOT Expansion	10,503	6,127	6,127	(0)	4,376
Interest Earned	85,000	36,325	36,325	(0)	48,675
Total Revenues:	\$22,873,326	\$13,321,259	\$13,321,259	\$1	\$9,552,067
Expenditures:					
Corporate Services:					
Corporate Services	4,503,098	2,792,762	2,774,690	18,072	1,728,409
Print Shop	207,719	130,177	116,532	13,645	91,187
Espanola	113,781	62,793	61,285	1,508	52,496
Manitoulin	125,708	74,176	70,431	3,746	55,278
Chapleau	98,585	56,773	55,526	1,248	43,059
Sudbury East	16,486	9,717	9,598	119	6,888
Volunteer Services	6,533	2,570	559	2,011	5,974
Total Corporate Services:	\$5,071,910	\$3,128,968	\$3,088,619	\$40,348	\$1,983,290
Strategic Engagement					
Strategic Engagement	474,739	242,671	229,819	12,852	244,921
Total Strategic Engagement:	\$474,739	\$242,671	\$229,819	\$12,852	\$244,921
Clinical and Family Services:					
General	928,261	508,928	502,266	6,662	425,995
Clinical Services	1,322,896	774,620	753,502	21,118	569,395
Branches	328,399	183,588	180,218	3,370	148,181
Family	648,589	378,700	360,444	18,256	288,145
Risk Reduction	100,502	68,148	58,469	9,679	42,033
Intake	310,216	173,132	171,725	1,407	138,491
Clinical Preventative Services - Outreach	139,150	82,224	76,330	5,894	62,820
Sexual Health	931,242	542,209	531,442	10,767	399,800
Influenza	0	0	0	(0)	(0)
Meningitis	0	0	1	(1)	(1)
HPV	0	0	1	(1)	(1)
Dental - Clinic	778,084	343,984	325,195	18,790	452,889
CINOT Expansion - Clinic	35,303	0	0	0	35,303
Family - Repro/Child Health	1,111,113	611,965	581,722	30,243	529,391
Substance Misuse Prevention	61,617	17,543	17,664	(121)	43,953
Total Clinical Services:	\$6,695,373	\$3,685,041	\$3,558,978	\$126,063	\$3,136,395
Environmental Health:					
General	788,615	433,073	418,605	14,467	370,010
Environmental	2,566,833	1,456,805	1,436,090	20,716	1,130,743
Vector Borne Disease (VBD)	86,585	37,793	24,890	12,903	61,695
Small Drinking Water System	178,200	104,266	88,977	15,289	89,223
Total Environmental Health:	\$3,620,233	\$2,031,937	\$1,968,562	\$63,375	\$1,651,670
Health Promotion:					
General	1,200,865	673,576	668,326	5,250	532,539
School	1,385,131	768,055	764,851	3,203	620,280
Healthy Communities & Workplaces	178,760	101,887	98,107	3,781	80,653
Branches - Espanola / Manitoulin	271,926	146,467	142,403	4,064	129,524
Nutrition & Physical Activity	1,184,528	616,076	598,064	18,013	586,464
Branches - Chapleau / Sudbury East	301,286	173,550	170,504	3,046	130,783
Injury Prevention	420,976	211,769	203,938	7,831	217,038
Tobacco By-Law	283,153	127,221	110,184	17,037	172,969
Alcohol Misuse	215,548	135,033	125,098	9,935	90,450
Total Health Promotion:	\$5,442,173	\$2,953,635	\$2,881,474	\$72,161	\$2,560,700
RRED:					
General	1,531,347	874,268	854,839	19,430	676,508
Workplace Capacity Development	22,312	15,835	14,581	1,255	7,732
Health Equity Office	15,240	6,083	4,950	1,134	10,290
Total RRED:	\$1,568,899	\$896,187	\$874,369	\$21,818	\$694,530
Total Expenditures:	\$22,873,326	\$12,938,438	\$12,601,821	\$336,617	\$10,271,506
Net Surplus/(Deficit)	\$0	\$382,821	\$719,438	\$336,617	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 7 Periods Ending July 31, 2016

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,018,525	13,436,833	13,451,383	(14,550)	9,567,142
Other Revenue/Transfers	860,248	491,315	548,529	(57,214)	311,719
Total Revenues & Expenditure Recoveries:	23,878,773	13,928,149	13,999,912	(71,764)	9,878,861
Expenditures:					
Salaries	15,681,403	8,810,307	8,725,066	85,241	6,956,337
Benefits	4,253,119	2,564,932	2,537,081	27,851	1,716,038
Travel	282,180	104,693	98,615	6,079	183,565
Program Expenses	895,839	458,933	377,247	81,686	518,592
Office Supplies	70,883	38,855	28,244	10,611	42,639
Postage & Courier Services	72,230	34,863	28,596	6,266	43,634
Photocopy Expenses	67,706	34,214	28,561	5,653	39,145
Telephone Expenses	59,466	34,605	30,321	4,284	29,145
Building Maintenance	413,074	280,008	280,147	(139)	132,927
Utilities	199,144	121,346	120,376	971	78,768
Rent	239,074	139,434	138,653	782	100,421
Insurance	99,181	91,232	91,232	(0)	7,949
Employee Assistance Program (EAP)	34,969	23,393	23,364	30	11,605
Memberships	30,027	24,450	27,755	(3,305)	2,272
Staff Development	198,943	72,352	76,916	(4,563)	122,027
Books & Subscriptions	16,750	10,910	8,183	2,727	8,567
Media & Advertising	150,941	72,132	42,363	29,769	108,578
Professional Fees	327,301	98,024	99,580	(1,556)	227,721
Translation	50,300	27,758	26,608	1,150	23,692
Furniture & Equipment	27,304	16,413	17,580	(1,167)	9,724
Information Technology	708,939	486,472	473,988	12,485	234,951
Total Expenditures	23,878,773	13,545,327	13,280,474	264,853	10,598,299
Net Surplus (Deficit)	(0)	382,821	719,438	336,617	

Sudbury & District Health Unit

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended July 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	67,148	71,852	48.3%	Dec 31	58.3%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	14,722	21,978	40.1%	Dec 31	58.3%
SFO - TCAN - Prevention	724	97,200	33,398	63,802	34.4%	Dec 31	58.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	142,087	143,713	49.7%	Dec 31	58.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	107,301	152,499	41.3%	Dec 31	58.3%
SFO - Tobacco Control Coordination	730	101,320	59,556	41,764	58.8%	Dec 31	58.3%
SFO - Youth Engagement	732	80,000	45,232	34,768	56.5%	Dec 31	58.3%
Infectious Disease Control	735	479,100	276,179	202,921	57.6%	Dec 31	58.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	21,757	78,243	21.8%	Mar 31/17	33.3%
MOHLTC - Special Nursing Initiative	738	180,500	104,134	76,366	57.7%	Dec 31	58.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	71,700	43,216	28,484	60.3%	Aug./17	33.3%
Beyond BMI - LDCP	747	143,023	30,548	112,475	21.4%	Dec 31	58.3%
Food Safety - Haines Funding	750	36,500	12,850	23,650	35.2%	Dec 31	58.3%
Triple P Co-Ordination	766	16,293	13,077	3,216	80.3%	Dec 31	58.3%
Healthy Babies Healthy Children	778	1,476,897	849,623	627,274	57.5%	Dec 31	58.3%
Healthy Smiles Ontario (HSO)	787	406,300	216,532	189,768	53.3%	Dec 31	58.3%
Anonymous Testing	788	59,393	16,621	42,772	28.0%	Mar 31/17	33.3%
MHPS- Diabetes Prevention Program	792	175,000	-	175,000	0.0%	Mar 31/17	33.3%
Total		4,144,526	2,053,981	2,090,545			

Ministry of Health
and Long-Term Care

Office of the Minister

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

Ministère de la Santé
et des Soins de longue durée

Bureau du ministre

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



AUG 16 2016

Dr. Penny Sutcliffe
Medical Officer of Health
Sudbury & District Health Unit
1300 Paris Street
Sudbury ON P3E 3E3

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
HLTC2966MC-2016-2731	
AUG 22 2016	
Environ Health	_____
CFS	_____
Corporate Services	HR/AMOH
Health Promotion	_____
File ()	Circulate ()
Return ()	F.Y.I ()
RRED	_____
SEU	_____
Board	_____
Committee	_____

Dear Dr. Sutcliffe:

I am writing with respect to the Board of Health's appointment of Dr. Ariella Zbar to the position of Associate Medical Officer of Health for the Sudbury and District Health Unit.

I am pleased to approve the appointment of Dr. Zbar as an Associate Medical Officer of Health for the Sudbury and District Health Unit.

I find that Dr. Zbar has a qualification from a university outside Canada (Johns Hopkins University) considered equivalent to the requirements in clause 1(1)(b) of Regulation 566 under the *Health Protection and Promotion Act*.

This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act*.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Eric Hoskins'.

Dr. Eric Hoskins
Minister

- c: Dr. Ariella Zbar, Associate Medical Officer of Health, Sudbury and District Health Unit
Mr. René Lapierre, Chair, Board of Health Sudbury and District Health Unit
Michael Mantha, MPP, Algoma--Manitoulin
France Gélinas, MPP, Nickel Belt
Hon. Glenn Thibeault, MPP, Sudbury
Dr. David C. Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division



May 31, 2016

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

Dear Minister Hoskins:

RE: Changes to the HPV Immunization Progra.

At its meeting on May 25, 2016, The Board of Health for the District of Algoma Health Unit carried the following resolution #2016-50.

WHEREAS Ontario is expanding the publicly funded human papillomavirus (HPV) vaccination program to include boys in Grade 7; and

WHEREAS Algoma Public Health supports the immunization of boys to help prevent the spread of HPV and prevent cancer; and

WHEREAS the HPV vaccine will continue to be provided to girls in Grade 8 for the transition year until all grade 7 students receive the vaccination; and

WHEREAS the Ministry estimates about 154,000 students will be eligible to receive the vaccine each year; and

WHEREAS APH, similar to other PHUs, plans to deliver the vaccination program over the course of three school visits in order to avoid giving more than two doses of vaccine per student per visit, which will increase the number of school clinics by approximately 33% (previously two visits per year); and

WHEREAS the Ministry of Health and Long-Term Care's (MOHLTC) Immunization 2020 Strategy strives to "reduce health risks related to vaccine-preventable diseases in the province"; and

WHEREAS the MOHLTC has not increased funding to the Vaccine Preventable Disease (VPD) program despite adding responsibilities and new vaccines to the program.

THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health commends the Ministry of Health and Long- Term Care for its commitment to expand its HPV vaccination program to young males who are starting grade 7 this September; and

FURTHERMORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health urges the MOHLTC to consider increasing the annual funding for the VPD program in order to provide the staff resources to meet the above mandate.

FURTHERMORE BE IT RESOLVED that a copy of this resolution be forwarded to the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Roselle Martino, Executive Director, Ministry of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health for the Ministry of Health and Long-Term Care, the Association of Local Public Health Agencies, Ontario Medical Officers of Health, and Ontario Boards of Health, and member municipalities.

Sincerely,



Lee Mason
Board of Health Chair

cc: The Honourable Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Roselle Martino, Executive Director, Ministry of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
The Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health
Member municipalities.



May 26, 2016

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

Dear Minister Hoskins,

Re: Environmental Health Program Funding

At its meeting held on May 25, 2016, the Board of Health for the District of Algoma Public Health Unit considered correspondence from the North Bay Parry Sound District Health Unit and the Board of Health for the Grey Bruce Health Unit regarding the above noted matter.

We agree unequivocally with our colleagues that there are significant challenges in implementing new environmental health policy and legislation as our current Environmental Health program staff is already working at full capacity and without additional resources it will be extremely difficult to meet the demands resulting from new regulations.

We strongly support the recommendations outlined in North Bay Parry Sound resolution (attached), and appreciate your attention to this important public health issue.

Sincerely,

Lee Mason
Board of Health Chair
Algoma Public Health

Attachment

cc: Hon. Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Hon. David Oraziotti, MPP Sault Ste. Marie
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health
Member Municipalities

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

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

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

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



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

July 14, 2016

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

Dear Minister Hoskins:

Re: Patients First Discussion Paper

At its meeting of June 1, 2016, the County of Lambton Board of Health considered the attached correspondence from Dr. Valerie Jaeger, President, Association of Local Public Health Agencies (alPHA) dated February 29, 2016, a response from Dr. Eric Hoskins dated April 20, 2016 and a further response from Dr. Valerie Jaeger dated April 28, 2016 regarding *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*.

The County of Lambton Board of Health passed the following motion:

#3: *McGugan/Gillis: That correspondence PH 06-14-16 be supported by the Board of Health.*

Carried.

The Board of Health supports the recommendations from alPHA as outlined in the attached letter dated February 29, 2016. The Board requests the Ministry of Health and Long-Term Care to include the alPHA recommendations in any implementation of the *Patients First* proposal.

Thank you for your consideration.

Sincerely,

Warden Bev MacDougall
Chair, County of Lambton Board of Health

Page 43 of 98

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Direction, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division

June 23, 2016

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

Dear Ms. Sattler:

Re: Proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act

At its June 16, 2016 meeting, the Windsor-Essex County Board of Health reviewed correspondence from the Middlesex-London Board of Health and Toronto Public Health, passing the following motion.

It was moved that the Windsor-Essex County Board of Health support letters from Middlesex-London Board of Health and Toronto Public Health re: the proposed Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act and, furthermore, that a similar letter of support be sent on behalf of the Windsor-Essex County Board of Health.

The Windsor-Essex County Board of Health supports legislation that assists victims of domestic and sexual violence in the workplace.

Sincerely,



Gary McNamara
Chair, Windsor-Essex County Board of Health

F:\Administration\Committees\Board\Resolutions and Recommendations\2016\WECHU BOH Support Letter Domestic and Sexual Violence Workplace Leave Accommodation and Training Act June 23 2016-v3.docx

cc: Dr. Gary Kirk, Medical Officer of Health, Windsor-Essex County Health Unit
Cheryl Hardcastle, MP Windsor-Tecumseh
Brian Masse, MP Windsor-West
Tracy Ramsey, MP Essex
Dave Van Kesteren, MP Chatham-Kent — Leamington
Hon. Kathleen Wynne, Premier of Ontario

Page 44 of 98

continued to page 2

Letter to The Honourable Peggy Sattler

June 23, 2016

Page 2

Rick Nicholls, MPP, Chatham-Kent-Essex
Lisa Gretzky, MPP, Windsor-West
Percy Hatfield, MPP, Windsor-Tecumseh
Taras Natyshak, MPP, Essex
Monika Turner, Director of Policy, AMO
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Kevin Daniel Flynn, Ministry of Labour
Hon. Tracy MacCharles, Minister Responsible for Women's Issues
Hon Michael Coteau, Minister for Children and Youth Services
Dr. David Williams, Chief Medical Officer of Health
Pegeen Walsh, Executive Director, Ontario Public Health Association
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Erie-St. Clair LHIN
Ontario Women's Directorate
Canadian Women's Foundation
Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health
Claudia Den Boer Grima, CEO, Canadian Mental Health Association, Windsor
Dr. Glenn Bartlett, Executive Director, Windsor-Essex Community Health Centre
Mark Ferrari, Windsor Family Health Team
David Musyj, CEO, Windsor Regional Hospital
Terry Shields, CEO, Leamington District Memorial Hospital
Al Frederick, Chief, Windsor Police Services
Ontario Boards of Health
All Windsor-Essex municipalities

June 15, 2016

The Honourable Kathleen Wynne
Premier of Ontario
Room 281, Legislative Building
Queen's Park
Toronto, Ontario M7A 1A1

Dear Premier Wynne:

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I would like to commend you for the inclusion of a basic income pilot in the 2016 provincial budget. We appreciate that the voices of public health and many other stakeholders have been heard on this issue. We are very pleased to see that your government is examining the potential role of basic income in addressing key issues such as poverty reduction, the changing labour market, and cost savings in health care and elsewhere. We were also encouraged to read your government's plans to work with communities, researchers and other stakeholders in 2016 to design and implement a basic income pilot.

The health rationale for a basic income is strong, given the powerful impact of poverty and income inequality on a wide range of population health outcomes. We'd like to draw attention, in particular, to the clear evidence of a direct link between poverty, poor health and food insecurity. Children and youth who experience hunger at any time in their lives are more likely to have poorer mental and physical health, including likelihood of chronic conditions. Food insecure adults are more likely to have poorer physical and mental health, and social well-being, and suffer from multiple chronic conditions including depression, diabetes, heart disease and hypertension. Inadequate income is the most significant barrier to a nutritious diet, and the lower the household income the greater the prevalence of food insecurity.

Like other health units across the Province, the Simcoe Muskoka District Health Unit has been conducting the Nutritious Food Basket survey (NFB) for many years. Annually, the local cost of the NFB plus rent are compared with household income from social assistance or minimum wage work to assess whether income from these sources is adequate to cover the cost of these basic necessities. Unfortunately, year after year NFB survey results indicate that a healthy diet is beyond the reach of many individuals and families of low income. For example, a reference family of two adults and two children with income from one full-time minimum wage job (\$11.00/hour) would require 68% (Muskoka) or 72% (Simcoe) of their total income to pay for food and rent alone (NFB, 2015). If this same family of four was receiving Ontario Works, almost their entire income (89% for Muskoka, 94% for Simcoe) would be needed for food and rent alone. It should be noted that, as grim as these income/expense scenarios are, they do not factor in the cost of other essentials such as transportation, phone, clothing, and household

... 2

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

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

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

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

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

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

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

and personal care products. It is also troubling that the cost of the Nutritious Food Basket in Simcoe Muskoka has risen substantially over the last five years. The cost for a family of four was \$170.86 more per month in May 2015 than in May 2010, which would amount to \$2,050.00 more per year than five years ago. Under these circumstances, low income households may have no choice but to look at food dollars as “flexible” and redirect this money to pay for rent, utilities and other necessities.

Recognizing the troubling nature of such circumstances and the strong link between poverty and food insecurity, the Board of Health for the Simcoe Muskoka District Health Unit, at its meeting on June 15, 2016, endorsed the Ontario Society of Nutrition Professionals in Public Health Position Statement on Responses to Food Insecurity (attached). This position statement urges the provincial and federal governments to jointly prioritize and investigate a basic income guarantee as a policy option for reducing poverty and food insecurity among people of low income. The Simcoe Muskoka District Health Unit Board of Health urges the Province of Ontario, in collaboration with the Government of Canada, to move forward on the recommendations contained in the OSNPPH Position Statement. Specifically, we encourage you to act without delay on the design and implementation of the basic income pilot your government committed to in the 2016 budget.

In May of 2015, the SMDHU Board of Health sent the attached letter to several of your Ministers, requesting an investigation into this promising policy approach. We also had the opportunity to meet with Minister Jaczek regarding basic income at a 2015 meeting of the Association of Municipalities of Ontario. A request for exploration of basic income was subsequently made by the Association of Local Public Health Agencies and the Ontario Public Health Association. The current version of the 2015 backgrounder on basic income prepared for these public health organizations is linked here for your information and use as a resource: <http://www.opha.on.ca/Advocacy-and-Policy/Position-Paper,-Resolutions-and-Motions.aspx>.

We look forward to hearing more from your government on engagement opportunities surrounding the pilot. Once again, our congratulations for your government’s inspiring leadership on this issue and for your courage to consider a different path forward. Combined with continued investment in other key aspects of poverty reduction such as early childhood development and affordable housing, a basic income guarantee may well be necessary to address some of the most complex, impactful and largely preventable health and social issues facing Ontarians.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

Attachments (2):

- OSNPPH Position Statement on Responses to Food Insecurity
- May 28, 2015 Letter from SMDHU Board of Health to Minister Poilievre, Minister Leitch, Minister Ambrose, Minister Flynn, Minister Hoskins, Minister MacCharles, and Minister Mathews

c. Ontario Boards of Health

Linda Stewart, Executive Director, Association of Local Public Health Agencies

Pegeen Walsh, Executive Director, Ontario Public Health Association

Evelyn Vaccari, Chair, Ontario Society of Nutrition Professionals in Public Health

Simcoe Muskoka Members of Provincial Parliament

Simcoe Muskoka Members of Parliament

Simcoe Muskoka Upper and Lower Tier Municipalities

North Simcoe Muskoka and Central Local Health Integration Networks

Chair, Child, Youth and Family Services Coalition of Simcoe County

Chair, Poverty Reduction of Muskoka Planning Table (PROMPT)

Chair, Simcoe County Alliance to End Homelessness

From: Elizabeth Dickson
Sent: June-29-16 11:42 AM
To: 'allhealthunits@lists.alphaweb.org' <allhealthunits@lists.alphaweb.org>
Subject: Basic Income Guarantee-Position Statement-HKPR District Health Unit

Greetings,

The attached position statement related to Basic Income Guarantee is being sent to your health unit on behalf of Dr. Noseworthy, and the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit.

At its meeting held on June 23, 2016, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorsed the attached position statement and asked that it be sent to your health unit for information.

Kind Regards,

Liz

Elizabeth Dickson
Executive Assistant
Office of the Medical Officer of Health & Board of Health
HKPR District Health Unit
200 Rose Glen Road
Port Hope ON L1A 3V6
(p) 905-885-9100 ext. 1466

HALIBURTON KAWARTHA PINE RIDGE DISTRICT HEALTH UNIT
BASIC INCOME GUARANTEE

Position Statement

It is the position of the Haliburton Kawartha Pine Ridge District Health Unit that eliminating poverty is an urgent health, human rights and social justice issue that requires action on the part of the municipal, provincial and federal governments. Basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, is an essential component of a strategy to effectively eliminate poverty, ensure all Canadians have a sufficient income to meet their basic needs, and live with dignity and to eliminate health inequities.

Backgrounder

Income has been identified as the most important determinant of health as it influences living conditions, physical and mental health and health-related behaviours including the quality of one's diet, extent of physical activity and tobacco use¹. People living in poverty are more likely to experience poorer health, have two or more chronic conditions, have more injuries, be more likely to have a disability, use health care services more frequently and live shorter lives.

Based on the Low-Income After Tax (LIM-AT), the incidence of low-income in 2013 was 13.5% for the Canadian population.² More specifically, 16.5% of children aged 17 and under lived in low income families and for children living in lone-parent families headed by a woman, the incidence rose to 42.6%.

Locally in the Haliburton Kawartha Pine Ridge District Health Unit, in 2010, 12.7% of the population lived in low-income situations based on LIM-AT.³ In terms of children under the age of 6 years, 21.8 % lived in low income families.⁴

Currently, households that rely on Ontario Works or Ontario Disability Support Programs as their primary source of income have income levels that are inadequate to meet core basic needs such as housing and food. According to a report on household food insecurity in Canada

¹ In Focus The Social Determinants of Health, Epidemiology and Evaluation Services, Fall 2014 available from <http://www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/InFocus14-Web.pdf>

² Statistics Canada Canadian Income Survey 2013 available from <http://www.statcan.gc.ca/daily-quotidien/150708/dq150708b-eng.htm>

³ 2011 National Household Survey, Statistics Canada available from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=HR&Code1=3535&Data=Count&SearchText=Haliburton,%20Kawartha,%20Pine%20Ridge%20District%20Health%20Unit&SearchType=Begins&SearchPR=01&A1=All&B1=All&GeoLevel=PR&GeoCode=3535&TABID=1>

⁴Ibid

in 2012, 70% of households whose primary source of income was social assistance were food insecure.⁵

Over the past 20 years there have been tremendous changes in technology and globalization, which impacts job stability and security. Almost half of working adults are employed in precarious employment, which is part-time, seasonal or contract work that has little or no benefits and often pays low wages. Research shows that 70% of Canadians living in poverty are considered to be the working poor, which means they are employed but do not earn enough to make ends meet.⁶

Basic Income Guarantee

The causes of poverty are complex and a multipronged approach is required to eliminate poverty and to improve health and social equity for all. One component of a poverty reduction strategy is to provide a basic income guarantee (BIG). It is an unconditional income transfer from the government to individuals and families that is not tied to labour market participation.⁷ The objective of a basic income guarantee is to provide a minimum annual income at a level that is sufficient to meet basic needs and allows individuals and families to live with dignity, regardless of work status.⁸ Since research shows that basic income guarantee could have health promoting effects and reduce health and social inequities, it is considered to have merits as an effective policy option.

A basic income guarantee was piloted in Dauphin Manitoba from 1974-1979 to study the impact of a guaranteed income supplement. Research showed a number of substantial benefits including a decrease in hospitalization rates, which were 8.5% less when compared to the control group. There were fewer incidents of work-related injuries, fewer visits to the emergency department from motor vehicle accidents and domestic violence and there was a reduction in the rates of psychiatric hospitalizations and the number of mental illness consultations with health care professionals. The research also showed that teenagers and new mothers were the only populations to significantly work less. The study showed that more teenagers completed high school and new mothers extended their maternity leaves. Once the

⁵ Tarasuk, V., Mitchell, A., Dachner, N.,(2014) Household food insecurity in Canada, 2012 available from http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf

⁶ Lewchuk, W. et al. It's More than Poverty: Employment Precarity and Household Well-being United Way Toronto-McMaster University Social Sciences, 2013. www.pepsoc.ca

⁷ Pasma, C., and Mulvale, J. Income Security for all Canadians Understanding Guaranteed Income. Ottawa: Basic Income Earth Network Canada; 2009. Available from http://www.cpj.ca/files/docs/Income_Security_for_All_Canadians.pdf

⁸ Ibid

pilot finished and the cash transfers stopped, the number of teens not graduating from high school rose, returning to the previous rate that existed before the pilot.⁹

Currently in Canada, Old Age Security (OAS) and Guaranteed Income Supplements (GIS) are forms of guaranteed income supplement programs, which are income tested cash transfers for seniors at age 65 and older. Since their implementation, the incidence of poverty in seniors dropped substantially from 21.4% in 1980 to 5.2% in 2011. As a result, Canada has one of the lowest rates of seniors living in poverty in the world and the incidence of food insecurity is 50% less for those age 65 to 69 than for those age 60-64.¹⁰ Similarly, other programs such as the Canadian Child Tax Benefit and National Child Benefit Supplement (which are tax free monthly payments for eligible families with children) have shown benefits in terms of improved math and reading skills and improved mental and physical health measures.¹¹

Cost Considerations for a Basic Income Guarantee Program

It is widely agreed upon that the costs of poverty are very high. The total cost of poverty in Ontario is approximately \$32.2-\$38.3 billion dollars.¹² It is estimated that between \$10.1 billion and \$13.1 billion is spent on the social costs of poverty related to social assistance, housing and justice programs and health care costs associated with the effects of poverty. Lost opportunities for income tax revenue are estimated to be \$4- \$6.1 billion dollars and an additional \$21.8-25.2 billion is attributed to lost productivity and revenue and intergenerational poverty low-income cycles.

Given the magnitude of the social and economic costs of poverty and the resources being spent on countering the negative effects of poverty, it is more prudent to spend those resources on prevention.

The costs of a basic income guarantee program in contrast to the costs of social and private costs of poverty have yet to be extensively researched. Estimates from Queen's University and the University of Manitoba identify that the amount for a basic income guarantee program for all of Canada would cost between \$40 and \$58 billion. Considering the total costs of poverty for just Ontario, a basic income guarantee would be very achievable.¹³

⁹ Forget, E. **The Town with No Poverty: Using Health Administration Data to Revisit Outcomes of a Canadian Guaranteed Annual Income Field Experiment 2011** available from [http://nccdh.ca/images/uploads/comments/forget-cea_\(2\).pdf](http://nccdh.ca/images/uploads/comments/forget-cea_(2).pdf)

¹⁰ Hyndman, B., and Simon, I., Basic Income Guarantee Backgrounder October 2015 ALPHA and OPHA available from www.opha.on.ca/getmedia/bf22640d-120c-46db-ac69-315fb9aa3c7c/alpha-OPHA-HEWG-Basic-Income-Backgrounder-Final-Oct-2015.pdf.aspx?ext=.pdf

¹¹ Ibid

¹² Laurie, N. **The cost of poverty: an analysis of the economic cost of poverty in Ontario**. Toronto Ontario Association of Food Banks, 2008. <http://www.oafb.ca/assets/pdfs/CostofPoverty.pdf>

¹³ Roos, N., and Forget, E. **"The time for a guaranteed annual income might finally have come."** The Globe and Mail, August 4, 2015. Available at <http://www.theglobeandmail.com/report-on-business/rob-commentary/the-time-for-a-guaranteed-annual-income-might-finally-have-come/article25819266/>

Provincial and National Support for a Basic Income Guarantee Program

Support for the basic income guarantee program exists across the political spectrum including politicians from several provinces and municipalities, economists and the health and social service sectors. Many large associations have given formal expressions of support such as The Canadian Medical Association, the Association of Local Public Health Agencies and the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health, the Canadian Association of Mental Health, the Canadian Association of Social Workers and many health units in Ontario. Citizen groups in communities across Canada have also been forming to express their support for this initiative.

This past winter the Ontario provincial government embraced the opportunity to engage in the needed research to provide a clearer understanding of the implications and outcomes of the basic income guarantee program. By conducting a pilot study of the program, evidence will be gathered to determine if this is a more efficient manner of delivering income support, if it strengthens engagement in the labour force and if savings are achieved in areas such as the health care and justice systems. In 2016, the Ontario provincial government will work with researchers, communities and stakeholders to develop and implement a basic income guarantee pilot study.

HALIBURTON KAWARTHA PINE RIDGE DISTRICT HEALTH UNIT **RESOLUTION ON BASIC INCOME GUARANTEE**

WHEREAS addressing the social determinants of health and reducing health inequities are fundamental to the work of public health in Ontario; and

WHEREAS the Haliburton Kawartha Pine Ridge District Health Unit's strategic direction is to address the social determinants of health and health equity; and

WHEREAS income is recognized as the most important determinant of health and health inequities; and

WHEREAS 12.7% of the population in the Haliburton Kawartha Pine Ridge District live in low income circumstances based on the Low-Income After-Tax (2011 National Household Survey, Statistics Canada); and

WHEREAS low income and income inequality have well-established, strong relationships with a wide range of adverse health and social outcomes as well as lower life expectancy; and

WHEREAS income insecurity continues to rise in Ontario and Canada as a result of an increase in precarious employment and an increasing number of working-age adults who rely on employment that pays low wages; and

WHEREAS existing federal and provincial income security programs are insufficient to ensure that all Canadians have adequate and equitable access to the social determinants of health (e.g., food, shelter, education); and

WHEREAS a basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, has the potential to ensure all Canadians have a sufficient income to meet basic needs and to live with dignity; and

WHEREAS a basic income guarantee resembles existing income security supplements currently in place for Canadian seniors and children, which have contributed to improved health status and quality of life in these age groups; and

WHEREAS a pilot project of basic income for working age adults conducted in Dauphin Manitoba in the 1970s, indicates that the provision of a basic income guarantee can reduce poverty and income insecurity, improve physical and mental health and educational outcomes, and enable people to pursue educational and occupational opportunities relevant to them and their families; and

WHEREAS the concept of a basic income guarantee has received support from the health and social sectors including the Canadian Public Health Association (CPHA), the Canadian Medical Association (CMA), the Canadian Association of Social Workers, the Association of Local Public Health Agencies (ALPHA) and the Ontario Association of Public Health Agencies (OPHA), the Ontario Society of Nutritional Professionals in Public Health and the Ontario Mental Health and Addictions Alliance as a means to alleviate poverty and improve health outcomes of low income Canadians; and

WHEREAS there is growing support from economists, political affiliations and other sectors across Canada for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Haliburton Kawartha Pine Ridge District Health Unit Board of Health endorse a position statement of a basic income guarantee;

AND FURTHER that the Haliburton Kawartha Pine Ridge District Health Unit Board of Health join ALPHA and OPHA in requesting that the federal Ministers of Employment, Workforce Development and Labour, Families, Children and Social Development, Finance and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Community and Social Services, Children and Youth Services, Finance and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Canadian Public Health Association, the

Association of Local Public Health Agencies, the Ontario Boards of Health, the Federation of Canadian Municipalities, the Association of Municipalities of Ontario, MP Kim Rudd, MP Jamie Schmale, MPP Lou Rinaldi and MPP Laurie Scott as well as the City of Kawartha Lakes, the County of Haliburton and Northumberland County be so advised.

June 1, 2016

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister,

Re: Proposed Introduction of Cannabis Legislation in Canada – Spring 2017

The Board of Health (BOH) for Wellington-Dufferin-Guelph Public Health (WDGPH) recognizes that cannabis is a commonly used illicit drug that can have significant health and social harms. The recent announcement by Jane Philpott, Federal Health Minister, stated that Canada would introduce cannabis legislation in the spring of 2017. If the federal government is in fact proposing cannabis legalization, the WDGPH BOH strongly urges the government to take a public health approach. This would include educating the public on the potential health effects of cannabis use and highlighting the need for a public health policy approach that includes strict regulations to ensure that the new regulatory system promotes health and safety, reduces harms, and prevents youth uptake.

Cannabis is the most widely used illicit drug in Canada, with approximately 11% of Canadians and 14% of Ontarians reporting past year use. The Wellington Dufferin Guelph Youth Survey indicates that 22% of grade 10 students reported past year cannabis use, and there are no significant differences between genders or geographic areas.

Research has shown that cannabis use is associated with adverse health effects including impairments in learning, attention, memory, and psychomotor function, and mental, respiratory, and reproductive health issues. While the health effects of cannabis use are mostly concentrated among heavy (daily or near daily) users and individuals that initiate use during adolescence, there are also risks associated with short-term use.

Recognizing the potential health and social harms of cannabis use, the Centre for Addiction and Mental Health released a *Cannabis Policy Framework* document, which proposes ten (10) evidence-informed guidelines for a regulatory framework, as follows:

1. Establish a government monopoly on sales.
2. Set a minimum age for cannabis purchase and consumption.
3. Limit availability.

Page 56 of 98

.../2

4. Curb demand through pricing.
5. Curtail higher risk products and formulations.
6. Prohibit marketing, advertising and sponsorship.
7. Clearly display product information.
8. Develop a comprehensive framework to address and prevent cannabis impaired driving.
9. Enhance access to treatment and expand treatment options.
10. Invest in education and prevention.

The WDGPH BOH discussed this important issue at its meeting of June 1, 2016 and, in the event the government proceeds with the cannabis legislation, the WDGPH BOH urges the government to consider the points outlined in its Board motion attached hereto as Appendix "A".

Thank you for your consideration to a comprehensive public health approach to cannabis policy in Canada.

Please do not hesitate to contact me should you wish to discuss further.

Sincerely,



Doug Auld,
Chair, WDGPH Board of Health

cc:

The Honourable Jane Philpott, P.C., M.P. Minister of Health
 Mr. Bill Blair, M.P. Parliamentary Secretary to the Minister of Justice and Attorney General of Canada
 (Scarborough Southwest)
 The Honourable Michael Chong, P.C., M.P. (Wellington – Halton Hills)
 Mr. John Nater, M.P. (Perth – Wellington)
 Mr. Lloyd Longfield, M.P. (Guelph)
 Mr. David Tilson, M.P. (Dufferin – Caledon)
 The Honourable Kathleen Wynne, M.P.P., Premier of Ontario
 Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care – via e-mail
 Ian Culbert, Executive Director, Canadian Public Health Association
 Pegeen Walsh, Executive Director, Ontario Public Health Association
 Linda Stewart, Executive Director, Association of Local Public Health Agencies – via e-mail
 All Ontario Boards of Health – via e-mail

APPENDIX “A”

On June 1, 2016, the Board of Health for Wellington-Dufferin-Guelph Public Health passed the following Motion:

That the Board of Health send a letter to the federal government requesting consideration of the following recommendations, in the event that the federal government moves forward with the proposed introduction of cannabis legalization/legislation:

- (i) To adopt a public health approach to the proposed legalization of non-medical cannabis that includes strict regulations around production, distribution, promotion and sale;
- (ii) To allow sufficient time to develop and build capacity to implement a policy that includes strict regulation;
- (iii) To establish baseline data and mechanisms to monitor the local use of cannabis and related health and societal outcomes; and
- (iv) To develop evidence-based prevention and harm reduction messaging for broad and continuous dissemination across the country.”

From: Ministerial Correspondence Unit - Mailout [mailto:Ministerial.CorrespondenceUnit-Mailout@justice.gc.ca]

Sent: Wednesday, June 29, 2016 11:12 AM

To: Rachel Quesnel <quesnelr@sdhu.com>

Subject: Correspondence from the Minister of Justice and Attorney General of Canada

Dear Dr. Sutcliffe:

Thank you for your correspondence, sent on behalf of the Sudbury & District Board of Health, concerning marijuana. The Office of the Prime Minister has also forwarded to me a copy of your correspondence. I regret the lengthy delay in responding.

As you may be aware, our government will introduce legislation in the spring of 2017 in support of our commitment to legalize marijuana.

It is important to note that, currently, the existing laws concerning marijuana remain in force. The possession, production, and trafficking of marijuana are some of the activities that are prohibited under the *Controlled Drugs and Substances Act* and are subject to law enforcement intervention, except where authorized by exemptions or regulations, such as the *Marihuana for Medical Purposes Regulations*.

I am working with my colleagues the Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness, the Honourable Jane Philpott, Minister of Health, and my parliamentary secretary, Mr. Bill Blair, on the launch of a task force that will provide expert advice on how the legalization process should take place, including the strict regulation of and restriction of access to marijuana. The task force will include perspectives from many different sectors, including health, justice, law enforcement, and public safety.

Our objective is to ensure that marijuana is kept out of the hands of children and the profits out of the hands of criminals. Please be assured that the protection of Canadians is a priority for us as we work on this issue.

Thank you again for writing.

Respectfully,

The Honourable Jody Wilson-Raybould, P.C., Q.C., M.P.



July 14, 2016

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

Dear Prime Minister:

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

At its meeting of June 1, 2016, the County of Lambton Board of Health considered the attached correspondence from Barry Ward, Board of Health Chair, Simcoe Muskoka District Health Unit dated April 20, 2016 regarding a public health approach to the legalization of cannabis in Canada.

The County of Lambton Board of Health passed the following motion:

#3: McGugan/Gillis: *That correspondence PH 06-06-16 be supported by the Board of Health.*

Carried.

Substance misuse is an important public health issue that has a profound effect on many local individuals, families and our health system. In 2011/12, 43% of Lambton County residents, ages 15 years and older, reported using cannabis at least once in their lifetime. Approximately 12% reported using cannabis in the past year. Marijuana use was highest among those between 15 and 29 years of age, with 31% of Lambton residents within this age group reporting cannabis use in the past year. This was higher than the provincial percentage (23%).

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in its field. CAMH recommends that legalization of cannabis can only be effective within a comprehensive system that considers the following factors:

Page 60 of 98

- Establishment of a minimum age for cannabis purchase and consumption to protect youth.
- Development of a framework to address and prevent cannabis-impaired driving.
- Investment in education and prevention, and expanded access to treatment options.

The County of Lambton Board of Health supports a comprehensive public health approach to the regulation and legalization of cannabis in Canada. In the event the government proceeds with cannabis legislation, we encourage you to adopt this approach.

Thank you for your consideration. Please do not hesitate to contact me should you wish to discuss further.

Sincerely,



Warden Bev MacDougall
Chair, County of Lambton Board of Health

cc: Marilyn Gladu, M.P., Sarnia-Lambton
Bev Shipley, M.P., Lambton-Kent-Middlesex
Bob Bailey, M.P.P., Sarnia-Lambton
Monte McNaughton, M.P.P., Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division



Thunder Bay District Health Unit

MAIN OFFICE

999 Balmoral Street
Thunder Bay, ON P7B 6E7
Tel: (807) 625-5900
Toll Free in 807 area code
1-888-294-6630
Fax: (807) 623-2369

GREENSTONE

P.O. Box 1360
510 Hogarth Avenue, W.
Geraldton, ON P0T 1M0
Tel: (807) 854-0454
Fax: (807) 854-1871

MANITOUWADGE

1-888-294-6630

MARATHON

P.O. Box 384
Marathon Library Building
Lower Level,
24 Peninsula Road
Marathon, ON P0T 2E0
Tel: (807) 229-1820
Fax: (807) 229-3356

NIPIGON

P.O. Box 15
Nipigon District
Memorial Hospital
125 Hogan Road
Nipigon, ON P0T 2J0
Tel: (807) 887-3031
Fax: (807) 887-3489

TERRACE BAY

P.O. Box 1030
McCausland Hospital
20B Cartier Road
Terrace Bay, ON P0T 2W0
Tel: (807) 825-7770
Fax: (807) 825-7774

TBDHU.COM

May 19, 2016

VIA ELECTRONIC MAIL

Thunder Bay DSSAB
231 May Street South
Thunder Bay, ON P7E 1B5

Attn: Mr. William Bradica
Chief Administrative Officer

Re: Food Security in the District of Thunder Bay

At the regular meeting of May 18, 2016, the Board of Health for the Thunder Bay District Health Unit considered the attached "Report Number 29-2016 (Healthy Living) TBDSSAB Position Paper: Food Security in the District of Thunder Bay" providing information on the TBDSSAB's position that a universal hot meal program should be implemented in Ontario elementary and secondary schools. The following motion was passed:

"THAT with respect to Report No. 29-2016 (Healthy Living), we recommend endorsement of the TBDSSAB Position Paper: Food Security in the District of Thunder Bay; as presented,

AND THAT we circulate this endorsement to the Association of Local Public Health Agencies (aLPHa) for distribution to all Ontario Public Health Units."

It is the Board's hope that this endorsement will add support to the calls for changes to current government policy in addressing food insecurity.

Sincerely,

Original signed by

Joe Virdiramo, Chair
Board of Health for the Thunder Bay District Health Unit

Encl. 2

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

Issue Report

PROGRAM/ DIVISION	Healthy Living Health Promotion	REPORT NO.	29 - 2016
MEETING DATE	May 18, 2016	MEETING TYPE	Regular
SUBJECT	TBDSSAB Position Paper: Food Security in the District of Thunder Bay		

RECOMMENDATION

FOR INFORMATION ONLY

REPORT SUMMARY

To provide the Board of Health with information relative to the request to endorse the TBDSSAB Position Paper: Food Security in the District of Thunder Bay.

BACKGROUND

The Thunder Bay District Health Unit is mandated to reduce the burden of preventable chronic diseases of public health importance. The health of individuals and communities is significantly influenced by complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions.

Addressing these determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. A key determinant of health is income and related household food security (Public Health Agency of Canada).

Addressing Food Insecurity

It is important that everyone has consistent access to safe, affordable, and nutritious food to promote health and prevent chronic disease. Addressing food insecurity at the individual, household and community levels requires a multifaceted approach; one that calls upon changes to current government public policy and that targets the barriers faced by our most vulnerable populations, as well as addressing the food system as a whole.

Emergency Food in the District of Thunder Bay

Charitable food programs such as food banks, soup kitchens and meal programs provide short-term relief and are only part of a comprehensive strategy needed to fully address food insecurity. They have many limitations related to the quantity and quality of the food provided and do not address the root causes of food insecurity. The Regional Food Distribution Association (RFDA) serves approximately 3,447 people per month through its 38 member food banks and

meal programs in Northwestern Ontario, with an average of 9000 meals being served at 7 emergency daily meal programs every month.

As outlined in the TBDSSAB Position Paper, it is very difficult to ascertain the specific number of unique individuals served by the emergency food system. It should be noted, however, that research shows only 25% of the food insecure population are accessing food banks, making this statistic a serious underestimate of food insecurity in our community.

School Nutrition Programs in the District of Thunder Bay

Student Nutrition Programs have been recommended as an important part of a comprehensive food and nutrition strategy and a key component of health-promoting schools. They help to provide healthy food to children and have shown effective outcomes for short-term relief of food insecurity.

Research has established that proper nutrition, particularly during the morning hours, plays an important role in supporting learning. However, studies have shown that 31% of elementary students and 62% of secondary students in Canada do not eat a healthy breakfast before school. There are a number of reasons why children may start their day without breakfast including lengthy commutes, busy family routines, lack of hunger when first waking and lack of availability of food due to poverty.

Participation in student nutrition programs is associated with positive educational outcomes including improved academic performance, reduced tardiness and improved student behaviour. Recent studies from northern Ontario and British Columbia found that students who participated in a school food program reported higher intakes of fruits and vegetables and lower intakes of non-nutritious foods. Student Nutrition Programs are an opportunity to establish life-long healthy eating habits beyond participation in the program.

Canada remains one of the few industrialized countries without a federally-funded, universal school meal program. The Healthy Kids Panel Report, released in 2012, also includes a recommendation for a universal school nutrition program for all publicly-funded schools, as part of an overall strategy for promoting the health and well-being of children and youth in Ontario.

In Thunder Bay there are 81 school meal and snack programs offered throughout the District, with funding from the Ministry of Children and Youth Services, administered locally through the Red Cross. This funding only covers up to 15% of total costs for the programs. It is up to individual programs to make up the remainder through other fund-raising, in-kind and volunteer contributions. Health Unit staff support these programs by assisting in providing menu suggestions and safe food handling information.

FINANCIAL IMPLICATIONS

None.

STAFFING IMPLICATIONS

None.

CONCLUSION

A universal hot meal program in elementary and secondary schools across the province would make a significant contribution to household and community food security, complementing other policies and programs to comprehensively address the issue.

LIST OF ATTACHMENTS

None.

PREPARED BY: Catherine Schwartz Mendez, Public Health Nutritionist

THIS REPORT RESPECTFULLY SUBMITTED BY:

Lynda Roberts, Director – Health Promotion

DATE:

May 11, 2016

Chief Executive Officer

Medical Officer of Health

June 21, 2016

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

Dear Minister Hoskins,

Re: Community Water Fluoridation

At its meeting held on June 8, 2016, the Board of Health for Peterborough Public Health considered correspondence from the Porcupine Health Unit regarding the above noted matter.

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

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

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

May 2, 2016

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

Dear Minister Hoskins,

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

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

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

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

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

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

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

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

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

Yours very truly,



Donald W West BMath, CPA, CA
Chief Administrative Officer

DW:mc

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

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

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

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



Information Break

July 13, 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 Wrap Up

Thank you to everyone who attended alPHA's 2016 annual conference, *Building a Healthier Ontario*, held last month in Toronto. Thanks also to our speakers, sponsors and exhibitors for their participation and support. alPHA has prepared a summary of the breakout sessions and plenary presentations, including remarks by the Minister of Health and Long-Term Care, which can be accessed by visiting alPHA's website and clicking the link below (login and password required).

[2016 alPHA Annual Conference Proceedings](#)

New alPHA Executive Committee

Members of the 2016-2017 Executive Committee of the alPHA Board of Directors are:

Dr. Valerie Jaeger (Niagara) - President
Carmen McGregor (Chatham-Kent) - Vice President
Dr. Robert Kyle (Durham) - Treasurer
Mary Johnson (Eastern Ontario) - Boards of Health Section Chair
Dr. Penny Sutcliffe (Sudbury) - COMOH Chair
Bjorn Christensen (Niagara) - Affiliate Representative
Gilles Chartrand (Porcupine) - Member-at-Large

For a full list of the 2016-2017 alPHA Board, [click here](#).

alPHa Resolutions

Six resolutions were endorsed by the alPHa membership at the June AGM, including calls to government to fully fund the Healthy Babies Healthy Children, and adopt health- and health equity-promoting design criteria in community and transportation infrastructure funding. One resolution also called on the province to develop a healthy eating strategy based on recent health report recommendations that promote reduced consumption of sugar, sugar-sweetened beverages, and processed foods. With support from the Heart & Stroke Foundation, alPHa issued a news release on July 12 on this healthy eating resolution.

[View the 2016 alPHa resolutions here](#)

[Read the July 12 alPHa news release here](#)

Save the Date - 2017 Annual Conference

The alPHa Board is pleased to announce that the 2017 alPHa Annual General Meeting and Conference will be held from **June 4 to 6, 2017** in Chatham, Ontario. Co-hosting with the association will be [Chatham-Kent Health Unit](#). More details to follow.

alPHa Group Insurance Offer

alPHa members and all health unit staff are eligible to receive an exclusive group discount of 12.5% on home and auto insurance from Aviva Insurance. Request a quote today by visiting www.alphagroupinsurance.ca or by calling 1-877-787-7021. Other benefits include: additional savings available through other discounts, free access to personal legal, home and health information service (included with home insurance policies), and professional claims handling backed by Claims Service Satisfaction Guarantee.

Upcoming Event

June 4, 5 & 6, 2017 - 2017 alPHa Annual General Meeting and Conference, Chatham, Ontario. Details TBA.

**Organizational Governance Committee for
Standards Modernization
June 2016
Highlights #1**



Health system transformation is underway in Ontario, with a focus on access, quality and value for money. The foundation for an accountable, transparent, integrated, and evidence-informed system that provides the right care at the right time in the right place and promotes healthy living has been established through Action Plan for Health Care, 2012. The person-centred framework established in the Patients First: Action Plan for Health Care, 2015 aims to: provide faster access to the right care; deliver better coordinated and integrated care in the community, closer to home, provide the education, information and transparency people need to make the right decisions about their health, and protect the universal public health care system by making decisions based on value and quality.

Public health has a key role to play in achieving the aims of the person-centred framework for strategic action. As part of the broader health system transformation efforts underway in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) has embarked on a process to modernize the 2008 Ontario Public Health Standards (OPHS) and the 2011 Ontario Public Health Organizational Standards (Organizational Standards) ("Standards Modernization"). The Standards Modernization process will provide the opportunity to review and clearly define public health's role and contributions within the broader health system transformation process.

As part of the Standards Modernization process, the ministry has established the Organizational Governance Committee (OGC) to recommend an accountability framework for public health. The OGC will report to the ministry through the Executive Steering Committee (ESC).

The OGC is chaired by **Ms. Roselle Martino**, Assistant Deputy Minister, Population and Public Health Division, MOHLTC. Members of the Committee include:

Ms. Karen Jones

Senior Corporate Management and
Policy Consultant
City of Toronto
(City of Toronto representative)

Mr. Brian Laundry

Senior Director
Central East Local Health Integration
Network (LHIN representative)

Dr. Chris Mackie

Medical Officer of Health
Middlesex London Health Unit
(COMOH representative)

Ms. Anne Schlorff

Director, Central Resources
Region of Waterloo Public Health
and Emergency Services
(AOPHBA representative)

Ms. Janette Smith

Commissioner
Health Services Region of Peel
(AMO representative)

Ms. Linda Stewart

President
Association of Local Public Health
Agencies (aLPHa representative)

Mr. Larry Stinson

Director of Operations
Peterborough Public Health
(OPHA representative)

Ms. Cynthia St. John

Executive Director
Elgin St. Thomas Public Health
(AOPHBA representative)

Mr. Don West

Chief Administrative Officer
Porcupine Health Unit
(AOPHBA representative)

Update

The first meeting of the OGC was held on the afternoon of May 13, 2016. The members discussed the Committee's Terms of Reference and its relationships to ESC and the other committees within the Standards Modernization process.

The Committee will focus its workplan on an overall approach to accountability. Specifically, the Committee will deliberate on a proposed accountability framework, focusing on board of health accountability for the use of ministry funding for the delivery of public health programs and services. The Committee will also consider how the framework will be operationalized, and what tools and resources are required to support boards of health in fulfilling accountability requirements within their respective organizations and to the ministry.

The Committee began by considering historical accountability frameworks in relation to the need for increased transparency and the ability to demonstrate value for money. Members spent time discussing the need for an approach to accountability within the public health sector which takes into account the anticipated transformation of the health care system. The important role of governance in accountability was also noted.

Members were asked to consider whether the name of the committee should be changed to reflect the committee's mandate to focus on accountability. The OGC is expected to provide recommendations to ESC in support of the December 2016 submission to the ministry of revised standards for public health.

The next meeting of the OGC will focus on performance measurement – the first pillar within the proposed accountability framework.

For information, contact: Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care at Paulina.Salamo@ontario.ca or (416) 327-7423.

**Standards Modernization
Executive Steering Committee
June 2016
Highlights #2**

The Executive Steering Committee for the Standards Modernization (the “ESC”), which reports to the MOHLTC, continues the review of the Ontario Public Health Standards (OPHS) with a goal to strengthen and enhance accountability and transparency within the public health system.

The ESC has met five times from December 2015 to May 2016. ESC discussions in the first few meetings focused on opportunities related to system integration, new and emerging issues of public health importance, approaches to revise the OPHS to ensure greater emphasis on population health assessment to inform planning of programs and services, and a preliminary discussion on the scope of the OPHS.

In April and May the ESC had detailed discussions on the scope of the OPHS and began considering opportunities for greater efficiency, taking into consideration the work of other sectors. At its meeting on May 20, 2016, the ESC completed its first detailed review of each of the standards in the OPHS. The Committee agreed that a second review of the OPHS to further refine the scope is required. The ESC’s meeting on May 27, 2016 focused on opportunities for flexibility within the OPHS to address local needs. There was also a strategic level discussion on the approach to the OPHS in terms of structure, considering the Principles and the Logic Models.

Future meetings will focus on continuing the discussion on scope of the OPHS, opportunities for flexibility, equity, and accountability.

For information, contact: Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care at Paulina.Salamo@ontario.ca or (416) 327-7423.

**Accountability Committee for
Standards Modernization
July 2016
Highlights #2**



The Organizational Governance Committee (OGC) has been renamed the Accountability Committee (AC) to better reflect the committee's mandate and focus on accountability. The AC reports to the Executive Steering Committee for the Standards Modernization process and is continuing with its review of accountability within the context of the relationship of boards of health to the ministry.

There has been one change in the committee's membership: Mary Johnson has replaced Florence Campbell as the alPHa Board of Health Section representative. Mary is a member of the board and the past chair of the Board of Health for Eastern Ontario. The AC Terms of Reference are included in Appendix 1.

The AC held its second meeting on June 17, 2016 and discussed the fundamental components of performance measurement and quality improvement. The main goal for the committee is to articulate an accountability framework for the public health sector and recommend operational tools which will support the ministry in holding boards of health accountable for both complying with standards and achieving outcomes.

The articulation of a performance measurement strategy will be explored further once the scope of all of the core components of the accountability framework has been considered. Committee members discussed the importance of quality improvement (QI). This could be supported through the use of standardized approaches to quality improvement, which would enhance the sector's capacity to undertake QI processes.

Future committee meetings will focus on continuing the discussion regarding the scope of the accountability framework, including consideration of how to address accountability for programs and services, governance and funding.

For information, contact: Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care at Paulina.Salamo@ontario.ca or (416) 327-7423.

Standards Modernization Accountability Committee TERMS OF REFERENCE

BACKGROUND

As part of the public health renewal agenda, the ministry released the Ontario Public Health Standards (OPHS) in 2008 and the Ontario Public Health Organizational Standards (Organizational Standards) in 2011. The OPHS and incorporated protocols are guidelines issued by the Minister under the *Health Protection and Promotion Act* (HPPA). These establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario's 36 boards of health. The Organizational Standards establish the minimum management and governance requirements for all boards of health and public health units and are operationalized via the Public Health Funding and Accountability Agreement.

CONTEXT

Health care system transformation is underway in Ontario, with a focus on access, quality and value for money. The foundation for an accountable, transparent, integrated, and evidence-informed system that provides the right care at the right time in the right place and promotes healthy living has been established through Action Plan for Health Care, 2012. The person-centred framework established in the Patients First: Action Plan for Health Care, 2015 aims to provide faster access to the right care, deliver better coordinated and integrated care in the community, closer to home, provide the education, information and transparency people need to make the right decisions about their health, and protect the universal public health care system by making decisions based on value and quality.

As part of the broader health system transformation efforts underway in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) is conducting a review of the OPHS and Organizational Standards (Standards Modernization). Demonstrating an accountable, efficient and transparent system are key objectives of Ontario's health care transformation agenda and public health can play a key role in achieving these aims through the Standards Modernization process. The Standards Modernization process will provide an opportunity to clearly define public health's role and contributions within the broader health system transformation process.

MANDATE

The Accountability Committee (AC) is being convened to recommend an accountability framework for the public health sector in Ontario to support enhanced transparency and the demonstration of value for money. This will include a review of the tools and processes currently in place to support the ministry's accountability for public funds.

RESPONSIBILITIES

The Accountability Committee is charged with providing the Executive Steering Committee (ESC) with recommendations on an accountability framework and a revised set of accountability tools and processes.

To complete this task, the Accountability Committee will:

- Receive direction from ESC and respond to requests from ESC for input and advice;
- Provide recommendations on a draft accountability framework that is specific to public health and include recommendations on the processes and mechanisms that are needed to support implementation;
- Ensure the scope of the accountability framework covers the full scope of the accountabilities of boards of health in their relationship to the ministry.
- Consider how to achieve a balance between ensuring compliance with service delivery expectations and supporting the achievement of intended outcomes;
- Consider how accountability can be implemented without creating excess burden on resources;
- Develop recommendations regarding transparency, value for money, efficiency, effectiveness, risk management and standardization in practices can be achieved;
- Provide recommendations on the infrastructural elements that are needed to support the implementation of an accountability framework;

DELIVERABLES

The Accountability Committee will conclude its mandate following submission of a recommended accountability framework with tools and processes to the Executive Steering Committee for review.

The Accountability Committee will contribute to the key messages and process updates for the sector, which will form part of a broader ESC and MOHLTC communication strategy.

MEMBERSHIP

The Accountability Committee will be chaired by Roselle Martino, Assistant Deputy Minister, Population and Public Health Division. Membership on the Committee will represent a balance of representatives from public health units, boards of health, as well as other individuals, stakeholder organizations and government representatives.

Members will sign confidentiality agreements due to the sensitive nature of some of the items discussed and brought for the committee's review and consideration.

In order to sustain the momentum of committee work, there will be no delegates permitted for meetings. Members who miss more than two meetings may be asked to reconsider their commitment to membership on the Committee.

Meetings may occur as frequently as every 4 weeks. Meetings will occur in-person in Toronto, with teleconference access available upon request. The ministry will cover eligible travel expenses to Toronto when accompanied by receipts.

See Appendix for a list of members.

ACCOUNTABILITY

Through the chair, the Accountability Committee will be accountable to the Executive Steering Committee, which in turn is accountable to the Ministry of Health and Long-Term Care.

RELATED WORKING GROUPS

The Accountability Committee will function as one of several sub-committees within the overall standards modernization process. By reporting to the Executive Steering Committee, appropriate linkages between the sub-committees will be ensured. In addition to the Accountability Committee, the following sub-committees will provide support to the Executive Steering Committee:

- Practice and Evidence Program Standards Advisory Committee;
- Intra-ministerial Committee;
- Capacity and Public Health Disciplines Committee; and
- Systems & Infrastructure Committee

There will also be ongoing communication between the Executive Steering Committee, the Inter-ministerial Liaison, and processes for the engagement of Indigenous Communities.

TIME FRAME

The committee will be convened for a specific period of time, which is expected to be from May, 2016 – December, 2016.

SECRETATAT

Population and Public Health Division, Ministry of Health and Long-Term Care.

APPENDIX:

Membership of the Accountability Committee

Chair

Ms. Roselle Martino Assistant Deputy Minister, Population and Public Health Division, MOHLTC

Members

Ms. Mary Johnson Board of Health Member, Eastern Ontario Health Unit, (alPHa representative)

Ms. Karen Jones Senior Corporate Management and Policy Consultant (City of Toronto representative)

Mr. Brian Laundry Senior Director, Central East Local Health Integration Network (LHIN representative)

Dr. Chris Mackie Medical Officer of Health, Middlesex London Health Unit, (COMOH representative)

Ms. Anne Schlorff Director, Central Resources, Region of Waterloo Public Health and Emergency Services (AOPHBA representative)

Ms. Janette Smith Commissioner, Health Services Region of Peel, (AMO representative)

Ms. Linda Stewart President, Association of Local Public Health Agencies (alPHa representative)

Mr. Larry Stinson Director of Operations, Peterborough Public Health, (OPHA representative)

Ms. Cynthia St. John Executive Director, Elgin St. Thomas Public Health (AOPHBA representative)

Mr. Don West Chief Administrative Officer, Porcupine Health Unit (AOPHBA representative)

Committee Support (MOHLTC)

Mr. Brent Feeney Manager, Public Health Standards, Practice and Accountability Branch, Population and Public Health Division, MOHLTC

Ms. Laura Pisko Director, Health Promotion Implementation Branch, Population and Public Health Division, MOHLTC

Ms. Jane Sager A/Director, LHIN Liaison Branch, Health System Accountability and Performance Division, MOHLTC

Ms. Paulina Salamo A/Director, Public Health Standards, Practice and Accountability Branch, Population and Public Health Division, MOHLTC

**Accountability Committee for
Standards Modernization
August 2016
Highlights #3**



The Accountability Committee (AC) held its third meeting on July 8, 2016 to continue its review of accountability within the context of the relationship of boards of health to the ministry.

The AC began its meeting by discussing the key information which the ministry provides on public health to the central agencies of the government. It was acknowledged that the lack of data presents a challenge as it limits the ability to demonstrate the scope of program delivery and the value for money that is achieved through the government's investment in public health.

The remainder of the meeting was devoted to presentations by Committee members on how health units demonstrate accountability to their boards of health and municipalities. Some of the commonly identified practices and themes included:

- Use of internal program level dashboards,
- Use of locally developed indicators to report to boards,
- Aligning achievements with health unit strategic plans,
- Use of health status reports to identify local priorities,
- Use of local data to bring together the financial and performance streams to understand value for money, and
- The work involved in developing and maintaining relationship with municipalities.

The Committee considered the possibility of identifying and developing a core set of population health measures which all or most health units are currently using for provincial reporting purposes.

Creating a common set of process and outcome indicators which meet the needs of both boards and the ministry would be a positive step forward in the development of a new accountability framework.

The next Committee meeting will include additional reports from Committee members on local accountability practices.

For information, contact: Paulina Salamo, A/Director, Public Health Standards, Practice and Accountability Branch, Ministry of Health and Long-Term Care at Paulina.Salamo@ontario.ca or (416) 327-7423.

APPROVAL OF CONSENT AGENDA

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

Board of Health & the Baby-Friendly Initiative

What do I need to know about BFI?

- The Baby-Friendly initiative (BFI) protects, promotes and supports breastfeeding.
- BFI supports formula feeding families by providing individual information on infant feeding, free from commercial influences.
- The International Code of Marketing of Breastmilk Substitutes, “the code,” protects families against commercial pressure and prevents conflicts of interest for staff and physicians.
- SDHU does not endorse any products or accept personal gifts or samples.
- The global infant feeding recommends that mothers exclusively breastfeed until six months and continue breastfeeding up to two years and beyond after starting solid foods.
- Know at least 2 reasons why breastfeeding is important (please refer to Key Messages sheet).
- Know the location of the “Our Baby-Friendly Promise” poster (abbreviated version of Policy & Procedure) and that a copy of our Policy & Procedure is available upon request.
- A mother can breastfeed her child anytime anywhere. In Ontario, women are legally protected from discrimination and harassment because of sex. The protection includes pregnancy and breastfeeding. Nursing mothers have the right to breastfeed a child in a public area. No one should prevent a woman from nursing simply because they are in a public area. No one should ask a woman to “cover up”, disturb them or ask them to move to another area that is more discreet.
- Private spaces are always available to breastfeed at the SDHU — if a member of the public asked for assistance, please re-direct them to the intake desk.
- The BOH advocates for external/ community partners to adopt BFI as a best practice and provide support as needed.
- Complete the annual BFI education, Level D (including an in-service at a BOH meeting and reviewing of the BFI organizational and breastfeeding in the workplace Policy and Procedure).
- Know where to refer mothers for help with their feeding choices. Families can be referred to the HBHC, Health Information Line (ext. 342), Breastfeeding Clinic, Telehealth, Peer Support & Breastfeeding support groups through SDHU.
- For more information about BFI, please contact Penny Sutcliffe.



Key Messages

**What you need to know about the
Baby-Friendly Initiative at the
Sudbury & District Health Unit**



Sudbury & District
Health Unit
Service de
santé publique

What is the Baby-Friendly Initiative?



The Baby-Friendly Hospital Initiative (BFHI) is a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) that was started in 1991 to protect, promote and support breastfeeding.

This initiative has been broadened in Canada to include community health services, such as public health units, and is generally referred to as the Baby-Friendly Initiative (BFI).

The Baby-Friendly Initiative is recognized as best practice and requires organizations to implement a number of components that improve quality of care for mothers and infants. In order to achieve BFI designation, organizations must implement the criteria outlined in the 10 Steps and the WHO Code of Marketing Breastmilk Substitutes.

1. Breastfeeding provides all the nutrients babies need to grow and be healthy.
2. Breastfeeding supports attachment and bonding between mother and baby.
3. Breastfeeding protects babies against infections and diseases and contributes to optimal brain development.
4. Benefits mother's health and reduces the risks of some cancers and chronic illnesses.
5. Helps families save money and protects the environment.

Why is breastfeeding important?



Human rights

The Ontario Human Rights Code (OHRC) is a law that provides for equal rights and opportunities. The OHRC recognizes the worth of every person in Ontario. The OHRC makes it against the law to discriminate against someone or harass them because of sex, including pregnancy and breastfeeding.

“We work with the community to support breastfeeding”

How does the SDHU support mothers & families?



1. We provide information to make an informed decision about infant feeding that is free of commercial influences.
2. We follow the global recommendation that mothers exclusively breastfeed until six months and continue breastfeeding up to two years and beyond after starting solid foods.
3. We educate staff to support breastfeeding mothers.
4. We provide written information and support about safe infant formula preparation and feeding once they have made an informed decision not to breastfeed.
5. We work with the community to support breastfeeding.
6. We support all mothers no matter how they choose to feed their infant.
7. We protect mothers by following the WHO Code of Marketing of Breastmilk Substitutes.
 - No advertising of breast milk substitutes to the public.
 - No free samples to mothers.
 - No company representatives to advise mothers.
8. We ensure that infant formula is used appropriately when medically indicated.
9. We do not endorse or give out feeding supplies or educational materials that advertise infant formula, bottles, nipples or pacifiers.
10. Mothers are welcome to feed their babies anytime, anywhere in our Health Unit. Any empty room is available for privacy, if requested. Please redirect the individual to intake for assistance in finding a room.
11. Mothers who have questions or need help with breastfeeding can be referred to the Health Information Line at ext. 342.
12. Ensure that all resources provided to the public align with BFI messaging.





Core

Competencies

Staff should be aware of the skills, knowledge, and attitudes consistent with the “Core Competencies of Public Health” as it applies to BFI and their role within the SDHU. See examples below:

1. **Public Health Sciences:** Positively impacts determinants of health (it’s free).
2. **Assessment & Analysis:** We assess data and information to make evidence based decisions.
3. **Policy & Program Planning:** SDHU implemented the BFI Organizational Policies & Breastfeeding in the workplace policies.
4. **Partnerships, Collaboration & Advocacy:** The BFI Network includes many community partners.
5. **Diversity & Inclusiveness:** We understand that determinants of health affect breastfeeding success. We address population demographics (high risk groups such as low income or teen moms).
6. **Communication:** Communicate breastfeeding messaging effectively via printed resources distributed throughout the community, on social media, the BFI Network, the breastfeeding challenge, website, prenatal classes, etc.
7. **Leadership:** By being a role model and applying BFI practices in everyday work we are contributing to maintaining the organizational performance standards.

Organizational

Policies

Policies are located on SharePoint in the GAM.

1. C-I-20 Baby Friendly Organizational **Policy** and **Procedure**.
2. K- V-41 Breastfeeding in the Workplace **Policy** and **Procedure**.

Staff need to bring with them a portable public policy that can be posted at offsite locations where mothers and babies may receive service.

Orientation to the breastfeeding policy and procedure will be provided to all staff, students and volunteers on a yearly basis.

The SDHU BFI policy is available to the public upon request.



Where to go

for more

information?

- bfiontario.ca
- breastfeedingcanada.ca

Have questions? Contact the Family Health Team at ext. 427.

Sudbury & District Health Unit General Administrative Manual

Policy

Category: Organization
Section: Baby-Friendly Initiative
Subject: Baby-Friendly Initiative
Number: C-I-20
Approved By: Director, Clinical and Family Services
Original Date: September 2013
Revised Date: August 2016

Purpose

The Sudbury & District Health Unit recognizes that breastfeeding is the unequalled and normal way of feeding infants. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. At six months, infants should be introduced to appropriate complementary first foods with particular attention to iron with continued breastfeeding for up to two years and beyond (Health Canada, 2012).

The Baby-Friendly Initiative (BFI) is a global, population-based strategy that has been shown to increase the health and well-being of children and families through increased initiation and duration rates of breastfeeding. BFI ensures that all families have the information they need to make an informed infant feeding decision. The health unit is committed to collaborating with healthcare providers and key organizations in our community to protect, promote and support breastfeeding through the Baby-Friendly Initiative.

The Sudbury & District Health Unit will protect, promote and support breastfeeding by achieving and maintaining the Baby-Friendly designation by complying with the Breastfeeding Committee for Canada (BCC) _BFI_10 Steps Practice Outcome Indicators which includes adhering to the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes and subsequent relevant Resolutions of the World Health Assembly (WHA).

The Baby-Friendly Initiative policy and procedure will be reviewed annually during the month of February.

Sudbury & District Health Unit General Administrative Manual

Procedure

Category: Organization

Section: Baby-Friendly Initiative

Subject: Baby-Friendly Initiative

Number: C-I-20

Approved By: Director, Clinical and Family Services

Original Date: September 2013

Revised Date: August 2016

Process

Responsibilities for achieving and maintaining Baby-Friendly designation at the Sudbury & District Health Unit will be as follows:

- **Human Resources and Managers** are responsible for ensuring that all new staff, volunteers and students receive the BFI policy. The policy will be reviewed during orientation for new health unit staff.
- **Managers in collaboration with the BFI Work Group** will ensure new staff receives orientation to the policy, and will support breastfeeding education and training for their staff as appropriate to their role.
- **All staff and volunteers** will be educated about the importance of breastfeeding, the risks of infant formula, where to refer breastfeeding mothers for care and support, and to welcome breastfeeding or the expression of breast milk in our offices as well as community sites where SDHU services are offered. All staff and volunteers will provide client-centered care and support to all families including non-breastfeeding families.
- **The Family Health Team, Growing Family Clinic and the Healthy Babies, Healthy Children Teams** are responsible for providing one-to-one breastfeeding care and will act as the point of first referral for mothers experiencing breastfeeding challenges.
- **The BFI staff leads**, with support from the **BFI Work Group**, will provide overall coordination of BFI designation activities, status updates for the purpose of reporting to the Ministry and the Breastfeeding Committee for Canada act as resources for staff, and evaluate and support ongoing compliance.
- BFI lead manager will provide semi-annual reporting as requested by the Director/Ministry

Additionally, the Sudbury & District Health unit will ensure The Ten Steps, including adherence to

The WHO Code and subsequent WHA Resolutions are implemented to achieve and maintain Baby-Friendly designation.

Step 1: Have a written breastfeeding policy that is routinely communicated to all health care providers, staff and volunteers.

Step 2: Ensure all health care providers have the knowledge and skills necessary to implement the breastfeeding policy.

- All staff, volunteers and students will receive appropriate orientation and education about this policy, the importance of breastfeeding, as well as the Health Unit services that provide direct breastfeeding care and support and how to make referrals.
- New staff will receive orientation to the policy and education appropriate to their role, within 6 months of their date of hire.
- Staff that provide direct breastfeeding care and support will receive ongoing breastfeeding education and training to support breastfeeding best practices.
- All staff orientation and education will be recorded and monitored through human resources. Ongoing awareness, knowledge transfer and education on the Baby-Friendly Initiative will be provided to staff in a variety of ways including internal newsletters, team and division meetings and online modules.
- A summary of the policy will be displayed in English and French in all public areas of the SDHU and a copy of the full policy is available upon request. Other languages will be made available as needed. A summary of the policy will also be posted on the SDHU website.

Staff will have access to and post a portable public policy at offsite locations where mothers/babies might receive service. Example: clinics.

Step 3: Inform all pregnant women and their families about the importance and process of breastfeeding.

- During prenatal contact (i.e. home visits, clinics or classes), staff will promote breastfeeding by providing pregnant women and their support persons with the information required to make an informed decision about infant feeding, as well as address the importance of exclusive breastfeeding, the global infant feeding recommendation, the basics of breastfeeding management and the risks and costs of offering infant formula.
- Staff will not provide group prenatal or postnatal education about infant formula.
- Written information and one-to-one teaching of safe formula preparation, storage and feeding technique is provided to families who have made an informed decision to formula feed their infants. Information provided about formula will be impartial and not endorse any company or brand name.

- Current and evidence based education breastfeeding materials are provided to expectant and new mothers and their support persons. These will be impartial and will not endorse company brand names.
- Staff will use the BFI Resource Compliance Sheet to ensure all resources adapted or created are BFI compliant.

Step 4: Place babies in uninterrupted skin-to-skin contact with their mothers immediately following birth for at least one hour or until completion of the first feeding or as long as the mother wishes; encourage mothers to recognize when their babies are ready to feed, offering help as needed.

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
 - Provide education about the importance of initiating skin-to-skin contact as soon as possible after birth to all mothers.
 - Provide education about initiating breastfeeding within an hour of birth to all mothers.
 - Provide education on cue based feeding and rooming-in (unless medically contraindicated for mother or baby) to all mothers.

Step 5: Assist mothers to breastfeed and maintain lactation should they face challenges including separation from their infants.

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
 - Assess breastfeeding progress and provide care at each client interaction to enable early identification of potential concerns with breastfeeding.
 - Teach mothers about effective positioning and latching, how to recognize a good latch and when their babies are getting enough milk.
 - Teach mothers how to express milk by hand and, if required, how to use a breast pump and how to store breast milk.
 - Provide information on how to access community-based breastfeeding support.
 - Provide anticipatory guidance about expected changes and possible challenges for breastfeeding the older baby and young child.
 - Inform parents about their right to have accommodations in the workplace that support and sustain breastfeeding and the right to breastfeed in public places.
 - Assist mothers who have made an informed decision not to breastfeed or to supplement their babies with infant formula to choose a substitute that is acceptable, feasible, affordable, sustainable and safe.
 - Assist and encourage mothers to maintain lactation during periods of separation from the baby.

Step 6: Support mothers to exclusively breastfeed for the first six months, unless supplements are medically indicated.

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
 - Provide information about the importance of exclusive breastfeeding for establishing and maintaining breastfeeding, and
 - Provide information to support informed decision making about feeding their own expressed breast milk, human donor milk from a milk bank or infant formula as appropriate. See medical indications for supplementation - Appendix 6.2 of the BFI Integrated 10 Steps Practice Outcome Indicators

Breastfeeding Surveillance

- Share surveillance information with key stakeholders and community partners.
- Considering surveillance findings when doing program planning to lessen disparities in breastfeeding rates among the population that the health unit services.

Step 7: Facilitate 24-hour rooming-in for all mother-infant dyads: mothers and infants remain together.

- All staff that provide direct breastfeeding care and support to pregnant women, mothers and their support person(s) will:
 - Teach about the importance of mothers and infants remaining together from birth including once they are at home, and will encourage skin-to-skin contact for as long and as often as mothers desire. See SDHU Best Practice Guidelines For: Infant Sleep Practices – Bed-Sharing

Teach about the importance of breastfeeding and or holding baby skin-to-skin during painful procedures

Step 8: Encourage baby-led or cue-based breastfeeding. Encourage sustained breastfeeding beyond six months with appropriate introduction of complementary foods.

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
 - Teach all mothers about the signs of effective breastfeeding and how to respond to their infants feeding cues by breastfeeding whenever the infant shows signs of interest;
 - Encourage all mothers to give their babies the opportunity to breastfeed frequently especially in the early weeks and inform them about how patterns of feeding change over time.

Teach mothers about contraceptives compatible with breastfeeding, including Lactational Amenorrhea Method (LAM)

- Teach all mothers about the signs of readiness for complementary foods and discuss the importance of continuing to breastfeed, and
- Teach all mothers about their right to breastfeed in public spaces and be accommodated in the work place or at school.

Step 9: Support mothers to feed and care for their breastfeeding babies without the use of artificial teats or pacifiers (dummies or soothers).

- All staff that provides direct breastfeeding care and support to pregnant women, mothers and their support persons will:
 - Support breastfeeding by not providing pacifiers or bottles to breastfeeding infants;
 - Ensure that all mothers receive education about techniques to soothe their infants without the use of artificial nipples;
 - Review the risks of early pacifier use and if the mother has made an informed decision to use artificial nipples or pacifiers she is encouraged to wait until breastfeeding is well established; and
 - Encourage appropriate alternate feeding methods such as lactation aids at the breast, finger feeding, cup feeding and spoon feeding when supplementation is necessary.

Step 10: Provide a seamless transition between the services provided by the hospital, community health services and peer support programs. Apply principles of Primary Health Care and Population Health to support continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.

The Health Unit will:

- Provide consistent breastfeeding information by collaborating with other community prenatal care and education providers.
- Foster partnerships with hospitals, physicians, midwives, doulas, peer support groups and key organizations to advance breastfeeding in the Sudbury and district areas and to provide coordinated community based breastfeeding support services and policies.
- Provide prenatal and postnatal mothers with a list of breastfeeding supports in the community
- Refer all mothers and infants with identified breastfeeding problems for follow-up to the appropriate community breastfeeding support services.
- Advocate for a breastfeeding culture in the local community through collaborative partnerships with community groups, businesses, schools, local government and the media.
- Engage community members in breastfeeding promotion as well as the review of this policy.

Compliance with the International Code of Marketing of Breast milk substitutes and subsequent, relevant World Health Assembly (WHA) Resolutions.

The Health Unit will protect breastfeeding families by adhering to the World Health Organization (*WHO/UNICEF, 1981*) International Code of Marketing of Breast-Milk Substitutes and relevant WHA Resolutions, summarized as follows:

1. No advertising of these products to the public
2. No free samples to mothers

3. No promotion of products in health care facilities
4. No company mothercraft nurses to advise mothers
5. No gifts or personal samples to health workers
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels of the products
7. Information to health care workers should be scientific and factual
8. All information on artificial infant feeding, including the labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding
9. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies
10. All products would be of a high quality and take account of the climatic and storage conditions of the country where they are used

The Baby-Friendly Initiative policy and procedure will be reviewed annually during the month of February.

Sudbury & District Health Unit General Administrative Manual

Policy

Category: Human Resources
Section: Terms and Condition of Employment
Subject: Breastfeeding in the Workplace
Number: K-V-41
Approved By: Director, Clinical and Family Services
Original Date: May 28, 2003
Revised Date: August 2016

Purpose

The Sudbury & District Health Unit is committed to providing a supportive environment for women who continue to breastfeed upon their return from pregnancy/parental leave in accordance with the Ontario Human Rights Code, R.S.O. 1990 (OHRC). The Sudbury & District Health Unit will accommodate staff who request to breastfeed or pump in the workplace as per the OHRC. The Sudbury & District Health unit will also support employees who are partners of breastfeeding mothers or guardians of a breastfed infant/child as well as students, volunteers and tenants.

This policy acknowledges the importance of breastfeeding for the mother, baby and family, and is based on the following principles:

- Breastfeeding is the normal and unequalled way of feeding infants.
- The Sudbury & District Health Unit is working towards achieving “Baby-Friendly” designation (The Breastfeeding Committee for Canada, 2012) in an effort to protect, promote and support breastfeeding as outlined in the GAM BFI Policy & Procedure.
- The Sudbury & District Health Unit is demonstrating responsibility in achieving components of the Ontario Public Health Standards (2008) and meeting its accountability agreement indicator requirements.
- The Sudbury & District Health Unit acknowledges the importance of breastfeeding in the workplace and is committed to eliminating any unlawful direct and indirect discrimination on the basis of any of the prohibited grounds under the OHRC.
- The provision for staff with family responsibilities is a fundamental prerequisite for achieving equality of employment opportunity and meeting legal and corporate obligations.

- The Sudbury & District Health Unit is dedicated to building its public image as a model corporation for other agencies intending to establish similar policies.

Sudbury & District Health Unit General Administrative Manual

Procedure

Category: Human Resources

Section: Terms and Condition of Employment

Subject: Breastfeeding in the Workplace

Number: K-V-41

Approved By: Director, Clinical and Family Services

Original Date: May 28, 2003

Revised Date: August 2016

Process

Management Responsibilities:

1. The Sudbury & District Health Unit will promote knowledge and understanding of the Corporate Breastfeeding in the Workplace policy and procedure by communicating the said policy to all employees when hired and prior to pregnancy and/or parental leave.
2. Managers/supervisors will work with breastfeeding employees or employees who are partners of breastfeeding mothers or guardians of a breastfed child to accommodate flexible work hours, lunch hours and breaks, so that an employee can express breast milk or have their baby brought to the office by the caregiver to be breastfed should they so desire.
3. The SDHU will support staff who wish to breastfeed in any public area of the health unit. In addition private areas such as those identified below will also be available.
4. Managers will respond in a timely manner to written employee requests for flexible work hours or for the use of a private breastfeeding space.
5. If requested, appointments will be scheduled to accommodate a breastfeeding employee in the use of a private breastfeeding space (i.e. Nurse on Call/Breastfeeding Room/ Quiet Room/or another meeting room). Management will investigate alternative accommodations in the workplace when no private breastfeeding space exists. (Note: The use of a private breastfeeding space will also be made available to students, volunteers and tenants if requested through their supervisor/manager)
6. A "Breastfeeding Space in Use" sign will be available to be placed on the door for added privacy, if desired. This sign is available at the intake desk.
7. Access to refrigeration facilities for storage of expressed milk shall be provided at 1300 Paris Street. The refrigerators in the lunch room are to be used. Appropriate

refrigerators in the district offices will be identified by management to accommodate breastmilk storage requests.

8. The Sudbury & District Health Unit will make every reasonable effort to ensure available access to an electrical outlet, a side table to set up a pump, a comfortable chair and proximity to hand washing facilities.
9. Any arrangements must consider operational requirements and comply with the Collective Agreements and Corporate Policy as applicable.

Employee Responsibilities:

1. The employee will be responsible for making a written request, identifying their needs prior to or upon returning to work.
2. The employee will be responsible for the storage of expressed milk outlined by the most current breast milk storage guidelines which can be obtained from the Family Health Team. Employees must label their milk container. In addition, the milk container must be sealed in a plastic (Zip-Lock) bag to prevent contamination by other products in the refrigerator and to prevent the spill of the breast milk should a rupture or leakage occur.

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/>

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

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

ADJOURNMENT

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