



Sudbury & District Board of Health

Thursday, October 20, 2016

SDHU Boardroom

1300 Paris Street

Sudbury & District Board of Health

Sudbury & District Board of Health Meeting #7 - October 20, 2016

1.0 CALL TO ORDER

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF
INTEREST

-

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Board Agenda

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4.0 DELEGATION / PRESENTATION

i) Northern Fruit and Vegetable Program
Julie Dénommé, Manager, School Health Team, Health
Promotion Division

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Sixth Meeting - September 15, 2016 Page 13

ii) Business Arising From Minutes

iii) Standing Committees

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

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v) Correspondence

a. Lyme Disease

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Federal and Provincial Ministers of Health dated
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b. HPV Immunization Programs

Letter from the Peterborough Board of Health to the Minister of Health and Long-Term Care dated October 6, 2016 Page 39

c. Patients First Bill

Letter from the Ministry of Health and Long-Term Care (MOHLTC) to Health System Partners received October 4, 2016 Page 43

d. Food Security - Universal Hot Meal Programs in Schools

Letter from the Board of Health for Peterborough Public Health to the Federal Minister dated September 30, 2016 Page 45

Letter from the Board of Health for Peterborough Public Health to the Provincial Minister dated September 30, 2016 Page 47

e. Basic Income Guarantee

Letter from the Haliburton Kawartha Pine Ridge District Health Unit Board of Health to Minister of Families, Children and Social Department dated September 14, 2016 Page 49

f. Sudbury & District Board of Health's 2016 Program-Based Grant

Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair dated September 23, 2016 Page 56

vi) Items of Information

a. alPHa 2016 Fall Symposium – November 17 and 18, 2016

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b. Snapshot of Public Health for District Office Areas

i. Chapleau Area Snapshot Page 58

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6.0 NEW BUSINESS

i) Risk Management

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ii) Strategic Planning

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iii) Change in Board of Health Meeting Date

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iv) Nutritious Food Basket 2016

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v) Performance Monitoring Plan

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vi) Engagement with Indigenous Peoples

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9.0 ADJOURNMENT

MOTION: Adjournment

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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 – SEVENTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, OCTOBER 20, 2016 – 1:30 P.M.

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST**
- 4. DELEGATION / PRESENTATION**
 - i) Northern Fruit and Vegetable Program**
 - Julie Dénommé, Manager, School Health Team, Health Promotion Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Sixth Meeting – September 15, 2016
 - ii) Business Arising From Minutes**

None
 - iii) Standing Committees**
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2016
 - v) Correspondence**
 - a. Lyme Disease**
 - Letter from the Peterborough Board of Health to the Federal and Provincial Ministers of Health dated September 20, 2016
 - b. HPV Immunization Programs**
 - Letter from the Peterborough Board of Health to the Minister of Health and Long-Term Care dated October 6, 2016
 - c. Patients First Bill**
 - Letter from the Ministry of Health and Long-Term Care (MOHLTC) to Health System Partners received October 4, 2016
 - d. Food Security - Universal Hot Meal Programs in Schools**
 - Letters from the Board of Health for Peterborough Public Health to the Federal and Provincial Ministers dated September 30, 2016

e. Basic Income Guarantee

- Letter from the Haliburton Kawartha Pine Ridge District Health Unit Board of Health to Minister of Families, Children and Social Department dated September 14, 2016

f. Sudbury & District Board of Health's 2016 Program-Based Grant

- Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair dated September 23, 2016

vi) Items of Information

- | | |
|---|----------------------|
| a. aIPHa Fall Symposium – Save the Date Flyer | November 17&18, 2016 |
| b. 2015 Snapshot of Public Health for District Office Areas | |
| i. Chapleau | |
| ii. Lacloche Foothills Area | |
| iii. Manitoulin Island | |
| iv. Sudbury East | |
| c. SDHU Workplace Health Newsletter | Fall/Winter 2016 |
| d. MOHLTC News Release <i>Ontario Reintroduces Legislation to Further Improve Patient Access and Experience</i> | October 6, 2016 |
| e. MOHLTC News Release <i>Ontario Making Shingles Vaccine Free for Seniors</i> | September 15, 2016 |
| f. MOHLTC Accountability Committee for Standards Modernization Highlights #4 | September 2016 |
| g. MOHLTC News Release <i>Ontario Taking Action to Prevent Opioid Abuse</i> | October 12, 2016 |

APPROVAL OF CONSENT AGENDA

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

6. NEW BUSINESS

i) Enterprise Risk Management

- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Board of Health Chair dated October 13, 2016
- Board of Health Enterprise Risk Management Policy
- Sudbury & District Health Unit Risk Assessment and Progress Report October 2016
- Sudbury & District Health Unit Risk Management Heat Map October 2016

ENTERPRISE RISK MANAGEMENT

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

WHEREAS the Ontario Public Health Organizational Standards mandate board of health stewardship and oversight of risk

management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization;

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

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health approve the Enterprise Risk Management Policy; and

FURTHER that the Board of Health endorse the October 2016 Risk Management Heat Map and Risk Assessment and Progress Report.

ii) Strategic Planning

- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Board of Health Chair dated October 13, 2016

STRATEGIC PLANNING

MOTION: **WHEREAS** the Executive Committee of the Board of Health functions as an advisory committee of the Board to develop, review and oversee Board policies and procedures; and

WHEREAS the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign responsibility to the Board Executive Committee for the oversight of the strategic plan development process for the planning cycle beginning 2018.

iii) Change in Board of Health Meeting Date

BOARD OF HEALTH MEETING DATE

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

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

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, November 17, 2016, be moved to 1:30 pm on Thursday, November 24, 2016.

iv) Nutritious Food Basket 2016

- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Board of Health Chair dated October 13, 2016

NUTRITIOUS FOOD BASKET 2016

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

WHEREAS the 2016 costing results continue to demonstrate that individuals and families living on low incomes cannot afford food after paying for housing and other necessities and therefore may be at risk for food insecurity; and

WHEREAS, within the 2016 Budget, the provincial government announced a Basic Income Pilot and has appointed the Honourable Hugh Segal to provide advice on the design and implementation of a Basic Income Pilot through a discussion paper to be delivered to the province by the fall;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health commend the provincial government on taking steps to investigate basic income guarantee as a policy option for reducing poverty; and

THAT social assistance rates be increased to reflect the actual cost of nutritious food and adequate housing as informed by the current results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports; and

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

v) Performance Monitoring Plan

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

vi) Engagement with Indigenous Peoples

- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Board of Health Chair dated October 13, 2016

ENGAGEMENT WITH INDIGENOUS PEOPLES

MOTION: THAT the Sudbury & District Board of Health direct the Medical Officer of Health to organize a Board Indigenous engagement educational session in support of motion #20-12, First Nations and Public Health.

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 – SIXTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, SEPTEMBER 15, 2016, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Maigan Bailey
René Lapierre
Ken Noland
Carolyn Thain

Janet Bradley
Richard Lemieux
Rita Pilon

Robert Kirwan
Paul Myre
Mark Signoretti

BOARD MEMBERS REGRETS

Jeffery Huska Stewart Meikleham

STAFF MEMBERS PRESENT

Megan Dumais
Renée St Onge

Sandra Laclé
Dr. P. Sutcliffe

Rachel Quesnel
Dr. A Zbar

Media

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

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

- 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

City of Greater Sudbury appointee, Maigan Bailey was introduced and welcomed to her first Board meeting. It was noted that an indepth orientation session was held for M. Bailey on August 30.

Associate Medical Officer of Health, Dr. Ariella Zbar, was Introduced and welcomed. Dr. Zbar began employment with the Sudbury & District Health Unit on August 8. Staff and Board members had an opportunity to meet Dr. Zbar at a celebration the afternoon of August 8.

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

Suzanne Lemieux was introduced and invited to present a successful community-university research collaboration on the topic of texting and driving.

Board members were reminded that, as a Teaching Health Unit, the SDHU has a long history of collaboration with Laurentian University for teaching and research.

The purpose of this specific project was to critically examine youth's perception of anti-texting and driving strategies and to understand the deterrents to youth texting and driving. Four phase project:

- 1) systematic literature review
- 2) survey of youth
- 3) eye-tracking advertisement study
- 4) interviews with youth

Some key findings included that compared to 6% in Ontario in 2015, 48% of youth surveyed in our catchment area admit to texting and driving. Youth are not aware of the consequences of texting and driving as it relates to crashes, which are 23 time more likely in texters and drivers. Youth have shared that it would take a crash or a ticket to stop them from texting and driving.

The final fourth phase of the project, which includes interviews with youth and engage youth in developing effective strategies, is currently underway and is funded by the Louise Picard Public Health Research Grant which is a joint LU-SDHU grant.

Questions were entertained and suggestions made to share findings such as with Health Sciences North, to advocate for changes such as including penalty questions on the driving exam and to reach out to other partners to further the knowledge exchange.

5.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

- i) **Minutes of Previous Meeting**
 - a. Fifth Meeting – June 16, 2016
- ii) **Business Arising From Minutes**
 - None
- iii) **Standing Committees**
 - a. 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. aIPHA 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

Further to the MOH/CEO report update regarding the Needle Exchange Program rates, additional information will be provided at a future Board meeting regarding the Needle Exchange Program/Harm Reduction program.

Board members are encouraged to complete the annual board self-evaluation as it has a direct impact on the results of our performance monitoring indicators.

Dr. Sutcliffe clarified that we do not expect there to be unmanageable financial impacts of the expansion of the HPV vaccination program to include Grade 7 boys and girls in addition to Grade 8 girls. The dosing schedule has changed from three to two doses and the health unit continues to receive funding on a per dose basis. This provincial announcement has been welcomed by all local public health units.

43-16 APPROVAL OF CONSENT AGENDA

Moved by Bailey – Thain: THAT the Board of Health approves the consent agenda as distributed.

CARRIED

6.0 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)

Megan Dumais, Director of Health Promotion, was invited to present to the Board on the Baby Friendly Initiative (BFI) to support their ongoing learning of the Sudbury & District Health Unit's role and requirements associated with becoming a BFI designated organization. The Baby Friendly curriculum requires annual orientation, and this presentation includes the annual refresher for board members.

Board members were reminded that the Ministry of Health and Long-Term Care's accountability agreement indicator includes BFI and achieving BFI designation is a performance indicator for all public health units and requires re-designation every five years.

M. Dumais explained the Baby Friendly Initiative (BFI), provided an overview of the requirements for BFI accreditation as well as an overview of SDHU BFI policy and its implications for the SDHU.

The other large part of BFI is the accreditation process which will occur from October 18 to the 20, 2016. External assessors will come to SDHU to review our BFI practices and interview staff and volunteer members, which includes one or more Board members.

Board members received electronic and print copies of the SDHU policies and procedures that have been approved by Senior Management Executive Committee and placed in the General Administrative Manual that is available to all health unit staff. In addition to understanding how these policies and procedures effect board members, a specific handout clearly identifying how BFI relates to the Board's role was also shared.

The assessors have been asked to identify the date for which the Board can expect to receive call (through Board Secretary). This will be communicated as soon as it is known.

Dr. Sutcliffe concluded that the SDHU is taking this designation seriously as this is an Accountability Agreement and that all PHUs are required to comply with part of their funding agreement. The designation requirements are not inexpensive and the site visit, excluding staff's time is approximately \$10,000.

Questions entertained. M. Dumais was thanked for her presentation and leadership with this initiative.

7.0 ADDENDUM

44-16 ADDENDUM

Moved by Pilon – Myre: 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) **Ministry of Health and Long-Term Care (MOHLTC) Practice and Evidence Program Standards Advisory Committee (PEPSAC) Standards Modernization**
 - Highlights #2, September 2016

Dr. Sutcliffe, member of the PEPSAC, shared that regular highlights are being provided to the local public health units.

- ii) **MOHLTC Executive Steering Committee Standards Modernization**
 - Highlights #4, September 2016

No questions.

8.0 ANNOUNCEMENTS / ENQUIRIES

Inquiries and announcements were shared related to surplus school spaces and their potential use, elder friendly strategies and a winter coat collection campaign.

Board members were reminded that the date of the next regularly scheduled Board meeting is Thursday, October 20, 2016.

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

9.0 ADJOURNMENT

45-16 ADJOURNMENT

Moved by Myre – Pilon: THAT we do now adjourn. Time: 2:33 p.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought...

North East LHIN | RLISS du Nord-Est

Launch of Northeastern Ontario's First-Ever Aboriginal Health Care Reconciliation Action Plan

Sept. 21, 2016 – Steps to improve the health care status and patient journey experienced by Aboriginal Northerners began today at a cultural celebration to launch the [North East Local Health Integration Network \(NE LHIN\)](#) [Aboriginal Health Care Reconciliation Action Plan](#).

With an opening prayer by Elder Hilda Nadjwan and drumming by the Young Thunderbird Group, the event at Shkagamik-Kwe Health Centre in Sudbury marked an important milestone in efforts to address health disparities for Aboriginal people living in Northeastern Ontario.



The need for a reconciliation plan was identified through LHIN engagements with Aboriginal Northerners and advice from the NE LHIN's Local Aboriginal Health Committee (LAHC), an advisory committee to its Board of Directors. The plan reflects the voices of Aboriginal Northerners and includes an environmental scan of population health and existing services across the region.

Source: NE LHIN Media Release
DATE: September 21, 2016

Chair and Members of the Board,

The North East LHIN Local Aboriginal Health Committee (LAHC) launched its Aboriginal Health Care Reconciliation Action Plan. The need for a reconciliation plan was identified through LHIN engagements with Aboriginal Northerners and advice from the NE LHIN's Local Aboriginal Health Committee (LAHC), an advisory committee to its Board of Directors. I along with other Sudbury & District Health Unit (SDHU) staff attended the launch of the Action Plan on September 21, 2016, at Shkagamik-Kwe Health Centre. The event marked an important milestone in efforts to continue to improve health services for Aboriginal Northerners.

I have been invited to make a presentation to North East LHIN Local Aboriginal Health Committee (LAHC) meeting scheduled for October 24, 2016, and will speak to the SDHU's Indigenous engagement work. I'm hopeful that LAHC will discuss membership at this meeting to possibly include public health representation.

On October 17-18 management and staff from the SDHU and Algoma Public Health will meet in Serpent River with representatives from the seven communities that work with Maamwesying North Shore Community Health Services. The meeting will provide an opportunity for mutual sharing and identification of opportunities for engagement between boards of health and the seven communities.

The SDHU is working to deepen its relationship with area Indigenous communities. I look forward to continuing the Board's commitment to continue the dialogue at the proposed education session on Wednesday, November 9, 2016, from 9 a.m. to 4 p.m.

GENERAL REPORT

1. Human Resources Update

As previously communicated by email, I am pleased to share that France Quirion began as the SDHU's Director of Corporate Services effective October 3, 2016.

My thanks to Sandra Laclé for once again having stepped up to a new challenge as the Acting Director of Corporate Services since May 2016 while recruitment for that position was underway. Sandra began her new role as Director of Clinical and Family Services and Chief Nursing Officer effective October 3, 2016. Stacey Laforest is also commended for providing Acting Director coverage to the Clinical and Family Services division while continuing in her capacity as Director of Environmental Health.

2. Local and Provincial Meetings

On September 19, 2016, I attended the Practice and Evidence Program Standards Advisory Committee (PEPSAC) meeting in Toronto on September 19.

As the Acting MOH for the Algoma Public Health, I was in Sault Ste Marie on September 20 to participate in recruitment of a permanent MOH. I also participated in the APH Board meeting via teleconference on September 28.

I participated in the regular monthly Northern Medical Officer of Health teleconference on September 21.

On September 29, 2016, the Associate Medical Officer of Health and the Director, RRED met with the CEO and Chief Nursing Officer of the Espanola Regional Hospital and Health Centre, and the Executive Director of the Espanola and Area Family Health Team to discuss the Rural Health Hubs initiative. The Espanola Regional Hospital and Health Centre is one of five pilot sites to receive funding from the Ministry of Health and Long-Term Care (MOHLTC) for this initiative. The purpose of the meeting was to learn more about the rural health hubs, and to discuss potential collaboration opportunities. We will continue to engage with the leaders of the Rural Health Hub to identify partnerships with public health, including data sharing and development of population health indicators.

As the COMOH Chair, I chair monthly COMOH Executive teleconferences and the full COMOH meetings. I am also holding regular teleconferences with the Chief Medical Officer of Health, Public Health Ontario and the ADM of the Population and Public Health Division. I attended the alPHa Board meeting in Toronto on October 6.

The first Public Health Work Stream meeting was held in Toronto on October 12, 2016.

A NOSM Teaching faculty meeting for the Public Health Preventive Medicine was held and I participated via teleconference on October 12.

3. Opportunity for Board of Health Members

alPHA is hosting the 2016 Fall Symposium on November 17 and 18 at the Radisson Admiral Hotel, Toronto Harbourfront. The theme of the Symposium is *Cultural Competencies to Support Indigenous Truth and Reconciliation*. The Symposium is open to MOHs, Health Unit management and Board of Health members.

On November 17, there will be a full-day plenary workshop on Cultural Competencies to Support Indigenous Truth & Reconciliation led by expert facilitators from the National Association of Friendship Centres. The interactive training session will be useful not just for front-line health unit staff, but also board of health governors throughout the province. Further workshop details and program will be available soon.

On November 18, alPHA will be holding half-day meetings for Board of Health members and Medical and Associate Medical Officers of Health in separate meetings. The Board of Health Section meeting will feature updates from provincial officials on Patients First and the Ontario Public Health Standards Review. Agendas for both the BOH and COMOH meetings will be circulated at a later date.

Please advise R. Quesnel as soon as possible of your interest to participate as she will look after registration and accommodation.

4. Health Quality Ontario's Northern Health Equity Strategy

The SDHU has been collaborating with Health Quality Ontario (HQO), the northern public health units, and the two northern Local Health Integration Networks on the development of a Health Equity Strategy for the North. We are discussion a partnership agreement with HQO so that we can assist in leading this initiative.

5. Strategic Plan and Performance Monitoring

The Joint Board/Staff Performance Monitoring Working Group met on September 27 and is pleased to share the fall 2016 edition of the 2013–2017 Performance Monitoring Plan—Strategic Priorities Narrative Report. This report assists with monitoring the integration of the strategic priorities within the SDHU’s programs and services and is shared with the Board in the spring, summer, and fall of every year for the duration of the 2013–2017 Strategic Plan.

6. Annual Board Self-Evaluation

Board members are reminded to complete the [online self-evaluation questionnaire](#) by Monday, October 24, 2016. Results of the Board of Health member self-evaluation of performance will be presented at the November Board meeting.

7. Public Health Champions Award

The ceremony for the 2016 Public Health Champions Awards is being held on Thursday, October 20, 2016, at 9:30 a.m. in the SDHU Ramsey Room. All Board of Health members are invited to attend. The goal of the Champion program is to recognize outstanding contributions by individuals or organizations to fostering, promoting and supporting public health. This year, the 2016 award focuses on encouraging opportunities for health for all, and recognizes the important work that is done to

spark change and impact social and economic factors that influence health. Thank you to members of the Joint Board/Staff Public Health Champions Selection Committee for their assistance with selection this year's recipients.

8. Environmental Public Health Week

Environmental Public Health Week was celebrated the week of September 26 to 30, 2016. This initiative was established in 2003 with the aim of recognizing and promoting the important work of Certified Public Health Inspectors and Environmental Health Officers in Canada.

"Innovation beyond inspection", this year's Environmental Public Health Week theme, highlights that the role of public health inspectors has evolved beyond conventional inspection, enforcement and education services. Public health inspectors are also involved in responding to threats of emerging diseases, participating in built environment planning activities, mitigating health risks associated with climate change, and supporting marginalized populations.

The SDHU public health inspectors are dedicated professionals who play a vital role in reducing exposure to environmental hazards and providing timely information to protect and promote the health of the public.

9. Expansion of Proactive Disclosure System

At its September 17, 2015 meeting, the Sudbury & District Board of Health passed motion #36-15 (Expansion of Proactive Disclosure System). This motion directed staff to expand the existing Check Before You Eat! Disclosure system to include findings of routine inspection and enforcement-related activities pertaining to public pools, public spas, personal services settings, and tobacco vendors.

At the June 16, 2016 Board of Health meeting, it was reported that unanticipated technical issues with the existing inspection software had been identified. As a result of these issues, staff paused on action in response to Motion #36-15 and explored solutions.

As the existing inspection software is outdated and is not supported by the provider or the current SDHU servers and version of Microsoft Office, staff are working to finalize the procurement process for the selection of an external company to create an updated inspection software system for the Sudbury & District Health Unit. It is anticipated that the new inspection software system and expanded disclosure system will be fully implemented by the end of February 2017.

10. 2015 District Office Snapshot Reports

The SDHU is pleased to share the 2015 Snapshot of Public Health reports for all four district office communities. The 2015 Snapshots shine a light on the SDHU activities that took place in each district office communities, many of which were done in collaboration with the public, community agencies, and municipalities. Intended for the local leaders and citizens, each Snapshot highlights the impressive variety and volume of programming delivered to meet local needs. The reports are available at sdhu.com, and will be shared with each municipality.

11. 2016 Program-Based Grant

Boards of Health received the MOHLTC funding announcement September 23, 2016. The SDHU's Program Based Budget request for the Mandatory and Other Related Programs funding was approved as submitted to the ministry in February 2016. The SDHU's Mandatory funding remains above the model-based share per the new funding model implemented at the 2015 funding announcement resulting in no growth to the 2015 Mandatory program funding allocation. We

understand that this is the case for 26 boards of health overall. In addition, the ministry approved all one-time grant requests allocating \$326,900 in funding towards the one-time initiatives. The one-time funding initiatives have an expiry date of March 31, 2017.

The 2016 funding letter announced a \$150,853 increase to its base funding which results from the following transactions:

- \$175,000 in Diabetes Prevention funding transferred from the 100% funded programming category to the base funding category. The Diabetes Prevention program's budget and financial reporting will now be administered from the SDHU's Accountability Agreement.
- \$30,571 reduction to the 2015 approved Healthy Smiles Ontario program funding based on the ministry's dental integration review in assessing the SDHU's 2016 needs.
- \$6,400 increase to the Unorganized Territories annual allocation

12. Financial Report

The positive variance in the cost-shared program is \$374,329 for the period ending August 31, 2016. Gapped salaries and benefits account for \$229,609 or 61% with operating expenses and other revenue accounting for \$144,720 or 39% 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 August 2016 financial reporting in the amount of \$27,440 as follows:

- Staffing – office support (\$14,376)
- Programming and Research – Harm reduction and child health (\$13,064)

13. 2017 Budget

Work on preparing the 2017 cost-shared operating budget is proceeding. The Senior Management Executive Committee is working on drafting the 2017 budget based on the 2016 budget principles. The key components of the draft recommended cost-shared operating budget will be presented to the Finance Standing Committee on November 2, 2016 prior to the November BOH meeting

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

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases

Influenza: There have been no cases of influenza A or B identified during the month of September in the SDHU area. There have been however, reported cases of Influenza A in southern regions of the province in the past weeks.

Ontario's annual 2016-2017 Universal Influenza Immunization Program will get underway soon with flu vaccine expected to be shipped to health units by mid-October. This year the SDHU is helping 58 area pharmacies prepare cold chain to offer influenza vaccine to clients 5 years of age and older. Given the increased accessibility of influenza vaccine across the district through healthcare providers and pharmacies, the SDHU will be scaling back the number of influenza vaccination clinics we will offer outside of our offices this year. Flu vaccine will continue to be offered at the main site, as well as each of the district office locations.

Since the program's inception in October 2000, the MOHLTC has reimbursed health units \$5.00 dose and over time this has made it increasingly difficult to implement what is meant to be a cost-recovery program. Providers and pharmacists are reimbursed \$8.50 per dose

Respiratory Outbreaks: There has been one identified respiratory outbreak in a long-term care home during the month of September. Causative organism for this outbreak was identified as Coronavirus. The Control of Infectious Diseases team continues to monitor all reports of respiratory illness.

2. Vaccine Preventable Diseases

School Vaccine Programs: The 2016-2017 Grade 7 (hepatitis B, HPV and meningococcal) and Grade 8 Female (HPV) vaccination campaigns are underway. Public health nurses will be attending a total of 63 schools on 3 separate occasions to ensure that all eligible students receive these vaccines by the end of the school year.

Publically Funded Shingles: Work continues on the distribution of doses of publically funded Shingles vaccine (Zostavax) to providers in our area in response to the announcement by the MOHLTC of the introduction of no-cost vaccine for seniors between 65 and 70 years of age.

2. Family Health

Prenatal Education: In September, 10 pregnant women and their support persons attended 'in-person' prenatal classes at SDHU's main site and 12 clients registered for on-line prenatal.

Breastfeeding: The Breastfeeding Challenge was held at Science North on October 1 with 44 mothers and their babies participating in the event. The Family Health and HBHC teams supported an in house 20 hour Breastfeeding training for front line staff.

Child Health Community Events: To acknowledge Fetal Alcohol Spectrum Disorder, the Family Health Team assisted FASD network in hosting a morning session to discuss support for those affected by FASD. The afternoon sessions brought 55 community service providers together to discuss the needs in the community.

3. Oral Health

The Oral health team has commenced the annual elementary school oral health screening. Children are assessed and referred to their family dentist for treatment. Financial support through the Healthy Smiles Ontario program is also promoted during these visits and communication with parents.

4. Sexual Health\Sexually Transmitted Infections including HIV and Blood Borne Infections, Needle Exchange Program and Substance Misuse- Drugs

During the month of September, the Sexual Health team responded to 5 community requests for presentations to a total of 416 participants. The topics of the presentations included birth control options, prevention of sexually transmitted infections and healthy relationships.

In collaboration with the Health Promotion Division, the Sexual Health team participated in one of Cambrian College's frosh week events. Our goal of promoting the Rainbow Centre's sexual health clinic services at this event was met.

In the month of September, the sexual health clinics in 7 local secondary schools and the 3 district office secondary schools in Sudbury East, Espanola and Manitoulin have resumed.

Needle Exchange Program (NEP): Effective September 7, the NEP program expanded to include distribution of harm reduction supplies at 1300 Paris Street. A community needle drop off bin has been installed outside at 1300 Paris Street to facilitate needle drop off for clients of this site and for afterhours use.

The program staff responded to one media request about the NEP program and was able to highlight how a health promotion initiative such as an NEP can prevent the transmission of infectious illnesses such as HIV and Hepatitis C.

Substance Misuse- Drugs and Community Drug Strategy

Sudbury: During the month of September the Sudbury Community Drug Strategy steering committee was informed that the City of Greater Sudbury has installed one of two community needle drop off bins in the downtown area behind Hnatyshyn Park. The second bin will be installed in the New Sudbury area once an optimal location is identified.

Sudbury East: A full day community agency consultation occurred at Noelville Arena in Sudbury East on September 29. The topic of discussion was substance misuse and the planning of a drug strategy in the Sudbury East area was introduced. A follow up meeting will take place November.

Espanola La Cloche Community Drug Strategy: The September community drug strategy meeting was poorly attended. Therefore, plans for a community consultation in November are being revised.

Manitoulin: The Manitoulin Harm Reduction sub-committee of which SDHU is a member, presented the Manitoulin Drug Strategy to members of the Manitoulin Municipal Association on September 21, 2016. The Manitoulin Harm Reduction sub-committee received unanimous support for the Manitoulin Drug Strategy and the work of the Harm Reduction sub-committee.

5. Healthy Babies Healthy Children (HBHC)

The Healthy Babies Healthy Children Program (HBHC) was established in 1998 to support healthy child development by identifying vulnerable children and families across Ontario and connecting them with appropriate supports. Over the years it has become increasingly challenging to provide these services to families due to the eroding budget which has not seen an increase since 2008. As a result of provincial lobbying from health units and growing concern over the integrity of the program, the Ministry hired MNP to do a third party review to assess the “*extent to which the existing HBHC delivery model meets the current and future needs of vulnerable families and to identify what resources are needed to deliver the program in a sustainable manner*”. The SDHU review took place on September 20. A pre-survey was provided to sites with a series of questions regarding the program and was completed by both staff and management. Interviews were then completed with our Public Health Nurses and Family Home Visitors, as well as the Program Manager and Director of Clinical and Family Services. Over the fall, MNP will be visiting all 36 health units as well as conducting regional focus groups with families. Their final report will be provided to the Ministry by December 31, 2016.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of September, 21 sporadic enteric cases were investigated.

2. Food Safety

Three food premises were convicted of six charges for infractions identified under the *Food Premises Regulation*.

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 September.

In September, staff issued 49 Special Event Food Service Permits to various organizations for events serving approximately 61,670 attendees.

Through Food Handler Training and Certification Program sessions offered in September, 44 individuals were certified as food handlers.

3. Health Hazard

In September, 27 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of September, 29 sewage system permits, 14 renovation applications, and four consent applications were received.

5. Rabies Prevention and Control

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

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

6. Safe Water

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

During September, 99 residents were contacted regarding adverse private drinking water samples and public health inspectors investigated 13 regulated adverse water sample results.

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

7. Tobacco Enforcement

In September, tobacco enforcement officers charged three individuals for smoking on school property. One retail employees was charged for selling tobacco to a person who is less than 19 years of age.

8. Vector Borne Diseases

Mosquito surveillance for the 2016 season ended in October. From June 21, 2016, to October 6, 2016, a total of 7 198 mosquitoes were collected in 299 traps and sent for analysis. During this time, a total of 495

mosquito pools were tested, 272 for Eastern Equine Encephalitis (EEE) virus, and 223 for West Nile virus (WNv). All pools tested negative for WNV and EEE.

HEALTH PROMOTION DIVISION

1. Healthy Eating

In late summer, health promotion staff from the Sudbury East District Office met with the St.-Charles Club Alidor senior's group to discuss how healthier options could be included in their weekly luncheon. It was decided that the seniors who prepared the meal would receive food skills training and support from the registered dietitian around the menu while district office staff would deliver simple healthy eating messages to club members.

Throughout the summer, a public health nutritionist supported the formation of the Greater Sudbury Food Strategy Steering Committee. The group has approved a Terms of Reference, is developing a work plan and will begin community engagement to inform the development of a Greater Sudbury Food Strategy in the coming months.

In late September, a public health nutritionist presented at the annual Northeastern Ontario Recreation Association (NeORA) Educational Forum and Trade Show in Espanola. The workshop, entitled "*Making the Healthy Choice the Easy Choice: Supporting Healthy Eating in Recreation Environments*", was open to municipal recreation staff, municipal officials, recreation and sport leaders and volunteers, and students.

2. Healthy Weights

On September 17, 2016, health promotion staff attended the community launch event at the Wikwemikong Arena for Theme 2 of the Manitoulin Island Healthy Kids Community Challenge (HKCC) in support of lead agency, Noojmowin-Teg Health Centre. Over 140 community members participated in the "Water Does Wonders" event which highlighted the importance of consuming water, and decreasing consumption of sugar sweetened beverages. Manitoulin HKCC Community Champion, Grand Council Chief Pat Madahbee, provided welcoming remarks followed by an inspirational presentation by Canadian Space Agency Astronaut, Jeremy Hansen, as well as a ribbon cutting ceremony for the newly-installed water refill station at Wikwemikong Arena.

3. Injury Prevention

In August and September, health promotion staff from the Espanola District Office hosted two car seat clinics with 10 participants total and one car seat installation demonstration at the Sagamok First Nation. Public health nurses supported two car seat clinics hosted at the Best Start Hubs. Hub staff were involved, and clinics were well received by 25 families.

In Sudbury on September 21, 2016, several public health nurses supported the training of 21 new Stand UP facilitators from the Sudbury and Manitoulin districts. This fall, there will be 15 Stand UP classes occurring across the district area.

4. Physical Activity

In August, Chapleau was selected as a Northern site for the *Healthy Rural Communities Tool Kit* workshop. Preparations are underway by health promotion staff to host a workshop that will bring together public health, municipal and other stakeholders in the fall of 2016.

5. Prevention of Substance Misuse

In collaboration with the School Health team, the Workplace Health and Substance Misuse Prevention team presented at and attended local post-secondary institutions in Greater Sudbury to talk about the Low-Risk Alcohol Drinking Guidelines (LRADG), the normalization of alcohol use, host “*Pour Challenges*” (education on the standard drink size), and promote the “*Alcohol. Let’s Get Real*” social media campaign. The health unit attended Laurentian University in late August and presented to approximately 150 residence advisors. In September, staff attended the Collège Boréal orientation event to discuss the LRADG and approximately 50 students participated in a “*Pour Challenge*”. The health unit also attended a vendor fair at Laurentian University on September 14, 2016. They relayed LRADG messaging and conducted a “*Pour Challenge*” with students.

6. Tobacco Control

The SDHU and Center for Addiction and Mental Health (CAMH) held a “*Smoking Treatment for Ontario Patients (STOP) on the Road*” smoking cessation workshop at our main site which had 14 participants. Twelve participants received five weeks of free nicotine patches from CAMH and one will attend the SDHU Quit Smoking Clinic to receive cessation services. SDHU staff are supporting provincial and regional campaigns including Smoke-free Movies. We partnered with Sudbury Drive-In to host a smoke-free movie night. We also distributed materials on the “Hey Parents” Media Campaign to community partners and district offices. This campaign aims to educate parents about the amount of smoking in movies that is geared to youth and the subsequent impact on youth smoking rates.

We are also supporting the Northeast Tobacco Control Area Network (TCAN) with smoke-free housing social media during the Fire Prevention Week (October 9-15). The message is that smoking is the number one cause of fires – Make your rental housing smoke-free. A number of digital ads will also be placed at drive-thru locations in the region.

SDHU staff continued to provide services to the community through the Quit Smoking Clinic and Telephone Information Line, having received 81 calls and 9 visits to the clinic in August.

7. UVR Exposure and Early Detection of Cancer

The Northeast Aboriginal Cancer Screening Network (of which SDHU is a member) marked an important achievement in the effort to increase cervical cancer screening participation rates amongst Aboriginal peoples. Steps to address the many barriers for First Nations, Inuit and Metis peoples were acknowledged and celebrated on Wednesday, September 21, 2016, as the Network launched the “Let’s Talk About Cervical Cancer Screening” campaign and newly developed culturally appropriate educational tools and resources.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Health Equity

The Health Equity Knowledge Exchange Resource Team (HEKERT) provided a presentation for Cambrian College’s 3rd year Introduction to Community Health Nursing course. The presentation aimed to increase student understanding of the role of public health nurses in addressing the social determinants of health and in incorporating upstream approaches that support health equity. HEKERT coordinated with the Manager of Professional Practice and Development and five other public health nurses across the SDHU to prepare and deliver this cross-divisional resource to 73 students.

2. Population Health Assessment and Surveillance

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

The Canadian Community Health Survey (CCHS) is conducted by Statistics Canada annually and it is widely used by public health units for information on health behaviours and chronic conditions data for individuals residing in the Health Unit area. In addition to the core content, this survey consists of optional content that is selected and submitted by individual public health units to the province. A RRED epidemiologist led the SDHU internal optional content selection for the 2017–2018 CCHS, and also led the provincial optional content selection process for all the public health units as a member of Statistics Canada's Population Health Surveys Advisory Committee.

3. Research and Evaluation

The Manager of Research, Evaluation, and Knowledge Exchange, in collaboration with provincial public health partners and national academic partners, recently completed a two-year research project to develop and test indicators to guide health equity work in public health. The project was funded by Public Health Ontario's (PHO) Locally Driven Collaborative Projects (LDCP) program. Multiple knowledge exchange products were developed including Health Equity Indicators for Ontario Local Public Health Agencies: User Guide. The project culminated with a PHO Grand Rounds webinar, in September 2016, delivered to over 300 academics and public health personnel across Canada.

4. Strategic Engagement Unit

On September 30, six SDHU staff participated with the local Indigenous community in a 21 kilometer walk around Lake Ramsey to help protect and promote the importance of water. The walk ended with a feast at Shkagamik-Kwe Health Centre. This activity provided an opportunity for SDHU staff to engage with local Indigenous partners.

Respectfully submitted

Original signed by

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

Sudbury & District Health Unit
STATEMENT OF REVENUE & EXPENDITURES
For The 8 Periods Ending August 31, 2016

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures	Variance YTD	Balance Available
			YTD	(over)/under	
Revenue:					
MOHLTC - General Program	14,893,000	9,928,667	9,928,667	(0)	4,964,333
MOHLTC - Unorganized Territory	813,000	542,000	542,000	0	271,000
MOHLTC - VBD Education & Surveillance	65,000	43,333	43,333	0	21,667
MOHLTC - SDWS	106,000	70,667	70,667	(0)	35,333
MOHLTC - CINOT Expansion	24,800	6,200	6,200	0	18,600
Municipal Levies	6,807,155	4,538,116	4,538,116	0	2,269,039
Municipal Levies - Small Drinking Water Sys	47,222	31,481	31,481	0	15,741
Municipal Levies - VBD Education & Surveil	21,646	14,431	14,431	(0)	7,215
Municipal Levies - CINOT Expansion	10,503	7,002	7,002	0	3,501
Interest Earned	85,000	41,862	41,862	(0)	43,138
Total Revenues:	\$22,873,326	\$15,223,759	\$15,223,759	\$0	\$7,649,567
Expenditures:					
Corporate Services:					
Corporate Services	4,503,098	3,103,387	3,153,811	(50,424)	1,349,287
Print Shop	207,719	143,609	123,205	20,403	84,514
Espanola	113,781	72,639	70,429	2,210	43,352
Manitoulin	125,708	85,179	79,512	5,666	46,196
Chapleau	98,585	64,828	62,737	2,091	35,848
Sudbury East	16,486	11,091	10,975	115	5,511
Volunteer Services	6,533	3,111	559	2,552	5,974
Intake	310,216	199,697	197,340	2,356	112,876
Total Corporate Services:	\$5,382,126	\$3,683,539	\$3,698,569	\$(15,030)	\$1,683,557
Strategic Engagement					
Strategic Engagement	474,739	280,936	258,777	22,159	215,962
Total Strategic Engagement:	\$474,739	\$280,936	\$258,777	\$22,159	\$215,962
Clinical and Family Services:					
General	939,274	568,780	552,262	16,518	387,012
Clinical Services	1,322,896	898,966	853,282	45,685	469,614
Branches	328,399	208,020	204,823	3,196	123,576
Family	648,589	429,605	407,535	22,070	241,054
Risk Reduction	109,929	83,775	83,370	405	26,559
Clinical Preventative Services - Outreach	139,150	87,746	85,852	1,894	53,298
Sexual Health	931,242	613,899	600,443	13,456	330,799
Influenza	0	0	(114)	114	114
Meningitis	0	0	1	(1)	(1)
HPV	0	0	1	(1)	(1)
Dental - Clinic	778,084	396,125	360,065	36,060	418,019
CINOT Expansion - Clinic	35,303	0	0	0	35,303
Family - Repro/Child Health	1,100,513	698,930	658,546	40,384	441,968
Substance Misuse Prevention	65,117	26,381	26,084	297	39,033
Total Clinical Services:	\$6,398,497	\$4,012,228	\$3,832,150	\$180,078	\$2,566,347
Environmental Health:					
General	788,615	493,995	478,478	15,517	310,137
Environmental	2,566,833	1,645,770	1,628,825	16,946	938,008
Vector Borne Disease (VBD)	86,585	38,077	35,507	2,570	51,078
Small Drinking Water System	178,200	107,939	102,188	5,751	76,012
Total Environmental Health:	\$3,620,233	\$2,285,781	\$2,244,997	\$40,784	\$1,375,235
Health Promotion:					
General	1,203,318	763,884	752,039	11,845	451,279
School	1,390,131	871,434	859,613	11,820	530,518
Healthy Communities & Workplaces	178,760	115,437	110,901	4,536	67,859
Branches - Espanola / Manitoulin	266,426	164,520	155,265	9,255	111,161
Nutrition & Physical Activity	1,176,541	718,036	688,699	29,337	487,842
Branches - Chapleau / Sudbury East	297,480	193,191	186,529	6,662	110,951
Injury Prevention	420,976	247,258	227,517	19,741	193,458
Tobacco By-Law	283,153	155,277	128,050	27,228	155,104
Alcohol Misuse	212,048	142,893	138,912	3,981	73,135
Total Health Promotion:	\$5,428,833	\$3,371,930	\$3,247,525	\$124,405	\$2,181,308
RRED:					
General	1,531,347	997,899	975,907	21,992	555,440
Workplace Capacity Development	22,312	14,335	14,685	(350)	7,627
Health Equity Office	15,240	5,242	4,950	292	10,290
Total RRED:	\$1,568,899	\$1,017,475	\$995,542	\$21,934	\$573,357
Total Expenditures:	\$22,873,326	\$14,651,889	\$14,277,560	\$374,329	\$8,595,767
Net Surplus/(Deficit)	\$0(0)	\$571,870	\$946,199	\$374,329	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 2016

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,042,379	15,369,112	15,369,117	(5)	7,673,262
Other Revenue/Transfers	873,220	543,869	597,132	(53,263)	276,088
Total Revenues & Expenditure Recoveries:	23,915,599	15,912,981	15,966,249	(53,268)	7,949,351
Expenditures:					
Salaries	15,694,042	10,053,496	9,859,925	193,571	5,834,118
Benefits	4,257,369	2,906,337	2,870,299	36,038	1,387,070
Travel	283,680	128,986	116,802	12,184	166,878
Program Expenses	907,266	522,395	460,794	61,601	446,472
Office Supplies	70,807	39,201	29,491	9,710	41,316
Postage & Courier Services	72,230	34,585	30,700	3,886	41,530
Photocopy Expenses	67,706	39,992	29,101	10,891	38,605
Telephone Expenses	59,466	37,790	34,984	2,806	24,482
Building Maintenance	413,074	296,621	294,624	1,997	118,451
Utilities	199,144	137,098	132,997	4,101	66,147
Rent	239,074	159,348	157,370	1,979	81,704
Insurance	99,181	91,232	91,232	(0)	7,949
Employee Assistance Program (EAP)	34,969	23,393	23,364	30	11,605
Memberships	30,617	26,573	27,755	(1,182)	2,862
Staff Development	194,990	78,060	78,768	(708)	116,222
Books & Subscriptions	16,750	11,814	8,183	3,631	8,567
Media & Advertising	148,865	73,770	43,709	30,062	105,156
Professional Fees	339,673	114,758	113,730	1,027	225,943
Translation	50,452	31,426	28,274	3,152	22,178
Furniture & Equipment	27,304	18,094	91,417	(73,323)	(64,113)
Information Technology	708,939	516,142	496,532	19,610	212,407
Total Expenditures	23,915,599	15,341,111	15,020,050	321,061	8,895,550
Net Surplus (Deficit)	(0)	571,870	946,199	374,329	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended August 31, 2016

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	80,235	58,765	57.7%	Dec 31	66.7%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	16,444	20,256	44.8%	Dec 31	66.7%
SFO - TCAN - Prevention	724	97,200	33,895	63,305	34.9%	Dec 31	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	156,221	129,579	54.7%	Dec 31	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	121,608	138,192	46.8%	Dec 31	66.7%
SFO - Tobacco Control Coordination	730	101,320	67,591	33,729	66.7%	Dec 31	66.7%
SFO - Youth Engagement	732	80,000	52,244	27,756	65.3%	Dec 31	66.7%
Infectious Disease Control	735	479,100	312,649	166,451	65.3%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	26,611	73,389	26.6%	Mar 31/17	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	118,019	62,481	65.4%	Dec 31	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	71,700	43,216	28,484	60.3%	Aug.17	41.7%
Beyond BMI - LDCP	747	143,023	33,679	109,344	23.5%	Dec 31	66.7%
Food Safety - Haines Funding	750	36,500	13,384	23,116	36.7%	Dec 31	66.7%
Triple P Co-Ordination	766	17,184	17,184	-	100.0%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	961,309	515,588	65.1%	Dec 31	66.7%
Healthy Smiles Ontario (HSO)	787	406,300	244,847	161,453	60.3%	Dec 31	66.7%
Anonymous Testing	788	59,393	20,314	39,079	34.2%	Mar 31/17	41.7%
MHPS- Diabetes Prevention Program	792	175,000	-	175,000	0.0%	Mar 31/17	41.7%
Total		4,145,417	2,319,450	1,825,967			

September 20, 2016

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

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

Dear Honourable Ministers:

Re: Lyme Disease

At its meeting held on September 14, 2016, the Board of Health for Peterborough Public Health considered correspondence from Grey Bruce Health Unit and Niagara Region regarding the above noted matter.

In the past few years, Lyme disease (LD) has surpassed West Nile virus as the predominant vector-borne disease of concern in the province of Ontario. In the past six years, in Peterborough County and City, we have seen an increase in the number of tick submissions, with a corresponding increase in ticks that have tested positive for LD.

However, the current financial and human resources to continue with the increased public consultations on tick submissions are inadequate, and therefore, we are requesting that the Government of Canada and the Province of Ontario increase funding in the areas of research, treatment, surveillance and education for LD. For this reason, our board has endorsed the attached motions from our Ontario board of health colleagues.

The Board appreciates your attention to this important public health issue.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: Hon. Kathleen Wynne, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health, MOHLTC

Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

June 2, 2016

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

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

Dear Ministers:

Re: Lyme Disease

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

Resolution No: 2016-52

Moved by: Gary Levine

Seconded by: David Shearman

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

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

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

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

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

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

Carried

A healthier future for all..

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

Sincerely,



Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

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

Encl.



Administration

Office of the Regional Clerk

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www.niagararegion.ca

May 9, 2016

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

Sent via email:
hon.jane.philpott@canada.ca

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

Sent via email:
ehoskins.mpp@liberal.ola.org

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

Dear Ministers:

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

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

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

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

NOW THEREFORE BE IT RESOLVED:

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

.../2

The Hon. Dr. J. Philpotts and
The Hon. Dr. E. Hoskins
Lyme Disease
May 9, 2016
Page 2

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

Yours truly,



Ralph Walton
Regional Clerk

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

October 6, 2016

Hon. Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
ehoskins.mpp.co@liberal.ola.org

Dear Minister Hoskins:

At the September 14, 2016 meeting of the Board of Health for Peterborough Public Health, a motion was passed to endorse the resolution shared by Algoma Public Health regarding "Changes to the HPV Immunization Programs". As this resolution clearly articulates, while expansion of public health delivery of expanded immunizations is a positive move for public health, the funding model for these expanded programs is inadequate. We, therefore join the Board of Algoma Public Health in urging the Ministry of Health and Long-Term Care (MOHLTC) to increase the annual funding for the Vaccine Preventable Disease Program to levels necessary to meet the mandate.

Public Health is the most appropriate agency to deliver vaccination programs to school-aged children. The expansion of the publicly funded human papillomavirus (HPV) vaccination program to boys in grade 7 will see a potential 154,000 additional students in Ontario receiving the benefits of this vaccine. The current model of funding for this program however, at \$8.50 per dose, does not reflect the real cost of programs delivery. Calculations based on experience at Peterborough Public Health is that the real cost of supplies, needle disposal, nursing and clerical staff time are approximately \$14.25 per dose. We are concerned that as the immunization programs expand, it will inevitably lead to the erosion of other important public health programs.

The Board of Health commends the MOHLTC for its commitment to effective immunization programs and the recognition for the role of Public Health in delivering it to students across the province. Please take the proposed actions to ensure adequate funding for full delivery. Thank you for your consideration.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag
Encl.

cc: Hon. Dr. Bob Bell, Deputy Minister, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

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 Program.

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.

Blind River	Elliot Lake	Sault Ste. Marie	Wawa
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9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

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.

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

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HLTC2980MC-2016-1020

Dear Health System Partners:

Re: Commitment to reintroduction of Patients First Bill

On June 2, 2016, I introduced Bill 210, the *Patients First Act, 2016* in the Ontario Legislative Assembly. Bill 210 included proposals to strengthen patient-centred health care in Ontario originally shared in the *Patients First Discussion Paper*. Following the release of the discussion paper, we have been engaging with the people of Ontario and our health system partners on the objectives outlined in the discussion paper and the strategies proposed to address them.

The feedback received demonstrated deep interest in further improving our health care system and included many thoughtful suggestions. All of the feedback was carefully considered and played a role in informing Bill 210. I would like to express my appreciation for the thoughtful input we have received from our system partners.

On September 8, 2016, the Legislature was prorogued and on September 12, the Lieutenant Governor delivered a Speech from the Throne outlining the government's plans for the new session. Our government has stated its commitment to reintroducing all government bills that were before the legislature prior to prorogation, so that debate on them can continue. This includes a commitment to reintroduce a *Patients First* bill in the Legislature as soon as possible.

A *Patients First* bill is just the first step towards transforming our health care system. While provisions would be put in place to strengthen patient-centred health care in Ontario, we need to continue working together as health system partners to achieve the vision of a truly integrated and patient-centred health system. This system would give patients and families faster and better access to home care, primary care, mental health and addictions services, public health, and specialist care, among others.

I value the great work currently being done across the health system to ensure that the people of Ontario receive high quality care. Physicians, nurses, midwives, Community Care Access Centre employees, Local Health Integration Network staff, public health

.../2

Health System Partners

staff, hospital workers, home and community care workers and others across the health system are and will continue to be integral to the delivery of high quality health care to the people of Ontario. I look forward to standing in partnership with all of you as we take the next steps to transform Ontario's health care system – a system that truly puts patients first.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Hoskins".

Dr. Eric Hoskins
Minister

c: Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care

September 30, 2016

Hon. Jane Philpott, MP
Minister of Health
Jane.Philpott@parl.gc.ca

Hon. Scott Brison, MP
President of the Treasury Board
Scott.Brison@parl.gc.ca

Hon. Jean-Yves Duclos
Minister of Families, Children and
Social Development
Jean-Yves.Duclos@parl.gc.ca

Hon. Bill Morneau, MP
Minister of Finance
Bill.Morneau@parl.gc.ca

Hon. Amarjeet Sohi, MP
Minister of Infrastructure and Communities
Amarjeet.Sohi@parl.gc.ca

Dear Honourable Ministers:

At the September 14, 2016 meeting of the Board of Health for Peterborough Public Health, correspondence from the Thunder Bay District Health Unit regarding food security and universal hot meal programs in schools was received.

Peterborough Public Health is one of the many partners of [Food For Kids Peterborough and County](#) who work to ensure that Student Nutrition Programs (SNPs) are offered and available in local elementary and secondary schools. In 2013, the Board of Health endorsed a local report entitled “Student Nutrition Programs: Best Practices, Actions for and Call to Action for Food for Kids Peterborough County”.

In the 2015-16 school year, Food For Kids Peterborough and County served over 2.5 million breakfasts and snacks to over 17,000 local students with the dedication of 1,000 volunteers. The Board of Health has endorsed the vision of SNPs, delivered in Peterborough County and City schools by Food For Kids Peterborough and County, that all students who would benefit can achieve the positive health, learning and behavioural outcomes that result from this key nutrition strategy and sound public policy.

In December 1997, a “national school nutrition program” was recommended by the Standing Committee on Finance. Despite evidence supporting the need for universal SNPs and local programs meeting international best practices, funding for local programs is at a critical point. Increasing student need, expanding programs, increasing food costs and decreased funding from foundations traditionally supporting SNPs, means that Food For Kids Peterborough and County programs are currently vulnerable.

Currently local programs receive financial support in the form of grants from the Ministry of Children and Youth Services, administered for the Central East SNP through the Peterborough Family Resource Centre, along with additional funding and donations from grants, businesses, service clubs, school boards, community members and parents.

We request/urge that the Canadian government invest to leverage provincial efforts for student meal programs, through the development of a national Universal Healthy School Food Program. This partnership with provincial governments would allow funding to better reflect program costs of existing universal student nutrition programs in elementary and secondary schools across the country, while supporting student learning in regions currently lacking such programs.

In closing, we look forward to working with you, as well as our active community partners to address the need for increased funding for SNPs. Thank you for your immediate attention to this matter.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

September 30, 2016

Hon. Mitzie Hunter, MPP
Minister of Education
mhunter.mpp.co@liberal.ola.org

Hon. Helena Jaczek, MPP
Minister of Community and Social Services
hjaczek.mpp@liberal.ola.org

Hon. Michael Coteau, MPP
Minister of Children and Youth Services
mcoteau.mpp.co@liberal.ola.org

Dear Honourable Ministers:

At the September 14, 2016 meeting of the Board of Health for Peterborough Public Health, correspondence from the Thunder Bay District Health Unit regarding food security and universal hot meal programs in schools was received.

Peterborough Public Health is one of the many partners of [Food For Kids Peterborough and County](#) who work to ensure that Student Nutrition Programs (SNPs) are offered and available in local elementary and secondary schools. In 2013, the Board of Health endorsed a local report entitled "Student Nutrition Programs: Best Practices, Actions for and Call to Action for Food for Kids Peterborough County".

In the 2015-16 school year, Food For Kids Peterborough and County served over 2.5 million breakfasts and snacks to over 17,000 local students with the dedication of 1,000 volunteers. The Board of Health has endorsed the vision of SNPs, delivered in Peterborough County and City schools by Food For Kids Peterborough and County, that all students who would benefit can achieve the positive health, learning and behavioural outcomes that result from this key nutrition strategy and sound public policy.

Despite a decade of evidence supporting the need for universal SNPs and local programs meeting international best practices, funding for local programs is at a critical point. Increasing student need, expanding programs, increasing food costs and decreased funding from foundations traditionally supporting SNPs, means that Food For Kids Peterborough and County programs are currently vulnerable.

Currently local programs receive financial support in the form of grants from the Ministry of Children and Youth Services, administered for the Central East SNP through the Peterborough Family Resource Centre, along with additional funding and donations from grants, businesses, service clubs, school boards, community members and parents.

We request/urge that the Ontario government enhance funding to better reflect program costs of existing universal SNPs in elementary and secondary schools across the province. This is in line with recommendations of both the local report previously noted as well in the 2012 provincial report, [No Time to Wait: The Healthy Kids Strategy](#).

In closing, we look forward to working with you, as well as our active community partners to address the need for increased funding for SNPs. Thank you for your immediate attention to this matter.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/at
Encl.

cc: Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Jeff Leal, MPP, Peterborough
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

September 14, 2016

The Honourable Jean-Yves Duclos
Minister of Families, Children and Social Development
House of Commons
Ottawa, Ontario K1A 06A

Dear Minister Dulcos

Re: Basic Income Guarantee

I am writing to advise you that the Haliburton Kawartha Pine Ridge District Health Unit Board of Health has endorsed a position statement supporting the concept of a basic income guarantee as one component of a multi-pronged strategy to reduce poverty and eliminate health inequities.

Income is identified as the most important determinant of health. Research shows that as income increases, health outcomes improve. Since people with lower incomes are at greater risk of having poor physical and mental health and live shorter lives, improving income is an effective public health strategy to improve health and social outcomes.

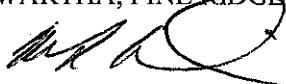
Basic income guarantee as a policy option to reduce poverty has been debated for many years. The Mincome Pilot Project in Dauphin Manitoba in the 1970's demonstrated improved health and educational outcomes. Similarly the guaranteed income supplement programs already existing in Canada for seniors and children including the Old Age Security (OAS), Guaranteed Income Supplement (GIS), and the Canadian Child Tax Benefit (CCTB), have shown that income security measures have contributed to improved health and well-being in these populations.

There has been recent support for basic income guarantee from several health and social service sectors, citizen groups, economists and politicians. Most recently the Province of Ontario announced plans to move forward with a Pilot.

Since one of the Haliburton Kawartha Pine Ridge District Health Unit's strategic priorities is to address the social determinants of health and health equity, we are requesting that the Government of Canada work with the Government of Ontario in developing and implementing poverty reduction strategies. In addition to addressing early childhood development, education, employment, economic and workforce development, and affordable housing, consideration and investigation of basic income guarantee as a policy option to reduce poverty and income insecurity must be included to improve health and social outcomes.

Sincerely

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



Mark Lovshin, Chair, Board of Health

Attachments: Haliburton, Kawartha, Pine Ridge District Health Unit Basic Income Guarantee Position Statement and Resolution

PROTECTION · PROMOTION · PREVENTION



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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 Measure 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.pepso.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 Guarantor October 2015** alPHA and OPHA available from www.opha.on.ca/getmedia/bf22640d-120c-46db-ac69-315fb9aa3c7c/alPHA-OPHA-HEWG-Basic-Income-Guarantor-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 Public Health Association (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 Ontario Public Health Association, 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.

**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
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Téléc 416-326-1571
www.ontario.ca/sante



SEP 23 2016

iApprove-2016-00823

Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Sudbury and District Health Unit up to \$150,853 in additional base funding and up to \$326,900 in one-time funding for the 2016-17 funding year to support the provision of mandatory and related public health programs and services in your community.

The Assistant Deputy Minister of the Population and Public Health Division will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing this funding.

Thank you for your dedication and commitment to Ontario's public health system.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Eric Hoskins".

Dr. Eric Hoskins
Minister

c: Michael Mantha, MPP, Algoma-Manitoulin
France Gélinas, MPP, Nickel Belt
Hon. Glenn Thibeault, MPP, Sudbury
Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit



2016 FALL SYMPOSIUM

Cultural Competencies to Support Indigenous Truth and Reconciliation

November 17 & 18

Radisson Admiral Hotel – Toronto Harbourfront
249 Queen's Quay West
Downtown Toronto

A conference for:

- Board of Health (BOH) Members
- Medical & Associate Medical Officers of Health
- Health Unit Directors & Senior Managers

Program:

- Day 1 (full day): **Plenary presentation and workshop on Indigenous Cultural Competencies**
- Day 2 (half day): **BOH Section Meeting (will include updates on Patients First and OPHS Review) and COMOH Meeting**

Guestroom Accommodations:

- A limited block of rooms have been reserved at the Radisson Admiral at a special conference rate. Please call the hotel directly at **416-203-3333** or **1-800-333-3333** by **OCTOBER 26, 2016** and quote "Association of Local Public Health Agencies". Or click here to reserve a room online (enter stay dates, click on More Search Options, and enter ALPHA under Promotional Code field).

2015

Snapshot of Public Health

Chapleau Area | Sudbury & District Health Unit

For an accessible version of this document, please visit:
[https://www.sdhu.com/about/
district-offices/2015-snapshot-
public-health-chapleau-area](https://www.sdhu.com/about/district-offices/2015-snapshot-public-health-chapleau-area)

Public Health: Putting the Community First

Reflecting on the past year of providing Public Health services, I am reminded of the many wonderful opportunities with which we are presented to help make meaningful contributions in the communities we serve.

To some, **Public Health is a protector**, helping to control the spread of infectious disease and monitoring the water to keep it safe for drinking and swimming. For others,

Public Health is a promoter, supporting families to be the best they can be, providing education to help keep older adults from falling, and making it easier for everyone to eat well and be active wherever they live, learn, work, or play. To many, **Public Health is a champion**, providing information to people and bringing people together to build communities where everyone has the same opportunities for health.

Public Health may not always be visible, but it is always present to help prevent illness, promote health, and protect us all. Public Health pays big health dividends. The work of Public Health results in healthier, more productive individuals and communities—communities that can then invest in the things that really matter to health including jobs, education, housing, infrastructure, and more. The Sudbury & District Health Unit is proud to work in collaboration with so many dedicated individuals and groups in our communities so that together, we improve opportunities for health for all!



Dr. Penny Sutcliffe
Sudbury & District Medical Officer of Health
and Chief Executive Officer



Our vision:
Healthier communities for all.

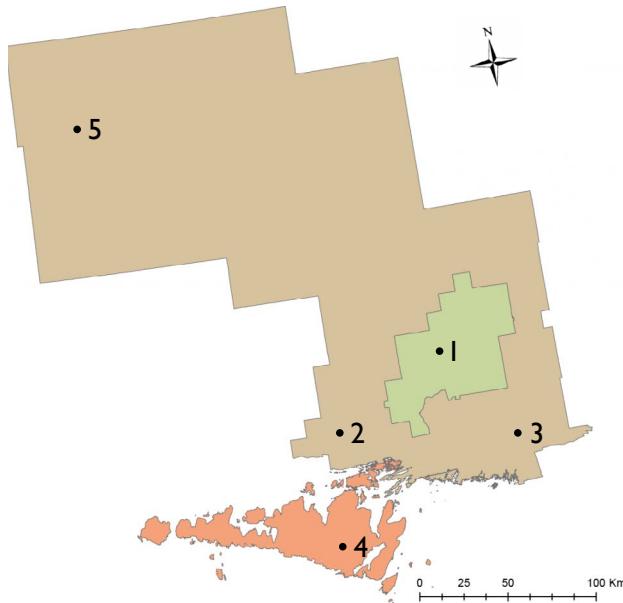
Our mission:
Working with our communities to promote and protect health and to prevent disease for everyone.

Strategic Priorities

- 1** Champion and lead equitable opportunities for health.
- 2** Strengthen relationships.
- 3** Strengthen evidence-informed public health practice.
- 4** Support community actions promoting health equity.
- 5** Foster organization-wide excellence in leadership and innovation.

In the 2015 Snapshot of Public Health for Chapleau, readers will find a brief overview of the Ontario public health system, including the local public health agency, the Sudbury & District Health Unit (SDHU). The 2015 Snapshot report includes highlights of public health activities in the Chapleau area during the 2015 calendar year.

This snapshot of public health activities shines a light on the SDHU's public health work that is done in collaboration with the public, community agencies, and municipalities. It is hoped that the contents are helpful in sharing the local public health story and in informing people about how their public health dollars are being spent to promote and protect the health of everyone.

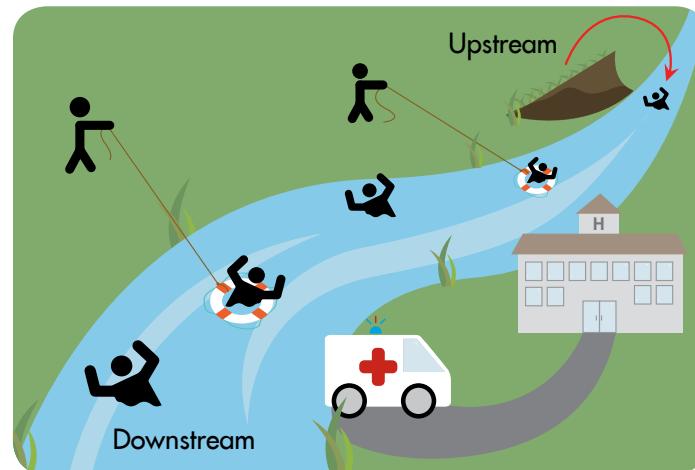


SDHU Office Locations

- 1 Greater Sudbury
- 2 Espanola
- 3 St.-Charles
- 4 Mindemoya
- 5 Chapleau

Public Health in Ontario

Public health works “upstream” to promote and protect health and prevent people from becoming sick. If we can imagine the health system as a continuum, the treatment services of hospitals would be at one end and public health would be at the other, working to keep people from needing hospitals and other health care services in the first place.



Like with fire, police, and education services, public health is a “public good”—publicly funded and always there for us. Public health works behind the scenes to promote healthy places (e.g. helping municipal councils make bylaws for healthier food options in recreational centres) and front and centre to protect our health (e.g. issuing boil water advisories when drinking water is unsafe).

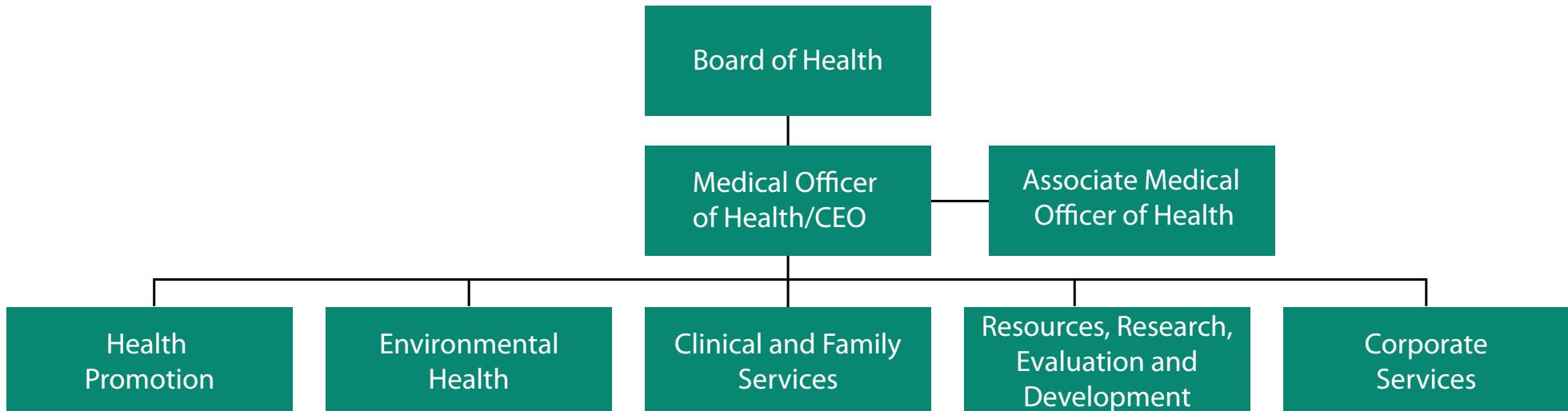
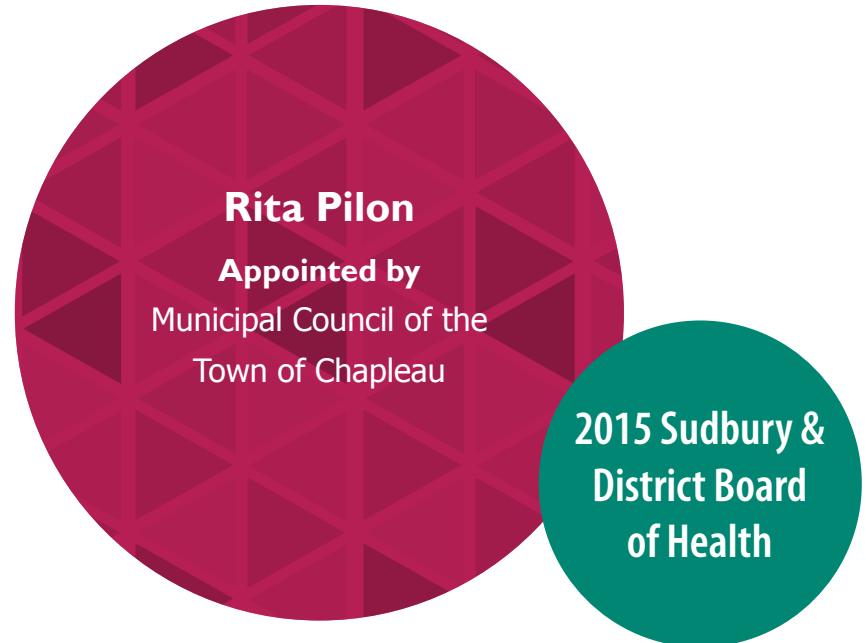
In Ontario, there is a provincial network of 36 non-profit public health units, all responsible for delivering standard public health programs and services, and for upholding public health law. About 80% of a local public health unit's budget is cost-shared between the municipalities and the province, with the provincial government contributing up to three quarters of that funding. The remaining 20% of a local public health unit's budget is 100% provincially funded. The law specifies that municipal funding to public health is allocated on a per capita basis.

The 36 public health units, together with provincial ministries and agencies, and in partnership with primary care and laboratories, comprise the formal provincial public health system.

Your Local Public Health Unit—Our Structure

The SDHU is governed by an autonomous Board of Health. Sudbury & District Board of Health membership is determined by legislation and includes municipally elected representatives and citizen representatives from across the SDHU area. Chapleau is represented by one individual who has historically been a councillor.

The SDHU works hard to meet the needs of the diverse population we serve and to meet our legislative requirements. To do this, the SDHU is organized into five divisions each reporting to the Medical Officer of Health.



Public Health Activities in Chapleau in 2015

The SDHU actively supports well-being in the Chapleau area by providing services to protect and to promote health. The following is a snapshot of these Chapleau public health activities that occurred in 2015. Together, they paint a picture of the variety and volume of local public health work.

Health Protection



The SDHU delivers a number of services designed to protect the health of its communities. These services include for example, immunizations, health hazard investigations, sexual health services, food safety, and safe water initiatives. The snapshots in the section below highlight the health protection services provided by the SDHU to Chapleau area communities in 2015.



Control of Infectious Diseases and Infection Control

- 9 cold chain visits completed and provision of publicly funded vaccines to all health care providers in Chapleau and surrounding areas
- Provision of school immunizations:
 - hepatitis B, meningococcal, and human papillomavirus vaccines administered at school clinics at the three area elementary schools in May, June, September, and December
 - Adacel® vaccine (teenage booster) offered at the two area secondary schools in February
 - 124 immunizations administered at the Chapleau district office location
- 20 cases of reportable diseases investigated, including respiratory, invasive group A streptococcus, and sexually transmitted infections
- participation on hospital and nursing home infection control committees
- 45 child care, personal service settings, and long-term care facilities inspected
- 25 consultations completed or inquiries addressed

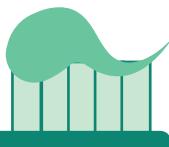


Sexual Health Program

- 37 clients visited Chapleau office

Dental Services

- 248 elementary school children participated in the dental screening program
- 17 children referred to a family dentist for urgent care
- 12 families of referred children offered preventive care



Smoke-Free Ontario Act Enforcement

- 12 youth access inspections conducted
- 6 display and promotion inspections conducted
- 1 complaint investigated

Did you know?

The SDHU employs a number of public health professionals to carry out its mission and public health mandated programs. These include but are not limited to public health physicians (Medical Officer and Associate Medical Officer of Health), public health nurses, public health inspectors, dental educators and hygienists, registered dietitians, epidemiologists, and planners. We also employ a number of technical and support staff who assist in the operational functions of the organization and the work we do in the various communities throughout the Chapleau area.



Food Safety

- 147 inspections of food premises completed
- 21 individuals trained through 3 food handler training courses
- 21 food recalls with follow-up response completed
- 23 special event food permits issued
- 3 food complaints addressed
- 84 consultations completed or inquiries addressed

Vector Borne Diseases, Rabies, and Lyme Disease

- 11 mosquito traps set
- 684 mosquitoes trapped
- 12 pools tested for Eastern Equine Encephalitis or West Nile virus
- 8 animal exposures to rabies investigated
- 1 tick submitted for testing



Health Hazards

- 2 health hazard complaints investigated (may include: mould, insects/cockroaches/birds, housing complaints, rodents/vermin, sewage back up spills, heating complaints, garbage and waste, miscellaneous complaints)
- 17 consultations completed or inquiries processed

Part 8 Land Control (On-Site Sewage System under Ontario Building Code)

- 1 sewage system permit processed
- 17 inspections undertaken
- 51 consultations completed or inquiries addressed

Did you know?

In order to provide quality public health services within the Chapleau area, the SDHU has aligned its highly skilled and trained staff with the communities' unique needs. The SDHU has an office in Chapleau from which two public health nurses, one public health inspector, and one office assistant support Health Unit programming for the residents of the Chapleau area. Other services are provided to Chapleau area residents where and when needed by SDHU main office staff and include, for example, dental health services and support for emergency preparedness and response.

Emergency Response

- 2 responses to train derailments, including 1 drinking water advisory issued

Environmental Policy

- 3 heat warnings issued



Drinking Water

- 1 boil water advisory/order issued
- 1 drinking water advisory/order issued
- 8 adverse drinking water reports investigated
- 4 bacteriological samples taken
- 36 consultations completed or inquiries addressed

Small Drinking Water Systems

- 13 small drinking water systems (SDWS) inspected
- 4 SDWS risk assessments completed
- 4 SDWS directives completed
- 46 consultations completed or inquiries addressed



Recreational Water

- 2 beaches inspected weekly resulting in a total of 17 beach inspections/85 bacteriological samples taken
- presentations to lake stewardship committees provided upon request

Did you know?

Environmental Health staff are available to participate in tabletop emergency preparedness exercises upon request and often comment on plans or proposals that may have a public health impact.

Health Promotion

Public health plays a key role in the promotion of health and prevention of chronic diseases and injuries. We do this through the delivery of a number of health promotion programs and services including healthy eating and healthy weights, falls prevention, substance misuse and tobacco use prevention, and child and reproductive health. This section includes Chapleau area statistical and narrative information about a broad range of health promotion programs provided in 2015 by the SDHU. Many of these programs are delivered in collaboration with many sectors and agencies within the community. These include, but are not limited to, individuals, families, community groups and seniors clubs, faith groups, organizations, health professionals, health centres, child care groups, businesses, social services, local municipal staff and council, school boards and their staff and administration, police, fire services, EMS, and provincial ministries.

Supporting smokers to become quitters – smoking cessation supports in Chapleau

Smoking continues to be a challenge many residents in the Chapleau area struggle to overcome, and the SDHU is committed to working with partners to support residents in their efforts to quit and live smoke-free lives. The reasons people smoke are varied, and providing tailored, individual support is important to help quit successfully. Many of our allied health partners in the Chapleau area offer tailored smoking cessation services. The SDHU complemented these efforts by focusing its efforts on promoting and encouraging a smoke-free lifestyle through a variety of provincially coordinated campaigns. Leave the Pack Behind was a Government of Ontario-funded tobacco control initiative that offered young adults aged 18 to 29 smoking and quitting information. These resources were distributed for holiday weekends throughout the summer of 2015 (e.g. Victoria Day, Canada Day, Civic Holiday) to encourage quitting. In addition, smoking cessation resources and supports were also provided to residents upon request.

Keeping our young ones safe – injury prevention programming

By Ontario law, drivers must make sure that any passenger under 16 years of age is secured properly in a child car seat or booster seat, or by a seat belt. From the Chapleau area's very youngest to its more senior residents, the SDHU is a committed health ally in the prevention of injuries. In 2015, SDHU staff collaborated with Best Start Hub partners to offer a free Car Seat Inspection Clinic. To build capacity and ensure sustainability of this very important program, SDHU also coordinated and provided training to partners to become certified in conducting car seat inspections. SDHU staff continue to offer car seat inspections upon request to community residents, at no charge.

SDHU staff also provided education to children and adults, in partnership with the Best Start Hubs, to promote bicycle safety, through the provision of 50 bicycle helmet safety resource kits.

Health Promotion

Supporting communities to plan for access to recreation

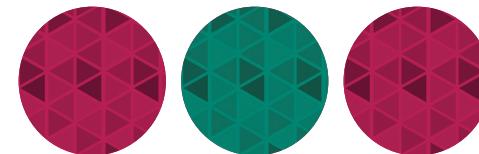
In the winter of 2015, the Chapleau Leisure and Culture Services Committee began looking to develop a comprehensive 5-year strategic plan. The goal was to learn how to better align municipal recreational initiatives with town interests and trends as well as how to reflect this information in the plan. As part of its Healthy Communities Fund - Partnership Stream work, the SDHU assisted the Committee with the coordination of providers for consultation services and with strategic planning. One planning session was facilitated by the HC Link for the Chapleau Leisure and Culture Services Committee. Through the consultation service providers, the group learned about strategic planning and how to adopt a process for organizing the town's needs and expectations into a coherent and meaningful plan for the future.



Building healthy eating through a universal vegetable and fruit program

The Northern Fruit & Vegetable Program (NFVP) is funded by the Ministry of Health and Long-Term Care and administered locally by staff from the SDHU. This program provides two servings of vegetables and fruit per week to elementary school children in the Chapleau area. It helps increase their consumption of weekly vegetables and fruit as well as increases their awareness to the benefits of having a diet rich in vegetables and fruit. The most recent program evaluation indicated that 96% of students thought being given two servings of vegetables and fruit each week helped them achieve their recommended weekly intake.

Beyond the school walls, SDHU staff ensured success through the provision of resources to educate children and their parents about healthy eating habits and assist school communities build healthy habits in children. In the Chapleau area, a total of four schools participated in the NFVP reaching 286 students during the 2014/15 school year.



Collaborations to bring nutrition screening for preschoolers to the north

After engaging with community partners, a gap in nutritional screening of preschoolers was noted. The SDHU, in partnership with local Best Start Hub and daycares, conducted NutriSTEP® screening with parents of preschoolers in the community. SDHU staff supported the planning and coordination of these screening sessions with the local registered dietitian. The SDHU registered dietitian and public health nurse also attended an open house event in Chapleau to promote the NutriSTEP® program and educate attendees on the importance of nutritional risk screening in young children.

The SDHU further engaged with the Chapleau and District Family Health Team in a collaborative pilot project to bring the NutriSTEP® screening program into primary care. Tablets were provided by the SDHU to the Chapleau and District Family Health Team to assist with electronic screening, and integration into patient Electronic Medical Records. Screening through the NutriSTEP® program is now done in the community through partnerships with the Chapleau and District Family Health Team, a local registered dietitian, and the SDHU registered dietitian and public health nurse.



Did you know?

The SDHU is proud to work with and for the people who live, play, and work in the 157 square kilometres that makes up the town of Chapleau and five nearby First Nation reserves*. Home to approximately 2,500 people, the Chapleau area comprises approximately 0.4% of the SDHU land area and less than 1% of its total population. Residents of the Chapleau area speak predominately English, with approximately 59% of the population identifying English as their Mother Tongue. Though the Chapleau area experienced an 8% decrease in its population between 2006 and 2011, it continues to be a very vibrant place to call home (2011 Demographic Profile: Chapleau, SDHU).

* The office also services a part of the Sudbury, Unorganized, North Part Census Subdivision, which consists of an area spanning approximately 35,595 square kilometres with a population of only 2,306. However, that part of Sudbury Unorganized, North Part immediately surrounding Chapleau is very sparsely populated and is impracticable to include in this profile. A separate profile of Sudbury, Unorganized, North Part is available.

A Sampling of 2015 Health Promotion Programming by the Numbers

- 21 consultations across a variety of program areas supporting diverse audiences and requests, including:
 - principals at Our Lady of Fatima Catholic School, Chapleau Public Elementary and Secondary School, École élémentaire catholique Sacré-Coeur, and École secondaire catholique Trillium
 - coordinating and supporting strategic planning for the Chapleau Leisure and Culture Services Committee
- Participation at 20 coalition or committee meetings to support the planning and delivery of public health programs, including:
 - Leisure and Culture Services Committee
 - Chapleau Children Service Providers
- Delivery of 9 presentations to students regarding various public health topics, including:
 - 4 STI/contraception “chats” to students in Grades 8 and 9 from three different schools
 - 3 puberty “chats” to students in Grades 5 and 6 from two different schools
- Referred 3 clients to other public health services appropriate to meet their unique request
- Supported 5 clients with car seat inspections at a Car Seat Inspection Clinic
- Supported the evaluation of the Northern Fruit & Vegetable Program in 2 of 4 of the participating schools
- Provided educational resources for 16 separate community requests, including:
 - distribution of Leave the Pack Behind posters to 15 community partner locations
 - distribution of Driven to Quit posters to 18 community partners



Summary

The Sudbury & District Health Unit is part of a provincial system of public health that works “upstream” to promote health and prevent disease. Locally, the SDHU provides a broad range of programs and services in collaboration with local community partners and community members throughout the Sudbury and Manitoulin districts and Greater Sudbury.

This report is the second Snapshot of Public Health developed for all leaders and citizens in the Chapleau area. It is intended to paint a picture of SDHU activities in the Chapleau area during the 2015 calendar year, and highlight the impressive variety and volume of programming delivered to meet local needs.

The Sudbury & District Health Unit is grateful and honoured to work with and for the people who live, play, and work in the Chapleau area, including the many individuals and agencies that take a leadership role in bettering their communities. SDHU staff are passionate about their work and keen to work with partners and the community to protect, promote and champion health in the Chapleau area and beyond. Together, we can create opportunities for health for all.

Did you know?

Public health staff can be reached at any time from 8:30 a.m. to 4:30 p.m., Monday to Friday through the Chapleau or main offices for routine business, and are available 24/7 for after-hours emergencies at 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



101 Pine St. East
Chapleau, ON



705.860.9200
1.866.522.9200



www.sdhu.com



@SD_PublicHealth



TheHealthUnit



SDHealthUnit

Aperçu 2015 de la santé publique

Secteur de Chapleau | Service de santé publique de
Sudbury et du district

Une version accessible du présent
document se trouve à l'adresse :
[https://www.sdhu.com/fr/propos/
bureaux-du-district/apercu-2015-
de-la-sante-publique-secteur-de-
chapleau](https://www.sdhu.com/fr/propos/bureaux-du-district/apercu-2015-de-la-sante-publique-secteur-de-chapleau)

La santé publique : songer d'abord à la collectivité

En réfléchissant à l'année que nous avons passée à fournir des services de santé publique, je me souviens des nombreuses occasions formidables qui s'offrent à nous pour mieux apporter une contribution significative aux collectivités que nous servons.

Aux yeux de certaines personnes, le Service de santé publique est **un protecteur** qui aide à lutter contre la propagation de maladies infectieuses et à surveiller l'eau pour la garder propre à la consommation et à la baignade. D'autres le considèrent comme **un promoteur** qui aide les familles à se porter le mieux possible, qui sensibilise les aînés pour les empêcher de tomber et qui fait en sorte que tout le monde puisse bien manger et mener une vie active là où il vit, apprend, travaille ou joue. Bien des gens estiment que le Service de santé publique est **un champion** qui renseigne les gens et les rassemble afin de créer des collectivités où tout le monde a les mêmes possibilités d'être en santé.

La santé publique n'est peut-être pas toujours visible, mais elle permet toujours de prévenir les maladies, de promouvoir la santé et de nous protéger. Elle offre d'énormes avantages sur le plan de la santé. Elle a pour effet d'améliorer celle-ci et d'augmenter la productivité des gens et des collectivités. Ces dernières peuvent ainsi investir dans ce qui compte vraiment pour la santé, y compris les emplois, l'éducation, le logement et les infrastructures. Le Service de santé publique de Sudbury et du district est fier de collaborer avec tant de personnes et de groupes dévoués pour qu'en ensemble nous améliorions les possibilités pour tous d'être en santé!



D^r Penny Sutcliffe
Médecin-hygiéniste de Sudbury et du district et
directrice générale



Notre vision :

Des communautés plus saines pour tous.

Notre mission :

Collaborer avec les communautés afin d'améliorer et de protéger la santé, et prévenir les maladies dans toute la population.

Priorités stratégiques

- 1 Prôner et porter des possibilités équitables d'être en santé.
- 2 Renforcer les rapports.
- 3 Renforcer la pratique en santé publique fondée sur des données probantes.
- 4 Appuyer des mesures communautaires favorisant l'équité en matière de santé.
- 5 Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme.

Dans l'aperçu 2015 de la santé publique dans le secteur de Chapleau, les lecteurs trouveront un aperçu du système de santé publique de l'Ontario et du bureau de santé local, le Service de santé publique de Sudbury et du district (SSPSD). L'aperçu 2015 comprend les faits saillants des activités de santé publique qui ont eu lieu dans le secteur de Chapleau au cours de l'année civile 2015.

Cet aperçu des activités de santé publique souligne le travail que le SSPSD réalise en collaboration avec la population, les organismes communautaires et les municipalités. Nous espérons que le contenu fera connaître l'histoire de la santé publique à l'échelle locale et qu'il informera les gens de la région sur la manière dont les fonds affectés à celle-ci sont dépensés pour promouvoir et protéger la santé de tout le monde.

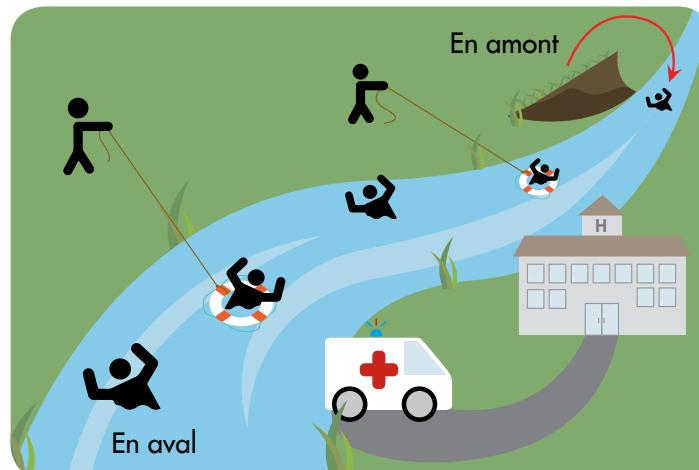


Succursales du SSPSD

- 1 Grand Sudbury
- 2 Espanola
- 3 St.-Charles
- 4 Mindemoya
- 5 Chapleau

La santé publique en Ontario

La santé publique travaille « en amont » afin de promouvoir et protéger la santé et de prévenir la maladie. Si nous pouvons imaginer le système de santé comme un continuum, les services de traitement des hôpitaux sont à une extrémité et la santé publique se trouve à l'autre, et vise à empêcher au départ que les gens aient besoin d'aller à l'hôpital ou de recourir à d'autres services de soins de santé.



Comme les services d'incendie, de police et d'éducation, la santé publique est un « bien public » : financé par le secteur public et toujours à notre disposition. Elle œuvre en coulisse afin de promouvoir des lieux sains (p. ex., en aidant les conseils municipaux à créer des règlements sur les choix d'aliments plus sains dans les centres de loisirs), mais aussi à l'avant-scène afin de la protéger (p. ex., en émettant des avis de faire bouillir l'eau lorsque l'eau potable n'est pas salubre).

En Ontario, il existe un réseau provincial de 36 bureaux de santé à but non lucratif, tous chargés de fournir des programmes et des services standard de santé publique et d'appliquer la loi dans ce domaine.

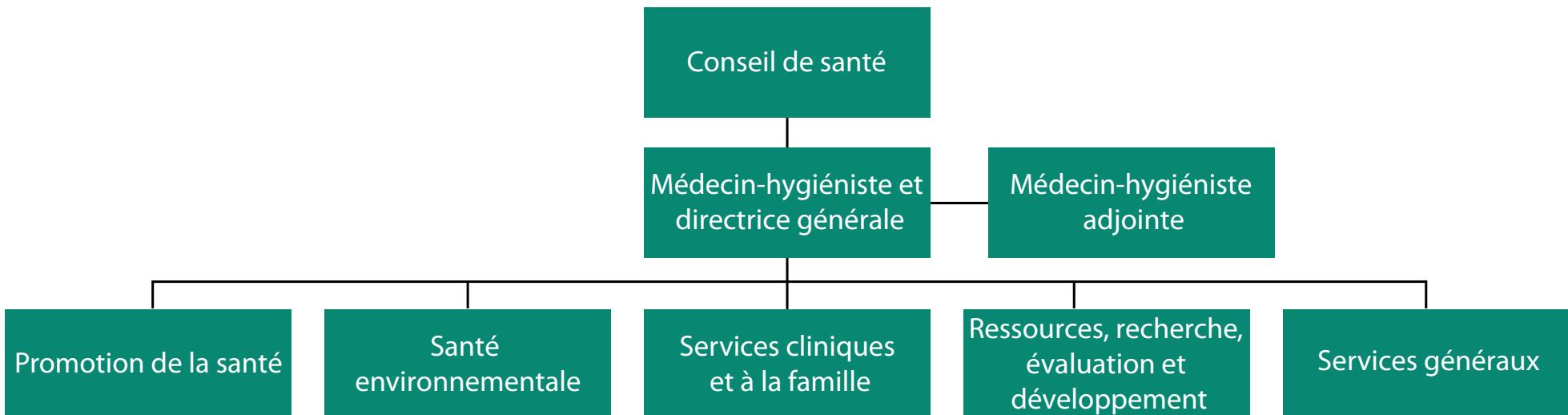
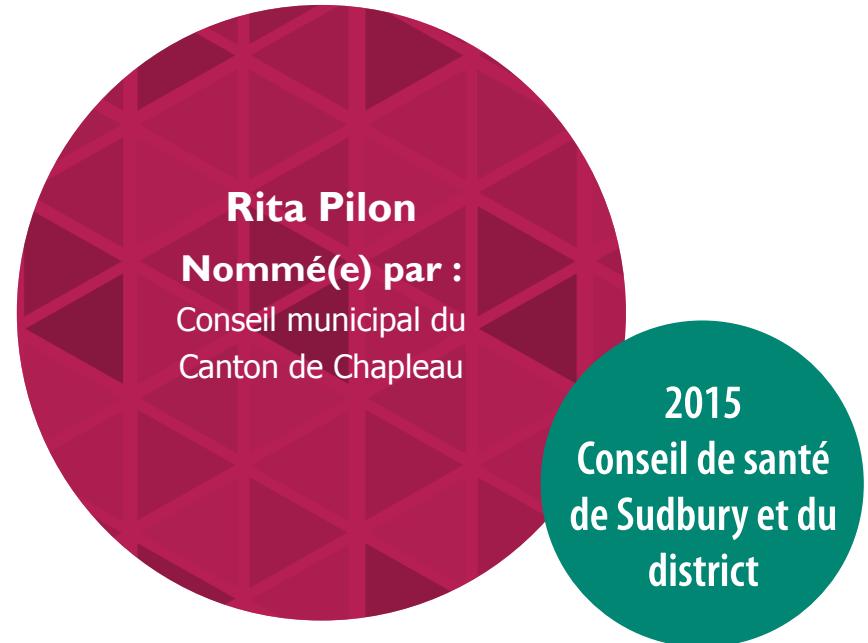
Environ 80 % du budget d'un bureau de santé est réparti entre les municipalités et la province, et le gouvernement provincial en verse les trois quarts. Les 20 % restants sont subventionnés à 100 % par la province. La loi stipule que les fonds municipaux affectés à la santé publique sont établis par habitant.

Les 36 bureaux de santé ainsi que les ministères et organismes provinciaux, les fournisseurs de soins de santé primaires et les laboratoires forment le système de santé publique officiel de la province.

Votre bureau de santé local—Notre structure

Le SSPSD est régi par un conseil de santé autonome. Les membres du Conseil de santé de Sudbury et du district sont désignés par la loi et comprennent des représentants élus et des citoyens de tout le territoire du SSPSD. Chapleau est représenté par une personne de la région qui est toujours conseiller ou conseillère.

Le SSPSD travaille dur afin de répondre aux besoins de la population variée qu'il sert et de respecter les exigences légales. Ainsi, il est organisé en cinq divisions, et chacune relève de la médecin-hygieniste.



Activités de santé publique à Chapleau en 2015

Le SSPSD favorise activement le bien-être dans le secteur de Chapleau en fournissant des services pour protéger et promouvoir la santé. Voici un aperçu des activités qui se sont tenues à Chapleau en 2015 dans le domaine de la santé publique. Globalement, elles donnent une idée de la variété et du volume des travaux exécutés en la matière à l'échelle locale.

Protection de la santé



Le SSPSD fournit un certain nombre de services destinés à protéger la santé des collectivités qu'il sert. Ces services comprennent les immunisations, les enquêtes sur les dangers pour la santé, les services de santé sexuelle, la salubrité des aliments et les initiatives touchant la salubrité de l'eau. Les aperçus exposés dans la partie qui suit soulignent les services de protection de la santé qu'a fournis le SSPSD aux collectivités du secteur de Chapleau en 2015.



Contrôles des maladies infectieuses et des infections

- Neuf examens de la chaîne du froid et prestation de vaccins financés par le secteur public à tous les fournisseurs de soins de santé de Chapleau et des environs
- Prestation d'immunisations en milieu scolaire :
 - vaccins contre l'hépatite B, la méningite à méningocoques et le virus du papillome humain administrés à des séances aux trois écoles élémentaires du secteur en mai, en juin, en septembre et en décembre.
 - vaccin Adacel® (rappel pour les adolescents) offert aux deux écoles secondaires du secteur en février et en mars.
 - 124 immunisations administrées au bureau de district de Chapleau.
- Enquête sur 20 cas de maladie à déclaration obligatoire, y compris des infections respiratoires, streptococciques invasives du groupe A et transmissibles sexuellement
- Participation aux travaux de comités de contrôle des infections en milieu hospitalier et en maison de soins infirmiers
- Inspection de 45 services de garde, établissements de soins de longue durée et établissements de services personnels
- 25 consultations effectuées ou demandes de renseignements réglées



Programme de santé sexuelle

- 37 clients vus au bureau de Chapleau

Services dentaires

- Participation de 248 enfants de niveau élémentaire au programme de dépistage dentaire
- 17 enfants aiguillés vers un dentiste pour des soins d'urgence
- Offre de soins préventifs à 12 familles d'enfants aiguillés



Application de la Loi favorisant un Ontario sans fumée

- 12 inspections d'accès pour les jeunes
- 6 inspections pour les présontoirs et la promotion
- 1 plainte examinée

Le saviez-vous?

Le SSPSD emploie un certain nombre de professionnels de la santé publique pour mener sa mission et offrir les programmes obligatoires de santé publique. Il s'agit notamment de spécialistes en santé publique (médecin-hygieniste et médecin-hygieniste adjointe), d'infirmières-hygienistes et d'infirmiers-hygienistes, d'inspecteurs de la santé publique, d'éducateurs en hygiène dentaire et d'hygiénistes dentaires, de diététistes, d'épidémiologistes et de planificateurs. Il possède également des techniciens et des employés de soutien qui aident à remplir les fonctions opérationnelles de l'organisme et à exécuter le travail que nous faisons dans les diverses collectivités du secteur de Chapleau.



Salubrité des aliments

- 147 inspections d'établissements d'alimentation
- 21 personnes formées par 3 cours de formation des préposés à la manutention des aliments
- 21 rappels d'aliments avec suivi
- 23 permis alimentaires émis pour des événements spéciaux
- 3 plaintes sur des aliments réglées
- 84 consultations effectuées ou demandes de renseignements réglées

Maladies à vecteurs, rage et maladie de Lyme

- 11 pièges à moustiques installés
- 684 moustiques capturés
- 12 bassins soumis à un test de dépistage de l'encéphalite équine de l'Est ou du virus du Nil occidental
- Enquêtes sur 8 expositions d'animaux à la rage
- 1 tique soumise aux fins d'analyse



Dangers pour la santé

- 2 examens de plaintes relatives à des dangers pour la santé (ce qui peut inclure moisissure, insectes, blattes ou oiseaux, plaintes touchant le logement, rongeurs ou animaux indésirables, refoulement d'égout, plaintes concernant le chauffage, déchets, plaintes diverses)
- 17 consultations effectuées ou demandes de renseignements réglées

Vérification des sols selon la partie 8 (réseaux d'égout sur place en vertu du Code du bâtiment de l'Ontario)

- 1 permis de réseau d'égout traité
- 17 inspections entreprises
- 51 consultations effectuées ou demandes de renseignements réglées

Le saviez-vous?

Afin de fournir des services de santé publique de qualité dans le secteur de Chapleau, le SSPSD a fait en sorte que son personnel hautement qualifié réponde aux besoins uniques des collectivités. Il possède une succursale à Chapleau où deux infirmières-hygienistes, un inspecteur de la santé publique et une adjointe de bureau assurent le soutien des programmes du Service de santé publique auprès des résidents du secteur de Chapleau. Le personnel du bureau principal du SSPSD fournit d'autres services là où ils sont requis et quand ils le sont, par exemple, les services de santé dentaire et le soutien à la préparation et l'intervention en cas d'urgence.

Intervention d'urgence

- 2 réactions à des déraillements de train; 1 avis émis concernant l'eau potable

Politique environnementale

- 3 avertissements de chaleur émis



Eau potable

- 1 avis ou ordre de faire bouillir l'eau émis
- 1 avis ou ordre émis concernant l'eau potable
- 8 rapports défavorables concernant l'eau potable examinés
- 4 échantillons bactériologiques prélevés
- 36 consultations effectuées ou demandes de renseignements réglées

Petits réseaux d'eau potable

- 13 petits réseaux d'eau potable inspectés
- 4 évaluations des risques réalisées
- 4 directives émises
- 46 consultations effectuées ou demandes de renseignements réglées



Eaux destinées aux loisirs

- 2 plages inspectées chaque semaine, pour un total de 17 plages inspectées et de 85 échantillons bactériologiques prélevés
- Exposés devant des comités d'intendance de lac donnés sur demande

Le saviez-vous?

Le personnel affecté à la santé environnementale est disposé à participer à des exercices de préparation aux situations d'urgence sur maquette, et il émet souvent des commentaires sur des plans ou des projets risquant d'avoir un effet sur la santé publique.

Promotion de la santé

Promotion de la santé

La santé publique joue aussi un rôle clé dans la promotion de la santé et la prévention des maladies chroniques et des blessures. Ces tâches s'effectuent par la prestation d'un certain nombre de programmes et de services de promotion de la santé, concernant notamment la saine alimentation et le poids santé, la prévention des chutes, la prévention du mésusage d'alcool et d'autres drogues et du tabagisme, et la santé des enfants et de la reproduction. La présente section porte sur des données statistiques et narratives concernant le secteur de Chapleau qui touchent un large éventail de programmes de promotion de la santé fournis en 2015 par le SSPSD. Bon nombre de ces programmes sont fournis en collaboration avec bien des secteurs et des organismes au sein de la collectivité. Ceux-ci incluent, sans s'y limiter, des particuliers, des familles, des groupes communautaires, des cercles d'aînés, des groupes confessionnels, des organisations, des professionnels de la santé, des centres de santé, des groupes de services de garde, des entreprises, des services sociaux, le conseil et les employés municipaux, des conseils scolaires, y compris leur personnel et leur direction, des services d'incendie et de police, des SMU et des ministères provinciaux.

Aider les fumeurs à cesser de fumer : services d'aide à l'abandon du tabac à Chapleau

Le tabagisme demeure un défi que bien des résidents du secteur de Chapleau s'efforcent de relever. Et le SSPSD s'est engagé à collaborer avec des partenaires afin d'aider ces personnes à déployer les efforts nécessaires pour cesser de fumer et vivre leur vie sans avoir cette habitude. Les raisons pour lesquelles les gens fument varient. Et il importe de fournir une aide adaptée et individuelle pour que l'abandon se réalise. Bon nombre de nos partenaires en santé du secteur de Chapleau offrent des services adaptés en la matière. Le SSPSD a complété ces efforts en se concentrant sur la promotion d'un mode de vie sans fumée par un éventail de campagnes coordonnées à l'échelle provinciale. Cheminer sans fumer était une initiative de lutte contre le tabagisme financée par le gouvernement de l'Ontario qui offrait aux jeunes adultes de 18 à 29 ans des renseignements sur le tabagisme et l'abandon. Ces ressources ont été distribuées en vue des longs weekends tout au long de l'été 2015 (p. ex., pour la fête de la Reine, la fête du Canada et le Congé civique) pour favoriser celui-ci. De plus, des ressources et des outils de soutien pour abandonner le tabagisme ont aussi été fournis aux résidents sur demande.

Garder nos jeunes en sécurité : programmes de prévention des blessures

En vertu des lois de l'Ontario, les conducteurs doivent s'assurer que tout passager de moins de 16 ans est bien attaché dans un siège d'enfant ou d'appoint, ou au moyen d'une ceinture de sécurité. Le SSPSD est un allié engagé dans la prévention des blessures, autant pour les plus jeunes que pour les aînés du secteur de Chapleau. En 2015, son personnel a collaboré avec des partenaires du Carrefour Meilleur départ pour offrir une séance d'inspection gratuite des sièges d'auto. Afin de renforcer les capacités et d'assurer la durabilité de ce programme très important, le SSPSD a aussi coordonné et fourni une formation à l'intention des partenaires afin qu'ils puissent inspecter des sièges d'auto. Son personnel continue d'offrir aux résidents des inspections de sièges d'auto sur demande, sans frais.

Le personnel du SSPSD a aussi sensibilisé les enfants et les adultes à la sécurité à vélo en partenariat avec les carrefours Meilleur départ, en distribuant 50 trousse de ressources sur le port du casque de vélo.

Soutenir les collectivités afin qu'elles prévoient un accès aux lieux de loisirs

À l'hiver 2015, le comité des loisirs et de la culture de Chapleau a commencé à envisager de mettre au point un plan stratégique quinquennal complet. L'objectif était d'apprendre à mieux aligner les initiatives municipales en matière de loisirs sur les tendances et les intérêts locaux ainsi qu'à en rendre compte dans le plan. Dans le cadre de son travail pour le volet partenariats du Fonds pour les communautés en santé, le SSPSD a aidé le comité à coordonner les fournisseurs de services de consultation et à dresser le plan stratégique. Le Réseau CS s'est chargé d'une séance de planification pour le comité. Par les fournisseurs de services de consultation, le groupe a appris comment établir un plan stratégique et adopter un processus pour organiser les besoins et les attentes de la localité sous la forme d'un plan cohérent et significatif pour l'avenir.



Assurer une saine alimentation par un programme universel de distribution de fruits et légumes

Administré à l'échelle locale par le personnel du SSPSD, le Programme de distribution de fruits et légumes dans le nord de l'Ontario est financé par le ministère de la Santé et des Soins de longue durée. Il procure deux portions de légumes et de fruits par semaine aux élèves des écoles élémentaires du secteur de Chapleau. Il permet d'augmenter leur consommation hebdomadaire de fruits et légumes et les sensibilise davantage aux bienfaits d'une alimentation riche en fruits et légumes. Selon la plus récente évaluation du programme, 96 % des élèves étaient d'avis que recevoir deux portions de légumes et de fruits par semaine leur permettait d'obtenir l'apport hebdomadaire recommandé.

En dehors des murs de l'école, le personnel du SSPSD assure le succès du programme en fournissant des ressources pour sensibiliser les enfants et leurs parents à la saine alimentation. Il aide aussi les milieux scolaires à inculquer de saines habitudes aux enfants. Dans le secteur de Chapleau, quatre écoles ont participé au programme, et 286 élèves en ont bénéficié pendant l'année scolaire 2014-2015.



Collaborations en vue d'amener dans le nord le dépistage des problèmes nutritionnels chez les enfants d'âge préscolaire

Après avoir collaboré avec des partenaires communautaires, nous avons constaté un vide dans le dépistage des problèmes nutritionnels chez les enfants d'âge préscolaire. Le SSPSD, en partenariat avec le Carrefour Meilleur départ et les garderies de la région, a tenu des activités de dépistage NutriSTEP® avec les parents d'enfants d'âge préscolaire. Le personnel du SSPSD a appuyé la planification et la coordination des séances avec la diététiste locale. Une diététiste et l'infirmière-hygieniste du SSPSD ont aussi assisté à une journée portes ouvertes à Chapleau pour promouvoir le programme NutriSTEP® et sensibiliser les personnes présentes à l'importance de dépister les risques nutritionnels chez les jeunes enfants.

Le SSPSD s'est ensuite engagé avec l'équipe de santé familiale de Chapleau et du district dans un projet pilote destiné à intégrer le programme de dépistage NutriSTEP® dans les soins primaires. Il a fourni des tablettes à l'équipe pour contribuer au dépistage électronique et à l'enregistrement des données dans les dossiers médicaux électroniques des patients. Dans la collectivité, le dépistage par le programme NutriSTEP® se fait maintenant au moyen de partenariats avec l'équipe, une diététiste locale ainsi que la diététiste et l'infirmière-hygieniste du SSPSD.

Le saviez-vous?

Le SSPSD est fier de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire d'environ 157 kilomètres carrés que forment la localité de Chapleau et cinq réserves de Première Nation environnantes*, mais aussi de travailler pour eux. Ce secteur, dont la population est d'environ 2,500 habitants, représente à peu près 0.4 % du territoire du SSPSD et moins de 1 % de sa population. Les résidents parlent surtout l'anglais. Environ 59 % de la population se dit de langue maternelle anglaise. Bien que la population ait diminué de 8 % entre 2006 et 2011, le secteur demeure un endroit très dynamique où habiter (profil démographique 2011 : Chapleau, SSPSD).

*Le bureau sert aussi une partie de Sudbury, Unorganized, North Part, soit un secteur qui s'étend sur environ 35,595 kilomètres carrés et dont la population est de seulement 2,306 habitants. Toutefois, la partie qui se trouve dans les environs immédiats de Chapleau est très peu peuplée et il est impossible de l'inclure dans le profil.

Exemples en chiffres d'activités de promotion de la santé en 2015

- 21 consultations sur un éventail de domaines de programme qui sont destinés à soutenir des publics variés et à répondre à différentes demandes, y compris :
 - les directions de la Our Lady of Fatima Catholic School, de la Chapleau Public; Elementary and Secondary School, de l'École élémentaire catholique Sacré-Cœur et de l'École secondaire catholique Trillium
 - la coordination et le soutien de la planification stratégique pour le comité des loisirs de Chapleau.
- Participation à 20 réunions de coalition ou de comité pour appuyer la planification et la prestation de programmes de santé publique, y compris à celles :
 - du comité des loisirs et de la culture;
 - des fournisseurs de services à l'enfance de Chapleau;
- Prestation de 9 exposés à des élèves sur divers sujets de santé publique, dont :
 - 4 « discussions » sur les ITS et la contraception avec des élèves de 8^e et de 9^e année de 3 écoles différentes;
 - 3 « discussions » sur la puberté avec des élèves de 5^e et de 6^e année de 2 écoles différentes.
- Aiguillage de 3 clients vers d'autres services de santé publique pouvant répondre convenablement à leur demande unique.
- Soutien de 5 clients par une séance d'inspection des sièges d'auto.
- Appui de l'évaluation du Programme de distribution de fruits et légumes dans le nord dans 2 des 4 écoles participantes.
- Prestation de ressources pédagogiques en réponse à 16 demandes distinctes provenant de la collectivité, y compris :
 - la distribution d'affiches Cheminer sans fumer à 15 partenaires communautaires;
 - la distribution d'affiches Mettre un frein à 18 partenaires communautaires.



Sommaire

Le Service de santé publique de Sudbury et du district (SSPSD) fait partie d'un réseau provincial de santé publique travaillant « en amont » afin de promouvoir la santé et de prévenir la maladie. À l'échelle locale, il procure un large éventail de programmes et de services en collaboration avec des partenaires communautaires locaux et des citoyens un peu partout dans les districts de Sudbury et de Manitoulin et dans la ville du Grand Sudbury.

Le présent rapport est le deuxième aperçu de la santé publique mis au point pour les dirigeants et les citoyens du secteur de Chapleau. Il est destiné à brosser le tableau des activités du SSPSD dans le secteur de Chapleau au cours de l'année civile 2015. Il souligne également la variété et le volume impressionnantes des programmes fournis pour répondre aux besoins locaux.

Le SSPSD est reconnaissant et honoré de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire de Chapleau, y compris toutes les personnes et tous les organismes qui jouent un rôle prédominant dans l'amélioration de leur collectivité, mais aussi de travailler pour eux. Le personnel du SSPSD se passionne pour son travail et il est enthousiaste à l'idée de faire équipe avec des partenaires et la population afin de protéger, de promouvoir et de soutenir la santé à Chapleau et ailleurs. Ensemble, nous pouvons créer des possibilités d'être en santé pour tous.

Le saviez-vous?

Il est possible de joindre le personnel de santé publique du lundi au vendredi, de 8 h 30 à 16 h 30, au bureau principal ou à celui de Chapleau pour les affaires courantes, et 24 heures sur 24, sept jours sur sept pour les urgences après les heures d'ouverture en composant le 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



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Snapshot of Public Health

LaCloche Foothills Area | Sudbury & District Health Unit

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district-offices/2015-snapshot-
public-health-espanola-area](https://www.sdhu.com/about/district-offices/2015-snapshot-public-health-espanola-area)

Public Health: Putting the Community First

Reflecting on the past year of providing Public Health services, I am reminded of the many wonderful opportunities with which we are presented to help make meaningful contributions in the communities we serve.

To some, **Public Health is a protector**, helping to control the spread of infectious disease and monitoring the water to keep it safe for drinking and swimming. For others,

Public Health is a promoter, supporting families to be the best they can be, providing education to help keep older adults from falling, and making it easier for everyone to eat well and be active wherever they live, learn, work, or play. To many, **Public Health is a champion**, providing information to people and bringing people together to build communities where everyone has the same opportunities for health.

Public Health may not always be visible, but it is always present to help prevent illness, promote health, and protect us all. Public Health pays big health dividends. The work of Public Health results in healthier, more productive individuals and communities—communities that can then invest in the things that really matter to health including jobs, education, housing, infrastructure, and more. The Sudbury & District Health Unit is proud to work in collaboration with so many dedicated individuals and groups in our communities so that together, we improve opportunities for health for all!

Dr. Penny Sutcliffe
Sudbury & District Medical Officer of Health
and Chief Executive Officer



Our vision:
Healthier communities for all.

Our mission:
Working with our communities to promote and protect health and to prevent disease for everyone.

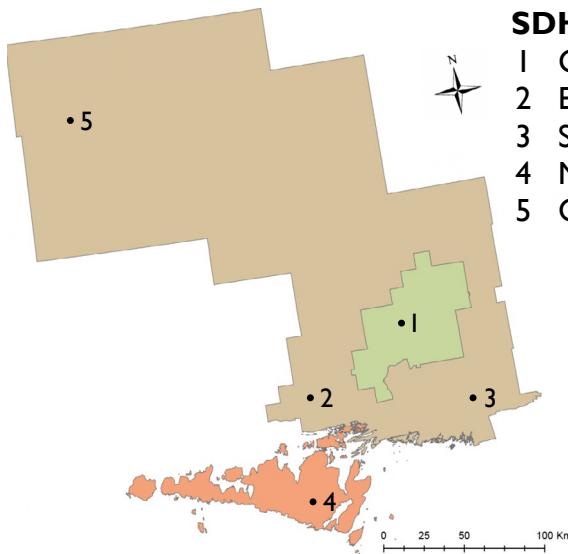
Strategic Priorities

- 1** Champion and lead equitable opportunities for health.
- 2** Strengthen relationships.
- 3** Strengthen evidence-informed public health practice.
- 4** Support community actions promoting health equity.
- 5** Foster organization-wide excellence in leadership and innovation.

In the 2015 Snapshot of Public Health for the LaCloche Foothills area, readers will find a brief overview of the Ontario public health system, including the local public health agency, the Sudbury & District Health Unit (SDHU). The 2015 Snapshot report includes highlights of public health activities in the LaCloche Foothills area during the 2015 calendar year.

This snapshot of public health activities shines a light on the SDHU's public health work that is done in collaboration with the public, community agencies, and municipalities. It is hoped that the contents are helpful in sharing the local public health story and in informing people about how their public health dollars are being spent to promote and protect the health of everyone.

The SDHU is proud to work with and for the people who live, play, and work in the 1,143 square kilometres that makes up the LaCloche Foothills area. Home to approximately 9,400 people, the LaCloche Foothills area comprises approximately 7% of the SDHU land area and 5% of its total population. Residents of the LaCloche Foothills area speak predominately English, with approximately 84% of the population identifying English as their Mother Tongue. Though the LaCloche Foothills area experienced a 1.4% decrease in its population between 2006 and 2011, it continues to be a very vibrant place to call home (2011 Demographic Profile: Espanola, SDHU).

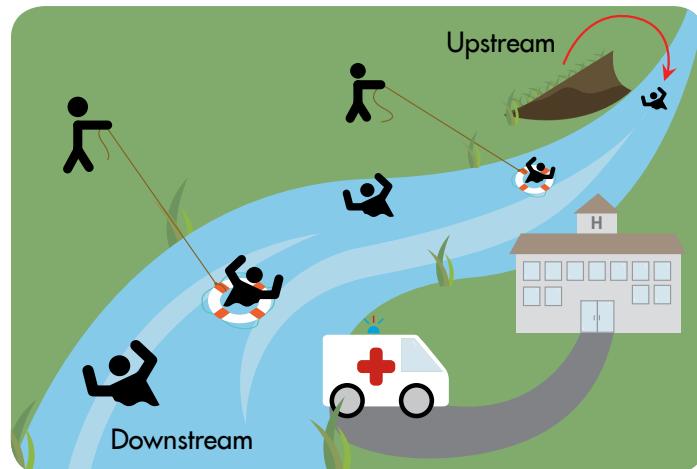


SDHU Office Locations

- 1 Greater Sudbury
- 2 Espanola
- 3 St.-Charles
- 4 Mindemoya
- 5 Chapleau

Public Health in Ontario

Public health works “upstream” to promote and protect health and prevent people from becoming sick. If we can imagine the health system as a continuum, the treatment services of hospitals would be at one end and public health would be at the other, working to keep people from needing hospitals and other health care services in the first place.



Like with fire, police, and education services, public health is a “public good”—publicly funded and always there for us. Public health works behind the scenes to promote healthy places (e.g. helping municipal councils make bylaws for healthier food options in recreational centres) and front and centre to protect our health (e.g. issuing boil water advisories when drinking water is unsafe).

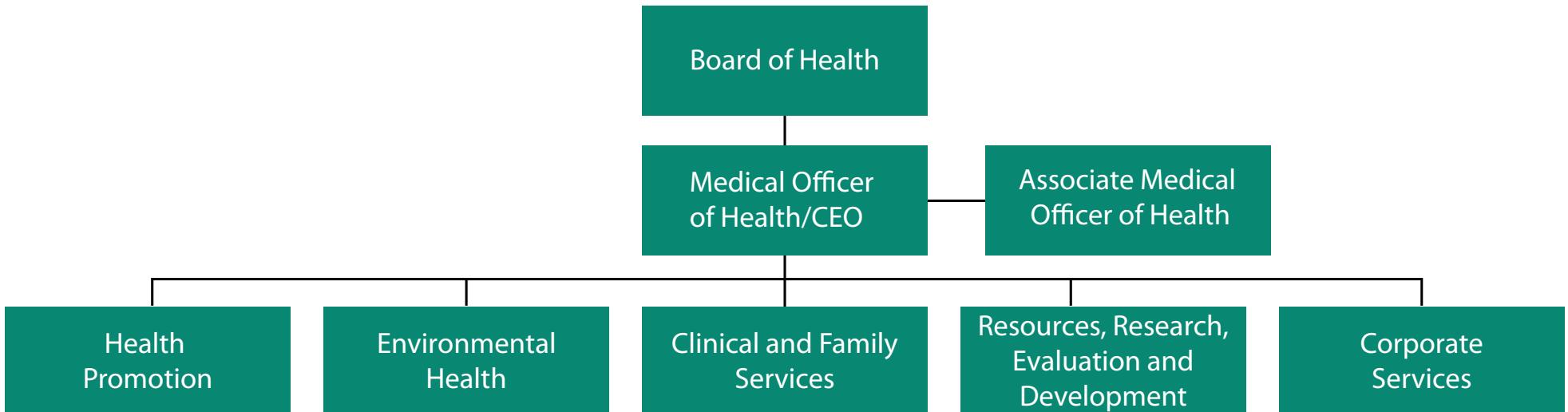
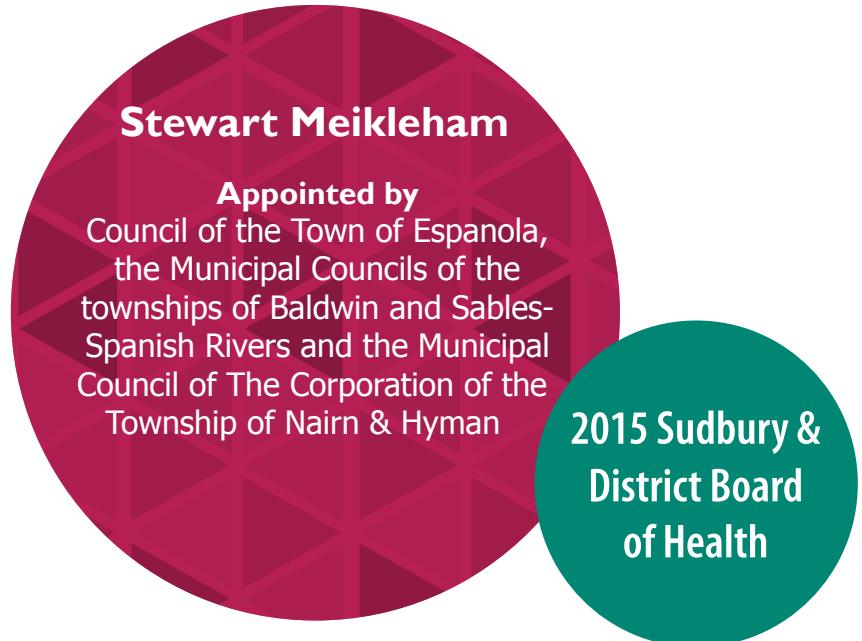
In Ontario, there is a provincial network of 36 non-profit public health units, all responsible for delivering standard public health programs and services, and for upholding public health law. About 80% of a local public health unit’s budget is cost-shared between the municipalities and the province, with the provincial government contributing up to three quarters of that funding. The remaining 20% of a local public health unit’s budget is 100% provincially funded. The law specifies that municipal funding to public health is allocated on a per capita basis.

The 36 public health units, together with provincial ministries and agencies, and in partnership with primary care and laboratories, comprise the formal provincial public health system.

Your Local Public Health Unit—Our Structure

The SDHU is governed by an autonomous Board of Health. Sudbury & District Board of Health membership is determined by legislation and includes municipally elected representatives and citizen representatives from across the SDHU area. LaCloche Foothills is represented by one individual who has historically been a local mayor or councillor.

The SDHU works hard to meet the needs of the diverse population we serve and to meet our legislative requirements. To do this, the SDHU is organized into five divisions each reporting to the Medical Officer of Health.



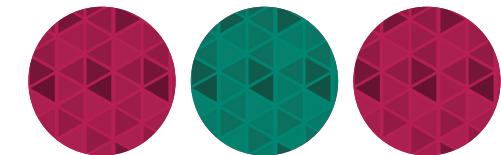
Public Health Activities in LaCloche Foothills in 2015

The SDHU actively supports well-being in LaCloche Foothills by providing services to protect and to promote health. The following is a snapshot of these LaCloche Foothills public health activities that occurred in 2015. Together, they paint a picture of the variety and volume of local public health work.

Health Protection



The SDHU delivers a number of services designed to protect the health of its communities. These services include for example, immunizations, health hazard investigations, sexual health services, food safety, and safe water initiatives. The snapshots in the section below highlight the health protection services provided by the SDHU to LaCloche Foothills in 2015.



Control of Infectious Diseases and Infection Control

- 11 cold chain visits completed and provision of publicly funded vaccines to all health care providers in Espanola and surrounding areas
- Provision of school immunizations:
 - hepatitis B, meningococcal, and human papillomavirus vaccines administered at school clinics at the six area elementary schools in May, June, September, and December
 - Adacel® vaccine (teenage booster) offered at the one area secondary school in February
 - 250 immunizations administered at the Espanola district office location
- 43 cases of reportable diseases investigated, including respiratory, blood-borne, invasive group A streptococcus, enteric, and sexually transmitted infections
- participation on hospital and nursing home infection control committees
- 45 child care, long-term care facility, and personal service settings inspected
- 23 consultations completed or inquiries addressed



Sexual Health Program

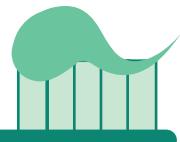
- 364 client visits at Espanola office conducted
- 29 clients seen at the Espanola High School
- 159 clients seen by a Sexual Health Clinic physician at the Espanola Office

Dental Services

- 746 elementary school children participated in the dental screening program
- 59 children referred to a family dentist for urgent care
- 18 families of referred children offered preventive care

Healthy Babies Healthy Children Program

- 138 home visits conducted
- 12 new families followed
- 13 referrals to community services completed



Smoke-Free Ontario Act Enforcement

- 28 youth access inspections conducted
- 14 display and promotion inspections conducted
- 3 compliance inspections/checks of schools conducted
- 1 sale/supply charge (selling tobacco to a person under 19 years of age) issued

Did you know?

The SDHU employs a number of public health professionals to carry out its mission and public health mandated programs. These include but are not limited to public health physicians (Medical Officer and Associate Medical Officer of Health), public health nurses, public health inspectors, dental educators and hygienists, registered dietitians, epidemiologists, and planners. We also employ a number of technical and support staff who assist in the operational functions of the organization and the work we do in the various communities throughout LaCloche Foothills.

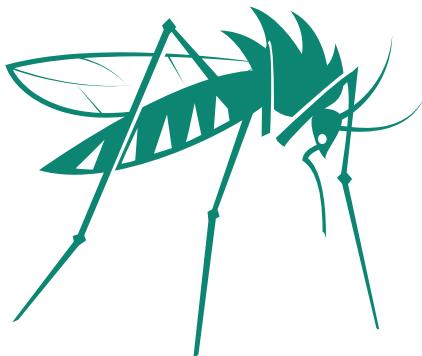


Food Safety

- 143 inspections of food premises completed
- 2 food complaints addressed
- 21 food recalls with follow-up response completed
- 31 special event food permits issued
- 34 consultations completed or inquiries addressed

Vector Borne Diseases, Rabies, and Lyme Disease

- 18 mosquito traps set
- 1,198 mosquitoes trapped
- 30 pools tested for Eastern Equine Encephalitis or West Nile virus
- 8 animal exposures to rabies investigated
- 1 tick submitted for testing



Part 8 Land Control (On-Site Sewage System under Ontario Building Code)

- 79 inspections undertaken
- 29 sewage system permits processed
- 8 renovation applications processed
- 2 private sewage complaints addressed
- 13 consultations completed or inquiries addressed

Health Hazards

- 3 health hazard complaints investigated (may include: mould, insects/cockroaches/birds, housing complaints, rodents/vermin, sewage backup spills, heating complaints, garbage and waste, miscellaneous complaints)
- 18 consultations completed or inquiries addressed

Did you know?

In order to provide quality public health services within the LaCloche Foothills area, the SDHU has aligned its highly skilled and trained staff with the communities' unique needs. The SDHU has an office in Espanola from which four public health nurses, one public health inspector, one family home visitor, and one office assistant support Health Unit programming for the residents of the LaCloche Foothills area. Other services are provided to LaCloche Foothills area residents where and when needed by SDHU main office staff and include, for example, dental health services, and support for emergency preparedness and response.

Environmental Policy

- Children's Water Festival held in Espanola in 2015
 - 229 students participated
 - rotated every 3 to 4 years among SDHU district office locations
 - volunteers, including local professionals and community partners, are involved
- 3 heat warnings issued

Safe Water

- 1 water-related complaint received and investigated



Drinking Water

- 4 boil water advisories/orders issued
- 117 adverse drinking water reports investigated
- 1 health information notice (sodium) issued
- 2 blue-green algae advisories issued
- 34 bacteriological samples taken
- 32 consultations completed or inquiries addressed

Small Drinking Water Systems

- 43 small drinking water systems (SDWS) inspected
- 20 SDWS risk assessments completed
- 20 SDWS directives completed
- 3 consultations completed or inquiries addressed



Recreational Water

- 2 beaches inspected weekly resulting in a total of 16 beach inspections/85 bacteriological samples taken
- 5 public swimming pool and spa inspections; 6 bacteriological samples taken
- 1 beach closed (Clear Lake due to Eurasian milfoil)
- 1 beach advisory for blue-green algae issued
- presentations to lake stewardship committees provided upon request

Did you know?

Environmental Health staff are available to participate in tabletop emergency preparedness exercises upon request and often comment on plans or proposals that may have a public health impact.

Health Promotion

Public health plays a key role in the promotion of health and prevention of chronic diseases and injuries. We do this through the delivery of a number of health promotion programs and services including healthy eating and healthy weights, falls prevention, substance misuse and tobacco use prevention, and child and reproductive health. This section includes LaCloche Foothills statistical and narrative information about a broad range of health promotion programs provided in 2015 by the SDHU. Many of these programs are delivered in collaboration and partnerships with many sectors and agencies within the community. These include, but are not limited to, individuals, families, community groups and seniors clubs, faith groups, organizations, health professionals, health centres, child care groups, businesses, social services, local municipal staff and council, school boards and their staff and administration, police, fire services, EMS, and provincial ministries.

Encouraging smoke-free lifestyles through the "Leave the Pack Behind" campaign

Smoking continues to be a challenge many residents in the LaCloche Foothills area struggle to overcome, and the SDHU is committed to supporting partners and residents in their efforts to quit and live smoke-free lives. The reasons people smoke are varied, and providing tailored, individual support is important to help quit successfully. Many of our allied health partners in the LaCloche Foothills area offer tailored smoking cessation services. The SDHU complemented these efforts by focusing its efforts on promoting and encouraging a smoke-free lifestyle through a variety of provincially coordinated campaigns. Leave the Pack Behind was a Government of Ontario-funded tobacco control initiative that offered young adults 18 to 29 years of age smoking and quitting information. These resources were distributed for the holiday weekends throughout the summer of 2015 (e.g. Victoria Day, Canada Day, Civic Holiday) to encourage cessation.

Promoting safe and active living – an injury prevention activity

Wearing a helmet is known to reduce and prevent head injuries when cycling. In the town of Massey, a concern was raised that some students from the Mennonite community who traveled to school via a highway route using bicycles or horse and buggy, either did not have helmets, or had helmets that were not fitted properly. Having built a strong relationship with members of the Mennonite community, staff from the SDHU collaborated with the Mennonite school to purchase 19 properly sized and culturally appropriate helmets for students from Grades 1 to 8. The school also welcomed two public health nurses to provide assistance with proper helmet fitting and to deliver a presentation on road safety. It is through these health equity-based initiatives that communities can be supported and empowered to reach their full health potential.

We all have a role to play... coming together to prevent the harms of substance misuse

The issue of drug and alcohol misuse is becoming increasingly prevalent in rural areas in Canada and has been a concern for residents and community partners in the LaCloche Foothills area. Substance misuse impacts all of us. Building on previous work, SDHU staff facilitated and supported the development of the community-based LaCloche Foothills Drug Strategy. Reducing the harms associated with misuse requires a community effort, as this issue cannot be solved by one individual, group, or agency alone. As an important first step to building community awareness, engagement and support, this Strategy was presented at the Espanola Healthy Communities Services Council in 2015. This was then followed by presentations to the Township of Sables-Spanish Rivers Council in May 2015, and to the Nairn & Hyman and Baldwin Councils in June 2015. The latter two presentations resulted in a unanimous endorsement of the strategy by both Councils.



Building a healthy and strong food system

Food and healthy eating continues to be a priority for residents in the LaCloche Foothills area. In partnership with the LaCloche Foothills Food Network*(LFFN), SDHU health promotion staff hosted a Fruit Trees, Bushes and Vines Workshop in March 2015 at the Queensway Pentecostal Church. Sixty-four community members gathered to hear a local master gardener share his expertise regarding planting preparation, selecting hardy varieties, pruning, pest control, and harvesting. Since 2010, the LFFN has focused on increasing awareness of, and opportunities for, community food programming. At their September 2015 meeting, the LaCloche Foothills Food Network was presented with the Healthy Eating and Older Adults from the LaCloche Foothills Area report. This report summarized results from community food discussions carried out with older adults from across the LaCloche Foothills area by SDHU staff. Key recommendations included exploring opportunities to improve the food environment through increased access to vegetables and fruit through retail and community-based programs.

*Disbanded in 2016



Starting them off right – parenting supports to help raise healthy and happy kids

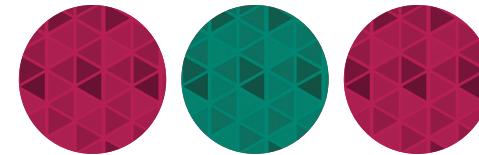
Raising healthy families benefits everyone in our community. Parenting children can be very rewarding and it can also be challenging. All parents will encounter obstacles along their parenting journey, so SDHU staff continue to support parents in the LaCloche Foothills area through a variety of family health related programming. Triple P, which stands for Positive Parenting Program, continues to be a focus for the SDHU. Triple P aims to normalize parenting challenges and promotes good communication to raise healthy and resilient children. Through 2015, SDHU staff supported parents in a variety of ways including the promotion of Triple P in an article in the Around & About, delivered free to every household in Espanola and the surrounding areas, parents received educational tips and information about this exciting program. SDHU staff also continued to co-facilitate Triple P groups, offering an 8-week session in Espanola for families with children 0 to 12 years of age.



Building healthy eating habits through a universal vegetable and fruit program

The Northern Fruit & Vegetable Program (NFVP) is funded by the Ministry of Health and Long-Term Care and administered locally by staff from the SDHU. This program provides two servings of vegetables and fruit per week to elementary school children in the LaCloche Foothills area. It helps increase their consumption of weekly vegetables and fruit as well as increases their awareness to the benefits of having a diet rich in vegetables and fruit. The most recent program evaluation indicated that 96% of students thought that being given two servings of vegetables and fruit each week helped them achieve their recommended weekly intake.

Beyond the school walls, SDHU staff ensured success through the provision of resources to educate children and their parents about healthy eating habits to assist school communities build healthy habits in children. In the LaCloche Foothills area, a total of six schools participated in the NFVP reaching 959 students during the 2014/15 school year.



A Sampling of 2015 Health Promotion Programming by the Numbers

- Participated in 36 coalition or committee meetings supporting a variety of topic areas with a number of community partners, including:
 - LaCloche Area Service Providers Network
 - Espanola & Area Safety Coalition
 - Sudbury and Manitoulin Stay on your Feet Coalition
 - LaCloche Foothills Food Network (disbanded in 2016)
 - LaCloche Foothills Drug Strategy Committee
- Participated at 4 community events:
 - inspected 26 car seats at the Early Years Screening Event
 - hosted 2 Car Seat Inspection Clinics (BabyRIDE) inspecting 28 car seats
 - encouraged breast cancer screening at a display at the Espanola Express Hockey Game fundraiser for breast cancer, reaching approximately 100 individuals
- Delivered 22 presentations to a variety of audiences across many public health program topics, including:
 - 6 Triple P groups for parents with children 0 to 12 years, reaching 37 individuals
 - 1 growth and development presentation, reaching 11 parents at the Steps and Stages program at Our Children Our Futures
 - 1 car seat information session reaching 8 parents and conducting 5 car seat inspections
 - 1 prenatal education workshop at the Sagamok Health Centre
 - 1 Triple P teen group workshop supporting 3 individuals
 - 3 Car Seat 101 training presentations to local police services staff
- Provided healthy living resources and supports on 18 occasions, including:
 - distributed 20 posters promoting free transportation to and from mammogram appointments from district offices in recognition of Breast Cancer Awareness Month
 - distributed 5 pairs of skates to 2 families as part of the Skate Exchange
 - disseminated over 600 Medication Clean Out packages and 2,000 flyers to community partners
 - disseminated 300 posters promoting the Triple P Teen program
 - distributed 200 impaired driving information kits to the 3 local police detachments in the Espanola district for distribution during their RIDE checks
 - provided 75 Falls Prevention Checklists to the Massey Medical Clinic
- Advocated for accessible access to recreation with the submission of 1 letter of support to the Town Council of Espanola and supported the Township of Sables-Spanish Rivers with a grant application to create a “natural playground.”

Summary

The Sudbury & District Health Unit is part of a provincial system of public health that works “upstream” to promote health and prevent disease. Locally, the SDHU provides a broad range of programs and services in collaboration with local community partners and community members throughout the Sudbury and Manitoulin districts and Greater Sudbury.

This report is the second Snapshot of Public Health developed for all leaders and citizens in the LaCloche Foothills area. It is intended to paint a picture of SDHU activities in the LaCloche Foothills area during the 2015 calendar year, and highlight the impressive variety and volume of programming delivered to meet local needs.

The Sudbury & District Health Unit is grateful and honoured to work with and for the people who live, play and work in the LaCloche Foothills area, including the many individuals and agencies that take a leadership role in bettering their communities. SDHU staff are passionate about their work and keen to work with partners and the community to protect, promote and champion health in the LaCloche Foothills area and beyond. Together, we can create opportunities for health for all.

Did you know?

Public health staff can be reached at any time from 8:30 a.m. to 4:30 p.m., Monday to Friday through the Espanola and main offices for routine business, and are available 24/7 for after-hours emergencies at 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



Espanola Mall
800 Centre St. Unit 100 C
Espanola, ON



705.222.9202
1.866.522.9200



www.sdhu.com



@SD_PublicHealth



TheHealthUnit



SDHealthUnit

Aperçu 2015 de la santé publique

Secteur de LaCloche Foothills | Service de santé
publique de Sudbury et du district

Une version accessible du présent
document se trouve à l'adresse :
[https://www.sduh.com/fr/propos/
bureaux-du-district/apercu-2015-
de-la-sante-publique-secteur-de-
lacloche-foothills](https://www.sduh.com/fr/propos/bureaux-du-district/apercu-2015-de-la-sante-publique-secteur-de-lacloche-foothills)

La santé publique : songer d'abord à la collectivité

En réfléchissant à l'année que nous avons passée à fournir des services de santé publique, je me souviens des nombreuses occasions formidables qui s'offrent à nous pour mieux apporter une contribution significative aux collectivités que nous servons.

Aux yeux de certaines personnes, le Service de santé publique est **un protecteur** qui aide à lutter contre la propagation de maladies infectieuses et à surveiller l'eau pour la garder propre à la consommation et à la baignade. D'autres le considèrent comme **un promoteur** qui aide les familles à se porter le mieux possible, qui sensibilise les aînés pour les empêcher de tomber et qui fait en sorte que tout le monde puisse bien manger et mener une vie active là où il vit, apprend, travaille ou joue. Bien des gens estiment que le Service de santé publique est **un champion** qui renseigne les gens et les rassemble afin de créer des collectivités où tout le monde a les mêmes possibilités d'être en santé.

La santé publique n'est peut-être pas toujours visible, mais elle permet toujours de prévenir les maladies, de promouvoir la santé et de nous protéger. Elle offre d'énormes avantages sur le plan de la santé. Elle a pour effet d'améliorer celle-ci et d'augmenter la productivité des gens et des collectivités. Ces dernières peuvent ainsi investir dans ce qui compte vraiment pour la santé, y compris les emplois, l'éducation, le logement et les infrastructures. Le Service de santé publique de Sudbury et du district est fier de collaborer avec tant de personnes et de groupes dévoués pour qu'en ensemble nous améliorions les possibilités pour tous d'être en santé!

D^re Penny Sutcliffe
Médecin-hygieniste de Sudbury et du district et
directrice générale



Notre vision :

Des communautés plus saines pour tous.

Notre mission :

Collaborer avec les communautés afin d'améliorer et de protéger la santé, et prévenir les maladies dans toute la population.

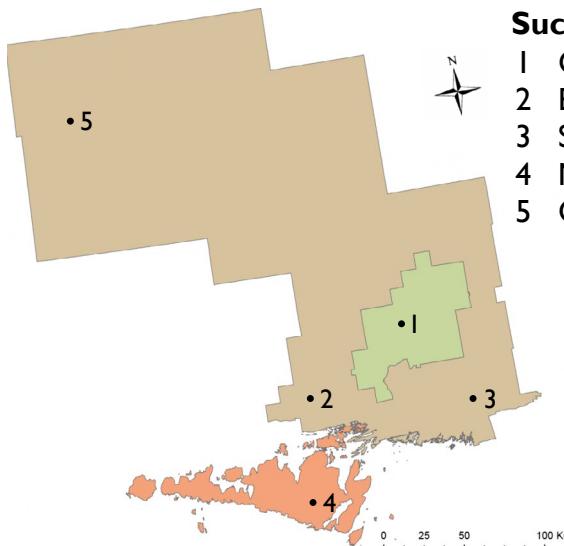
Priorités stratégiques

- 1 Prôner et porter des possibilités équitables d'être en santé.
- 2 Renforcer les rapports.
- 3 Renforcer la pratique en santé publique fondée sur des données probantes.
- 4 Appuyer des mesures communautaires favorisant l'équité en matière de santé.
- 5 Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme.

Dans l'aperçu 2015 de la santé publique dans le secteur de LaCloche Foothills, les lecteurs trouveront un aperçu du système de santé publique de l'Ontario et du bureau de santé local, le Service de santé publique de Sudbury et du district (SSPSD). L'aperçu 2015 comprend les faits saillants des activités de santé publique qui ont eu lieu dans le secteur de LaCloche Foothills au cours de l'année civile 2015.

Cet aperçu des activités de santé publique souligne le travail que le SSPSD réalise en collaboration avec la population, les organismes communautaires et les municipalités. Nous espérons que le contenu fera connaître l'histoire de la santé publique à l'échelle locale et qu'il informera les gens de la région sur la manière dont les fonds affectés à celle-ci sont dépensés pour promouvoir et protéger la santé de tout le monde.

Le SSPSD est fier de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire 1,143 kilomètres carrés que forme le secteur de LaCloche Foothills, mais aussi de travailler avec eux. Ce secteur, dont la population est d'environ 9,400 habitants, représente à peu près 7 % du territoire du SSPSD et 5 % de sa population. Les résidents parlent surtout l'anglais et environ 84 % d'entre eux se disent de langue maternelle anglaise. Bien que la population ait diminué de 1,4 % entre 2006 et 2011, la localité demeure un endroit très dynamique où habiter (profil démographique 2011 : Espanola, SSPSD).

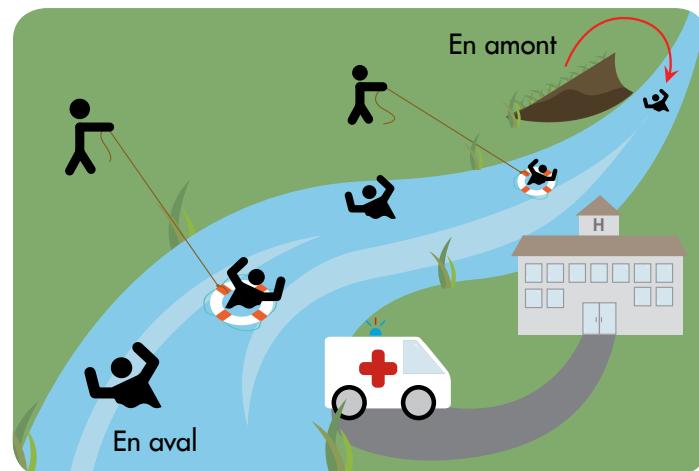


Succursales du SSPSD

- 1 Grand Sudbury
- 2 Espanola
- 3 St.-Charles
- 4 Mindemoya
- 5 Chapleau

La santé publique en Ontario

La santé publique travaille « en amont » afin de promouvoir et protéger la santé et de prévenir la maladie. Si nous pouvons imaginer le système de santé comme un continuum, les services de traitement des hôpitaux sont à une extrémité et la santé publique se trouve à l'autre, et vise à empêcher au départ que les gens aient besoin d'aller à l'hôpital ou de recourir à d'autres services de soins de santé.



Comme les services d'incendie, de police et d'éducation, la santé publique est un « bien public » – financé par le secteur public et toujours à notre disposition. Elle œuvre en coulisse afin de promouvoir notre santé (p. ex., en aidant les conseils municipaux à créer des règlements sur les choix d'aliments plus sains dans les centres de loisirs), mais aussi à l'avant-scène afin de la protéger (p. ex., en émettant des avis de faire bouillir l'eau lorsque l'eau potable n'est pas salubre).

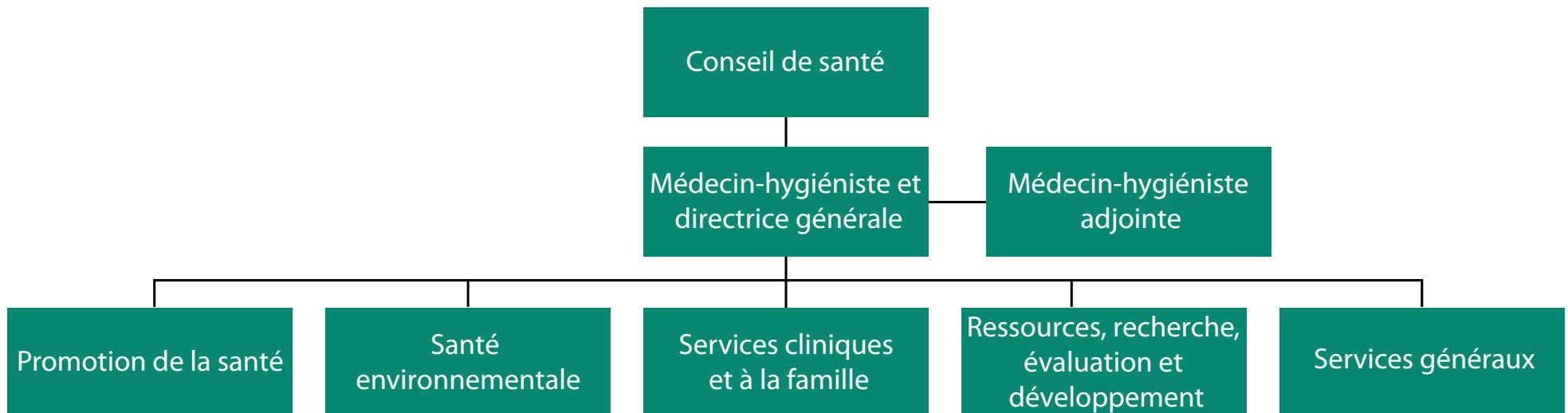
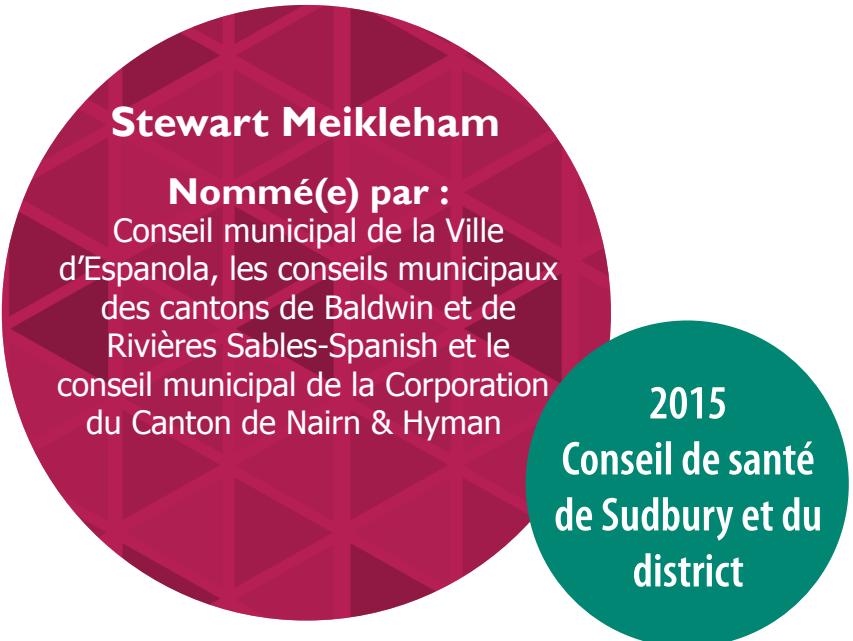
En Ontario, il existe un réseau provincial de 36 bureaux de santé à but non lucratif, tous chargés de fournir des programmes et des services standard de santé publique et d'appliquer la loi dans ce domaine. Environ 80 % du budget d'un bureau de santé est réparti entre les municipalités et la province, et le gouvernement provincial en verse les trois quarts. Les 20 % restants sont subventionnés à 100 % par la province. La loi stipule que les fonds municipaux affectés à la santé publique sont établis par habitant.

Les 36 bureaux de santé ainsi que les ministères et organismes provinciaux, les fournisseurs de soins de santé primaires et les laboratoires forment le système de santé publique officiel de la province.

Votre bureau de santé local—Notre structure

Le SSPSD est régi par un conseil de santé autonome. Les membres du conseil sont désignés par la loi et comprennent des représentants élus et des citoyens de tout le territoire du SSPSD. LaCloche Foothills est représentée par une personne qui a déjà été maire ou mairesse, ou encore conseiller ou conseillère à l'échelle locale.

Le SSPSD travaille dur afin de répondre aux besoins de la population variée qu'il sert et de respecter les exigences légales. Ainsi, il est organisé en cinq divisions, et chacune relève de la médecine-hygiéniste.



Activités de santé publique à LaCloche Foothills en 2015

Le SSPSD favorise activement le bien-être à LaCloche Foothills en fournissant des services pour protéger et promouvoir la santé. Voici un aperçu des activités qui se sont tenues à LaCloche Foothills en 2015 dans le domaine de la santé publique. Globalement, elles donnent une idée de la variété et du volume des travaux exécutés en la matière à l'échelle locale.

Protection de la santé



Contrôle des maladies infectieuses et des infections

- 11 examens de la chaîne du froid et prestation de vaccins financés par le secteur public à tous les fournisseurs de soins de santé d'Espanola et des environs
- Prestation d'immunisations en milieu scolaire :
 - vaccins contre l'hépatite B, la méningite à méningocoques et le virus du papillome humain administrés à des séances aux six écoles élémentaires du secteur en mai, en juin, en septembre et en décembre
 - vaccin Adacel® (rappel pour les adolescents) offert à l'école secondaire du secteur en février
 - 250 immunisations au bureau de district d'Espanola
- Enquête sur 43 cas de maladie à déclaration obligatoire, y compris des infections entériques, streptococciques invasives du groupe A respiratoires et transmissibles sexuellement ou par le sang
- Participation aux travaux de comités de contrôle des infections en milieu hospitalier et en maison de soins infirmiers
- Inspection de 45 services de garde, établissements de soins de longue durée et établissements de services personnels
- 23 consultations effectuées ou demandes de renseignements réglées



Programme de santé sexuelle

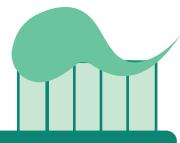
- 364 visites de clients au bureau d'Espanola
- 29 clients vus à l'école secondaire d'Espanola
- 159 clients vus par un médecin de la clinique de santé sexuelle à la succursale d'Espanola

Services dentaires

- Participation de 746 enfants de niveau élémentaire au programme de dépistage dentaire
- 59 enfants aiguillés vers un dentiste pour des soins d'urgence
- Offre de soins préventifs à 18 familles d'enfants aiguillés

Programme Bébés en santé, enfants en santé

- 138 visites à domicile
- 12 nouvelles familles suivies
- 13 aiguillages vers des services communautaires



Application de la Loi favorisant un Ontario sans fumée

- 28 inspections d'accès pour les jeunes
- 14 inspections pour les présentoirs et la promotion
- 3 inspections de conformité ou vérifications auprès d'écoles
- 1 accusation de vente ou d'approvisionnement (vente de tabac à une personne de moins de 19 ans) déposée

Le saviez-vous?

Le SSPSD emploie un certain nombre de professionnels de la santé publique pour mener sa mission et offrir les programmes obligatoires de santé publique. Il s'agit notamment de spécialistes en santé publique (médecin-hygieniste et médecin-hygieniste adjointe), d'infirmières-hygienistes et d'infirmiers-hygienistes, d'inspecteurs de la santé publique, d'éducateurs en hygiène dentaire et d'hygiénistes dentaires, de diététistes, d'épidémiologistes et de planificateurs. Il possède également des techniciens et des employés de soutien qui aident à remplir les fonctions opérationnelles de l'organisme et à exécuter le travail que nous faisons dans les diverses collectivités de LaCloche Foothills.

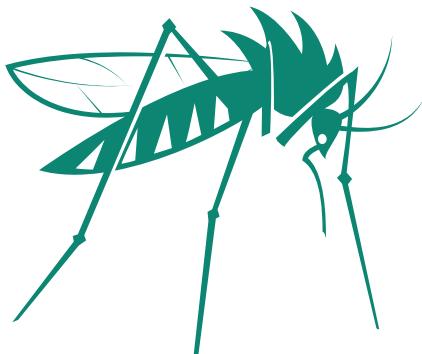


Salubrité des aliments

- 143 inspections d'établissements d'alimentation
- 2 plaintes sur des aliments réglées
- 21 rappels d'aliments exécutés avec suivi
- 31 permis alimentaires émis pour des événements spéciaux
- 34 consultations effectuées ou demandes de renseignements réglées

Maladies à vecteurs, rage et maladie de Lyme

- 18 pièges à moustiques installés
- 1,198 moustiques capturés
- 30 bassins soumis à un test de dépistage de l'encéphalite équine de l'Est ou du virus du Nil occidental
- Enquête sur 8 expositions d'animaux à la rage
- 1 tique soumise aux fins d'analyse



Le saviez-vous?

Afin de fournir des services de santé publique de qualité dans le secteur de LaCloche Foothills, le SSPSD a fait en sorte que son personnel hautement qualifié réponde aux besoins uniques des collectivités. Il possède une succursale à Espanola où quatre infirmières-hygienistes, un inspecteur de la santé publique, une visiteuse au domicile familial et une adjointe de bureau assurent le soutien des programmes du Service de santé publique auprès des résidents du secteur de LaCloche Foothills. Le personnel du bureau principal du SSPSD fournit d'autres services aux endroit et aux moments où ils sont requis, par exemple, les services de santé dentaire et le soutien à la préparation et à l'intervention en cas d'urgence.

Vérification des sols selon la partie 8 (réseaux d'égout sur place en vertu du Code du bâtiment de l'Ontario)

- 79 inspections entreprises
- 29 permis de réseau d'égout traités
- 8 demandes de rénovation traitées
- 2 plaintes sur un réseau d'égout privé réglées
- 13 consultations effectuées ou demandes de renseignements réglées

Dangers pour la santé

- 3 examens de plaintes relatives à des dangers pour la santé (ce qui peut inclure de la moisissure, des insectes, des blattes ou des oiseaux, des plaintes touchant le logement, des rongeurs ou des animaux indésirables, un refoulement d'égout, des plaintes concernant le chauffage, des déchets, des plaintes diverses)
- 18 consultations effectuées ou demandes de renseignements réglées

Politique environnementale

- Festival de l'eau pour les enfants à Espanola en 2015
 - Participation de 229 élèves
 - Rotation toutes les 3 à 4 ans entre les bureaux de district du SSPSD
 - Intervention de bénévoles, y compris des professionnels et des partenaires communautaires de la région
- 3 avertissements de chaleur émis

Salubrité de l'eau

- 1 plainte liée à l'eau reçue et examinée



Eau potable

- 4 avis ou ordres de faire bouillir l'eau émis
- 117 rapports défavorables concernant l'eau potable examinés
- 1 avis d'information sur la santé (sodium) émis
- 2 avis émis concernant les algues bleu-vert
- 34 échantillons bactériologiques prélevés
- 32 consultations effectuées ou demandes de renseignements réglées

Petits réseaux d'eau potable

- 43 petits réseaux d'eau potable inspectés
- 20 évaluations des risques réalisées
- 20 directives émises
- 3 consultations effectuées ou demandes de renseignements réglées



Eaux destinées aux loisirs

- 2 plages inspectées chaque semaine, pour un total de 16 plages inspectées et de 85 échantillons bactériologiques prélevés
- 5 inspections de piscines et de spas publics; 6 échantillons bactériologiques prélevés
- 1 plage fermée (lac Clear, en raison du myriophylle en épi)
- 1 avis de plage émis concernant les algues bleu-vert
- Exposés devant des comités d'intendance de lac donnés sur demande

Le saviez-vous?

Le personnel affecté à la santé environnementale est disposé à participer à des exercices de préparation aux situations d'urgence sur maquette, et il émet souvent des commentaires sur des plans ou des projets risquant d'avoir un effet sur la santé publique.

Promotion de la santé



La santé publique joue aussi un rôle clé dans la promotion de la santé et la prévention des maladies chroniques et des blessures. Ces tâches s'effectuent par la prestation d'un certain nombre de programmes et de services de promotion de la santé, concernant notamment la saine alimentation et le poids santé, la prévention des chutes, la prévention du mésusage d'alcool et d'autres drogues et du tabagisme, et la santé des enfants et de la reproduction. La présente section porte sur des données statistiques et narratives concernant LaCloche Foothills qui touchent un large éventail de programmes de promotion de la santé fournis en 2015 par le SSPSD. Bon nombre de ces programmes sont fournis en collaboration avec bien des secteurs et des organismes au sein de la collectivité. Ceux-ci incluent, sans s'y limiter, des particuliers, des familles, des groupes communautaires, des cercles d'aînés, des groupes confessionnels, des organisations, des professionnels de la santé, des centres de santé, des groupes de services de garde, des entreprises, des services sociaux, le conseil et les employés municipaux, des conseils scolaires, y compris leur personnel et leur direction, des services d'incendie et de police, des SMU et des ministères provinciaux.

Encourager la vie sans fumée par la campagne «Cheminier sans fumer»

Le tabagisme demeure un défi que bien des résidents du secteur de LaCloche Foothills s'efforcent de relever. Et le SSPSD s'est engagé à collaborer avec des partenaires afin d'aider ces personnes à déployer les efforts nécessaires pour cesser de fumer et vivre leur vie sans avoir cette habitude. Les raisons pour lesquelles les gens fument varient. Et il importe de fournir une aide adaptée et individuelle pour que l'abandon se réalise. Bon nombre de nos partenaires en santé du secteur de LaCloche Foothills offrent des services adaptés en la matière. Le SSPSD a complété ces efforts en se concentrant sur la promotion d'un mode de vie sans fumée par un éventail de campagnes coordonnées à l'échelle provinciale. Cheminer sans fumer était une initiative de lutte contre le tabagisme financée par le gouvernement de l'Ontario qui offrait aux jeunes adultes de 18 à 29 ans des renseignements sur le tabagisme et l'abandon. Ces ressources ont été distribuées en vue des longs weekends tout au long de l'été 2015 (p. ex., pour la fête de la Reine, la fête du Canada et le Congé civique) pour favoriser celui-ci.

Promouvoir une vie active en toute sécurité : activité de prévention des blessures

Il est admis que le port du casque réduit et prévient les blessures à la tête chez les cyclistes. Dans la localité de Massey, le fait que certains élèves de la communauté mennonite se rendaient à l'école par l'autoroute à vélo ou en carriole sans porter de casque ou en portant un qui était mal ajusté a soulevé des inquiétudes. Après avoir établi une solide relation avec des membres de cette communauté, des employés du SSPSD ont collaboré avec l'école mennonite afin d'acheter 19 casques adaptés et culturellement appropriés pour des élèves de la 1^{re} à la 8^e année. L'école a aussi accueilli deux infirmières-hygienistes pour qu'elles aident à bien ajuster les casques et donnent un exposé sur la sécurité routière. C'est par ces initiatives fondées sur l'équité que les collectivités peuvent obtenir le soutien et les outils nécessaires pour atteindre leur plein potentiel de santé.

Nous avons tous un rôle à jouer : s'unir pour prévenir les méfaits du mésusage d'alcool et d'autres drogues

Le problème du mésusage d'alcool et d'autres drogues est de plus en plus présent dans les régions rurales du Canada. Et il est devenu un sujet d'inquiétude pour les résidents et les partenaires communautaires du secteur de LaCloche Foothills. Ce fléau influe sur nous tous. En s'inspirant de travaux antérieurs, le personnel du SSPSD a favorisé et soutenu la mise au point de la stratégie antidrogue de LaCloche Foothills. Réduire les méfaits associés au mésusage exige un effort collectif, car cet enjeu ne peut être réglé par une seule personne, un seul groupe ou un seul organisme. La stratégie, qui constitue un premier pas important vers la sensibilisation, la mobilisation et le soutien de la population, a été présentée au conseil des services pour des communautés en santé d'Espanola en 2015. Des exposés ont par la suite été donnés au conseil du canton de Sables-Spanish Rivers en mai 2015, puis aux conseils de Nairn & Hyman et de Baldwin en juin 2015. Les deux derniers exposés ont fait en sorte que les deux conseils adoptent la stratégie à l'unanimité.



Bâtir un réseau alimentaire sain et fort

La nourriture et la saine alimentation demeurent une priorité pour les résidents du secteur de LaCloche Foothills. En partenariat avec le LaCloche Foothills Food Network* (LFFN), le personnel du SSPSD affecté à la promotion de la santé a organisé un atelier sur les arbres et arbustes fruitiers et les vignes en mars 2015, à l'église Queensway Pentecostal. Soixante-quatre citoyens se sont réunis pour entendre un maître-jardinier de la région partager son expertise sur la préparation du plantage, la sélection des variétés rustiques, l'émondage, la lutte contre les ravageurs et la récolte. Depuis 2010, le LFFN s'est concentré sur la sensibilisation aux programmes alimentaires communautaires et les occasions d'en créer. À sa réunion de septembre 2015, le LFFN a reçu le rapport Healthy Eating and Older Adults from the LaCloche Foothills Area (la saine alimentation et les aînés dans le secteur de LaCloche Foothills). Ce dernier résumait les résultats de discussions communautaires sur l'alimentation qui ont eu lieu entre des employés du SSPSD et des aînés d'un peu partout dans LaCloche Foothills. Parmi les principales recommandations figurait l'idée d'examiner les possibilités d'améliorer l'environnement alimentaire par un accès accru aux fruits et légumes grâce à des programmes communautaires de vente au détail.

*dissous en 2016



Les faire partir du bon pied : services d'aide aux parents pour contribuer à élever des enfants heureux et en santé

La santé des familles profite à toute la collectivité. Élever des enfants peut s'avérer très gratifiant, mais aussi éprouvant. Tous les parents doivent surmonter des obstacles. Et le personnel du SSPSD continue de soutenir ceux du secteur de LaCloche Foothills par divers programmes liés à la santé familiale. Triple P, qui signifie pratiques parentales positives, demeure un élément sur lequel le SSPSD insiste. Il vise à normaliser les défis du rôle de parent et favorise une bonne communication dans le but d'élever des enfants résilients et en santé. Tout au long de 2015, le personnel du SSPSD a soutenu des parents de diverses manières, y compris par la promotion de Triple P dans un article paru dans Around & About. Cette dernière publication, livrée gratuitement à chaque ménage d'Espanola et des environs, a permis aux parents de recevoir des conseils instructifs et des renseignements sur ce programme emballant. Le personnel du SSPSD a aussi continué à coanimer des groupes Triple P, offrant une session de huit semaines à Espanola pour les familles avec enfants de 0 à 12 ans.



Faire acquérir de saines habitudes alimentaires par un programme universel de distribution de fruits et légumes

Administré à l'échelle locale par du personnel du SSPSD, le Programme de distribution de fruits et légumes dans le nord de l'Ontario est financé par le ministère de la Santé et des Soins de longue durée. Il procure deux portions de légumes et de fruits par semaine aux élèves des écoles élémentaires du secteur de LaCloche Foothills. Il permet d'augmenter leur consommation hebdomadaire de fruits et légumes et les sensibilise davantage aux bienfaits d'une alimentation riche en fruits et légumes. Selon la plus récente évaluation du programme, 96 % des élèves étaient d'avis que recevoir deux portions de légumes et de fruits par semaine leur permettait d'obtenir l'apport hebdomadaire recommandé.

En dehors des murs de l'école, le personnel du SSPSD assure le succès du programme en fournissant des ressources pour sensibiliser les enfants et leurs parents à la saine alimentation. Il aide aussi les milieux scolaires à inculquer de saines habitudes aux enfants. Dans le secteur de LaCloche Foothills, six écoles ont participé au programme, et 959 élèves en ont bénéficié pendant l'année scolaire 2014-2015.



Exemples en chiffres d'activités de promotion de la santé en 2015

- Participation à 36 réunions de coalition ou de comité sur divers sujets avec un certain nombre de partenaires communautaires, y compris :
 - le LaCloche Area Service Providers Network;
 - l'Espanola & Area Safety Coalition;
 - la coalition Avancer de pied ferme Sudbury Manitoulin;
 - le LaCloche Foothills Food Network (dissous en 2016);
 - le LaCloche Foothills Drug Strategy Committee.
- Participation à 4 événements communautaires :
 - inspection de 26 sièges d'auto lors de l'activité de dépistage pour la petite enfance;
 - organisation de 2 séances d'inspection de sièges d'auto (BabyRIDE) qui ont permis de vérifier 28 sièges d'auto;
 - encouragement du dépistage du cancer du sein à un stand installé lors de l'activité de financement Espanola Express Hockey Game qui a permis de toucher environ 100 personnes.
- Prestation de 22 exposés à divers publics sur de nombreux sujets de santé publique, y compris :
 - 6 groupes Triple P pour les parents d'enfants de 0 à 12 ans qui ont permis de toucher 37 personnes;
 - 1 exposé sur la croissance et le développement qui a permis de toucher 11 parents au programme Biberons et bottines de Nos enfants, notre avenir;
 - 1 séance d'information sur les sièges d'auto qui a permis de toucher 8 parents et tenue de 5 inspections de sièges d'auto;
 - 1 atelier d'éducation prénatale au Sagamok Health Centre;
 - 1 atelier Triple P en groupe sur les adolescents pour soutenir 3 personnes;
 - 3 exposés de formation 101 sur les sièges d'auto au personnel des services de police locaux.
- Prestation de ressources et de services de soutien pour une vie en santé à 18 occasions, y compris :
 - la distribution de 20 affiches pour promouvoir le transport gratuit pour les mammographies à partir des bureaux de district pendant le Mois de sensibilisation au cancer du sein;
 - la distribution de 5 paires de patins à 2 familles dans le cadre du programme d'échange de patins;
 - la diffusion de plus de 600 trousse Medication Clean Out et de 2000 dépliants à des partenaires communautaires;
 - la diffusion de 300 affiches pour promouvoir le programme Triple P sur les adolescents;
 - la distribution de 200 trousse d'information sur la conduite avec les facultés affaiblies à 3 postes de police du district d'Espanola aux fins de distribution pendant les vérifications visant à réduire la conduite avec les facultés affaiblies (R.I.D.E.);
 - 75 listes de contrôle pour la prévention des chutes fournies à la clinique de Massey.
- Promotion d'un accès facile aux loisirs par la présentation d'une lettre d'appui au conseil municipal d'Espanola et soutien du canton de Sables-Spanish Rivers par une demande de subvention pour créer un « terrain de jeu naturel ».

Sommaire

Le SSPSD fait partie d'un réseau provincial de santé publique travaillant « en amont » afin de promouvoir et protéger la santé et de prévenir la maladie. À l'échelle locale, il procure un large éventail de programmes et de services en collaboration avec des partenaires communautaires locaux et des citoyens un peu partout dans les districts de Sudbury et de Manitoulin et dans la ville du Grand Sudbury.

Le présent rapport est le deuxième aperçu de la santé publique mis au point pour les dirigeants et les citoyens du secteur de LaCloche Foothills. Il est destiné à brosser le tableau des activités du SSPSD dans le secteur de LaCloche Foothills au cours de l'année civile 2015. Il souligne également la variété et le volume impressionnantes des programmes fournis pour répondre aux besoins locaux.

Le SSPSD est reconnaissant et honoré de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire de LaCloche Foothills, y compris toutes les personnes et tous les organismes qui jouent un rôle prédominant dans l'amélioration de leur collectivité, mais aussi de travailler pour eux. Le personnel du SSPSD se passionne pour son travail et il est enthousiaste à l'idée de faire équipe avec des partenaires et la population afin de protéger, de promouvoir et de soutenir la santé à la secteur de LaCloche Foothills et ailleurs. Ensemble, nous pouvons créer des possibilités d'être en santé pour tous.

Le saviez-vous?

Il est possible de joindre le personnel de santé publique du lundi au vendredi, de 8 h 30 à 16 h 30, au bureau principal ou à celui d'Espanola pour les affaires courantes, et 24 heures sur 24, sept jours sur sept pour les urgences après les heures d'ouverture en composant le 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



Espanola Mall

800, rue Centre, bureau 100 C
Espanola ON

1300, rue Paris
Sudbury ON



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2015

Snapshot of Public Health

Manitoulin Island Area | Sudbury & District Health Unit

For an accessible version of this document, please visit:
[https://www.sdhu.com/about/
district-offices/2015-snapshot-
public-health-manitoulin-island-
area](https://www.sdhu.com/about/district-offices/2015-snapshot-public-health-manitoulin-island-area)

Public Health: Putting the Community First

Reflecting on the past year of providing Public Health services, I am reminded of the many wonderful opportunities with which we are presented to help make meaningful contributions in the communities we serve.

To some, **Public Health is a protector**, helping to control the spread of infectious disease and monitoring the water to keep it safe for drinking and swimming. For others,

Public Health is a promoter, supporting families to be the best they can be, providing education to help keep older adults from falling, and making it easier for everyone to eat well and be active wherever they live, learn, work, or play. To many, **Public Health is a champion**, providing information to people and bringing people together to build communities where everyone has the same opportunities for health.

Public Health may not always be visible, but it is always present to help prevent illness, promote health, and protect us all. Public Health pays big health dividends. The work of Public Health results in healthier, more productive individuals and communities—communities that can then invest in the things that really matter to health including jobs, education, housing, infrastructure, and more. The Sudbury & District Health Unit is proud to work in collaboration with so many dedicated individuals and groups in our communities so that together, we improve opportunities for health for all!



Dr. Penny Sutcliffe
Sudbury & District Medical Officer of Health
and Chief Executive Officer



Our vision:
Healthier communities for all.

Our mission:
Working with our communities to promote and protect health and to prevent disease for everyone.

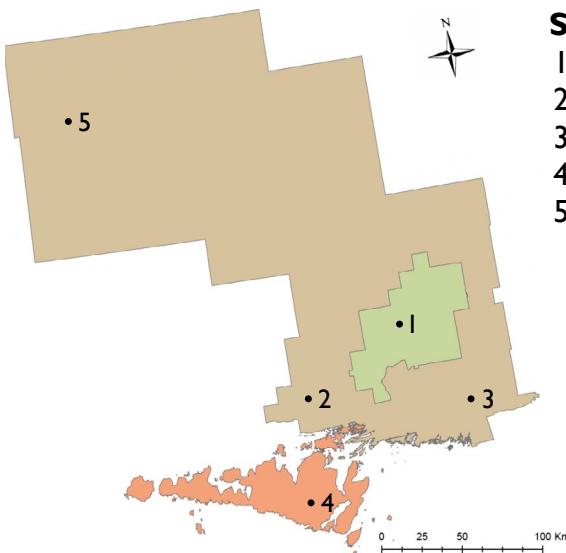
Strategic Priorities

- 1** Champion and lead equitable opportunities for health.
- 2** Strengthen relationships.
- 3** Strengthen evidence-informed public health practice.
- 4** Support community actions promoting health equity.
- 5** Foster organization-wide excellence in leadership and innovation.

In the 2015 Snapshot of Public Health for Manitoulin Island, readers will find a brief overview of the Ontario public health system, including the local public health agency, the Sudbury & District Health Unit (SDHU). The 2015 Snapshot report includes highlights of public health activities on Manitoulin Island during the 2015 calendar year.

This snapshot of public health activities shines a light on the SDHU's public health work that is done in collaboration with the public, community agencies, and municipalities. It is hoped that its contents are helpful in sharing the local public health story and in informing people about how their public health dollars are being spent to promote and protect the health of everyone.

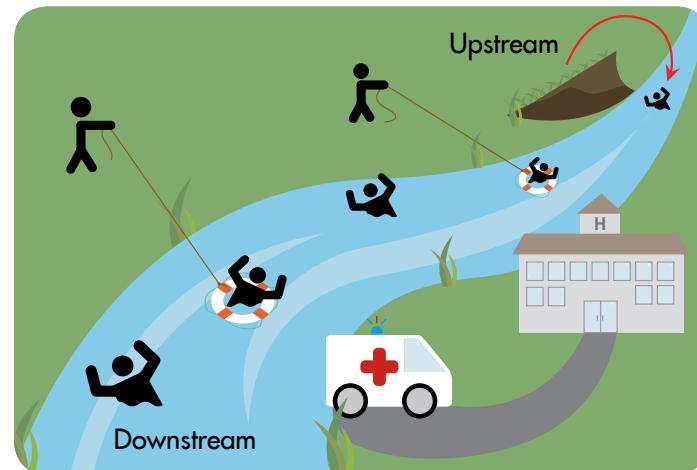
The SDHU is proud to work with and for the people who live, play, and work in the 3,107 square kilometres that makes up Manitoulin Island, including seven First Nation reserves. Home to approximately 13,000 people, the Manitoulin Island area comprises approximately 7% of the SDHU land area and 7% of its total population. Residents of Manitoulin Island speak predominately English, with approximately 83% of the population identifying English as their Mother Tongue and approximately 9% reporting an Indigenous language as their Mother Tongue. Manitoulin Island experienced a 3.3% increase in its population between 2006 and 2011, demonstrating that it continues to be a very vibrant place to call home (2011 Demographic Profile: Manitoulin, SDHU).



2015 Snapshot of Public Health | Manitoulin Island Area

Public Health in Ontario

Public health works “upstream” to promote and protect health and prevent people from becoming sick. If we can imagine the health system as a continuum, the treatment services of hospitals would be at one end and public health would be at the other, working to keep people from needing hospitals and other health care services in the first place.



As with fire, police, and education services, public health is a “public good”—publicly funded and always there for us. Public health works behind the scenes to promote healthy places (e.g. helping municipal councils make bylaws for healthier food options in recreational centres) and front and centre to protect our health (e.g. issuing boil water advisories when drinking water is unsafe).

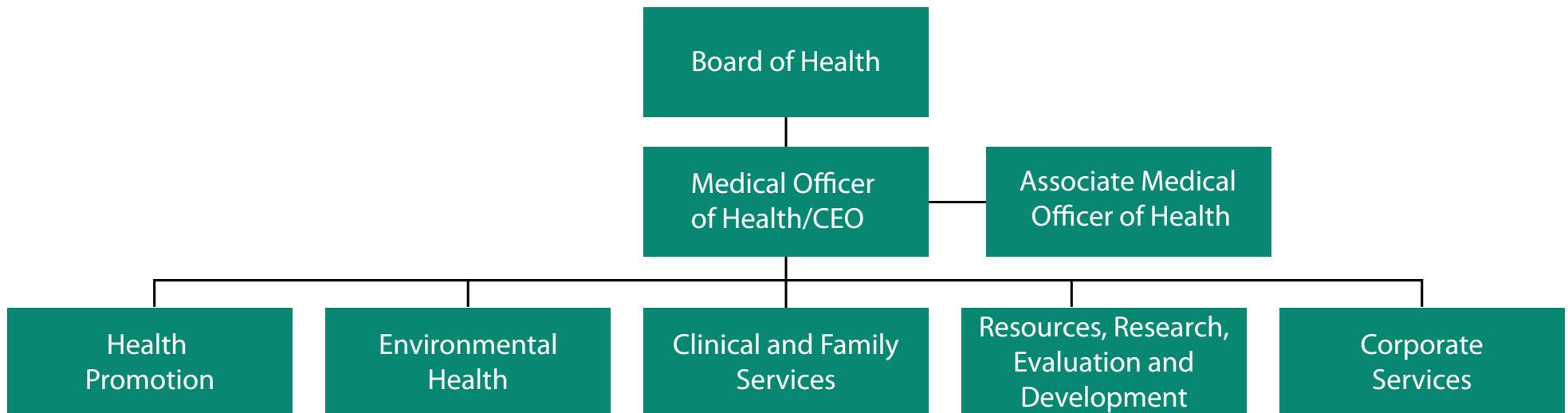
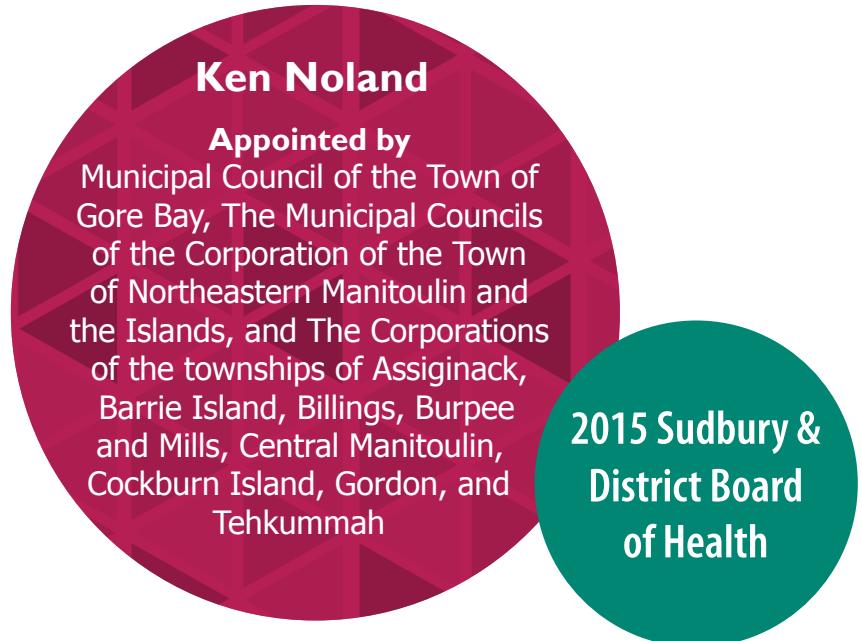
In Ontario, there is a provincial network of 36 non-profit public health units, all responsible for delivering standard public health programs and services, and for upholding public health law. About 80% of a local public health unit’s budget is cost-shared between the municipalities and the province, with the provincial government contributing up to three quarters of that funding. The remaining 20% of a local public health unit’s budget is 100% provincially funded. The law specifies that municipal funding to public health is allocated on a per capita basis.

The 36 public health units, together with provincial ministries and agencies, and in partnership with primary care and laboratories, comprise the formal provincial public health system.

Your Local Public Health Unit—Our Structure

The SDHU is governed by an autonomous Board of Health. Sudbury & District Board of Health membership is determined by legislation and includes municipally elected representatives and citizen representatives from across the SDHU area. Manitoulin Island is represented by one individual who has historically been a local mayor, reeve or councillor.

The SDHU works hard to meet the needs of the diverse population we serve and to meet our legislative requirements. To do this, the SDHU is organized into five divisions each reporting to the Medical Officer of Health.



Public Health Activities on Manitoulin Island in 2015

The SDHU actively supports well-being on Manitoulin Island by providing services to protect and to promote health. The following is a snapshot of these Manitoulin Island public health activities that occurred in 2015. Together, they paint a picture of the variety and volume of local public health work.

Health Protection



The SDHU delivers a number of services designed to protect the health of its communities. These services include, for example, immunizations, health hazard investigations, sexual health services, food safety, and safe water initiatives. The snapshots in the section below highlight the health protection services provided by the SDHU to Manitoulin Island communities in 2015.



Control of Infectious Diseases and Infection Control

- 18 cold chain visits completed and provision of publicly funded vaccines to all health care providers on Manitoulin Island
- Provision of school immunizations:
 - hepatitis B, meningococcal, and human papillomavirus vaccines administered at school clinics at the four area elementary schools in May, June, September, and December
 - Adacel® vaccine (teenage booster) offered at the one area secondary school in February
 - 126 immunizations administered at the Mindemoya district office location
- 108 cases of reportable diseases investigated, including blood-borne, meningitis, respiratory, vector-borne, enteric, sexually transmitted, and invasive group A streptococcus infections
- participation on hospital and nursing home infection control committees
- 28 child care, personal service settings, and long-term care facilities inspected
- 44 consultations completed or inquiries addressed



Sexual Health Program

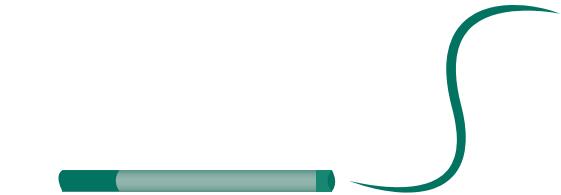
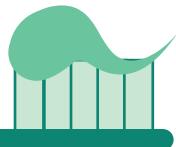
- 337 client visits at the Mindemoya office conducted
- 164 clients seen at Manitoulin Secondary School outreach
- 65 clients seen by a Nurse Practitioner (NP) or Physician

Dental Services

- 698 elementary school children participated in the dental screening program
- 57 children referred to a family dentist for urgent care
- 35 families of referred children offered preventive care

Healthy Babies Healthy Children Program

- 12 new families served
- 138 home visits conducted
- 16 referrals to external programs completed



Smoke-Free Ontario Act Enforcement

- 30 youth access inspections conducted
- 15 display and promotion inspections conducted
- 2 compliance inspections of schools conducted
- 1 sale/supply charge (selling tobacco to a person under 19 years of age) issued

Did you know?

The SDHU employs a number of public health professionals to carry out its mission and public health mandated programs. These include but are not limited to, public health physicians (Medical Officer and Associate Medical Officer of Health), public health nurses, public health inspectors, dental educators and hygienists, registered dietitians, epidemiologists, and planners. We also employ a number of technical and support staff who assist in the operational functions of the organization and the work we do in the various communities throughout Manitoulin Island.

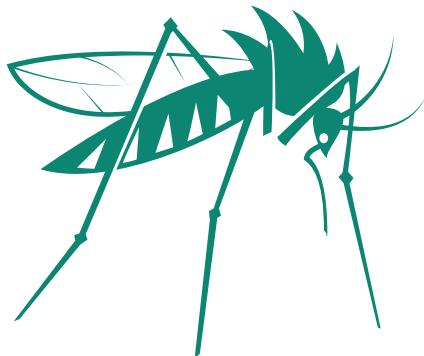


Food Safety

- 259 inspections of food premises completed
- 2 food complaints addressed
- 21 food recalls with follow-up response completed
- 56 special event food permits issued
- 36 consultations completed or inquiries addressed
- 6 individuals trained through 3 Food Handler Training and Certification Classes

Vector Borne Diseases, Rabies, and Lyme Disease

- 31 mosquito traps set
- 652 mosquitoes trapped
- 40 pools tested for Eastern Equine Encephalitis or West Nile virus
- 23 animal exposures/1 animal submitted for testing
- 2 individuals received post-exposure prophylaxis
- 5 ticks submitted for testing



Health Hazards

- 4 health hazard complaints investigated (may include: mould, insects/cockroaches/birds, housing complaints, rodents/vermin, sewage backup spills, heating complaints, garbage and waste, miscellaneous complaints)
- 9 consultations completed or inquiries addressed

Part 8 Land Control (On-Site Sewage System under Ontario Building Code)

- 295 inspection activities
- 82 sewage system permits processed
- 1 consent application processed
- 5 renovation applications processed
- 2 minor variance applications processed
- 4 private sewage complaints addressed
- 92 consultations completed or inquiries addressed

Did you know?

In order to provide quality public health services within the Manitoulin Island area, the SDHU has aligned its highly skilled and trained staff with the communities' unique needs. The SDHU has an office in Mindemoya from which four public health nurses, two public health inspectors, one dental hygienist, one family home visitor, and one office assistant support Health Unit programming for the residents of Manitoulin Island. Other services are provided to Manitoulin Island area residents where and when needed by SDHU main office staff and include for example, dental health services and support for emergency preparedness and response.

Environmental Policy

- 3 heat warnings issued

Safe Water

- 5 water-related complaints received and investigated



Drinking Water

- 1 boil water advisory/order issued
- 2 blue-green algae advisories issued
- 212 adverse drinking water reports investigated
- 74 bacteriological samples taken
- 25 consultations completed or inquiries addressed

Small Drinking Water Systems

- 90 small drinking water systems (SDWS) inspected
- 28 SDWS risk assessments completed
- 28 SDWS directives completed
- 42 consultations completed or inquiries addressed



Recreational Water

- 12 beaches inspected weekly resulting in a total of 154 beach inspections/893 bacteriological samples taken
- 16 public swimming pool and spa inspections
- presentations to lake stewardship committees provided upon request

Did you know?

Environmental Health staff are available to participate in tabletop emergency preparedness exercises upon request and often comment on plans or proposals that may have a public health impact.

Health Promotion

Public health plays a key role in the promotion of health and prevention of chronic diseases and injuries. We do this through the delivery of a number of health promotion programs and services including healthy eating and healthy weights, falls prevention, substance misuse and tobacco use prevention, and child and reproductive health. This section includes Manitoulin Island statistical and narrative information about a broad range of health promotion programs provided in 2015 by the SDHU. Many of these programs are delivered in collaboration with many sectors and agencies within the community. These include, but are not limited to, individuals, families, community groups and seniors clubs, faith groups, organizations, health professionals, health centres, child care groups, businesses, social services, local municipal staff and council, school boards and their staff and administration, police, fire services, EMS, and provincial ministries.

Supporting smokers to become quitters – smoking cessation supports on Manitoulin Island

Smoking continues to be a challenge many residents on Manitoulin Island struggle to overcome, and the SDHU is committed to supporting partners and residents in their efforts to quit and live smoke-free lives. The reasons people smoke are varied, and providing tailored, individual support is important to help quit successfully. The SDHU once again partnered with the Centre for Addiction and Mental Health and hosted a STOP on the Road program, bringing smoking cessation treatment directly to smokers on Manitoulin Island. A 3-hour workshop kick-started this exciting program and participants were then provided with tips, aids, one-on-one telephone support and Nicotine Replacement Therapy for 5 weeks—customized to meet their unique needs. In addition to STOP, the SDHU continues to promote a smoke-free lifestyle through the promotion of a variety of provincial campaigns and refers individuals to existing smoking cessation programs in the community offered by other local health care providers.

We all have a role to play... coming together to prevent the harms of substance misuse

Substance misuse is a concern for the citizens of Manitoulin Island. Since this impacts everyone, reducing the harms associated with misuse requires a community coming together. The SDHU, in partnership with the Health Sciences North - Little Current site, Centre for Addiction and Mental Health - Manitoulin site, M'Chigeeng Health Centre, Noojmowin-Teg Health Centre, Manitoulin Health Centre, Manitoulin Family Resources, Manitoulin District Services Board, Manitoulin Central Family Health Team and Mnaamodzawin Health Services, began collaborating to develop an island-wide drug strategy for Manitoulin Island. As a first step to educate the community about the harms associated with substance misuse, public health nurses, as a member of the Manitoulin Injury Prevention Coalition, partnered with others to provide educational activities during Drug Awareness Week.

Promoting safety through education and initiatives

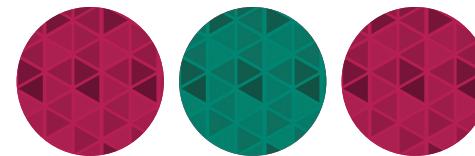
The SDHU is an active member of the Manitoulin Injury Prevention Coalition which seeks to promote safety and prevent injuries. Public health nurses were involved in a variety of road safety activities that were delivered in the Manitoulin Island area in 2015, including:

- A distracted driving media campaign and promotion of National Teen Driver Safety Week at Manitoulin Secondary School to raise awareness about the risks of texting and driving.
- Car Seat Inspection Clinics and BabyRIDE spot-checks: 20 car seats were inspected at clinics and an additional eight during pre-booked appointments. Two car seat technician training courses were also offered for partners in the Manitoulin and Espanola area and in-service training was provided to local police services, M'Chigeeng First Nation administrative staff, and the Children's Aid Society.
- Purchase of a data logger and software updates for the speed indicator sign: statistics collected supported the application and approval of two new Community Safety Zones on Manitoulin, in Spring Bay and Sandfield.



Working together to support healthy kids and habits

SDHU nutrition staff have had a long standing relationship with registered dietitians at the Noojmowin-Teg Health Centre (NTHC). At the request of the NTHC, registered dietitians from the SDHU delivered a training presentation to NTHC nutrition staff and other community nutrition professionals. The 16 attendees learned about the SDHU's holistic and health-centred approach to healthy weights programming, including the importance of taking a flexible and realistic approach to healthy eating. This session provided the opportunity for meaningful conversations on how community programming could be enhanced with consistent messaging and approaches. With the prevalence of obesity increasing, the need to work collaboratively to address this very complex issue is imperative. This meeting demonstrated the positive relationships SDHU staff have with leaders on Manitoulin Island and our eagerness to partner and collaborate further to support children and their families in living healthy, vibrant lifestyles.



Building healthy eating habits through a universal vegetable and fruit program

The Northern Fruit & Vegetable Program (NFVP) is funded by the Ministry of Health and Long-Term Care and administered locally by staff from the SDHU. This program provides two servings of vegetables and fruit per week to elementary school children in the Manitoulin area. It helps increase their consumption of weekly vegetables and fruit as well as increases their awareness to the benefits of having a diet rich in vegetables and fruit. The most recent program evaluation indicated that 96% of students thought that being given two servings of vegetables and fruit each week helped them achieve their recommended weekly intake.

Beyond the school walls, SDHU staff ensured success through the provision of resources to educate children and their parents about healthy eating habits and assist school communities build healthy habits in children. In the Manitoulin area, two schools participated in the NFVP reaching 305 students during the 2014/15 school year.



Giving kids the best start... protecting, promoting and supporting breastfeeding on the Island

At the SDHU, we are committed to supporting parents in raising healthy, happy children. Breastfeeding is normal and one of the greatest gifts a mother can give to her newborn. The SDHU is seeking its Baby-Friendly Initiative (BFI) designation because we want to protect, promote, and support breastfeeding. Part of this involves encouraging community partners to also protect, promote, and support breastfeeding. In 2015, public health nurses continued to educate community partners on the importance of exclusive breastfeeding for the first six months of life and provided training to staff at the Little Current Hospital.

After the first six months, the introduction of nutritious and complementary foods is essential. In January 2015, registered dietitians with the SDHU delivered a training session to parents of the Gore Bay Child Care Centre. The Helping Children Eat Well – What You Can Do session provided a variety of nutrition and healthy eating information and resources.



A Sampling of 2015 Health Promotion Programming by the Numbers

- Participation at 98 coalition or committee meetings supporting a variety of topic areas with a number of community partners, including:
 - Manitoulin Island Service Providers Network
 - Manitoulin Diabetes Network Coalition
 - Child Poverty Task Force
 - Manitoulin Island Healthy Kids Community Challenge
 - Manitoulin Community Food Network
 - Manitoulin Injury Prevention Coalition
 - Manitoulin Drug Strategy and the Harm Reduction Sub-Committee
- Provided 28 direct client services to support individuals and families in the community, including:
 - supporting 2 new mothers with information packages about pregnancy and labour & delivery
 - 13 car seat inspections at one-on-one appointments and another 13 car seats inspected at a Car Seat Inspection and BabyRIDE Clinic
- Provided education on a variety of topics through the delivery of 26 community presentations, reaching:
 - 15 students at the Mnaamodzawin Health Services on resources to support hubs and child care programming
 - 20 students at Manitoulin Secondary School's Grade 11 parenting class during a reproductive health discussion
 - 26 students at Central Manitoulin Public School about the importance of hand washing
 - 7 residents in Manitowaning about smoking cessation services and resources in support of DSSAB's new Smoke-Free Housing Policy
 - 12 police services staff and 3 Children's Aid Services staff with Child Restraint Training
 - 15 seniors at the Ontario Seniors Secretariat Falls Prevention Workshop
- Provision of resources to individuals and community partners on 149 occasions, including:
 - 134 healthy eating resources for parents at the Mindemoya Library
 - 50 post-natal information packages to the Manitoulin Health Centre
 - Over 600 healthy eating and physical activity resources to approximately 200 community members at the Manitoulin Secondary School's Family Fun Day
 - Over 250 healthy eating resources to support various Island community partners to promote Nutrition Month
 - 85 Medication Clean Out packages and resources to a variety of agencies and individuals in the community

Summary

The Sudbury & District Health Unit is part of a provincial system of public health that works “upstream” to promote health and prevent disease. Locally, the SDHU provides a broad range of programs and services in collaboration with local community partners and community members throughout the Sudbury and Manitoulin districts and Greater Sudbury.

This report is the second Snapshot of Public Health developed for all leaders and citizens in the Manitoulin Island area. It is intended to paint a picture of SDHU activities on Manitoulin Island during the 2015 calendar year, and highlight the impressive variety and volume of programming delivered to meet local needs.

The Sudbury & District Health Unit is grateful and honoured to work with and for the people who live, play, and work in the Manitoulin Island area, including the many individuals and agencies that take a leadership role in bettering their communities. SDHU staff are passionate about their work and keen to work with partners and the community to protect, promote, and champion health on Manitoulin Island and beyond. Together, we can create opportunities for health for all.

Did you know?

Public health staff can be reached at any time from 8:30 a.m. to 4:30 p.m., Monday to Friday through the Manitoulin and main offices for routine business, and are available 24/7 for after-hours emergencies at 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



6163 Highway 542
Mindemoya, ON

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Sudbury, ON



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www.sdhu.com



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Aperçu 2015 de la santé publique

Île Manitoulin | Service de santé publique de
Sudbury et du district

Une version accessible du présent
document se trouve à l'adresse :
[https://www.sdhu.com/fr/propos/
bureaux-du-district/apercu-2015-
de-la-sante-publique](https://www.sdhu.com/fr/propos/bureaux-du-district/apercu-2015-de-la-sante-publique)

La santé publique : songer d'abord à la collectivité

En réfléchissant à l'année que nous avons passée à fournir des services de santé publique, je me souviens des nombreuses occasions formidables qui s'offrent à nous pour mieux apporter une contribution significative aux collectivités que nous servons.

Aux yeux de certaines personnes, le Service de santé publique est **un protecteur** qui aide à lutter contre la propagation de maladies infectieuses et à surveiller l'eau pour la garder propre à la consommation et à la baignade. D'autres le considèrent comme **un promoteur** qui aide les familles à se porter le mieux possible, qui sensibilise les aînés pour les empêcher de tomber et qui fait en sorte que tout le monde puisse bien manger et mener une vie active là où il vit, apprend, travaille ou joue. Bien des gens estiment que le Service de santé publique est **un champion** qui renseigne les gens et les rassemble afin de créer des collectivités où tout le monde a les mêmes possibilités d'être en santé.

La santé publique n'est peut-être pas toujours visible, mais elle permet toujours de prévenir les maladies, de promouvoir la santé et de nous protéger. Elle offre d'énormes avantages sur le plan de la santé. Elle a pour effet d'améliorer celle-ci et d'augmenter la productivité des gens et des collectivités. Ces dernières peuvent ainsi investir dans ce qui compte vraiment pour la santé, y compris les emplois, l'éducation, le logement et les infrastructures. Le Service de santé publique de Sudbury et du district est fier de collaborer avec tant de personnes et de groupes dévoués pour qu'ensemble nous améliorions les possibilités pour tous d'être en santé!

D^r Penny Sutcliffe
Médecin-hygiéniste de Sudbury et du district et
directrice générale



Notre vision :

Des communautés plus saines pour tous.

Notre mission :

Collaborer avec les communautés afin d'améliorer et de protéger la santé, et prévenir les maladies dans toute la population.

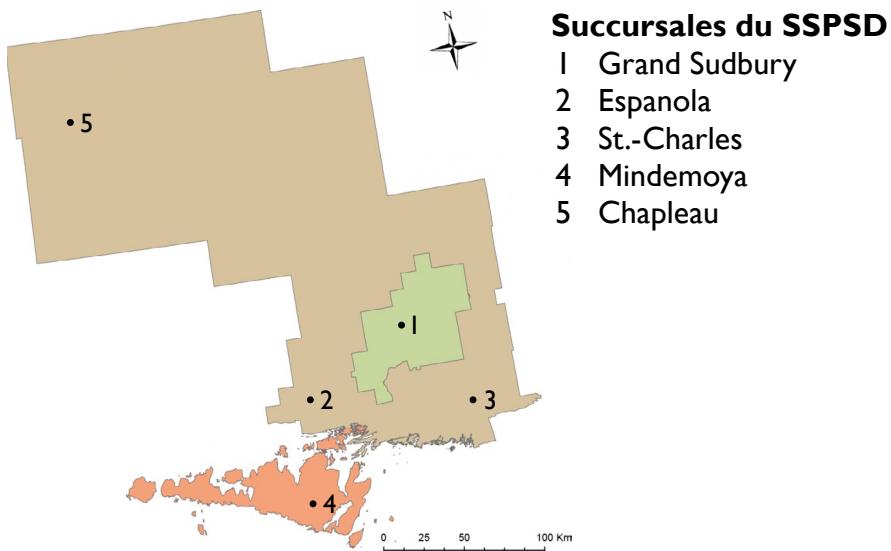
Priorités stratégiques

- 1** Prôner et porter des possibilités équitables d'être en santé.
- 2** Renforcer les rapports.
- 3** Renforcer la pratique en santé publique fondée sur des données probantes.
- 4** Appuyer des mesures communautaires favorisant l'équité en matière de santé.
- 5** Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme.

Dans l'aperçu 2015 de la santé publique pour l'île Manitoulin, les lecteurs trouveront un aperçu du système de santé publique de l'Ontario et du bureau de santé local, le Service de santé publique de Sudbury et du district (SSPSD). L'aperçu 2015 comprend les faits saillants des activités de santé publique qui ont eu lieu sur l'île Manitoulin au cours de l'année civile 2015.

Cet aperçu des activités de santé publique souligne le travail que le SSPSD réalise en collaboration avec la population, les organismes communautaires et les municipalités. Nous espérons que le contenu fera connaître l'histoire de la santé publique à l'échelle locale et qu'il informera les gens de la région sur la manière dont les fonds affectés à celle-ci sont dépensés pour promouvoir et protéger la santé de tout le monde.

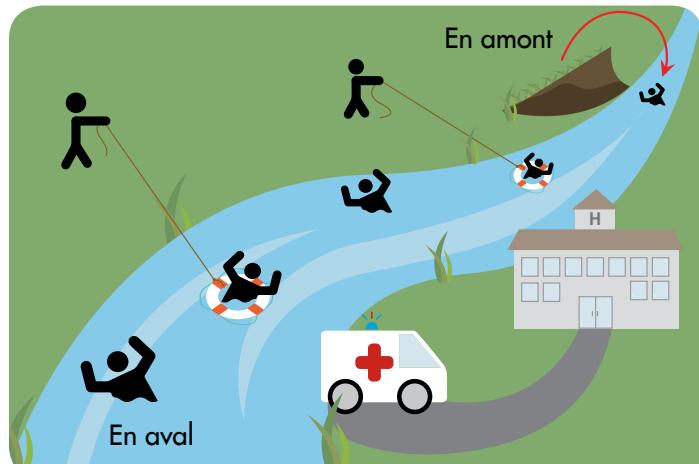
Le SSPSD est fier de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire 3,107 kilomètres carrés que forme l'île Manitoulin, incluant sept réserves de Première Nation, mais aussi de travailler avec eux. Ce secteur, dont la population est d'environ 13,000 habitants, représente à peu près 7 % du territoire du SSPSD et 7 % de sa population. Les résidents parlent surtout l'anglais, environ 83 % d'entre eux se disent de langue maternelle anglaise, et environ 9 % se disent de langue maternelle autochtone. La population a augmenté de 3,3 % entre 2006 et 2011, ce qui démontre que l'île demeure un endroit très dynamique où habiter (profil démographique 2011 : Manitoulin, SSPSD).



Aperçu 2015 de la santé publique | Île Manitoulin

La santé publique en Ontario

La santé publique travaille « en amont » afin de promouvoir et protéger la santé et de prévenir la maladie. Si nous pouvons imaginer le système de santé comme un continuum, les services de traitement des hôpitaux sont à une extrémité et la santé publique se trouve à l'autre, et vise à empêcher au départ que les gens aient besoin d'aller à l'hôpital ou de recourir à d'autres services de soins de santé.



Comme les services d'incendie, de police et d'éducation, la santé publique est un « bien public » – financé par le secteur public et toujours à notre disposition. Elle œuvre en coulisse afin de promouvoir notre santé (p. ex., en aidant les conseils municipaux à créer des règlements sur les choix d'aliments plus sains dans les centres de loisirs), mais aussi à l'avant-scène afin de la protéger (p. ex., en émettant des avis de faire bouillir l'eau lorsque l'eau potable n'est pas salubre).

En Ontario, il existe un réseau provincial de 36 bureaux de santé à but non lucratif, tous chargés de fournir des programmes et des services standard de santé publique et d'appliquer la loi dans ce domaine. Environ 80 % du budget d'un bureau de santé est réparti entre les municipalités et la province, et le gouvernement provincial en verse les trois quarts. Les 20 % restants sont subventionnés à 100 % par la province. La loi stipule que les fonds municipaux affectés à la santé publique sont établis par habitant.

Les 36 bureaux de santé ainsi que les ministères et organismes provinciaux, les fournisseurs de soins de santé primaires et les laboratoires forment le système de santé publique officiel de la province.

Votre bureau de santé local—Notre structure

Le SSPSD est régi par un conseil de santé autonome. Les membres du conseil sont désignés par la loi et comprennent des représentants élus et des citoyens de tout le territoire du SSPSD. L'île Manitoulin est représentée par une personne qui a déjà été maire ou mairesse, ou encore conseiller ou conseillère à l'échelle locale.

Le SSPSD travaille dur afin de répondre aux besoins de la population variée qu'il sert et de respecter les exigences légales. Ainsi, il est organisé en cinq divisions, et chacune relève de la médecin-hygieniste.

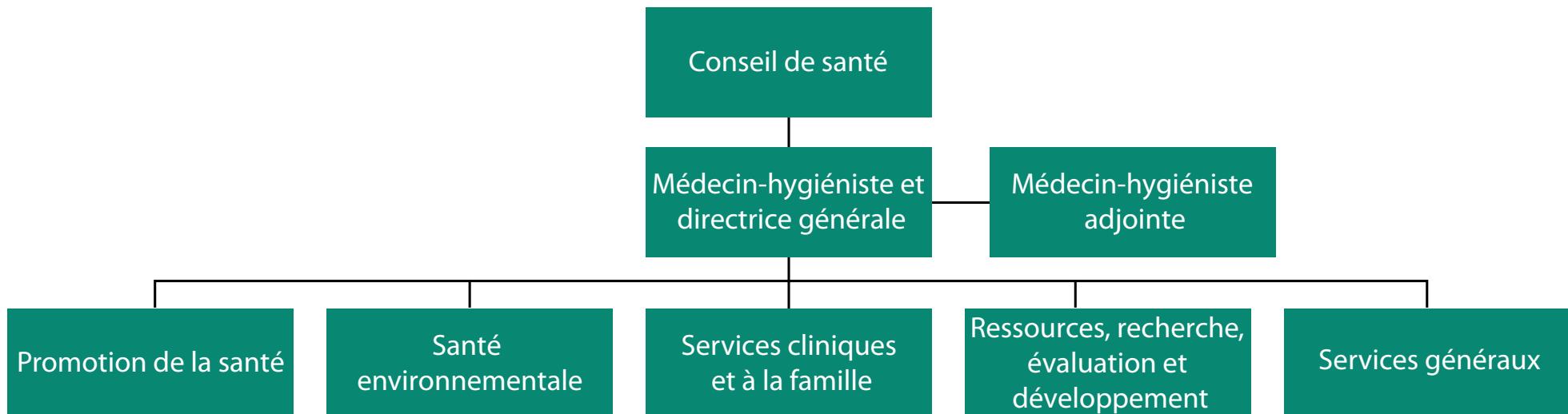
Ken Noland

Nommé(e) par :

Conseil municipal de la Ville de Gore Bay, les conseils municipaux de la Corporation de la Ville de Northeastern Manitoulin et des îles et de la Corporation des cantons d'Assiginack, de Barrie Island, de Billings, de Burpee and Mills, de Central Manitoulin, de Cockburn Island, de Gordon et de Tehkummah

2015

Conseil de santé de Sudbury et du district





Activités de santé publique à l'île Manitoulin en 2015

Le SSPSD favorise activement le bien-être sur l'île Manitoulin en fournissant des services pour protéger et promouvoir la santé. Voici un aperçu des activités qui se sont tenues à l'île Manitoulin en 2015 dans le domaine de la santé publique. Globalement, elles donnent une idée de la variété et du volume des travaux exécutés en la matière à l'échelle locale.

Protection de la santé



Le SSPSD fournit un certain nombre de services destinés à protéger la santé des collectivités qu'il sert. Ces services comprennent les immunisations, les enquêtes sur les dangers pour la santé, les services de santé sexuelle, la salubrité des aliments et les initiatives touchant la salubrité de l'eau. Les aperçus exposés dans la partie qui suit soulignent les services de protection de la santé qu'a fournis le SSPSD aux collectivités de l'île Manitoulin en 2015.

Contrôle des maladies infectieuses et des infections

- 18 examens de la chaîne du froid effectués et prestation de vaccins financés par le secteur public à tous les fournisseurs de soins de santé de l'île Manitoulin
- Prestation d'immunisations en milieu scolaire :
 - vaccins contre l'hépatite B, la méningite à méningocoques et le virus du papillome humain administrés à des séances aux quatre écoles élémentaires du secteur en mai, en juin, en septembre et en décembre
 - vaccin Adacel® (rappel pour les adolescents) offert à l'école secondaire du secteur en février
 - 126 immunisations au bureau de district de Mindemoya
- Enquête sur 108 cas de maladie à déclaration obligatoire, y compris de méningite et d'infections respiratoires, entériques, streptococciques invasives du groupe A, à vecteur et transmissibles sexuellement ou par le sang
- Participation aux travaux de comités de contrôle des infections en milieu hospitalier et en maison de soins infirmiers
- Inspection de 28 services de garde, établissements de soins de longue durée et établissements de services personnels
- 44 consultations effectuées ou demandes de renseignements réglées



Programme de santé sexuelle

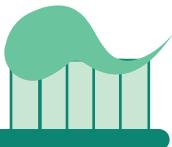
- 337 visites de clients au bureau de Mindemoya
- 164 clients vus au service extérieur de Manitoulin Secondary School
- 65 clients vus par une infirmière praticienne ou un médecin

Services dentaires

- Participation de 698 enfants de niveau élémentaire au programme de dépistage dentaire
- 57 enfants aiguillés vers un dentiste pour des soins d'urgence
- Offre de soins préventifs à 35 familles d'enfants aiguillés

Programme Bébés en santé, enfants en santé

- 12 nouvelles familles servies
- 138 visites à domicile
- 16 aiguillages vers des programmes externes



Application de la Loi favorisant un Ontario sans fumé

- 30 inspections d'accès pour les jeunes
- 15 inspections pour les présentoirs et la promotion
- 2 inspections de conformité auprès d'écoles
- 1 accusation de vente ou d'approvisionnement (vente de tabac à une personne de moins de 19 ans) déposée

Le saviez-vous?

Le SSPSD emploie un certain nombre de professionnels de la santé publique pour mener sa mission et offrir les programmes obligatoires de santé publique. Il s'agit notamment de spécialistes en santé publique (médecin-hygieniste et médecin-hygieniste adjointe), d'infirmières-hygienistes et d'infirmiers-hygienistes, d'inspecteurs de la santé publique, d'éducateurs en hygiène dentaire et d'hygiénistes dentaires, de diététistes, d'épidémiologistes et de planificateurs. Il possède également des techniciens et des employés de soutien qui aident à remplir les fonctions opérationnelles de l'organisme et à exécuter le travail que nous faisons dans les diverses collectivités de l'île Manitoulin.

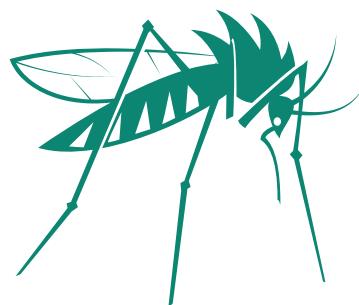


Salubrité des aliments

- 259 inspections d'établissements d'alimentation
- 2 plaintes sur des aliments réglées
- 21 rappels d'aliments avec suivi
- 56 permis alimentaires émis pour des événements spéciaux
- 36 consultations effectuées ou demandes de renseignements réglées
- 6 personnes formées par 3 cours de formation des préposés à la manutention des aliments

Maladies à vecteurs, rage et maladie de Lyme

- 31 pièges à moustiques installés
- 652 moustiques capturés
- 40 bassins soumis à un test de dépistage de l'encéphalite équine de l'Est ou du virus du Nil occidental
- Enquête sur 23 expositions d'animaux à la rage et 1 animal soumis aux fins d'analyse
- Recours à la prophylaxie post-exposition pour 2 personnes
- 5 tiques soumises aux fins d'analyse



Dangers pour la santé

- 4 examens de plaintes relatives à des dangers pour la santé (ce qui peut inclure de la moisissure, des insectes, des blattes ou des oiseaux, des plaintes touchant le logement, des rongeurs ou des animaux indésirables, un refoulement d'égout, des plaintes concernant le chauffage, des déchets, des plaintes diverses)
- 9 consultations effectuées ou demandes de renseignements réglées

Vérification des sols selon la partie 8 (réseaux d'égout sur place en vertu du Code du bâtiment de l'Ontario)

- 295 inspections entreprises
- 82 permis de réseau d'égout traités
- 1 demande de consentement traitée
- 5 demandes de rénovation traitées
- 2 demandes de dérogation traitées
- 4 plaintes sur un réseau d'égout privé réglées
- 92 consultations effectuées ou demandes de renseignements réglées

Le saviez-vous?

Afin de fournir des services de santé publique de qualité dans l'île Manitoulin, le SSPSD a fait en sorte que son personnel hautement qualifié réponde aux besoins uniques des collectivités. Il possède une succursale à Mindemoya où quatre infirmières-hygienistes, deux inspecteurs de la santé publique, une hygiéniste dentaire, une visiteuse au domicile familial et une adjointe de bureau assurent le soutien des programmes du Service de santé publique auprès des résidents de l'île Manitoulin. Le personnel du bureau principal du SSPSD fournit d'autres services là où ils sont requis et quand ils le sont, par exemple, les services de santé dentaire et le soutien à la préparation et à l'intervention en cas d'urgence.

Politique environnementale

- 3 avertissements de chaleur émis

Salubrité de l'eau

- 5 plaintes liées à l'eau reçues et examinées



Eau potable

- 1 avis ou ordre de faire bouillir l'eau émis
- 2 avis émis concernant les algues bleu-vert
- 212 rapports défavorables concernant l'eau potable examinés
- 74 échantillons bactériologiques prélevés
- 25 consultations effectuées ou demandes de renseignements réglées

Petits réseaux d'eau potable

- 90 petits réseaux d'eau potable inspectés
- 28 évaluations des risques réalisées
- 28 directives émises
- 42 consultations effectuées ou demandes de renseignements réglées



Eaux destinées aux loisirs

- 12 plages inspectées chaque semaine, pour un total de 157 plages inspectées et de 893 échantillons bactériologiques prélevés
- 16 inspections de piscines et de spas publics
- Exposés devant des comités d'intendance de lac donnés sur demande

Le saviez-vous?

Le personnel affecté à la santé environnementale est disposé à participer à des exercices de préparation aux situations d'urgence sur maquette, et il émet souvent des commentaires sur des plans ou des projets risquant d'avoir un effet sur la santé publique.

Promotion de la santé

Promotion de la santé

La santé publique joue aussi un rôle clé dans la promotion de la santé et la prévention des maladies chroniques et des blessures. Ces tâches s'effectuent par la prestation d'un certain nombre de programmes et de services de promotion de la santé, concernant notamment la saine alimentation et le poids santé, la prévention des chutes, la prévention du mésusage d'alcool et d'autres drogues et du tabagisme, et la santé des enfants et de la reproduction. La présente section porte sur des données statistiques et narratives concernant l'île Manitoulin qui touchent un large éventail de programmes de promotion de la santé fournis en 2015 par le SSPSD. Bon nombre de ces programmes sont fournis en collaboration avec bien des secteurs et des organismes au sein de la collectivité. Ceux-ci incluent, sans s'y limiter, des particuliers, des familles, des groupes communautaires, des cercles d'aînés, des groupes confessionnels, des organisations, des professionnels de la santé, des centres de santé, des groupes de services de garde, des entreprises, des services sociaux, le conseil et les employés municipaux, des conseils scolaires, y compris leur personnel et leur direction, des services d'incendie et de police, des SMU et des ministères provinciaux.

Aider les fumeurs à cesser de fumer : services d'aide à l'abandon du tabac sur l'île Manitoulin

Le tabagisme demeure un défi que bien des résidents de l'île Manitoulin s'efforcent de relever. Et le SSPSD s'est engagé à collaborer avec des partenaires afin d'aider ces personnes à déployer les efforts nécessaires pour cesser de fumer et vivre leur vie sans avoir cette habitude. Les raisons pour lesquelles les gens fument varient. Et il importe de fournir une aide adaptée et individuelle pour que l'abandon se réalise. Le SSPSD s'est une fois de plus associé au Centre de toxicomanie et de santé mentale et a organisé un atelier STOP on the Road, dans le but d'apporter le traitement contre le tabagisme aux fumeurs de l'île Manitoulin. Un atelier de trois heures a démarré ce programme stimulant et les participants ont ensuite reçu des conseils, des services d'aide, du soutien individuel par téléphone et une thérapie de remplacement de la nicotine pendant cinq semaines. Et le tout était adapté à leurs besoins. En plus d'offrir le programme STOP, le SSPSD continue de promouvoir un mode de vie sans fumée par la promotion d'une foule de campagnes provinciales et il aiguille les gens vers les programmes d'abandon du tabac qu'offrent d'autres fournisseurs de soins de santé dans la région.

Nous avons tous un rôle à jouer : s'unir pour prévenir les méfaits du mésusage d'alcool et d'autres drogues

Les citoyens de l'île Manitoulin se préoccupent du mésusage d'alcool et d'autres drogues. Étant donné que ce problème touche tout le monde, réduire les méfaits qui s'y rapportent exige qu'une population s'unisse. Le SSPSD, en partenariat avec le bureau d'Horizon Santé-Nord à Little Current, le bureau du Centre de toxicomanie et de santé mentale à l'île Manitoulin, le M'Chigeeng Health Centre, le Noojmowin-Teg Health Centre, le Manitoulin Health Centre, Manitoulin Family Resources, le Conseil des services du district de Manitoulin, l'Équipe de santé familiale de Manitoulin Central et Mnaamodzawin Health Services, a commencé à collaborer afin de mettre au point une stratégie antidrogue à l'échelle de l'île. Comme première étape pour sensibiliser la collectivité aux méfaits liés au mésusage d'alcool et d'autres drogues, des infirmières-hygienistes, en tant que membres de la Manitoulin Injury Prevention Coalition, se sont aussi associées avec d'autres afin de fournir des activités pédagogiques pendant la Semaine de sensibilisation aux drogues.

Promouvoir la sécurité par l'éducation et des initiatives

Le SSPSD est un membre actif de la Manitoulin Injury Prevention Coalition, qui cherche à promouvoir la sécurité et à prévenir les blessures. Des infirmières-hygienistes sont intervenues dans diverses activités sur la sécurité routière qui ont eu lieu dans le secteur de l'île Manitoulin en 2015. En voici quelques exemples :

- une campagne médiatique sur la distraction au volant et la promotion de la Semaine nationale de la sécurité des adolescents au volant à la Manitoulin Secondary School pour faire connaître les risques liés au textage au volant;
- des séances sur les sièges d'auto et des vérifications surprises dans le cadre du programme BabyRIDE : 20 sièges d'auto ont été inspectés lors de séances et huit autres l'ont été sur rendez-vous; deux cours de formation des techniciens en sièges d'auto ont aussi été offerts à des partenaires dans le secteur de Manitoulin et d'Espanola; une formation en cours d'emploi a été dispensée à des services de police locaux, au personnel administratif de la Première Nation M'Chigeeng et à la Société d'aide à l'enfance;
- l'achat d'un enregistreur de données et de mises à jour de logiciel pour le panneau indicateur de vitesse : les statistiques recueillies ont permis d'appuyer la mise en place de deux nouvelles zones de sécurité communautaires sur l'île, une à Spring Bay et une à Sandfield.



S'unir pour favoriser la santé des enfants et les saines habitudes

Le personnel du SSPSD affecté à la nutrition entretient depuis longtemps des liens avec les diététistes du Noojmowin-Teg Health Centre (NTHC). À la demande de ce dernier, des diététistes du SSPSD ont donné un exposé de formation au personnel du centre affecté à la nutrition et à d'autres professionnels communautaires dans le domaine. Les 16 personnes présentes ont obtenu des renseignements sur l'approche holistique et axée sur la santé du SSPSD pour ce qui est des programmes sur le poids santé, y compris sur l'importance d'adopter une approche flexible et réaliste à la saine alimentation. Cette séance a permis d'engager des conversations significatives sur la manière d'améliorer les programmes communautaires par des approches et des messages cohérents. Étant donné que l'obésité est de plus en plus présente, il est impératif de collaborer afin de s'attacher à cet enjeu très complexe. La rencontre a démontré les liens positifs qui existent entre le personnel du SSPSD et les dirigeants de l'île Manitoulin, mais aussi notre vif désir de collaborer davantage afin d'aider les enfants et leur famille à mener une vie saine et dynamique.



Faire acquérir de saines habitudes alimentaires par un programme universel de distribution de fruits et légumes

Administré à l'échelle locale par du personnel du SSPSD, le Programme de distribution de fruits et légumes dans le nord de l'Ontario est financé par le ministère de la Santé et des Soins de longue durée. Il procure deux portions de légumes et de fruits par semaine aux élèves des écoles élémentaires du secteur de Manitoulin. Il permet d'augmenter leur consommation hebdomadaire de fruits et légumes et les sensibilise davantage aux bienfaits d'une alimentation riche en fruits et légumes.

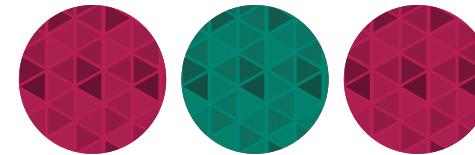
Selon la plus récente évaluation du programme, 96 % des élèves étaient d'avis que recevoir deux portions de légumes et de fruits par semaine leur permettait d'obtenir l'apport hebdomadaire recommandé. En dehors des murs de l'école, le personnel du SSPSD assure le succès du programme en fournissant des ressources pour sensibiliser les enfants et leurs parents à la saine alimentation. Il aide aussi les milieux scolaires à inculquer de saines habitudes aux enfants. Dans le secteur de Manitoulin, deux écoles ont participé au programme, et 305 élèves en ont bénéficié pendant l'année scolaire 2014-2015.



Permettre aux enfants de connaître un bon départ : protéger, promouvoir et favoriser l'allaitement maternel sur l'île

Au SSPSD, nous nous sommes engagés à soutenir les parents afin qu'ils élèvent des enfants heureux et en santé. L'allaitement maternel est normal et constitue l'un des plus beaux cadeaux qu'une mère puisse donner à son nouveau-né. Le SSPSD cherche à obtenir la désignation Ami des bébés, car il veut protéger, promouvoir et favoriser l'allaitement maternel. En 2015, des infirmières-hygienistes ont continué à sensibiliser des partenaires communautaires à l'importance de l'allaitement maternel exclusif pendant les six premiers mois de vie. Et elles ont formé du personnel à l'hôpital de Little Current.

Après les six premiers mois, l'introduction d'aliments nutritifs complémentaires est essentielle. En janvier 2015, des diététistes du SSPSD ont donné une séance de formation aux parents du Gore Bay Child Care Centre. La séance Helping Children Eat Well – What You Can Do a procuré un éventail de renseignements et de ressources sur la nutrition et la saine alimentation.



Exemples en chiffres d'activités de promotion de la santé en 2015

- Participation à 98 réunions de coalition ou de comité sur divers sujets avec un certain nombre de partenaires communautaires, dont :
 - le Manitoulin Island Service Providers Network;
 - la Manitoulin Diabetes Network Coalition;
 - le Child Poverty Task Force;
 - le Manitoulin Island Healthy Kids Community Challenge;
 - le Manitoulin Community Food Network;
 - la Manitoulin Injury Prevention Coalition;
 - le Manitoulin Drug Strategy and Harm Reduction Sub-Committee.
- Prestation de 28 services directs à la clientèle pour aider des particuliers et des familles, y compris :
 - le soutien de 2 nouvelles mamans par des trousseaux d'information sur la grossesse, le travail et l'accouchement;
 - 13 inspections de sièges d'auto sur rendez-vous et 13 autres lors d'une séance d'inspection de sièges d'auto et BabyRIDE.
- Sensibilisation à divers sujets par la prestation de 26 exposés communautaires qui ont permis de toucher :
 - 15 élèves aux Mnaamodzawin Health Services sur les ressources pour soutenir les carrefours et les programmes de garde;
 - 20 élèves du cours de 11^e année sur le rôle de parent à la Manitoulin Secondary School pendant une discussion sur la santé de la reproduction;
 - 26 élèves à la Central Manitoulin Public School sur l'importance de se laver les mains;
 - 7 résidents de Manitowaning sur les services et les ressources d'abandon du tabac à l'appui de la nouvelle politique sur les logements sans fumée du Conseil
 - 12 employés des services de police et 3 employés de la Société d'aide à l'enfance ayant suivi une formation sur les dispositifs de retenue pour enfants;
 - 15 aînés à l'atelier sur la prévention des chutes du Secrétariat aux affaires des personnes âgées de l'Ontario.
- Prestation de ressources à des particuliers et des partenaires communautaires à 149 occasions, dont :
 - 134 ressources sur la saine alimentation pour les parents à la bibliothèque de Mindemoya;
 - 50 trousseaux d'information postnatale au Manitoulin Health Centre;
 - plus de 600 ressources sur la saine alimentation et l'activité physique à environ 200 citoyens lors de la journée de plaisir en famille à la Manitoulin Secondary School;
 - plus de 250 ressources sur la saine alimentation pour aider divers partenaires communautaires de l'île à promouvoir le Mois de la nutrition;
 - 85 trousseaux et ressources Medication Clean Out à divers organismes et particuliers.

Sommaire

Le SSPSD fait partie d'un réseau provincial de santé publique travaillant « en amont » afin de promouvoir la santé et de prévenir la maladie. À l'échelle locale, il procure un large éventail de programmes et de services en collaboration avec des partenaires communautaires locaux et des citoyens un peu partout dans les districts de Sudbury et de Manitoulin et dans la ville du Grand Sudbury.

Le présent rapport est le deuxième aperçu de la santé publique mis au point pour les dirigeants et les citoyens du secteur de l'île Manitoulin. Il est destiné à brosser le tableau des activités du SSPSD sur l'île Manitoulin au cours de l'année civile 2015. Il souligne également la variété et le volume impressionnantes des programmes fournis pour répondre aux besoins locaux.

Le SSPSD est reconnaissant et honoré de collaborer avec les gens qui vivent, jouent et travaillent dans le secteur de l'île Manitoulin, y compris toutes les personnes et tous les organismes qui jouent un rôle prédominant dans l'amélioration de leur collectivité, mais aussi de travailler pour eux. Le personnel du SSPSD se passionne pour son travail et il est enthousiaste à l'idée de faire équipe avec des partenaires et la population afin de protéger, de promouvoir et de soutenir la santé sur l'île Manitoulin et ailleurs. Ensemble, nous pouvons créer des possibilités d'être en santé pour tous.

Le saviez-vous?

Il est possible de joindre le personnel de santé publique en tout temps du lundi au vendredi, de 8 h 30 à 16 h 30, au bureau principal ou à celui de Mindemoya pour les affaires courantes, et 24 heures sur 24, sept jours sur sept pour les urgences après les heures d'ouverture en composant le 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



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2015

Snapshot of Public Health

Sudbury East Area | Sudbury & District Health Unit

For an accessible version of this document, please visit:
[https://www.sdhu.com/about/
district-offices/2015-snapshot-
public-health-sudbury-east-area](https://www.sdhu.com/about/district-offices/2015-snapshot-public-health-sudbury-east-area)

Public Health: Putting the Community First

Reflecting on the past year of providing Public Health services, I am reminded of the many wonderful opportunities with which we are presented to help make meaningful contributions in the communities we serve.

To some, **Public Health is a protector**, helping to control the spread of infectious disease and monitoring the water to keep it safe for drinking and swimming. For others,

Public Health is a promoter, supporting families to be the best they can be, providing education to help keep older adults from falling, and making it easier for everyone to eat well and be active wherever they live, learn, work, or play. To many, **Public Health is a champion**, providing information to people and bringing people together to build communities where everyone has the same opportunities for health.

Public Health may not always be visible, but it is always present to help prevent illness, promote health, and protect us all. Public Health pays big health dividends. The work of Public Health results in healthier, more productive individuals and communities—communities that can then invest in the things that really matter to health including jobs, education, housing, infrastructure, and more. The Sudbury & District Health Unit is proud to work in collaboration with so many dedicated individuals and groups in our communities so that together, we improve opportunities for health for all!



Dr. Penny Sutcliffe
Sudbury & District Medical Officer of Health
and Chief Executive Officer



Our vision:
Healthier communities for all.

Our mission:
Working with our communities to promote and protect health and to prevent disease for everyone.

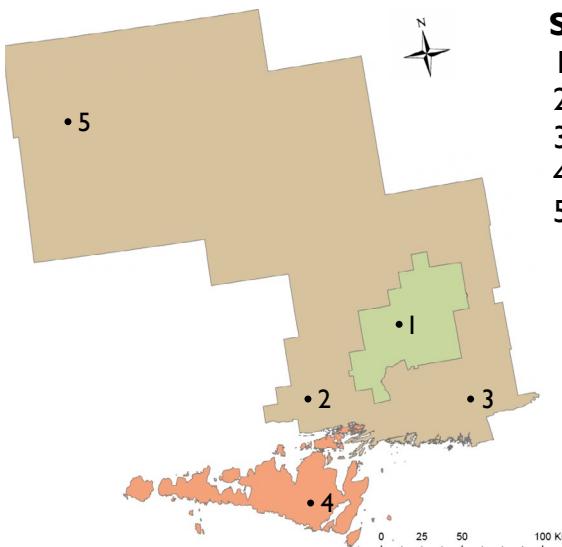
Strategic Priorities

- 1** Champion and lead equitable opportunities for health.
- 2** Strengthen relationships.
- 3** Strengthen evidence-informed public health practice.
- 4** Support community actions promoting health equity.
- 5** Foster organization-wide excellence in leadership and innovation.

In the 2015 Snapshot of Public Health for Sudbury East, readers will find a brief overview of the Ontario public health system, including the local public health agency, the Sudbury & District Health Unit (SDHU). The 2015 Snapshot report includes highlights of public health activities in the Sudbury East area during the 2015 calendar year.

This snapshot of public health activities shines a light on the SDHU's public health work that is done in collaboration with the public, community agencies, and municipalities. It is hoped that its contents are helpful in sharing the local public health story and in informing people from the area about how their public health dollars are being spent to promote and protect the health of everyone.

The SDHU is proud to work with and for the people who live, play, and work in the 3,225 square kilometres that makes up the Sudbury East area. Home to approximately 6,500 people, the Sudbury East area comprises approximately 7% of the SDHU land area and 3% of its population. Residents in the Sudbury East area speak predominately French or English, with approximately 40% of the population identifying French as their Mother Tongue and approximately 55% identifying English as their Mother Tongue. Though the Sudbury East area experienced a 3% decrease in its population between 2006 and 2011, it continues to be a very vibrant place to call home (2011 Demographic Profile: Sudbury East, SDHU).

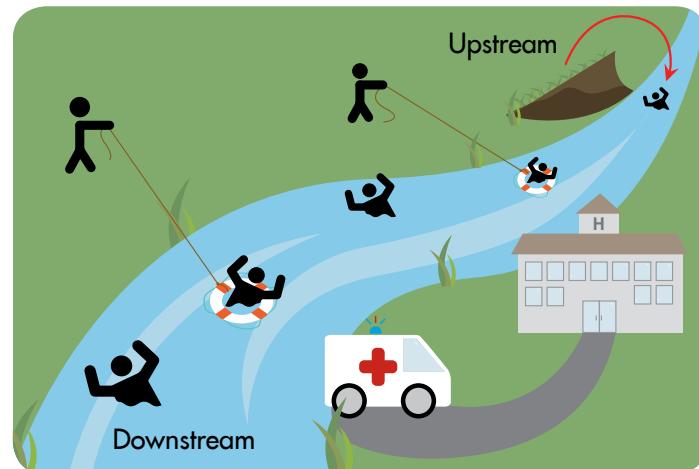


SDHU Office Locations

- 1 Greater Sudbury
- 2 Espanola
- 3 St.-Charles
- 4 Mindemoya
- 5 Chapleau

Public Health in Ontario

Public health works “upstream” to promote and protect health and prevent people from becoming sick. If we can imagine the health system as a continuum, the treatment services of hospitals would be at one end and public health would be at the other, working to keep people from needing hospitals and other health care services in the first place.



Like with fire, police, and education services, public health is a “public good”—publicly funded and always there for us. Public health works behind the scenes to promote healthy places (e.g. helping municipal councils make bylaws for healthier food options in recreational centres) and front and centre to protect our health (e.g. issuing boil water advisories when drinking water is unsafe).

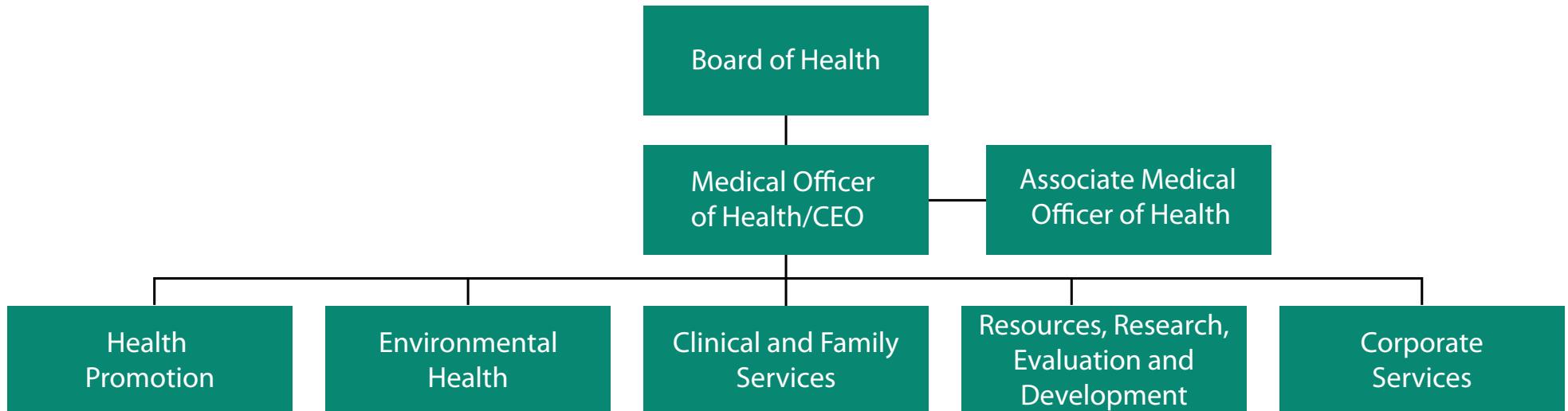
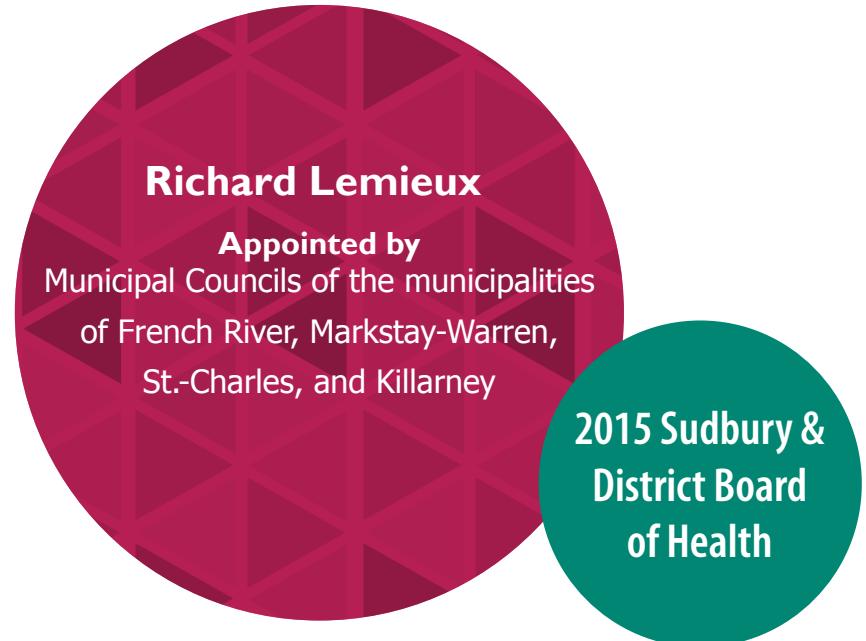
In Ontario, there is a provincial network of 36 non-profit public health units, all responsible for delivering standard public health programs and services, and for upholding public health law. About 80% of a local public health unit’s budget is cost-shared between the municipalities and the province, with the provincial government contributing up to three quarters of that funding. The remaining 20% of a local public health unit’s budget is 100% provincially funded. The law specifies that municipal funding to public health is allocated on a per capita basis.

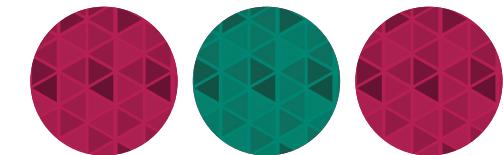
The 36 public health units, together with provincial ministries and agencies, primary health care providers and laboratories, comprise the formal provincial public health system.

Your Local Public Health Unit—Our Structure

The SDHU is governed by an autonomous Board of Health. Sudbury & District Board of Health membership is determined by legislation and includes municipally elected representatives and citizen representatives from across the SDHU area. Sudbury East is represented by one individual who has historically been a local mayor or councillor.

The Sudbury & District Health Unit works hard to meet the needs of the diverse population we serve and to meet our legislative requirements. To do this, the SDHU is organized into five divisions each reporting to the Medical Officer of Health.





Public Health Activities in Sudbury East in 2015

The SDHU actively supports well-being in Sudbury East by providing services to protect and to promote health. The following is a snapshot of these Sudbury East public health activities that occurred in 2015. Together, they paint a picture of the variety and volume of local public health work.

Health Protection

The SDHU delivers a number of services designed to protect the health of its communities. These services include, for example, immunizations, health hazard investigations, sexual health services, food safety, and safe water initiatives. The snapshots in the section below highlight the health protection services provided by the SDHU to Sudbury East communities in 2015.

Control of Infectious Diseases and Infection Control

- 4 cold chain visits completed and provision of publicly funded vaccines to all health care providers in Sudbury East
- Provision of school immunizations:
 - hepatitis B, meningococcal, and human papillomavirus vaccines administered at school clinics at the six area elementary schools in May, June, September, and December
 - Adacel® vaccine (teenage booster) offered at the one area secondary school in February and March
 - immunization at the Sudbury East district office location upon request
- 26 cases of reportable diseases investigated, including enteric, blood-borne, respiratory, and sexually transmitted infections
- 16 child care and personal service settings inspected
- 11 consultations completed or inquiries addressed



Sexual Health Program

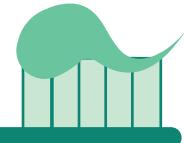
- 1 sexual health clinic held every 5 weeks at École secondaire de la Rivière-des-Français reaching 8 clients

Dental Services

- 421 elementary school children participated in the dental screening program
- 21 children referred to a family dentist for urgent care
- 12 families of referred children offered preventive care

Healthy Babies Healthy Children Program

- 315 home visits conducted
- 25 new families followed
- 58 referrals to community services completed



Smoke-Free Ontario Act Enforcement

- 26 youth access inspections conducted
- 13 display and promotion inspections conducted
- 3 compliance inspections/checks of schools conducted

Did you know?

The SDHU employs a number of public health professionals to carry out its mission and public health mandated programs. These include, but are not limited to, public health physicians (Medical Officer and Associate Medical Officer of Health), public health nurses, public health inspectors, dental educators and hygienists, registered dietitians, epidemiologists, and planners. We also employ a number of technical and support staff who assist in the operational functions of the organization and the work we do in the various communities throughout Sudbury East.

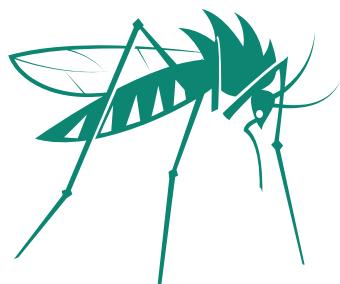


Food Safety

- 258 inspections of food premises completed
- 2 food complaints addressed
- 21 food recalls with follow-up response completed
- 17 special event food permits issued
- 14 consultations completed or inquiries addressed

Vector Borne Diseases, Rabies, and Lyme Disease

- 16 mosquito traps set
- 300 mosquitoes trapped
- 1 pool tested for West Nile virus
- 16 animal exposures to rabies investigated/3 animals submitted for testing



Health Hazards

- 6 health hazard complaints investigated (may include: mould, insects/cockroaches/birds, housing complaints, rodents/vermin, sewage backup spills, heating complaints, garbage and waste, miscellaneous complaints)
- 15 consultations completed or inquiries addressed

Part 8 Land Control (On-Site Sewage System under Ontario Building Code)

- 290 inspections undertaken
- 59 sewage system permits processed
- 12 consent applications processed
- 5 renovation applications processed
- 8 private sewage complaints addressed
- 57 consultations completed or inquiries addressed

Did you know?

In order to provide quality public health services within the Sudbury East area, the SDHU has aligned its highly skilled and trained staff with the communities' unique needs. The SDHU has an office in St.-Charles from which two full-time, bilingual public health nurses provide local health promotion and family health programming. Other services are provided to Sudbury East area residents where and when needed by SDHU main office staff and include, for example, dental health services and emergency preparedness and response.

Environmental Policy

- 3 heat warnings issued

Emergency Response

- Response to a truck submerged in the Killarney Channel; 1 drinking water advisory issued

Safe Water

- 3 water-related complaints received and investigated



Drinking Water

- 5 boil water advisories/orders issued
- 2 drinking water advisories/orders issued
- 2 blue-green algae advisories issued
- 176 adverse drinking water reports investigated
- 2 health information notices (sodium) issued
- 142 bacteriological samples taken
- 2 consultations completed or inquiries addressed

Small Drinking Water Systems

- 92 small drinking water systems (SDWS) inspected
- 21 SDWS risk assessments completed
- 21 SDWS directives completed
- 9 consultations completed or inquiries addressed



Recreational Water

- 1 beach inspected weekly resulting in a total of 5 beach inspections/25 bacteriological samples taken
- 5 public swimming pool and spa inspections
- 3 bacteriological samples taken
- presentations to lake stewardship committees provided upon request

Did you know?

Environmental Health staff are available to participate in tabletop emergency preparedness exercises upon request and often comment on plans or proposals that may have a public health impact.

Health Promotion



Public health plays a key role in the promotion of health and prevention of chronic diseases and injuries. We do this through the delivery of a number of health promotion programs and services including, for example, healthy eating and healthy weights, falls prevention, substance misuse and tobacco use prevention, and child and reproductive health. This section includes Sudbury East statistical and narrative information about a broad range of health promotion programs provided in 2015 by the SDHU. Many of these programs are delivered in collaboration with many sectors and agencies within the community. These include, but are not limited to, individuals, families, community groups and seniors clubs, faith groups, organizations, health professionals, health centres, child care groups, businesses, social services, local municipal staff and council, school boards and their staff and administration, police, fire services, EMS, and provincial ministries.

Encouraging smoke-free lifestyles through the “I am smoke-free because...” campaign

In the fall, youth from Sudbury and French River worked with Health Unit staff on a media campaign about the importance of living smoke-free. The “I am smoke-free because...” campaign was created by youth who described their reasons for choosing to not smoke. This campaign was created in both English and French, and was shared with École secondaire de la Rivière-des-Français, featured at SilverCity Sudbury Cinemas in December, and posted on the SDHU Facebook page.

Additional efforts to promote smoke-free living included the delivery of National Non-Smoking week resources to the high school in French River, sharing the link to the YouTube video for the “ça y est” – a song created by students, and sharing of lesson plans with teachers. “Driven to Quit” campaign information was also shared on the school’s Facebook page.

Promoting safety through education and initiatives

From the very youngest to our more senior residents, the SDHU is a committed health ally in the prevention of injuries to residents in the Sudbury East area. In the summer, the SDHU partnered with the Ministry of Transportation to host a Child Passenger Safety Association Car Seat Technician training session, held in St.-Charles. In partnership with the Ontario Provincial Police (OPP), a BabyRIDE spot-check clinic was hosted in Markstay in early October. A total of four seats were inspected and three others were scheduled for alternate appointment times. To further promote car seat and seatbelt safety, 500 Car Seat Inspection Clinic calling cards were distributed throughout the year at local OPP RIDE checks and at community events.

In addition, the SDHU partnered with the French River Municipality Libraries Board in their “Vibrant Seniors, Vibrant Community” event. SDHU public health nurses provided educational supports and resources to approximately 75 seniors in attendance, including the dissemination of over 200 Stay On Your Feet resources.

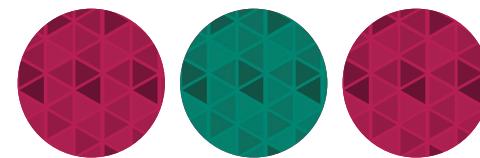
Building resilience through physical activity

Every year, Sudbury East public health nurses meet with all nine Sudbury East area schools to review programming needs, provide education regarding resiliency and offer support to schools tailored to their individual needs. Throughout 2015, SDHU public health nurses continued to support physical activity programming in secondary schools made possible by a Ministry of Education grant. Our staff collaborated with community members, such as youth groups, to plan various activities. We also supported the training and delivery of physical activity classes, such as Zumba and Kangou, offered in the evenings for students and their families. SDHU staff also helped purchase physical activity equipment, such as dynabands, stability balls, and yoga mats, to create a supportive environment for active living. At École secondaire de la Rivière-des-Français, SDHU staff consulted with the school principal and teachers on the development of a school-wide policy that encourages physical activity and supports active environments.



We all have a role to play... coming together to prevent the harms of substance misuse

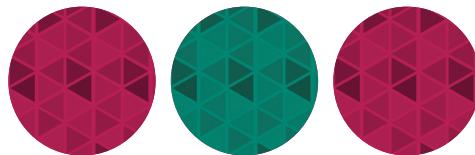
The issue of drug and alcohol misuse is becoming increasingly prevalent in rural areas in Canada and is of concern to the residents in the Sudbury East area. Substance misuse impacts all of us. Reducing the harms associated with misuse requires a community effort, as this issue cannot be solved by one individual, group, or agency alone. Because of this, SDHU staff initiated conversations with the Sudbury East Safety Coalition (SESC) to discuss the development of a Sudbury East Drug Strategy. All members of the SESD showed their full support and endorsed further planning of a local drug strategy. As a first step, SDHU staff met with the Sudbury East Municipal Association (SEMA) and received unanimous support and a resolution to move forward together to address the issue of substance misuse in the Sudbury East area.



Building healthy eating habits through a universal vegetable and fruit program

The Northern Fruit & Vegetable Program (NFVP) is funded by the Ministry of Health and Long-Term Care and administered locally by staff from the SDHU. This program provides two servings of vegetables and fruit per week to elementary school children in the Sudbury East area. It helps increase their consumption of weekly vegetables and fruit as well as increasing their awareness to the benefits of having a diet rich in vegetables and fruit. The most recent program evaluation indicated that 96% of students thought being given two servings of vegetables and fruit each week helped them achieve their recommended weekly intake.

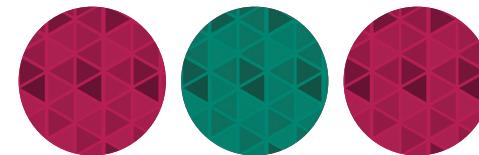
Beyond the school walls, SDHU staff provided resources to educate children and their parents about healthy eating habits and assisted school communities build healthy habits in children. In the Sudbury East area, nine schools participated in the NFVP reaching 457 students during the 2014/15 school year.



Starting them off right – parenting supports to help raise healthy and happy kids

Throughout the year, SDHU staff continued to strengthen relationships with local schools and Our Children Our Futures (OCOF) partners to support Triple P programming. These supports included offering individual and group supports, and providing advice for parents as required. SDHU also developed stronger links with school principals as evidenced by their referrals of parents to Triple P services in the Sudbury East area. A Triple P seminar for parents of children ages 0 to 11 years was offered in partnership with Monetville Public School as well as an 8-week group session for parents of teens in partnership with École secondaire de la Rivière-des-Français.

In addition, SDHU staff regularly attended quarterly OCOF-Best Start Hub play groups in the area to support Triple P quick tip sheet discussions with parents, provide car seat education, and link parents to Car Seat Inspection Clinics. Educational sessions on nutrition and building resiliency in children and youth were also offered.



A Sampling of 2015 Health Promotion Programming by the Numbers

- Participation at 107 coalition or committee meetings supporting a variety of topic areas with a number of community partners, including:
 - Markstay-Warren Recreation Committee
 - Village Amis des Ainés (VAA) including the VAA Steering Committee, VAA Community Garden Committee, VAA Trail Committee, and the VAA Tele-Communications Committee
 - Sudbury East Service Providers' Network
 - Sudbury East Safety Coalition
- 26 direct client service occurrences, including:
 - 4 car seat inspections at a Car Seat Inspection Clinics in Markstay
 - one-on-one smoking cessation counselling to 12 individuals who participated in the STOP On The Road study
 - 10 senior STAND UP! pre-assessment and medical questionnaire completions
- Supported community events with 7 displays, including:
 - 200 participants reached by sun safety, early detection of cancer and EatRight Ontario healthy eating displays at the International Women's Day in Noëlville
 - 40 students reached at the alcohol vision goggle interactive display at École secondaire de la Rivière-des-Français High School in Noëlville, as part of their Mini Safe Grad event (hosted by the Sudbury East Safety Coalition)
 - over 300 Stay On Your Feet resources distributed at the assistive device display at the Vibrant Seniors, Vibrant Community event in Alban
- Promotion of healthy lifestyle habits through the delivery of 18 presentations, including:
 - helmet safety to over 250 students and teachers in Markstay-Warren
 - facilitation of 2 Triple P Teen group sessions reaching 3 clients
 - sharing results from the Healthy Eating in Recreation Centres survey to 25 decision makers at the French River Municipal Council meeting
 - updated 16 decision makers at the Sudbury East Municipal Association on the development of a Sudbury East Drug Strategy
- Provision of resources on 57 occasions, including:
 - Leave the Pack Behind campaign posters to 15 community partners
 - over 500 Medication Clean Out bags disseminated to a variety of partners including all four municipal offices, community health centre, nurse practitioner clinic, and community partners

Summary

The Sudbury & District Health Unit is part of a provincial system of public health that works “upstream” to promote health and prevent disease. Locally, the SDHU provides a broad range of programs and services in collaboration with local community partners and community members throughout the Sudbury and Manitoulin districts and Greater Sudbury.

This report is the second Snapshot of Public Health developed for all leaders and citizens in the Sudbury East area. It is intended to paint a picture of SDHU activities in Sudbury East during the 2015 calendar year, and highlights the impressive variety and volume of programming delivered to meet local needs.

The Sudbury & District Health Unit is grateful and honoured to work with and for the people who live, play, and work in the Sudbury East area, including the many individuals and agencies that take a leadership role in bettering their communities. SDHU staff are passionate about their work and keen to work with partners and the community to protect, promote and champion health in Sudbury East and beyond. Together, we can create opportunities for health for all.

Did you know?

Public health staff can be reached at any time from 8:30 a.m. to 4:30 p.m., Monday to Friday through the St.-Charles and main offices for routine business, and are available 24/7 for after-hours emergencies at 705.688.4366.



Sudbury & District

Health Unit

Service de
santé publique



1 King St.
St.-Charles, ON



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1.866.522.9200



www.sdhu.com



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SDHealthUnit

Aperçu 2015 de la santé publique

Sudbury-Est | Service de santé publique de
Sudbury et du district

Une version accessible du présent
document se trouve à l'adresse :
[https://www.sdhu.com/fr/propos/
bureaux-du-district/apercu-2015-de-
la-sante-publique-sudbury-est](https://www.sdhu.com/fr/propos/bureaux-du-district/apercu-2015-de-la-sante-publique-sudbury-est)

La santé publique : songer d'abord à la collectivité

En réfléchissant à l'année que nous avons passée à fournir des services de santé publique, je me souviens des nombreuses occasions formidables qui s'offrent à nous pour mieux apporter une contribution significative aux collectivités que nous servons.

Aux yeux de certaines personnes, le Service de santé publique est **un protecteur** qui aide à lutter contre la propagation de maladies infectieuses et à surveiller l'eau pour la garder propre à la consommation et à la baignade. D'autres le considèrent comme **un promoteur** qui aide les familles à se porter le mieux possible, qui sensibilise les aînés pour les empêcher de tomber et qui fait en sorte que tout le monde puisse bien manger et mener une vie active là où il vit, apprend, travaille ou joue. Bien des gens estiment que le Service de santé publique est **un champion** qui renseigne les gens et les rassemble afin de créer des collectivités où tout le monde a les mêmes possibilités d'être en santé.

La santé publique n'est peut-être pas toujours visible, mais elle permet toujours de prévenir les maladies, de promouvoir la santé et de nous protéger. Elle offre d'énormes avantages sur le plan de la santé. Elle a pour effet d'améliorer celle-ci et d'augmenter la productivité des gens et des collectivités. Ces dernières peuvent ainsi investir dans ce qui compte vraiment pour la santé, y compris les emplois, l'éducation, le logement et les infrastructures. Le Service de santé publique de Sudbury et du district est fier de collaborer avec tant de personnes et de groupes dévoués pour qu'ensemble nous améliorions les possibilités pour tous d'être en santé!



D^r Penny Sutcliffe
Médecin-hygieniste de Sudbury et du district et
directrice générale



Notre vision :

Des communautés plus saines pour tous.

Notre mission :

Collaborer avec les communautés afin d'améliorer et de protéger la santé, et prévenir les maladies dans toute la population.

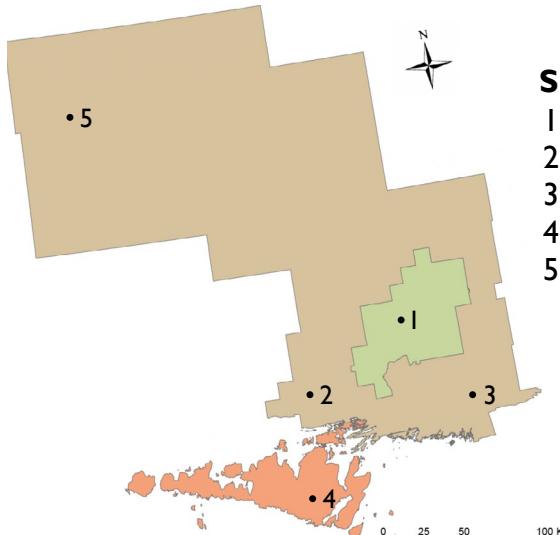
Priorités stratégiques

- 1 Prôner et porter des possibilités équitables d'être en santé.
- 2 Renforcer les rapports.
- 3 Renforcer la pratique en santé publique fondée sur des données probantes.
- 4 Appuyer des mesures communautaires favorisant l'équité en matière de santé.
- 5 Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme.

Dans l'aperçu 2015 de la santé publique dans le secteur de Sudbury-Est, les lecteurs trouveront un aperçu du système de santé publique de l'Ontario et du bureau de santé local, le Service de santé publique de Sudbury et du district (SSPSD). L'aperçu 2015 comprend les faits saillants des activités de santé publique qui ont eu lieu dans le secteur de Sudbury-Est au cours de l'année civile 2015.

Cet aperçu des activités de santé publique souligne le travail que le SSPSD réalise en collaboration avec la population, les organismes communautaires et les municipalités. Nous espérons que le contenu fera connaître l'histoire de la santé publique à l'échelle locale et qu'il informera les gens de la région sur la manière dont les fonds affectés à celle-ci sont dépensés pour promouvoir et protéger la santé de tout le monde.

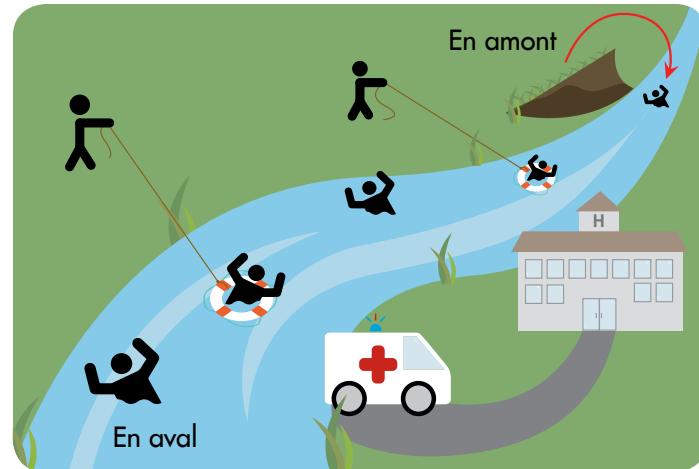
Le SSPSD est fier de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire de 3,225 kilomètres carrés que forme le secteur de Sudbury-Est, mais aussi de travailler pour eux. Ce secteur, dont la population est d'environ 6,500 habitants, représente à peu près 7 % du territoire du SSPSD et 3 % de sa population. Les résidents parlent surtout le français ou l'anglais. Environ 40 % de la population se dit de langue maternelle française, et environ 55 % se dit de langue maternelle anglaise. Bien que la population ait diminué de 3 % entre 2006 et 2011, la localité demeure un endroit très dynamique où habiter (profil démographique 2011 : Sudbury-Est, SSPSD).



Aperçu 2015 de la santé publique | Sudbury-Est

La santé publique en Ontario

La santé publique travaille « en amont » afin de promouvoir et protéger la santé et de prévenir la maladie. Si nous pouvons imaginer le système de santé comme un continuum, les services de traitement des hôpitaux sont à une extrémité et la santé publique se trouve à l'autre, et vise à empêcher au départ que les gens aient besoin d'aller à l'hôpital ou de recourir à d'autres services de soins de santé.



Comme les services d'incendie, de police et d'éducation, la santé publique est un « bien public » – financé par le secteur public et toujours à notre disposition. Elle œuvre en coulisse afin de promouvoir des lieux sains (p. ex., en aidant les conseils municipaux à créer des règlements sur les choix d'aliments plus sains dans les centres de loisirs), mais aussi à l'avant-scène afin de la protéger (p. ex., en émettant des avis de faire bouillir l'eau lorsque l'eau potable n'est pas salubre).

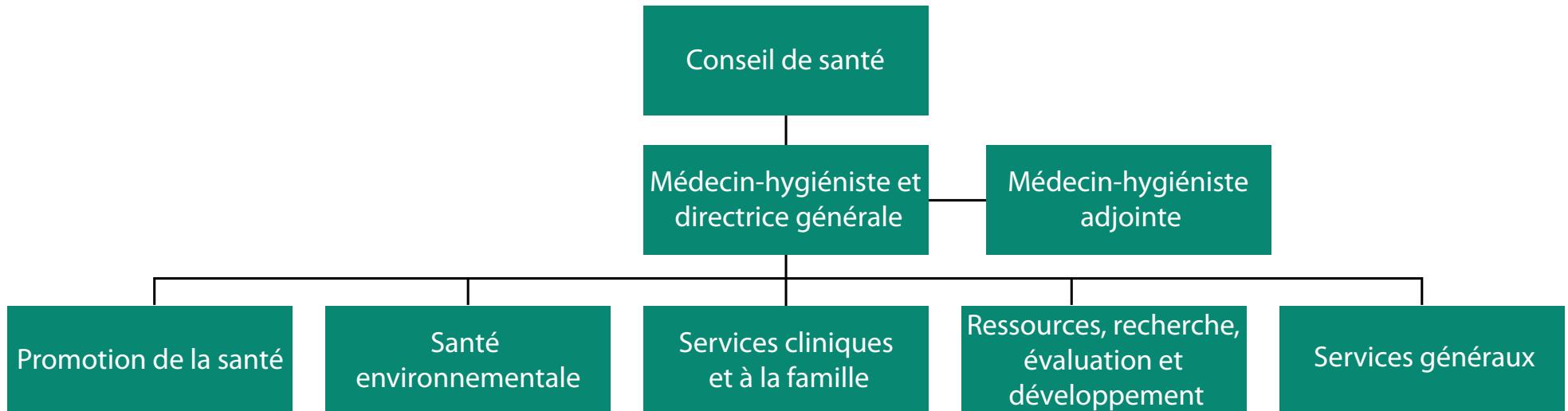
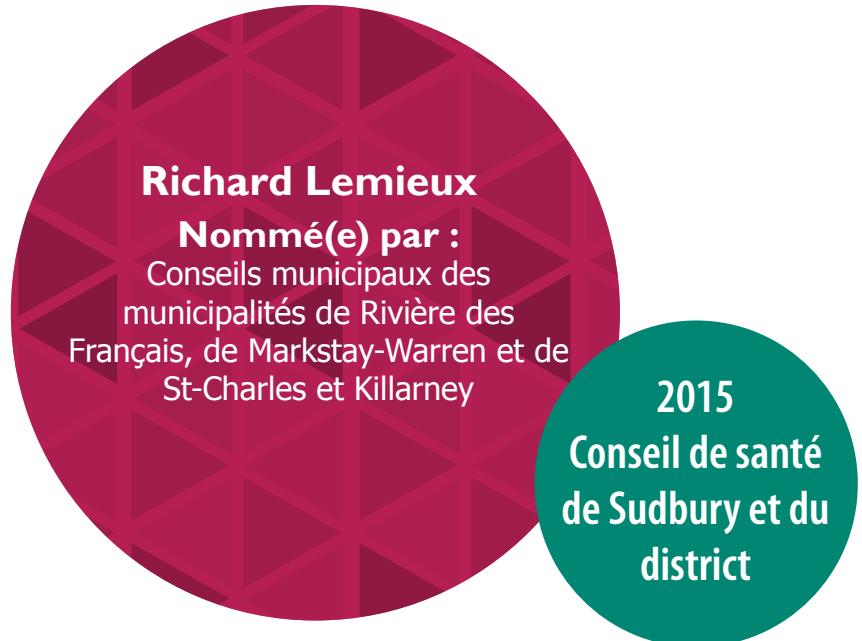
En Ontario, il existe un réseau provincial de 36 bureaux de santé à but non lucratif, tous chargés de fournir des programmes et des services standard de santé publique et d'appliquer la loi dans ce domaine. Environ 80 % du budget d'un bureau de santé est réparti entre les municipalités et la province, et le gouvernement provincial en verse les trois quarts. Les 20 % restants sont subventionnés à 100 % par la province. La loi stipule que les fonds municipaux affectés à la santé publique sont établis par habitant.

Les 36 bureaux de santé ainsi que les ministères et organismes provinciaux, les fournisseurs de soins de santé primaires et les laboratoires forment le système de santé publique officiel de la province.

Votre bureau de santé local—Notre structure

Le SSPSD est régi par un conseil de santé autonome. Les membres du Conseil de santé de Sudbury et du district sont désignés par la loi et comprennent des représentants élus et des citoyens de tout le territoire du SSPSD. Sudbury-Est est représenté par une personne de la région qui est toujours maire ou mairesse, ou encore conseiller ou conseillère.

Le SSPSD travaille dur afin de répondre aux besoins de la population variée qu'il sert et de respecter les exigences légales. Ainsi, il est organisé en cinq divisions, et chacune relève de la médecin-hygieniste.



Activités de santé publique à Sudbury-Est en 2015

Le SSPSD favorise activement le bien-être à Sudbury-Est en fournissant des services pour protéger et promouvoir la santé. Voici un aperçu des activités qui se sont tenues à Sudbury-Est en 2015 dans le domaine de la santé publique. Globalement, elles donnent une idée de la variété et du volume des travaux exécutés en la matière à l'échelle locale.

Protection de la santé



Contrôles des maladies infectieuses et des infections

- Quatre examens de la chaîne du froid effectués et prestation de vaccins financés par le secteur public à tous les fournisseurs de soins de santé de Sudbury-Est
- Prestation d'immunisations en milieu scolaire :
 - vaccins contre l'hépatite B, la méningite à méningocoques et le virus du papillome humain administrés à des séances aux six écoles élémentaires du secteur en mai, en juin, en septembre et en décembre
 - vaccin Adacel® (rappel pour les adolescents) offert à la seule école secondaire du secteur en février et en mars
 - immunisation au bureau de district de Sudbury-Est sur demande
- Enquête sur 26 cas de maladie à déclaration obligatoire, y compris des infections entériques, respiratoires et transmissibles sexuellement ou par le sang
- Inspection de 16 services de garde et établissements de services personnels
- 11 consultations effectuées ou demandes de renseignements réglées



Programme de santé sexuelle

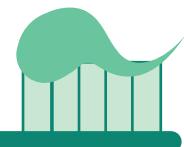
- Service de santé sexuelle offert toutes les cinq semaines à l'École secondaire de la Rivière-des-Français et touchant huit clients

Services dentaires

- Participation de 421 enfants de niveau élémentaire au programme de dépistage dentaire
- 21 enfants aiguillés vers un dentiste pour des soins d'urgence
- Offre de soins préventifs à 12 familles d'enfants aiguillés

Programme Bébés en santé, enfants en santé

- 315 visites à domicile
- 25 nouvelles familles suivies
- 58 aiguillages vers des services communautaires



Application de la Loi favorisant un Ontario sans fumée

- 26 inspections d'accès pour les jeunes
- 13 inspections pour les présentoirs et la promotion
- 3 inspections de conformité ou vérifications auprès d'écoles

Le saviez-vous?

Le SSPSD emploie un certain nombre de professionnels de la santé publique pour mener sa mission et offrir les programmes obligatoires de santé publique. Il s'agit notamment de spécialistes en santé publique (médecin-hygieniste et médecin-hygieniste adjointe), d'infirmières-hygienistes et d'infirmiers-hygienistes, d'inspecteurs de la santé publique, d'éducateurs en hygiène dentaire et d'hygiénistes dentaires, de diététistes, d'épidémiologistes et de planificateurs. Il possède également des techniciens et des employés de soutien qui aident à remplir les fonctions opérationnelles de l'organisme et à exécuter le travail que nous faisons dans les diverses collectivités de Sudbury-Est.

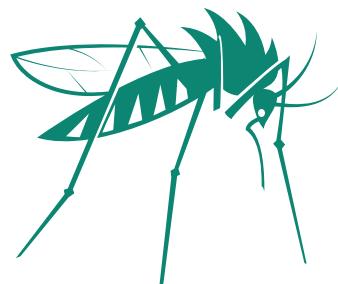


Salubrité des aliments

- 258 inspections d'établissements d'alimentation
- 2 plaintes sur des aliments réglées
- 21 rappels d'aliments exécutés avec suivi
- 17 permis alimentaires émis pour des événements spéciaux
- 14 consultations effectuées ou demandes de renseignements réglées

Maladies à vecteurs, rage et maladie de Lyme

- 16 pièges à moustiques installés
- 300 moustiques capturés
- 1 bassin soumis à un test de dépistage du virus du Nil occidental
- Enquêtes sur 16 expositions d'animaux à la rage et trois animaux soumis aux fins d'analyse



Le saviez-vous?

Afin de fournir des services de santé publique de qualité dans le secteur de Sudbury-Est, le SSPSD a fait en sorte que son personnel hautement qualifié réponde aux besoins uniques des collectivités. Il possède une succursale à St-Charles où deux infirmières-hygienistes bilingues à plein temps assurent la promotion de la santé et offrent des programmes de santé familiale. Le personnel du bureau principal du SSPSD fournit d'autres services aux endroits et aux moments où ils sont requis, par exemple, les services de santé dentaire, et à la préparation et à l'intervention en cas d'urgence.

Dangers pour la santé

- 6 examens de plaintes relatives à des dangers pour la santé (ce qui peut inclure de la moisissure, des insectes, des blattes ou des oiseaux, des plaintes touchant le logement, des rongeurs ou des animaux indésirables, un refoulement d'égout, des plaintes concernant le chauffage, des déchets, des plaintes diverses)
- 15 consultations effectuées ou demandes de renseignements réglées

Vérification des sols selon la partie 8 (réseaux d'égout sur place en vertu du Code du bâtiment de l'Ontario)

- 290 inspections entreprises
- 59 permis de réseau d'égout traités
- 12 demandes de consentement traitées
- 5 demandes de rénovation traitées
- 8 plaintes pour des égouts privés réglées
- 57 consultations effectuées ou demandes de renseignements réglées

Politique environnementale

- 3 avertissements de chaleur émis

Intervention d'urgence

- Réaction à un camion submerge dans le chenal Killarney; 1 avis émis concernant l'eau potable

Salubrité de l'eau

- 3 plaintes liées à l'eau reçues et examinées



Eau potable

- 5 avis ou ordres de faire bouillir l'eau émis
- 2 avis ou ordres émis concernant l'eau potable
- 2 avis émis concernant les algues bleu-vert
- 176 rapports défavorables concernant l'eau potable examinés
- 2 avis d'information sur la santé (sodium) émis
- 142 échantillons bactériologiques prélevés
- 2 consultations effectuées ou demandes de renseignements réglées

Petits réseaux d'eau potable

- 92 petits réseaux d'eau potable inspectés
- 21 évaluations des risques réalisées
- 21 directives émises
- 9 consultations effectuées ou demandes de renseignements réglées

Le saviez-vous?

Le personnel affecté à la santé environnementale est disposé à participer à des exercices de préparation aux situations d'urgence sur maquette, et il émet souvent des commentaires sur des plans ou des projets risquant d'avoir un effet sur la santé publique.



Eaux destinées aux loisirs

- 1 plage inspectée chaque semaine, pour un total de 5 plages inspectées et de 25 échantillons bactériologiques prélevés
- 5 inspections de piscines et de spas publics
- 3 échantillons bactériologiques prélevés
- Exposés devant des comités d'intendance de lac donnés sur demande

Promotion de la santé

Promotion de la santé

La santé publique joue aussi un rôle clé dans la promotion de la santé et la prévention des maladies chroniques et des blessures. Ces tâches s'effectuent par la prestation d'un certain nombre de programmes et de services de promotion de la santé, concernant notamment la saine alimentation et le poids santé, la prévention des chutes, la prévention du mésusage d'alcool et d'autres drogues et du tabagisme, et la santé des enfants et de la reproduction. La présente section porte sur des données statistiques et narratives concernant Sudbury-Est qui touchent un large éventail de programmes de promotion de la santé fournis en 2015 par le SSPSD. Bon nombre de ces programmes sont fournis en collaboration avec bien des secteurs et des organismes au sein de la collectivité. Ceux-ci incluent, sans s'y limiter, des particuliers, des familles, des groupes communautaires, des cercles d'aînés, des groupes confessionnels, des organisations, des professionnels de la santé, des centres de santé, des groupes de services de garde, des entreprises, des services sociaux, le conseil et les employés municipaux, des conseils scolaires, y compris leur personnel et leur direction, des services d'incendie et de police, des SMU et des ministères provinciaux.

Encourager la vie sans fumée par la campagne « Je vis sans fumée à cause... »

Pendant l'automne, des jeunes de Sudbury et de Rivière-des-Français ont collaboré avec le personnel du Service de santé publique afin de mettre au point une campagne médiatique sur l'importance de vivre sans fumée. La campagne « Je vis sans fumée à cause... » a été créée, en anglais et en français, par des jeunes qui ont décrit les raisons pour lesquelles ils ont choisi de ne pas fumer. Elle a été partagée avec l'École secondaire de la Rivière-des-Français, présentée dans des salles de cinéma SilverCity de Sudbury au mois de décembre, puis affichée sur la page Facebook du SSPSD.

Parmi les autres efforts qui ont été déployés pour promouvoir la vie sans fumée figurent la prestation de ressources pour la Semaine nationale sans fumée à l'École secondaire de la Rivière-des-Français, le partage du lien vers la vidéo de « Ça y est » sur YouTube, une chanson créée par des élèves, et le partage de plans de leçon avec des enseignants. Des renseignements sur la campagne « Mettre un frein » ont aussi été partagés sur la page Facebook de l'école.

Promouvoir la sécurité par l'éducation et des initiatives

Le SSPSD est un allié engagé dans la prévention des blessures, autant pour les plus jeunes que pour les aînés du secteur de Sudbury-Est. Pendant l'été, le SSPSD s'est associé avec le ministère des Transports afin d'organiser une séance de formation des techniciens en sièges d'auto de l'Association pour la sécurité des enfants en voiture du Canada, à St-Charles. En partenariat avec la Police provinciale de l'Ontario (OPP), une séance de vérification surprise dans le cadre du programme BabyRIDE a eu lieu à Markstay, au début du mois d'octobre. En tout, quatre sièges ont été inspectés et trois autres devaient l'être à d'autres moments sur rendez-vous. Afin de promouvoir davantage la sécurité des sièges d'auto et des ceintures, 500 cartes d'appel concernant les séances d'inspection des sièges d'auto ont été distribuées tout au long de l'année lors des vérifications du programme RIDE effectuées par l'OPP et d'activités communautaires.

De plus, le SSPSD s'est associé avec le French River Municipality Libraries Board pour la tenue de son activité Vibrant Seniors, Vibrant Community. Des infirmières-hygienistes du SSPSD ont fourni des ressources pédagogiques à environ 75 aînés présents, en plus de diffuser plus de 200 ressources Avancer de pied ferme.

Établir la résilience par l'activité physique

Chaque année, des rencontres ont lieu entre des infirmières-hygienistes de Sudbury-Est et les neuf écoles du secteur dans le but de passer en revue les besoins en matière de programmation, de sensibiliser le milieu à la résilience et d'offrir du soutien adapté aux besoins de chaque école. Tout au long de 2015, des infirmières-hygienistes du SSPSD ont continué de soutenir les programmes d'activité physique offerts dans les écoles secondaires grâce à une subvention du ministère de l'Éducation. Notre personnel a collaboré avec des citoyens, comme des groupes de jeunes, afin de planifier diverses activités. Nous avons aussi appuyé la prestation de cours d'activité physique, dans des disciplines comme la Zumba et le Kangoo, offerts le soir aux élèves et à leur famille. Le personnel du SSPSD a aidé à l'achat d'équipement d'activité physique, comme des bandes de résistance, des ballons de stabilité et des matelas de yoga, afin de créer un milieu propice à la vie active. À l'École secondaire de la Rivière-des-Français, il a consulté la direction et le personnel enseignant sur l'élaboration d'une politique à l'échelle scolaire qui encouragerait l'activité physique et la création d'environnements favorables à celle-ci.



Nous avons tous un rôle à jouer : s'unir pour prévenir les méfaits du mésusage d'alcool et d'autres drogues

Le problème du mésusage d'alcool et d'autres drogues est de plus en plus présent dans les régions rurales du Canada. Et il représente un sujet d'inquiétude pour les résidents du secteur de Sudbury-Est. Ce fléau influe sur nous tous. Réduire les méfaits associés au mésusage exige un effort collectif, car cet enjeu ne peut être réglé par une seule personne, un seul groupe ou un seul organisme. C'est pourquoi le personnel du SSPSD a commencé à s'entretenir avec la Sudbury East Safety Coalition (SESC) afin de discuter de l'élaboration d'une stratégie antidrogue pour Sudbury-Est. Tous les membres de la coalition ont manifesté leur plein appui et ont sanctionné la mise au point d'une stratégie locale antidrogue. Tout d'abord, le personnel du SSPSD a rencontré la Sudbury East Municipal Association (SEMA) et a reçu un appui unanime ainsi qu'une résolution autorisant le déploiement d'efforts communs pour s'attaquer au problème du mésusage d'alcool et d'autres drogues dans le secteur de Sudbury-Est.



Faire acquérir de saines habitudes alimentaires par un programme universel de distribution de fruits et légumes

Administré à l'échelle locale par le personnel du SSPSD, le Programme de distribution de fruits et légumes dans le nord de l'Ontario est financé par le ministère de la Santé et des Soins de longue durée. Il procure deux portions de légumes et de fruits par semaine aux élèves des écoles élémentaires du secteur de Sudbury-Est. Il permet d'augmenter leur consommation hebdomadaire de fruits et légumes et les sensibilise davantage aux bienfaits d'une alimentation riche en fruits et légumes.

Selon la plus récente évaluation du programme, 96 % des élèves étaient d'avis que recevoir deux portions de légumes et de fruits par semaine leur permettait d'obtenir l'apport hebdomadaire recommandé.

En dehors des murs de l'école, le personnel du SSPSD assure le succès du programme en fournissant des ressources pour sensibiliser les enfants et leurs parents à la saine alimentation. Il aide aussi les milieux scolaires à inculquer de saines habitudes aux enfants. Dans le secteur de Sudbury-Est, neuf écoles ont participé au programme, et 457 élèves en ont bénéficié pendant l'année scolaire 2014-2015.



Les faire partir du bon pied : services d'aide aux parents pour contribuer à élever des enfants heureux et en santé

Pendant toute l'année, le personnel du SSPSD a continué de renforcer ses liens avec les écoles locales et les partenaires de Nos enfants, notre avenir (Nena) afin de soutenir les programmes Triple P. Parmi les services de soutien offerts, il y avait le soutien aux particuliers et aux groupes et la prestation de conseils aux parents, selon les besoins exprimés. Le SSPSD a aussi tissé des liens plus forts avec les directions d'école comme le prouve leur aiguillage de parents vers des services Triple P dans le secteur de Sudbury-Est. Un séminaire Triple P pour les parents d'enfants de 0 à 11 ans a été offert en partenariat avec la Monetville Public School, en plus d'une session en groupe de huit semaines en collaboration avec l'École secondaire de la Rivière-des-Français.

De plus, le personnel du SSPSD a régulièrement participé aux groupes de jeu trimestriels de Nena et du Carrefour Meilleur départ dans la région afin de soutenir les discussions avec les parents sur les fiches de conseils rapides Triple P, de fournir une formation sur les sièges d'auto et de diriger les parents vers les séances sur les sièges d'auto. Des séances de formation sur la nutrition et sur l'établissement de la résilience chez les enfants et les jeunes ont également été offertes.

Exemples en chiffres d'activités de promotion de la santé en 2015

- Participation à 107 réunions de coalition ou de comité sur divers sujets avec un certain nombre de partenaires communautaires, y compris :
 - le Markstay-Warren Recreation Committee;
 - le Village Amis des Aînés (VAA), dont son comité directeur, son comité des jardins communautaires, son comité des sentiers et son comité des télécommunications;
 - le Sudbury East Service Providers' Network;
 - la Sudbury East Safety Coalition.
- 26 occasions de services directs à la clientèle, y compris :
 - 4 inspections de sièges d'auto à une séance tenue à Markstay;
 - counselling individuel sur l'abandon du tabac à 12 personnes qui ont participé à l'étude STOP on the Road;
 - 10 questionnaires de préévaluation et d'information médicale remplis pour le programme P.I.E.D. (aînés)
- Soutien d'activités communautaires grâce à 7 stands :
 - 200 participants touchés par des stands sur la sécurité au soleil et le dépistage précoce du cancer et par d'autres sur la saine alimentation de Saine alimentation Ontario, à l'occasion de la Journée internationale de la femme, à Noëlville;
 - 40 élèves touchés au stand interactif des lunettes de vision sous l'influence de l'alcool à l'École secondaire de la Rivière-des-Français, à Noëlville, dans le cadre de l'événement Mini Safe Grad (organisé par la Sudbury East Safety Coalition);
 - plus de 300 ressources Avancer de pied ferme distribuées au stand des appareils fonctionnels à l'occasion de l'événement Vibrant Seniors, Vibrant Community, à Alban.
- Promotion de saines habitudes de vie par la prestation de 18 exposés :
 - sécurité des casques pour plus de 250 élèves et enseignants à Markstay-Warren;
 - animation de 2 séances en groupe Triple P sur les adolescents qui ont touché 3 clients;
 - partage de résultats du sondage des Healthy Eating in Recreation Centres avec 25 décideurs à la réunion du conseil municipal de Rivière des Français;
 - information de 16 décideurs de la Sudbury East Municipal Association sur l'élaboration d'une stratégie antidrogue pour Sudbury-Est.
- Prestation de ressources à 57 occasions, dont les suivantes :
 - diffusion d'affiches de la campagne Cheminer sans fumer à 15 partenaires communautaires;
 - plus de 500 sacs Medication Clean Out diffusés à divers partenaires, dont tous les bureaux municipaux, les centres de santé communautaire, la cliniques d'infirmières praticiennes et les partenaires communautaires.

Sommaire

Le Service de santé publique de Sudbury et du district (SSPSD) fait partie d'un réseau provincial de santé publique travaillant « en amont » afin de promouvoir la santé et de prévenir la maladie. À l'échelle locale, il procure un large éventail de programmes et de services en collaboration avec des partenaires communautaires locaux et des citoyens un peu partout dans les districts de Sudbury et de Manitoulin et dans la ville du Grand Sudbury.

Le présent rapport est le deuxième aperçu de la santé publique mis au point pour les dirigeants et les citoyens du secteur de Sudbury-Est. Il est destiné à brosser le tableau des activités du SSPSD dans le secteur de Sudbury-Est au cours de l'année civile 2015. Il souligne également la variété et le volume impressionnantes des programmes fournis pour répondre aux besoins locaux.

Le SSPSD est reconnaissant et honoré de collaborer avec les gens qui vivent, jouent et travaillent sur le territoire de Sudbury-Est, y compris toutes les personnes et tous les organismes qui jouent un rôle prédominant dans l'amélioration de leur collectivité, mais aussi de travailler pour eux. Le personnel du SSPSD se passionne pour son travail et il est enthousiaste à l'idée de faire équipe avec des partenaires et la population afin de protéger, de promouvoir et de soutenir la santé à Sudbury-Est et ailleurs. Ensemble, nous pouvons créer des possibilités d'être en santé pour tous.

Le saviez-vous?

Il est possible de joindre le personnel de santé publique du lundi au vendredi, de 8 h 30 à 16 h 30, au bureau principal ou à celui de St-Charles pour les affaires courantes, et 24 heures sur 24, sept jours sur sept pour les urgences après les heures d'ouverture en composant le 705.688.4366.



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WORKPLACE HEALTH

putting health on your agenda

Fall / Winter 2016

What Drives You?

Have you thought about what makes you want to do something? For example, what makes you want to read some books but not others? Perhaps you need to read a certain book in order to pass an educational course or maybe you read because you enjoy reading or love to learn new things. Either way, you are motivated to read. Motivation is the term used to describe the desire that someone has to achieve a goal. Motivation can vary among individuals. What motivates one person to do something may not motivate another. Motivation stems from wanting to achieve a goal.

When it comes to your health, what motivates you to seek/maintain the best health possible?

Is it the desire to feel the best that you can or is it out of fear of an early death or disability?

What is the real reason that you either do or don't practice healthy lifestyle habits?

What will help you to take better care of yourself?

Perhaps this newsletter will provide you with some valuable insight so that you will put/keep good health habits on your agenda!

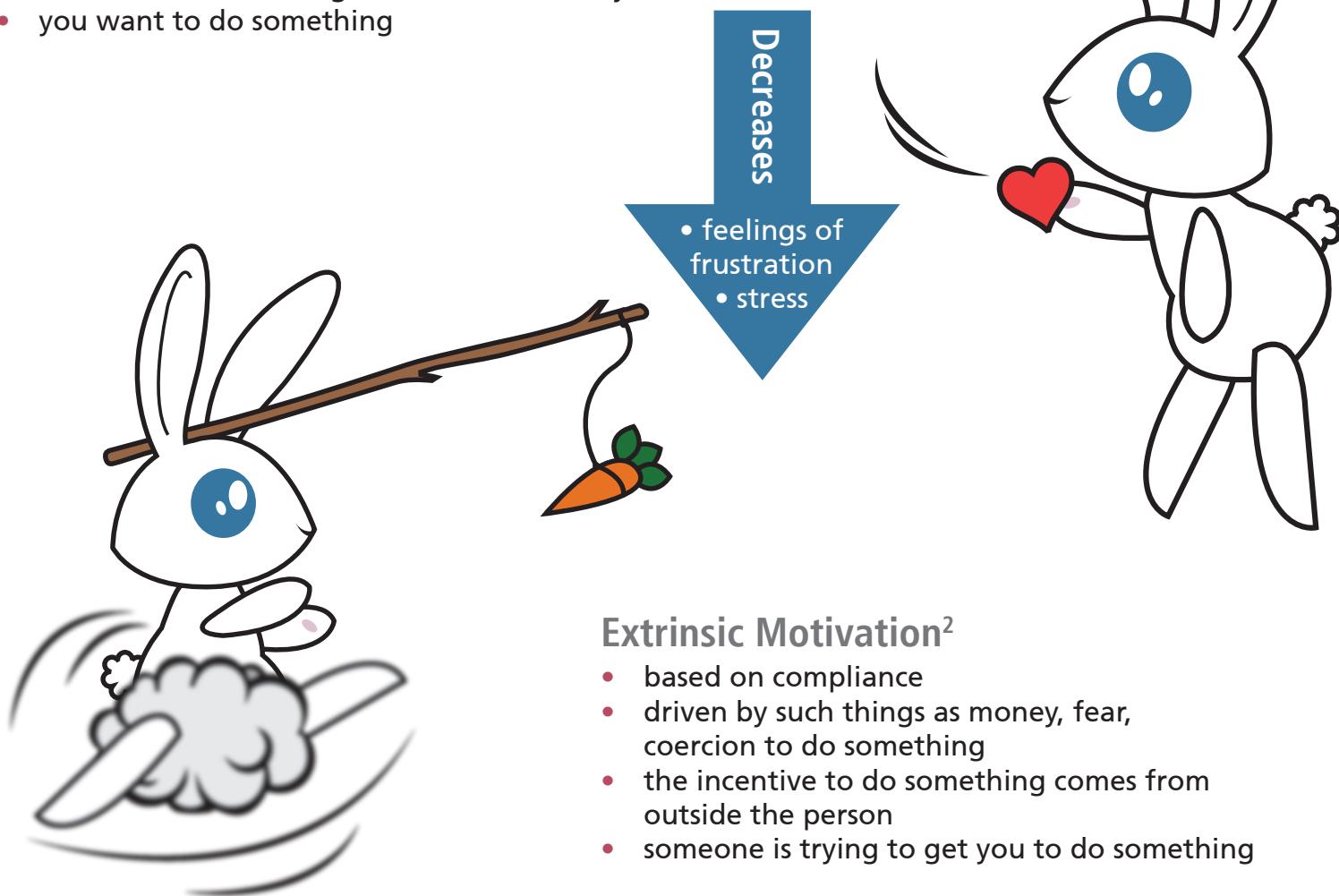


When it comes to healthy lifestyle choices, **motivation** is the key to making changes. This occurs either because you have been told/encouraged that you must or because you are excited about being alive and want to nurture the type of life that you want to live.

Intrinsic Motivation VS Extrinsic Motivation

Intrinsic Motivation¹

- based on a purpose
- driven by a value such as being/feeling healthy
- desire to do something comes from within you
- you want to do something



Extrinsic Motivation²

- based on compliance
- driven by such things as money, fear, coercion to do something
- the incentive to do something comes from outside the person
- someone is trying to get you to do something

Extrinsic motivation (using incentives such as gift cards) can be effective initially to get someone to try something new. Intrinsic motivation is best at keeping someone committed to making the behaviour change because the desire for change comes from within the person. The person values the change and wants to make the change because people cannot be forced to make healthy lifestyle choices. Without intrinsic motivation old habits return once the extrinsic motivation is gone.^{3,4}

Tips for Employees⁵

- Ask yourself. What does it mean to be healthy and why is it important for me?
- Think about what you need to do to make changes so that you can live the kind of life that you want.
- Change your thinking to be more positive. Think about how good you feel when you are eating better or moving more.
- Get the assistance/guidance/knowledge that you need from your health care provider, a trusted colleague, friend, family member or Employee Assistance Program provider in order to make the changes that you want to make. Make the changes and then pat yourself on the back or give yourself a high five in the mirror.

Advice for Employers

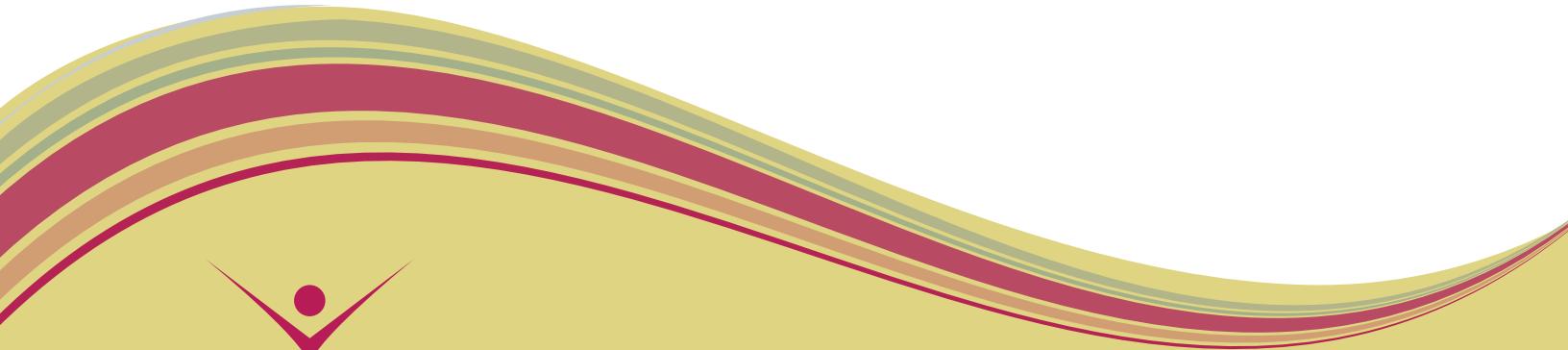
- Create conditions in the workplace that support employees who want to make behaviour changes. For example, schedule work breaks and lunches at reasonable times and provide pleasant, clean areas where employees can sit down to eat. Behaviour change results from how individuals think about their lives and choices.⁶
- Focus on promoting things that encourage health, providing the resources⁷, and creating a supportive work environment⁸ to help your employees make their own health decisions and create goals.^{7,9} For example, provide pamphlets and presentations on various health related topics, opportunities for employees to be more active such as walking meetings, encourage employees to take their breaks away from their desks, support employees by providing access to professional development opportunities and the skills and resources required to do their work.
- Encourage employees to think about their health and what is important to them.
- Before initiating any wellness initiatives it is very important to survey your employees for their needs/interests.⁸
- Involve your employees in developing workplace health initiatives and policies that support their goals.⁸
- Employers and senior management need to be visibly committed to the promotion and protection of employees' health and wellbeing.⁸

Did You Know?

- Health needs to be thought of as a "resource for everyday life and not the objective of living".¹⁰
- Half of the Canadian population reports lacking the ability to get motivated and to stay motivated to make healthier choices.¹¹
- "Hundreds and hundreds of studies clearly demonstrate that intrinsic motivation is the best, and for most people the only way to promote positive, sustainable change".¹²

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LA SANTÉ AU TRAVAIL

inscrire la santé à votre agenda

Automne/Hiver 2016

Qu'est-ce qui vous motive?

Avez-vous déjà songé à ce qui vous incite à vouloir faire quelque chose? Par exemple, qu'est-ce qui vous pousse à lire certains livres plutôt que d'autres? Peut-être devez-vous lire un livre particulier afin de réussir un cours, ou encore parce que vous aimez la lecture ou apprendre de nouvelles choses. Quoi qu'il en soit, vous êtes motivé à lire. Le terme « motivation » désigne le désir ressenti par une personne concernant l'atteinte d'un objectif. La motivation peut varier d'une personne à l'autre. Ce qui motive une personne pourrait ne pas en motiver une autre. La motivation découle du désir d'atteindre un objectif.

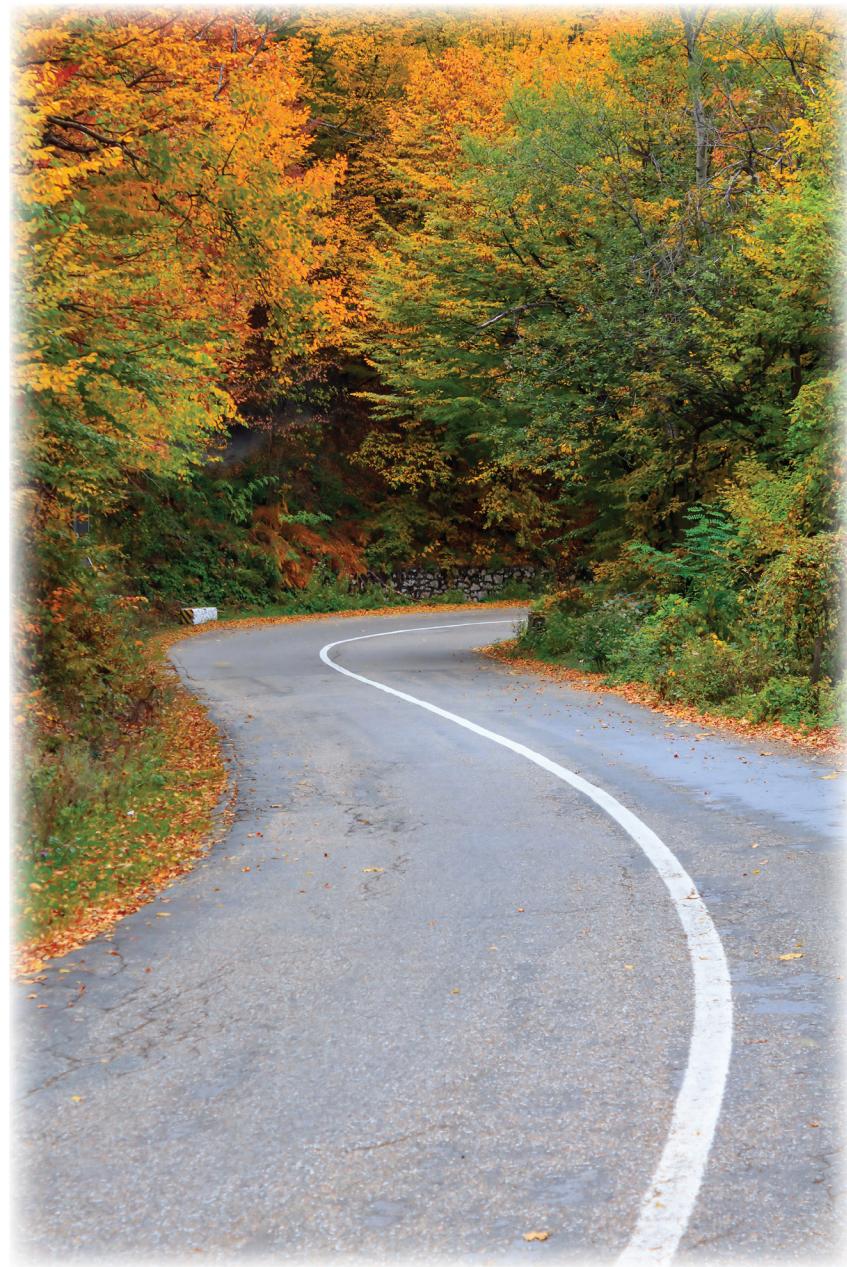
Sur le plan de la santé, qu'est-ce qui vous motive à atteindre ou à maintenir le meilleur état de santé possible?

Est-ce le désir de vous sentir bien, ou la peur de mourir prématurément ou de devenir invalide?

Quelle est la véritable raison pour laquelle vous adoptez ou non de saines habitudes de vie?

Qu'est-ce qui vous inciterait à mieux prendre soin de vous-même?

Vous trouverez peut-être dans ce bulletin d'intéressantes suggestions qui vous aideront à adopter ou à maintenir de bonnes habitudes de vie!

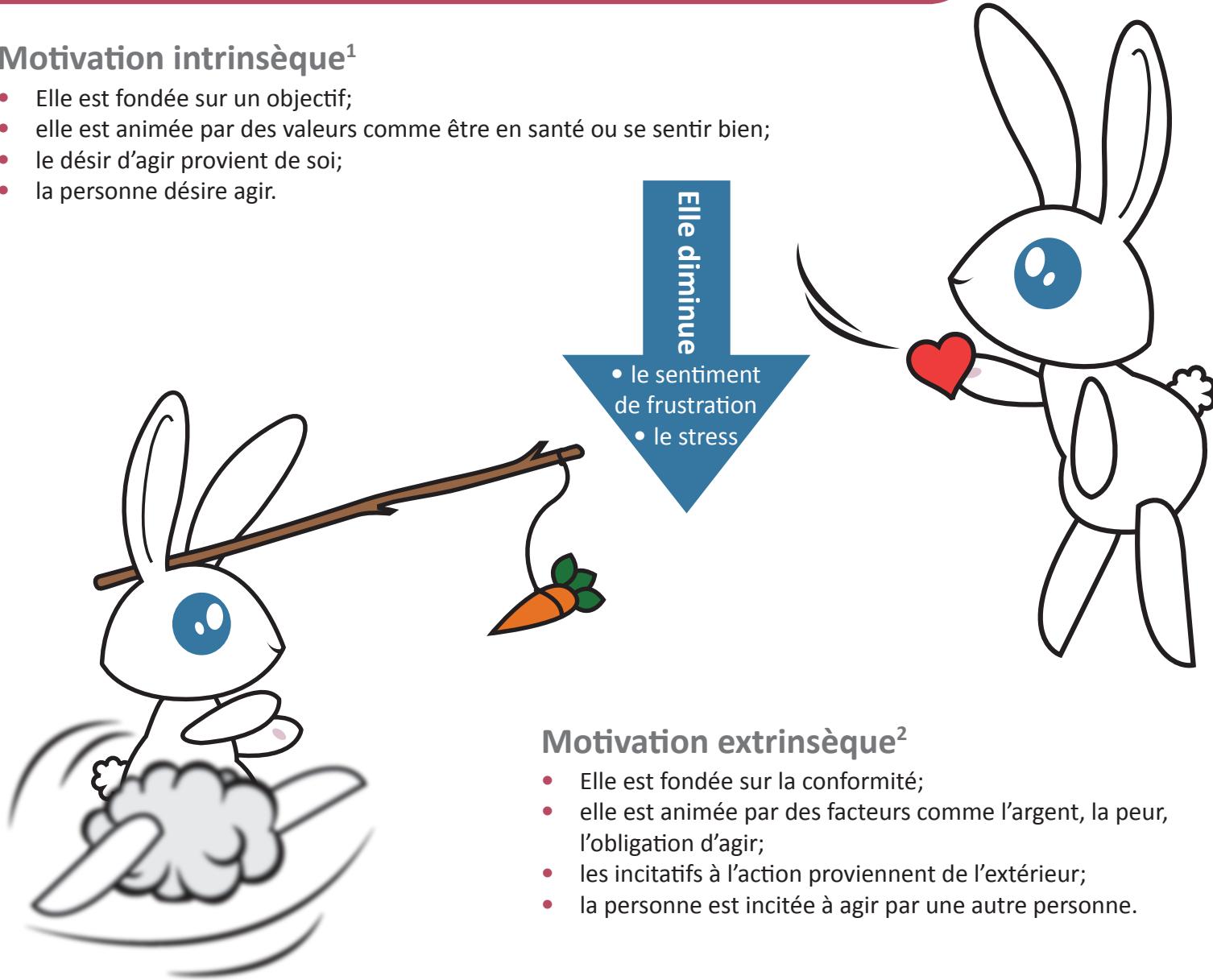


Dans le cadre de l'adoption d'un mode de vie sain, la **motivation** est essentielle pour apporter des changements positifs. Vous modifiez vos habitudes parce qu'on vous a invité ou encouragé à le faire, ou parce que la vie vous passionne et que vous désirez tout mettre en œuvre pour la vivre comme vous le souhaitez.

Motivation intrinsèque et motivation extrinsèque

Motivation intrinsèque¹

- Elle est fondée sur un objectif;
- elle est animée par des valeurs comme être en santé ou se sentir bien;
- le désir d'agir provient de soi;
- la personne désire agir.



Motivation extrinsèque²

- Elle est fondée sur la conformité;
- elle est animée par des facteurs comme l'argent, la peur, l'obligation d'agir;
- les incitatifs à l'action proviennent de l'extérieur;
- la personne est incitée à agir par une autre personne.

La motivation extrinsèque (p. ex., offrir un incitatif comme une carte-cadeau) peut s'avérer efficace au début pour encourager quelqu'un à essayer quelque chose de nouveau. Toutefois, la motivation intrinsèque soutient plus efficacement les efforts d'une personne qui cherche à modifier son comportement, car le désir de changer provient d'elle-même. On ne peut pas forcer quelqu'un à changer son mode de vie; une personne doit reconnaître l'importance d'apporter des changements et le faire de son plein gré. Sans motivation intrinsèque, les gens reprennent leurs vieilles habitudes lorsque la motivation extrinsèque disparaît^{3, 4}.

Conseils pour les employés⁵

- Posez-vous les questions suivantes : Que signifie être en santé? Pourquoi est-ce important pour moi?
- Pensez à ce que vous devez faire afin d'apporter des changements positifs pour que vous puissiez vivre la vie à laquelle vous aspirez.
- Changez votre façon de penser et soyez plus positif. Songez au sentiment de bien-être qui vous habite lorsque vous mangez mieux ou bougez plus.
- Obtenez l'aide, l'encadrement et les connaissances dont vous avez besoin auprès de votre fournisseur de soins de la santé, d'un collègue en qui vous avez confiance, d'un ami, d'un membre de votre famille ou du fournisseur du Programme d'aide aux employés pour faire les changements que vous désirez apporter. Apportez les changements voulus, puis reconnaisssez vos efforts.

Conseils pour les employeurs

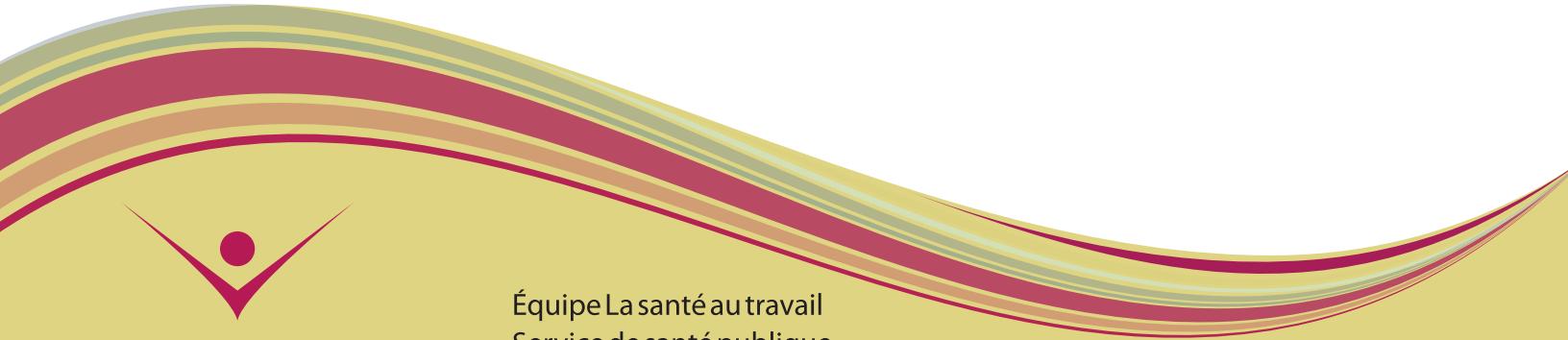
- Créez des conditions en milieu de travail pour soutenir les employés qui désirent modifier leur comportement. Par exemple, prévoyez des périodes de repos et de repas à des heures raisonnables et mettez à la disposition des employés un endroit propre et agréable où ils peuvent s'asseoir pour manger. Le changement de comportement découle de la façon dont les gens perçoivent leur vie et leurs choix⁶.
- Consacrez vos efforts à promouvoir des choix santé, à fournir des ressources⁷ et à créer un environnement de travail favorable⁸ afin d'aider vos employés à prendre leurs propres décisions et à se fixer des objectifs en matière de santé^{7,9}. Par exemple, distribuez des brochures et organisez des présentations sur des sujets liés à la santé, encouragez les employés à être plus actifs en organisant des réunions où les participants marchent, invitez-les à prendre leur pause hors de leur bureau, et offrez-leur des possibilités de perfectionnement professionnel et d'acquisition de compétences ainsi que les ressources nécessaires pour leur permettre de bien s'acquitter de leur travail.
- Encouragez les employés à réfléchir à leur santé et à ce qui est important pour eux.
- Avant de mettre en œuvre des initiatives relatives au bien-être, il est très important de faire un sondage auprès de vos employés afin de cerner leurs besoins et intérêts⁸.
- Sollicitez la participation de vos employés à l'élaboration d'initiatives et de politiques relatives à la santé en milieu de travail qui soutiennent leurs objectifs⁸.
- Les employeurs et les cadres supérieurs doivent s'engager activement envers la promotion et la protection de la santé et du bien-être des employés⁸.

Le saviez-vous?

- La santé doit être perçue comme une « ressource pour la vie quotidienne et non l'objectif principal de la vie »¹⁰.
- La moitié de la population canadienne affirme être incapable de se motiver et de demeurer motivée à adopter de saines habitudes de vie¹¹.
- « Des centaines et des centaines d'études montrent sans équivoque que la motivation intrinsèque est la meilleure façon, sinon la seule façon pour la plupart des gens, d'apporter des changements positifs durables »¹².

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Ontario Reintroduces Legislation to Further Improve Patient Access and Experience

Proposed Patients First Act Would Deliver on Action Plan for Health Care

October 6, 2016 1:15 P.M.

Today, Ontario reintroduced the Patients First Act, 2016 that would, if passed, improve access to health care for patients and their families.

The proposed legislation would increase access to care with better coordination and continuity, and bring a greater focus on culturally and linguistically appropriate services. This includes:

- Giving Ontario's 14 Local Health Integration Networks (LHINs) an expanded role in improving and integrating planning and delivery of front-line health care services, directing more funding to patient care within the existing system.
- Improving access to primary care for patients, such as a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner close to home.
- Improving local connections and communication between family doctors, nurse practitioners, inter-professional health care teams, hospitals, and home and community care to ensure a smoother patient experience.
- Ensuring that patients only have to tell their story once, by enabling health care providers to share and update their health care plans.
- Providing better patient transitions between acute, primary, home and community, mental health and addictions, and long-term care.
- Improving consistency of home and community care across the province.
- Strengthening health planning and accountability by monitoring performance and outcomes.
- Establishing a formal relationship between LHINs and local boards of health, to ensure local communities have a stronger voice in health planning.

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

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

The reintroduction of the Patients First Act is part of Ontario's commitment to reintroduce all government bills that were before the legislature in spring 2016, so that debate on important issues may continue.

Over the past several months, the government has consulted with stakeholders from across the sector, including doctors and hospitals. This legislation includes proposed amendments based on the feedback that the government has received.

Improving access to health care is part of the government's plan to build a better Ontario through its [Patients First: Action Plan for Health Care](#), which is providing patients with faster access to the right care, better home and community care, the information they need to live healthy and a health care system that's sustainable for generations to come.

QUOTES

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

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

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

- Dr. David Price

Co-author of "Patient Care Groups: A new model of population based primary health care for Ontario

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

- Adrianna Tetley

Chief Executive Officer, Association of Ontario Health Centres

" On behalf of the Ontario Hospital Association and its members, I would like to thank Minister Hoskins and the government for listening, and for making changes to this legislation to better recognize the roles and responsibilities of hospital boards. As the province moves to implement its legislation, hospitals are well positioned to play an important role in supporting new models of care to meet the needs of patients and clients, working in close partnership with their provider partners."

- Anthony Dale

President and CEO of the Ontario Hospital Association

QUICK FACTS

- 94 per cent of Ontarians now have a primary health care provider. Through the work of the Patients First: Action Plan for Health Care, Ontario is committed to connecting a family doctor or nurse practitioner to everyone who wants one.
- Investments in home and community care are up 90 per cent over the past decade.
- The ministry consulted and engaged extensively in English and French with more than 6,000 individuals and organizations across the province to help inform the proposed improvements to the health care system.
- LHINs plan, integrate and fund local health care, improving access and patient experience.
- If passed, the new legislation would amend the Local Health System Integration Act and the Home Care and Community Services Act, among other statutes.

LEARN MORE

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

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Available Online
Disponible en Français

Ontario Making Shingles Vaccine Free for Seniors

First-in-Canada Program Will Save Seniors Money and Support Healthy Aging
September 15, 2016 1:00 P.M.

Ontario is the first jurisdiction in Canada to provide the shingles vaccine free of charge, saving eligible seniors approximately \$170 and helping them stay healthy.

Starting today, the shingles vaccine will be available across the province for people 65 to 70 years of age. The government is investing \$68 million over three years in order to publicly fund the vaccine, which will reduce the likelihood of Ontario seniors developing the painful infection, and reduce visits to emergency rooms and hospitals.

Shingles, also known as herpes zoster, affects more than 42,000 people every year in Ontario and can cause complications such as loss of vision and debilitating nerve pain. Studies show that the vaccine is highly effective when seniors are vaccinated between the ages of 65 - 70, and this new program aligns with scientific and expert recommendations from Canada's National Advisory Committee on Immunization and Ontario's Provincial Infectious Diseases Advisory Committee on Immunization.

Those who are eligible for the shingles vaccine should contact their primary care doctor or nurse practitioner to receive the vaccination.

Expanding Ontario's publicly funded immunization program to help seniors stay healthy is part of the government's plan to build a better Ontario through its Patients First: Action Plan for Health Care, which is providing patients with faster access to the right care, better home and community care, the information they need to stay healthy and a health care system that's sustainable for generations to come.

QUOTES

" Vaccinations are one of the most effective public health interventions for promoting and maintaining good health. Making the shingles vaccine available free of charge for eligible seniors is another way our government is investing in the health and well-being of Ontario's seniors. This expansion is part of our government's plan to transform the province's immunization system under Immunization 2020—our five-year plan to improve the health of

Ontarians and protect our most vulnerable."

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

" By offering the shingles vaccine to seniors 65 to 70 years of age, the government is making another important investment in the health care system to better support seniors so they can lead a healthy, engaged and active lifestyle for as long as possible. It is another example of how we are making Ontario the healthiest place in North America to grow up and grow old."

- Dipika Damerla

Minister Responsible for Seniors Affairs

" Shingles is a painful illness caused by the chickenpox virus that can reactivate without warning later in life. The shingles vaccine lowers the risk of getting shingles significantly and reduces the chance of complications from this disease for people without medical contraindications. By including the shingles vaccine in Ontario's publicly funded immunization program, Ontario will help protect those adults 65 to 70 years of age who are highly susceptible to contracting this disease."

- Dr. David Williams

Ontario's Chief Medical Officer of Health

QUICK FACTS

- Approximately 850,000 seniors between the ages of 65 and 70 years will be eligible to receive the publicly funded shingles vaccine.
- During the 2016 year only, any Ontarian who was born in 1945 can receive the vaccine up to December 31, 2016 to ensure that individuals close to the upper age eligibility cut-off have sufficient time to get vaccinated.
- Ontario is the only jurisdiction in Canada to date that is introducing the shingles vaccine as part of its publicly funded immunization program.
- Shingles is caused by the reactivation of the varicella zoster virus, the same virus that causes chickenpox. Shingles creates painful skin rashes with blisters, usually on one side of the body, often in a strip. The best protection from shingles is immunization.
- The most frequent complication of shingles is post-herpetic neuralgia which is prolonged and often debilitating pain.
- Ontario's health care budget has increased from \$47.6 billion in 2012-13 to a total of \$51.8 billion in 2016-17.
- This year's \$51.8 billion investment in health care is a 2.1 per cent increase over last year – greater than the rate of inflation.

LEARN MORE

- [Shingles](#)
- [Immunization 2020](#)
- [Canada's National Advisory Committee on Immunization](#)
- [Ontario's Provincial Infectious Diseases Advisory Committee](#)

- [Patients First: Action Plan for Health Care](#)
-

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Ontario Taking Action to Prevent Opioid Abuse
Province Enhancing Reporting System, Connecting Patients with High Quality Treatment

October 12, 2016 11:00 A.M.

Ontario is implementing its first comprehensive Opioid strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting patients with high quality addiction treatment services.

Ontario's strategy to prevent addiction and overdose includes:

- Designating Dr. David Williams, Ontario's Chief Medical Officer of Health, as Ontario's first-ever Provincial Overdose Coordinator to launch a new surveillance and reporting system to better respond to opioid overdoses in a timely manner and inform how best to direct care.
- Developing evidence-based standards for health care providers on appropriate opioid prescribing that will be released by end of 2017-18 to help prevent the unnecessary dispensing and over-prescribing of pain killers.
- Delisting high-strength formulations of long-acting opioids from the Ontario Drug Benefit Formulary starting January 1, 2017 to help prevent addiction and support appropriate prescribing.
- Investing \$17 million annually in Ontario's Chronic Pain Network to create or enhance 17 chronic pain clinics across the province, ensuring that patients receive timely and appropriate care.
- Expanding access to naloxone overdose medication, available free of charge for patients and their families through pharmacies and eligible organizations to prevent overdose deaths.
- Increasing access to Suboxone addiction treatment and improving patient outcomes and integration of care for those using this treatment.
- Beginning October 1, 2016, stricter controls on the prescribing and dispensing of fentanyl patches took effect. Patients are now required to return used fentanyl patches to their pharmacy before more patches can be dispensed.

Ontario's opioid strategy was informed by the recommendations of the [Methadone Treatment and Services Advisory Committee](#), which was established by the province to advise on strengthening Ontario's methadone treatment and related services. Today, Dr. Eric Hoskins, Minister of Health and Long-Term Care and Dr. Williams have written to all health care providers in Ontario outlining the strategy and enlisting their support to help prevent and reduce opioid addiction and overdose. The government will continue to seek input on the strategy and identify additional areas for consideration.

Modernizing pain management practices and preventing opioid addiction and overdose is part of the government's plan to build a better Ontario through its *Patients First: Action Plan for Health Care*. The action plan provides patients with faster access to the right care, better home and community care, the information they need to live healthy, and a health care system that is sustainable for generations to come.

QUOTES

" Opioid misuse is the third leading cause of accidental death in Ontario. Our comprehensive approach to this crisis will not only help save lives, but will enhance the lives of families and whole communities. Given the urgency of this issue, taking action now will have a real impact on opioid addiction and overdose."

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

" Our government recognizes that this is an important public safety issue for Ontario. My ministry will continue to work closely with the Ministry of Health and Long-Term Care, the Office of the Chief Coroner, and our partners in policing, firefighting and corrections to support this initiative and help save lives."

- David Orazietti

Minister of Community Safety and Correctional Services

" Addiction to narcotic painkillers is a serious, complex issue that requires a comprehensive and holistic approach. We are building on the significant work already underway in order to reduce opioid overdoses and fatalities and transform addiction treatment."

- Dr. David Williams

the Ontario Chief Medical Officer of Health

" The province is taking action to address the public health crisis of opioid addiction in Ontario. Important initiatives like free access to take-home naloxone and delisting of high dose opioid formulations are already underway but more needs to be done. This strategy and the recommendations from the Advisory Committee on Methadone Treatment Services in Ontario are the beginning of a multimodal and integrated approach that will make Ontario a leading jurisdiction in pain management and opioid agonist treatment."

- Dr. Meldon Kahan

co-chair of the Methadone Treatment and Services Advisory Committee

QUICK FACTS

- In 2014, over 700 people died in Ontario from opioid-related causes, a 266 per cent increase since 2002.
- Suboxone is used to treat opioid addiction. The risk of a fatal overdose on Suboxone is significantly less than with methadone.
- The Methadone Treatment and Services Advisory Committee is comprised of addiction experts, experienced clinicians and patient advocates from across Ontario.
- Ontario's actions build on the 2012 expert working group report [Stewardship for Prescription Narcotics in Ontario](#).
- In fall 2016, public consultations will be held with families, caregivers, academics and health care providers, people with lived experience, among others, to seek input on the strategy and to identify additional important considerations. You can send your comments to: opioidactionplan@ontario.ca

LEARN MORE

- [Patients First Action Plan](#)
- [Mental Health Leadership Advisory Council Annual Report](#)
- [Final report of the Methadone Treatment and Services Advisory Committee](#)

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APPROVAL OF CONSENT AGENDA

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



Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health

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

Date: October 1, 2016

Re: Enterprise Risk Management

For Information

For Discussion

For a Decision

Issue:

Per the Ontario Public Health Organizational Standards, risk management is the responsibility of the Board of Health. A number of recent provincial initiatives have also highlighted the importance of this work and have served to build capacity within the public health system. At the SDHU, risk management has been comprised of ongoing informal risk assessments and some formal program-specific risk management activities. However, until now the SDHU has not developed a comprehensive process for enterprise risk management.

Recommended Action:

That the Sudbury & District Board of Health approve the Risk Management Policy and that the Board of Health endorse the October 2016 Risk Management Heat Map and Risk Assessment and Progress Report.

Background:

- The Ontario Public Health Organizational Standards mandate board of health stewardship and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource succession and surge capacity planning, operational risks, and legal issues.
- Enterprise risk management has also been highlighted in recent provincial audits of boards of health, the Algoma Public Health Assessor's recommendations and the Sudbury & District Board governance training.
- The Association of Local Public Health Agencies (alPHa), in partnership with Treasury Board Secretariat has sponsored several risk management training sessions for boards of health with the

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

aim of further building local public health capacity for enterprise risk management. An alPHa Risk Management Working Group has been established in which the SDHU is an active member.

- As part of usual business practice, the SDHU engages in ongoing risk management and for certain programs has undertaken more formal risk management. However, the SDHU has not developed a comprehensive strategy for enterprise risk management until now.
- Locally, senior management and the Board of Health have engaged in training sessions on risk management, working to apply the Treasury Board Secretariat five-step risk management process to the SDHU context. Key milestones include the following:
 - April 14-15 – Senior Management workshop, facilitated by the Senior Audit Manager from the Treasury Board Secretariat
 - May 3 – Senior Management workshop
 - May 6 – Board Executive Committee review of risk management process
 - May 27 – Board Risk Management training workshop, facilitated by the Senior Audit Manager from the Treasury Board Secretariat
 - June 16 Board of Health meeting during which the following motion was passed: **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.**
- Through this process, the Board has been trained in using the risk management tool and has applied it to the SDHU setting.
- The risk management process itself is documented in a risk management policy for the Board's approval. The policy ensures that the SDHU has a framework to systematically identify/assess risks and controls, and evaluate, monitor and report the risks regularly.
- Also drafted for the Board's endorsement are the current risk management heat map and risk assessment, both based on the Board's deliberations during the spring sessions.

Financial Implications:

Additional costs may be identified as part of the review of specific mitigation strategies and will be considered at that time.

Ontario Public Health Standard:

Organizational Standards: 3.1, 4.2, 6.2

Strategic Priority:

#5 – Foster organization-wide excellence in leadership and innovation.

2013–2017 Strategic Priorities:

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Contact:

France Quirion, Director, Corporate Services Division

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R: October 2013

Sudbury & District Health Unit Board of Health Manual

Policy

Category:

Section:

Subject: Enterprise Risk Management

Number:

Approved By: Board of Health

Original Date: October 20, 2016

Revised Date:

Purpose

The Sudbury & District Health Unit shall have a risk management framework based on a risk management process developed by the Ontario Internal Audit Division of the Treasury Board Secretariat. The framework will ensure risks are identified and will ensure that monitoring and response systems are in place at the Sudbury & District Health Unit to effectively respond to these risks.

The Board of Health shall set the tone that systematic, integrated risk management at the SDHU is valuable for managing risks and for demonstrating accountability to stakeholders.

The Sudbury & District Health Unit supports the following principles:

- Risk management is an essential component of good management
- Risk management is imbedded into the culture and operations of the health unit
- Better decisions are made when supported by a disciplined approach to risk management
- Risk management activities should be aligned with strategic objectives at all levels of the organization
- Risk management should be integrated into informed decision making and priority setting and should become part of day-to-day management activities
- Threats should be managed and opportunities leveraged as appropriate and in accordance with best practices
- The agency's risk should be re-assessed regularly and risk and mitigation strategies should be reported on regularly
- Through the risk management process, the agency should anticipate and respond to changing social, environmental and legislative requirements

- The integration of risk management into decision making should be supported by a corporate philosophy and culture that encourages everyone to manage risk and to communicate openly about risk
- Every employee has a role to play in risk management

Process:

The Board of Health approves the risk management framework (see Appendix A) and establishes its risk appetite in relation to specific risks. These are documented in the Risk Management Risk Assessment and Heat Map (see Appendix B).

The Board receives and reviews an annual report of risks and mitigation strategies of currently identified risks. A comprehensive risk management review will generally occur in alignment with the strategic planning cycle.

Definitions:

Risk: Risk is an uncertain event or condition that, if it occurs, has an effect on the achievement of objectives. It includes both threats to the objectives and opportunities to improve on the objectives Adapted from Project Management Institute PMBoK 2000

Enterprise Risk Management: A holistic and integrated risk management process that takes a strategic view of risk across the whole organization or enterprise.

Risk Management: A systematic approach to setting the best course of action under uncertainty by identifying, understanding, acting on, monitoring and communicating risk issues.

Risk Appetite: The amount and type of risk that the Health Unit is willing to take in order to meet strategic objectives.

Risk Management Framework: Establishes a process for implementation of effective risk management practices at all levels of the organization. The SDHU Risk Management Framework, which follows the five step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

Risk Management Plan: SDHUs risk management plan includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Appendix A: SDHU Risk Management Framework

Summary

The purpose of this risk management framework is to establish a process for implementation of effective risk management practices at all levels of the organization. This framework, which follows the five step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

The risk management policy is aimed at fulfilling risk management requirements set out within the Ontario Public Health Organizational Standard 3.1 and 6.2.

Philosophy Statement

The Sudbury & District Health Unit is committed to fostering an environment that supports a continuous quality improvement approach to organizational effectiveness. This includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Background

The SDHU acknowledges that there is an element of risk in any decision or activity and risk taking may be deemed acceptable when appropriately managed. Risk is defined as:

Risk is an uncertain event or condition that, if it occurs,
has an effect on the achievement of objectives.
It includes both threats to the objectives and
opportunities to improve on the objectives.

Adapted from Project Management Institute PMBoK 2000

The Ontario Public Health Organizational Standards mandate Board of Health stewardship and oversight of risk management. The Medical Officer of Health, and through delegation to all staff, has the responsibility to monitor and respond to emerging issues and potential threats to the organization. Potential threats include but are not limited to; financial, human resources, operational, technology and legal risks.

SDHU RISK MANAGEMENT FRAMEWORK*

Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Risk
The future event that may impact the achievement of established objectives.
Risks can be positive or negative.

Control / Mitigation Strategy
Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process



- Consequences**
- Identify the specific consequences of each risk
 - Consider financial, non-financial, performance, etc.
 - Vulnerability**
 - Identify exposure to risk
 - Vulnerability may vary with each situation and change over time
 - Cause/Source of Risk**
 - Understand the cause/source of each risk
 - Use a fish-bone diagram

Step 2: Identify risks & controls

- Identify risks - What could go wrong?**
- Consider each category of risk
 - Obtain available evidence
 - Brainstorm with colleagues and/or stakeholders
 - Examine trends and consider past risk events
 - Obtain information from similar organizations or projects
 - Increase awareness of new initiatives/agendas and regulations
- Identify existing controls - What do you already have in place?**
- Preventive controls
 - Detective controls
 - Recovery / Corrective controls

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources, or not meeting financial financial budget/forecast.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests... An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving results, or old and/or new policies, directives, guidelines, legislation, procedures, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes, systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information, data, fraud or identity theft, unauthorized disclosure.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.

*Based on the Risk Management Strategy & Process Toolkit from the Ontario Internal Audit Division, Treasury Board Secretariat.



SDHU RISK MANAGEMENT FRAMEWORK

Step 3: Assess Risks & Controls

Assess inherent risks

- Inherent likelihood* – Without any mitigation, how likely is this risk?
- Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls

- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks

- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

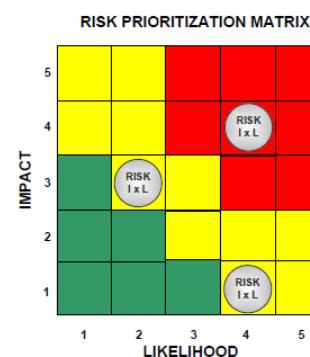
Key Risk Indicators (KRI)

- Leading Indicators - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- Lagging Indicators - Detection and performance indicators that help monitor risks as they occur.

Risk Tolerance

- The amount of risk that the area being assessed can manage
- Risk Appetite
- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).



Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Definitions

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

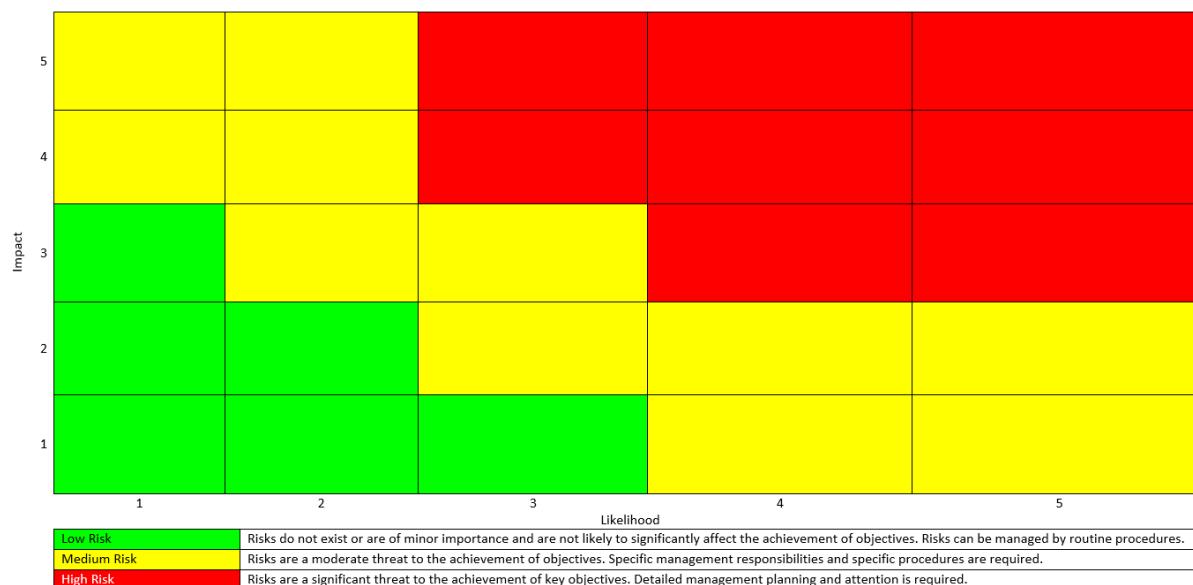
Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
 - Have risks changed? How?
 - Are there new risks? Assess them
 - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Appendix B: SDHU Organizational Risk Assessment and Heat Map

SDHU Organizational Risk Assessment	
Overall Objective:	
Subordinate Objective:	
Risk Categories	Rating Scale
1. Financial Risks	
2. Governance / Organizational Risks	
3. Human Resources	
4. Knowledge / Information	
5. Technology	
6. Legal / Compliance	
7. Service Delivery / Operational	
8. Environment	
9. Political	
10. Stakeholder / Public Perception	
11. Strategic / Policy	
12. Security Risks	
13. Privacy Risks	
14. Equity Risks	

Organizational Risks: Heat Map of Current Residual Risks



SDHU Organizational Risk Assessment and Progress Report - October 2016

Overall Objective: To identify future events that may impact on the achievement of the SDHU vision and mission

Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the SDHU

Risk Categories		Rating Scale
1. Financial Risks		
1.1	The SDHU may be at risk as budget pressures are expected to increase over the next several years.	L5 I5
1.2	The SDHU may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L4 I4
1.3	The SDHU may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
2. Governance / Organizational Risks		
2.1	The SDHU may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.	L4 I5
2.2	The SDHU may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L3 I3
2.3	The SDHU may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I2
3. Human Resources		
3.1	The SDHU may be at risk as a result of an insufficient investment in succession and business continuity planning.	L4 I4
3.2	The SDHU may be at risk as staff may not have all of the necessary competencies to meet evolving Public Health needs.	L4 I4
3.3	The SDHU may be at risk related to varying levels of staff engagement in the work of the organization.	L2 I3
3.4	The SDHU may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
4. Knowledge / Information		
4.1	The SDHU may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3
5. Technology		
5.1	The SDHU may be at risk of a network outage.	L3 I5
5.2	The SDHU may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	L4 I3
6. Legal / Compliance		
6.1	The SDHU may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of the Health Unit.	L2 I2
7. Service Delivery / Operational		
7.1	The SDHU may be at risk of our service not being perceived as a value add to our clients.	L3 I4
8. Environment		
8.1	The SDHU may be at risk of natural and anthropogenic disasters or hazards.	L2 I3
9. Political		
9.1	The SDHU may be at risk of significant disruptions and high opportunity costs related to health system transformation.	L5 I5
10. Stakeholder / Public Perception		
10.1	The SDHU may be at risk of poorly defined relationships with indigenous communities.	L5 I5
10.2	The SDHU may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health and a negative public image.	L3 I2
11. Strategic / Policy		
11.1	The SDHU may be at risk of developing a Strategic Plan that may need to be modified given the great uncertainty with health system transformation.	L3 I2
12. Security Risks		
12.1	The SDHU may be at risk of threats to network security.	L2 I4
12.2	The SDHU staff and visitors may be at risk if security systems are offline.	L2 I3
13. Privacy Risks		
13.1	The SDHU may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2
14. Equity Risks		
14.1	The SDHU may be at risk of not effectively leveling up the health status with priority populations.	L5 I5

Risk Management Progress Report

Period Highlight: July - December 2016

CATEGORY	TOP SDHU RISKS (RED)	Jan - Mar Q1	April - June Q2	July - Sept Q3	Oct - Dec Q4	Progress Report/Comments
				1		
1	FINANCIAL	The SDHU may be at risk as budget pressures are expected to increase over the next several years.				The annual budget process includes -meetings with the Board of Health Finance Committee and the SDHU Executive Committee to draft the annual budget -review of cost savings initiatives -cost reduction strategies are reviewed and prioritized using the budget principles
2	FINANCIAL	The SDHU may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.				Monthly financial statements are generated and distributed to EC and the management team for review of variances. Significant variances are investigated and necessary adjustments (i.e. calendarization or reallocation of projected surpluses) are completed. Annual expenditure projections have been added to the monthly variance analysis report in order to highlight anticipated surpluses/deficits in a more timely manner.
3	GOVERNANCE ORGANIZATIONAL	The SDHU may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.				Board of Health Members have received Board Governance training by John Fleming on May 5, 2016. Board members also received Risk Management training by Corinne Berinstein from the Ontario Internal Audit Division in the Treasury Board Secretariat on May 27, 2016. One Board of Health member attended the aPHa conference and the Board of Health Section meeting in June 2016. Orientation is provided to new Board members on an ongoing basis.
4	HUMAN RESOURCES	The SDHU may be at risk as a result of an insufficient investment in succession and business continuity planning.				Succession planning will be part of the overall Workforce Development Framework which includes workforce planning, human resources management and workforce capacity building. The Human Resource Plan is currently being updated to fit into the new Workforce Development Framework. This will include succession planning and related activities. A proposed inclusive plan will be finalized in the fall of 2016.
5	HUMAN RESOURCES	The SDHU may be at risk as staff may not have all of the necessary competencies to meet evolving Public Health needs.				As part of the Professional Practice Committee and Leadership Development the Human Resources team is working with the Manager of Professional Practice and Development to integrate core competencies for Public Health into our Human Resources activities at SDHU. At a leadership level, the five Leadership Core Competencies are being further defined to enable integration into Human Resource functions. A Public Health Nursing Core Competency pilot project will be implemented with the Health Promotion division.
6	TECHNOLOGY	The SDHU may be at risk of a network outage.				Service level agreement with Agilis has been finalized. Voice server redundancy in place. Continue to research Cloud options as available (disaster recovery process).
7	TECHNOLOGY	The SDHU may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.				To ensure that IT plans are aligned with business objectives. The development of a venue to discuss business objectives (that will replace MISC).
8	SERVICE DELIVERY/OPERATIONAL	The SDHU may be at risk of our service not being perceived as a value add to our clients.				All of the mitigation strategies are ongoing. A Strategic Engagement plan is currently being developed as well as engagement with Indigenous Communities.
9	POLITICAL	The SDHU may be at risk of significant disruptions and high opportunity costs related to health system transformation.				The Medical Officer of Health (MOH) and the Board Chair are scheduled to meet with the LHIN Board and the Executive Director on October 25, 2016. The MOH provides the Board of Health updates on health system transformations at regular scheduled Board of Health meetings.
10	STAKEHOLDER PUBLIC PERCEPTION	The SDHU may be at risk of poorly defined relationships with indigenous communities.				Indigenous Engagement plan currently being developed. Some early activities include consultations with staff, exploring education/development opportunities for staff related to the Truth and Reconciliation Commission recommendations, Board of Health member training, updating of list of current collaboration with Indigenous communities, identification of opportunities, areas of interest, and challenges to engagement, updating profile of Indigenous Peoples in the SDHU area, consideration of an Indigenous Advisory Committee, collaboration with a key local Indigenous leader to help with development of the Strategy, etc.
11	EQUITY	The SDHU may be at risk of not effectively leveling up the health status with priority populations.				Activities to address this risk are ongoing, including grant application to the Local Poverty Reduction Fund (pending response), collaboraiton on a Northern Health Equity strategy, evaluation of and engagement for the You Can Create Change campaign, exploration of other potential intervention research partnerships, etc.

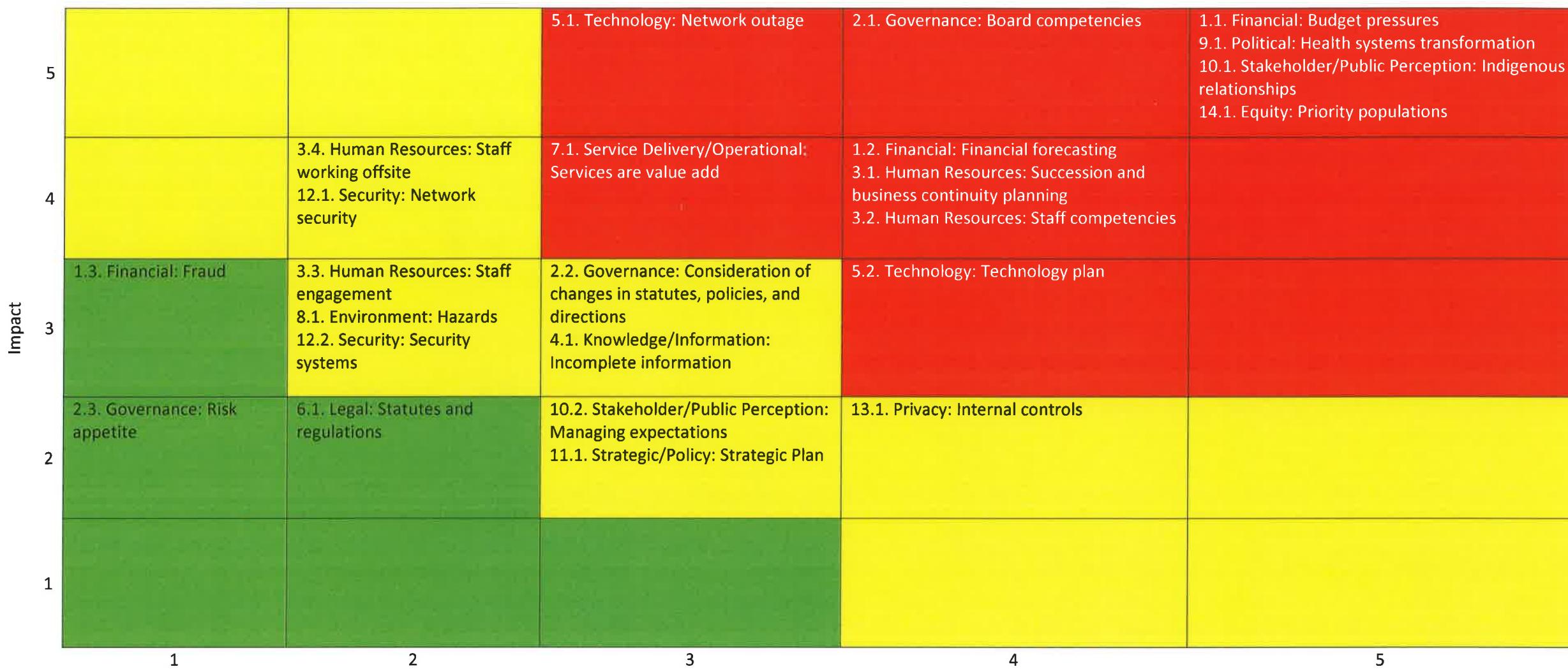
1 - On track

2 - Requires Attention

3 - Concerns

SDHU Organizational Risks: Heat Map of Current Residual Risks

October 2016



Low Risk	Risks do not exist or are of minor importance and are not likely to significantly affect the achievement of objectives. Risks can be managed by routine procedures.
Medium Risk	Risks are a moderate threat to the achievement of objectives. Specific management responsibilities and specific procedures are required.
High Risk	Risks are a significant threat to the achievement of key objectives. Detailed management planning and attention is required.

ENTERPRISE RISK MANAGEMENT

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

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

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

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health approve the Enterprise Risk Management Policy; and

FURTHER that the Board of Health endorse the October 2016 Risk Management Heat Map and Risk Assessment and Progress Report.

Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health, Chief Executive Officer
Date: October 13, 2016
Re: Strategic Planning

For Information

For Discussion

For a Decision

Issue:

Per the Ontario Public Health Organizational Standards, each Board of Health shall have a Strategic Plan. The current cycle of the Sudbury & District Health Unit (SDHU) Strategic Plan concludes at the end of 2017. Planning for the development of the next iteration of the SDHU Strategic Plan should commence at the beginning of 2017 to give sufficient time for engagement. The Board of Health, supported by SDHU staff, plays a key role in the development of the Strategic Plan.

Recommended Action:

Whereas the Executive Committee of the Board of Health functions as an advisory committee of the Board to develop, review and oversee Board policies and procedures; and

Whereas the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

Therefore be it resolved that the Board of Health assign responsibility to the Board Executive Committee for the oversight of the strategic plan development process for the planning cycle beginning 2018.

Background:

- The Ontario Public Health Organizational Standards (OPHOS) mandate Boards of Health to have a Strategic Plan that:
 - establishes strategic priorities for the organization that address local contexts and integrate local community priorities;
 - expresses the philosophy/mission, a values statement, and the goals and objectives of the Board of Health;

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

-
- describes how equity issues will be addressed in the delivery and outcomes of programs and services;
 - describes how the outcomes of the Foundational Standard of the Ontario Public Health Standards will be achieved;
 - establishes policy direction regarding a performance management and quality improvement system; and
 - considers organizational capacity .

The OPHOS further highlight that Boards of Health are accountable for implementing the requirements established in the Standards. The Sudbury & District Board of Health has been engaged in the development in previous Strategic Plans through various mechanisms. Engagement strategies to develop previous Strategic Plans also varied in their approaches.

For example, in 2012, various strategies were used to gather feedback on the 2010-2012 Strategic Plan from a representative cross-section of staff from all levels, key external partners, and Board of Health members. Internal documents and accreditation findings were also reviewed. The results of this 2012 Strategic Plan check-in provided guidance for the development of the 2013-2017 Strategic Plan. Board of Health members also engaged with Senior Management throughout 2012 in the development of the current Strategic Plan.

The engagement of Board of Health in the development of this next iteration of the Strategic Plan is critical to the future organizational direction and success. In its oversight role, the Executive Committee will provide direction for the process, engagement and ultimate endorsement of the next strategic plan.

The formation of a Joint Board of Health-Staff Working Group for the purpose of Performance Monitoring has demonstrated success in engagement of Board of Health members.

Financial Implications:

Within the current Strategic Plan budget.

Organizational Standards:

3.2 Strategic Plan

Strategic Priority:

All

Contact:

Renée St Onge, Director Resources, Research, Evaluation and Development Division

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

STRATEGIC PLANNING

MOTION: **WHEREAS** the Executive Committee of the Board of Health functions as an advisory committee of the Board to develop, review and oversee Board policies and procedures; and

WHEREAS the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign responsibility to the Board Executive Committee for the oversight of the strategic plan development process for the planning cycle beginning 2018.

BOARD OF HEALTH MEETING DATE

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

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

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 pm Thursday, November 17, 2016, be moved to 1:30 pm on Thursday, November 24, 2016.

Briefing Note

To: M. René Lapierre, Board Chair

From: Dr. Penny Sutcliffe, MOH/CEO

Date: October 7, 2016

Re: Nutritious Food Basket 2016

Commented [PS1]: Do we have a new BN template? Can we have this one changed back to old one so is consistent in package and/or change the others? Thx

For Information

For Discussion

For a Decision

Issue:

Annually, all Ontario boards of health are responsible for measuring the cost of healthy eating using the [Nutritious Food Basket \(NFB\) survey tool](#). Year after year, the results of the NFB survey for the Sudbury & District Health Unit show that people living in households with a limited income struggle to pay rent, bills and to put healthy food on the table. The 2016 NFB results continue to demonstrate that individuals and families living on low incomes are often forced to compromise healthy eating to pay for other expenses (see APPENDIX—Scenario Table).

Recommended Action:

The Sudbury & District Board of Health support actions to mitigate the risks to health of poverty as articulated in the 2016 Nutritious Food Basket motion.

Alternative Actions:

Nil

Background:

Food insecurity means inadequate or insecure access to food because of financial constraints and has serious public health implications. Adults in food insecure households have poorer self-rated health, poorer mental and physical health, poorer oral health, greater stress, and are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety¹. Food insecurity makes it difficult to manage chronic diseases and conditions through diet.

Children living in food insecure households are at greater risk of mental health problems and teenagers are at greater risk of depression, social anxiety, and suicide².

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
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O: October 19, 2001
R: October 2013

Health care costs increase as the severity of food insecurity increases. Health care costs for households experiencing severe food insecurity are 121% higher compared with total annual health care costs in food secure households³.

The majority (58.9%) of Ontario households struggling to put food on the table are part of the labour force but are trapped in low-paying or unstable jobs⁴. Social assistance recipients are particularly vulnerable to food insecurity. In Ontario, 64.0% of the households reliant on social assistance experienced food insecurity⁴.

The root cause of food insecurity is poverty. Food banks are the primary community response to household food insecurity. They were originally intended as temporary food relief operations necessitated by the recession of the early 1980s. However, demands for charitable food assistance have not decreased and food banks continue to expand. Demand exceeds supply at most food banks².

Current evidence indicates the need for an approach that addresses the root cause of food insecurity which is poverty. Basic income guarantee (also known as guaranteed annual income) ensures income at an adequate level to meet basic needs and for people to live with dignity, regardless of work status. Basic income guarantee has the potential to eliminate poverty and spending on its consequences².

In the 2016 Budget, the provincial government announced a Basic Income Pilot and appointed the Honourable Hugh Segal to provide advice on the design and implementation of a Basic Income Pilot through a discussion paper to be delivered to the province by the fall of 2016.

The 2016 Nutritious Food Basket Motion recommends that the Sudbury & District Board of Health commend the provincial government on taking steps to investigate basic income guarantee as a policy option for reducing poverty. While the basic income guarantee is being investigated, as outlined in Recommendation #4 of the Kimberly Rogers Inquest¹ and as requested in Motion 14-03 and subsequent Motions related to the Nutritious Food Basket, the provincial government should be asked to increase social assistance rates to reflect the actual cost of nutritious food and adequate housing as informed by the current results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports. To further support this, the Sudbury & District Board of Health should encourage local members of the Legislative Assembly of Ontario to vote in support for Bill 6 "An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission".

¹ A coroner's inquest into the death of Kimberly Rogers occurred in 2002. Ms. Rogers died while serving a six-month house-arrest sentence for welfare fraud. Fourteen recommendations were made. Including Recommendation #4 The Ministry of Community, Family and Children Services and the Ontario Works Program should assess the adequacy of all social assistance rates. Allowances for housing and basic needs, should be based on actual costs within a particular community or region. In developing the allowance, data about the nutritional food basket prepared annually by local health units, and the average rent data prepared by the Canadian Mortgage and Housing Corporation should be considered. This has not been addressed.

Financial Implications:

Nil

Ontario Public Health Standard:

Chronic Diseases and Injuries Program Standards - Requirement 2.

Strategic Priority:

#1 Champion and lead equitable opportunities for health.

Contact:

Bridget King, MHSc RD, Public Health Nutritionist

Tracey Weatherbe, Manager, Health Promotion

REFERENCES:

1. Vozoris NT, Tarasuk V. Household food insufficiency is associated with poorer health. *J Nutr.* 2003; 133(1): 120-126.
2. Ontario Society of Nutrition Professionals in Public Health (2015). Position Statement on Responses to Food Insecurity. Retrieved from
<https://www.osnpph.on.ca/upload/membership/document/2016-02/position-statement-2015-final.pdf#upload/membership/document/2016-02/position-statement-2015-final.pdf>
3. Tarasuk V, Cheng J, Oliveria C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal.* 2015; 1-8.
Doi:10.1503/cmaj.150234
4. Tarasuk V, Mitchell A, Dachner N. (2016). Household food insecurity in Canada, 2014.Toronto: Research to identify policy options to reduce food insecurity (PROOF).Retrieved from
<http://proof.utoronto.ca/>

APPENDIX:

2016 NUTRITIOUS FOOD BASKET SCENARIOS							
	Households with children				Single person households		
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
Scenarios ^a	 Ontario Works	 Minimum Wage Earner	 Median Ontario Income	 Ontario Works	 Ontario Works	 ODSP	 Senior OAS / GIS
Income							
Total Monthly Income (after tax)	\$2,227	\$2,940	\$7,448	\$2,016	\$768	\$1,206	\$1,563
Expenses							
	3 Bedroom		2 Bedroom	Bachelor	1 Bedroom		
Monthly Rent (may include heat/hydro) ^b	\$1,114	\$1,114	\$1,114	\$953	\$610	\$771	\$771
Food ^c	\$889	\$889	\$889	\$672	\$299	\$299	\$216
Funds remaining for other basic needs							
	\$224	\$937	\$5,445	\$391	(\$141)	\$136	\$576
% of Income Required for Rent	50%	38%	15%	47%	79%	64%	49%
% of Income Required to Purchase Healthy Food	40%	30%	12%	33%	39%	25%	14%

- a** - As applicable, all scenarios are based on the following:
1 male adult, 1 female adult, 1 girl, 1 boy, 1 female older adult
- b** - Rental costs calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Fall 2015.
www.cmhc-schl.gc.ca/odpub/esub/64507/64507_2015_B02.pdf
- c** - Reference: Nutritious Food Basket Data Results 2016 for the Sudbury & District Health Unit – Includes Household Size Adjustment Factors.

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

Ce document est disponible en français.
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LIMITED INCOMES = FOOD INSECURITY: NUTRITIOUS FOOD BASKET 2016

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

WHEREAS the 2016 costing results continue to demonstrate that individuals and families living on low incomes cannot afford food after paying for housing and other necessities and therefore may be at risk for food insecurity; and

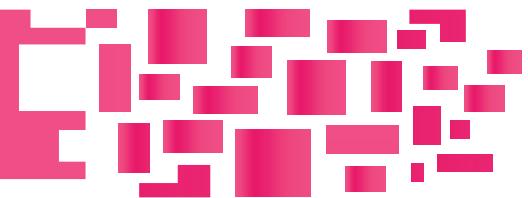
WHEREAS, within the 2016 Budget, the provincial government announced a Basic Income Pilot and has appointed the Honourable Hugh Segal to provide advice on the design and implementation of a Basic Income Pilot through a discussion paper to be delivered to the province by the fall;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health commend the provincial government on taking steps to investigate basic income guarantee as a policy option for reducing poverty; and

THAT social assistance rates be increased to reflect the actual cost of nutritious food and adequate housing as informed by the current results of the Ministry of Health and Long-Term Care's Nutritious Food Basket and the Canada Mortgage and Housing Corporation Rental Income (Ontario) reports; and

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

Strategic Priorities: Narrative Report



Performance
Monitoring Plan

2013
2017

October 2016



Introduction

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

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

Six-Week Community Kitchen Program

The Greater Sudbury Emergency Medical Services, as part of their Health Promotion Community Paramedic Program, approached the Sudbury & District Health Unit to partner with them to provide an initiative to meet the healthy eating needs of their program participants. In January, the Health Unit delivered a six-week Community Kitchen program in a subsidized seniors apartment building in efforts to reach these vulnerable older adults where they lived. By focusing on food literacy, the program offered older adults cooking classes where they learned valuable skills that ranged from how to properly hold and cut with a sharp knife to incorporating healthy budget-friendly ingredients into recipes. The older adults gained confidence in the kitchen, worked as a team, and enjoyed sharing a meal together.

Through this program, participants had the opportunity to build upon the relationships with their neighbours, to learn and share techniques to prepare more affordable meals, and to better understand how they can support each other, thereby reducing social and economic barriers to health.



Strategic Priority: Champion and lead equitable opportunities for health

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

Online Triple P: Investing in Innovative Partnerships with the Education Sector

In January 2016, in collaboration with St. Albert Adult Learning Centre (Sudbury Catholic District School Board), the Health Unit launched a pilot project to increase the reach and engagement of parents attending Triple P (Positive Parenting Program) at the Centre.

Parents at the Centre, many of whom are also students, were encouraged to participate in the project, which included in-person nursing support, self-directed online learning as well as in-class time. Participants were able to work at their own pace. The students who qualified for and successfully completed the program were provided with a secondary education (parenting/other) course credit.

As a result of the delivery method, barriers related to transportation, child minding, and costs associated with regular community group sessions were eliminated. This project shows how collaborating with other sectors helps create conditions that promote health equity and build resilient neighbourhoods.

Strategic Priority: Strengthen relationships

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



Working with Indigenous Communities to Promote Health

On March 1, 2016, at the invitation of the Chief of Whitefish River First Nation, and in collaboration with Mnaamodzawin Health Services and the Union of Ontario Indians, staff from the Health Unit visited the community to share information about blastomycosis, an infection caused by a fungus that lives in the environment, particularly in moist soil and decomposing matter.

Over 50 community members attended the presentation, which covered: symptoms of the disease, diagnosis and treatment, routes of exposure, where the fungus is found, and personal protection measures.

Following the presentation, members of the audience shared personal stories and asked questions to learn more about the disease and what they could do to help themselves and their loved ones. The Health Unit has also offered to provide additional presentations to other Indigenous communities to share information about the infection.

A large, bold, teal-colored number '3' is centered within a light green rounded square. The square has a slight shadow or drop shadow effect, giving it a three-dimensional appearance.

Strategic Priority: Strengthen evidence-informed public health practice

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

Intersectoral Dialogue on Health Equity

In June 2016, the Health Unit hosted an intersectoral dialogue on health equity within the context of health system transformation. Dr. Jeffrey Turnbull, Chief, Clinical Quality, Health Quality Ontario was present, along with a number of local partners. Participant engagement during the meeting increased everyone's understanding of how all the sectors or organizations within our communities work together to improve health equity in our region. Intersectoral action is critical to building health for all because many of the solutions needed to address social inequities in health lie outside of the health sector.

Through a roundtable discussion, examples from education, emergency services, mental health, children's sector, primary care, social services, policing, and more were shared. Participants supported the need for all community partners to push themselves out of their own comfort zones to collaborate, connect, and seize opportunities to improve the health of our population, particularly of those who are most vulnerable. The meeting also led to further dialogue about the need to develop a northern plan for health equity.

This meeting facilitated diverse community engagement to further support community actions promoting health equity.

Strategic Priority: Support community actions promoting health equity

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



A Psychologically Healthy and Safe Workplace is Essential for Everyone

Mental health is the leading cause of workplace disability in Canada. As part of its commitment to eliminate or reduce the impact of psychological hazards in the workplace, the Health Unit adopted the voluntary standard for Psychological Health and Safety in the Workplace. This standard focuses on promoting employees' psychological health and preventing psychological harm due to workplace factors, and aims to improve productivity, financial performance, risk management, recruitment, and retention.

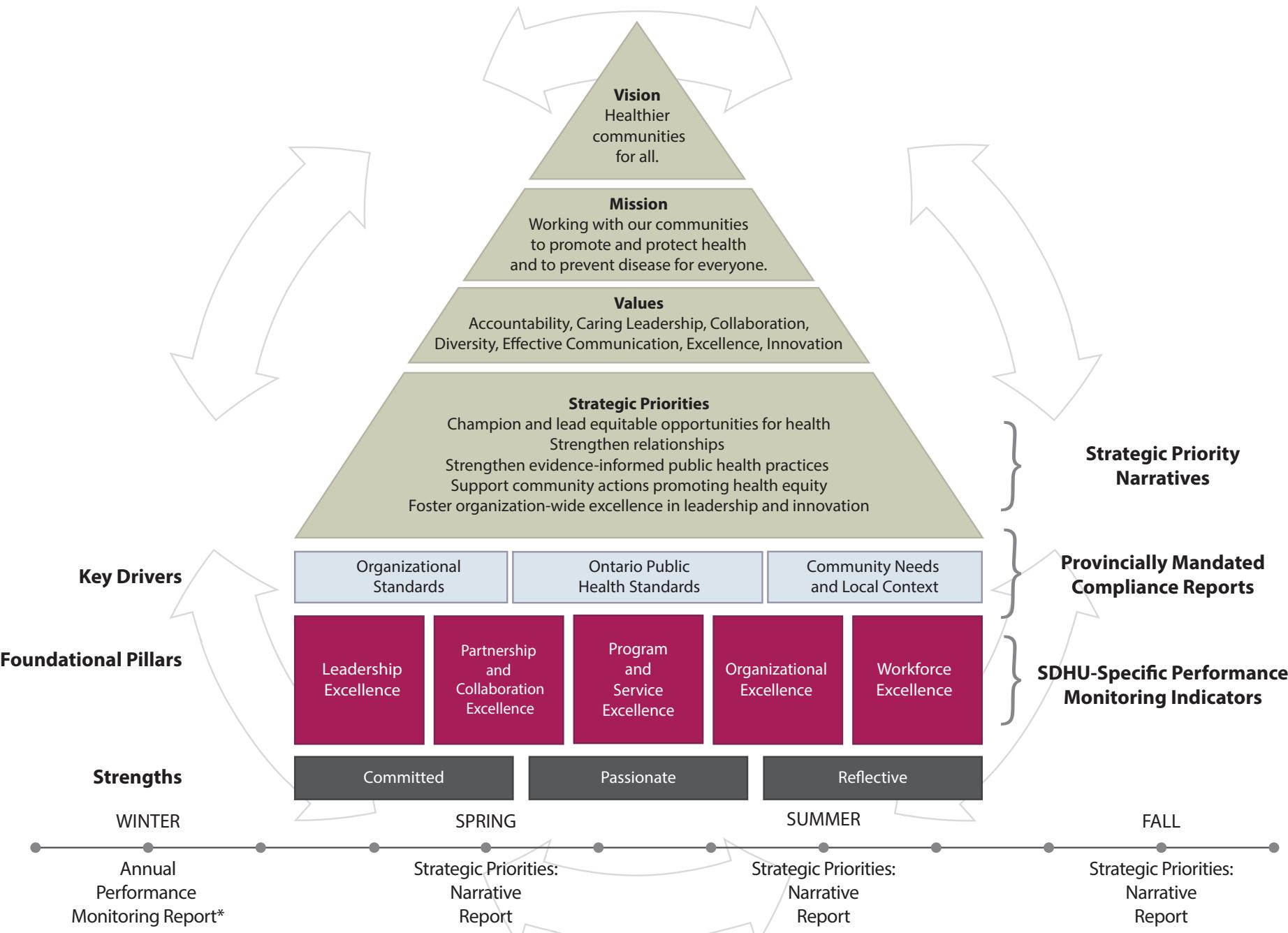
The standard will be integrated into practice by the Health Unit's new Psychological Health & Wellness Committee (PHWC), which includes representation from staff and mid-level and senior management from across the agency. The purpose of the PHWC is to implement various organizational approaches to protect and enhance the health of employees.

5

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

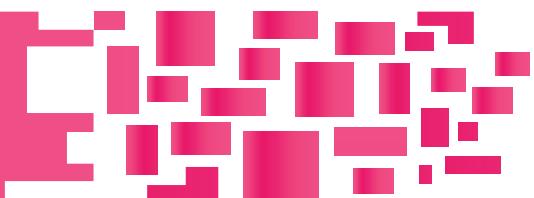
- Cultivate a skilled, diverse, and responsive workforce
- Promote staff engagement and support internal collaboration
- Invest resources wisely
- Build capacity to support staff and management core competencies
- Ensure continuous improvement in organizational performance
- Promote a learning organization

2013–2017 Sudbury & District Board of Health Strategy Map



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

Priorités stratégiques: rapport détaillé



Plan de surveillance 2013
du rendement 2017

Octobre 2016



Introduction

Le plan stratégique 2013–2017 du Service de santé publique de Sudbury et du district (SSPSD) inclut cinq priorités stratégiques représentant des domaines d'intérêt particulier. Ces priorités orientent la planification et la prestation des programmes et services de santé publique, les activités d'apprentissage et les partenariats. Le présent rapport détaillé est présenté au Conseil de santé trois fois par année comme élément du plan de surveillance du rendement 2013–2017.

Les directeurs de division obtiennent du personnel des textes explicatifs par sujet sur les programmes ou les services à des moments clés tout au long de l'année. Certains de ces sujets sont alors transmis au Conseil de santé au printemps, à l'été et à l'automne. Il importe de noter que les textes en question ne correspondent pas à un échéancier de présentation précis. Ils représentent plutôt un élément de surveillance continue de notre plan stratégique 2013–2017.

Programme de cuisine communautaire de six semaines

Dans le cadre de leur programme de soins paramédicaux communautaires pour la promotion de la santé, les Services médicaux d'urgence du Grand Sudbury se sont adressés au Service de santé publique de Sudbury et du district afin de faire équipe avec lui pour lancer une initiative destinée à répondre aux besoins des participants en matière de saine alimentation. Au mois de janvier, le Service de santé publique a mis en œuvre un programme de cuisine communautaire de six semaines dans un immeuble d'habitation subventionné pour personnes âgées dans le but de toucher ces personnes vulnérables là où elles vivent. Le programme, axé sur les connaissances en alimentation, leur offrait des cours de cuisine où elles acquéraient des compétences précieuses. Celles-ci allaient de bien tenir et utiliser un couteau tranchant à incorporer dans les recettes des ingrédients sains et peu coûteux. Ces personnes ont acquis de l'assurance en cuisine, ont travaillé en équipe et ont aimé manger ensemble.

Par le programme, les participants ont pu faire fond sur les relations avec leurs voisins, apprendre et partager des techniques pour préparer des plats plus abordables, et mieux comprendre comment se soutenir mutuellement et réduire ainsi les barrières socioéconomiques à la santé.



1

Priorité stratégique : Prôner et porter des possibilités équitables d'être en santé

- Recommander des politiques qui favorisent l'équité en matière de santé.
- Réduire les barrières socioéconomiques à la santé.
- Aborder un large éventail de facteurs sous-jacents qui influencent la santé.
- Soutenir toutes les communautés pour qu'elles réalisent leur plein potentiel de santé.

Triple P en ligne : investir dans des partenariats innovants avec le secteur de l'éducation

Au mois de janvier 2016, en collaboration avec le St. Albert Adult Learning Centre (du Sudbury Catholic District School Board), le Service de santé publique a lancé un projet pilote pour mieux toucher et mobiliser les parents qui participent au programme Triple P (pratiques parentales positives) au centre.

Les parents en question, dont bon nombre sont aussi des élèves, ont été invités à participer au projet. Ce dernier prévoyait notamment du soutien infirmier en personne, un apprentissage en ligne autodirigé et du temps passé en classe. Les participants ont pu travailler dans leur propre espace. Les élèves admissibles qui ont réussi se sont vu accorder des crédits d'études secondaires (en parentage ou dans un autre domaine). La méthode de prestation a éliminé les barrières liées au transport, à la garde d'enfants et aux coûts associés aux séances communautaires courantes en groupe. Le projet montre en quoi collaborer avec d'autres secteurs aide à créer des conditions qui favorisent l'équité en matière de santé et à bâtir des quartiers vigoureux.

Priorité stratégique : Renforcer les rapports

- Investir dans les rapports et les partenariats innovateurs selon les besoins et les possibilités de la population.
- Contribuer à renforcer les capacités avec nos partenaires afin de favoriser la résilience dans nos communautés et nos quartiers.
- Surveiller notre efficacité à travailler en partenariat.
- Collaborer avec divers secteurs.



Collaborer avec les communautés autochtones pour promouvoir la santé

Le 1^{er} mars 2016, sur invitation du chef de la Première nation Whitefish River et en collaboration avec Mnaamodzawin Health Services et l'Union of Ontario Indians, des membres du personnel du Service de santé publique se sont rendus dans la communauté pour fournir des renseignements sur la blastomycose, une infection causée par un champignon qui vit dans la nature, en particulier dans les sols humides et les matières en décomposition.

Plus de 50 membres ont assisté à l'exposé, qui portait sur les symptômes de la maladie, le diagnostic et le traitement, les voies d'exposition, les endroits où le champignon se trouve et les mesures de protection individuelles.

Après l'exposé, des personnes présentes dans l'auditoire ont livré des témoignages et posé des questions afin d'en savoir plus sur la maladie et ce qu'elles pourraient faire pour se protéger et aider leurs proches à le faire. Le Service de santé publique a aussi offert de donner des exposés à d'autres communautés autochtones afin de les renseigner sur l'infection.

3

Priorité stratégique : Renforcer la pratique en santé publique fondée sur des données probantes

- Mettre en place des processus efficaces et appliquer les résultats afin d'utiliser et de générer des données probantes de qualité.
- Appliquer des résultats de surveillance, d'évaluation et de recherche pertinents et opportuns.
- Échanger des connaissances, tant à l'interne qu'à l'externe.

Dialogue intersectoriel sur l'équité en matière de santé

Au mois de juin 2016, le Service de santé publique a tenu un dialogue intersectoriel sur l'équité en matière de santé dans le contexte de la transformation du système de santé. Le Dr Jeffrey Turnbull, chef, Qualité clinique, à Qualité des services de santé Ontario était présent, tout comme un certain nombre de partenaires locaux. La participation à la rencontre a permis à tous de mieux comprendre comment tous les secteurs ou organismes de nos collectivités œuvrent ensemble afin d'améliorer l'équité en matière de santé dans notre région. L'action intersectorielle est essentielle pour assurer la santé de tous, car bon nombre des solutions requises pour régler les iniquités sociales en matière de santé ne se trouvent pas dans ce domaine.

Une table ronde a permis de donner des exemples tirés de l'éducation, des services d'urgence, de la santé mentale, du secteur de l'enfance, des soins primaires, des services sociaux et du maintien de l'ordre, notamment. Les participants étaient d'avis que tous les partenaires communautaires devaient sortir de leur zone de confort afin de collaborer entre eux et de saisir les occasions d'améliorer la santé de notre population, en particulier de ceux qui sont les plus vulnérables. La rencontre a aussi mené à un dialogue plus approfondi sur la nécessité de dresser un plan d'équité en matière de santé pour le Nord.

La rencontre a favorisé un engagement communautaire varié afin de soutenir davantage les mesures destinées à promouvoir l'équité en matière de santé.

Priorité stratégique : Appuyer des mesures communautaires favorisant l'équité en matière de santé

- Favoriser un engagement communautaire varié.
- Soutenir la sensibilisation, l'éducation, la défense des intérêts et l'élaboration de politiques à l'échelle locale, provinciale et fédérale.
- Adapter les programmes et services en fonction des voix et des besoins de la population.
- Rechercher l'intervention des citoyens dans les questions touchant l'équité en matière de santé.



Tout le monde doit pouvoir travailler dans un milieu psychologiquement sain et sécuritaire

La santé mentale est la principale cause de handicap au travail au Canada. Dans le cadre de son engagement à éliminer ou à réduire l'incidence de dangers psychologiques au travail, le Service de santé publique a adopté la norme volontaire de santé et de sécurité psychologique au travail. Cette norme est axée sur l'idée de promouvoir la santé psychologique des employés et de prévenir les préjudices psychologiques dus à des facteurs professionnels. Elle a pour but d'améliorer la productivité, le rendement financier, la gestion du risque, le recrutement et la rétention.

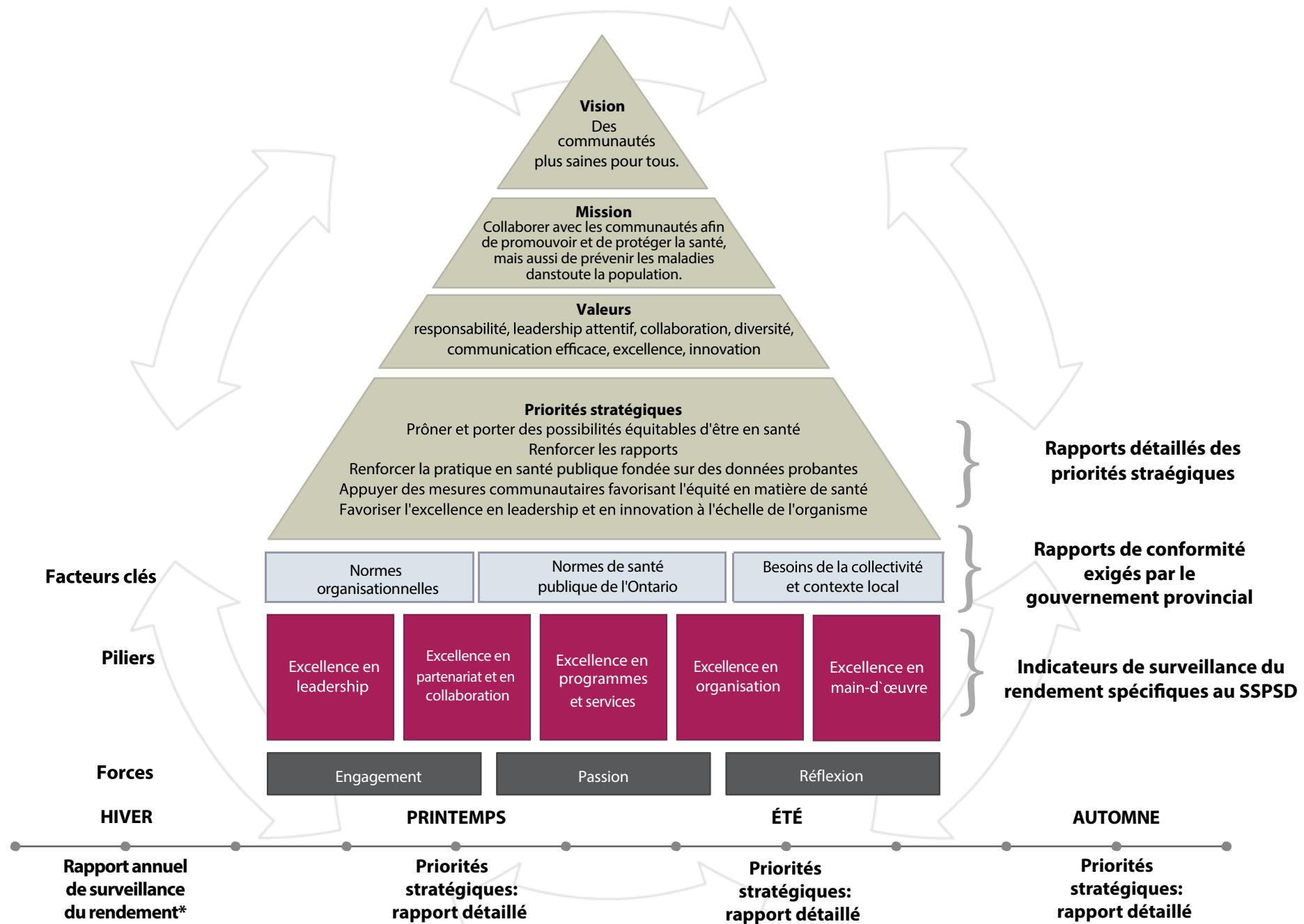
Le nouveau comité de santé et de bien-être psychologique du Service de santé publique se chargera de mettre en pratique la norme. Il inclut des représentants du personnel, des cadres intermédiaires et de la haute direction. Il a pour objet de mettre en œuvre diverses approches organisationnelles afin de protéger et d'améliorer la santé des employés.

5

Priorité stratégique : Favoriser l'excellence en leadership et en innovation à l'échelle de l'organisme

- Favoriser la création d'une main-d'œuvre qualifiée, variée et sensible.
- Promouvoir la mobilisation du personnel et soutenir la collaboration interne.
- Investir sagement les ressources.
- Renforcer les capacités pour ce qui est de soutenir l'acquisition de compétences essentielles chez le personnel et la direction.
- Garantir l'amélioration continue du rendement organisationnel.
- Prôner un organisme apprenant.

Schéma stratégique 2013 – 2017 du Conseil de santé de Sudbury et du district



* Comprend un « cumul » des rapports détaillés des priorités stratégiques, le rapport de conformité aux Normes organisationnelles, le rapport de conformité aux indicateurs de rendement des ententes de responsabilisation et le rapport sur les indicateurs de surveillance du rendement spécifiques au SSPSD.



Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer

Date: October 13, 2016

Re: Engagement with Indigenous Peoples

For Information

For Discussion

For a Decision

Issue:

The Sudbury & District Board of Health supports engagement with Indigenous peoples in its catchment area with the aim of strengthening public health programs and services for all. Since dialoguing on this issue in 2011 and 2012, Board membership has changed significantly. Key factors in the external environment have also evolved. Board members would benefit from an update and a review of issues and opportunities. Additionally, management will be implementing structures and supports to further advance meaningful engagement with Indigenous peoples and the Board requires a status update and an opportunity to discuss direction and roles.

Recommendation:

That the Sudbury & District Board of Health direct the Medical Officer of Health to organize a Board Indigenous engagement educational session in support of motion #20-12, First Nations and Public Health.

Background:

- As communicated in the September 2016 MOH report to the Board, 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.

2013–2017 Strategic Priorities:

- Champion and lead equitable opportunities for health.
- Strengthen relationships.
- Strengthen evidence-informed public health practice.
- Support community actions promoting health equity.
- Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

-
- All SDHU staff attended cultural competency training in October 2015. Staff discussion circles were recently held to explore how we might further pursue meaningful and culturally appropriate Indigenous engagement at the SDHU.
 - Senior management held a facilitated retreat on September 26, 2016 to explore relationship development with Indigenous peoples. In addition to reviewing local and provincial contexts, the senior team discussed the vision, potential outcomes, benefits and risks of closer engagement. It was identified that relationship development takes time and that our progress will continue to be constrained if we do not develop organizational structures and supports for this work.
 - Locally, the SDHU is engaging with Algoma Public Health and the seven communities that work with Maamwesying North Shore Community Health Services to explore relationship building in support of public health. Also, the North East LHIN released its Aboriginal Health Care Reconciliation Action Plan in September. The Plan includes a number of recommendations of direct relevance to public health.
 - Provincially, there are a number of initiatives that further emphasize the need to pursue more determinedly Board motion 20-12. Examples include:
 - Ontario's commitment to the Truth and Reconciliation Commission recommendations and the Premier's apology in May 2016;
 - The Ontario First Nations Health Action Plan announced in May 2016 including \$222m over three years and \$104.5m ongoing;
 - The expectation that the modernized Ontario Public Health Standards will include requirements for boards of health to engage with Indigenous peoples;
 - The work of the Public Health Working Group (of the Trilateral First Nations Senior Health Officials Committee) to develop local models and tools for engagement;
 - The Patients First bill/health system transformation which is expected to include expectations related to Indigenous engagement and the importance of aligning the work of LHINs, boards of health and provincial Indigenous health strategies
 - Plans are underway to organize a full day facilitated Board of Health education session on November 9.

Financial Implications:

Education session is within the current budget.

Structures and supports to further advance meaningful engagement are anticipated to be within the current 2016 budget and reserve funds will be targeted for 2017 if necessary.

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

ENGAGEMENT WITH INDIGENOUS PEOPLES

MOTION: **THAT the Sudbury & District Board of Health direct the Medical Officer of Health to organize a Board Indigenous engagement educational session in support of motion #20-12, First Nations and Public Health.**

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.