



Sudbury & District Board of Health

Thursday, November 24, 2016

SDHU Boardroom

1300 Paris Street

Sudbury & District Board of Health Meeting - November 24, 2016

Sudbury & District Board of Health Meeting # 8 - November 24, 2016

1.0 CALL TO ORDER

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

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Agenda Page 7

4.0 DELEGATION / PRESENTATION

i) Tobacco: Respecting Tradition and Protecting Public Health
K.C. Rautiainen, Public Health Nurse, School Health
Promotion, Health Promotion Division; Page Chartrand,
Student, This is My Tobacco Youth Group; Chuck
Beauparlant, Tobacco Enforcement Officer, Environmental
Health Division

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Seventh Meeting – October 20, 2016 Page 11

ii) Business Arising From Minutes

None

iii) Standing Committees

a. Board of Health Finance Standing Committee

Unapproved meeting notes, November 2, 2016 Page 20

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

MOH/CEO Report, November 2016 Page 26

v) Correspondence

a. Cannabis

Letter from Algoma Public Health to Prime Minister
dated November 4, 2016 Page 42

b. Food Security

Letter from the Chatham-Kent Board of Health to the
Premier of Ontario and Minister Responsible for the
Poverty Reduction Strategy dated September 27, 2016 Page 44

c. Nutritious Food Basket

Letter from the Peterborough Board of Health to the
Minister Responsible for the Poverty Reduction
Strategy, Minister of Health and Long-Term Care and
Minister of Community and Social Services dated
November 4, 2016 Page 46

d. HPV/Immunization Program Funding

Letter from the Grey Bruce Board of Health to the
Minister of Health and Long-Term Care dated
November 8, 2016 Page 48

e. Basic Income Pilot

MOHLTC News Release dated November 3, 2016 Page 49

Letter from the Sudbury & District Board of Health
Chair to the Minister of Community and Social
Services dated November 17, 2016 Page 51

f. 2016 Program-Based Budget

Letter from Michael Mantha, MPP, to the Sudbury &
District Board of Health Chair dated October 12, 2016 Page 52

vi) Items of Information

a. alPHa Information Break

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b. Public Health Agency of Canada News Release

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c. MOHLTC Population and Public Health Division

Organizational Chart dated October 24, 2016	Page 59
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d. Algoma Public Health News Release

Board of Health Announced new Medical officer of Health for Algoma dated October 26, 2016	Page 60
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6.0 NEW BUSINESS

i) Engagement with Indigenous Peoples

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ii) Staff Appreciation Day

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iii) 2017 Cost-Shared Budget

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MOTION: In Camera

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Labour relations or employee negotiations

RISE AND REPORT

MOTION: Rise and Report

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MOTION: 2017 Cost-Shared Budget

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iv) Bill S-228 – Food and Beverage Marketing

Letter from the Peterborough Board of Health to the Federal
Minister of Health dated November 4, 2016

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Press Release from the Honourable Nancy Greene Raine
dated September 29, 2016

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MOTION: Restricting the Marketing of Unhealthy Foods and
Beverages to Children

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7.0 ADDENDUM

MOTION: Addendum

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8.0 ANNOUNCEMENTS / ENQUIRIES

Evaluations for completion

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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 – EIGHTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, NOVEMBER 24, 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) Tobacco: Respecting Tradition and Protecting Public Health**
 - K.C. Rautiainen, Public Health Nurse, School Health Promotion, Health Promotion Division
 - Page Chartrand, Student, This is My Tobacco Youth Group
 - Chuck Beauparlant, Tobacco Enforcement Officer, Environmental Health Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Seventh Meeting – October 20, 2016
 - ii) Business Arising From Minutes**

None
 - iii) Standing Committees**
 - a. Board of Health Finance Standing Committee Meeting Notes, November 2, 2016
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2016
 - v) Correspondence**
 - a. Cannabis**
 - Letter from Algoma Public Health to Prime Minister dated November 4, 2016
 - b. Food Security**
 - Letter from the Chatham-Kent Board of Health to the Premier of Ontario and Minister Responsible for the Poverty Reduction Strategy dated September 27, 2016
 - c. Nutritious Food Basket**
 - Letter from the Peterborough Board of Health to the Minister Responsible for the Poverty Reduction Strategy, Minister of Health and Long-Term Care and Minister of Community and Social Services dated November 4, 2016

d. HPV/Immunization Program Funding

- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated November 8, 2016

e. Basic Income Pilot

- MOHLTC News Release dated November 3, 2016
- Letter from the Sudbury & District Board of Health Chair to the Minister of Community and Social Services dated November 17, 2016

f. 2016 Program-Based Budget

- Letter from Michael Mantha, MPP, to the Sudbury & District Board of Health Chair dated October 12, 2016

vi) Items of Information

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|--|------------------|
| a. alPHa Information Break | October 13, 2016 |
| b. Public Health Agency of Canada News Release
<i>Statement from the Chief Public Health Officer of Canada</i> | October 21, 2016 |
| c. MOHLTC Population and Public Health Division
Organizational Chart | October 24, 2016 |
| d. Algoma Public Health News Release <i>Board of Health Announced new Medical officer of Health for Algoma</i> | October 26, 2016 |

APPROVAL OF CONSENT AGENDA

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

6. NEW BUSINESS

i) Engagement with Indigenous Peoples

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated November 17, 2016

ENGAGEMENT WITH INDIGENOUS PEOPLES

MOTION: WHEREAS the Board of Health is committed to ensuring all people in the Sudbury & District Health Unit service area, including Indigenous people and communities, have equal opportunities for health; and

WHEREAS the Board of Health identified the need to better define relationships with Indigenous communities as part of its risk management strategy;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health reaffirm its commitment to motion #20-12; and

FURTHER THAT the Board direct the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and

services for all; and

FURTHER THAT this strategy include, among others, strategic, governance, risk management and operational components; and

THAT the Board of Health direct the Medical Officer of Health to regularly report on the progress of this strategy.

ii) Staff Appreciation Day

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated November 17, 2016

STAFF APPRECIATION DAY

MOTION: THAT this Board of Health approve a Staff Appreciation Day for the staff of the Sudbury & District Health Unit during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2016, to February 28, 2017. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

iii) 2017 Cost-Shared Budget

- Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer dated November 17, 2016

IN CAMERA

IN CAMERA

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

- Labour relations or employee negotiations

RISE AND REPORT

RISE AND REPORT

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

2017 COST-SHARED BUDGET

MOTION: THAT the Sudbury & District Board of Health approve the 2017 operating budget for cost shared programs and services in the amount of \$22,774,566.

iv) Bill S-228 – Food and Beverage Marketing

- Letter from the Peterborough Board of Health to the Federal Minister of Health dated November 4, 2016
- Senator Nancy Greene Raine News Release dated September 28, 2016

RESTRICTING THE MARKETING OF UNHEALTHY FOODS AND BEVERAGES TO CHILDREN

MOTION: WHEREAS children are particularly susceptible to commercial marketing and need to be protected from marketing influences on their food and beverages choices; and

WHEREAS Health Canada, through the newly introduced multi-year Healthy Eating Strategy, is committed, following a review of the evidence and consultation with experts in the field, to introducing restrictions on the commercial marketing of unhealthy food and beverages to children; and

WHEREAS the Stop Marketing to Kids Coalition's Ottawa Principles outline the components required for effective policies and regulations on any form of commercial advertisement or otherwise promotion of food and beverages to children age 16 years and younger; and

WHEREAS the Association of Local Public Health Agencies endorsed The Ottawa Principles, and has written a letter of support for Senator Nancy Green-Raine's Bill S-228, Child Health Protection Act, which if passed would ban food and beverage marketing to children under 13 years of age; and

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health encourage Members of Parliament to endorse Bill S-228, and commend the Honourable Jane Philpott, Minister of Health, for introducing the multi-year Healthy Eating Strategy; and

FURTHER THAT this motion be forwarded to local, provincial and federal health and non-health sector partners as appropriate.

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

BOARD MEMBERS PRESENT

Maigan Bailey
René Lapierre
Rita Pilon

Jeffery Huska
Stewart Meikleham
Mark Signoretti

Robert Kirwan
Ken Noland
Carolyn Thain

BOARD MEMBERS REGRETS

Janet Bradley

Richard Lemieux

Paul Myre

STAFF MEMBERS PRESENT

Megan Dumais
France Quirion

Stacey Laforest
Renée St Onge

Rachel Quesnel
Dr. P. Sutcliffe

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:33 p.m.

Director of Corporate Services, France Quirion was introduced and welcomed.

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) Northern Fruit and Vegetable Program

- Julie Dénommé, Manager, School Health Team, Health Promotion Division

Manager of the School Health Team, Julie Dénommé, was introduced and welcomed to present the evaluation outcome of the Northern Fruit and Vegetable Program (NFVP). The NFVP has delivered vegetables and fruits to participating schools within the SDHU catchment area on a weekly basis since 2014 between the months of January to June. Schools also receive healthy eating and physical activity education through newsletters, social media posts and food skills sessions with our registered dietitian.

Key findings from the evaluation conducted in partnership with the University of Windsor are very positive in support of the program goals. The program was extremely well received by school staff, including principals and program coordinators, was that the program was easy to implement and supported students in living healthy lifestyles.

The SDHU will continue to support and administer the NFVP during the 2016-2017 school year, working with the schools, the Ontario Fruit and Vegetable Grower's Association, and the Ministry of Health and Long-Term Care (MOHLTC).

As part of the government's *First Nations Health Action Plan*, including an investment of \$222 million over the next three years, the MOHLTC is planning on expanding the NFVP to on-reserve schools. We have started dialoguing with the MOHLTC as well as engaging and collaborating with our Indigenous partners to establish an implementation plan for a successful expansion of the NFVP in on-reserve schools with full implementation scheduled for April 2017.

We plan to enhance the supportive materials that we provide to schools to further create a positive school nutrition environment and to adapt what we have to reflect the Indigenous culture. We will also continue to work with school boards to create positive school cultures through our resiliency school programming since we know this is linked to positive health outcomes and behaviours and supports the objectives of the NFVP.

Questions were entertained and it was suggested that additional information be shared with students/families relating to locally grown foods and local farmer markets. Clarification was provided on identifying priority schools, the deprivation index and our reach. Additional information will be provided to the Board via email. The presenter was thanked.

5.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

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. alPHa 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 |

Dr. Sutcliffe clarified for newer Board members that the MOHLTC has, in the past, transferred 100% provincially-funded programs to base cost-shared budgets. There have also been instances where 100% funded programs do not receive sufficient provincial funds to cover all program expenses. It was clarified that the 2016 grant letter included the announcement that the \$175,000 Diabetes Prevention program will now be in the Board's 100% funded programming budget as an ongoing program versus its former status as a year over year one-time funded program.

Kudos were extended for the 2015 Snapshot of Public Health for District Office Area reports that highlights public health activities in each of our district office areas during the 2015 calendar year. Print copies of the reports have been shared with Board members representing those district areas. The reports will be shared with the respective municipalities in print and electronic formats and will be available on the SDHU website.

It was shared that the SDHU Workplace Health newsletter is distributed widely in paper and electronic format to large and small businesses as well as municipalities.

46-16 APPROVAL OF CONSENT AGENDA

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

CARRIED

6.0 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

In follow-up to the work that the Senior Management Executive Committee and the Board have done this spring in the area of risk management, a briefing note tabled with today's agenda package recommends 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.

The Ontario Public Health Organizational Standards notes that stewardship for risk management is the responsibility of the Board of Health. A number of recent provincial initiatives such as audits have highlighted the importance of Risk Management and have served to increase efforts to build capacity within the public health system.

The draft Board risk management policy ensures that the SDHU has a framework to systematically identify/assess risks and controls, and evaluate, monitor and report the risks regularly. It was noted that the risk management heat map and risk assessment are based on the Board's deliberations during the spring sessions.

The font size on the risk assessment and progress report as well as the heat map will be enlarged.

Board members observed that the proposed framework is a vigorous and comprehensive Risk Management system and represents excellent work. Dr. Sutcliffe concluded that the framework will be helpful on the go forward for all, including the Board.

47-16 ENTERPRISE RISK MANAGEMENT

Moved by Pilon – Huska: 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.

CARRIED

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

Board members were reminded that the current cycle of the SDHU Strategic Plan concludes at the end of 2017. Planning for the development of the next iteration of the SDHU Strategic Plan is slated to commence at the beginning of 2017.

The engagement of the Board of Health in the development of this next iteration of the Strategic Plan is critical to the future organizational direction and success. It is recommended that the Board Executive Committee be assigned oversight of the strategic plan development process for the planning cycle beginning 2018. In this role, the Executive Committee will provide direction for the process, engagement and ultimate endorsement of the next strategic plan.

48-16 STRATEGIC PLANNING

Moved by Noland – Meikleham: 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.

CARRIED

iii) Change in Board of Health Meeting Date

The Association of Local Public Health Agencies (alPHA) Fall Symposium is scheduled to take place on November 17 and 18, 2016. Meetings on those two dates include a Council of Medical Officers of Health and alPHA Board Section face-to-face meetings. Dr. Sutcliffe, Dr. Zbar will attend this symposium and any interested Board members; therefore, it is recommended that the November Board meeting date be changed to one week later.

It was clarified that the proposed 2017 budget will be tabled at the November Board meeting.

49-16 BOARD OF HEALTH MEETING DATE

Moved by Huska – Meikleham: 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.

CARRIED

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

On an annual basis, all boards of health are required to measure the cost of healthy eating using the same standardized Nutritious Food Basket (NFB) survey tool. Findings from this year's NFB survey, shows consistently once again, that people living in households with a limited income within the SDHU catchment area struggle to pay rent, bills and to put healthy food on the table.

The Sudbury & District Board of Health is asked to support the recommended actions to mitigate the risks to health of poverty as articulated in the 2016 Nutritious Food Basket motion.

Dr. Sutcliffe shared that it is hoped the MOHLTC will keep the NFB as an Ontario Public Health Standards through the current modernization of the OPHS as this is real live community evidence relating to food insecurities that helps local public health units speak concretely on inadequate or insecure access to food because of financial constraints and the serious public health implications.

Questions were entertained and it was clarified that the motion will be shared and posted to the SDHU website.

50-16 NUTRITIOUS FOOD BASKET 2016

Moved by Meikleham – Huska: 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.

CARRIED

v) Performance Monitoring Plan

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

R. Pilon, member of the Joint Board/Staff Performance Monitoring Working Group introduced the the October 2016 Strategic Priorities: Narrative Report. The report presents five stories about programs or services that show each of the SDHU's strategic plan priorities in action and demonstrate how the strategic priorities are integrated into staff members' daily work.

The internal processes to collect and select stories three times per year were recapped. The Joint Board/Staff Performance Monitoring Working Group reviews and provides comments on these narratives. Board representatives on the Working Group include C. Thain, J. Bradley and R. Pilon.

Board members were reminded that this report is part of a broader SDHU performance monitoring plan, which includes these narrative reports, and the annual performance monitoring report which was presented in February.

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

Further to Board motion #20-12 First Nations and Public Health, the Board's support was sought for an Indigenous engagement training workshop on November 9.

The work that has since taken place is summarized in the briefing note was outlined. Given the change in Board membership since the last motion, it is felt that a training session would be helpful to review the current status of programs, services and initiatives, legislation and

jurisdictional issues. Senior Management Executive Committee held a retreat which was facilitated by M. Sutherland to discuss the vision, potential outcomes, benefits and risks of closer engagement. It was recognized that this work cannot be effectively carried out within the scope of current workloads and investments will be made to ensure appropriate staffing and structure to move forward responsibly on this file.

There is a lot happening locally and provincially in this environment and it is expected that Indigenous engagement will be included in some form in the modernization of the Ontario Public Health Standards.

Questions were entertained and Dr. Sutcliffe explained Section 50 of the HPPA and outlined the complexities of legislation and jurisdictional issues.

51-16 ENGAGEMENT WITH INDIGENOUS PEOPLES

Moved by Kirwan – Bailey: 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.

CARRIED

7.0 ADDENDUM

No addendum

8.0 ANNOUNCEMENTS / ENQUIRIES

It was clarified that the Patients First Bill is in its second reading and it is expected to then be referred to Committee. Following prorogation, the Bill was reintroduced essentially the same and for public health, there were no changes. It is expected that ALPHA will be making a deputation to the Committee.

Dr. Sutcliffe reported that the SDHU has recently received NE LHINs requests. Dr. Zbar will be participate in the NE LHIN Board Advisory Committee (Health Professional Advisory Committee) meeting tomorrow; Dr. Sutcliffe is presenting at the NE LHINs Local Aboriginal Health Committee (LAHC) meeting on Monday and at the Stay On Your Feet conference next Wednesday. The NE LHIN has responded to this Board's request to meet and a meeting is scheduled between NE LHIN and NE public health unit MOHs/CEOs and Board Chairs on November 29. The administrators will be meeting ahead on October 25 to plan for November 29 meeting.

The assessment for the SDHU's Baby-Friendly Initiative (BFI) designation is currently underway. The assessors held several interviews over the course of the three days including management, board of health, staff, as well as clients.

The Public Health Champion award ceremony was held this morning and two recipients received the 2016 award. Board members who participated in the event were thanked. There was good media coverage and Radio Canada will be interviewing the Board Chair and the two recipients at a live interview this afternoon.

The date of the next regularly scheduled Board meeting, as agreed by the Board today, will be Thursday, November 24, 2016.

Board members were encouraged to complete the Board evaluation regarding today's Board meeting. Also, Dr. Sutcliffe noted a correction from the MOH report that the response rate for the annual self-evaluation was 33% (versus 92%). Board members were asked to complete the evaluation by October 24.

9.0 ADJOURNMENT

52-16 ADJOURNMENT

Moved by Bailey – Kirwan: THAT we do now adjourn. Time: 2:40 p.m.

CARRIED

(Chair)

(Secretary)

**UNAPPROVED MEETING NOTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
WEDNESDAY, NOVEMBER 2, 2016, AT 9 A.M.**

BOARD MEMBERS PRESENT

René Lapierre

Stewart Meikleham

Carolyn Thain

STAFF MEMBERS PRESENT

Colette Barrette
France Quirion

Sandra Laclé
Dr. P. Sutcliffe

Rachel Quesnel

C. THAIN PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 9:04 a.m.

2.0 ROLL CALL / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

3.0 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

3.1 Board of Health Finance Standing Committee Meeting Notes dated May 2, 2016

One minor correction was noted that date on the first page of the meeting notes should read May 2, 2016.

04-16 APPROVAL OF MINUTES

Moved by Lapierre – Meikleham: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 2, 2016, be approved as distributed.

CARRIED

4.0 NEW BUSINESS

4.1 Ministry of Health and Long-Term Care (MOHLTC) Provincial Funding

a) Letter to Board Chair from Minister of Health and Long-Term Care (MOHLTC) dated September 23, 2016

The Sudbury & District Health Unit (SDHU)'s 2016 Program Based Budget request for the mandatory and other related programs funding was approved as submitted to the MOHLTC, incorporating anticipated adjustments for the new Healthy Smiles Ontario program. 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 2016 mandatory program funding allocation.

- b) Letter to Medical Officer of Health from ADM, Population and Public Health Division, MOHLTC dated September 23, 2016

The letter is in follow-up to the MOHLTC to the Board Chair and provides additional detail at the management level, including allocations year over year and one-time funding.

- c) Amending Agreement No. 4, Public Health Funding and Accountability Agreement and Schedule A5 Program Based Grants

Schedule A-5 of the program-based grants attached to the amended Accountability Agreement outlines the 2016 approved grant for SDHU program/initiatives and the increases/decreases over the 2015 approved allocations.

- d) SDHU Comparison of 2016 Grant Request to MOHLTC 2016 Approval Grant

A comparison table outlining 2015 MOHLTC allocations to the 2016 approved program-based grant was reviewed.

C. Barrette explained changes to the funding as it relates to dental programs for children. The Children in Need of Treatment (CINOT) mandatory preventive services has been transferred to the 100% ministry funded program. The SDHU had anticipated the integration of the Healthy Smiles Ontario (HSO) Program and proactively made accommodations for implications to our mandatory program. Discussions underway are currently focusing on the implementation of the newly integrated 100% program outside of the mandatory program to ensure adequate resources for the program deliverables.

Dr. Sutcliffe noted that the MOHLTC changes leave us short to fulfill requirements of the program; therefore, further funding advocacy efforts may be proposed to the Board. Dr. Sutcliffe noted that this is still in evolution. SDHU assumptions and close monitoring of this situation has put us in a good position for this year.

Unorganized territories annual allocation was increased by \$6,400 and the Diabetes Prevention funding is migrated to the base 100% funding stream.

The approved SDHU one-time requests were reviewed.

Clarification was provided regarding Panorama as it relates to immunization and infectious diseases and the 2016 funding allocations in recognition of the work that public health units are doing for this provincially-led information system initiative.

Further to an inquiry regarding Return on Investment (ROI) for public health programs/services, Dr. Sutcliffe noted the SDHU has begun looking at this and has information on its website. It was noted that these analysis are multi-factoral and analyses must be careful to not undercount the non-monetary value of public health programs. For example, an important benefit of the public health system has been the motivation or knowledge to support decision makers outside of the public health system to make decisions on health, e.g., tobacco by-laws, built environment, clean air, etc.

- e) E-mail correspondence to Medical Officer of Health from PPHD, MOHLTC dated September 26, 2016

The email highlights the provincial context and notes the 1% growth funding for mandatory programs being allocated proportionally to 10 boards based on the funding formula. Last year, a 2% growth funding was allocated to 8 health units.

- f) Public Health Funding Model Share Status – SDHU, MOHLTC received September 29, 2016

An overview of the public health funding model implemented in 2015 was provided. Per the funding model, board allocations are calculated as relative shares of the public health “funding pie”. In 2016, the Sudbury & District Board of Health’s actual share is 2.62%, whereas the MOHLTC model share is 1.67%.

It was pointed out that zero funding means reductions to the provincial public health system. This funding model allocates current resources and does not look at whether there are appropriate levels of funding.

Dr. Sutcliffe noted that the field anticipates changes relating to Patients First and through the modernization of the Ontario Public Health Standards (OPHS). It is unknown whether additional funding will be available if there are additional expectations.

- g) Public Health Funding Model Slides, MOHLTC webinar, September 17, 2015

No discussion.

4.2 Year to Date Financial Statements

- a) September 2016 Financial Statements

Dr. Sutcliffe noted that it is this Committee’s responsibility to periodically review the year-to-date financial statements.

C. Barrette reviewed the September 2016 year-to-date financial statements that report a positive variance of \$722,465. The breakdown for the variance was summarized as 55.1% for gapped salary and benefits; 34.1% of gapped operating; and 10.8% of gapped other revenues. As part of this year’s budget contingency plan, key positions were not filled for a good part of 2016 or there were delays in filling vacant positions due to recruitment challenges. The SDHU has seen a larger number of short-term disability leaves and there have been challenges in filling the vacancies due to the nature of the leaves.

Short-term disabilities have a financial, staffing and programming impact. The SDHU’s work with workplace culture and supports for employees were outlined. We continue to support employees through numerous initiatives such as flex time, EAP, support for fitness, etc. It was suggested that an analysis might be helpful to identify areas where STDs are occurring such as staff groups by years of services.

It was noted that the SDHU had not budgeted for a vacancy for 2016 in order to address current and future pressures.

The Senior Management Executive Committee meets regularly to discuss staffing pressures and gaps to most effectively address priorities.

4.3 2017 Program-Based Budget

a) 2017 Budget Principles

The 2017 budget principles presented at the meeting are the same principles that were applied for last year's budget. The Finance Committee reaffirmed the principles for 2017.

Dr. Sutcliffe noted that there has been less internal communication with staff this year as compared to last year given the implications of the 2016 provincial grant.

b) 2016 Cost Savings Strategies and Five Year Projection

The five year budget projection to 2021 highlights significant financial pressures and rising shortfalls year over. The cost savings that have been realized as a result of the 2016 cost reduction initiatives have helped us manage in the short-term. Close monitoring will take place as we look at the path forward for 2017 and beyond.

c) 2017 Cost Reduction Initiatives

The cost reduction initiatives that carry over to 2017 are incorporated. Incremental savings listed as operational and attrition will result in a savings of \$253,617. The only new proposed cost saving initiative for 2017 is to increase an Ontario Building Code (OBC) Part VII user fees increase resulting in \$30,000 of additional revenues. It is expected that fees would also increase for 2018. It clarified that the Director of Environmental Health conducts surveys of fees from other boards of health. The last time the Part VIII fees were increased was in 2009. Per the OBC and the Board by-laws, the actual fee increase would need to be shared publicly and the Board would approve the fees.

Discussion ensued regarding possible areas to further increase fees or revenues and process for reviewing these regularly, such as the travel immunization. These will be reviewed and discussed with the Board as applicable.

Questions were entertained and clarification was provided regarding our tenant lease agreement and photocopying expenses. Future opportunities for one-time capital requests were discussed such as replacement of lighting. A previous building/energy audit was conducted a few years ago and F. Quirion will determine the frequency of such reviews.

C. Barrette circulated two additional pages for the draft 2017 budget that outline the mandatory cost-shared program expenditures by category and the municipal levies.

Discussion ensued regarding the municipal levies and it was clarified that with the combination of the overall municipal increase and the impact of the changes for the CINOT funding results in 1.82% municipal levy increase as compared with 2015. It was clarified that the Health Protection and Promotion Act stipulates that municipalities are levied based on MPAC population data. Upon discussion regarding

the municipal levies, it was noted that the summary will be reviewed to ensure the levies accurately reflect the MPCAC capita levy per the legislation.

Dr. Sutcliffe concluded that hard work has been done for the 2016 and proposed 2017 cost-shared budgets. Management conducted detailed reviews of all budget lines and identifying priorities in this time of flux for the public health system and financial constraints.

d) Draft 2017 Mandatory Cost-Shared Budget

Difficult discussions were held last year relating to cost reduction initiatives and this proactive work has resulted in savings being realized for the complete year in 2017. It is anticipated that the 2018 budget discussions will be more difficult and analysis, impacts, etc. would begin soon.

This proposed 2017 cost-shared budget will be summarized in a briefing note with financial appendices for the November Board meeting. As the Board Finance Committee Chair, C. Thain will introduce the proposed budget.

Dr. Sutcliffe invited discussion regarding the function and role of the Board Finance Standing Committee as it relates to the budget. It was pointed out that the Board Chair and MOH/CEO regularly communicate. This Committee, which is new since 2015, has reviewed the budget principles, assumptions and cost reduction initiatives to ensure there was overall support of the proposed financial positions and discussed budget impacts. The draft budget briefing note has not been presented to this committee as it is presented to the Board.

The Committee agreed that the current level of information that is tabled and discussed by the Board Finance Standing Committee is acceptable and the Committee does not need to review the program-based budget briefing note that is included in the Board agenda packages.

The Committee members concurred that the draft budget will be recommended by them to the full Board for approval.

4.4 Financial Risk Management

a) Risk Management – Financial Risk Power Point Presentation

Dr. Sutcliffe noted that three risks and associated mitigation strategies resulting from the SDHU risk assessment plan that have a financial focus were shared for the Committee's review and discussion. Two of these financial risks were rated as high risks and are within the red zone.

Given we anticipate significant financial pressures, it is important to manage risks and identify mitigation strategies. An example is the vacancy management program which requires all vacancies to be reviewed on an individual basis. Senior Management Executive Committee also review opportunities and analyze vacancies and organizational priorities that align with the strategic plan. The SDHU also trained a staff with a green belt to lead Lean reviews and train others within the organization. The ongoing monitoring of the budget includes a detailed monthly review and analysis on variances.

At the provincial level, S. Laclé and P. Sutcliffe are both on provincial committees such as alPHa board, and keep aware of what is current and upcoming.

Discussion ensued regarding financial risk 1.2: in that we do not hear from the MOHLTC regarding our provincial grant until later in the year.

The risks and mitigation strategies will be reviewed and reported on on an ongoing basis. The progress made on mitigation strategies will be closely monitored and risks reassessed at predetermined intervals. The Committee members noted they don't need to provide input into strategies but be kept up to date and unless there is something that changes, it would be most appropriate to roll these up in the regular reporting.

4.5 Finance Policy Review

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Chair dated October 26, 2016

Dr. Sutcliffe noted that there have been some questions relating to this Committee's responsibilities as it relates to the review of administrative financial management policies. It was noted that the Board of Health Finance Standing Committee terms of reference include that of *reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.*

There are internal processes in place and regular reviews are conducted but this is not routinely communicated with the Board and these do not come to the Board unless they are revised. For example, if a Board Policy notes R: June 2009, that Policy was last revised in 2009 but has been reviewed annually since then and no changes have been recommended. Board policies relating to financial management are included in Board Bylaws G-I-40 and G-i-50. Any revisions to these are brought to the Board for their review and approval.

Options were discussed and members cautioned of becoming a management Board. The MOH and Director of Corporate Services were asked to propose a Board policy with a framework outlining reporting, the governance roles and responsibilities and language that is consistent with the OPHS.

Before adjourning it was noted that the City of Greater Sudbury has appointed KPMG as their new auditor. The SDHU will be holding a preliminary meeting with the auditor this Friday to begin planning for its 2016 audit.

5.0 ADJOURNMENT

05-16 ADJOURNMENT

Moved by Lapierre – Meikleham: THAT we do now adjourn. Time: 11:37 a.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought...

A new bill was proposed on Wednesday, to ban the advertising and sale of junk food to children under the age of 13.

Conservative Sen. Nancy Greene Raine unveiled the details of Bill S-228 which would amend the Food and Drugs Act to make it illegal to package and advertise junk food, sugary drinks, chewing gum and anything unhealthy that can be mixed with food (such as syrups and sauces) to pre-teen children across Canada.

According to a press release from the Stop Marketing to Kids Coalition, as much as 90 per cent of the food marketed to young children is high in salt, fat and sugar. Advertisers use cartoon characters, video games, celebrities and gifts and giveaways to influence pre-teens.

"It's not fair. Kid's brains aren't developed enough to understand the effect and the information given to them. The use of cartoon characters is manipulative," Greene, who is a grandparent, told CTVNews.ca in an interview Wednesday.

The proposed legislation follows on the heels of a report from the Standing Senate Committee on Social Affairs, Science and Technology outlining the mounting obesity rates in Canada. The report recommended the ban as well as restructuring Canada's Food Guide.

"I've become more aware of this issue over the years. The rising rate of obesity in Canadian children has many factors. There is no silver bullet," said Greene.

The senator has backing from the Heart and Stroke Foundation of Canada, the Stop Marketing to Kids Coalition, the Childhood Obesity Foundation and the Canadian Cancer Society.

"Legislation will protect kids, support parents as they teach their children healthy habits, and ensure all companies have to play by the same rules. We urge the government to move quickly to make this a reality," said Dr. Tom Warshawski, Chair of the Childhood Obesity Foundation, said in the press release.

Similar legislation has existed in Quebec since 1980. A 2012 UBC study of the province's Consumer Protection Act found that people in Quebec bought less junk food, and their children tend to weigh less than their North American counterparts.

Greene reinforced that Bill S-228 is non-partisan and said that she has the support of both Senator Art Eggleton and Health Minister Jane Philpott. "This bill has been on my bucket list since the beginning of my time on the Senate," she said.

Health and fitness has been in Greene's wheelhouse throughout her career. She successfully passed a bill in 2015, making the first Saturday in June National Health and Fitness Day.

SOURCE Andy Macdonald, CTVNews.ca
Wednesday, September 28, 2016 1:07PM EDT

Chair and Members of the Board,

Childhood obesity is a growing problem and the subject of local, provincial, national and international attention. In 2012, then Minister of Health and Long-Term Care, Deb Matthews, struck a panel of experts, the [Healthy Kids Panel](#), to recommend how Ontario could keep more kids at healthy weights. I was honoured to be the only local public health representative appointed to the panel. After much deliberation, we submitted our report, [No Time to Wait: the Healthy Kids Strategy](#), to the Minister in March 2013.

One of the report's three key strategies is that of changing the food environment. This strategy calls for a number of measures, including a ban on marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12. It is very encouraging to see the proposed federal bill to ultimately achieve this end for all Canadians. The Sudbury & District Board of Health endorsed the

Healthy Kids Panel report in 2013 ([motion #19-13](#)). A motion specific to the issue of marketing to kids is presented in today's agenda, furthering the Board's advocacy in this important area of child health.

I am pleased to share highlights since the last Board of Health meeting in the following sections of my report.

GENERAL REPORT

1. Human Resources Update

I am pleased to report that, effective January 3, 2017, Dr. Marlene Spruyt will commence as the Medical Officer of Health and Chief Executive Officer for Algoma Public Health. Dr. Spruyt is currently the MOH/CEO of the Timiskaming Health Unit. As per the *Health Protection and Promotion Act*, the Board's appointment is contingent on approval by the Minister of Health and Long-Term Care.

I will continue to provide Acting MOH coverage until that time as will their Acting CEO, Tony Hanlon and Associate Medical Officer of Health, Dr. Alex Hukowich. It has been a privilege for me as their Acting MOH, S. Laclé as their Acting CEO for a past period of six months and also for the Sudbury & District Health Unit (SDHU) staff to work more closely with APH for the two year period. The Ministry of Health and Long-Term Care has also shared its appreciation for the work and time that the SDHU has provided to support the APH. The Public Health Ontario's President and CEO stated that "*It has demonstrated the very best of Public Health camaraderie in this Province.*"

As the SDHU's Associate Medical Officer of Health, Dr. A. Zbar has begun provided after-hours Medical Officer of Health coverage for the SDHU. Dr. Zbar and I will now share on-call duties.

2. Local and Provincial Meetings

On October 24, 2016, I presented to the NE LHIN's Local Aboriginal Health Committee (LAHC) on *Public Health: Board of Health Engagement with Indigenous Peoples in the North East*. The Committee discussed public health membership and I have indicated my interest to join LAHC.

On October 25, 2016, Medical Officers of Health and Chief Executive Officers from public health units within the NE LHIN boundaries met with the NE LHIN Chief Executive Officer. The purpose of the meeting was to strengthen the engagement between the NE LHIN and NE Boards of Health to improve health and health equity in northeastern Ontario. The meeting served to:

- Further mutual understanding of respective mandates
- Explore the current context of change including Patients First proposals
- Identify current and future opportunities for collaboration

The group also began planning for the upcoming meeting of senior leadership and Board Chairs scheduled for November 29, 2016.

I was invited to present at the *Stay on Your Feet* conference hosted by the NE LHIN on October 27, 2016. With the assistance of SDHU staff, the presentation I shared entitled, *The Forest from the Trees: Understanding Falls Prevention from a Broader Community Context*, was well received.

I met with the City of Greater Sudbury's Chief Administrator Officer, Ed Archer, at the SDHU on October 27, 2016.

I continue to participate on aIPHa Executive meetings and participated in a teleconference on October 28. I also assisted with planning for the aIPHa panel that will be taking place at the November 17, 2016, aIPHa workshop *Cultural Competencies to Support Indigenous Truth and Reconciliation*.

I participated in the November 8 COMOH Executive teleconference. COMOH holds a face-to-face section meeting on November 18, 2016, where Dr. Zbar and I join all Ontario MOHs and Associate MOHs. The meeting provides an opportunity to discuss local common and provincial public health issues, such as Patients First, BFI, basic income guarantee, etc.

A Public Health Working Group (of the Trilateral First Nations Health Senior Officials Committee) meeting was held on November 1, and I participated via teleconference.

As previously reported in October, the SDHU is collaborating with Health Quality Ontario (HQP), the northern public health units, and the two northern Local Health Integration Networks on the development of a Health Equity Strategy for the North. A Northern Ontario Health Equity Steering Committee has been struck, and I am a committee member. The purpose of the committee is to steer, lead and support the development of a Northern Ontario Health Equity Strategy. I participated in the November 7 meeting via teleconference.

A face-to-face meeting will be held in Toronto with the Northern Medical Officers of Health (NMOH) on November 17. The NMOH group normally meets monthly, normally via teleconference.

3. alPHa Fall Symposium

I will join Dr. Zbar and Board member, Maigan Bailey, at the alPHa Fall Symposium November 17 and 18, 2016. Day 1 will include a plenary presentation and workshop on Indigenous Cultural Competencies and day 2 is a half-day with a Board of Health Section meeting and COMOH meeting.

4. Board of Health Annual Self-Evaluation Survey

Results from the annual Board of Health self-evaluation survey were to be tabled at the November Board meeting. In consultation with the Board Chair, it has been decided that an extension be provided for Board members to complete the [annual Board of Health self-evaluation survey](#) to December 16, 2016. The Board member response rate as of November 16 was below 60%. The evaluation survey remains open for those who have not had a chance to complete it yet. Time will also be designated following the November Board meeting for the completion of the annual survey. It is important that we hear from all Board members to ensure continuous quality improvement. The survey results will be tabled at the January Board meeting as the performance monitoring plan will be tabled at the January Joint Board/Staff Performance Monitoring Working Group Meeting before being tabled at the February Board meeting.

5. Board of Health Reminders / Invitation

All Board members are invited to stay following the November 24 Board meeting for a brief Board social gathering in the Boardroom. Festive treats and fruits will be available to celebrate the season.

Board members are reminded that there is no regular Board meeting in December. The date of the next Board meeting is Thursday, January 19, 2017. I take this opportunity to wish everyone a wonderful holiday season and a happy New Year. I look forward to continuing to work with all of you in the New Year.

Board members are welcomed to receive their flu shot at the SDHU on November 24, between noon and 1:30 p.m. Please announce your arrival at the main reception and staff will accompany you to the meeting location for your flu shot.

6. Baby Friendly Initiative (BFI)

From October 18 to 20, the SDHU underwent the external Baby-Friendly Initiative Assessment as per our accountability agreement performance indicator. Over 85 staff, management, senior leadership and mothers were interviewed, including one Board of Health member. The Breastfeeding Committee for Canada (BCC) assessors shared positive comments about the SDHU's excellent work towards achievement of the BFI designation. In addition to interviews and observing various SDHU maternal/child programming, the assessors were provided with an overview of our infant feeding surveillance system. The SDHU expects to receive a final report from the BCC in December.

7. Sudbury & District Health Unit's Support of Local Campaigns

Workplace United Way Campaign: As a progressive public health agency, we are committed to improving health and reducing social inequities. Our United Way workplace campaign is another way we collectively demonstrate our commitment to achieving our vision: healthier communities for all. This year, the SDHU campaign was launched November 1 and closed on November 10, 2016. Staff were invited to participate in activities that enhance workplace wellness and were provided a variety of options to contribute to the campaign. The SDHU raised a total of \$10,052.

Winter Clothing Drive: The SDHU participated in a winter clothing drive campaign where staff were invited to drop off lightly used winter clothing at the main entrance to help keep our neighbours warm this winter. This initiative was led by Cooper Equipment Rentals in conjunction with the local non-profit organization in Sudbury "Our Children Our Future" as well as community based organizations and industry.

8. SDHU Performance Targets for the Accountability Agreement Indicators

Variances reports are expected to be required for four indicators based on experience to date:

1. % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification
2. % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS
3. % of HPV vaccine wasted that is stored/administered by the public health unit
4. % of influenza vaccine wasted that is stored/administered by the public health unit

Details include the following:

- i) In October, Environmental Health Division staff reported that the investigation of one suspected rabies exposure was not initiated within one day of Health Unit notification as is required by the Ministry of Health and Long-Term Care. The investigation has since been completed and processes put in place to ensure future compliance with this indicator.
- ii) In September, Environmental Health Division staff reported that investigations of three salmonellosis cases did not identify potential risk factors for exposure. The Ministry of Health and Long-Term Care does recognize that some cases may be lost to follow-up or may have recall bias, which would account for behavioural risk factors not being identified. Environmental Health Division staff will continue to ensure thorough investigation of all reported cases.
- iii) The SDHU waste percentage for HPV vaccine was 0.9% and the target is 0.1%. A total of 11 doses of HPV were wasted for the year. Five (5) of the 11 doses were returned from an external health partner. The remaining 6 doses of wastage are from one full year of SDHU's school-based clinics. The CID team continues to discuss to identify process strategies to reduce this wastage.

- iv) Our waste percentage for influenza vaccine was 5.8% and the target was 0.3%. The SDHU had 20-30 wasted doses of influenza vaccine. The remaining 200 doses were distributed to external providers but the data was not entered in the Panorama inventory as being distributed and there is no way to retrospectively adjust for doses distributed to providers in Panorama. A dedicated person has since been assigned to Panorama inventory and a PHN oversees the ordering and distribution process. We are confident that our statistics for influenza will be more accurate for this season.

9. Financial Report

The positive variance in the cost-shared program is \$722,465 for the period ending September 30, 2016. Gapped salaries and benefits account for \$397,960 or 55% with operating expenses and other revenue accounting for \$324,505 or 46% of the variance. The operating and revenue variance is attributable to timing and calendarization of revenues and expenses.

10. Quarterly Compliance Report

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

The SDHU has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to October 21, 2016, on October 21, 2016. The Employer Health Tax has been paid as required by law, to October 31, 2016, with a cheque dated November 15, 2016. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to October 31, 2016, with a cheque dated November 30, 2016. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

Following are the divisional highlights including the twice-yearly more detailed report from the Corporate Services Division.

CORPORATE SERVICES DIVISION

1. Accounting

The Accounting team successfully implemented an Electronic Funds Transfer (EFT) module, which enables the processing of electronic payments to those vendors who have selected the EFT as their preferred method of payment. Moving to EFT processing results in savings both in operating resources and staff time.

2. Facilities

1300 Paris Street: Due to elevating device code changes, alterations to our elevator were completed and approved by the Technical Safety Standards Association. We also completed a replacement project and have begun replacing old security sensors that have become problematic with newer technology. Worth noting is the addition of two needle bins installed at 1300 Paris Street to allow for the safe disposal of used needles as part of our Needle Exchange Program (NEP).

District Offices: A new vaccine fridge and backup power system was installed at the Espanola District Office. A new storage area has been set up at the Rainbow Centre to accommodate the large number of supplies required for our Needle Exchange Program (NEP) and a new clinic room was set up in the Val Caron office to allow staff a permanent space to see clients on a more frequent basis.

3. Human Resources

Health and Safety: We continue to work diligently to maintain compliance with the *Occupational Health & Safety Act* and SDHU health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee meetings, training on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment.

We completed the review of the workplace violence and harassment program to ensure compliance with Bill 132 which expands the definition of “workplace harassment” to include “sexual harassment” and set out requirements for the development and maintenance of the workplace harassment program and complaint investigations.

The SDHU has entered into its 6th year in the WSIB Safety Group Program. Each year as part of the program, the WSIB selects random companies for an audit. The SDHU was one of the companies selected for the 2015 program year and was successful this summer in the audit of our program.

Accessibility for Ontarians with Disabilities Act (AODA): The SDHU Accessibility Plan has been updated and posted on the website. This revised plan outlines how the SDHU is continuously working toward being a fully accessible and inclusive environment. The task group is reviewing the most recent changes to the legislation that came into effect in July 2016.

Privacy: All staff continue to receive privacy and access to information training during orientation. The SDHU Privacy Officer and the Manager of Information Technology will provide a refresher training session to all staff in the fall of 2016/spring of 2017 that outlines the importance of putting patients first by improving privacy, accountability and transparency. This refresher will focus on electronic health records and the expectation that staff follow SDHU policy and the law to protect electronic health records from inappropriate access, which will be monitored through health record database audits. In addition, the training will highlight the issue of “snooping” or inappropriate access to health information, which have resulted in criminal and IPC orders to agents and health information custodians in the province of Ontario. The SDHU policies have been reviewed and updated to comply with the recent changes in legislation with the new *Health Information Protection Act* (HIPA), which became law in May 2016.

Access to Information Requests: Since 2013 we have experienced a significant increase in the number of formal information requests from the public. In 2015 we received 15 formal requests, and to date in 2016, we have received 10 requests.

Labour Relations: SDHU and ONA will commence bargaining in February 2017 for a new collective agreement, which will expire March 31, 2017.

4. Information Services

Records Management/SharePoint Project: Clinic and Family Services have completed their work and the MOH Office have begun the transition to SharePoint.

Phone System: We have added the ability of individuals to search our name directory using voice services and have introduced new call trees for the 1300 Paris Street and district offices to enhance the quality of our service.

Mobile Phone Replacement: BlackBerry and cellular phones have been replaced across the SDHU with Android phones and all are managed by our mobile device management solution.

IT infrastructure: Internet backbone connectivity has been upgraded from 50MB to 1GB and work is underway to get fibre connectivity to increase bandwidth to the floors.

IT Software Projects: Work is underway to replace our current Employee Self Service for Human Resources before the end of year. We have also worked with the Environmental Health Division for the Inspection Software Replacement Project and Hedgerow (HedgeHog) has once again been selected.

5. Volunteer Resources

Eighty-Nine (89) volunteers are actively involved in assisting staff to plan and deliver programs and services. Health Unit volunteers have contributed 625.80 hours from May 2016 to November 2016.

6. Quality & Monitoring

Lean @ SDHU: Lean reviews continue to be conducted. Results from recent reviews have been 'storyboarded' and posted on the Continuous Quality Improvement blog. A total of three Lean Reviews have been completed since May 2016, and work is underway to train staff across the organization in the Lean process.

Organizational Standards: The Public Health Organizational Standards mid-year check-in was included in the Performance Monitoring Mid-Year Report. All of the standards have met or exceeded the target.

Risk Management: During the spring of 2016, the Board of Health engaged with Senior Management in working through a risk management process. Senior Management has worked with the Association of Local Public Health Authorities (alPHA) and with a Senior Audit Manager from the Treasury Board Secretariat, contributing to provincial infrastructure and applying a five step risk management process to the SDHU context. The Board of Health has approved an SDHU Risk Management Framework, Risk Management Plan and Board of Health Policy. *Risk Owners* will continue to monitor all risks that are identified in the SDHU Risk Assessment and report to the Executive Committee quarterly and to the Board of Health annually or as required.

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 October.

The SDHU has administered 1 051 doses of influenza vaccine since the start of our influenza vaccination program on October 17. Last year at this time, the program had administered 618 doses of influenza vaccine.

As of October 27, a total of 28 881 doses of influenza vaccine have been distributed to health care providers across the district. Doses of influenza vaccine for the 51 pharmacies taking part in the

Universal Influenza Immunization Program are being distributed through wholesalers as a pilot program this season.

Respiratory Outbreaks: There have been two identified respiratory outbreaks in long-term care homes during the month of October. Causative organism for both of these outbreaks was identified as Rhinovirus.

2. Vaccine Preventable Disease:

School vaccines: PHNs continue to provide vaccines for school children in Grade 7. The first round of human papilloma virus vaccine and hepatitis B vaccination is now complete and the PHNs are now beginning the second round, returning to each of the schools to provide meningococcal vaccine.

Zostavax (shingles vaccine): Since the MOHLTC launched the publically funded shingles vaccine for those 65 to 70 years on September 15, 2016, the SDHU has administered 149 doses at no cost. Vaccine for those outside of eligibility criteria continues to be available at cost of \$189.

3. Family Health

PEERS (Program for the Evaluation and Enrichment of Relational Skills): The Family Health team has partnered with Health Sciences North to offer PEERS, which is a 13-week social skills development program for parents and teens. This program will provide youth participants with an opportunity to develop the necessary skills to make friends and strategies to successfully manage social situations. There are a total of 9 families registered with the program. The SDHU will conduct a process evaluation with this program which will inform future sessions.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of October, eight sporadic enteric cases were investigated.

2. Food Safety

The recall of certain Mr. Christie's brand Arrowroot Biscuits, due to potential off-taste and associated food-borne illnesses, prompted public health inspectors to conduct checks of 144 local premises in order to ensure that recalled product had been removed from sale and service.

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

In October, staff issued 16 Special Event Food Service Permits to various organizations for events serving approximately 4 180 attendees.

Through Food Handler Training and Certification Program sessions offered in October, 75 individuals were certified as food handlers.

3. Health Hazard

In October, 30 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of October, 29 sewage system permits, 15 renovation applications, one minor variance, and three consent applications were received.

5. Rabies Prevention and Control

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

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

6. Safe Water

During October, 57 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 12 regulated adverse water sample results, resulting in three boil water orders and one drinking water advisory being issued. Furthermore two boil water orders and one drinking water advisory were rescinded.

7. Tobacco Enforcement

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

HEALTH PROMOTION DIVISION

1. Age-Friendly Communities

Health Promotion staff from the Sudbury Office are actively involved in supporting the City of Greater Sudbury in seeking their Age-Friendly Community designation. This fall, a community needs assessment was administered to look for feedback on a range of features that are essential to creating an age-friendly community. Data will assist the Seniors Advisory Panel in identifying strengths, targeting weaknesses, and establishing a benchmark to measure progress towards becoming an age-friendly community. Seven focus groups have been hosted and over 250 questionnaires have been completed. Data collection will continue until December 2016. On October 18, the Steering Committee Chair presented to the Council of the City of Greater Sudbury.

The Sudbury East office supported the Municipality of St. Charles in planning the first age-friendly consultation with community members in St. Charles on September 27. Community members included local government, community health and seniors' groups. This is an important step in the action plan toward becoming an Age-Friendly Community.

2. Early Detection of Cancer

In support of Breast Cancer Screening Awareness Month and the Ontario Breast Screening Program's 25th Anniversary in the north east, staff from the Nutrition Physical Activity Action team and district offices have promoted "Just Book It", an awareness raising campaign about the importance of mammography for women aged 50 to 74.

3. Healthy Weights

Working in partnership with the City of Greater Sudbury Healthy Kids Community Challenge and Sportlink Sudbury, Health Promotion staff delivered a professional development workshop for local amateur sports coaches addressing healthy weights and weight bias.

4. Injury Prevention

The Espanola & Area Safety Coalition (EASC) is celebrating its 15th year in 2016. Established in April 2001, the EASC is a group of local businesses, organizations, and community volunteers who come together to promote safety in Espanola and area. On October 15th, the EASC participated in the annual Espanola Fiber Arts/Pumpkin Festival to highlight the coalition's successes. The SDHU has been a partner in this coalition since its inception with public health nurses holding positions of chair, co-chair and secretary over the years.

In September, a public health nurse delivered a Stay on Your Feet presentation to 40 people at the Lung Association Support Group as well as manned a display and provided resources at the Seniors' Information Fair at the Parkside Centre.

5. Physical Activity

The Skate Exchange Committee (SDHU, Centre de santé communautaire de Sudbury, City of Greater Sudbury) launched the first Skate Exchange of the 2016-2017 season on October 1st. The inaugural event was hosted by staff from the Nutrition Physical Activity Action team and was held at the new Skater's Edge location on the Kingsway. A total of 42 pairs of skates were given out, and 23 pairs were donated.

6. Prevention of Substance Misuse

To date, 32 primary care providers took part in the academic detailing visit on the Screening Brief Intervention and Referral (SBIR) tool and Canada's Low-Risk Alcohol Drinking Guidelines (LRADG). Twenty-two of these primary care providers have completed the health unit's Academic Detailing program, with 50% of them indicating that they are now utilizing the SBIR tool within their practice.

7. School Health

A School Health Promotion team public health nurse and the Smoke-Free Ontario's youth engagement coordinator have been working in collaboration with youth from the Shkagamik-Kwe Health Centre to create a campaign to educate youth and the community about the traditional uses of sacred tobacco. *This is My Tobacco* engaged First Nation and Métis youth to develop, design and implement the campaign. The group will continue working on the project by developing a children's book that incorporates the teaching.

The School Health Promotion team will be working closely with First Nations schools and communities to prepare for the expansion of the Northern Fruit and Vegetable Program to on-reserve schools in the SDHU catchment area. Working in partnership with the Ontario Fruit and Vegetable Growers' Association and the Ministry of Health and Long-Term Care, the program will provide a coordinated approach to increasing consumption of fruits and vegetables, as well as increase awareness of the benefits of healthy eating on overall health. The program hopes to reach approximately 1600 students attending on-reserve schools.

The Manager, School Health Promotion team has been involved in province-wide consultations for *Ontario's Well-Being Strategy for Education*, developed by the Ministry of Education. This new

strategy will “determine what well-being looks like, establish what conditions and supports are required to create positive learning environments, and focus on how it underpins everything we do.”

The Youth Engagement Coordinator, as part of the Smoke-Free Ontario initiative, recently took part in the planning and implementation of a two-day youth summit. The summit, which recruited 23 youth from all health units in the Northeast region, aimed at building capacity of youth within the Regional Youth Engagement Coalition. Youth received training on smoke-free movies, tobacco industry de-normalization, and plain and standardized packaging.

8. Tobacco Control

SDHU staff continued to provide services to the community through the Quit Smoking Clinic and Telephone Information Line, having received 34 calls and 14 visits to the clinic in September.

9. Workplace Health

In recognition of Canada’s Healthy Workplace Month, the Workplace Health Substance Misuse Prevention (WHSMP) team launched weekly social media messages on Facebook and Twitter throughout the month of October to provide information and raise awareness about the importance of creating healthier workplaces in our community. Also, the team hosted an information booth about the LRADG at a wellness fair in a local workplace on October 5. There were approximately 60 employees who attended the booth. In addition, resource were made available to employees on the LRADG and general workplace health topics. The WHSMP team also contributed numerous resources on various health related topics for a Workplace Wellness Week event from October 17 to October 23. There were approximately 280 people reached at this event.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Health Equity

Starting in November 2016, staff from RRED will collaborate with a Geographic Information Systems (GIS) student from Sault College to map out local and provincial indicators for food insecurity.

The Health Equity team is engaging with community partners to inform future stages of the You Can Create Change campaign. Community partners include the NOAH’s SPACE Advisory Committee, the Centre de santé communautaire du grand Sudbury, Laurentian University’s Science Communication graduate program, and the City of Greater Sudbury’s Seniors Advisory Panel. The Campaign video was also officially launched at the Public Health Champion Awards Ceremony on October 20.

In October, the Health Equity team wrote a letter of support for a research proposal to the Social Sciences and Humanities Research Council of Canada. The project, which is being led by a faculty member from the English Department at Laurentian University, will explore local priorities and issues surrounding food (e.g. food insecurity, local food systems). The Health Equity team also drafted a submission to the Special Advisors of the Changing Workplaces Review on their Interim Report on behalf of the Health Unit.

2. Population Health Assessment and Surveillance (PHAS)

The Population Health Assessment and Surveillance (PHAS) team produced eight new internal reports using data from the 2013, 2014 and 2015 Rapid Risk Factor Surveillance System (RRFSS). Topics include food labels, post-partum mood disorders, local food procurement, sexual health education and youth, early childhood dental visits, and use of social media.

The PHAS team and the Clinical and Family Services Division compiled the *Quarterly Reportable Diseases Report* for July to September 2016. The first of the 2016–2017 flu season's *Bi-weekly Acute Care Enhanced Surveillance* reports was also produced and shared with Clinical & Family Services and Environmental Health divisions. The reports, which use near-real-time emergency room data, summarize Influenza-Like-Illness (ILI), respiratory, enteric, and other diseases of concern in the SDHU service area.

3. Staff Development

On October 28, 2016, a Clear Language and Design workshop was offered to approximately 20 managers to build skills in writing clearly and plainly for different audiences, thus increasing our ability to communicate to others.

On November 1, 2016, the RRED Division hosted a half-day Knowledge Exchange Symposium for SDHU staff. The purpose of the Symposia, which are held twice per year, is to share information across divisions as it relates to projects, activities, programs, and new knowledge. Topics at the November session included: fluoride, northern exposure, course correction, rabies, people with disabilities, sexually transmitted infections testing, and Indigenous food sovereignty.

In collaboration with HC-Link, the SDHU hosted a workshop on Results-Based Accountability for staff and community partners on November 4, 2016. Results-Based Accountability™ is a simple, common sense framework which communities, agencies and partnerships can use to focus on results/outcomes to make a positive change for communities and clients.

4. Presentations

On November 8, 2016, the Manager, Research, Evaluation, and Knowledge Exchange delivered a workshop on Digital Storytelling at the Ontario Public Health Association (OPHA) Fall Forum. This workshop, delivered in collaboration with the ALPHA/OPHA Health Equity Working Group, described the digital storytelling methodology and provided insight into how it can be used in practice. Members of the Health Equity team also presented a poster on the Evaluation of the You Can Create Change campaign at this Forum.

The Health Equity team delivered a number of presentations on the role of public health in health equity and the social determinants of health in late October and early November. These include presentations to leaders and staff from the North Shore Tribal Council, to medical learners at NOSM, and to graduate students in the School of Rural and Northern Health.

RRED Division staff also presented on understanding community health status through analysis of available data to a 3rd year nursing class at Laurentian University. Examples of how community assessments were applied in the past were provided to the students.

5. Strategic Engagement Unit / Communications

On October 20, 2016, the Health Unit proudly announced Monique Mercier and Our Children, Our Future as the 2016 Public Health Champion Award recipients. The Award recognizes an individual or organization who has made outstanding contributions toward promoting and protecting public health in the Sudbury and Manitoulin districts. This year many outstanding nominations were received, resulting in a tie decision by the selection committee.

Over the month of October, the Health Unit delivered several targeted social media promotions via Facebook. The promotions were focused on workplace wellness; food premises inspection results, convictions, and closures; HPV (human papillomavirus) vaccination; and health equity. The targeted paid campaigns, in addition to the Health Unit's routine posts, reached a total of 55 129 people and resulted in 1 263 people engaging with the posted information by, for example, clicking on links in the posts or commenting on, sharing, or liking the posts.

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 9 Periods Ending September 30, 2016

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,687,000	10,963,750	10,963,750	0	3,723,250
MOHLTC - Unorganized Territory	819,400	616,150	616,150	0	203,250
MOHLTC - VBD Education & Surveillance	65,000	48,750	48,750	0	16,250
MOHLTC - SDWS	106,000	79,500	79,500	0	26,500
Municipal Levies	6,807,155	5,105,380	5,105,380	0	1,701,775
Municipal Levies - Small Drinking Water Syst	47,222	35,417	35,417	(0)	11,805
Municipal Levies - VBD Education & Surveill	21,646	16,235	16,235	(0)	5,411
Municipal Levies - CINOT Expansion	10,503	7,877	7,877	0	2,626
Interest Earned	85,000	47,488	47,488	(0)	37,512
Total Revenues:	\$22,648,926	\$16,920,547	\$16,920,547	\$(0)	\$5,728,379
Expenditures:					
Corporate Services:					
Corporate Services	4,503,120	3,549,653	3,505,371	44,281	997,749
Print Shop	207,719	167,841	135,687	32,154	72,032
Espanola	113,781	82,036	82,179	(143)	31,601
Manitoulin	125,708	95,191	89,087	6,104	36,621
Chapleau	98,585	72,612	70,665	1,947	27,919
Sudbury East	16,486	12,464	12,352	112	4,134
Volunteer Services	6,533	3,651	559	3,093	5,974
Intake	310,216	225,261	223,165	2,096	87,051
Total Corporate Services:	\$5,382,148	\$4,208,709	\$4,119,065	\$89,644	\$1,263,082
Strategic Engagement					
Strategic Engagement	481,139	321,546	296,219	25,327	184,920
Total Strategic Engagement:	\$481,139	\$321,546	\$296,219	\$25,327	\$184,920
Clinical and Family Services:					
General	939,274	654,892	604,362	50,530	334,912
Clinical Services	1,311,578	980,802	939,393	41,409	372,185
Branches	328,399	234,408	229,606	4,803	98,793
Family	627,253	458,175	452,625	5,550	174,628
Risk Reduction	110,064	88,776	89,302	(526)	20,762
Clinical Preventative Services - Outreach	139,015	98,977	95,961	3,016	43,054
Sexual Health	931,242	685,448	664,984	20,463	266,257
Influenza	0	0	115	(115)	(115)
Meningitis	0	0	1	(1)	(1)
HPV	0	0	1	(1)	(1)
Dental - Clinic	604,716	455,601	389,458	66,143	215,257
CINOT Expansion - Clinic	10,503	0	0	0	10,503
Family - Repro/Child Health	1,100,513	789,578	720,596	68,982	379,917
Substance Misuse Prevention	67,217	35,509	34,277	1,232	32,940
Total Clinical Services:	\$6,169,775	\$4,482,167	\$4,220,681	\$261,486	\$1,949,093
Environmental Health:					
General	788,615	559,302	537,715	21,587	250,900
Environmental	2,566,833	1,845,985	1,798,590	47,396	768,243
Vector Borne Disease (VBD)	86,585	52,028	46,584	5,444	40,001
Small Drinking Water System	178,200	122,768	115,472	7,297	62,728
Total Environmental Health:	\$3,620,233	\$2,580,083	\$2,498,360	\$81,723	\$1,121,872
Health Promotion:					
General	1,203,318	863,913	839,029	24,883	364,289
School	1,390,131	985,700	953,348	32,352	436,783
Healthy Communities & Workplaces	178,760	130,778	123,510	7,268	55,250
Branches - Espanola / Manitoulin	266,426	188,074	168,155	19,919	98,271
Nutrition & Physical Activity	1,174,441	823,629	766,710	56,920	407,732
Branches - Chapleau / Sudbury East	297,480	217,160	203,119	14,041	94,362
Injury Prevention	420,976	287,153	257,925	29,228	163,051
Tobacco By-Law	283,153	185,009	146,698	38,311	136,455
Alcohol Misuse	212,048	160,214	153,638	6,576	58,409
Total Health Promotion:	\$5,426,733	\$3,841,630	\$3,612,131	\$229,498	\$1,814,602
RRED:					
General	1,531,347	1,116,880	1,083,144	33,737	448,203
Workplace Capacity Development	22,312	14,335	14,685	(350)	7,627
Health Equity Office	15,240	7,455	6,055	1,400	9,185
Total RRED:	\$1,568,899	\$1,138,670	\$1,103,884	\$34,787	\$465,015
Total Expenditures:	\$22,648,926	\$16,572,806	\$15,850,341	\$722,465	\$6,798,585
Net Surplus/(Deficit)	\$(0)	\$347,741	\$1,070,206	\$722,465	

Sudbury & District Health Unit 2010-2015

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 2016

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	22,829,202	17,083,048	17,083,054	(6)	5,746,148
Other Revenue/Transfers	1,103,095	622,243	700,374	(78,131)	402,721
Total Revenues & Expenditure Recoveries:	23,932,297	17,705,291	17,783,428	(78,137)	6,148,869
Expenditures:					
Salaries	15,632,304	11,308,869	10,968,651	340,218	4,663,653
Benefits	4,254,718	3,264,729	3,206,987	57,742	1,047,731
Travel	282,270	170,998	138,413	32,585	143,857
Program Expenses	901,903	574,405	502,253	72,153	399,650
Office Supplies	153,907	46,529	32,127	14,403	121,780
Postage & Courier Services	72,230	43,525	36,026	7,499	36,205
Photocopy Expenses	67,237	47,039	36,704	10,335	30,533
Telephone Expenses	59,466	42,758	39,440	3,317	20,026
Building Maintenance	475,983	341,042	336,916	4,126	139,067
Utilities	199,144	151,860	149,517	2,342	49,627
Rent	239,074	179,262	180,318	(1,056)	58,756
Insurance	99,181	91,232	91,232	(0)	7,949
Employee Assistance Program (EAP)	34,969	25,393	23,364	2,030	11,605
Memberships	30,617	28,468	28,136	331	2,481
Staff Development	193,862	100,381	90,929	9,453	102,933
Books & Subscriptions	16,750	13,227	9,489	3,738	7,261
Media & Advertising	148,865	93,297	50,920	42,376	97,945
Professional Fees	199,255	129,520	135,113	(5,594)	64,142
Translation	50,452	37,087	29,586	7,502	20,866
Furniture & Equipment	111,170	105,941	95,874	10,066	15,296
Information Technology	708,939	561,987	531,227	30,761	177,712
Total Expenditures	23,932,297	17,357,550	16,713,222	644,328	7,219,075
Net Surplus (Deficit)	(0)	347,741	1,070,206	722,465	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2016

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	72,068	66,932	51.8%	Dec 31	75.0%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	18,457	18,243	50.3%	Dec 31	75.0%
SFO - TCAN - Prevention	724	97,200	38,711	58,489	39.8%	Dec 31	75.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	178,792	107,008	62.6%	Dec 31	75.0%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	139,633	120,167	53.7%	Dec 31	75.0%
SFO - Tobacco Control Coordination	730	100,000	75,254	24,746	75.3%	Dec 31	75.0%
SFO - Youth Engagement	732	80,000	58,739	21,261	73.4%	Dec 31	75.0%
Infectious Disease Control	735	479,100	348,430	130,670	72.7%	Dec 31	75.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	33,041	66,959	33.0%	Mar 31/17	50.0%
MOHLTC - Special Nursing Initiative	738	180,500	131,904	48,596	73.1%	Dec 31	75.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	71,700	42,477	29,223	59.2%	Aug./17	50.0%
Beyond BMI - LDCP	747	143,023	30,798	112,225	21.5%	Dec 31	75.0%
Food Safety - Haines Funding	750	36,500	15,429	21,071	42.3%	Dec 31	75.0%
Triple P Co-Ordination	766	35,523	35,523	-	100.0%	Dec 31	75.0%
Healthy Babies Healthy Children	778	1,476,897	1,069,732	407,165	72.4%	Dec 31	75.0%
Healthy Smiles Ontario (HSO)	787	406,300	279,518	126,782	68.8%	Dec 31	75.0%
Anonymous Testing	788	59,393	26,656	32,737	44.9%	Mar 31/17	50.0%
MHPS- Diabetes Prevention Program	792	175,000	996	174,004	0.6%	Mar 31/17	50.0%
Total		4,162,436	2,596,158	1,566,278			



November 4, 2016

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

Dear Prime Minister:

RE: A Public Health Approach to the Legalization of Cannabis

At its meeting on October 26, 2016, The Board of Health for the District of Algoma Health Unit carried the following resolution #2016-94.

WHEREAS Algoma Public Health is committed to prevent disease and promote the health of individuals and communities in the Algoma District; and

WHEREAS the Government of Canada has indicated the intention to legalize, regulate, and restrict access to marijuana; and

WHEREAS within the current criminalization context, 49.12 % of individuals in Algoma indicated that they have used cannabis in their lifetime compared to 40.22% in Ontario; and

WHEREAS cannabis also ranks 3rd on the list of top drugs presented at intake in both North and East Algoma according to Algoma Public Health's Community Alcohol/Drug Assessment Program; and

THEREFORE BE IT RESOLVED THAT the Board of Health for the District of Algoma Health Unit continue to support staff in their alignment with the "Provincial Marijuana Collaborative" on cannabis, with the purpose of forwarding public health recommendations to the Federal Task Force reviewing the legalization, enforcement and regulation of cannabis; and

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

Blind River

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

Elliot Lake

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

Sault Ste. Marie

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

Wawa

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

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

Sincerely,

A handwritten signature in cursive script that reads "Lee Mason".

Lee Mason
Board of Health Chair

cc: The Honourable Jane Philpott P.C., M.P. Minister of Health
The Honourable David Orazietti, MPP for Sault Ste. Marie
Terry Sheehan, MP for Sault Ste. Marie
Michael Mantha, MPP for Algoma-Manitoulin
Carol Hughes, MP for Algoma-Manitoulin-Kapuskasing
The Honourable Premier Kathleen Wynne
The Honourable Eric Hoskins, Ministry of Health and Long-Term Care
The Honourable Jody Wilson-Raybould, Attorney General of Canada
The Honourable Yasir Naqvi, Attorney General of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Linda Steward, The Association of Local Public Health Agencies
Ontario Medical Officers of Health
Ontario Boards of Health
Member Municipalities
Ontario Public Health Association
Centre for Addiction and Mental Health

September 27, 2016

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

The Honourable Chris Ballard
Minister Responsible for the Poverty Reduction Strategy
6th Floor, Mowat Block
900 Bay Street
Toronto ON M7A 1L2

Dear Premier Wynne and Minister Ballard:

RE: FOOD SECURITY IN THE DISTRICT OF THUNDER BAY

At its September 21, 2016 meeting, the Board of Health for the Chatham-Kent Public Health Unit considered a motion and a report from the Thunder Bay District Health Unit (attached) concerning Food Security in the District of Thunder Bay. This report specifically addresses the need for the implementation of a universal hot meal program in Ontario elementary and secondary schools.

This report has raised concerns among our Board of Health members about poverty and food insecurity issues. These pose serious risks for the health of our community and for the Province as a whole.

The Board felt there was significant evidence presented to support the recommendation for changes to current government policy in addressing food insecurity.

Sincerely,

Joe Faas, Chair
Chatham-Kent Board of Health

Attach.

.../2

cc: Rick Nicholls, M.P.P., Chatham-Kent – Essex
Monte McNaughton, M.P.P., Lambton – Kent - Middlesex
Association of Local Public Health Agencies
Ontario Boards of Health

November 4, 2016

Hon. Chris Ballard, MPP
Minister Responsible for the Poverty Reduction Strategy
cballard.mpp.co@liberal.ola.org

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

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

Dear Honourable Ministers:

Re: Results of 2016 Nutritious Food Basket for Peterborough Public Health

We are writing to provide an update on food insecurity in our community. The results of the [2016 Nutritious Food Basket Costing](#) for Peterborough Public Health was accepted at the October 12, 2016 Board of Health Meeting, and released to the public raising the concern that local poverty and food insecurity rates continue to rise. There is an urgent need to address the economic barriers that people living with low incomes experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Peterborough City and County in May 2016 for a reference family of four (male between 31-50 years of age, female between 31-50 years of age, 14-year old boy, 8-year old girl) is \$907 per month. This represents a 22% increase in food costs since 2010. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do not have enough money to pay for their basic needs including shelter and healthy food. This issue poses serious health risks for our community. Of particular concern in our community are those who live on fixed incomes and the 23.6% of children under the age of 18 years who live in households reporting moderate and severe food insecurity.

A single mother with two children whose source of income is Ontario Works can expect 48% of her income to be required for rent. According to Canada Mortgage and Housing, housing is affordable when it costs 30% or less of monthly income. Based on the Nutritious Food Basket calculations, this family would need to spend 34% of total income to eat a nutritious diet. After this mother pays for shelter and a healthy diet, she has only \$372 for all other monthly expenses. A single man receiving Ontario Works in Peterborough could expect 87% of their income to cover rental costs. In order to cover the costs of both shelter and a healthy diet, they would be in a deficit of \$204 each month. It is clear that social assistance rates in Ontario do not reflect the actual costs of shelter and nutritious food. Access to a healthy diet can impact positively impact health.

We ask that you consider these real-life scenarios when considering decisions at the Cabinet table and within your Ministry that can impact food insecurity and the livelihoods and health of all Ontarians. In particular, we urge you to continue provincial monitoring of food insecurity rates through participation in the Canadian Community Health Survey Household Food Security Survey Module. We also request that the Ontario government participates in the development and implementation of a pan-Canadian government-led strategy that includes coordination of policies and programs to ensure all households have consistent and sufficient income to be able to pay for basic needs, including food. Both of these actions were proposed in the recent [Dietitians of Canada Household Food Insecurity Reports](#).

We will be following the advancement of [Bill 6: An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission](#). We recommend that yearly Nutritious Food Costing, completed by Ontario's Public Health Agencies, be used to inform the process of determining Social Assistance Rates. We also look forward to seeing the Honourable Hugh Segal's discussion paper related to the design and implementation of a Basic Income Pilot for Ontario.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

/ag

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

November 8, 2016



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

Dear Minister Hoskins:

Re: HPV/Immunization Program Funding

On October 28, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from the Board of Health for Peterborough Public Health regarding the annual funding for the Vaccine Preventable Disease Program. The following motion was passed:

Motion No: 2016-97

Moved by: Arlene Wright

Seconded by: Mitch Twolan

“THAT, the Board of Health for the Grey Bruce Health Unit endorse the correspondence from the Peterborough Public Health Board of Health regarding the HPV/Immunization Program Funding.”

Carried

Sincerely,

A handwritten signature in cursive script that reads "Christine Kennedy".

Christine Kennedy, MSc, MS, DPhil, MD, CCFP, FRCPC
Medical Officer of Health & CEO

Cc: Hon. Dr. Bob Bell, Deputy Minister, MOHLTC
Roselle Martino, Executive Director, MOHLTC
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Lisa Thompson, MPP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
All Ontario Boards of Health

Encl.

Working together for a healthier future for all.

Ontario Seeking Input on Basic Income Pilot
Province Launching Consultations on Innovative Way to Deliver Supports
November 3, 2016 1:20 P.M.

Ontario is seeking public input to help inform the design of a basic income pilot, which is an innovative new approach to providing income security.

The pilot would test whether a basic income is a more effective way of lifting people out of poverty and improving health, housing and employment outcomes. Through the consultations, Ontario is seeking input from across the province, including from people with lived experience, municipalities, experts and academics. The province will also work with Indigenous partners to tailor a culturally appropriate engagement process that reflects the advice and unique **perspective of First Nations, urban Indigenous, Métis and Inuit communities.**

The province is consulting on key questions, including: who should be eligible, where the pilot should take place, what the basic income level should be and how best to evaluate it. The consultations will be guided, in part, by a discussion paper by the Hon. Hugh Segal, [Finding a Better Way: A Basic Income Pilot Project for Ontario](#), and will run from November 2016 to January 2017. People can participate by:

- Attending a [regional in-person discussion](#) hosted by the province.
- Commenting online at ontario.ca/basicincome.

Exploring innovative ways to deliver supports and services is part of our government's plan to create jobs, grow our economy and help people in their everyday lives.

QUOTES

" We are always looking for innovative, evidence-based solutions that can help us end poverty and improve public services to make them simpler, more efficient and more effective for the people who need them the most. This pilot is an opportunity to test that approach, and we look forward to hearing as many views as possible, including from people with lived experience, community partners and experts, to ensure we get it right."

- Dr. Helena Jaczek

Minister of Community and Social Services

" We know that many Ontarians are still living in poverty and that we must continue to look for ways to address this challenge. A basic income pilot is an innovative, evidence-generating tool that will help us identify what's working, measure our progress and expand our toolbox as we explore better ways to build a foundation for Ontarians to reach their full potential."

- Hon. Chris Ballard

Minister of Housing and the Minister Responsible for the Poverty Reduction Strategy

QUICK FACTS

- Finland, the Netherlands and Kenya are also looking at developing pilot projects that test the idea of a basic or guaranteed annual income.
- Y-Combinator, a California technology company has announced it will be piloting a Basic Income project that is expected to run for five years.
- The government will prepare a final report on what we heard during the consultations, and introduce a plan for the pilot by April, 2017.
- Organizations interested in hosting their own basic income pilot consultations can go to ontario.ca/basicincome for the consultation [guide](#).

LEARN MORE

- Join the [online consultations](#)
- Read the [summary of the Hon. Hugh Segal's recommendations](#)
- [About social services](#)

Lyndsay Miller Minister's Office
416-325-5572
Daniel Schultz Communications
416-212-3325

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



Sudbury & District

Health Unit

Service de
santé publique

*Make it a
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dès
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Sudbury

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☎ : 705.522.5182

Rainbow Centre

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Unit / Unité 130
Sudbury ON P3C 5N3
☎ : 705.522.9200
☎ : 705.677.9611

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
☎ : 705.860.9200
☎ : 705.864.0820

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
☎ : 705.222.9202
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6163 Highway / Route 542
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☎ : 705.370.9200
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November 17, 2016

Hon. Helena Jaczek
Minister of Community and Social Services
Hepburn Block 6th Floor
80 Grosvenor St
Toronto, ON M7A 1E9

Dear Minister Jaczek:

Re: Basic Income Guarantee and Pilot Consultations

On behalf of the Sudbury & District Board of Health, I applaud you on your support of a basic income pilot for Ontario. Low income populations are at a far greater risk of preventable chronic conditions such as cancer, diabetes, heart disease as well as mental illness. As income rises, health outcomes improve. A livable income through initiatives such as the Basic Income Guarantee can help to provide economic security that supports Ontarians in achieving their optimal health.

In October 2015 the Sudbury & District Board of Health approved a motion recognizing that a basic income guarantee has the potential to help eliminate poverty. In October 2016, the Board of Health commended your government on taking the steps to move forward with a basic income pilot. We were pleased to hear about public consultations to inform on the design, implementation and evaluation of the pilot.

The Sudbury & District Health Unit will be pleased to participate in the consultations. We look forward to working with the Government to implement a comprehensive basic income program.

Sincerely,

Original signed by

René Lapierre
Chair, Sudbury & District Board of Health



Michael Mantha MPP/député
Algoma-Manitoulin

October 12, 2016

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

SUDBURY & DISTRICT HEALTH UNIT Medical Officer of Health and CEO			
OCT 20 2016			
Environ Health	_____	RRCD	_____
CPS	_____	SEU	_____
Corporate Services	_____	Board	_____
Health Promotion	_____	Committee	_____
File ()	Circulate ()	Return ()	F.Y.I ()

Dear Mr. Lapierre:

I would like to congratulate the *Board of Health for the Sudbury & District Health Unit* on the announced *Ministry of Health and Long-Term Care* funding. I have been advised that the Board of Health will receive up to \$150,853 in base funding for the operation of mandatory and related public health programs. In addition to the base funding the board will receive up to \$326,900 in one time funding for the 2016-2017 year.

It is gratifying to see the efforts and commitment of your organization to provide quality health care to your community being recognized in this substantive way. Please convey my congratulations and best wishes to the Sudbury & District Health Unit administration and staff for continued success.

Sincerely,

Michael Mantha, MPP
Algoma-Manitoulin

MM:gb



Information Break

October 13, 2016

This semi-monthly update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA correspondence and events.

Registration Now Open for 2016 Fall Symposium

alPHA has planned an exciting 2016 Fall Symposium that will take place on November 17 and 18 at the Radisson Admiral Hotel, 249 Queens Quay W., downtown Toronto. Entitled "Cultural Competencies to Support Indigenous Truth and Reconciliation", the event will feature a day-long facilitated workshop on Indigenous cultural competency training on November 17. It will be followed by separate half-day business meetings for board of health members and COMO members on November 18. The Symposium is open to all board of health members and health unit staff. Please register online at the link below. We hope you can attend.

[Learn more about the 2016 alPHA Fall Symposium](#)

[Register to attend the 2016 alPHA Fall Symposium](#)

NOTE: In the August edition of the Information Break, incorrect dates were given for the 2016 Fall Symposium. The correct dates are November 17 & 18, 2016. Apologies for the error.

Patients First Update

After proroguing the Ontario legislature in early September, the Liberal government re-introduced the *Patients First Act* on October 6, 2016 as Bill 41. alPHA has analyzed the new bill and compared it to the Bill 210 version from a public health perspective. The only substantial change does not concern the

public health sector. The sections relevant to the LHINs-MOH engagement remain unchanged.

[View alPHA's summary of Patients First Act sections relevant to public health](#)

Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation, MOHLTC, recently presented to the alPHA Board and COMOH Section on separate occasions to introduce the provincial Capacity Planning Framework. The framework aims to bring consistency to health system planning and support health transformation goals of improved health outcomes and fiscal sustainability. A population health measurement tool is being developed with a particular focus on the population aged 50 and over to assist with system planning at the ministry level.

To facilitate the implementation of the Patients First Act, fifteen work streams have been created to focus on areas such as Clinical Leadership, Indigenous Health, Public Health, etc. Each work stream is co-chaired by a LHIN and Ministry lead person. Co-chaired by Michael Barrett, CEO for South West LHIN, and Roselle Martino, Associate Deputy Minister, Population and Public Health Division, the Public Health Work Stream consists of representatives from senior ministry staff and the following alPHA participants: Linda Stewart, alPHA Executive Director; Dr. Liana Nolan, MOH, Region of Waterloo Public Health; and Dr. Penny Sutcliffe, MOH, Sudbury & District Health Unit.

alPHA Online Risk Management Resources

Online resources for health unit risk management are now available on alPHA's website. Created by the alPHA Risk Management Working Group, the resource area allows viewers to access information about the risk management implementation approach, among other items. Health unit staff also have the opportunity to share their own resources by posting these to the alPHA website. For information on how to post, please click the second link below.

[Visit the alPHA Risk Management Resources page here](#)
[Instructions for sharing risk management resources](#)

As a governance best practice, the alPHA Board itself is presently looking at risk management from an association viewpoint. The Board of Directors has undergone a risk management exercise and developed a risk matrix for further discussion and review.

Recent Government Items of Interest

[Provincial Opioid Strategy](#)
[Towards a Canadian Poverty Reduction Strategy](#)

[Senate Private Bill S-228 on Food & Beverage Marketing to Children](#)
[Ontario Ministers' Mandate Letters](#)
[Shingles Vaccine for Ontario Seniors](#)
[Ontario Fall 2016 Speech from the Throne](#)

Upcoming Events - Mark your calendars!

November 17 & 18, 2016 - alPHa Fall Symposium, Radisson Admiral Hotel Toronto Harbourfront, Toronto, Ontario. [Click here to register and learn more!](#)

June 11, 12 & 13, 2017 - 2017 alPHa Annual General Meeting and Conference, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario.

February 23 & 24, 2017 - alPHa Winter Symposium, Doubletree Hilton, Toronto, Ontario.

Statement from the Chief Public Health Officer of Canada

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English▼

OTTAWA, Oct. 21, 2016 /CNW/ - Each year, I release a report on the state of public health in Canada (<http://www.healthycanadians.gc.ca/publications/departement-ministere/state-public-health-family-violence-2016-etat-sante-publique-violence-familiale/index-eng.php>). This year, I have chosen to focus on family violence in Canada.

Family violence is not just about physical abuse. It comes in many forms, including sexual, emotional and financial abuse, as well as neglect.

The statistics are staggering:

- In Canada, every day, just over 230 Canadians are reported as victims of family violence.
- In 2014, 57,835 girls and women were victims of family violence—accounting for seven out of every 10 reported cases. Every four days a woman is killed by a family member.
- Between 2004 and 2014, half of child victims of family-related homicide (160) were under the age of four.
- Population surveys tell us that a third of Canadians, that is 9 million people, have reported experiencing abuse before they were 15 years old
- About 760,000 Canadians reported experiencing unhealthy spousal conflict, abuse or violence in the last five years.
- In 2014, Indigenous people were murdered at a rate six times higher than non-Indigenous Canadians, with Indigenous women being three times more likely to report spousal abuse than non-Indigenous women.
- Every day, eight seniors are victims of family violence.

This is a serious public health issue in Canada—one that can have long-lasting and widespread effects on the health of individuals, families and communities. The health impacts of family violence extend far beyond physical injuries and include poor mental health, psychological and emotional distress, suicide, and increased risk of chronic diseases and conditions such as cancer, heart disease and diabetes.

We know that for a variety of reasons, family violence is under-reported. Some victims are not aware that what they are experiencing is family violence, or they may be too afraid or humiliated to speak to someone. We don't yet know enough about what makes some families violent and not others, or effective methods to prevent family violence.

Healthy families are the backbone of a prosperous society. With this in mind, I invite all Canadians to join me in addressing the fear and stigma that keep us from understanding and ultimately preventing family violence.

We need to talk about it.

Dr. Gregory Taylor
Chief Public Health Officer of Canada

SOURCE Public Health Agency of Canada

For further information: Media Relations, Public Health Agency of Canada, (613) 957-2983 

Organization Profile

Public Health Agency of Canada

Government renews investment in diabetes awareness and prevention among Indigenous youth (<http://www.newswire.ca/news-releases/government-renews-investment-in-diabetes-awareness-and-prevention-among-indigenous-youth-601154065.html>)

Notice to the media - Officials from the Public Health Agency of Canada and the Canadian Food Inspection Agency will hold a technical briefing (<http://www.newswire.ca/news-releases/notice-to-the-media---officials-from-the-public-health-agency-of-canada-and-the-canadian-food-inspection-agency-will-hold-a-technical-briefing-600402071.html>)

Government of Canada investing in healthy and active lifestyles in the workplace (<http://www.newswire.ca/news-releases/government-of-canada-investing-in-healthy-and-active-lifestyles-in-the-workplace-600301311.html>)

More on this organization (<http://www.newswire.ca/news/public-health-agency-of-canada>)

Government of Canada



Federal Safety, Security and Intelligence career fair, Shaw Centre, November 17, 2016 (<http://www.newswire.ca/news-releases/federal-safety-security-and-intelligence-career-fair-shaw-centre-november-17-2016-601124485.html>)

Statement by Minister Carolyn Bennett and Parliamentary Secretary and Member of Parliament for Labrador, Yvonne Jones, on International Inuit Day (<http://www.newswire.ca/news-releases/statement-by-minister-carolyn-bennett-and->

[parliamentary-secretary-and-member-of-parliament-for-labrador-yvonne-jones-on-international-inuit-day-600304021.html](http://www.newswire.ca/news-releases/parliamentary-secretary-and-member-of-parliament-for-labrador-yvonne-jones-on-international-inuit-day-600304021.html))

[/R E P E A T -- Media Advisory - On the occasion of the 20th anniversary of RCAP, Minister Bennett to attend the Sharing the Land, Sharing a Future National Forum/ \(http://www.newswire.ca/news-releases/r-e-p-e-a-t---media-advisory---on-the-occasion-of-the-20th-anniversary-of-rcap-minister-bennett-to-attend-the-sharing-the-land-sharing-a-future-national-forum-599808801.html\)](http://www.newswire.ca/news-releases/r-e-p-e-a-t---media-advisory-on-the-occasion-of-the-20th-anniversary-of-rcap-minister-bennett-to-attend-the-sharing-the-land-sharing-a-future-national-forum-599808801.html)

More on this organization (<http://www.newswire.ca/news/government-of-canada>)

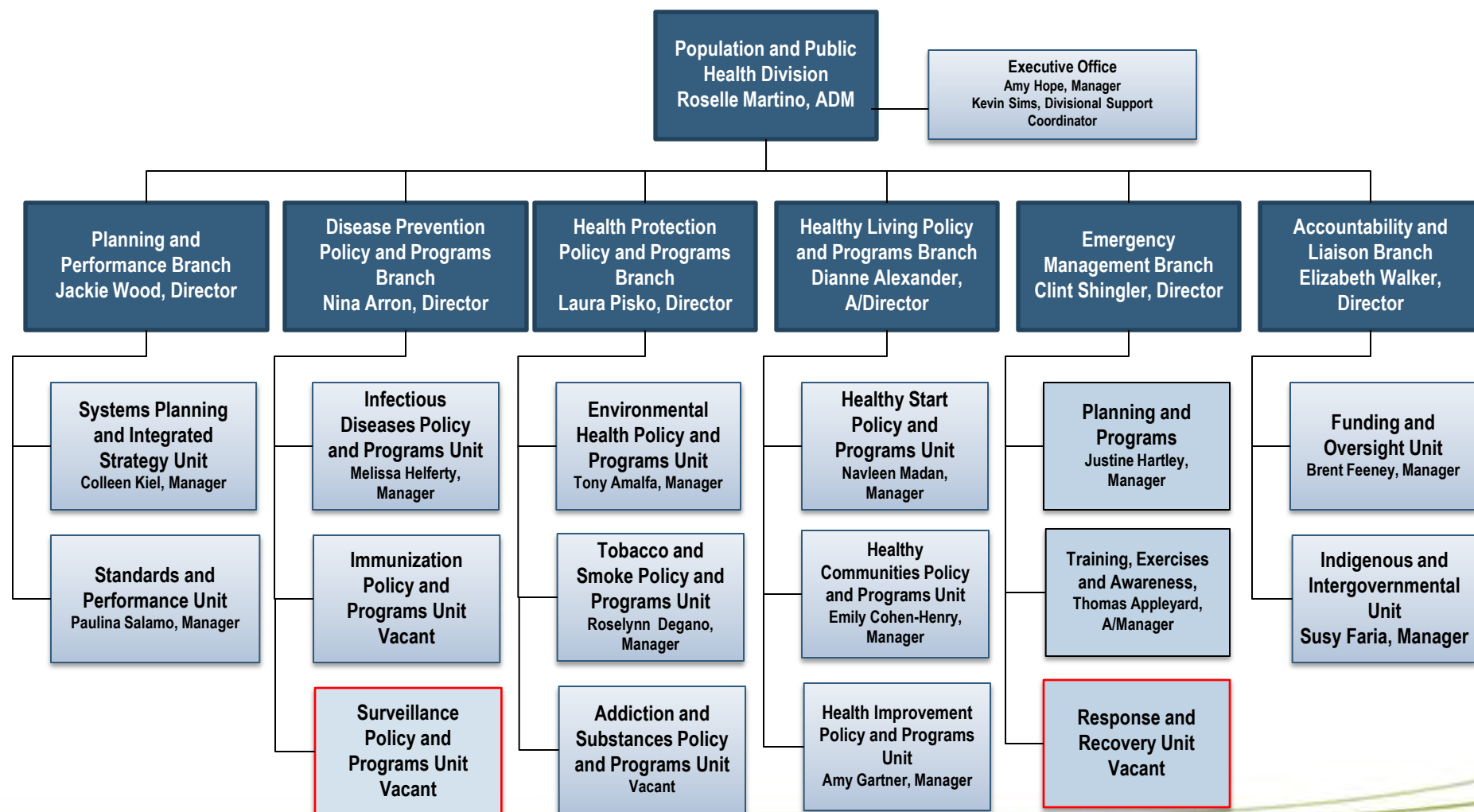
Find this article at:

http://www.newswire.ca/news-releases/statement-from-the-chief-public-health-officer-of-canada-597907711.html?tc=eml_mycnw

☐ Check the box to include the list of links referenced in the article.

Population and Public Health Organizational Structure

Effective October 24, 2016



Please Note: units in red will be in effect pending recruitment of manager positions



Algoma
PUBLIC HEALTH
Santé publique Algoma

News Release

For immediate release

October 26, 2016

Board of Health Announces new Medical Officer of Health for Algoma

The Board of Health for Algoma Public Health would like to announce the appointment of Dr. Marlene Spruyt as Medical Officer of Health (MOH) and Chief Executive Officer (CEO) for the District of Algoma, effective January 3, 2017.

“The Board of Health is pleased to welcome Dr. Spruyt to our region,” says Lee Mason, Chair, Board of Health. “We look forward to Dr. Spruyt’s experience and leadership in continuing to improve health protection and promotion for Algoma citizens.”

After practicing family medicine for 25 years, Dr. Spruyt made the transition to full time public health in 2011 when she was appointed MOH/CEO of Timiskaming Health Unit.

She was Chief of Staff at Memorial Hospital in Bowmanville and actively involved in the merging of the 5 hospitals in Durham region to become Lakeridge Health.

She is a Past President of the Ontario College of Family Physicians.

Her passion for Northern Ontario resulted in a mid-career move to Manitoulin Island in 2003. She currently holds an appointment with the Northern Ontario School of Medicine (NOSM) as an Assistant Professor and is a Medical Advisor to their Continuing Education and Professional Development (CEPD) Committee.

Within public health she has a particular interest in early child development, road safety and health equity.

This appointment is contingent on approval by the Minister of Health and Long-Term Care.

-30-

Contact:

Lee Mason
Chair, Board of Health
Algoma Public Health
705-759-5421 (Secretary to the Board)

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/Chief Executive Officer
Date: November 17, 2016
Re: Engagement with Indigenous Peoples and Communities

☐ 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. Pursuant to motion #51-16, Board members held an educational session on November 9, 2016, where information sharing and dialogue occurred and continued support for motion #20-12 was expressed. It is timely that the Board strengthen its governance commitment to ensuring all people in the Sudbury & District Health Unit service area, including Indigenous people and communities, have equal opportunities health.

Recommendation:

That the Sudbury & District Board of Health reaffirm its commitment to motion #20-12; and

That the Board direct the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and

That this strategy include, among others, strategic, governance, risk management and operational components; and

That the Board direct the Medical Office of Health to regularly report on the progress of this strategy.

Background:

- On November 9, 2016, the Board of Health held a facilitated educational session on Indigenous engagement during which it reviewed the journey to date of the SDHU in its work with Indigenous peoples and communities in the health unit catchment area (agenda attached). The session also included a high level overview of legal and funding considerations and contexts; the status 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

and health services; and key provincial policy direction including the response to the Truth and Reconciliation Commission report and the current review of the Ontario Public Health Standards.

- At its educational session, the Board members reflected on elements of a vision for closer engagement with Indigenous peoples and discussed their hopes, fears and risks and benefits in this work.
- The Board is aware of management initiatives to date including the development of and recruitment for staff leads for Indigenous engagement, staff development to date, and work that has been done in partnership with Indigenous peoples that can be characterized as reactive/responsive and opportunistic versus comprehensive or systematic.
- Although it was recognized that work to build relationships takes time, the Board concurred that there is a readiness and support for the SDHU to move forward in a more proactive manner to action motion #20-12 and explore and co-create opportunities for improvements in the public health programs and services with area First Nations and Indigenous peoples.
- 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 of championing equitable opportunities for health, strengthening relationships with priority communities and partners, and supporting community voices to speak about issues that impact health equity;

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.

Financial Implications:

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.

Alternate sources of funding are being actively pursued.

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

Sudbury & District Board of Health
INDIGENOUS ENGAGEMENT EDUCATIONAL SESSION
8:30 am to 4 pm Wednesday, November 9, 2016
Ramsey Room, SDHU, 1300 Paris Street

Purpose:

To explore pathways for the SDHU to meaningfully and respectfully engage with Indigenous peoples in the SDHU service area.

***NOTE**

*The educational session will begin with an opening ceremony held at the Medicine Lodge of Health Sciences North. Members participating in the opening ceremony are asked to **meet in the Ramsey Room of the SDHU at 8:30 am** and the group will walk the short distance to the Medicine Lodge. Those unable to participate in the opening ceremony are asked to meet in the Ramsey Room for a 9:30 am start.*

Attendees:

Guests

Marion McGregor – Elder
Mariette Sutherland – Facilitator

Senior Management

Executive Committee Members

Megan Dumais
Sandra Laclé
Stacey Laforest
Rachel Quesnel
France Quirion
Renée St Onge
Dr. Penny Sutcliffe
Dr. Ariella Zbar

Board of Health Members

Maigan Bailey
Janet Bradley
Jeffery Huska
Robert Kirwan
René Lapierre
Richard Lemieux
Stewart Meikleham
Paul Myre
Ken Noland
Rita Pilon
Mark Signoretti
Carolyn Thain

Topic and Resources	Lead	Time (approx.)
1. Opening ceremony held at the Health Sciences North Medicine Lodge (<i>please meet in the SDHU Ramsey Room at 8:30</i>) a. Medicine Lodge presentation, L. Pitawanakwat, HSN	Elder/Lisa Pitawanakwat Medicine Lodge Keeper	8:30-9:30
2. Welcome and introductions Meeting purpose and participants' goals	P. Sutcliffe M. Sutherland	9:30-9:50
3. Journey - past and current a. Indigenous Engagement in Support of Public Health presentation b. Current Collaborations – SDHU and Indigenous Peoples, October 2016 c. Snapshots of Indigenous People in the SDHU Service Area, November 2016 d. Truth and Reconciliation Commission: Ontario's Commitment Summary (further information : https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples) e. Indigenous Determinants of Health	P. Sutcliffe S. Laclé R. St Onge P. Sutcliffe P. Sutcliffe	9:50-11:15
4. Discussion	M. Sutherland	11:15-11:30
5. Journey – future a. Indigenous Engagement at the SDHU: Staff Circles Executive Summary b. Analysis of SDHU Supports Needed - Extract from Strengthening Indigenous Relationships Planning Session, Senior Management Executive Committee Retreat, September 26, 2016	R. St Onge P. Sutcliffe	11:30-12:10
6. Discussion	M. Sutherland	12:10-12:30
LUNCH		12:30-1:30
7. Board Member dialogue a. What is the vision that Board is driving towards in closer engagement with Indigenous peoples? b. What are the Board's greatest hopes; greatest fears; what are the benefits and risks? c. What supports to Board members need to fulfill their roles? d. Reaffirmation of Board direction (future motion)	M. Sutherland	1:30-3:00
8. Next steps and key messages from the day	M. Sutherland	3:00-3:30
9. Closing Prayer	Elder	3:30-3:45

ENGAGEMENT WITH INDIGENOUS PEOPLE

MOTION: WHEREAS the Board of Health is committed to ensuring all people in the Sudbury & District Health Unit service area, including Indigenous people and communities, have equal opportunities for health; and

WHEREAS the Board of Health identified the need to better define relationships with Indigenous communities as part of its risk management strategy;

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health reaffirm its commitment to motion #20-12; and

FURTHER THAT the Board direct the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and

FURTHER THAT this strategy include, among others, strategic, governance, risk management and operational components; and

THAT the Board of Health direct the Medical Officer of Health to regularly report on the progress of this strategy.

Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: November 17, 2016
Re: Staff Appreciation Day

☐ For Information

☒ For Discussion

☒ For a Decision

Issue:

The purpose of this briefing note is to provide background information on the Board of Health Staff Appreciation Day.

Recommended Action:

That the Board of Health approve the following motion:

Motion: **THAT this Board of Health approve a Staff Appreciation Day for the staff of the Sudbury & District Health Unit during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2016, to February 28, 2017. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.**

Background:

- The Sudbury & District Board of Health has provided the Staff Appreciation Day (previously the Board Float) in a variety of ways for an extensive history dating back to the year 1975. The gift of one day with pay was established as a symbol of appreciation from the Board of Health to all Health Unit staff and is subject to annual approval by the Board of Health.
- Originally the day was to be taken during the Christmas holiday period. This was subsequently changed in recognition of our cultural diversity to allow the use of the day within the period from December 1 to February 28 unless otherwise designated by the Board of Health motion. If an employee does not take the day within the designated timeframe, it is lost and cannot be carried forward.

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.

Employees qualify for the staff appreciation day based on the following:

- Permanent full-time employees who have completed their probationary period in or before the calendar year in which the Board approved day shall be granted (full day or 7.0 hours).
- Permanent less than full-time employees who have completed their probationary period in or before the calendar year in which the Board approved day shall be granted and who work a minimum of 17.5 hours per week (half day or 3.5 hours).
- Temporary/contract employees on a full-time or part-time basis who have more than one-year of service on the last day of the calendar year in which the Board motion is passed (part-time 3.5 hours/full-time 7.0 hours).

The SDHU collective agreements with ONA and CUPE reference the Staff Appreciation Day noting that scheduling will be subject to a “mutually agreeable time” and recognize that the Staff Appreciation Day is contingent upon Board of Health approval.

Given the extensive history of Board of Health approval of the Appreciation day it is recognized as a part of the SDHU organizational culture. Many employees every year submit emails, letters and notes to express their gratitude for the recognition provided by the Board of Health to their daily efforts and contributions to local public health.

Financial Implications:

Not Applicable

Strategic Priority:

5

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.

STAFF APPRECIATION DAY

MOTION: THAT this Board of Health approve a Staff Appreciation Day for the staff of the Sudbury & District Health Unit during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2016, to February 28, 2017. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

Briefing Note

To: R. Lapierre, Chair, Sudbury & District Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Office
Date: November 17, 2016
Re: 2017 Recommended Cost-Shared Operating Budget

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The management of the Sudbury & District Health Unit (SDHU) is seeking approval of the draft 2017 operating budget for cost-shared programs and services. The draft budget was developed by the Senior Management Executive Committee. It was reviewed by the Board of Health Finance Standing Committee at its November 2, 2016 meeting and it is being recommended to the Board for approval.

Recommended Action:

THAT the Sudbury & District Board of Health approve the 2017 operating budget for cost-shared programs and services in the amount of \$22,774,566.

1. Budget Summary:

The recommended 2017 budget for cost-shared programs and services is \$22,774,566 and as compared with the 2016 Board of Health-approved budget, represents an overall decrease of 0.4%. As compared with 2016, the 2017 budget results in a 1.8% increase in the overall municipal levy. Provincial funding for mandatory cost-shared programs remains at zero growth and in comparison with the 2016 Board of Health-approved budget appears as a net reduction of 1.4% due to the transfer of parts of the children's dental program to a 100% provincial funding model.

The recommended 2017 budget includes the full year impact of the 2016 cost reduction initiatives which were implemented throughout 2016. The cost reduction initiatives were required to meet current and projected provincial funding constraints related to the provincial public health funding model introduced in 2015. Management continues to work extremely hard in the context of significant fiscal pressures to maintain quality programs and respond to local public health needs.

¹ 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

With a large component of the 2016 budget reductions implemented in the fall of 2016, the full impact of those reductions is an integral component of attaining a balanced budget for 2017. Forecasting with reasonably conservative assumptions, continued fiscal pressures are projected to result in shortfalls of over \$700,000 in 2019 and over \$1M in 2020. Additional and significant cost reductions are anticipated to be required in future fiscal periods and will be the subject of future deliberations. The Board of Health Standing Finance Committee remains committed to the budget principles (Appendix A) developed last year as we navigate through current and anticipated ongoing fiscal restraint.

The following sections provide additional information on key 2017 budget factors.

2. Budget Background

2.1 Provincial Context

The current provincial context is one of uncertainty and change for the local public health environment. This context includes of note, the current modernization of the Ontario Public Health Standards, the re-introduction of the Patients First Bill, the as-yet-to-be-announced Expert Panel (expected to look further at health system integration), increased public and government expectations of accountability, and known and expected responses and responsibilities related to the Truth and Reconciliation Commission report.

This context is further characterized by significant fiscal constraint and the ongoing application of the Public Health Funding Model for Mandatory Programs.

The Ontario Government and the Ministry of Health and Long-Term Care (MOHLTC) continue to operate in an environment of fiscal constraint with aggressive targets to achieve a balanced budget. The Ministry has clearly advised health units that they should not assume growth funding. In addition, health units have been advised that any future growth funding approved by the ministry will be allocated based on the new funding formula. It is understood that this means that the SDHU will not receive any growth funding for the foreseeable future.

As the Board is aware, the funding model was first applied in 2015. It is intended to identify an *appropriate share* for each board of health that reflects its needs *in relation to* other boards of health. The model does not identify appropriate *funding levels* for boards of health.

These considerations frame our thinking now and for the future as we navigate the current fiscal climate and the annual budget process.

¹ Strategic Priorities:

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

2.2 SDHU 2016 Grant Approval

The MOHLTC grant communicated with the Board on September 23, 2016, was at the Board-approved level, meaning no growth in the mandatory cost shared operating budget. The Ministry advised health units that the 1.0% growth to Public Health funding available in 2016 for mandatory programs was distributed proportionately to the ten health units that had not reached their model-based share (eight in 2015).

The 2016 funding announcement also advised of the implementation of the new model for children's dental health, the integrated Healthy Smiles Ontario Program. This new model effectively transferred key aspects of the program to a 100% provincially-funded model. The implementation of the newly integrated Healthy Smiles Ontario program resulted in a 1.4% decrease in the SDHU's mandatory cost-shared grant from the MOHLTC.

Per the funding model, the Sudbury & District Board of Health is anticipating no growth in provincial grants for the mandatory cost-shared programs for the foreseeable future. This translates into significant constraints for the long term as a result of continued increases in our salary, benefit and operating expenses.

For context, the Sudbury & District Board of Health has experienced the following historical change in provincial funding for mandatory cost-shared programs:

Year	Change (%)
2016	0.0
2015	0.0
2012 - 2014	2.0
2011	3.0
2010	3.0
2009	3.6
2008	5.0

2.3 Program and Service Requirements

The Public Health Funding and Accountability Agreement includes fourteen mandatory performance indicators, and six monitoring indicators. Based on the experience to date, the SDHU is demonstrating good performance in meeting performance targets. It is expected that the revised Ontario Public Health Standards will be shared with the field for consultation early in 2017. It is not known what additional pressures the modernized standards may present to the Board.

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2.4 Funding Ratio

The recommended 2017 budget results in a funding ratio of 69:31 ministry/municipal. The Board of Health is reminded that in order to maintain previously established service levels, the Board had decided to maintain its investment in order to not erode gains made during periods of public health investment and renewal.

3. Recommended 2017 Budget

3.1 Revenues

Cost-shared programs and services are funded through the province, municipalities, and other sources of revenue such as interest revenue, user fees and transfers from reserve, if required. The province also contributes funding for services to Unorganized Territories.

The recommended budget is presented with 0% growth over the 2016 ministry grant, including the unorganized territories grant. As a result of the implementation of the new funding formula for unorganized territories, the SDHU anticipates no increases in this budget line for the foreseeable future. The historical unorganized territories funding is summarized below:

Year	Growth (%)
2016	0.8
2015	1.5
2012 - 2014	2.0
2008 - 2011	5.0

The 2017 recommended budget is presented with a \$32,000 decrease to the expense recoveries stream. The decrease is a reflection of the necessary adjustments based on historically realized revenues.

3.2 Expenditures

3.2.1 Overall

The 0.43% overall decrease over the 2016 cost-shared budget is comprised of the following:

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Benefits increases	0.22 %
Salary cost decrease (negotiated scheduled rate increases and step increases is offset by savings realized through attrition as well as annual impact of the 2016 cost reduction strategies)	-0.33 %
Operating cost reductions	- 0.32 %
Overall Decrease	-0.43 %

3.2.2 Salary and Benefit Changes

As compared with 2016, the salary and benefit budget lines reflect changes of 0.46% decrease and 1.15% increase, respectively.

- **Salary:** As compared with 2016, salaries are reporting a decrease of 0.46% resulting from savings realized through attrition and the annualization of the 2016 cost reduction strategies that impact staffing positions.
- **Benefits:** As compared with 2016 benefits are reporting an increase of 1.15% as we exited a two-year rate guarantee period and are now subject to market pricing for the provision of benefits. As with salaries, the year over year change in benefits cost was also impacted by the 2016 staff-related cost reductions. We continue to work closely with the benefit consultant to ensure costing estimates reflect trend analysis and to ensure accurate estimates are provided for budget deliberations.

3.2.3 Cost Reduction Initiatives:

The cost reduction initiatives incorporated into the 2017 budget are the result of the strategies implemented at various phases during 2016 as well as \$30,000 in additional offsetting revenues from a planned increase in the Ontario Building Code Part VIII user fees, in line with a market assessment.

3.2.4 Non-Salary Changes:

As compared with 2016, the non-salary budget line reflects an overall 2.89% decrease. All expenditures were reviewed and adjustments were made to reflect efficiencies or reallocations between lines. Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

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5. Maintain excellence in leadership and agency-wide resource management as key elements of an innovative learning organization.

- **Health Services/Purchased Services:** this decrease is due to the the outsourcing of print shop services, the SDHU's change in the administration of the NEP as well as the ministry's implementation of the new dental integration program and the recovery of the mandatory and CINOT Expansion's Fee-For-Service now being administered by a third party.
- **Photocopy Expenses:** this decrease is resulting from the full implementation of outsourcing the print shop services.
- **Travel:** the decrease to this line is the product of the increased use of virtual meetings technology.
- **Office Supplies:** the decrease is from on-going efficiencies from the centralization of the organization's office supplies needs
- **Media & Advertising:** the increase is due to the reallocation of funding from the travel budget line which are to offset the SDHU's response to Community Drug Strategy Initiative.
- **Rent:** The increase to this line is related to a budget correction to the Espanola rent obligation, restating rental charges as per lease agreement.
- **Expense Recoveries:** The decrease is the net impact of the increase in Part VIII fees and the reduction of clinical revenue stream to better reflect a downward trend to the administration of travel vaccines and OHIP services.
- **Program Expenses:** This increase is related to the reallocation of supplies previously allocated to purchased services for the delivery of the Needle Exchange Program (NEP). Starting April 2016, SDHU administers the purchase of all supplies related to the NEP.

3.2.5 Schedules

Appendix B provides the detailed schedules for the recommended 2017 cost-shared operating budget for the SDHU divisions, expenditure categories, revenue sources, and municipal levies.

4. Conclusion

The recommended 2017 budget for cost-shared programs and services is \$22,774,566 and as compared with the 2016 Board of Health-approved budget, represents an overall decrease of 0.4%.

The 2017 draft budget is recommended as a budget that recognizes the significant long term impacts of the new cost shared funding formula and continues to implement a number of difficult cost reduction initiatives begun in 2016. This is a balanced budget that seeks to maintain critical public health capacity while adapting to the new funding formula.

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5. Maintain excellence in leadership and agency-wide resource management as key elements of an innovative learning organization.

O: October 19, 2001
R: October 2015

APPENDIX A

Sudbury & District Board of Health Budget Principles

The following are the guiding principles for the 2017 SDHU budget deliberations.

The principles are based on Board Finance Committee and Senior Management deliberations. They are intended to promote a transparent budget process; a process which is occurring in the context of anticipated significant long term fiscal constraints.

All budget proposals are assessed for degree of fit with these principles as is the final recommended budgeting its entirety.

Guiding principles:

1. We will maintain our **long term focus on health**. This requires an appropriate balance of responsiveness to health protection and immediate needs (e.g. immunizations, environmental health hazards, communicable disease control, tobacco enforcement, etc.) with investment in longer term health promotion (e.g. healthy eating, child resiliency, municipal policies, etc.).
2. We will ensure that we build and maintain **surge capacity**, enabling us to respond to unplanned/unexpected new and emerging threats to people's health (e.g. community communicable disease outbreaks, industrial or natural hazards, etc.).
3. SDHU programs will continue to strive to improve **equity in health** consistent with our strategic plan vision, mission and strategic priorities. We will do this by focusing on evidence-informed local public health practice to promote health equity (i.e. 10 promising practices) and by ensuring upstream work with partners on the social determinants of health.
4. We will work to ensure our fiscal path forward is congruent with our values, interpreted generally in this context as follows:
 - a. **Accountability** – due consideration is given to the Accountability Agreement, particularly the Performance Indicators, the OPHS and its review, Organizational Standards, SDHU Performance Monitoring Plan; transparency is part of accountability and includes clearly articulated budget principles and assumptions including at least three-year forecasting
 - b. **Caring leadership** – compassion guides our approach to changes that directly or indirectly impact on staff
 - c. **Collaboration** – collaboration is sought out within the SDHU and with partners to achieve efficiencies to respond to needs
 - d. **Diversity** –the diversity of our clients/populations is respected, positioning the SDHU to plan for and respond to needs (e.g. geographic, language, cultural, etc.)
 - e. **Effective communication** – this is key to change management and is front of mind for internal and external audiences; communication is bilateral and input/feedback is actively sought
 - f. **Excellence** – trade-offs are carefully thought through to ensure service excellence is not sacrificed (e.g. evaluation, data, teaching, etc.)
 - g. **Innovation** – innovative ideas are actively sought to respond to public health needs with increased efficiencies; there is active engagement with processes that will assist with innovation and continuous improvement

APPENDIX B
SUDBURY & DISTRICT HEALTH UNIT
Mandatory Cost-Shared Programs

RECOMMENDED 2017 Budget

Description	2016 BOH Approved	2017 Budget	Increase (Decrease)	% Change Inc/(Dec)
Revenue				
MOHLTC - General Programs	14,893,000	14,687,000	(206,000)	-1.38%
MOHLTC - Unorganized Territory	813,000	819,400	6,400	0.79%
MOHLTC - Vector Borne Disease (VBD) Educ. & Surveillanc	65,000	65,000	-	0.00%
MOHLTC - CINOT Expansion	24,800	-	(24,800)	-100.00%
MOHLTC - SDWS	106,000	106,000	-	0.00%
Municipal Levies	6,807,155	6,943,298	136,143	2.00%
Municipal Levies - Vector Borne Disease (VBD) Educ. & Sur	21,646	21,646	-	0.00%
Municipal Levies - CINOT Expansion	10,503	-	(10,503)	-100.00%
Municipal Levies - Small Drinking Water Systems	47,222	47,222	-	0.00%
Interest Earned	85,000	85,000	-	0.00%
Total Revenue	22,873,326	22,774,566	(98,760)	-0.43%
Expenditures				
Corporate Services				
Corporate Services	4,150,845	4,329,444	178,600	4.30%
Print Shop	211,219	152,774	(58,445)	-27.67%
Espanola	92,204	120,973	28,769	31.20%
Manitoulin Island	125,708	124,624	(1,084)	-0.86%
Chapleau	98,585	99,667	1,082	1.10%
Sudbury East	16,486	16,486	-	0.00%
Intake	306,216	318,239	12,023	3.93%
Volunteer Resources	6,838	5,711	(1,127)	-16.48%
Total Corporate Services	5,008,100	5,167,918	159,818	3.19%
Clinical Services				
Clinical Services - General	1,041,498	1,049,276	7,778	0.75%
Clinic	1,217,881	1,239,381	21,500	1.77%
Clinical Services - Branches	342,399	379,602	37,204	10.87%
Family Team	648,589	663,316	14,727	2.27%
Risk Reduction	98,302	124,408	26,106	26.56%
Clinical Outreach	139,150	141,610	2,460	1.77%
Sexual Health	940,742	958,320	17,578	1.87%
MOHLTC - Influenza	0	0	0	0.00%
MOHLTC - Meningittis	0	0	0	0.00%
MOHLTC - HPV	0	0	0	0.00%
Dental	805,584	512,984	(292,600)	-36.32%
CINOT Expansion	35,303	-	(35,303)	-100.00%
Reproductive & Child Health	1,165,023	1,185,292	20,269	1.74%
Substance Misuse Prevention	-	162,563	162,563	0.00%
Total Clinical Services	6,434,472	6,416,753	(17,719)	-0.28%
Health Promotion				
Promotion - General	1,089,021	1,080,885	(8,136)	-0.75%
School	1,413,698	1,386,960	(26,738)	-1.89%
Workplace	180,720	181,274	554	0.31%
Branches (Espanola/Manitoulin)	295,926	262,717	(33,210)	-11.22%
Nutrition & Physical Activity Team	1,288,172	1,293,387	5,215	0.40%
Branches (Sudbury East/Chapleau)	304,286	278,641	(25,645)	-8.43%
Health Equity Office	-	-	-	0.00%
Injury Prevention	460,061	475,504	15,443	3.36%
Tobacco Cessation	360,655	366,735	6,080	1.69%
Alcohol and Substance Misuse	292,207	110,805	(181,401)	-62.08%
Total Health Promotion	5,684,746	5,436,908	(247,838)	-4.36%
RRED				
RRED	1,511,663	1,431,631	(80,032)	-5.29%
Strategic Engagement Unit	506,341	597,441	91,100	17.99%
Workplace Capacity Development	-	22,007	22,007	0.00%
Health Equity Office	15,240	14,440	(800)	-5.25%
Total RRED	2,033,245	2,065,519	32,274	1.59%
Environmental Health				
Environmental Health - General	771,116	787,124	16,008	2.08%
Environmental	2,676,862	2,639,493	(37,369)	-1.40%
Vector Borne Disease	86,585	86,667	82	0.09%
Small Drinking Water Systems	178,200	174,185	(4,015)	-2.25%
Total Environmental Health	3,712,763	3,687,469	(25,294)	-0.68%
Total Expenditures	22,873,326	22,774,566	(98,759)	-0.43%
Net Surplus (Deficit)	(0)	(0)		

APPENDIX B
SUDBURY & DISTRICT HEALTH UNIT
Mandatory Cost-Shared Programs

RECOMMENDED 2017 Budget

Revenue by Funding Agency			
	2016 BOH Approved	2017 Recommended Budget	Increase (Decrease)
Ministry of Health and Long-Term Care			
Official Local Health Agency	14,893,000	14,687,000	(206,000)
Unorganized Territories	813,000	819,400	6,400
Vector Borne Disease- education & surveillance	65,000	65,000	-
Small Drinking Water System	106,000	106,000	-
CINOT Expansion	24,800	-	(24,800)
Total MOHLTC	15,901,800	15,677,400	(224,400)
Municipalities			
Official Local Health Agency	6,807,155	6,943,298	136,143
Vector Borne Disease- education & surveillance	21,646	21,646	-
Small Drinking Water System	47,222	47,222	-
CINOT Expansion	10,503	-	(10,503)
Total Municipalities	6,886,526	7,012,166	125,640
Other Revenue			
Transfer from Working Capital Reserve	-	-	-
Interest	85,000	85,000	-
Total Other	85,000	85,000	-
Grand Total	22,873,326	22,774,566	(98,760)

APPENDIX B**Sudbury & District Health Unit
Mandatory Cost-Shared Programs****DRAFT 2017 Budget**

Expenditures By Category Description	2016	2017	Change (\$) Inc/(Dec)	Change (%) Inc/(Dec)
	BOH Approved Budget	Recommended Budget		
Salaries	16,000,615	15,926,324	(74,291)	-0.46%
Benefits	4,305,854	4,355,553	49,699	1.15%
Total Salaries & Benefits	20,306,470	20,281,877	(24,592)	-0.12%
Health Services / Purchased Services	334,845	162,617	(172,228)	-51.44%
Photocopy Expenses	61,035	27,735	(33,300)	-54.56%
Travel	282,434	264,404	(18,030)	-6.38%
Office Supplies	126,225	110,857	(15,368)	-12.18%
Staff Development	121,219	116,031	(5,188)	-4.28%
Books & Subscriptions	16,750	11,875	(4,875)	-29.10%
Furniture & Equipment	16,130	14,270	(1,860)	-11.53%
Translation	47,299	46,600	(699)	-1.48%
Memberships	30,027	29,527	(500)	-1.67%
Rent Revenue	(67,881)	(67,881)	-	0.00%
Rent Surplus Transferred to Reserve	55,744	55,744	-	0.00%
Insurance	103,774	103,774	0	0.00%
Vector Borne Disease - Education and Surveillance	45,081	45,286	205	0.45%
Professional Fees	40,990	41,490	500	1.22%
Postage & Courier Services	71,975	72,730	755	1.05%
Telephone Expenses	189,275	190,986	1,711	0.90%
Building Maintenance	364,898	370,854	5,956	1.63%
Information Technology	559,540	566,540	7,000	1.25%
Utilities	195,840	205,097	9,257	4.73%
Media & Advertising	125,886	142,739	16,853	13.39%
Rent	221,384	242,464	21,080	9.52%
Expense Recoveries	(951,431)	(919,037)	32,394	-3.40%
Program Expenses	575,817	657,987	82,170	14.27%
Total Operational Expenses	2,566,856	2,492,689	(74,167)	-2.89%
Total Expenditures	22,873,326	22,774,566	(98,759)	-0.43%

APPENDIX B
SUDBURY & DISTRICT HEALTH UNIT
Approved 2016 Cost Shared Budget

RECOMMENDED 2017 Budget

Municipal Levy

	2016	2017
Total Budget	22,873,326	22,774,566
Municipal Levy	6,807,155	6,943,298
Municipal Levy - Vector Borne Disease	21,646	21,646
Municipal Levy CINOT Expansion	10,503	-
Municipal Levy Small Drinking Water System	47,222	47,222
Total Levy**	6,886,526	7,012,166

	2016 Population*	% Population	2016 Levy	2017 Levy	Difference	Monthly Billing
Assignack (Township of)	759	0.460%	31,471	32,260	788	2,688
Baldwin (Township of)	510	0.309%	21,073	21,671	599	1,806
Billings (Township of)	506	0.307%	21,142	21,531	390	1,794
Burpee and Mills (Township of)	271	0.164%	11,294	11,504	210	959
Central Manitoulin (Township of)	1,733	1.051%	72,515	73,702	1,187	6,142
St. Charles	1,148	0.696%	47,379	48,809	1,429	4,067
Chapleau (Township of)	1,951	1.183%	83,120	82,958	(163)	6,913
French River	2,387	1.448%	98,822	101,540	2,718	8,462
Espanola Town	4,381	2.657%	183,388	186,317	2,929	15,526
Gordon/ Barrie Island	438	0.266%	18,180	18,656	476	1,555
Gore Bay Town	741	0.449%	32,504	31,489	(1,016)	2,624
Markstay-Warren	2,332	1.414%	96,825	99,156	2,331	8,263
Northeastern Manitoulin & the Islands (Town)	2,132	1.293%	91,315	90,671	(644)	7,556
Nairn & Hyman (Township)	402	0.244%	16,734	17,114	379	1,426
Killarney	351	0.213%	14,393	14,940	547	1,245
Sables-Spanish River (Township of)	2,718	1.648%	114,247	115,564	1,317	9,630
City of Greater Sudbury	141,768	85.977%	5,917,248	6,028,854	111,606	502,405
Tehkummah (Township of)	362	0.220%	14,875	15,431	556	1,286
TOTAL	164,890	100%	6,886,526	7,012,166	125,640	584,347
Per Capita Rate			41.030	42.53	1.50	

Municipal Levy Increase/-Decrease over previous year	1.82%
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* Population data per 2016 Ontario Population Report, Municipal Property Assessment Corporation

** The above levy excludes VBD Control Measures Contingency. It will be billed only if expenditures deemed necessary by the Medical Officer of Health.

IN CAMERA

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

RISE AND REPORT

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

2017 COST-SHARED BUDGET

MOTION: **THAT the Sudbury & District Board of Health approve the 2017 operating budget for cost shared programs and services in the amount of \$22,774,566.**

November 4, 2016

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

Dear Minister Philpott:

Re: Bill S-228, *An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*

Our board of health passed a motion three years ago (November 13, 2013) supporting marketing restrictions to children. As an Ontario physician, you will remember that in 2012, the Ministry of Health and Long-Term Care assembled a group of experts from many different sectors and walks of life to advise the government on how best to achieve its goal of reducing childhood obesity. The Healthy Kids Panel's recommendations identified "Changing the Food Environment" as one of the three pillars of a strategy and the restriction of marketing to children was identified as one of the steps. We were happy to see that Ontario was willing to consider taking action, but changes to marketing would be more effective if implemented at the federal level.

Young children cannot distinguish between truth and the claims of advertisement. Young children are still developing their palate and food preferences. Parents often complain that they feel powerless to fend off the food industry's well-funded and well positioned campaign to create a demand for their products. Ontario's schools have policies promoting healthy choices in foods and beverages, but leaving the nutritional protection of children up to schools is too little and too late. Clearly we need to do more to protect vulnerable children from the onslaught of marketing to allow families, schools and community agencies like public health to support these children in making healthy choices.

I am writing on behalf of my board of health, to express our support for your government's plan to consider marketing restrictions, similar to those imposed in Quebec, as part of your recently announced Healthy Eating Strategy. Protecting children from exposure to commercial marketing supports parents to instill healthy habits in their children. Research in this intervention has shown that effective marketing restrictions can prevent a substantial part of childhood obesity and allow children to grow up without the negative influences that powerfully shape food and beverage choices. We understand that national polling has revealed broad population support for interventions that would place limits on the advertising of unhealthy food and beverages to children.

I am also writing to express my gratitude for your government's openness to review Senator Greene-Raine's private member bill, Bill S-228, which, if passed by both Houses, would prohibit the advertisement of foods and beverages to children under the age of 13 years.

Peterborough Public Health is committed to protecting the health and wellbeing of the children who live in our communities. We commend you and your government for having the courage to think and act upstream, in order to create a healthier environment for families to raise these children.

We will eagerly follow the progress of your strategy, and will do everything within our power to support your efforts.

Sincerely,

Original signed by

Rosana Salvaterra, MD, MSc, CCFP, FRCPC
Medical Officer of Health

/ag

cc: 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

BAN ADVERTISING OF SNACKS, SOFT DRINKS TO KIDS TO COMBAT OBESITY, SENATOR NANCY GREENE RAINE SAYS

News, [The Child Health Protection Act](#) | September 29, 2016

Ottawa, September 28, 2016 – Senator Nancy Greene Raine wants to switch off the ‘manipulative’ marketing of food and beverages to help cut down childhood obesity in Canada.

Senator Greene Raine introduced [An Act to amend the Food and Drugs Act](#) in the Senate on Tuesday. Her bill S-228, also known as the *Child Health Protection Act*, would prohibit the marketing of food and beverages to children under the age of 13 years.

Senator Greene Raine hopes a ban on marketing to kids will help reverse childhood obesity, which has become a serious national problem. Overweight children have an increased risk of serious health problems later in life, including high cholesterol, high blood pressure, sleep apnea, joint problems, diabetes, heart disease, stroke and some cancers. Obesity also affects children’s self-esteem and mental health.

Not only does obesity adversely affect the well-being of individual children it also takes a heavy toll on Canadian society, as a whole, due to the increased healthcare costs of treating obesity-related diseases.

The *Child Health Protection Act* would change the *Food and Drugs Act*’s labelling, packaging and advertising section, making it illegal to label, package or advertise any food or beverage “in a manner that is directed primarily at children.”

Representatives of the Stop Marketing to Kids Coalition, the Heart and Stroke Foundation of Canada and the *Coalition québécoise sur la problématique du poids*, joined Senator Greene Raine at a press conference Wednesday to publicly explain the bill and its significance.

Senator Greene Raine’s bill builds on recent work by the World Health Organization and the Senate Committee on Social Affairs, Science and Technology which both recommended earlier in 2016 that combating childhood obesity should include a ban on marketing to children.

Quick Facts

- Bringing in a ban on the advertising of food and beverages to children, modeled on an existing Quebec law that bans all marketing aimed at children, was one of the recommendations in the Senate Committee on Social Affairs, Science and Technology report, released in March 2016, [Obesity in Canada: A Whole-of-Society Approach to a Healthier Canada](#).
- Canada’s childhood obesity rate has tripled since 1980, according to the Senate Committee on Social Affairs, Science and Technology Committee.
- The *Child Health Protection Act* proposes changes to Section 7 of the *Food and Drugs Act*, the section that covers food labelling, packaging and advertising.
- Currently, the maximum penalty for violating the *Food and Drugs Act*’s food-related provisions is a fine of \$50,000 or six months for summary conviction or a fine of \$250,000 or a three-year jail sentence for conviction by indictment. The *Child Health Protection Act* does not propose changes to penalties.

Quotes

“Everyone understands how impressionable children are. When food and beverage companies aim their TV and online advertising messages directly at this young audience, it makes it hard for parents to do the right thing. We need to protect our children – it’s the responsible thing to do.”

–Senator Nancy Greene Raine

(As a former Olympic skier, Senator Nancy Greene Raine has been a lifelong advocate of physical fitness and healthy living.)

“We applaud Senator Greene Raine for introducing legislation to prohibit food and beverage marketing to children. Protecting the health of our children and youth is urgent and we encourage the government to now move quickly to get regulations in place.”

–Mary Lewis, VP Research, Advocacy and Health Promotion, Heart and Stroke Foundation.

“Industry self-regulation is a failure. Legislation will protect kids, support parents as they teach their children healthy habits, and ensure that all companies are playing by the same rules. We commend Senator Greene Raine for her leadership and commitment to children’s health.”

–Dr Tom Warshawski, Chair, Childhood Obesity Foundation.

For more information, please contact:

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RESTRICTING THE MARKETING OF UNHEALTHY FOODS AND BEVERAGES TO CHILDREN

MOTION: WHEREAS children are particularly susceptible to commercial marketing and need to be protected from marketing influences on their food and beverages choices; and

WHEREAS Health Canada, through the newly introduced multi-year Healthy Eating Strategy, is committed, following a review of the evidence and consultation with experts in the field, to introducing restrictions on the commercial marketing of unhealthy food and beverages to children; and

WHEREAS the Stop Marketing to Kids Coalition's Ottawa Principles outline the components required for effective policies and regulations on any form of commercial advertisement or otherwise promotion of food and beverages to children age 16 years and younger; and

WHEREAS the Association of Local Public Health Agencies endorsed The Ottawa Principles, and has written a letter of support for Senator Nancy Green-Raine's Bill S-228, Child Health Protection Act, which if passed would ban food and beverage marketing to children under 13 years of age; and

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health encourage Members of Parliament to endorse Bill S-228, and commend the Honourable Jane Philpott, Minister of Health, for introducing the multi-year Healthy Eating Strategy; and

FURTHER THAT this motion be forwarded to local, provincial and federal health and non-health sector partners as appropriate.

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.

ADJOURNMENT

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