



Sudbury & District Board of Health

Thursday, June 15, 2017, 1:30 p.m.

SDHU Boardroom

1300 Paris Street

Sudbury & District Board of Health

Sudbury & District Board of Health Meeting #05-17

1.0 CALL TO ORDER

i) Letters from the Executive Council of Ontario Order in Council dated May 31, 2017, Regarding Appointments – Nicole Sykes and James Crispo

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2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

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4.0 DELEGATION / PRESENTATION

i) Overview of Public Health Ontario
Dr. Peter Donnelly, President and Chief Executive Officer,
Public Health Ontario

ii) French Language Services at the Sudbury & District Health Unit
Nicole Frappier, Assistant Director, Strategic Engagement Unit, Resources, Research, Evaluation and Development Division

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fourth Meeting – May 18, 2017 Page 13

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Joint Board/Staff Performance Monitoring Working Group Page 22
Unapproved Meeting Notes dated May 23, 2017

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

v) Correspondence

a. Honorary Doctorate

Letter from Laurentian University Re: Honorary
Doctorate of Letters to Louise Picard, retired SDHU
Director of Resources, Research, Evaluation and
Development Division dated April 28, 2017

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b. Marijuana Controls Under Bill 178, Smoke-Free Ontario

Letter from the Elgin St Thomas Public Health Board of
Health to the Minister of Health and Long-Term Care
dated May 15, 2017

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c. Energy Drinks

Email from Jim Sheppard to the SDHU dated May 29,
2017

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d. Restricting the Marketing of Unhealthy Foods and
Beverages to Children

Resolution from The Corporation of the Township of
Chamberlain to Dr. Sutcliffe dated May 2, 2017

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e. Low Income Adult Dental Program

Letter from the Leeds, Grenville and Lanark Board of
Health to the Minister of Health and Long-Term Care
dated June 7, 2017

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f. Healthy Menu Choices Act

Letter from the Peterborough Board of Health to the
Minister of Health and Long-Term Care dated June 7,
2017

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g. Federal Opioid Strategy

Letter from the Peterborough Board of Health to the
Federal Minister of Health dated June 7, 2017

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vi) Items of Information

a. North East LHIN News Release: Changes at the North

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East LHIN dated May 30, 2017

b. aPHa Announcement: Executive Director Retirement
dated May 29, 2017 Page 55

c. aPHa Information Break

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6.0 NEW BUSINESS

i) 2013-2017 Performance Monitoring Plan

Strategic Priorities: Narrative Report, June 2016 Page 60

ii) Board of Health Manual

Briefing Note to the Sudbury & District Board of Health Chair
dated June 8, 2017 Page 68

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Reference Information Page 71

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iii) 2017 Public Health Champion Awards

Public Health Champion Awards Nomination Package Page 111

iv) alPHa Conference / AGM

alPHa Conference Program-at-a-Glance Page 116

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7.0 ADDENDUM

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11.0 ADJOURNMENT

MOTION: Adjournment Page 127



**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, la lieutenant-gouverneure de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit:

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*,

Nicole Sykes of Sudbury

be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit for a period of three years, effective the date this Order in Council is made.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*,

Nicole Sykes de Sudbury

est nommée au poste de membre à temps partiel du Conseil de santé de la circonscription sanitaire de Sudbury et du district pour une durée fixe de trois ans à compter du jour de la prise du présent décret.



Recommended: Minister of Health and Long-Term Care

Recommandé par: le ministre de la Santé et des Soins de longue durée



Concurred: Chair of Cabinet

Appuyé par: Le président/la présidente du Conseil des ministres,

Approved and Ordered:
Approuvé et décrété le:

MAY 31 2017



Lieutenant Governor
La lieutenante-gouverneure



**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, la lieutenante-gouverneure de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit:

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*,

James Crispo of Sudbury

be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit
for a period of three years, effective the date this Order in Council is made.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*,

James Crispo de Sudbury

est nommé au poste de membre à temps partiel du Conseil de santé de la circonscription sanitaire de Sudbury et du district pour une durée fixe de trois ans à compter du jour de la prise du présent décret.



Recommended: Minister of Health and Long-Term Care

Recommandé par: le ministre de la Santé et des Soins de longue durée



Concurred: Chair of Cabinet

Appuyé par: Le président/la présidente du Conseil des ministres,

Approved and Ordered:
Approuvé et décrété le:

MAY 3 1 2017



Lieutenant Governor
La lieutenante-gouverneure

AGENDA – FIFTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, JUNE 15, 2017 – 1:30 P.M.

1. CALL TO ORDER

- i) Letters from the Executive Council of Ontario Order in Council dated May 31, 2017,
Regarding Appointments – Nicole Sykes and James Crispo

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

- i) **Overview of Public Health Ontario**
 - Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario
- ii) **French Language Services at the Sudbury & District Health Unit**
 - Nicole Frappier, Assistant Director, Strategic Engagement Unit, Resources,
Research, Evaluation and Development Division

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Fourth Meeting – May 18, 2017
- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
 - a. Joint Board/Staff Performance Monitoring Working Group Unapproved
Meeting Notes dated May 23, 2017
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, June 2017
- v) **Correspondence**
 - a. Honorary Doctorate
 - Letter from Laurentian University Re: Honorary Doctorate of Letters to
Louise Picard, retired SDHU Director of Resources, Research, Evaluation and
Development Division dated April 28, 2017
 - b. Marijuana Controls Under Bill 178, Smoke-Free Ontario
Amendment Act, 2016
 - Letter from the Elgin St Thomas Public Health Board of Health to the Minister of
Health and Long-Term Care dated May 15, 2017

- c. Energy Drinks
 - Email from Jim Sheppard to the SDHU dated May 29, 2017
- d. Restricting the Marketing of Unhealthy Foods and Beverages to Children
 - Resolution from The Corporation of the Township of Chamberlain to Dr. Sutcliffe dated May 2, 2017
- e. Low Income Adult Dental Program
 - Letter from the Leeds, Grenville and Lanark Board of Health to the Minister of Health and Long-Term Care dated June 7, 2017
- f. Healthy Menu Choices Act
 - Letter from the Peterborough Board of Health to the Minister of Health and Long-Term Care dated June 7, 2017
- g. Federal Opioid Strategy
 - Letter from the Peterborough Board of Health to the Federal Minister of Health dated June 7, 2017
- vi) **Items of Information**
 - a. North East LHIN News Release:
Changes at the North East LHIN May 30, 2017
 - b. alPHa Announcement: Executive Director Retirement May 29, 2017
 - c. alPHa Information Break May 18, 2017

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **2013-2017 Performance Monitoring Plan**
 - Strategic Priorities: Narrative Report, June 2016
- ii) **Board of Health Manual**
 - Briefing Note to the Sudbury & District Board of Health Chair dated June 8, 2017

BOARD OF HEALTH MANUAL

MOTION:

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

- iii) **2017 Public Health Champion Awards**
 - Public Health Champion Awards Nomination Package
- iv) **2017 alPHa Conference / Annual General Meeting (AGM)**
 - alPHa Conference Program-at-a-Glance

- alPHa Board of Health Section Agenda, June 13, 2017
- Summary of Resolutions for Consideration at the June 2017 alPHa AGM

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://www.surveymonkey.com/r/9YQYQ66>

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____ p.m.

**MINUTES – FOURTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, MAY 18, 2017, AT 1:30 P.M.**

BOARD MEMBERS PRESENT

Maigan Bailey
Robert Kirwan
Paul Myre

Janet Bradley
René Lapierre
Mark Signoretti

Jeffery Huska
Stewart Meikleham
Carolyn Thain

BOARD MEMBERS REGRETS

Richard Lemieux

Ken Noland

Rita Pilon

STAFF MEMBERS PRESENT

Sandra Laclé
Rachel Quesnel
Dr. A. Zbar

Nicole Frappier
France Quirion

Stacey Laforest
Dr. P. Sutcliffe

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 1:31 p.m.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 DELEGATION / PRESENTATION

i) Preventing and Controlling the Spread of Infectious Diseases in Our Community

- S. Laclé, Director Clinical and Family Services
- S. Laforest, Director Environmental Health

S. Laclé reviewed relevant legislation and mandate from which boards of health receive their authority. The key piece of legislation for public health is the Health Protection and Promotion Act (HPPA). The Ontario's Chief MOH 2016 annual report, "Mapping Wellness: Ontario's Route to Healthier Communities" reinforces the importance of health assessment, disease surveillance and the need for increased efforts to collect this data. Board members were informed of how monitoring and surveillance data is used by the SDHU to inform infectious diseases programming.

S. Laforest provided an overview of public health control of infectious disease programming. Three types of data reports produced by the Resources, Research, Evaluation and Development Division for monitoring of infectious disease in our communities that inform programs and services include quarterly Reportable Disease Report; monthly Acute Care Enhanced Surveillance (ACES) Report and Daily Student Absenteeism Surveillance. It was pointed out that while public health units are required to receive reports of infectious diseases from a variety of sources, public health also shares surveillance data that is received with stakeholders and the public.

Four key public health strategies include health promotion; health protection; disease prevention as well as health assessment and disease surveillance. Examples of activities used at the SDHU to prevent and control these infections were provided such as sexual health testing and the needle exchange program. Other public health interventions were cited such as routine inspections and complaint investigations, support to facilities regarding prevention, detection and management of respiratory and enteric outbreaks and education-based public health interventions.

It was concluded that public health works in collaboration with agency and community partners to prevent and control the spread of communicable disease. It is essential that timely and accurate data and information continue to be generated and shared between public health, health care providers, other stakeholders and the general public from a control of communicable disease perspective, as well as more broadly so that we may effectively work with our community partners to provide equitable opportunities for health for everyone.

Questions and comments were entertained. Dr. Sutcliffe acknowledged that the work of public health necessarily involves tensions at times as we balance our health promotion strategies with our health protection, regulatory role. An example of this is our promotion of immunization balanced with our enforcement role if there is non-compliance with legislation.

The presenters were thanked for their presentation.

5.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

- i) Minutes of Previous Meeting**
 - a. Third Meeting – April 20, 2017
- ii) Business Arising From Minutes**
 - None

iii) Report of Standing Committees

- a. Board of Health Finance Standing Committee, Unapproved Minutes dated May 4, 2017

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

- a. MOH/CEO Report, May 2017

v) Correspondence

a. Opioid

- Letter from the Simcoe Muskoka District Board Vice-Chair to the Minister of Health dated April 19, 2017
- Letter from Durham Regional Council to the Premier dated April 13, 2017

b. Low-Income Dental Program for Adults and Seniors

- Letter from the Durham Regional Council to the Premier dated April 13, 2017
- Letter from the Peterborough Public Health Board Chair to the Minister of Health and Long-Term Care dated April 25, 2017
- Letter from the Porcupine Health Unit Chief Administrator Officer to the Minister of Health and Long-Term Care dated May 1, 2017

c. Tobacco Endgame for Canada

- Letter from the Peterborough Public Health Board Chair to the Minister of Health and the Minister of Health and Long-Term Care dated May 2, 2017

d. Support for Stop Marketing to Kids Coalition's Ottawa Principles and Further Action on Sugary Drinks

- Letter from the Peterborough Public Health Board Chair to the Minister of Health dated May 5, 2017

e. Ontario Public Health Standards Modernization

- Letter from the Porcupine Health Unit Chief Administrator Officer to the Minister of Health and Long-Term Care dated May 1, 2017

f. Human Papillomavirus (HPV) Immunization

- Letter from the Durham Regional Council to the Premier dated April 13, 2017
- Letter from the Wellington-Dufferin-Guelph Health Unit Board Chair to the Minister of Health and Long-Term Care dated May 3, 2017

g. Provincial Alcohol Strategy

- Letter from the Wellington-Dufferin-Guelph Health Unit Board Chair to the Minister of Health and Long-Term Care dated May 3, 2017

h. Enactment of Legislation to Enforce Infection Prevention and Control Practices within Personal Service Settings under the HPPA

- Letter from the Grey Bruce Health Unit Medical Officer of Health to the Premier of Ontario dated May 2, 2017

i. 2017 Ontario Budget

- Letter and Summary from the Association of Local Public Health Agencies (alPHa) President to the Minister of Finance dated May 4, 2017
- Letter from the alPHa President to the Minister of Finance re Children and Youth Pharmacare dated May 4, 2017
- Letter from the alPHa President to the Minister of Finance re Healthy Babies Healthy Children **100% funding dated May 4, 2017**

j. Tools for Skills and Competency Based Boards

- Letter from the alPHa Board President to the MOHLTC Assistant Deputy Minister dated May 3, 2017

k. Funding

- Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair received April 27, 2017

l. Healthy Babies Healthy Children Program Funding

- Letter from the Board of Health for Wellington-Dufferin-Guelph Public Health to the Minister of Children and Youth Services dated May 3, 2017

m. Fluoride Varnish Programs for Children at Risk for Dental Caries

- Letter from the Board of Health for Wellington-Dufferin-Guelph Public Health to the Association of Local Public Health Agencies dated May 3, 2017

vi) Items of Information

- a. Minister of Health and Long-Term Mandate Letter
- b. to the North East Local Health Integration Network dated May 1, 2017
- c. Canadian Journal of Public Health, Vol. 108, NO.1, 2017
- d. *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)*, Smoke-Free Ontario Scientific Advisory Committee, Public Health Ontario
- e. *Spread the Facts, Not the Germs*, Sudbury & District Health Unit

The Board was pleased to see that cybersecurity liability insurance is being explored given the current headlines relating to hacking.

25-17 APPROVAL OF CONSENT AGENDA

Moved by Myre – Kirwan: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6.0 NEW BUSINESS

i) Risk Management Annual Report

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated May 11, 2017
- Risk Management Ratings
- Organizational Risk Management Annual Report: July to December 2016

In October 2016, the Board approved a risk management plan outlining that a roll-up of quarterly reports would be presented to the Board of Health each May. The first organizational-wide risk management annual report for 2016 includes the third and fourth quarters given the implementation mid-year. Next May, the annual report will incorporate all four quarterly progress reports from January to December 2017. The Board will also be kept apprised of any significant initiatives.

The report outlined key activities that have been undertaken relating to the 11 top SDHU risks listed in red.

ii) 2016 Audited Financial Statements

- Sudbury & District Health Unit Financial Statements of year ended December 31, 2016

Chair of the Finance Standing Committee (FSC), C. Thain reported that the FSC met on May 4, 2017 and reviewed the 2016 draft audited financial statements. She reported that Derek D'Angelo from KPMG joined the Finance meeting via teleconference to review the audit processes and present the findings of the annual financial audit.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of SDHU as of December 31, 2016, in accordance with Canadian public sector accounting standards. The auditors did not identify any material misstatements, illegal acts or fraud and no internal control issues.

In 2016, the Health Unit realized the full impact of the cost reduction initiatives and was impacted by an increased number of unfilled short term leaves resulting in a financial surplus position. With no changes anticipated in the funding formula and the changing landscape, the SDHU is in a good position and remains vigilant in its budgeting and spending decisions.

The SDHU team was thanked for their work on the audit and working well with the new KPMG audit team.

Questions were entertained.

The financial statements for 2016 are presented with the agenda with the Board Finance Standing Committee's recommendation for approval of the 2016 audited financial statements.

26-17 ADOPTION OF THE 2016 AUDITED FINANCIAL STATEMENTS

Moved by Huska – Bailey: WHEREAS at its May 4, 2017, meeting, the Board Finance Standing Committee reviewed the 2016 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2016 audited financial statements be approved as distributed

CARRIED

iii) alPHa Annual General Meeting (AGM) and Conference - June 2017

The following motion was deferred from the April Board meeting to provide Board members an opportunity to review their availability and interest in attending the conference. Dr. Sutcliffe indicated three Board members have since voiced an interest in attending the alPHa AGM/Conference.

27-17 ALPHA CONFERENCE

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

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

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health, the following Board member(s) attend(s) the 2017 alPHa Annual General Meeting as voting delegates for the Sudbury & District Board of Health: René Lapierre; Paul Myre; Mark Signoretti

CARRIED

7.0 ADDENDUM

28-17 ADDENDUM

Moved by Bailey – Huska: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATION OF CONFLICT OF INTEREST

There are no declarations of conflict of interest.

- a) Modernized Ontario Standards for Public Health Programs and Services and Accountability and Organizational Requirements
 - Memo from the Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care dated May 15, 2017

Dr. Sutcliffe summarized key points from the Assistant Deputy Minister's update on the review process and initiatives underway with the Ontario Standards for Public Health Programs and Services (OSPHTS) and Accountability.

The Ministry extended thanks to those who attended and also hosted regional consultation sessions. The Sudbury & District Health Unit was one of seven local public health units who hosted a regional consultation session. The Ministry has pulled a thematic summary of all the regional consultation sessions as well as a Q&A document.

The Ministry is currently reviewing 55 feedback submissions from 30 Boards (including the Sudbury & District Board of Health) and 25 associations/organizations.

The Ministry will be holding final meetings of the Executive Steering Committee (S. Laclé is a member) and of the Practice and Evidence Committee (Dr. Sutcliffe is a member) to review the feedback and recommended changes to the standards resulting from the consultations.

Next steps relating for the standards modernization relates to accountability, the development of protocols, guidelines, and indicators through work groups/tables that will involve front line staff who work in those fields. This represents significant work in order to achieve an implementation date of January 2018. Dr. Sutcliffe noted that she expects and wants SDHU staff to be involved in the Ministry process. The overarching work of the Standards Implementation Task Force that the Ministry will be establishing was outlined as well as the Accountability Implementation Task Force.

- b) Chief Medical Officer of Health's 2015 Annual Report, *Mapping Wellness: Ontario's Route to Healthier Communities*
 - Letter of Support from the Sudbury & District Health Unit to the Minister of Health and Long-Term Care dated May 16, 2017

Dr. Sutcliffe has written to the Minister to congratulate the Chief Medical Officer of Health on the release of his 2015 Annual Report, and to express support for its contents and recommendations. The Deputy Minister, who was copied on the letter, has responded to thank us for the kind message and continued strong partnership.

c) Opioids

Sudbury & District Board of Health Motion #12-17

- Letter of Support from the Middlesex-London Board of Health to the Minister of Health and Long-Term Care dated April 28, 2017
- Letter of Support from the Algoma Board of Health to the Minister of Health and Long-Term Care dated May 2, 2017

Two local Boards of Health have supported our Board motion #12-17.

8.0 IN CAMERA

29-17 IN CAMERA

Moved by Bailey – Myre: THAT this Board of Health goes in camera. Time: 2:14 p.m.

CARRIED

- Labour Relations or Employee Negotiations

9.0 RISE AND REPORT

30-17 RISE AND REPORT

Moved by Thain – Bradley: THAT this Board of Health rises and reports. Time: 2:28 p.m.

CARRIED

The Board Vice-Chair reported that one labour relation / employee negotiation matter was discussed and that two motions emanated from the closed session.

31-17 APPROVAL OF BOARD IN-CAMERA MEETING NOTES

Moved by Bradley – Thain: THAT this Board of Health approve the meeting notes of the April 20, 2017, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

32-17 ONA MEMORANDUM OF SETTLEMENT RATIFICATION

Moved by Kirwan – Myre: That the Board of Health ratify the Memorandum of Settlement between the Sudbury & District Health Unit and the Ontario Nurses' Association dated April 21, 2017.

CARRIED

10.0 ANNOUNCEMENTS / ENQUIRIES

Board members were encouraged to complete the Board evaluation regarding today's Board meeting. The link will be emailed to everyone as there were challenges in accessing the electronic survey.

J. Huska reported that, as Vice-Chair, he was honoured to attend the 2017 Staff Day as the Board Chair delegate to participate in the volunteer appreciation as well as the employee service recognition events. He shared reflections from the event that is attended by all SDHU staff.

Each year, alPHa holds its Annual Fitness Challenge in which Ontario's health units and their employees engage in some friendly competition to see which organization can involve the most number of staff in physical activity for 30 minutes. This year's Challenge was held on May 11.

In celebrating Canada 150, this year's rules changed in that any health unit who achieved 100% group participation was deemed a winner and health units receiving 95% or better received an honorable mention. Dr. Sutcliffe was pleased to report that the SDHU was one of three health units who achieved 100% staff participation.

M. Signoretti congratulated the SDHU for its involvement at the City of Greater Sudbury's Healthy Kids Community Challenge (HKCC) event on May 15 at St David's School. Dr. Sutcliffe participated at the event to launch their third theme of eating healthfully as the Champion of the City of Greater Sudbury's HKCC.

Dr. Sutcliffe shared with the Board that they will be receiving an electronic survey for the MOH/CEO performance appraisal.

11.0 ADJOURNMENT

33-17 ADJOURNMENT

Moved by Bradley – Thain: THAT we do now adjourn. Time: 2:37 p.m.

CARRIED

(Chair)

(Secretary)

MEETING NOTES

JOINT BOARD OF HEALTH/STAFF PERFORMANCE MONITORING WORKING GROUP
TUESDAY, MAY 23, 2017, 10:30 A.M., TELECONFERENCE

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

Recorder: Rachel Quesnel, Executive Assistant and Board Secretary

Members: Janet Bradley * David Groulx Nastassia McNair
Rita Pilon * Renée St Onge Carolyn Thain *

Regrets: Krista Galic

* via teleconference

#	Item	Decisions, Assignments, Required Follow-up
1.0	CALL TO ORDER / WELCOME	The meeting was called to order at 10:30 a.m.
2.0	PURPOSE	The main purpose of today's meeting is to review and obtain feedback regarding the draft Narrative Report that was pre-circulated.
3.0	REVIEW AND APPROVAL OF THE AGENDA	The agenda was reviewed and approved as distributed.
4.0	NEW BUSINESS	
4.1	Meeting Notes – April 4, 2017	The Joint Board/Staff Performance Monitoring Working Group meeting notes dated April 4, 2017, were approved.
4.2	Strategic Priorities: Narrative Report – June, 2017	<p><i>Strategic Priority 1:</i> Champion and lead equitable opportunities for health <i>Narrative topic:</i> <i>Pathways to Equity: Supporting Indigenous Partners to Address Factors that Impact Health</i></p> <p>Language for this narrative will be updated to be explicit as to the evolution of the program and highlight the durability and sustainability of the relationships.</p> <p><i>Strategic Priority 2:</i> Strengthen relationships <i>Narrative topic:</i> Partnering with Greater Sudbury Housing Corporation on Bedbug Education for Tenants</p> <p>It was clarified that narrative topics chosen for the narrative report are not necessarily new initiatives as they demonstrate the ongoing work that aligns with our five strategic priorities; therefore, these might be longstanding, previous or current work. This narrative topic is a good example of relationships being strengthened through education. The emphasis in last sentence will be updated to reflect this.</p> <p><i>Strategic Priority 3:</i> Strengthen evidence-informed public health practice <i>Narrative topic:</i> Sharing our research knowledge.</p> <p>This narrative outlines evidence-informed practice both internally and externally with partnerships in the academic sector.</p> <p><i>Strategic Priority 4:</i> Support community actions promoting health equity <i>Narrative topic:</i> Nourishing the Future of Our School Communities</p> <p>The School team work with a local high school to build a healthy nutrition environment was found to be an excellent example for supporting community actions promoting health equity.</p>

MEETING NOTES

JOINT BOARD OF HEALTH/STAFF PERFORMANCE MONITORING WORKING GROUP
TUESDAY, MAY 23, 2017, 10:30 A.M., TELECONFERENCE

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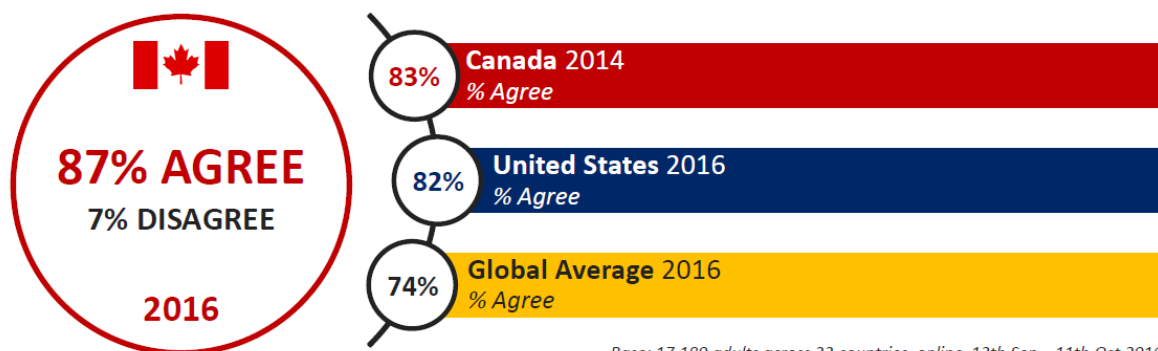
#	Item	Decisions, Assignments, Required Follow-up
		<p><i>Strategic Priority 5:</i> Foster organization-wide excellence in leadership and innovation</p> <p><i>Narrative topic:</i> Building Opportunities for Student Placement in Rural Areas</p> <p>This submission from the Resources, Research, Evaluation and Development Division outlines a partnership with Laurentian University to build future workforce by increasing access and enrollment in the elective nursing course through student placements in the district offices.</p> <p>With these approved edits, the narrative report will be finalized and presented to the Board at the June 15, 2017, Board meeting. J. Bradley will present the narrative report on behalf of the Working Group.</p> <p>Given the current 2013 – 2017 strategic plan is nearing its end, further discussions will be required as to whether this structure will continue for 2018 and beyond.</p>
5.0	NEXT MEETING DATE/TIME	To be determined.
6.0	ADJOURNMENT	The meeting was adjourned at 10:53 a.m.

Medical Officer of Health / Chief Executive Officer
Board Report, June 2017

Words for thought...

UNDERSTANDING CANADIANS

Vast majority of Canadians support LGBT rights



Gay men and lesbians should be free to live their own life as they wish

38

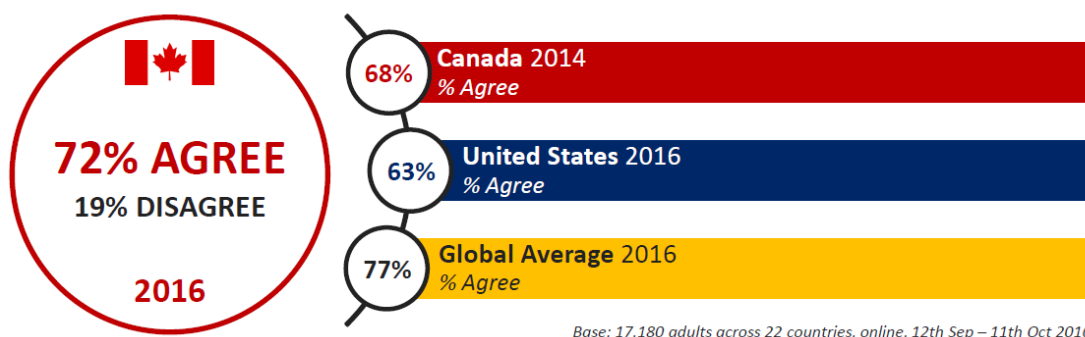


GAME CHANGERS



UNDERSTANDING CANADIANS

Income inequality seen as a negative thing for society



Having large differences in income and wealth is bad for society overall

39

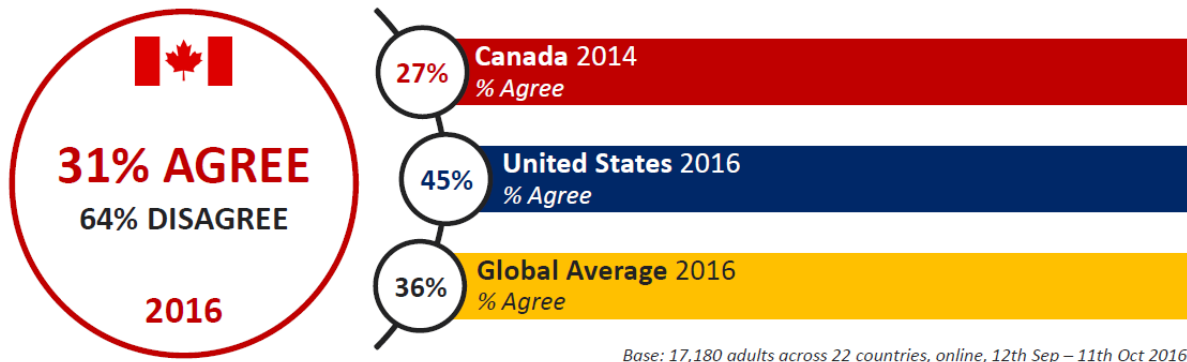


GAME CHANGERS



UNDERSTANDING CANADIANS

Canadians are not tired of hearing about environmental challenges



I'm tired of the fuss that is being made about the environment

34

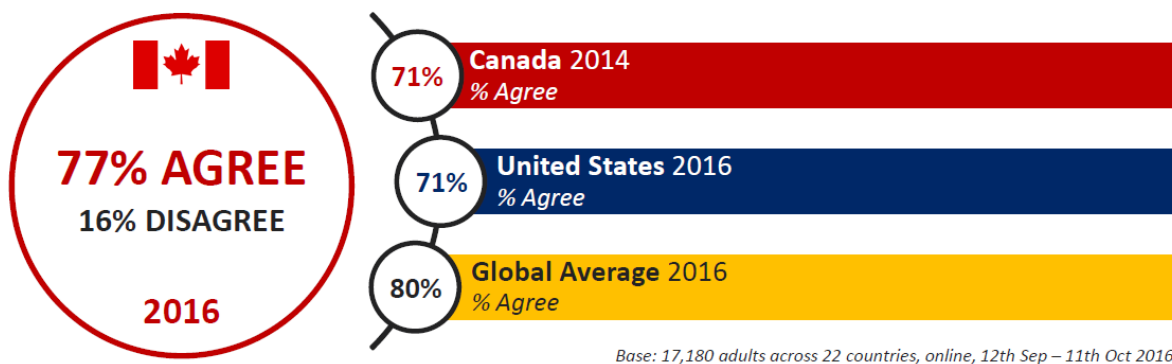


GAME CHANGERS



UNDERSTANDING CANADIANS

Canadians increasingly believe climate change is a result of human activity



The climate change we are currently seeing is largely the result of human activity

35



GAME CHANGERS



Source: Ipsos Understanding Canadians, Mike Colledge, President, Canadian Public Affairs
Date: 2017

Chair and Members of the Board,

Having a pulse on the world around us – globally, nationally and locally – is critical to informing effective public health practice on the ground. The issues supported by Canadians in the survey

referenced above resonate with the new (still draft) Standards for Public Health Programs and Services. Public health will be required to develop programming related to climate change, vulnerable populations, mental health promotion and health equity, to name a few. The Standards also require a balance of local flexibility with standardized programs, requiring ever more detailed assessments of local needs, capacity and fit to develop *programs of public health interventions*. The Sudbury & District Health Unit (SDHU) is in an excellent position to do this work given our investments in planning, evaluation and data collection and analysis. The recent community consultations on our strategic plan will also contribute information helpful to us as we navigate our path forward.

I wish everyone a safe and rejuvenating summer!

GENERAL REPORT

1. Board of Health

A warm welcome to two new provincial appointees to the Sudbury & District Board of Health, Nicole Sykes and James Crispo. A Board orientation session will be held for them in July 2017. With three provincial appointees on the Board, our complement is now at 14.

Dr. Peter Donnelly, President and Chief Executive Officer, Public Health Ontario, will be the keynote speaker at the Health Sciences North's Annual General Meeting (AGM) on June 15, 2017. Their AGM is themed "Good Health For All". Dr. Peter Donnelly is one of Canada's foremost authorities on public health policy. Public Health Ontario is a provincial agency which provides scientific evidence and expert guidance to help shape health care policy in Ontario.

The Board of Health and Senior Management members will have an opportunity to meet Dr. Donnelly on June 15 for lunch from 12:15 to 1:15 p.m. If you have not done so already, please confirm with the Board Secretary whether you will be attending the luncheon.

Reminder of upcoming meetings:

- Date of the next regular Board of Health meeting is **Thursday, September 21, 2017, at 1:30 p.m.**
- There is a strategic planning workshop for Board members on **Thursday, September 28, 2017, at 9 a.m.** at 1300 Paris Street in the Ramsey Room, followed by lunch.
- All Board members are invited to attend a unique training opportunity called Bridges Out of Poverty on **Thursday, September 28, 2017, from 1 to 4 p.m.** at 1300 Paris Street in the Ramsey Room.

2. Local and Provincial Meetings

The SDHU continues to lead the Locally Driven Collaborative Project on First Nations Engagement in the northeast, funded by Public Health Ontario. I along with SDHU staff attended the first Indigenous Circle meeting comprised of First Nations representatives. This Circle is being established to guide the project and ensure we are proceeding in respectful and effective ways.

On May 26, I had the pleasure of meeting with Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care. This meeting was requested by the alPHA Executive and forms part of alPHA's ongoing engagement with the Ministry leadership.

Along with Board of Health members, Lapierre, Huska and Signoretti and AMOH, Dr. A. Zbar, I will attend the alPHa AGM and conference and chair the meeting of the Council of Medical Officers of Health on June 11-13. This event is a separate agenda item, permitting a timely verbal update to Board of Health members.

We continue to engage with the NE LHIN. Dr. Zbar attended the NE Regional Quality Table on my behalf on May 31.

3. Health Equity

The SDHU played a leadership role in the Northern Ontario Health Equity Summit held on May 25, 2017 across three sites – Sudbury, Timmins and Thunder Bay. The focus of the Summit was about “Inspiring Change”, to identify priority health inequities in northern Ontario, and to work through proposed ideas to help achieve health equity in the North.

Along with colleagues from across the north, I will present at the Health Quality Ontario, Health Equity Rounds, on June 15 just before our Board meeting.

4. MOH/CEO Performance Map

All Board of Health and Senior Management Executive Committee members were asked to complete an electronic survey for the MOH/CEO annual performance appraisal. Results will be tabled at the June 14, 2017, Board Executive Committee meeting and subsequently discussed between the MOH/CEO and the Board Chair per Board policy and procedure.

5. Office of the Auditor General of Ontario’s Value-For-Money Audit

As previously shared with the Board in the April 2017 Board agenda package, in addition to on-site audit work with four local health units, the Office of the Auditor General of Ontario (OAG) is conducting a value-for-money audit on Public Health: Chronic Disease Prevention.

For this part of the audit, the OAG has chosen to survey local health unit senior staff and Board of Health members through the use of an online, confidential survey.

The SDHU senior managers have been asked to complete the online survey. The purpose of this survey is to contribute to an evidence-informed understanding of how accountability indicators are used and affect public health units.

All 12 Sudbury & District Board of Health members were also contacted on June 7, 2017, to complete the OAG’s Board of Health Survey. The purpose of the Board survey is to obtain board members’ insight and perspective on the oversight of public health programs and services for their Public Health Units. Deadline for completion is June 21, 2017, and Board members are asked to confirm with the Board Secretary once they have completed the survey.

6. Human Resources

M. Dumais’ last day as Director of the Health Promotion Division was June 7, 2017. Sandra Laclé, Director of Clinical and Family Services Division is also acting as Director of Health Promotion as we recruit for a full-time Director.

7. Honorary Doctorate for Former SDHU Senior Leader

On May 30, 2017, Louise Picard, a former Director of the Health Unit's Public Health Research, Education and Development (PHRED) program and of the Resources, Research, Evaluation and Development (RRED) division, received an Honorary Doctorate of Letters from Laurentian University. She initiated discussions that led to the creation of the Public Health Research Initiative Grant, now renamed the Louise Picard Public Health Research Grant. In addition, she has received the Ontario Public Health Association Honorary Membership Award and was named the Nursing Practice award recipient by the Registered Nursing Association of Ontario Sudbury and District Chapter. She is also recipient of one of Laurentian University's 50 Years of Alumni Recognition Awards.

The honorary degree was awarded in recognition of her significant contributions in public health. As a nurse, researcher, educator, mentor, leader, and creative thinker, Louise is a pioneer in the advancement of public health nursing and interdisciplinary practice. [I was very proud to attend this event and to hear her address](#) (28 minute mark).

8. Financial Report

The April year-to-date mandatory cost-shared financial statements report a positive variance of \$255,979 for the period ending April 30, 2017. Gapped salaries and benefits account for \$94,484 or 37%, with operating expenses and other revenue accounting for \$161,495 or 63% of the variance. Monthly reviews of the financial statements ensure that shifting demands are adjusted to account in order to mitigate the variances caused by timing of activities.

In the month of April, a total of \$86,343 in available gapped funding was reallocated to one-time staffing costs to help offset the need due to on-going leaves, or for positions identified to special projects at the 2017 Budget deliberation.

9. Quarterly Compliance Report

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

The SDHU has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 19, 2017, on May 19, 2017. The Employer Health Tax has been paid as required by law, to May 31, 2017, with a cheque dated June 16, 2017. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to May 31, 2017, with a cheque dated June 30, 2017. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

10. Sudbury & District Health Unit 2015 Annual Report

As per public reporting requirements outlined within the Ontario Public Health Organizational Standards, the 2016 Annual Report, *Connections*, has been published. This year's report focuses on the work of the Health Unit to understand the important connections that help us support health in our service area. The report highlights initiatives and programs such as: the Academic Detailing program, Baby-friendly designation and Sacred tobacco youth initiative. The on-line version will contain a video clip message from the Board of Health Chair and the Medical Officer of Health/CEO. A paper copy is provided at the June 14, 2017, Board of Health meeting. The report will also be disseminated through various social media channels.

11. Public Health Champion Awards Ceremony

The 2017 Public Health Champion campaign is focused on recognizing the hard work of organizations and individuals in supporting health in the Clinical and Family Services theme area. The campaign will be launched on June 15, 2017, and will close on September 8, 2017. Promotion of the campaign will include a dissemination plan with tactics at various intervals throughout the nomination period. The general public, partners and staff members will be encouraged to participate in the nomination process. The Joint Board of Health/Staff Public Health Champions Selection Committee will then rank and rate all submissions, and recommend who to honour as our 2017 Public Health Champion. We will look forward to profiling the recipient of the 2017 Public Health Champion at the October 19, 2017, Board of Health meeting.

12. Visual Identity

The Strategic Engagement Unit is leading a process to explore updating the Health Unit's Visual Identity and Brand Guidelines that were last updated early 2003. The timing of the review is in alignment with the development of the 2018 and beyond Strategic Plan, the launch of the Standards for Public Health Programs and Services consultation document, and the application of the requirements under the Accessibility for Ontarians with Disabilities Act (AODA).

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

CORPORATE SERVICES DIVISION

1. Accounting

Once again, we are very happy to report a very successful financial audit, all of which is made possible because of the SDHU staff's compliance with the numerous policies, procedures, and directives as it relates to our purchases and the processing of all business expenses. The 2016 Annual Reconciliation Report form and audited financial statements have been submitted to the Ministry of Health and Long-Term Care.

We continue to wait for the Ministry's funding approval of the 2017 Board approved budget which is expected later this summer.

The Accounting team has successfully implemented electronic funds transfer payments to vendors and have migrated the payment of employee business-related expenses to and through the payroll system.

2. Facilities

1300 Paris Street: Renovations that support and improve the work environment of the Health Unit staff were completed over this period. Examples include the creation of a work office and reception area, the addition of a storage area to support the centralization of office supplies, a new wall was erected in the HBHC area and allow more privacy for nurses speaking with clients.

Of significant importance for business continuity was the installation of a new 70kW generator which was installed to replace the old unit for which parts were no longer being manufactured. Funding of this initiative was through a successful application for a one time grant from the MOHLTC.

District Offices: A new vaccine fridge that can maintain an acceptable temperature range for up to 7 days in the event of a power outage was installed in the Espanola office. This was required as there is no back-up generator at this site. Additional replacement fridges are being considered for other district offices that do not have back-up generators.

3. Human Resources

Health and Safety: We continue to work diligently to maintain our 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.

The newly formed Psychological Health and Wellness Committee worked in collaboration with the Joint Health and Safety Committee to celebrate Health and Safety month this May at the SDHU. During the month activities were planned and messaging was provided regarding employee health (including psychological health) and well-being.

Accessibility for Ontarians with Disabilities Act (AODA): The SDHU Accessibility Plan has been updated and will be posted on the website along with updated agency policies as a result of changes to the legislation that came into effect in July 2016. The goal for SDHU is to go beyond AODA legislation and to continually look to improve the accessibility of our programs and services to the public as well as for our staff.

Privacy: All staff continue to receive privacy and access to information training during orientation. The SDHU Privacy Officer and the Manager of Information Technology completed a refresher training session to all staff in the fall of 2016/spring of 2017 which focused on the importance of putting patients first by improving privacy, accountability and transparency. The SDHU policies have been reviewed and updated to comply with the recent changes in legislation with the new Health Information Protection Act 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 9 requests in 2016. We have received 7 formal information requests to date in 2017.

Labour Relations: SDHU and ONA were successful in bargaining for a new collective agreement which will expire March 31, 2019. SDHU and CUPE will be bargaining next year for a new collective agreement as this agreement is set to expire March 31, 2018.

4. Information Services

Records Management/SharePoint Project: Phase I of the SharePoint project has now been completed. A gaps and improvements review of SharePoint sites is currently underway and testing of the email add-in which will allow us to move email files into SharePoint, will begin.

IT infrastructure: Agilis Networks, our network server host, has upgraded their un-interruptible power supply (UPS) and additional offsite server monitoring capability has been added to our server clusters. District offices connectivity in Espanola and Manitoulin has been moved to Vianet.

IT Projects: Projects of significance include the implementation of the infoHR Human Resources system, the implementation of the new Hedgehog 5 system, the Secure File Transfer protocol has

been replaced with External SharePoint sites for sharing files with external partners that are public information, and all staff have been migrated to new email system.

5. Volunteer Resources

Seventy-Seven (77) volunteers are actively involved in assisting staff to plan and deliver programs and services. Health Unit volunteers have contributed 213.5 hours from November 2016 to May 2017.

6. Quality & Monitoring

Lean @ SDHU: Lean reviews continue. Results from recent reviews have been 'storyboarded' and posted on the Continuous Quality Improvement blog. A total of eight Lean reviews were completed in 2016 and eleven Lean reviews are ongoing. Staff are encouraged to identify areas in their work that would benefit from a review.

Organizational Standards: The Public Health Organizational Standards final report was included in the Performance Monitoring Annual Report. All of the standards have met or exceeded the target.

Risk Management: In October 2016, an SDHU Risk Management Framework, Risk Management Plan and Board of Health Policy were approved. Since then, a 2016 fourth quarter and 2017 first quarter report were shared with the Executive Committee. The 2016 Risk Management Annual Report was shared with the Board of Health at the May 18, 2017, meeting.

CLINICAL AND FAMILY SERVICES DIVISION

1. Control of Infectious Diseases

Influenza: There was a total of 168 positive Influenza results in the community to date this season. Out of this total, there have been 150 Influenza A and 18 Influenza B results.

Respiratory Outbreaks: There is currently one respiratory outbreak of Respiratory Syncytial Virus (RSV) in a long-term care home. Outbreaks this season have been attributed to RSV, Influenza A and B and Parainfluenza 3 Virus. Since January 1, 2017, there have been a total of 23 respiratory outbreaks in long-term care homes. This is comparable to the same timeframe in the previous year.

Vaccine Preventable Disease: In accordance with the Immunization of School Pupils Act (ISPA), Public Health in Ontario is mandated to assess, maintain and report the immunization records for students attending primary or secondary school up to 18 years of age. In the 2016/2017 school year, a total 27,039 student records were reviewed. Of those, the SDHU sent 2,246 first letters to families who did not have up to date vaccination records. As a result, 492 families updated their student records. Subsequently, a second letter of notification was sent to 1,754 families to advise them that the student was due or overdue for ISPA immunizations. A total of 1310 families updated their immunization records with the SDHU and 444 students were suspended. All 444 student records were updated as of May 26, 2017 and all students attending school were in compliance with the legislation.

The Control of Infectious Disease team has started the immunization review for students within daycares centres. There is a total of 72 daycares centres in Sudbury and area.

2. Family Health

Prenatal Education: Thirty people attended in person prenatal classes and 11 mothers registered for the online prenatal course. The team partnered with Our Children Our Future (OCOF) to deliver a workshop on Post-Partum Mood Disorder. Twelve people were in attendance.

Breastfeeding: The Family team facilitated breastfeeding education session with Our Children Our Future's creating healthy babies program in Espanola.

Positive Parenting Program (Triple P): In partnership with Child & Family Centre and Children's Aid Society, public health nurses delivered a condensed, one-day Triple P session to 28 people. Both parents and children were in attendance. The team is currently facilitating a Triple P – Transitions session with five parents and has facilitated two one-on-one Triple P – Teen sessions.

Child Health Community Events: In partnership with Our Children Our Future (OCOF), public health nurses delivered a workshop on the childhood immunization schedule and the importance of immunizing children. There were 12 mothers in attendance plus two parent resource workers.

The Sudbury & Manitoulin Fetal Alcohol Spectrum Disorder (FASD) Network Meeting was held at Atikameksheng Anishnawbek. A total of 10 partners, including Nogdawindamin, Laurentian University, Maamwesying North Shore Community Health Service, OCOF, Greater Sudbury Police, HBHC Atikameksheng Anishnawbek, N'Swakamok, Shkagamik-Kwe Health Centre, NEO Kids FASD Clinic, met to discuss upcoming strategies.

Baby Friendly Initiative (BFI): The BFI Network Screened the film *Milk* at the Sheridan Auditorium. Partners in attendance included Health Sciences North, Blissful Doula, Breast Works, and Sudbury Community Midwives.

Healthy Eating: The Family Health team dietitian attended the Sudbury East Early Years Screening Day (~8 families were screened), The Manitoulin Island Early Years Screening Day (~150 clients attended), and the Espanola Early Years Screening Day (~10 families were screened.) Two Our Children Our Future staff and 5 mothers were provided a Menu Label Reading session at the Minnow Lake site.

A consultation session was provided to with Laurentian Child Care Centre to review the child care menu with their cook, director and a parent to ensure menu compliance with the Child Care and Early Years Act.

3. Oral Health

The Oral Health program continues to visit children in elementary schools who were identified during the screening program as in need of urgent treatment. Those children are reassessed to ensure their treatment has been completed. Preventive services continue to be offered to children in school and at health unit locations. Preventive services consist of education, removal of debris through scaling, application of fluoride varnish and pit and fissure sealants.

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

The Sexual Health team at the Rainbow Centre responded to 267 clients without appointments (drop-ins) during the month of April. The requests ranged from STI counselling, testing and treatment, initiation of birth control, emergency contraception, and anonymous HIV testing and other sexual

health related concerns. 80 clients purchased low cost birth control at the Rainbow Centre during the month of April.

Needle Exchange Program (NEP): During the month of April, the NEP program (fixed sites and outreach) had a total of 1,462 client contacts. A sixty percent (60%) return rate was achieved from the 92,587 needles distributed and 55,761 needles returned for disposal. A total of 1,462 safe inhalation kits and 2,125 condoms were distributed.

Substance Misuse –Community Drug Strategy for Greater Sudbury: Work with the strategy partners continues on the Opioid strategy with the development of action steps to reduce the harms associated with opioid use and the circulation of information from other jurisdictions.

Members of the Community Drug Strategy for Greater Sudbury attended a community consultation and City of Greater Sudbury Council meeting to support the efforts of finding a permanent location for the harm reduction home.

On May 18, a Chain of Life event had 100 Marymount students line Notre Dame Avenue in a physical demonstration of their pledge not to drive impaired with the message of *Driving High? You're impaired.*

Members of the Community Drug strategy for Greater Sudbury met with 15 indigenous youth at Shkagamik-Kwe's Choice program to engage in a conversation about prescription drugs,

In May, Community Drug strategy members responded to two media requests for information about naloxone and opioid concerns in the community.

5. Healthy Babies Healthy Children (HBHC)

A parenting group for students at Barrydowne College was offered in April and May. Topics covered included *Being a Parent* and *Growth and Development*. This is a joint effort with Family Health team and future sessions will be planned for the 2017-18 school year.

Parent Child Interaction Scales - A healthy parent/child relationship is a Ministry priority for the HBHC program as it has been shown that effective parent/child attachment is key in the overall healthy development of infants and children. All HBHC nurses must be recertified in the administration of these scales annually in a 2-day training session. This year, the SDHU assisted the Algoma Public Health in recertification of six of their HBHC staff.

Over the last few weeks, HBHC staff participated in *Welcome to Kindergarten* nights at four local schools to promote HBHC Services. Completion of HBHC Early Childhood Identification screens were piloted with parents as a new approach to identify children and families in need of additional support. These events also provided opportunity for HBHC staff to network with school personnel and other community partner agencies on shared issues of child growth and development.

On April 1, 2017, Nogdawindamin Child and Family Services received approval from the Ministry of Children & Youth Services under the authority of the Child & Family Services Act to provide child protection services to their seven First Nations members both on and off reserve. The SDHU HBHC Program has now signed a protocol agreement with Nogdawindamin to work together in support any of the members' families requiring HBHC services within the Sudbury district.

A partnership has been created between Neonatal Intensive Care Unit (NICU)/Pediatric Nursing Staff and HBHC to support breastfeeding clients who are struggling with breastfeeding issues prior to their discharge. The NICU/Pediatric Nursing Staff now have a direct HBHC team telephone extension to

call to discuss concerns and to arrange potential breastfeeding consultation by the HBHC breastfeeding nurse.

Members of the HBHC team have supported the Health Sciences North Birthing Center, NICU/Pediatric Nursing staff by completing a short training session on a variety of breastfeeding topics. Recently, HBHC staff have delivered training on manual expression to increase milk supply and have supplied the hospital with manual expression kits.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of May, four sporadic enteric cases and one infection control complaint were investigated. Three enteric outbreaks were declared in institutions.

2. Food Safety

During the month of May, one food product recall prompted public health inspectors to conduct checks of 117 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale. The recalled food products included Aunt Jemima brand Frozen Waffles and Frozen French Toast Slices due to possible contamination with *Listeria monocytogenes*.

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

Staff issued 84 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in May, 82 individuals were certified as food handlers.

3. Health Hazard

In May, 36 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of May, 39 sewage system permits, 17 renovation applications, one zoning application, and four consent applications were received. One order to comply was issued for a sewage system that was moved without a permit.

5. Rabies Prevention and Control

Twenty-nine rabies-related investigations were carried out in the month of May. 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 following an exposure to a wild animal.

6. Safe Water

During the month of May, one public swimming pool was ordered closed due to the water chemistry not being maintained within the regulated parameters of *Regulation 565 – Public Pools* under the *Health Protection and Promotion Act*. The closure order has since been rescinded following corrective action, and the pool allowed to reopen.

During May, 43 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated seven regulated adverse water sample results.

One boil water order, one Health Information Notice for sodium, and three drinking water advisories were issued. Furthermore, three drinking water advisories were rescinded.

7. Tobacco Enforcement

In May, tobacco enforcement officers charged three individuals for smoking in an enclosed workplace, all three of these charges were the result of smoking in a workplace vehicle. One individual was charged for smoking on school property, two individuals were charged for smoking on hospital property, and one retail employee was charged for selling tobacco to a person who is less than 19 years of age.

HEALTH PROMOTION DIVISION

1. Early Detection of Cancer

The SDHU collaborated with the Regional Cancer program and two local Ontario Breast Screening program sites to promote Mammoth on May 3, 2017. Preliminary numbers suggest that collectively across the seven participating Northeast sites, 317 women were screened during Mammoth events, with 50% of women participating having never before been screened.

2. Healthy Eating

In May, the SDHU delivered two food literacy sessions to youth at Shkagamik-Kwe Alternative School. Two school staff were also instructed on healthy cooking methods and recipes that focused mostly on budget-friendly ingredients. Food safety and proper knife handling was also stressed.

On May 9, a gardening workshop and composting presentation were delivered to 26 Monetville Public School students. Students actively participated by transplanting plants and delivered presentations on recycling and composting.

3. Healthy Weights

The Healthy Kids Community Challenge theme three, Choose to Boost Veggies and Fruit, was launched in Sudbury on Monday, May 15 at St David's Elementary School. This new theme encourages kids and families to eat healthier and to make vegetables and fruit part of their everyday life. Dr. Sutcliffe, the community champion, provided insight into the complexity of eating healthy while the Grade 1 students prepared strips of carrot seeds for the school's new community garden. The event was well attended by the media.

A Family Fun Screening Day occurred on Saturday April 29, 2017, on Manitoulin Island which was partnered with the Healthy Kids Community Challenge theme three launch. The event, hosted by Manitoulin Family Resources, Noojmowin-Teg, Mnaamodzawin, Gore Bay Child Care Centre, Community Care Network, and the Rainbow District School Board was open to all Manitoulin Island residents. Screening for oral health, car seat safety, healthy eating, HBHC and development and information for vision screening follow-up was provided.

4. Physical Activity

Active Sudbury hosted a physical literacy conference May 5 and 6, 2017. The conference titled Moving and Learning Together, featured 13 speakers from Alberta and Ontario. The main focus of the conference was to create awareness on physical literacy and to provide tools and resources which can be integrated within physical literacy programming. The conference was attended by 115 delegates from four sectors: Education, Health, Early Years, and Sport & Recreation.

In addition, Active Sudbury has been successful in receiving an Ontario Trillium Fund Grow Grant. The grant will be utilized to advance physical literacy programming, locally, over the next 3 years.

5. Prevention of Substance Misuse

Analytics data for the Rethink Your Drinking video, which aired at Sudbury's Cineplex theatre from March 10 to 16, showed that 14,397 movie-goers were reached.

6. School Health

Throughout the 2017-2018 school year, the School Health Promotion team actively worked with school community members from 15 schools to create healthy school environments. Work included capacity building opportunities with school staff, and skill building with students. Weekly, bi-weekly and monthly sessions were held in these schools and covered topics such as growth mindset, character strengths, mental health and resiliency. Approximately 2,800 students learned healthy coping strategies, decision-making and critical thinking skills, and communication skills. Three hundred and fifty (350) school staff took part in professional development sessions through staff meetings and professional development days. The team actively worked with over 20 schools in moving forward our mandate.

This past school year, students in Grades 3 to 8 from *École St-Charles Borromée*, located in St.-Charles, had the opportunity to take part in monthly food skill sessions with a School Health Promotion team dietitian. The recipes prepared, taught students basic food preparation skills to make healthy meals and snacks, which were then brought home to share with family and friends. These sessions were provided to students to help them increase their food literacy knowledge and their confidence in the kitchen.

The School Health Promotion team partnered with a resource teacher from St. Benedict Catholic Secondary School to create an after-school program for students in Grades 7 and 8. The program covered the following topics during the six sessions: growth mindset, core character strengths, coping with stress (through the *Can You Feel It?* sessions) and leadership skills. The program also met criteria of the Ontario Skills Passport, which provides resources and transferable skills for students to be used to further their education and training and to be applied in their workplace. All 13 students completed the program, and most felt that they learned new strategies to cope with and manage their stress.

Over the past few months, the School Health Promotion team received many requests regarding the *Pathways to Resilient Schools* programming. Information, tools and resources have been shared with seven Health units, two t Ministries, three Colleges/Universities and seven school boards outside our catchment area and across Ontario.

7. Tobacco Control

From May 5 to May 7, the Northeast Tobacco Control Area Network hosted a young person summit titled: “Walking the Good Life” with 32 Indigenous youth and adult allies from across the five north east health unit regions. The weekend was facilitated by the Youth Advocacy Training Institute and Perry McLeod-Shabogesic from the Shkagamik-Kwe Health Centre, along with Darren McGregor who led the youth in making traditional medicine pouches. The training promoted awareness on issues within Indigenous communities regarding colonization and the impacts it has had on tobacco from a traditional and commercial perspective. The aim was to provide knowledge and understanding for young people to be advocates within their local communities to address the industrialization and commercialization of tobacco. The group also participated in a traditional ceremony and action planning activities for their local communities on the use of commercial tobacco.

In May, the Tobacco team delivered a tobacco cessation presentation to 10 participants of the *Smoker's Helpline Run to Quit* contest at the Sudbury Running Room. Specific topics discussed related to tobacco cessation strategies and community support resources. The team also participated in a Smoke-Free Housing policy presentation with new members of the Greater Sudbury Landlord Association. A total of 31 members were in attendance and received information related to the Smoke-Free Housing policy.

In April, SDHU staff received 64 calls through the Quit Smoking Clinic and Telephone Information Line and 29 visits to the clinic cessation support. A total of 41 Nicotine Replacement Therapy vouchers were distributed.

A series of meetings have occurred with Goldcorp (Borden Tobacco Free project) on how the Health Unit can support their property become smoke-free (i.e. cessation supports). There was discussion around the current smoking rate of their workforce and how the Health Unit could assist with cessation efforts, such as: the SDHU voucher program, Stop on the Road sessions, ‘Quit Kits,’ and the local Family Health team cessation program. It is expected that the company will implement a smoke-free workplace policy in June 2017.

8. Workplace Health

The SDHU continues to build relationships with local workplaces. In May, three external workplaces were provided with SDHU workplace health resources on the following topics: healthy eating, physical activity, sun safety, low risk alcohol drinking guidelines, and websites for stress management and mental health. They were also provided with subscription information on our Workplace Health newsletter.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (REED) DIVISION

1. Population Health Assessment and Surveillance (PHAS)

The Population Health Assessment and Surveillance team and the Clinical and Family Services Division compiled the Quarterly Reportable Diseases Report for January to March 2017. The report was circulated to the SDHU Outbreak team, specialists, program managers, and the Executive Committee. Data from the integrated Public Health Information System (iPHIS) include reported and confirmed cases diagnosed in the SDHU area.

2. Presentations

An epidemiologist from the RRED division participated at the Canadian Public Health Association's (CPHA) annual conference and the pre-conference symposium held by the Canadian Alliance for Regional Risk Factor Surveillance (CARRFS). These events were held in Halifax on June 6 to 8,

2017. The staff member delivered an oral presentation, participated in a panel discussion and presented a poster. All of the presentations were related to risk factors and public health surveillance.

3. Strategic Planning

The engagement process for the next iteration of the Strategic Plan is well underway. To date, there have been nearly 750 engagement points from people within the SDHU catchment area. Of these, there were over 520 responses to the “Have Your Say” by Board of Health members, community partners, the general public, and staff. In addition, almost 230 staff participated in a World Café session at the annual Staff Day.

Respectfully submitted,

Original signed by:

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

Sudbury & District Health Unit
STATEMENT OF REVENUE & EXPENDITURES
For The 4 Periods Ending April 30, 2017

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,687,000	4,895,667	4,895,667	(0)	9,791,333
MOHLTC - Unorganized Territory	819,400	273,133	273,133	0	546,267
MOHLTC - VBD Education & Surveillance	65,000	21,667	21,667	(0)	43,333
MOHLTC - SDWS	106,000	35,333	35,333	0	70,667
Municipal Levies	6,943,298	2,314,430	2,314,430	(0)	4,628,868
Municipal Levies - Small Drinking Water Syste	47,222	15,741	15,741	(0)	31,481
Municipal Levies - VBD Education & Surveill	21,646	7,215	7,215	0	14,431
Interest Earned	85,000	22,840	22,840	0	62,160
Total Revenues:	\$22,774,566	\$7,586,026	\$7,586,026	\$(0)	\$15,188,540
Expenditures:					
Corporate Services:					
Corporate Services	4,391,078	1,752,091	1,741,354	10,737	2,649,724
Print Shop	152,774	50,725	23,760	26,965	129,014
Espanola	120,973	38,860	37,518	1,343	83,455
Manitoulin	124,624	39,681	36,920	2,761	87,704
Chapleau	99,667	31,393	29,287	2,106	70,380
Sudbury East	16,486	5,495	5,590	(95)	10,896
Intake	318,239	98,457	98,211	246	220,028
Volunteer Services	5,711	980	36	945	5,675
Total Corporate Services:	\$5,229,552	\$2,017,682	\$1,972,675	\$45,007	\$3,256,876
Clinical and Family Services:					
General	896,313	252,487	249,983	2,503	646,330
Clinical Services	1,379,248	440,376	433,717	6,659	945,531
Branches	272,222	81,192	74,248	6,944	197,974
Family	658,316	200,554	197,998	2,556	460,318
Risk Reduction	124,408	31,314	27,644	3,670	96,764
Clinical Preventative Services - Outreach	141,610	44,670	42,126	2,544	99,485
Sexual Health	952,708	282,703	266,993	15,710	685,714
Influenza	0	0	17	(17)	(17)
Meningitis	0	0	(1,122)	1,122	1,122
HPV	0	0	(4,275)	4,275	4,275
Dental - Clinic	500,484	144,398	133,684	10,714	366,800
Family - Repro/Child Health	1,176,292	357,106	325,722	31,383	850,570
Substance Misuse Prevention	162,563	50,417	45,991	4,425	116,571
Total Clinical Services:	\$6,264,163	\$1,885,215	\$1,792,727	\$92,488	\$4,471,437
Environmental Health:					
General	794,321	226,721	225,004	1,717	569,317
Environmental	2,555,550	791,765	771,267	20,497	1,784,283
Vector Borne Disease (VBD)	86,667	9,508	13,645	(4,137)	73,022
Small Drinking Water System	174,185	53,617	52,401	1,216	121,784
Total Environmental Health:	\$3,610,722	\$1,081,610	\$1,062,316	\$19,294	\$2,548,406
Health Promotion:					
General	1,192,381	360,974	355,004	5,970	837,378
School	1,348,575	378,070	369,690	8,381	978,885
Healthy Communities & Workplaces	181,274	53,212	50,429	2,783	130,845
Branches - Espanola / Manitoulin	262,717	81,872	78,763	3,109	183,954
Nutrition & Physical Activity	1,254,383	341,875	328,738	13,137	925,645
Branches - Chapleau / Sudbury East	371,021	108,700	104,040	4,661	266,981
Injury Prevention	457,504	127,609	122,866	4,743	334,638
Tobacco By-Law	380,257	97,585	87,917	9,668	292,341
Alcohol Misuse	140,805	50,630	51,613	(983)	89,192
Total Health Promotion:	\$5,588,917	\$1,600,527	\$1,549,059	\$51,468	\$4,039,858
RRED:					
General	1,454,823	457,983	415,309	42,675	1,039,515
Workplace Capacity Development	23,507	9,520	9,654	(134)	13,853
Health Equity Office	14,440	3,527	2,383	1,143	12,057
Strategic Engagement	588,441	161,436	157,398	4,038	431,043
Total RRED:	\$2,081,211	\$632,466	\$584,744	\$47,722	\$1,496,467
Total Expenditures:	\$22,774,566	\$7,217,501	\$6,961,522	\$255,979	\$15,813,044
Net Surplus/(Deficit)	\$0	\$368,525	\$624,505	\$255,979	

Sudbury & District Health Unit 2015 - current

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2017

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	22,920,405	7,684,465	7,688,620	(4,155)	15,231,785
Other Revenue/Transfers	851,986	264,795	309,270	(44,474)	542,716
Total Revenues & Expenditure Recoveries:	23,772,391	7,949,261	7,997,890	(48,629)	15,774,501
Expenditures:					
Salaries	15,710,246	4,697,341	4,600,904	96,437	11,109,341
Benefits	4,359,427	1,382,155	1,384,108	(1,953)	2,975,319
Travel	262,709	55,859	41,449	14,411	221,260
Program Expenses	950,693	265,444	216,216	49,228	734,477
Office Supplies	71,564	20,409	16,642	3,767	54,922
Postage & Courier Services	72,898	24,371	16,957	7,414	55,941
Photocopy Expenses	33,487	11,094	7,017	4,077	26,470
Telephone Expenses	60,506	19,959	18,426	1,532	42,080
Building Maintenance	398,767	193,446	192,055	1,391	206,712
Utilities	205,097	80,366	78,285	2,081	126,812
Rent	242,464	80,821	80,976	(154)	161,488
Insurance	103,774	92,184	92,172	12	11,602
Employee Assistance Program (EAP)	34,969	15,896	15,897	(0)	19,072
Memberships	31,166	14,380	13,857	523	17,309
Staff Development	148,026	53,875	56,306	(2,431)	91,720
Books & Subscriptions	11,875	2,837	1,440	1,397	10,435
Media & Advertising	108,819	26,437	12,986	13,450	95,833
Professional Fees	197,256	62,095	41,113	20,982	156,143
Translation	48,100	14,911	11,498	3,413	36,603
Furniture & Equipment	14,270	6,368	4,360	2,008	9,910
Information Technology	706,278	460,488	470,722	(10,234)	235,556
Total Expenditures	23,772,391	7,580,735	7,373,385	207,350	16,399,005
Net Surplus (Deficit)	0	368,525	624,505	255,979	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended April 30, 2017

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
MOHLTC Local Model for Indigenous Engagement	703	227,718	1,285	226,433	0.6%	Mar 31/18	8.3%
Pre/Postnatal Nurse Practitioner	704	139,000	43,799	95,201	31.5%	Dec 31	33.3%
OTF - Getting Ahead and Circles	706	-	8,873	(8,873)	0.0%	Mar 31/18	8.3%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	7,135	29,565	19.4%	Dec 31	33.3%
SFO -TCAN - Prevention	724	97,200	7,607	89,593	7.8%	Dec 31	33.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	70,576	215,224	24.7%	Dec 31	33.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	56,029	203,771	21.6%	Dec 31	33.3%
SFO - Tobacco Control Coordination	730	104,442	32,185	72,257	30.8%	Dec 31	33.3%
SFO - Youth Engagement	732	80,000	24,372	55,628	30.5%	Dec 31	33.3%
Infectious Disease Control	735	479,100	147,133	331,967	30.7%	Dec 31	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	4,064	95,936	4.1%	Mar 31/18	8.3%
MOHLTC - Special Nursing Initiative	738	180,500	55,538	124,962	30.8%	Dec 31	33.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	1,679	154,921	1.1%	Dec 31	33.3%
Beyond BMI - LDCP	747	110,000	58,239	51,761	52.9%	May/16 to May/18	50.0%
Food Safety - Haines Funding	750	36,500	85	36,415	0.2%	Dec 31	33.3%
Triple P Co-Ordination	766	25,628	25,628	-	100.0%	Dec 31	33.3%
Healthy Babies Healthy Children	778	1,476,897	461,303	1,015,594	31.2%	Dec 31	33.3%
Healthy Smiles Ontario (HSO)	787	612,153	142,074	470,079	23.2%	Dec 31	33.3%
Anonymous Testing	788	59,393	3,915	55,478	6.6%	Mar 31/18	8.3%
HQO - Northern Health Equity	791	141,815	76,144	65,671	53.7%	Oct./16 to Oct./17	58.3%
MHPS- Diabetes Prevention Program	792	175,000	20,215	154,785	11.6%	Dec 31	33.3%
Total		4,784,246	1,247,878	3,536,368			

April 28, 2017

Ms. Louise Picard
5733 Clearwater Lake Road
Sudbury, ON P3G 1L9
carrierpicard@vianet.ca

Dear Ms. Picard,

It is my distinct pleasure to inform you that the Senate and the Board of Governors of Laurentian University have approved a recommendation from the University's Joint Committee on Honorary Degrees to award you an Honorary Doctorate of Letters.

This honorary degree would be awarded in recognition of your significant contributions in public health. As a nurse, researcher, educator, mentor, leader, and creative thinker, you are a pioneer in the advancement of public health nursing and interdisciplinary practice. You have consistently and tirelessly given of yourself to drive improvements in the field of public health - a true testament of your incredible passion and vision. Your exceptional strengths in bringing together diverse disciplines and groups on collaborative projects set an example to the sector across the province. Your devotion to research has fostered discussions that led to the creation of the Public Health Research Initiative Grant and was later renamed the Louise Picard Public Health Research Grant, demonstrating the important role you played in the areas of public health research, education and development. As a graduate of Laurentian University, you are an inspiration to current and future students and we are very proud of your achievements.

Laurentian University offers an outstanding university experience in English and French, with a comprehensive approach to Indigenous education. Laurentian University, situated on the traditional territory of the Anishinabe peoples of Atikameksheng First Nation, prepares students as agents of change and empowers them to create innovative responses to local and global challenges. Laurentian's students benefit from small class sizes and exceptional post-graduation employment rates. With nine Canada Research Chairs and eighteen research centres, Laurentian is a recognized leader in its specialized areas of research strength, which include mining innovation and exploration, stressed watershed systems, particle astrophysics and rural and northern children's health. Laurentian University has secured over \$100 million in research income in the past five years.

We at Laurentian University would be honored to award you this honorary degree on **Tuesday, May 30, 2017 at 2:30 pm** in the Auditorium of the Fraser Building on the Sudbury campus.

Your passion, dedication and accomplishments are truly a source of inspiration for Canadians, the Greater Sudbury community, and our students. President Dominic Giroux and his staff look forward to discussing with you your acceptance of this honorary degree, as well as the logistics associated with the convocation ceremony.

Sincerely,



Steve Paikin
Chancellor

c.c. Dominic Giroux, President and Vice-Chancellor



1230 Talbot Street, St. Thomas, ON N5P 1G9
p: 519.631.9900 | f: 519.633.0468
elginhealth.on.ca

May 15, 2017

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

Dear Minister Hoskins:

Re: Marijuana controls under Bill 178, Smoke-Free Ontario Act, 2016

On May 10th, 2017, at a regular meeting of the Board of Health at Elgin St. Thomas Public Health, letters were brought forward that were supported by the Simcoe Muskoka District Health Unit and Windsor-Essex County Health Unit regarding the inclusion of marijuana as a prescribed product or substance under Bill 178, Smoke-Free Ontario Act amendment, 2016. The Elgin St. Thomas Board of Health supports the position of the Simcoe Muskoka District Health Unit and Windsor-Essex County Health Unit recommending the amendment to include marijuana as a prescribed substance.

If not regulated appropriately, the legalization of marijuana and its use in Canada will be accompanied by significant population health risks particularly as it relates to early and frequent use with a focus on high risk groups such as youth, drivers, those at risk for addiction and mental health disorders, and pregnant and lactating women. There are many lessons that have been learned from successful tobacco control in Ontario which can be transferred to the emerging issue of marijuana. This includes the coordination of prevention, cessation, protection, and enforcement policies which are designated to support each other, leading to minimized risk and improved population health outcomes.

Bill 178, Smoke-Free Ontario Amendment Act, 2016 will allow for the Ontario legislature to prohibit the use of certain products and substances under the Smoke-Free Ontario Act regulatory framework. Specifically, it will allow the legislature to prohibit the smoking of prescribed products or substances in all places where smoking tobacco is prohibited, in addition to other protections and requirements.

This legislation presents a chance to manage the emerging issue of marijuana use in our community. The legislature has the opportunity to list marijuana as a prescribed product or substance under this Act and in doing so, Ontario will be better positioned to reduce the harm caused by smoking and vaping, as well as the exposure to second-hand marijuana smoke of vapor. Research has confirmed the presence of known carcinogens and other chemicals

Live Healthy

elginhealth.on.ca

implicated in respiratory and cardiovascular diseases in the second-hand smoke of marijuana cigarettes. By prohibiting the smoking of all marijuana in all places where the smoking of tobacco is prohibited, children, youth and adults in our communities will have much lower public and second-hand exposure to the use of marijuana.

Elgin St. Thomas Public Health commends the provincial government on amending the Smoke-Free Ontario Act to allow for wider protections. Should enforcement of the amendment fall in part to health units, it is critical that long-term funding accompany the initiative to support comprehensive harm reduction, cessation, protection, prevention and enforcement measures to give health units the opportunity to succeed.

Lastly, it is recommended that the above mentioned protections are expanded into the Electronic Cigarettes Act, where the prohibitions related to use in public spaces have yet to be enacted. The vaping of marijuana will be effectively prohibited in all place where smoking tobacco is prohibited once all provisions of the Electronic Cigarettes Act come into force.

Thank you,



Dr. Joyce Lock, MD, CCFP (EM), FRCP(C)
Medical Officer of Health
Elgin St. Thomas Public Health



Cynthia St. John, MBA
Executive Director
Elgin St. Thomas Public Health

- c. Chief Medical Officer of Health of Ontario
Association of Local Public Health Agencies
Ontario Public Health Association
Jeff Yurek, MPP Elgin-Middlesex-London
Municipal Councils in Elgin St. Thomas

Live Healthy

elginhealth.on.ca

From: Jim Shepherd [<mailto:jjshepherd101@yahoo.ca>]

Sent: May-29-17 1:54 PM

To: Lesley Andrade <andradel@sdhu.com>

Subject: Regulations to Restrict the Sale of Caffeinated Energy Drinks to Children and Youth (Motion #20-17)

Dear Ms. Andrade,

I recently learned of the amended Sudbury BOH motion regarding the restriction of sale of energy drinks to children and youth. My son died to an unexplained arrhythmia in January 2008, after the consumption of a Red Bull energy drink at a sporting event. The drink was reportedly provided to him by Red Bull representatives. I have attached the details of his death for your perusal.

I wished to pass on my gratitude to the individuals who brought this motion forward, and to the BOH who voted to write the provincial and federal Ministers of Health expressing their concern. Please pass this email on to all those involved. Energy drinks are the worst case example of the marketing of an unhealthy - and potentially dangerous product - to children and youth.

I was very active in the March 20th Toronto BOH meeting on this subject, providing a written and in person presentation. Can I ask how Motion #20-17 came to be in Sudbury?

Thank you,

Jim Shepherd



THE CORPORATION OF THE TOWNSHIP OF CHAMBERLAIN
(Hereinafter referred to as the "Township of Chamberlain")

Moved: Charles Codd

No: 2017-87 ⁽¹³⁾

Seconded: Shirley Blackburn

Date: May 2nd/17

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 aged 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;

THEREFORE BE IT RESOLVED THAT the Council for the Township of Chamberlain encourages the 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 of support be forwarded to the Timiskaming Health Unit, the Sudbury & District Health Unit, MPP John Vanthof, and the Minister of Health.

☒ **CARRIED**
☐ **AMENDED**
☐ **DEFEATED**
☐ **DEFERRED**

REEVE: Kerry Stewart

CLERK: Carol Tucker

Position	Name	Yeas	Nays
Reeve	Kerry Stewart		
Councilor	Shirley Blackburn		
Councilor	Charles Codd		
Councilor	Cary Hager		
Councilor	Carol Tucker		



March 27, 2017

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

Dear Minister Philpott:

Re: Bill S-228 - Prohibiting Food and Beverage Marketing Directed at Children

On March 22, 2017, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered the attached resolution from Sudbury & District Health Unit regarding restricting the marketing of unhealthy foods and beverages to children under Bill S-228, an Act to Amend the Food and Drugs Act. The following motion was passed:

Motion 19R-2017

Moved by: Tony Antoniazzi

Seconded by: Merrill Bond

The Board of Health agrees to send a letter of support for Bill S-228 by endorsing the correspondence from Sudbury & District Health Unit regarding: Restricting the Marketing of Unhealthy Food and Beverages to Children.

Carried

Sincerely,

Chair Carman Kidd
Timiskaming Board of Health

cc. The Honourable Kathleen Wynne, Premier of Ontario
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Ms. Nancy Green-Raine, Senator
Mr. Anthony Rota, MP, Nipissing - Timiskaming
Mr. John Vanthof, MPP, Timiskaming-Cochrane
Mr. Charlie Angus, NDP, Timmins-James Bay
Mrs. Linda Stewart, Association of Local Public Health Agencies
Ontario Boards of Health
Mayor/Reeves, Timiskaming Health Unit Constituent Municipalities
Stop Marketing to Kids Coalition

June 7, 2017

VIA EMAIL

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

RE: LGL Board of Health Letter in Support of Low Income Adult Dental Program in Ontario

In Ontario, there is no provincial dental program for low-income working adults and seniors. Despite the well documented importance of good oral healthcare, it is not covered by our provincial healthcare system. In 2014, the Ontario government promised to extend dental programs to low-income adults by 2025. This gap in our healthcare system cannot wait.

Untreated oral disease not only affects an individual's health, well-being, and self-esteem, but has significant cost implications on our health care system as well. Poor oral health is linked to diabetes, cardiovascular disease, respiratory diseases, adverse pregnancy outcomes, and poor nutrition. When tooth decay and periodontal disease are left untreated, chronic pain and/or infection may result.

In Ontario, an estimated 2-3 million people cannot afford to see a dentist (Ontario Oral Health Alliance, 2017). Limited dental coverage is available for adults in receipt of OW or ODSP benefits, but low-income working adults and seniors must pay for dental care. If they cannot afford to see a dentist, they may visit a hospital emergency department or family doctor for relief of pain.

- In 2015, there were almost 61,000 visits to hospital emergency rooms across Ontario for oral health problems. The most common complaints were abscesses and pain. At a minimum cost of \$513 per visit, the estimated cost was at least \$31 million (Ontario Oral Health Alliance, 2017).
- In 2014, there were approximately 222,000 visits to physicians for similar oral health problems. At a minimum cost of \$33.70 per visit, the estimated cost was at least \$7.5 million (Ontario Oral Health Alliance, 2017).

The Honourable Eric Hoskins
Page 2
June 7, 2017

Many of these locations are not staffed or equipped to deal with oral health concerns. Patients are provided with a “band-aid” solution of antibiotics and/or pain killers, referred to a dentist for treatment, and sent home. Still without the means to pay for dental treatment, the cycle begins again – the patient’s only option is to live in pain or return to the emergency room or doctor’s office for a short-term solution. Approximately \$38 million provincial health dollars, at minimum, are spent annually to address oral health problems, but not to treat them.

A commitment to a sustainable dental program that appropriately addresses the dental problems of those in need would deliver better value for the people and for the province. We recommend redirecting the funds currently spent in emergency rooms and physician’s offices to preventive care and dental treatment.

The Leeds, Grenville and Lanark District Board of Health looks forward to hearing from you regarding this important issue.

Sincerely,



Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health
Linda Stewart, Executive Director, alPHa

June 7, 2017

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

Dear Minister Hoskins:

Re: Assessment of the Healthy Menu Choices Act

On behalf of our Board of Health, I am writing to you in support of the Leeds, Grenville and Lanark District Health Unit's call for transparency regarding the indicators of success of the newly implemented Healthy Menu Choices Act. Our Board believes that it is important to equip consumers to make informed food choices. Given the significant investment of resources it takes to implement the Healthy Menu Choices Act at a local level, we request that the provincial government communicate to all stakeholders how the impact of the Act will be assessed.

In addition to indicators of success of the newly implemented act, our board requests transparency regarding the evaluation of related promotional activities and campaigns led by the Ministry of Health and Long-Term Care. Possible considerations to evaluate include:

- the effectiveness of emphasizing calories (rather than a whole foods approach, emphasizing the importance of a variety of nutrients, from minimally processed foods);
- the effects of the marketing campaign comparing equally unhealthy choices, and use of messages with sexual overtones (e.g., food items stripping);
- short and long term effectiveness of act on choices made by Ontarians;
- possible adverse effects of labelling of calories alone in relation to disordered eating patterns and promoting healthy relationships with food; and
- accuracy of calories displayed on menus compared to what consumers are purchasing.

Our board of health is committed to protecting and promoting the health and well-being of our residents. We are supportive of evidence based interventions that accomplish health goals and would welcome information regarding the evaluation of both the Healthy Menu Choices Act, and the approach taken to promote Ministry-led awareness activities that support our local efforts.

Yours in health,

A handwritten signature in black ink that reads "Mary Smith". The signature is written in a cursive, flowing style.

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Association of Local Public Health Agencies
Ontario Boards of Health

June 7, 2017

The Honourable Dr. Jane Philpott
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

Re: Moving forward on the Federal Opioid Strategy

On behalf of our Board of Health, I am writing to express our support of moving the Federal Opioid Strategy forward and to further develop the recommendations within the federal document entitled [“Action on Opioid Misuse”](#).

Our Board believes that a fulsome federal opioid strategy, with targets, timelines and deliverables will support the work happening both locally and provincially to decrease opioid-related harm and commend the commitments you have made as part of the federal action on opioids. Building on the recommendation made by the Simcoe Muskoka District Health Unit Board of Health, our Board also strongly urges the federal government to encourage the Ontario Ministry of Health & Long-Term Care to follow suit with setting targets, timelines and deliverables on their commitment as part of the Joint Statement of Action to address the Opioid Crisis. This includes allocating appropriate resources to Ontario’s Strategy to Prevent Opioid Addiction and Overdose to ensure there is reasonable capacity to respond and implement these recommendations, especially for front-line harm reduction workers.

Additionally, we were encouraged to learn of the Alberta Minister of Health’s creation of an Opioid Emergency Response Commission, from a [media announcement](#) released on May 31, 2017. With a mandate of urgent and coordinated action to respond to the opioid crisis, the inclusion of a diverse group of representatives with strong expertise in evidence and experience, and dedicated funding, this Opioid Emergency Response Commission is a positive step forward to saving lives now, and a step we urge the federal government to encourage other provinces, including Ontario, to do the same.

Given the significant harms associated with opioid use, we appreciate the leadership and action you have taken to date at a federal level, and look forward to your continued leadership in supporting the provinces to move this work forward in alignment with federal efforts.

Yours in health,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl

cc: Local MPs
Local MPPs
Dr. Theresa Tam, Interim Chief Public Health Officer
Association of Local Public Health Agencies
Ontario Boards of Health

Changes at the North East LHIN

May 30, 2017 -- After seven years at the North East Local Health Integration Network (NE LHIN), Louise Paquette will be leaving the organization at the end of June 2017.

A passionate Northerner and exceptional leader, Louise has worked diligently with health service providers, community partners, and Ministry of Health and Long-Term Care officials, in an effort to improve the patient experience across Northeastern Ontario.

“It’s been a privilege to work with such a positive and enthusiastic group of people. Northerners are very fortunate to have the exceptional talent at the LHIN – talent that is helping to improve the patient experience by building a better system,” said Louise. “But now it’s time for me to move on.”

“Louise has been particularly effective at mobilizing people towards a common vision. Thanks to her hard work, the NE LHIN is well positioned as we move forward with the implementation of Patients First and the transformational changes ahead,” said Ron Farrell, Board Chair of the NE LHIN.

Kate Fyfe will assume the responsibilities of the CEO while the Board begins the recruitment process.

-30-

Contact: Lara Bradley, North East LHIN Communications Officer, at 705-674-1492 or lara.bradley@lhins.on.ca.

From: allhealthunits-bounces@lists.alphaweb.org [mailto:allhealthunits-bounces@lists.alphaweb.org]
On Behalf Of Linda Stewart
Sent: May 29, 2017 9:33 AM
To: All Health Units <allhealthunits@lists.alphaweb.org>
Subject: [allhealthunits] alPha Announcement

Please forward to Board of Health Members.

Dear Colleagues.

Please see the letter below from alPha's current and incoming presidents.

It is with mixed emotions that the Board of Directors announces Linda Stewart's retirement as Executive Director of the Association of Local Public Health Agencies, effective November 4, 2017. Since 2005, Linda has played a critical role in the development and success of the organization. Her strategic leadership has positioned the Association well for the future. Linda's more than 12 years with alPha marks the end of a 30 year career in the Ontario health sector and we ask you to join us in wishing her well as she completes her role with alPha and prepares for an exciting future. We cannot thank Linda enough for the dedication, passion, enthusiasm and motivation she has given alPha over the past 12 years. She will be greatly missed by the staff, Board, members and partners alike.

Looking ahead, alPha's Board has established a search committee that will be conducting a process over the next few months to find alPha's next Executive Director. The job posting will be released in the coming weeks and our priority is to identify Linda's successor before she leaves. The search committee members are Dr. Valerie Jaeger, President; Carmen McGregor, Vice-President; Pat Hewitt, Association of Ontario Public Health Business Administrators' Representative; and Linda Stewart, Executive Director.

Our thanks once again to Linda for changing the face of alPha and our best wishes for whatever lies around the next bend. If you have any questions or concerns during this transition process, please do not hesitate to reach out to us.

Sincerely,

Valerie Jaeger
President

Carmen McGregor
Vice-President

valerie.jaeger@niagararegion.ca

carmen.mcgregor@chatham-kent.ca



Information Break

May 18, 2017

This 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.

2017 Annual Conference - June 11 to 13

alPHA has planned an exciting conference, **Driving the Future of Public Health**, that will take place from June 11 to 13 at the [Chatham-Kent John D. Bradley Convention Centre](#), 565 Richmond St., Chatham, Ontario. Through an informative, timely [program](#), you will learn about change management in the context of health system transformation and participate in engaging breakout sessions on organizational change, balancing budgets, and age-friendly communities. Vote in the [Resolutions Session](#) and attend business meetings just for COMOH and [board of health members](#), among other activities. Register now, **before the Early Bird deadline of this Sunday, May 21, 11:59 PM!** [Register and learn more about 2017 alPHA Annual Conference here](#)
[Coming early or staying after the conference? Check out Chatham-Kent's local attractions here.](#)

2017 Distinguished Service Awards (DSA)

Congratulations to the following alPHA Distinguished Service Award recipients who have made significant contributions to public health:

Maureen Cava, Toronto Public Health
Bjorn Christensen (retired), Niagara Region Public Health
Dick Ito (retired), Simcoe Muskoka District Health Unit
Valerie Jaeger, Niagara Region Public Health
Mary Johnson, Board of Health, Eastern Ontario Health Unit
Cynthia St. John, Elgin St. Thomas Public Health

The awards will be presented to the individuals above on June 12th during the annual conference's Awards Dinner, which will be held at the [Buxton Museum](#), a national historic site commemorating the Underground Railroad freedom movement of the 1800's.

[Learn more about the DSA and see a list of past recipients](#)

2017 Conference Sponsors & Exhibits

This year's annual conference is generously supported by its sponsors and contributors. We gratefully acknowledge the following organizations and their support of alPHa and this event:

Platinum Sponsors

[Ontario Neurotrauma Foundation](#)

[Public Health Ontario](#)

Bronze Sponsors

Mosey & Mosey Benefits

Sanofi Pasteur

In addition to sponsors, we will have a number of exhibits on hand to enhance your conference experience. Learn about a host of public health-related services, products and initiatives by speaking to representatives from the following exhibiting organizations:

BORN Ontario
Dieticians of Canada
GSK
Health Canada - Environmental Health Programs
Heart & Stroke
Home Care Supplies
Mosey & Mosey Benefits
Ontario Neurotrauma Foundation
ParticipACTION
Sanofi Pasteur

Patients First Update

Health system integration bulletins from the Province are available online to keep the public abreast of work supported by the *Patients First Act, 2016*.

[Read the latest \(May 12\) Health System Integration bulletin](#)

[Go to Health System Integration updates](#)

Updated Public Health Standards -- On March 17, alPHa wrote its initial response to the Ministry of Health and Long-Term's Standards for Public Health Programs and Standards Consultation Document. In addition to alPHa, individual boards of health have also submitted their feedback to the

province on the updated Standards. These responses are now available on the alPHA website (see links below). alPHA continues to monitor developments on the Standards and related Patients First activities.

[Read alPHA's response to the OPHS Consultation Document](#)
[Visit alPHA's Public Health Standards Review page here](#)
(login and password required)

2017 Fitness Challenge Winners

Each year alPHA holds its Annual Fitness Challenge in which Ontario's health units and their employees engage in some friendly competition to see which organization can involve the most number of staff in physical activity for 30 minutes. This year's Challenge was held on May 11th. Congratulations to the following 2017 alPHA Fitness Challenge winners for achieving 100% staff participation:

Huron County Health Unit
Northwestern Health Unit
Sudbury & District Health Unit

Honourable mention goes to Porcupine Health Unit. Winners will receive a plaque at the annual conference in June. A big thanks to all those who took up the Challenge!

alPHA Website Feature: Current Consultations

From time to time government calls on public health professionals and other members of the public to provide feedback on legislation, regulations, initiatives and projects. The province is currently interested in hearing from the public on its discussion paper focused on [increasing food security](#); the deadline to respond is May 31st.
[Visit alPHA's Current Consultations page here](#)

Upcoming Events - Mark your calendars!

June 11, 12 & 13, 2017 - 2017 alPHA Annual General Meeting and Conference: *Driving the Future of Public Health*, Chatham-Kent John D. Bradley Convention Centre, Chatham, Ontario. Early bird registration deadline ends May 21, 11:59 PM.

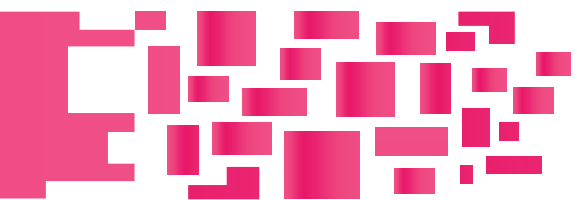
[Click here to register and for further information](#)

November 1, 2017 - Fall alPHA Meeting, DoubleTree by Hilton Downtown Toronto Hotel. Details TBA.

APPROVAL OF CONSENT AGENDA

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

Strategic Priorities: Narrative Report



Performance
Monitoring Plan

2013
2017

June 2017



Sudbury & District

Health Unit

Service de
santé publique

Introduction

The Sudbury & District Health Unit's (SDHU) 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus. These priorities steer the planning and delivery of public health programs and services, learning activities, and partnerships. This Narrative Report is provided to the Board of Health three times a year as a component of the 2013–2017 Performance Monitoring Plan.

Division Directors seek out program or service narrative topics from staff at key points throughout the year. Selected narratives are then reported to the Board of Health in the spring, summer, and fall of every year. It's important to note that narratives do not reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2013–2017 Strategic Plan.

Pathways to Equity: Supporting Indigenous Partners to Address Factors that Impact Health

Recently, Wahnapiatae First Nation reached out to the Health Unit to receive training for their Healthy Babies Healthy Children (HBHC) Family Home Visitors. Specialized training was offered on several topics including: safety standards; infant and child development; infant and child nutrition; breastfeeding; and home visiting. In addition, in order to further build their knowledge, skills, and confidence, the Whanapitae First Nation Family Home Visitors joined the Health Unit's staff during their scheduled home visits.

The Health Unit's HBHC Program has provided support to high-risk families in the Sudbury and Manitoulin Districts since 1998. Not long after its implementation, separately funded Indigenous HBHC programs, such as the one offered by the Whanapitae First Nation, were developed to support First Nations families.

Over time, the Health Unit has worked to build capacity by training Indigenous partners who deliver this program, and has developed and maintained meaningful relationships with such partners to support healthy families everywhere throughout our district.



Strategic Priority: Champion and lead equitable opportunities for health

- Advocate for policies that address health equity
- Reduce social and economic barriers to health
- Address a broad range of underlying factors that impact health
- Support all communities to reach their full health potential

Partnering with Greater Sudbury Housing Corporation on Bedbug Education for Tenants

The Greater Sudbury Housing Corporation (GSHC) provides rent-geared-to-income housing to families, seniors, singles, and people with physical and mental disabilities and illnesses. Many people who live in GSHC units experience low-income, and can suffer great hardship when faced with bedbug infestations. The Health Unit has worked with the GSHC to address housing complaints over the years and has developed an effective working relationship with management and staff.

In an effort to be proactive on bedbug prevention and control, the Health Unit and the GSHC provided joint educational presentations to tenants in the summer of 2015.

This partnership provided tenants an additional opportunity to ask questions and gain understanding of how bedbugs are spread and best practice for tenants to work together with the GSHC to end an infestation in a multi-unit property.

Building upon the relationship with the GSHC, the Health Unit plans to continue to offer presentations meeting future needs and demands of the GSHC and the clients it serves.

Strategic Priority: Strengthen relationships

- Invest in relationships and innovative partnerships based on community needs and opportunities
- Help build capacity with our partners to promote resilience in our communities and neighbourhoods
- Monitor our effectiveness at working in partnership
- Collaborate with a diverse range of sectors



Sharing Our Research Knowledge

One way the Health Unit strengthens evidence-informed practice is by exchanging knowledge, both internally and externally. Laurentian University's Health Research Day provided an excellent opportunity to do just this. This event, which was held during the University's Research Week in March 2017, included other partners such as the Northern Ontario School of Medicine and Health Sciences North Research Institute. Activities at this full-day were held at all four partner locations. Partners had the opportunity to share various research activities with participants. The Health Unit showcased a sample of public health collaborative research projects, including the research and data journey to Baby-Friendly Initiative designation, an anti-texting driving research project, and a project on going beyond Body Mass Index to understand children's health.

Sharing knowledge that stems from research projects increases the projects' relevance to the community. The Health Unit's portion of the day was also an opportunity to announce two new projects that will generate evidence to inform our practice, each of which will receive funding from the Louise Picard Public Health Research Grant.



Strategic Priority: Strengthen evidence-informed public health practice

- Implement effective processes and outcomes to use and generate quality evidence
- Apply relevant and timely surveillance, evaluation, and research results
- Exchange knowledge internally and externally

Nourishing the Future of Our School Communities

For the past five years the School Team has been working closely with École secondaire Hanmer (ESH). In 2014, the school was awarded a \$50,000 Healthy Eating Grant from the Ministry of Education. A public health nurse and a dietitian from the School Team took lead roles in bringing together the school community in planning and implementing various innovative projects such as a community garden.

The “Jardin du VILLAGE Garden” was built on school grounds by school staff, students, parents, and 12 community partners. Members of the Valley East community have benefited from this project by growing their own vegetables, herbs, and flowers. Community garden members have also shared their harvest with seniors, families in need, and the school.

The school’s efforts to build a healthy nutrition environment are continuing with additional funding through the Farm2School grant, which will include offering weekly salad bars in the school cafeteria. Through the food service provider, this program is also offered to École secondaire Macdonald-Cartier. In September 2017, vegetables from the community garden and from local farmers will be used as part of both schools’ weekly cafeteria menu offerings.

Strategic Priority: Support community actions promoting health equity

- Facilitate diverse community engagement
- Support awareness, education, advocacy and policy development at local, provincial, and federal levels
- Tailor programs and services to reflect community voices and needs
- Seek community input on issues that impact health equity



Building Opportunities for Student Placement in Rural Areas

There are challenges and barriers to recruit nurses to rural, remote, and northern communities. In order to promote recruitment and retention in these communities, strategies such as increasing clinical experiences and continuing education opportunities to learn about nursing practice in these areas are needed.

To address these challenges, Laurentian University has implemented an elective course which aims to educate and provide experience in public health for nursing students in a rural or remote community. The program includes on-site clinical placement, online discussions, written assignments, journal reflections, clinical conferences, presentations, and self-evaluations.

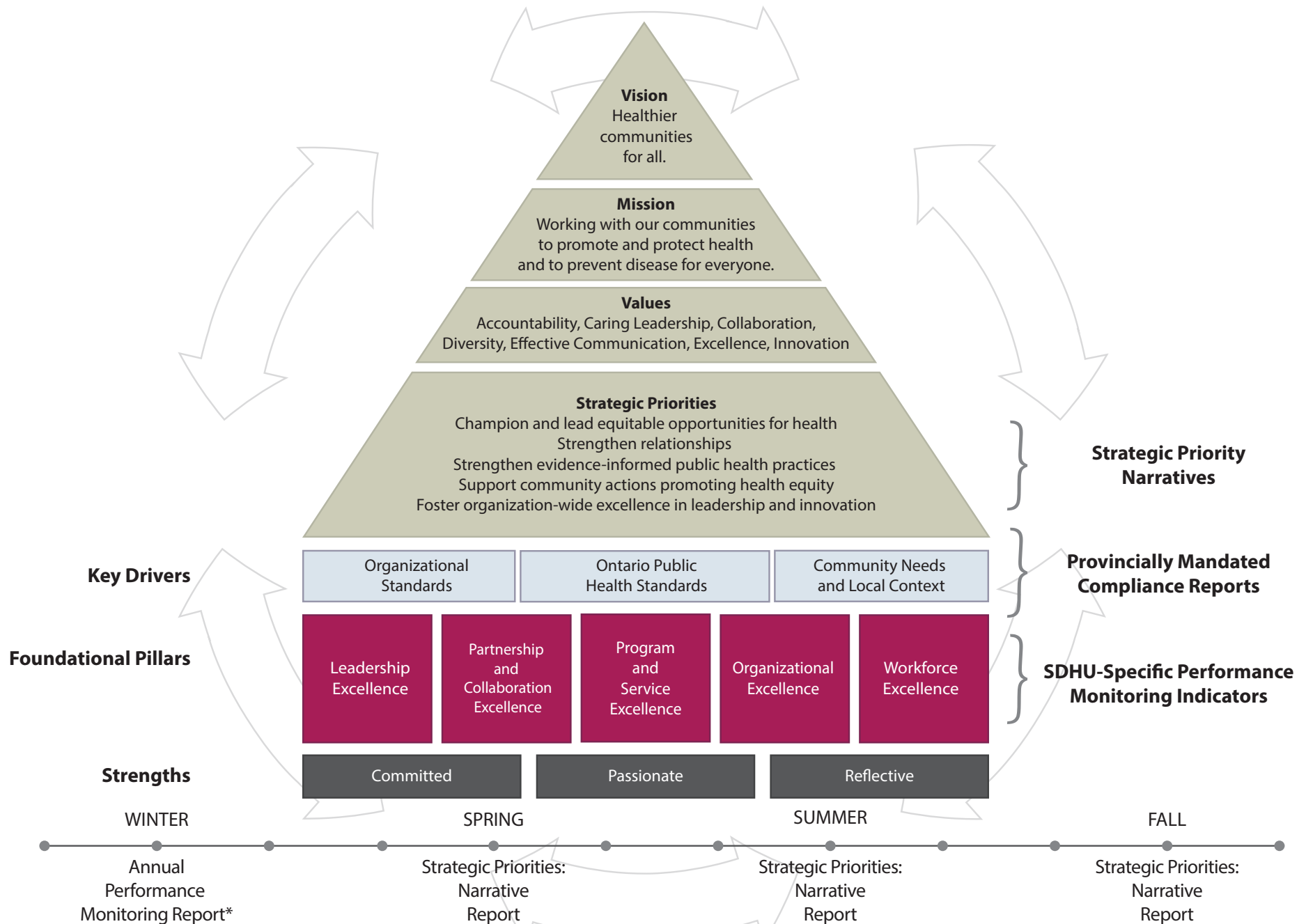
In 2017, the Health Unit partnered with the University to increase access and enrollment in the course through student placements in the district offices. Placements were offered to two students in the Espanola and Manitoulin Island offices. This opportunity aligns well with the Health Unit's workforce planning efforts and is an effective way to support future recruitment efforts, ensuring that we have a skilled and responsive workforce.



Strategic Priority: Foster organization-wide excellence in leadership and innovation

- Cultivate a skilled, diverse, and responsive workforce
- Promote staff engagement and support internal collaboration
- Invest resources wisely
- Build capacity to support staff and management core competencies
- Ensure continuous improvement in organizational performance
- Promote a learning organization

2013–2017 Sudbury & District Board of Health Strategy Map



* Includes Strategic Priority Narratives “roll-up”, Organizational Standards Compliance Report, Accountability Indicator Compliance Report, and SDHU-Specific Performance Monitoring Indicators Report

Briefing Note

To: René Lapierre, Sudbury & District Board of Health Chair
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: June 8, 2017
Re: Board of Health Manual Review

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

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

Recommended Action:

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

Background:

- Board secretary requests for the most responsible directors to coordinate a review of respective policies, procedures and by-laws. Proposed revisions are reviewed by the MOH/CEO for approval by the Board.
- Pages from the Board of Health Manual that are edited or new are appended to this briefing note for ease of reference.
- The Board of Health manual is accessible through the BoardEffect application on the SDHU iPad. Pending Board approval, the updated manual will be posted on BoardEffect.
- Under the current review, housekeeping revisions were identified.
- Highlights regarding proposed revisions include the following:
 - Information Sheet D-I-16 reflect language relating to the Patients First Act.
 - Proposed revisions to C-II-10 and C-II-11 reflect consistent language.

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.

-
- Revisions to reflect the recent passage of the Modernizing Ontario's Municipal Legislation Act, 2017 relating to electronic participation at meetings (C-II-10; C-II-11; G-I-30; I-I-10).
 - There is one *new* Procedure in Section E regarding preparation of agendas for closed meetings.
 - By-law 02-02 has been revised to clarify Chief Building Official appointments, terminology and update the persons listed as Sewage System Inspectors.
 - Minor housekeeping updates have been incorporated, i.e., update to the organization structure C-I-10, clarification and elimination of duplication C-III-10, position titles, proper name of the MOHLTC division D-I-10, changes to provide further clarification, reflect organizational policies and legislation I-I-10, posting of PAS vacancies on SDHU website I-II-10, etc.

Future Directions:

- Revisions will be required in 2018 to the Board manual once the Ontario Public Health Standards, Accountability Framework, Annual Service Plan and Organizational Requirements are finalized by the Ministry of Health and Long-Term Care.
- Board Manual Information Sheets will be reviewed to determine whether they should be Policy.
- Last year, the Board of Health manual was updated to an accessible format in line with our work to achieve accessibility by design for internal information and communication. Further work is being done to make the Board Manual fully accessible with the aim of making the Board Manual available on the SDHU website.
- A review will be conducted to explore consolidation of all references to going in-camera and closed meeting into one Procedure and to ensure consistent use of language.

Ontario Public Health Standard: All aspects of the Organizational Standards

Strategic Priority: All

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.

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health Structure & Function

Section: Board of Health

Subject: SDHU Organizational Structure

Number: C-I-10

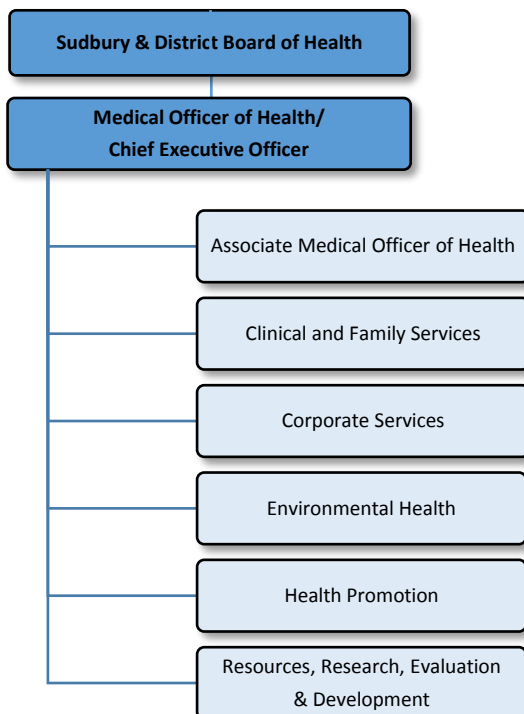
Approved By: Board of Health

Original Date: January 16, 2003

Revised Date: ~~June 16, 2016~~ June 15, 2017

Information

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



Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health Structure & Function
Section: Board of Health Committees
Subject: Board of Health Executive Committee Terms of Reference
Number: C-II-10
Approved By: Board of Health
Original Date: March 23, 1989
Revised Date: ~~June 16, 2016~~ June 15, 2017

Information

Purpose

The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services.

Reporting Relationship

The Executive committee reports To the Board of Health.

Membership

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

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

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

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

Responsibilities

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

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

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

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

Committee Proceedings

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

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

Meetings are held at the health unit at a time mutually agreed upon by the committee. Members must attend in-person in order to be counted towards quorum., ~~with the option of teleconferencing. Teleconferencing for meetings will be in accordance with a Board of Health procedural policy on teleconferencing.~~

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

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

Agenda packages are made available to the public via the SDHU website.

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

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health Structure & Function
Section: Board of Health Committees
Subject: Board of Health Finance Standing Committee Terms of Reference
Number: C-II-11
Approved By: Board of Health
Original Date: June 18, 2015
Revised Date: ~~February 16, 2017~~ June 15, 2017

Information

Purpose

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

Reporting Relationship

The Finance Standing Committee reports to the Board of Health.

Membership

Board Members at Large ~~Membership~~ must be assigned annually by majority vote of the full Board.

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

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

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

Responsibilities

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

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

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

Committee Proceedings

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

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

Meetings are held at the health unit at a time mutually agreed upon by the committee. ~~Members must attend in-person in order to be counted towards quorum. with the option of teleconferencing. Teleconferencing for meetings will be in accordance with a Board of Health procedural policy on teleconferencing.~~

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

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

Agendas are made available to the public via the SDHU website.

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

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health Structure & Function
Section: Management
Subject: Management Philosophy & Organizational Structure
Number: C-III-10
Approved By: Board of Health
Original Date: January 16, 2003
Revised Date: ~~June 16, 2016~~ June 15, 2017

Information

Management Philosophy

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

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

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

The management process that reflects this philosophy should focus on:

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

Organizational Structure

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

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

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

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

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

The membership of the senior management team consists of the Medical Officer of Health/Chief Executive Officer as Chair, the Associate Medical Officer of Health and the Directors.

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

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

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

Sudbury & District Health Unit Board of Health Manual

Information

Category: Public Health System

Section: Provincial

Subject: Ministry of Health and Long-Term Care and [Population and Public Health Division](#)

Number: D-I-10

Approved By: Board of Health

Original Date: January 16, 2003

Revised Date: ~~February 16, 2012~~ [June 15, 2017](#)

Information

The Ministry of Health and Long-Term Care is the provincial government body to whom health units are primarily responsible. It is charged with the responsibility of administering such legislation as the *Health Protection and Promotion Act (1990)*, the *Health Insurance Act (1990)*, the *Commitment to the Future of Medicare Act (2004)*, and the *Public Hospitals Act (1990)* *Immunization of School Pupils Act (1990)*.

The role of the Ministry of Health and Long-Term Care in the organization and operation of health units is well established in the Health Protection and Promotion Act, which defines its responsibilities, in regard to such matters as changes in health unit by-laws, financing, inspection, construction of facilities, etc.

The [Population and Public Health Division](#) is the Ministry's primary liaison with boards of health and staff of health units. The function of the [Population and Public Health Division](#) is to promote good health, to monitor the health status of Ontarians and to control the spread of disease. It does this in part through financial support and expert advice to the 36 local public health units or boards of health which conduct local programs and, in part, by developing its own province-wide programs. The [Population and Public Health Division](#) is equally concerned with preventing disease, by measures ranging from better sanitation to vaccinations for school children and provides funding for local official health agencies in these areas.

As part of its mandate, the Division has broad responsibilities to support the Minister of Health and Long Term Care. Furthermore, it is responsible for informing other branches within the government on public health issues, and liaising with other provinces, territories and the federal government regarding public health in Ontario.

| The Population and Public Health Division of the Ministry of Health and Long-Term Care provides leadership and support to public health through:

- 1) The development of Ontario Public Health Standards and protocols for program delivery and consultative and education support to facilitate their implementation.
- 2) Support services to health units and corporate management.

Sudbury & District Health Unit Board of Health Manual

Information

Category: Public Health System

Section: Provincial

Subject: Local Health Integration Networks (LHINs)

Number: D-I-16

Approved By: Board of Health

Original Date: November 15, 2007

Revised Date: June 15, 2017

Information

Local Health Integration Networks (LHINs) are designed to plan, integrate and fund health care services, including hospitals, community care access centres, home care, long-term care and mental health and addictions services within specified geographic areas. There are 14 LHINs across the province of Ontario.

LHINs were created in 2006 to allow patients better access to health care in a system that was described as fragmented, complex and difficult to navigate. ~~This change in the way health services are managed in Ontario will break down barriers faced by patients and ensure decisions are made in the interest of patient care.~~

In 2016, Ontario passed the Patients First Act which intends to create a better integrated Health Care System for families. The Patient First Act is the next phase of Ontario's plan for improving health care in the province and builds on the 2012 Health Care Action Plan. As part of the Patient First Act, Local Health Integration Networks and Community Care Access Centres (CCACs) are being integrated.

~~While they do not directly provide services,~~ LHINs will seek will continue to:

- engage the input of the community on their needs and priorities;
- work with local health providers on addressing these local needs;
- develop and implement accountability agreements with local health service providers;
- evaluate and report on their local health system's performance; and
- provide funds to local health providers and advice to the MOHLTC on capital needs.

~~The provincial government has not included health units and boards of health in its vision for LHINs~~ The Patients First Act requires formal connections between LHINs and

local Boards of Health in order to leverage community expertise and ensure local public health units are involved in community health planning.¹

1. <https://news.ontario.ca/mohltc/en/2016/12/ontario-passes-legislation-that-delivers-better-health-care-for-families.html>

Sudbury & District Health Unit Board of Health Manual

New Procedure

Category: Board of Health Proceedings
Section: Board of Health Meetings
Subject: Preparation of a Closed Meeting Agenda
Number: E-x-xx
Approved By: Board of Health
Original Date: February 26, 1990
Revised Date: June 16, 2016

Process

A closed agenda is to be prepared approximately one week prior to the scheduled meeting and made visible for Board members via BoardEffect at the time of the closed meeting. It should contain, along with the following items, in order of appearance, date, time and place of meeting to begin closed meeting proceedings once the in-camera motion is passed for the Board

1) Review of Agenda / Declaration of Conflict of Interest

This is asked by the closed meeting Chair (position held by the Vice-Chair) of the Board members and provides an opportunity to announce a conflict (as per C-I-15). This would eliminate that individual from any discussion on that topic. These should be recorded in the minutes.

2) Approval of In-Camera Minutes of Previous In-Camera Meeting

These are distributed as part of the closed meeting agenda package.

3) New Business

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

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

Any motions listed on the agenda of a closed meeting should include a notation:

MOTION for consideration out of camera:

The Board will entertain a motion to rise and report from the in-camera proceedings.

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

A print package is required for the confidential Board of Health closed meeting binder.

See E-I-13 and E-I-14 related to the distribution of the closed meeting minutes, motions as well as the posting and circulation of closed meeting minutes.

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health By-Laws

Section By-laws

Subject: By-law 04-88

Number: G-I-30

Approved By: Board of Health

Original Date June 23, 1988

Revised Date: ~~June 16, 2016~~ June 15, 2017

Information

To Regulate the Proceedings of the Board of Health

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

Interpretation

1. In this By-law:

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

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

- g) “Committee” means a committee of the Board, but does not include the Committee of the Whole;
- h) “Committee of the Whole” means all the members present at a meeting of the Board sitting in Committee;

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

General

2. The Board of Health for the Sudbury & District Health Unit shall consist of 13 members.

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

Convening a Regular Meeting

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

It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

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

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act a member who participates in a meeting through electronic means is deemed to not be present at the meeting including, ~~without limitation~~, for purposes of establishing quorum, full participation rights and full voting rights.

Electronic participation may be approved by the Board of Health Chair in special circumstances recognizing that someone participating electronically will not be counted for the purpose of establishing quorum as per the requirements set out in the Municipal Act.

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

Convening a Special Board Meeting

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

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

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

Notice of Meetings

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

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

The notice shall be provided to each member no later than one week prior to the day of the meeting.

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

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

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

Preparation of the Agenda

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

Commencement of Meetings / Quorum

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

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

Rules of Debate and Conduct of Members at the Board

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

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

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

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

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

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

21. If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.
22. Every member, prior to speaking to any question or motion, shall respectfully address the Chair.
23. When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.
24. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

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

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

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

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

26. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
27. A member shall not:
 - speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
 - use offensive words or unparliamentary language at the Board meetings;
 - disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
 - leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
 - interrupt a member while speaking except to raise a point of order.
28. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

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

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

Questions of Privilege and Points of Order

29. A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. A matter of privilege shall take precedence over other matters. When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. _____ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.
30. When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

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

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

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

Motions and Order of Putting Questions

32. A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.
33. Every motion presented to the Board shall be written.
34. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.
35. When a matter is under debate, no motion shall be received other than a motion:
 - to adopt,

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

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

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

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

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

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

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

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

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

39. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.
40. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.
41. Every member present at a meeting of the Board when a vote is taken on a matter shall vote therein unless prohibited by statute; and, if any member present persists in refusing to vote, he shall be deemed as voting in the negative.

42. If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.
43. When a member present requests a roll call vote, all members present, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.
44. Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.
45. After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. For the purposes of this section, the word "year" shall mean the period from January 1st to December 31st in the same year.

Adjournment

46. A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:
 - when a member is in possession of the floor;
 - when it has been decided that the vote be now taken; or,
 - during the taking of a vote;but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.
47. Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.
48. Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

Secretary for the Board

49. It shall be the duty of the Secretary:
 - to attend or cause an assistant to attend all meetings of the Board;
 - to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and

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

Appointment and Organization of Committees

50. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.
51. The Board may appoint committees from time to time to consider such matters as specified by the Board.

Conduct of Business in Committees

52. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.
53. It shall be the duty of the Committee:
 - to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
 - to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
 - to forward to the incoming Committee for the following year any matter undisposed of.
54. The procedures of the Board with respect to:
 - incurring of liabilities and paying of accounts;
 - contacts and expenditures;
 - petty cash;
 - tenders and quotations;
 shall be in accordance with By-law 01-88 and 01-93.

Corporate Seal

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

Execution of Documents

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

Duties of Officers

Chair and Vice-Chair

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

57. The Chair of the Board shall:

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

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

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

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

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

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

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

Amendments

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

Medical Officer of Health

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

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

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

Dismissal of Medical Officer(s) of Health

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

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

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

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
- a written statement of the reason for the proposal to dismiss the Medical Officer of Health; and
- an opportunity to attend and to make representation to the Board at the meeting.

MOH/CEO Meeting Notice and Attendance

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

General

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

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

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health By-Laws

Section By-laws

Subject: By-law 02-02

Number: G-I-60

Approved By: Board of Health

Original Date March 26, 1998

Revised Date: ~~June 16, 2016~~ June 15, 2017

Information

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

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

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

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

1. (1) The following person is appointed as Chief Building Official:
 - a) Richard Auld
- (2) In the event that the currently appointed person ceases to be the Chief Building Official, another qualified sewage system inspector will be appointed. The following person ~~is~~ will be appointed ~~as an alternate Chief Building Official for the position:~~
- a) Burgess Hawkins
- (3) The Chief Building Official ~~Inspector~~ shall have all the powers and duties as set out in

Section 1.1 (6) of the Act ~~for a chief building official.~~

~~(4) In the absence of the Chief Building Official or the appointed alternate, a designated replacement will be appointed.~~

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

~~(1)~~ Nathalie Barsalou
~~(2)~~(1) ~~Miranda Berardelli~~
~~(3)~~(2) Holly Browne
~~(4)~~(3) Laura Bulfon
~~(5)~~(4) Dan Burns
~~(6)~~ Michael Campbell
~~(7)~~(5) ~~Ashley DeRocchis~~
~~(8)~~(6) Travis DeRocchis
~~(9)~~(7) Brad Dorman
~~(10)~~ ~~Anthony Gras~~
~~(11)~~(8) Jonathan Groulx
~~(12)~~

~~(13)~~(9) Stacey Laforest
~~(14)~~(10) Brad Manning
~~(15)~~(11) Michael Maryniuk
~~(16)~~(12) Rachel O'Donnell
~~(17)~~(13) Cynthia Peacock-Rocca
~~(18)~~(14) Victoria Peczulis
~~(19)~~(15) Ashley Pepin
~~(20)~~(16) Mark Rondina
~~(21)~~(17) Adam Ranger
~~(22)~~(18) Jagdish Sharma
~~(23)~~ ~~Gary Tam~~
(19) Rylan Yade
(20) ~~Alan Ferguson~~
(21) ~~Eric Kim~~

That this By-law shall come into force and take effect on the 6th day of April, 1998.
Read and passed in open meeting this 26th of March, 1998.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of June 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of February 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2003.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 10th day of September 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of April 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.

Sudbury & District Health Unit Board of Health Manual

Policy

Category: Board of Health Administration

Section Monetary

Subject: Remuneration and Expenses

Number: I-I-10

Approved By: Board of Health

Original Date June 29, 1992

Revised Date: ~~November 18, 2010~~ June 15, 2017

Purpose

All members of the Board of Health receive remuneration in accordance with Section 49, Sub-section 4, 6, 10 and 11 of the *Health Promotion and Protection Act*, 1990.

Reasonable and actual expenses related to official Board activities will be reimbursed as per Section 49, Sub-section 5, 10 and 11 of the *Health Protection and Promotion Act* and as per ~~Board approved non-union~~ the relevant GAM policies and procedures.

~~Remuneration~~ The rate of the remuneration will be paid according to Section 49, sub-section 6 of the *Health Protection and Promotion Act* which indicates that a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

~~and Expenses~~ reimbursement rates are periodically adjusted consistent with existing Board approved non-union adjustments GAM policies and procedures.

Sudbury & District Health Unit Board of Health Manual

Procedure

Category: Board of Health Administration

Section Monetary

Subject: Remuneration and Expenses

Number: I-I-10

Approved By: Board of Health

Original Date March 23, 1989

Revised Date: ~~June 16, 2016~~ June 15, 2017

Process

Board Remuneration for Attendance at Board of Health Meetings

1. Board members verify their attendance at meetings by the Roll Call taken at each meeting.
2. Payment of remuneration is issued to Board members within a reasonable amount of time following a remunerable meeting/function.~~on a monthly basis.~~
3. As determined by Board Resolution 17-04, a ~~D~~daily* remuneration and in accordance with the *Health and Protection and Promotion Act*, Section 49, a daily* remuneration is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities, whether in-person or via teleconference**:
 - a) Attendance at regular and/or special Board of Health meetings ~~including teleconferenced meetings.~~
 - b) Attendance at Standing Board Committee meetings ~~including teleconferenced meetings.~~
 - c) Attendance at Board/Staff Working Group meetings.
 - ~~d)~~ Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair. This will include signing of documents when not carried out at meetings.

d) Attendance at meetings on external committees that the Board Chair and/or Vice-Chair or Board delegate are approved to represent the SDHU.

* A daily remuneration is one fee per day, regardless of whether the member attends more than one official function in a day).

**When participating via teleconference, mileage will not be paid.

4. Upon appointment, Board members confirm mileage travelled to and from Board meetings for mileage reimbursement. Throughout the term of their Board membership, it is the Board member's responsibility to notify the Board Secretary immediately if there are any changes to the mileage travelled to and from meetings.

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

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

Remuneration for Attendance at Board of Health Functions

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

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

1. Attendance as a voting delegate to any annual or general meeting of alPHA;
 - a. Board attendance may be limited based on available resources.
2. Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a report will be tabled with-at the next Board meeting giving a brief overview of the topics discussed.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
- attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
- an alPHA-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;

- others at the discretion of the Chair, subject to ratification by the Board.

3.3. This rate does not apply to any workshop, seminar, conference, public relation event, SDHU program event or celebration, which is voluntary and does not specifically require official Board representation.

Expenses

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
3. Registration, travel and accommodation for conferences and workshops should be coordinated through the Board Secretary to ensure consideration is given to the most economical and practical travel options and that these can be billed to and paid directly by the SDHU
- 2.4. The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual—~~Non-Union Employees~~.
- 3.5. The ~~Roll Call is used to record attendance process remuneration, and~~ Travel Expense Claim Form is used to reimburse the kilometers traveled for attendance at Board functions (external committee meetings, conference, conventions or workshops).
- 4.6. Reasonable and actual expenses incurred respecting accommodation, food, parking* and registration fees for conferences are reimbursed to any Board member and subject to any limitations as in the General Administrative Manual (receipts where applicable required).
- 5.7. Once submitted to the Board Secretary, Board/MOH travel Expenses expenses are to be approved as follows:
 - a. The Board of Health Chair expenses: The Board of Health Chair will sign to attest to expenses with no required approval;
 - b. Board member expenses will be approved by the Board of Health Chair or delegate.
 - c. MOH expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

6.8. -Corporate Services will provide an itemized statement of the remuneration and expenses paid for the year to members appointed by a municipality on or

before January 31 in the following year in accordance with s.284(3) of the Ontario *Municipal Act*.

Sudbury & District Health Unit Board of Health Manual

Policy

Category: Board of Health Administration
Section Board Appointments
Subject: Public Member Appointments to Board of Health
Number: I-II-10
Approved By: Board of Health
Original Date September 24, 1992
Revised Date: ~~June 16, 2016~~ June 15, 2017

Purpose

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

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

In support of the PAS process, the Board will advertise the public appointment vacancies ~~in local papers throughout the catchment area~~ on their SDHU website or as deemed appropriate throughout the catchment area.

Public Member Appointees and Reappointments

As per the Public Appointment Secretariat rules.

Public members will be bound by the confidentiality policy, conflict of interest policy and all other by-laws, policies and procedures of the Board.

Public members will receive an honorarium that is determined by the Board.

Sudbury & District Health Unit Board of Health Manual

Procedure

Category: Board of Health Administration
Section Board Appointments
Subject: Public Member Appointments to Board of Health
Number: I-II-10
Approved By: Board of Health
Original Date March 23, 1989
Revised Date: ~~June 16, 2016~~ June 15, 2017

Process

A. Public Notification of Vacancy and Application Process

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

Once the Public Appointments Secretariat posts the board of health public appointee vacancy, the SDHU may place an advertisement in the local newspapers advising of the vacancy (Information 1) and/or post on the SDHU website.

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

B. Notification of Appointment

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

C. Responsibilities of Board Members

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

D. Performance Criteria

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

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

E. Re-Appointments

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

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

F. Termination/Filling of Terminated Position

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

If the appointee is unable or unwilling to fulfill the obligations of the position, the Board Chair advises the Public Appointments Secretariat and the Public Health Division in writing, requesting removal of this member and appointment of an alternate from the list of recommended candidates on file with the Ministry.

In the event of a member being unable to complete his/her term for reasons of health, moving outside the area, or other exigencies, the Board may request that the Ministry fill the duration of the unexpired term (if more than six months from the expiration date) with an alternate candidate from the original list.

Sudbury & District Health Unit Board of Health Manual

Information

Category: Board of Health Administration
Section Board Appointments
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Number: I-II-10
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INFORMATION 1

Sample of Newspaper Advertisement

(Date)

PUBLIC APPOINTEE TO SUDBURY & DISTRICT BOARD OF HEALTH

The Sudbury & District Board of Health is seeking individuals to fill the volunteer position of Public Appointee to our Board of Health. This is a non-profit Board, which acts as the governing body of the local health unit. It ensures the provision of all programs within the health unit and is accountable to the community and to the Ministry of Health and Long-Term Care.

This position will afford the individual a special opportunity to learn about and work with public health issues. You should be able to devote a minimum of two hours per month to the position.

Appointment terms are determined by the Public Appointment Secretariat. Candidates must be residents of the area in the health unit's jurisdiction.

The Ontario government is dedicated to employment equity to reflect the diversity of the population of Ontario and the Sudbury/Manitoulin districts.

Interested persons are asked to apply through the Public Appointments Secretariat (PAS) by completing the PAS Application Form. To obtain a copy of the application form or to apply online, please refer to the PAS web site, www.pas.gov.on.ca.

~~Deadline for applications is (Date).~~

INFORMATION 2

Letter of Acknowledgement/Congratulations (Sample)

(Date)

Dear (Sir or Madam):

On behalf of the Sudbury & District Board of Health, we would like to extend our welcome and to congratulate you on your successful appointment by the Lieutenant Governor in Council to serve as a "Public Member" on our Board for a period of (Number of) years.

The next Board of Health meeting is scheduled for (date/time and location). We look forward to your contribution towards our common goal of a healthier Ontario.

Please find enclosed pertinent materials relating to public health. (Board of Health Manual which includes Ontario Public Health Standards, Health Protection and Promotion Act, 1990, etc.) and the Association of Local Public Health Agencies' Orientation & Reference Manual for Board of Health Members.

If you have any questions or require any further information, please do not hesitate to contact the Medical Officer of Health/Chief Executive Officer at (705) 522-9200, ext. 291.

Again, welcome to the Sudbury & District Board of Health.

Yours sincerely,

Chair

Sudbury & District Board of Health

INFORMATION 3

Responsibilities of Board Members

A member of a Board of Health should:

- be an active and committed participant in the affairs of the health unit;
- be involved at Board meetings, ask questions, discuss issues, participate in decision making, react to ideas and exercise initiative;
- know and maintain the lines of communication between the Board and staff;
- be responsible for continuing self-education and growth; be familiar with local resources; be aware of changing community trends and needs; attend related community functions;
- keep informed about the background of issues in order to discuss them responsibly;
- be regular and punctual at all Board meetings; if unable to attend, give early notice to the Board Secretary;
- do "homework" and read relevant minutes before meeting;
- have a working knowledge of parliamentary procedure;
- abide by all Board by-laws, policies and procedures;
- maintain Board business confidentiality.

BOARD OF HEALTH MANUAL

MOTION:

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



The Sudbury & District Health Unit
Le Service de santé publique de Sudbury et du district

Public Health Champion Award

2017

Public Health Champion

Champion de la santé publique



Sudbury & District

Health Unit

Service de
santé publique

Public Health Champion Nomination Form

Call for Nominations

The Sudbury & District Health Unit is issuing a Call for Nominations for the Public Health Champion Award.

The 2017 Public Health Champion award will recognize one individual or one organization that has made outstanding contributions to take action or supported activities related to: promoting the health of families, oral health, healthy sexuality, vaccinations, infectious/communicable diseases and/or Indigenous engagement.

More specifically activities that aim to:

- Enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.
- Enable all children to attain and sustain optimal health and developmental potential in the areas of:
 - Positive parenting;
 - Breastfeeding;
 - Healthy family dynamics;
 - Healthy eating, healthy weights, and physical activity; and/or
 - Oral health.
- Prevent or reduce the burden of sexually transmitted infections and blood-borne infections.
- Promote healthy sexuality.
- Reduce or eliminate the burden of vaccine preventable diseases.
- Prevent or reduce the burden of infectious diseases of public health importance.
- Ensure that health is available to all, including Indigenous and priority populations.
- Support research and data collection to improve population health outcomes for families, children and youth.

Eligibility

To be eligible for nomination, an individual or organization must be a resident of the Sudbury and Manitoulin districts. Current members of the Sudbury & District Board of Health and current Sudbury & District Health Unit staff are not eligible.

Criteria

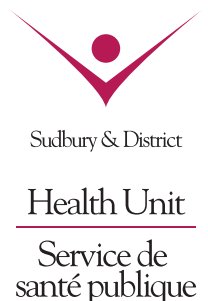
Nominations are evaluated by members of the Sudbury & District Board of Health and Sudbury & District Health Unit staff.

The award recipient will be selected based on demonstrated achievements towards positive public health in the areas of Clinical and Family Services in the categories of Leadership, Collaboration, Innovation, and Fostering opportunities for health

Examples of these attributes that align with the Clinical and Family Services goals

Leadership

- Advocating for and supporting public policies related to Clinical and Family Services goals and programming
- Gathering public health data or conducting research to contribute to the advancement of Clinical and Family Services goals and programming



Public Health Champion Nomination Form

Collaboration

- Strengthening partnerships across sectors and among diverse groups
- Creating information sharing strategies
- Promoting awareness and deepening community commitment to public health, specifically in Clinical and Family Services programming

Innovation

- Creating new strategies to support Clinical and Family Services programming awareness, education and programming
- Empowering marginalized and vulnerable populations

Fostering opportunities for health

- Engaging with Indigenous peoples to support the goals of Clinical and Family Services Divisions
- Acting as a catalyst for positive change
- Mobilizing resources to respond to emerging Clinical and Family Services issue(s)
- Affecting measurable change through strategy and implementation

Nominations

Nominations can be sent by fax or mail to the contact information provided on the form. Entry forms will be made available on-line. Entrants may submit electronically or via mail. Nominations must be received by: September 8, 2017 at 4:30 p.m. The award recipient will be honored at an awards ceremony on October 19, 2017.



Sudbury & District

Health Unit

Service de
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Public Health Champion Nomination Form

2017 Nomination Form

Nominee Information

- ☐ Individual ☐ Organization
- ☐ Nominee has been informed of the nomination

Name: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Telephone (daytime): _____ Email: _____

Nominator Information

Name: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Telephone (daytime): _____ Email: _____

Please describe your relationship to the nominee:

Nominators are required to submit the following (list):

Nominee Information

As the nominator, please provide a brief profile of the nominee (maximum 2 pages) or a program summary (for organizations). The profile must include specific examples of achievements relevant to criteria below. For organizations, please describe any current relationship with the Sudbury & District Health Unit (e.g. funding, partnership).

Criteria:

- Providing leadership for the advancement of Clinical and Family Services programming
- Fostering collaboration to improve the health of the population
- Building community capacity through innovative health promotion strategies
- Achieving impact by acting as a catalyst for positive change



Sudbury & District

Health Unit

Service de
santé publique

Public Health Champion Nomination Form

Letter of Support from someone other than the nominator

Please provide describe in 500 words or less outlining the examples of achievements highlighted by the nominator. The supporting letter should be external to any nominated organization and must be received by the **September 8, 2017** deadline.

Profile of Nominee

Please provide a brief profile of the nominee (maximum one page). This can be in the form of a resumé or biography (for individuals) or a program summary (for organizations). The profile must include specific examples of achievements relevant to the nomination. For organizations, please describe any current relationship with the Sudbury & District Health Unit (e.g. funding, partnership).

Name of person signing letter: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Telephone (daytime): _____ Email: _____

Please describe your relationship to the nominee: _____

Submission and Deadline

Nominations can be sent by fax or mail to:

Sudbury & District Health Unit

1300 Paris Street

Sudbury ON P3E 3A3

Email: sdhu@sdhu.com

Fax: 705.677.9604

Entry forms will be made available online.

The award recipient will be honored at an awards ceremony on October 19, 2017.

Questions can be directed to:

Christopher Pollesel, Communications Officer

705.522.9200, ext. 583

Polleselc@sdhu.com



Sudbury & District

Health Unit

Service de
santé publique



DRIVING THE FUTURE OF PUBLIC HEALTH

A conference exploring change management in a transformed health system
2017 Annual Conference, June 11-13, [Chatham-Kent John D Bradley Convention Centre](#)
565 Richmond St, Chatham, ON N7M 1R2

Program-at-a-Glance*

NOTE: All events, except the Awards Dinner, will be held at the Chatham-Kent Convention Centre.

SUNDAY, JUNE 11, 2017		
4:00 – 7:00 PM	Final Meeting of 2016-17 alPHa Board of Directors	Meeting Room 1A
5:00 – 8:00 PM	Registration Desk Open	Ballroom Foyer
7:30 – 9:00 PM	Opening Reception <i>Music by classical guitarist Tom Lockwood</i>	Atrium (Richmond St. entrance)
MONDAY, JUNE 12, 2017		
7:00 – 8:00 AM	Continental Breakfast & Registration & Exhibits	Registration: Ballroom Foyer Breakfast: Ballroom B&C Exhibits: Ballroom Foyer
8:00 – 10:00	Combined Annual Business Meeting & Resolutions Session Chair, Dr. Valerie Jaeger, alPHa President Resolutions Chair, Dr. Robert Kyle, alPHa Treasurer	Ballroom A
10:00 – 10:30	Fitness Break & Exhibits	Exhibits & Break: Ballroom Foyer
10:30 – 10:35	Opening Remarks <i>Special greetings by Randy Hope, Mayor, Chatham-Kent</i>	Ballroom A Dr. Valerie Jaeger , alPHa President
10:35 – 12:30	Keynote – Change Management to the Rescue? Note: This session includes 45 minutes of Q&A and small group discussion Some say Public Health in Ontario is working through and yet still will face unprecedented change. Can change management assist in this effort and, if so, how? Join us for a presentation and discussion that will provide insight and takeaways regarding the design and use of a structured approach to supporting successful change. <i>Objective: After active participation in this session, participants will be able to understand, describe and apply the concepts of and approaches to change management.</i>	Ballroom A Glen Paskiw , Change Management Consultant

MONDAY, JUNE 12, 2017 - continued

12:30 – 1:30 PM	Lunch & Exhibits	Lunch: Ballroom B&C Exhibits: Ballroom Foyer
1:30 – 3:00 PM Note: These are interactive sessions that include 30 minutes of participant discussion	<p>Concurrent Breakout Sessions:</p> <p>A. The Road Ahead – CQI, Organizational Change and Change Management.</p> <p><i>Objective: After active participation in this session, participants will be able to summarize and apply considerations for local public health units in the areas of CQI, organizational change and change management.</i></p> <p>B. Flourishing Under the 2018 Budget - Understanding Program Based Marginal Analysis</p> <p><i>Objective: After active participation in this session, participants will be able to identify and explain strategies to address budget constraints at the health unit level.</i></p> <p>C. Age Friendly Framework – Fostering the Health and Well-being of People as They Age</p> <p><i>Objective: After active participation in this session, participants will be able to describe the World Health Organization's Age Friendly Framework and apply the experiences of others in creating a supportive environment that facilitates healthy aging.</i></p>	<p>Meeting Room 1A</p> <p>Madelyn Law, Associate Professor, Department of Health Sciences, Brock University Glen Paskiw, Change Management Consultant Alex Berry, Manager, Communications & Foundations Services, Northwestern Health Unit</p> <p>Meeting Room 1B</p> <p>Francois Dionne, Centre for Clinical Epidemiology and Evaluation within Vancouver Coastal Health Research Institute Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit</p> <p>Meeting Room 3A&B</p> <p>Greg Shaw, Director, International & Corporate Relations, International Federation on Ageing (official agency of World Health Organization) Dr. David Colby, Medical Officer of Health, Chatham-Kent Public Health Unit</p>
3:00 – 3:30	Break & Exhibits	Exhibits & Break: Ballroom Foyer
3:30 – 4:30	<p>Plenary Session and Wrap Up – Key Learnings Panel</p> <p><i>Objectives: After active participation in this session, participants will be able to identify and apply strategies to manage changes in the local public health system.</i></p>	<p>Ballroom A</p> <p>Participants from the Breakout Sessions will present highlights for discussion.</p> <p>A. Robert Kyle B. Penny Sutcliffe C. Trudy Sachowski</p>
5:30 PM and 5:45 PM	Buses to the Buxton Museum	
6:00 – 6:45 PM	President's Reception	Buxton Museum (offsite outdoor venue ; transportation provided)
6:45 – 9:00 PM	alPHA Distinguished Service Awards Dinner Banquet <i>Presentation of annual awards in recognition of outstanding public health service in 2017</i>	Buxton Museum (offsite outdoor venue ; transportation provided)
9:00 PM and 9:15 PM	Buses to Hotel/Conference Centre	

TUESDAY, JUNE 13, 2017

7:00 – 8:30 AM	Continental Breakfast & Registration & Exhibits	Registration: Ballroom Foyer Breakfast: Ballroom B&C Exhibits: Ballroom Foyer
8:30 – 12:00 *BOH Meeting starts at 8:00 AM	Concurrent Business Meetings for alpha Sections * (Closed Meetings for COMO H & BOH members)	COMO H: Meeting Room 1A BOH: Meeting Room 1B
10:00 – 10:30	Break & Exhibits	Exhibits & Break: Ballroom Foyer
12:00 – 1:00 PM	Lunch	Ballroom B&C
12:30 – 1:00 PM	Inaugural Meeting of 2017-18 alpha Board of Directors	Meeting Room 5
1:00 PM	Conference Ends	

This event was supported in part by an educational grant from the following:

PLATINUM SPONSORS**BRONZE SPONSORS****SPECIAL EVENT SPONSORS**

AVIVA CANADA & HEDGEROW SOFTWARE LIMITED

Thank you to the following Exhibitors:

BORN Ontario
Chatham Kent Public Health
Dieticians of Canada
GlaxoSmithKline
Health Canada – Environmental Health Programs
Heart and Stroke
Home Care Supplies
Mosey & Mosey Benefits
Ontario Neurotrauma Foundation
Sanofi Pasteur
UPnGO with ParticipACTION

ACCREDITATION

This Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Continuing Professional Development, Schulich School of Medicine & Dentistry for Mainpro+ credits.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University.

Each participant should claim only those hours of credit that he/she actually spent participating in the educational program.

TELL US HOW WE DID!

Please note that a program evaluation questionnaire will be sent to participants via email immediately following the event. We ask that you please provide us with your feedback on the program as it is essential to the evaluation of the program and the planning of future events.

THANK YOU FOR YOUR PARTICIPATION!

Current as of 2017/06/06

** Subject to change*

To All Members of Ontario Boards of Health

AGENDA **Boards of Health Section Meeting**

Tuesday, June 13, 2017 • 8:15 AM – 12:00 PM
Meeting Room 1B
Chatham-Kent John D Bradley Convention Centre
565 Richmond Street, Chatham, Ontario N7M 1R2

CHAIR: Trudy Sachowski, North West Region

- 7:00 Registration, Continental Breakfast and Exhibits
Don't forget to check out our Exhibitors
- 8:15 **Welcome and Introductions**
This is an opportunity for new and returning members of boards of health across Ontario to say hello.
- 8:30 **Section Business**
Approval of Minutes from February 24, 2017 BOH Section Meeting.
- 8:40 **Section Regional Representative Elections**
Representatives for 3 regions will be elected for 2-year terms (June 2017 to June 2019):
 - Central West
 - South West
 - East
- 9:00 **Public Health System Transformation Update**
A look at where things are at now.

Speaker: Linda Stewart, alPHa Executive Director
- 9:30 **CQI and Local Public Health**
Presentation and discussion on the Locally Driven Collaborative Project, [Strengthening Continuous Quality Improvement in Ontario's Public Health Units](#). Learn about the project, its assessment of CQI activities in local public health across Ontario and what's next.

Speakers: Nancy Wai, Supervisor, Continuous Quality Improvement, Lambton Public Health
Alex Berry, Manager, Communications & Foundations Services, Northwestern Health Unit
- 10:30 **BREAK**

- 11:00 **Electronic Board Meetings**
Discussion of recent updates to the Municipal Act and implications for the use of technology to attend board of health meetings.
- Speaker:** Linda Stewart
- 11:20 **alPHa Resolution Debrief**
Small group discussions of next steps for alPHa resolutions passed at the 2017 Resolutions Meeting.
- 12:00 **Meeting Adjourns**
- 12:00 – 1:00 **LUNCH**

ATTENTION: BOH Section Executive Committee Members

- 12:00-12:15 **BOH Section Executive Meeting**
This is a meeting of the 7 regional representatives, including those recently elected, to select the following executive positions:
- *BOH Section Chair*
 - *BOH Section Vice Chair*
 - *alPHa President*
 - *alPHa Treasurer*

**DRAFT RESOLUTIONS FOR CONSIDERATION
at June 2017 alPHa Annual General Meeting**

Resolution Number	Title	Sponsor	Page
A17-1	Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors	Chatham-Kent Public Health Unit and Porcupine Health Unit	1
A17-2	Truth and Reconciliation Commission of Canada (TRC) Calls to Action	Peterborough Public Health	6-7
A17-3	Accessible Contraception	Peterborough Public Health	11
A17-4	Investing in Healthy Workplaces within Ontario Public Health Units	Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health	13
A17-5	Committing to a Tobacco Endgame in Canada	Simcoe Muskoka District Health Unit	16-17

ADDENDUM

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

IN CAMERA

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

RISE AND REPORT

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

All Board members are encouraged to complete the Board of Health Meeting Evaluation following each regular Board meeting.

<https://www.surveymonkey.com/r/9YQYQ66>

ADJOURNMENT

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