



# Sudbury & District Board of Health

Thursday, October 19, 2017, 1:30 p.m.

SDHU Boardroom

1300 Paris Street

# Sudbury & District Board of Health Meeting - October 19, 2017

Sudbury & District Board of Health Meeting #07-17

## 1.0 CALL TO ORDER

## 2.0 ROLL CALL

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

Agenda

Page 5

## 4.0 DELEGATION / PRESENTATION

- i) Mindfulness in Schools: Pilot Project  
Stacey Gilbeau, Manager, Health Promotion Division and  
Joelle Martel, Health Promoter, Health Promotion Division

## 5.0 CONSENT AGENDA

### i) Minutes of Previous Meeting

- a. Sixth Meeting – September 21, 2017

Page 9

### ii) Business Arising From Minutes

### iii) Report of Standing Committees

- a. Board of Health Executive Committee Minutes – June 14, 2017

Page 17

- b. Joint Board/Staff Performance Monitoring Working Group  
Unapproved Meeting Notes dated October 3, 2017

Page 22

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

- MOH/CEO Report, October 2017

Page 24

- Financial Statements - August 2017

Page 36

### v) Correspondence

- a. Ontario's Framework to Manage Federal Legalization of Cannabis

Letter from the Peterborough Board of Health to the Attorney General of Ontario dated September 14, 2017 Page 39

b. Fluoride Varnish Program for Children at Risk for Dental Caries

Letter from the Middlesex-London Board of Health to the Minister of Health and Long-Term Care dated September 26, 2017 Page 41

vi) Items of Information

a. alPHa Information Break dated September 19, 2017 Page 42

b. Announcement Re: New alPHa Executive Director dated October 4, 2017 Page 44

c. MOHLTC News Release Ontario Creating Opioid Emergency Task Force dated October 4, 2017 Page 45

d. MOHLTC Email and News Release Province to Introduce Legislation to Strengthen Quality and Accountability for Patients dated September 27, 2017 Page 49

- Page 51

e. alPHa Fall 2017 Meetings Page 54

f. MOHLTC Health System Integration Update dated October 10, 2017 Page 55

MOTION: Approval of Consent Agenda Page 57

6.0 NEW BUSINESS

i) Performance Monitoring Plan

Narrative Report, October 2017 Page 58

ii) Change in Board of Health Meeting Time

MOTION: Board of Health Meeting Page 66

iii) Expert Panel Report

Draft Response Letter from the Sudbury & District Board of Health Chair to the Ministry of Health and Long-Term Care dated October 12, 2017 Page 67

Council of Ontario Medical Officers of Health (COMOH)      Page 71  
Submission dated October 12, 2017

Association of Municipalities of Ontario Submission dated  
October 12, 2017

AMO News Release      Page 79

AMO Letter to the Minister of Health and Long-Term  
Care      Page 80

AMO Briefing Note      Page 82

#### iv) Reducing Smoking Rates

Ministry of Health and Long-Term Care News Release:  
Executive Steering Committee Advises on Reducing  
Smoking Rates, Province Releases Smoke-Free Ontario  
Modernization Report, October 10, 2017      Page 89

Smoke-Free Ontario Modernization Report of the Executive  
Steering Committee, August 23, 2017 (excerpt to Page 5)      Page 91

MOTION: Tobacco Endgame      Page 97

#### 7.0 ADDENDUM

MOTION: Addendum      Page 98

#### 8.0 ANNOUNCEMENTS / ENQUIRIES

Evaluation for completion      Page 99

#### 9.0 ADJOURNMENT

MOTION: Adjournment      Page 100

**AGENDA – SEVENTH MEETING**  
**SUDBURY & DISTRICT BOARD OF HEALTH**  
**BOARDROOM, SECOND FLOOR, SUDBURY & DISTRICT HEALTH UNIT**  
**THURSDAY, OCTOBER 19, 2017 – 1:30 P.M.**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
  - i) Mindfulness in Schools: Pilot Project**
    - Stacey Gilbeau, Manager, Health Promotion Division
    - Joelle Martel, Health Promoter, Health Promotion Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Sixth Meeting – September 21, 2017
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
    - a. Board of Health Executive Committee Unapproved Minutes dated June 14, 2017
    - b. Joint Board/Staff Performance Monitoring Working Group Unapproved Meeting Notes dated October 3, 2017
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, October 2017
  - v) Correspondence**
    - a. Ontario's Framework to Manage Federal Legalization of Cannabis
      - Letter from the Peterborough Board of Health to the Attorney General of Ontario dated September 14, 2017
    - b. Fluoride Varnish Program for Children at Risk for Dental Caries
      - Letter from the Middlesex-London Board of Health to the Minister of Health and Long-Term Care dated September 26, 2017
  - vi) Items of Information**
    - a. alPHA Information Break September 19, 2017
    - b. Announcement Re: New alPHA Executive Director October 4, 2017

- |   |                    |
|---|--------------------|
| c. MOHLTC News Release <i>Ontario Creating Opioid Emergency Task Force</i>  | October 4, 2017    |
| d. MOHLTC Email and News Release <i>Province to Introduce Legislation to Strengthen Quality and Accountability for Patients</i> | September 27, 2017 |
| e. alPHa Fall 2017 Meetings   | October 6, 2017    |
| f. MOHLTC Health System Integration Update  | October 10, 2017   |

## **APPROVAL OF CONSENT AGENDA**

### **MOTION:**

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

## **6. NEW BUSINESS**

- i) **Performance Monitoring Plan**
  - Narrative Report, October 2017
- ii) **Change in Board of Health Meeting Time**

## **BOARD OF HEALTH MEETING**

### **MOTION:**

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

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

**THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 p.m. Thursday, January 18, 2018, be moved to 10:00 a.m. on Thursday, January 18, 2018.**

- iii) **Expert Panel Report**
  - Draft Response Letter from the Sudbury & District Board of Health Chair to the Ministry of Health and Long-Term Care dated October 12, 2017
  - Council of Ontario Medical Officers of Health (COMOH) Submission dated October 12, 2017
  - Association of Municipalities of Ontario Submission dated October 12, 2017

**iv) Reducing Smoking Rates**

- Ministry of Health and Long-Term Care News Release: Executive Steering Committee Advises on Reducing Smoking Rates, Province Releases Smoke-Free Ontario Modernization Report, October 10, 2017
- Smoke-Free Ontario Modernization Report of the Executive Steering Committee, August 23, 2017 (Report excerpt to Page 5)

**TOBACCO ENDGAME**

**MOTION:**

**WHEREAS tobacco is the leading cause of preventable death and illness in Ontario and the prevalence of tobacco use is greater in the Sudbury & District Health Unit area than for the province as a whole (24% versus 17%); and**

**WHEREAS the federal government's consultation paper [Seizing the Opportunity: The Future of Tobacco Control in Canada](#) proposed a number of endgame strategies; and**

**WHEREAS there is growing support in Canada and globally for a tobacco endgame, with the adoption of endgame targets in Ireland, Scotland, Finland, and New Zealand; and**

**WHEREAS the Ministry of Health and Long-Term Care released the recommendations of the Executive Steering Committee (ESC), [Smoke-Free Ontario Modernization: Report of the Executive Steering Committee, on October 10, 2017](#), which includes advice and recommendations to reduce smoking rates across the province; and**

**WHEREAS the Sudbury & District Board of Health has a longstanding history of proactive and effective action to prevent tobacco use and promote tobacco use cessation (e.g. resolutions #03-17, #21-16, #55-15, #62-14, #57-14, #23-14, #32-05, #44-04, #25-03, #93A-98);**

**THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health congratulate the provincial government on establishing the ESC to advise on the modernization of the Smoke-Free Ontario Strategy; and**

**FURTHER that the Board strongly urge the Ministry to commit to a long-term strategy with broad and bold actions that are informed by the Smoke Free Ontario Modernization Report.**

**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:

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

**THAT we do now adjourn. Time:**



**MINUTES – SIXTH MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM  
THURSDAY, SEPTEMBER 21, 2017, AT 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Maigan Bailey  
Jeffery Huska  
Richard Lemieux  
Ken Noland  
Carolyn Thain

Janet Bradley  
Robert Kirwan  
Stewart Meikleham  
Rita Pilon

James Crispo  
René Lapierre  
Paul Myre  
Nicole Sykes

**BOARD MEMBERS REGRETS**

Mark Signoretti

**STAFF MEMBERS PRESENT**

Nicole Frappier  
France Quirion

Stacey Laforest  
Dr. P. Sutcliffe

Rachel Quesnel  
Renée St Onge

**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) Sudbury & District Health Unit Vaccination Coverage Rates  
for School Pupils**

- Stephanie Hastie, Infection Control Nurse, Clinical Services Division

S. Hastie was introduced and welcomed to share information on vaccine coverage rates for school pupils within the Sudbury & District Health Unit (SDHU) catchment area.

Vaccination coverage was defined and outlined as helping to evaluate the effectiveness of childhood vaccination programs, monitor trends in vaccine uptake over time and identify age groups/populations or geographic areas where coverage may be low.

The Board was informed how the SDHU collects, accesses, assesses, and reports select vaccination data to the Ministry of Health and Long-Term Care (MOHLTC) and Public Health Ontario.

The delivery of vaccination program delivery varies across the province; however, a combined health care provider / public health unit delivery model is generally used. Although health care providers administer publicly funded vaccine they are currently not required to report the vaccines they administer to the public health unit. There is legislation currently being developed to change this practice so that health care providers are required to report to the Medical Officer of Health.

Local and provincial vaccine coverage rates for 2015/16 were displayed and explained.

Vaccine coverage varies across the province, by vaccine type and by age and can be influenced by factors such as disruption of the routine schedule, willingness to be vaccinated, under reporting and other physical, social and economic barriers to vaccination.

An example of a SDHU strategy to increase accessibility of vaccine reporting is the recent implementation of Immunization Connect Ontario (ICON), a new secure web interface for the public that enables parents to view their child's immunization record from the provincial digital health immunization repository and to report all childhood immunizations directly to the SDHU electronically using the interface.

Questions and comments were entertained and S. Hastie was thanked for her informative presentation.

## **5.0 CONSENT AGENDA**

There were no consent agenda items identified for discussion.

- i) Minutes of Previous Meeting**
  - a. Fifth Meeting – June 15, 2017
- ii) Business Arising From Minutes**
  - None
- iii) Report of Standing Committees**
  - None
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, September 2017

**v) Correspondence**

**a. Inclusion of Smoke-Free Clauses in the Standard Lease under the Residential Tenancies Act**

- Letter from the Middlesex-London Board of Health dated June 16, 2017

**b. Opioids Addiction and Overdose**

- Letter from the Renfrew County District Board of Health to the College of Physician and Surgeons of Ontario dated June 8, 2017

**c. Anti-Contraband Tobacco Campaign**

- Letter from the North Bay Parry Sound District Board of Health to the Minister of Health and Long-Term Care dated July 6, 2017

**d. Ontario's Opioid Strategy**

- Letter from the Minister of Health and Long-Term Care to the Sudbury & District Board of Health Chair re additional funding to support local opioid response initiatives dated June 20, 2017
- Ministry of Health and Long-Term Care News Release dated September 7, 2017

**e. Human Papillomavirous (HPV) Immunization Catch-Up for Boys**

- Letter from the Regional Municipality of Durham Council to Premier of Ontario dated June 15, 2017
- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated June 29, 2017

**f. Healthy Babies Healthy Children Program Targets and Funding**

- Letter from the Regional Municipality of Durham Council to the Premier of Ontario dated June 15, 2017

**g. Provincial Alcohol Strategy**

- Letter from the Regional Municipality of Durham Council to the Premier of Ontario dated June 15, 2017
- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated June 29, 2017
- Letter from the Middlesex-London Board of Health to Minister of Health and Long-Term Care dated August 8, 2017
- Letter from the Middlesex-London Board of Health to Ontario Public Health Association dated August 8, 2017

**h. Advocacy Health Promotion Resource Centres**

- Letter from the Leeds, Grenville & Lanark District Board of Health to Minister of Health and Long-Term Care dated July 5, 2017

**i. Low Income Adult Dental Programs**

- Letter from the Middlesex-London Board of Health to Minister of Health and Long-Term Care dated August 8, 2017

**j. Municipal Levy Apportionment**

- Letter from the Leeds, Grenville & Lanark Districts Board of Health to Minister of Health and Long-Term Care dated June 1, 2017

**k. Fluoride Varnish Programs for Children at Risk for Dental Caries**

- **Letter from the Association of Local Public Health Agencies (aLPHa) to Minister of Health and Long-Term Care dated July 21, 2017**

**l. The Fair Workplaces, Better Jobs Act, 2017 (Bill 148)**

- Letter from the Northwestern Board of Health to Ontario Boards of Health dated September 1, 2017

**m. 2017 Public Health Funding and Accountability Agreement Indicators**

- Memo from the Ministry of Health and Long-Term Care to Ontario Board of Health Chairs, MOHs, CEOs and Business Administrators dated June 12, 2017

**n. Legal Access to Non-Medical Cannabis: Approaches to Protect Health and Minimize Harms of Use**

- Letter from the Toronto Board of Health to interested parties dated June 21, 2017

**o. Support for Enactment of Legislation under the HPPA to Allow for the Inspection and Enforcement Activities of Personal Service Settings**

- Letter from the Elgin St. Thomas Board of Health to Minister of Health and Long-Term Care dated June 5, 2017
- Letter from the Niagara Region Board of Health to Minister of Health and Long-Term Care dated June 14, 2017

**vi) Items of Information**

- |  |                                  |
|--|----------------------------------|
| a. Letters from the Minister of Health re appointment for N. Sykes and J. Crispo | June 16, 2017                    |
| b. Announcement from aLPHa re Executive Leadership for 2017-18                   | June 19, 2017                    |
| c. aLPHa Information Break   | July 18, 2017<br>August 17, 2017 |

For those Board members who are unable to attend the September 28, 2017, Bridges Out of Poverty training session, future training dates that may be offered in the community will be shared.

Dr. Sutcliffe clarified that the trends noted in the Needle Exchange Program update mirror what is happening across the province.

### **39-17 APPROVAL OF CONSENT AGENDA**

***Moved by Pilon – Sykes: THAT the Board of Health approve the consent agenda as distributed.***

**CARRIED**

## **6.0 NEW BUSINESS**

### **i) Expert Panel**

- Briefing Note from the Medical Officer of Health/Chief Executive Officer to the Sudbury & District Board of Health Chair dated September 14, 2017, and attachments:
  - Letter from the Minister of Health and Long-Term Care dated July 20, 2017
  - Report of the Minister's Expert Panel on Public Health: Public Health within an Integrated Health System dated June 9, 2017
  - AMO bulletin dated July 20, 2017
  - alPHa summary of the Report of the Minister's Expert Panel on Public Health
  - Email from the alPHa regional Board of Health representative dated August 31, 2017
  - Email invitation to Board Chairs and CEOs for in-person information session on the Expert Panel report dated August 31, 2017
  - Email invitation to MOHs for in-person information session on the Expert Panel report dated August 31, 2017
  - North Bay Nugget article dated September 12, 2017

With the aid of slides, Dr. Sutcliffe summarized the content of the briefing note to update the Board on the *Report of the Minister's Expert Panel on Public Health within an Integrated Health System* and the context of recent developments associated with the Province's health system transformation agenda.

The update provides an opportunity for discussion with respect to public health implications and repercussions in order to inform the Board's input into the Province of Ontario's consultation on this report and what this might mean locally.

Since the July 20, 2017, release of the Report, the MOHLTC has invited stakeholder comments to be submitted until October 31, 2017. In-person information sessions will be held on September 15 for COMO and September 29 for Board of Health Chairs and CEOs.

Dr. Sutcliffe reminded Board members that she is currently the Chair of the Council of Ontario Medical Officers of Health (COMOH). COMOH held a face-to-face meeting on September 13, 2017, to discuss, from a public health leadership perspective, what their response to the Expert Panel would be.

Board members have been kept apprised of key developments of the MOHLTC health system transformation agenda, including the modernization of public health standards through the *Standards for Public Health Programs and Services* consultation document and process and the formal engagement between the LHINs and public health units through the *Report Back from the Public Health Work Stream*.

Dr. Sutcliffe provided highlights from the report recommendations categorized as:

1. Organizational structure
2. Regional Public Health Entities – Geographic Boundaries
3. Leadership structure
4. Governance Model

It is anticipated that there will be submissions regarding the Expert Panel report from various agencies and associations such as the alPHA Board, COMOH, AMO, RNAO, ASPHIO, and others.

Board members were reminded that the work of public health is multi-sectoral in nature. It is important that we work effectively with health care partners but public health work is also closely tied to other sectors not related to health care, including municipalities, day cares, the education sector, etc.

R. Lapierre noted that, as Board Chair, he has been kept apprised by Dr. Sutcliffe of all developments related to the Expert Panel.

Dr. Sutcliffe outlined the alPHA Board membership as being composed of seven members from the Boards of Health Section and seven members from the Council of Ontario Medical Officers of Health (COMOH). The balance of the alPHA Board is composed of one representative from each of the seven affiliate organizations and one non-voting representative from the Ontario Public Health Association.

The alPHA Board is seeking feedback from all Boards of Health regarding the Expert Panel in order to submit feedback to the MOHLTC. Northern representative on the alPHA Board, G. Chartrand from the Porcupine Board of Health, has been asked to consult with northern Boards of Health and gather feedback on the Expert Panel to forward to the alPHA Board who is meeting on September 29.

Sudbury & District Board of Health members were invited to discuss and provide responses to the following key questions for submission to the alPHA Board who will provide feedback to the MOHLTC on the Expert Panel:

1. What **questions** do you have about the expert panel report and its recommendations?
2. What in the report and its recommendations is **helpful** for Ontario's public health sector? Why?
3. What **concerns** you in the report and its recommendations? Why?
4. What do you believe is absolutely **essential** for alPHa to be communicating to the government regarding the report of the Expert Panel on PH? Why?

Board members were thanked for their feedback. Additional thoughts or feedback can be emailed to Dr. Sutcliffe. Board members are asked not to make assumptions or speculate but rather focus on what's in the report.

#### **40-17 EXPERT PANEL CONSULTATION**

***Moved by Meikleham – Sykes: THAT the Sudbury & District Board of Health receive for information the Medical Officer of Health's briefing note concerning the Expert Panel Report and consultation process; and***

***THAT the Board of Health authorize the Chair of the Board of Health to work with the Medical Officer of Health on a submission for the alPHa Board; and***

***THAT the Board of Health authorize the Chair of the Board of Health to work with the Medical Officer of Health on a draft submission for the Province of Ontario for the Board's approval at its October 2017 meeting.***

**CARRIED**

#### **ii) Annual Board Self-Evaluation**

- 2017 Board Self-Evaluation Questionnaire

Board members are asked to complete the yearly Sudbury & District Board of Health Member Self-Evaluation by October 24, 2017. The survey can be completed electronically in BoardEffect. Survey results will be tabled at the November Board meeting and will be used as a data source for the SDHU 2013–2017 Annual Performance Monitoring Report. Reminders will be sent to the Board.

#### **iii) Board of Health Manual**

- By-Law G-I-30

Further to the revisions that were approved in June to G-I-30 as part of the annual review, additional clarification has been received as it relates to electronic participation.

Dr. Sutcliffe summarized the proposed revisions which speak to the definition of absences, only members in attendance in person are counted for quorum and once quorum is established, all members participating, whether electronically or in person, can vote. All other proposed changes within the by-law ensure alignment with this.

#### **41-17 BOARD OF HEALTH MANUAL**

***Moved by Kirwan – Myre: THAT the Board of Health, having reviewed the revised By-Law 04-88 approves the contents therein for inclusion in the Board of Health Manual.***

**CARRIED**

#### **7.0 ADDENDUM**

No addendum.

#### **8.0 ANNOUNCEMENTS / ENQUIRIES**

Board members were reminded of the strategic planning workshop next Thursday, September 28, from 9 a.m. until noon followed by lunch. Board members are also invited to participate in the Bridges Out of Poverty training from 1 p.m. until 4 p.m. on September 28.

Board members were advised that a motion will be coming forward at the next Board meeting entertaining a change in meeting time for the January 2018 Board meeting from an afternoon meeting to the morning to accommodate the Board participation in an announcement event for the new SDHU strategic plan.

A few minutes were provided for Board members to complete the meeting evaluation.

#### **9.0 ADJOURNMENT**

##### **42-17 ADJOURNMENT**

***Moved by Bailey – Myre: THAT we do now adjourn. Time: 3:08 p.m.***

**CARRIED**

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(Chair)

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(Secretary)



**BOARD OF HEALTH EXECUTIVE COMMITTEE  
MEETING NOTES**

**WEDNESDAY, JUNE 14, 2017  
1 TO 3:30 P.M.**

**BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT**

**MEMBERS:** Janet Bradley                      René Lapierre                      Paul Myre  
Ken Noland

**REGRETS:** Jeff Huska

**STAFF:** Nastassia McNair                      Nicole Frappier                      France Quirion  
Rachel Quesnel                      Renée St Onge                      Dr. Penny Sutcliffe

**Guest:** Stephanie Marie-Clara Elchyson, MPH Student

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 1:07 p.m. Introductions took place.

**2. ROLL CALL**

**3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**

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

**4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**

4.1 Board Executive Committee Meeting Notes dated February 16, 2017

**04-17 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**

***Moved by Myre – Bradley: THAT the meeting notes of the Board of Health Executive Committee meeting of February 16, 2017, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

**5.1 Strategic Planning**

Significant work has taken place relating to the SDHU's strategic planning following the February 16, 2017, Board Executive Committee meeting.

The purpose of today's discussions on strategic planning was outlined as follows:

- Provide background & recap of the February 16, 2017, Board EC session
- Review findings to date

- Discuss key findings and themes resulting from the engagement
- Conduct a swot analysis on these findings
- Next steps

Dr. Sutcliffe and R. St Onge were acknowledged for their work and leadership for the development the next iteration of the strategic plan.

A print copy of the current 2013 – 2017 Strategic Plan was distributed as a reminder of where we are at with our current plan. Current and proposed drivers were outlined such as the modernization of the Ontario Public Health Standards and the Accountability Framework and Organizational Requirements. Additional key drivers and considerations were also pointed out, including the Patients First Act.

An updated engagement plan diagram shows where we are at with the identified engagement process.

The interim report includes findings from the many engagement activities and discusses how these results align with other evidence gathered.

Engagement activities to date includes 750 responses within the SDHU catch area and included:

- a consultation with the Senior Management Executive committee.
- a consultation with the Board Executive Committee members
- 5 responses from BOH member survey
- 102 responses to the all staff survey
- 227 participants at the World Café - staff engagement session at our annual 2017 Staff Day
- 100 responses to the Community Partner survey
- 93 responses to the General Public survey

A summary was provided regarding the strategic plan engagement work that has taken place to date, i.e., critical appraisal of peer reviewed literature, local health status data, environmental scan of other health units and health organizations, health status report as well as engagement activities.

Details were provided on strategies and approach for the community partner survey to obtain feedback from partner agencies.

Considerations identified and brought forward at the consultations and in findings to date include:

- Keep: Current vision and mission
- Refresh: consider combining some priorities
- Revise: Have fewer values, consider a mnemonic
- Use: Clear and consistent language
- Decrease: Number of components
- Mental health was identified as a top health issue

Further unpacking took place to better understand the following four key findings and themes:

1. Equitable opportunities for all for health
  - Equitable access to public health services

- Health equity (social determinants of health)
- Reorienting the health care system
- Advocacy
- Population health approach
- 2. Meaningful relationships
  - Stakeholder and community engagement
  - Indigenous engagement
  - Build capacity with of partners and overall system capacity
  - Non-traditional partners
  - Trust
- 3. Service Excellence & Innovation
  - Capacity (time & resources)
  - Sustainable
  - Flexible and adaptable
  - Strong and valued corporate image
  - Innovative ideas
  - Change management
  - Internal communication
  - Transparency
    - Board open to staff exploring this through a governance lens to capture governance/ leadership; CQI; accountability
- 4. Evidence-Informed Public Health Practice
  - Population level data and surveillance
  - Community engagement
  - Using local data to map community wellness and to be responsive to community needs

The following four principles will be factored and help inform the development of SDHU strategic priorities:

- 1) Need
- 2) Partnership, collaboration and engagement
- 3) Capacity
- 4) Impact

SWOT exercise was conducted that is specific to what discussed today.

1. What opportunities exist at the SDHU to address these key concepts and themes?
  - Strong partnerships we can leverage
  - Explore new partnerships
  - Work with other Northern HUs
2. What are the threats or potential threats that the SDHU needs to consider to be able to address these key concepts and themes?
  - Funding
  - Regionalization
  - Strengthening links
3. What strengths does the organization have to deal with threats or opportunities?
  - Leadership aware of what is happening at a system level, MOH and Director at provincial level committees
  - Responsiveness to internal and external issues
  - Non-defensiveness / openness to hearing feedback

4. What weaknesses does the organization have to deal with threats and opportunities?
  - Small – decisions difficult
  - Succession planning

Discussion ensued regarding considerations and possible next steps. Topics covered included northern/rural perspective and advocacy; the importance of Board's engagement in the strategic planning process, possible prioritization of actions for each priority. Further key stakeholder engagement, i.e., indigenous partners, was supported. Another suggestion was seniors groups such as the CGS senior advisory panel. Possible consultation with the municipal associations, such as the MMA, SEMA and Lacloche Foothills Association was discussed; however, it was concluded that, in order to be more meaningful, that this could take place afterwards to promote the plan. The feasibility of this will be further explored.

The Board EC members were thanked.

Next steps will involve validation, check-ins prior to the September 28 workshop with the full Board and Senior Managers on September 28.

## 6. IN CAMERA

### 05-17 IN CAMERA

***Moved by Myre – Noland: THAT this Board of Health Executive Committee goes in camera. Time: 2:45 p.m.***

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

## 7. RISE & REPORT

### 06-17 RISE AND REPORT

***Moved by Noland – Myre: THAT this Board of Health Executive Committee rises and reports, Time: 3:05 p.m.***

It was reported that one personal matter was discussed in camera and the following motion emanated:

### 07-17 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

***Moved by Noland – Myre: THAT this Board of Health Executive Committee approve the meeting notes of the June 28, 2016, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

## 8. ADJOURNMENT

### 08-17 ADJOURNMENT

***Moved by Myre – Bradley: THAT we do now adjourn. Time: 3:07 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

## MEETING NOTES

**JOINT BOARD OF HEALTH/STAFF PERFORMANCE MONITORING WORKING GROUP**  
**TUESDAY, OCTOBER 3, 2017, 10:30 A.M., TELECONFERENCE**

PAGE 1 OF 2

**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 \*      Carolyn Thain \*

**Regrets:** Renée St Onge

\* via teleconference

#	Item	Decisions, Assignments, Required Follow-up
1.0	<b>CALL TO ORDER / WELCOME</b>	The meeting was called to order at 10:30 a.m.
2.0	<b>PURPOSE</b>	The main purpose of today's meeting is to review and obtain feedback regarding the draft Narrative Report that was pre-circulated.
3.0	<b>REVIEW AND APPROVAL OF THE AGENDA</b>	The agenda was reviewed and approved with the addition of 4.3 Next Steps.
4.0	<b>NEW BUSINESS</b>	
4.1	Meeting Notes – May 23, 2017	The Joint Board/Staff Performance Monitoring Working Group meeting notes dated May 23, 2017, were approved.
4.2	Strategic Priorities: Narrative Report – October, 2017	<p><i>D. Groulx reviewed the draft narrative report.</i></p> <p><i>Strategic Priority 1:</i> Champion and lead equitable opportunities for health</p> <p><i>Narrative topic:</i> Raising Awareness and Inspiring Health Equity Action Through Bridges Out of Poverty Training</p> <p>A notation will be included that, recognizing the importance of this work from a governance perspective, members of the Sudbury &amp; District Board of Health were provided the opportunity to receive the training.</p> <p><i>Strategic Priority 2:</i> Strengthen relationships</p> <p><i>Narrative topic:</i> Strengthening relationships with Indigenous communities</p> <p>This important work was a direct result of the Board of Health motion. The first paragraph was observed to be well written. A note will be added to elaborate that a draft strategy is under development and will be brought to the Board of Health.</p> <p><i>Strategic Priority 3:</i> Strengthen evidence-informed public health practice</p> <p><i>Narrative topic:</i> Sharing Knowledge to Advance Evidence-informed Public Health Practice</p> <p>This narrative topic summarizes the collaborative work between Environmental Health and Clinical Services staff. Discussion ensued regarding the number of residents. Dr. Sutcliffe clarified that the topic focuses on the audience versus numbers; however, staff will explore how to characterize the participation or identifying a way to quantify the proportion.</p> <p><i>Strategic Priority 4:</i> Support community actions promoting health equity</p> <p><i>Narrative topic:</i> Putting the Public in Public Health Planning</p> <p>Given the mental health topic loomed large in our consultations, the report will be updated to note that <i>Both the general public and community partners identified a need for programs and services that promote</i></p>

## MEETING NOTES

**JOINT BOARD OF HEALTH/STAFF PERFORMANCE MONITORING WORKING GROUP**  
**TUESDAY, OCTOBER 3, 2017, 10:30 A.M., TELECONFERENCE**

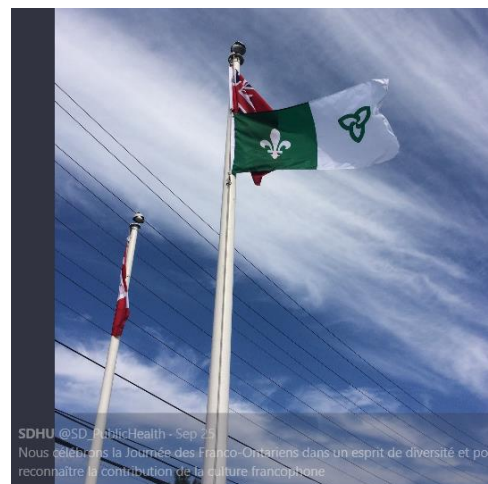
PAGE 2 OF 2

#	Item	Decisions, Assignments, Required Follow-up
		<p><i>equitable opportunities for health, <u>including mental health</u> – for example, As it loomed quite large in our consultations.</i></p> <p><i>Strategic Priority 5:</i> Foster organization-wide excellence in leadership and innovation</p> <p><i>Narrative topic:</i> Leading the Way to Organizational Excellence</p> <p>This topic was submitted by the Corporate Services division and speaks to the work relating to leadership competencies. Board members noted that this resonated with the staff interactions they see. No edits were proposed.</p> <p>The working group were thanked for their feedback. With these approved edits, the narrative report will be finalized and presented to the Board at the October 2017, Board meeting. C. Thain will present the narrative report on behalf of the Working Group and staff will provide brief speaking points.</p>
4.3	Next Steps	<p>The new strategic plan for the period of 2018 to 2022 will be tabled in the new year for the Board's approval. It is anticipated that the Ministry of Health and Long-Term Care's Accountability Framework will be released by then.</p> <p>Once the Accountability Framework is known and the SDHU's strategic plan is established, work will begin to develop and propose a new monitoring framework to the Board that will include an overarching monitoring plan and strategy map that aligns as well as a proposed structure or process that will steward this work.</p>
5.0	NEXT MEETING DATE/TIME	Dr. Sutcliffe noted that the annual performance monitoring report for 2017 will be going to the Board in the new year and will bring closure to 2017 reporting and the work of this Working Group. This Working Group will need to meet in advance of that. A meeting date has yet to be determined.
6.0	ADJOURNMENT	The meeting was adjourned at 10:55 a.m.

## Medical Officer of Health/Chief Executive Officer Board Report, October 2017

### Words for thought...

On September 26, 2017, in the spirit of diversity and in recognition of Franco-Ontarians, the Sudbury & District Health Unit participated in a flag raising ceremony of the Franco-Ontarian flag and illuminated the 1300 Paris Street building in green and white that evening.



Source: [@SD\\_PublicHealth](#)  
Date: September 26, 2017

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### Chair and Members of the Board,

As per Board Policy B-I-13, the Sudbury & District Health Unit makes every reasonable effort to provide francophone residents within the SDHU catchment area access to French public health services that are provided in a culturally competent manner. In addition to providing French services, the SDHU ensures staff have opportunities to learn about and celebrate the francophone culture. Bonne journée Franco-ontarienne!

## GENERAL REPORT

### 1. Local and Provincial Meetings

In follow-up to the July 25, 2017, meeting with key community partners involved in community mental health and addictions, the Sudbury & District Health Unit (SDHU) hosted a second meeting on September 22, 2017, to discuss future planning structures, public health's role in mental health and addictions as well as review local priorities and opportunities. This important dialogue is in anticipation of the release of the modernized Ontario Public Health Standards and public health's role with mental health and addictions.

I participated in the Executive Steering Committee/Practice and Evidence Program Standards Advisory Committee re-group meeting on September 25 and the September 25 Accountability Implementation Task Force meeting in Toronto.

At the request of the Chief Medical Officer of Health, a face-to-face meeting between the Northeast Medical Officers of Health/Associate Medical Officers of Health, and the Chief Medical Officers of Health was hosted in Sudbury on September 26. The meeting provided an opportunity for the group to discuss important local public health matters for our region. The Northern MOHs will be holding the regular monthly teleconference on October 16.



The Northeast Medical Officers of Health also met with the NE LHIN Interim Chief Executive Officer and Senior Director at the SDHU on September 26. The meeting served to further mutual understanding of respective mandates; explore the current context of change including Patients First proposals; discuss relationships, roles and respective expectations and identify next steps.

I attended the alPha Board of Health meeting on September 29, 2017, where the Board finalized its input to inform its submission to the MOHLTC regarding the Expert Panel report.

On October 11, 2017, I participated in the MOHLTC Public Health Working Group (Indigenous engagement) teleconference meeting.

## **2. Indigenous Engagement**

Progress made on the development of the Indigenous Engagement (IE) strategy was reviewed by the internal Indigenous Engagement Steering Committee at its October 2, 2017, meeting. The Steering Committee provided feedback on a number of summaries and updates including: the First Nations visit summary describing highlights of the 12 community visits completed; a summary of key learnings from the ten managers' interviews conducted; the proposed membership of the External Indigenous Engagement Advisory Committee; a draft Territorial Acknowledgement Protocol; a draft staff survey tool; the format and speakers for a proposed Indigenous Engagement – Knowledge Exchange upcoming this fall. This direction will inform next steps for the strategy's development.

## **3. Board of Health Manual**

The Board Manual has been updated to reflect Board approved revisions from the June and September Board meetings. The manual can be found in BoardEffect under *Libraries* – Sudbury & District Board of Health workroom – Handbooks.

## **4. Annual Board Self-Evaluation**

Board members are asked to complete the online self-evaluation Board questionnaire by October 24, 2017. The online survey can be completed in BoardEffect under the Sudbury & District Board of Health workroom under Collaborate. Results of the annual Board of Health member self-evaluation of performance will be presented at the November Board meeting.

## **5. Two Annual Refresher Training Requirements for 2017**

The Ontario Public Health Standards (OPHS) require that Board members receive emergency preparedness and response training on a yearly basis. Board members have been asked to complete the online training module by November 16, 2017, and to email [staffdevelopment@sdhu.com](mailto:staffdevelopment@sdhu.com) confirming they have completed the 25 minute training video. Board members' completion of this training influences our compliance results for Indicator 10 – Emergency Preparedness Index of our performance monitoring report. A link to the video was previously emailed to Board members as it cannot be viewed on your iPad device.

Also, in order to maintain Baby Friendly designation, all staff including the Board of Health members are required to receive and maintain annual orientation on infant feeding policies and practices appropriate to their role. As such, the members of the Board of Health are asked to review the following:

- Baby Friendly Organization Policy
- Baby Friendly Organization Procedure
- Breastfeeding in the Workplace Policy
- Breastfeeding in the Workplace Procedure
- Key Messages
- Module

Board members have been asked to complete the online training module by November 16, 2017, and to email [staffdevelopment@sdhu.com](mailto:staffdevelopment@sdhu.com) confirming they have completed the online module and reviewed related BFI materials. A link to the 20 minute video and these attachments were previously emailed to Board members as it cannot be viewed on your iPad device.

## **6. Strategic Engagement**

Members of the Board of Health and Senior Management participated in the strategic planning workshop on September 28. Participants were provided with an overview of the work completed to date on the development of the SDHU 2018–2022 Strategic Plan and the visual identity refresh. The presentation on the findings was followed by a World Café engagement process with the purpose of gathering Board of Health member feedback to inform the final products.

## **7. Bridges Out of Poverty**

On September 28, Board of Health members participated in a three-hour Bridges out of Poverty training workshop, which was led by two SDHU trained facilitators. Bridges out of Poverty is a training initiative designed to increase awareness about poverty and inspire compassion and a commitment to poverty reduction among middle and upper economic groups. Bridges out of Poverty is one of three linked programs that the SDHU is implementing in collaboration with a number of community partners through the support of a Local Poverty Reduction Fund grant. Leader Training and Circles are the other two programs that will be introduced in our community in the coming months as part of this collaborative initiative to reduce poverty in our communities. Board members are thanked for their engagement and participation at the workshop.

## **8. Financial Report**

The August year-to-date mandatory cost-shared financial statements report a positive variance of \$467,047 for the period ending August 31, 2017. Gapped salaries and benefits account for \$268,356 or 57.5%, with operating expenses and other revenue accounting for \$198,690 or 42.5% 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 September, a total of \$157,337 in available gapped funding was reallocated towards one-time operational pressures identified and approved. The one-time pressures consisted of the following categories:

- Staffing – Program support (\$39,990)
- Mental Health First Aid Training (\$18,450)
- Infrastructure – Security System and small equipment (\$98,897)

## **9. 2018 Budget and Program-Based Grant**

Work on preparing the 2018 cost-shared operating budget is proceeding. The Senior Management Executive Committee is working on drafting the 2018 budget based on the 2016 budget principles. The key components of the draft recommended cost-shared operating budget will be presented to the Finance Standing Committee on November 1, 2017, prior to the November BOH meeting.

Local public health units throughout the province have not yet heard back from the Ministry of Health and Long-Term Care (MOHLTC) regarding their 2017 provincial grant. Last year, we received notice from the MOHLTC of our 2016 provincial grant on September 23, 2017.

## **10. United Way**

The SDHU launched its 2017 United Way Campaign on October 2, 2017. Kevin O'Connor, the 2017 United Way Campaign Chair and an agency representative from Sudbury Youth Rocks spoke to our staff about the positive impact United Way has had on our community over the last 35 years by providing much-needed funding to support essential programs and services to improve community well-being. Last year, the SDHU raised over \$10,000 for the United Way. We have set a goal of \$10,000 for this year.

## **11. Performance Monitoring**

The Joint Board/Staff Performance Monitoring Working Group met on October 3 and is pleased to share the fall 2017 edition of the 2013–2017 Performance Monitoring Plan—Strategic Priorities Narrative Report. This report assists with monitoring the integration of the strategic priorities within the SDHU's programs and services and is shared with the Board in the spring, summer, and fall of every year for the duration of the 2013–2017 Strategic Plan.

## **12. Compressed Work Week**

The SDHU has offered its employees access to a Compressed Work Week program since 2002. Over the past 15 years, the workplace and the external environment we work in has changed significantly, and given the demands for greater accountability and efficiencies we have conducted a review of the this program. The evaluation of the Compressed Work Week Program, which was undertaken in the spring/summer of 2017, gathered data from various sources, including an all staff survey, a review of data on the utilization and operationalization of the program, and a review of existing literature. We are currently reviewing the findings and determining next steps.

### **13. Public Health Champion Award**

The ceremony for the 2017 Public Health Champions Awards is being held on Thursday, October 19, 2017, at 12:45 p.m. in the SDHU Ramsey Room. All Board of Health members are invited to attend. The goal of the Champion program is to recognize outstanding contributions by individuals or organizations to fostering, promoting and supporting public health. This year, the 2017 award focuses aims to spotlight an individual or an organization who has made outstanding contributions in at least one of the following areas: promoting the health of families, oral health, healthy sexuality, vaccinations, infectious/communicable diseases and/or Indigenous engagement. Thank you to members of the Joint Board/Staff Public Health Champions Selection Committee for their assistance with selection this year's recipient.

Following are the divisional program highlights.

## **CLINICAL SERVICES DIVISION**

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

*Influenza:* No cases of influenza A or B were identified in the SDHU area during the month of September. Of note, influenza A cases have been reported in southern Ontario over the past few weeks.

This year's Universal Influenza Immunization Program (UIIP) is underway with provision of the vaccine by SDHU at our main site and district offices, and through our supplying the vaccine to local healthcare providers. In addition, 53 community pharmacies in our catchment area are participating in the program this season, increasing the public's access to this important vaccine. Our team continues to work with community pharmacies who are not yet part of the UIIP to ensure they can successfully apply for and provide the vaccine for the 2018/19 influenza season. With this increased scope of practice among community pharmacies, we are able to scale-back on the number and frequency of our own influenza clinics in order to focus on other aspects of influenza and vaccine-preventable disease program and service provision.

*Respiratory Outbreaks:* Two coronavirus outbreaks occurred in Long Term Care Homes during the month of September. The Control of Infectious Diseases team continues to monitor all reports of respiratory illness.

*Immunization of School Pupils Act:* With the passage of *Bill 87, Protecting Patients Act, 2017*, all public health units are required to provide an educational module for any parent or legal guardian who wishes to pursue a non-medical exemption for their child(ren) as of September 1, 2017. SDHU is providing this module, a 35 minute didactic video presentation created by the MOHLTC, at our main office and district sites with PHNs available to answer any questions regarding the material.

*Panorama:* Individuals can now report and view their immunizations (the “Digital Yellow Card”) via a new process known as Immunization Connect Ontario (ICON). This was made available through the SDHU website as of September 13, 2017, and connects to Panorama, the provincial immunization database.

## **2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and Blood Borne Infections**

The school-based sexual health clinics resumed for the school year in September. The clinics are located in six Greater Sudbury high schools and in each of the high schools located in Sudbury East, Espanola and Manitoulin Island. These school clinics continue to be our main venue for increasing accessibility to sexual health services for youth, beyond the SDHU office locations.

The Sexual Health team responded to four community requests to promote healthy sexuality and the prevention of sexually transmitted diseases to a total of 425 attendees. One of the requests included attendance at Cambrian College’s “frosh week event” which yielded a large turnout.

*Needle Exchange Program (NEP):* The Point distributed 111,402 syringes during the month of August through their fixed sites and outreach initiatives. As of August 31, a total of 756,167 needles have been distributed with a return rate averaging 67%.

A presentation on safe disposal of used needles and harm reduction supplies was provided to the staff of a local community agency. The Sexual Health team continues to provide these presentations upon request to increase community member safety and decrease stigma related to The Point program.

## **ENVIRONMENTAL HEALTH DIVISION**

**Environmental Public Health Week:** Environmental Public Health Week was celebrated the week of September 25 to 29, 2017. This initiative was established in 2003 with the aim of recognizing and promoting the important work of Certified Public Health Inspectors and Environmental Health Officers in Canada.

“Honoring Traditions, Inspiring Innovation” was this year’s Environmental Public Health Week theme and highlights the important work done by Certified Public Health Inspectors in Canada. In addition, to inspection activities, public health inspectors are also involved in responding to threats of emerging diseases, participating in built environment planning activities, mitigating health risks associated with climate change, and supporting marginalized populations.

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

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

During the month of September, 12 sporadic enteric cases and two infection control complaints were investigated.

## **2. Food Safety**

During the month of September, public health inspectors issued one closure order to a food premises due to lack of hot water. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

Public health inspectors issued one charge to a food premises for an infraction identified under the *Food Premises Regulation*.

Staff issued 89 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in September, 42 individuals were certified as food handlers.

## **3. Health Hazard**

In September, 37 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

In response to Environment Canada-issued heat warnings, two media releases were issued to remind the public of personal protective measures to take in order to prevent heat-related illness.

Staff worked in collaboration with Health Canada following notification on September 9, 2017, of a cluster of blastomycosis cases associated with a Manitoulin Island First Nation community. The SDHU issued an Advisory Alert to local health care providers to inform of the cluster, provide information on the need for prompt diagnosis and treatment, and to outline the symptoms of blastomycosis. The SDHU continues to offer assistance to Health Canada as the investigation continues.

## **4. Ontario Building Code**

During the month of September, 30 sewage system permits, 14 renovation applications, one zoning application, one Other Government Agency application and two consent applications were received.

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

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

Four individuals received rabies post-exposure prophylaxis following exposures to wild or stray animals.

During the month of September, public health inspectors supported the City of Greater Sudbury Childrens' Water Festival by providing information regarding rabies awareness, rabies vaccination and precautions to be taken around pets and wild animals.

## **6. Safe Water**

Public health inspectors investigated seven blue-green algae complaints in the month of September, all of which were subsequently identified as blue green algae capable of producing toxin. Four media releases were issued covering all seven lakes to notify the public and provide education on blue-green algae, drinking water and recreational use.

During September, 73 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated ten regulated adverse water sample results, as well as drinking water lead exceedances at three local schools.

Seven boil water orders and one drinking water advisory were issued. Furthermore five boil water orders, and one drinking water advisory were rescinded.

## **7. Tobacco Enforcement**

In September, tobacco enforcement officers charged three individuals for smoking in an enclosed workplace vehicle, and two individuals for smoking on school property.

## **8. Vector Borne Diseases**

In September, a total of 1,676 mosquitoes were trapped and sent for analysis. During this time, a total of 103 mosquito pools were tested, 11 for Eastern Equine Encephalitis virus, and 92 for West Nile virus. All pools tested negative for West Nile virus and Eastern Equine Encephalitis.

In September, two media releases were issued confirming two human cases of West Nile virus and reminding the public to take personal precautions and reduce mosquito breeding grounds around their homes.

## **9. Emergency Preparedness**

In September, public health inspectors participated in a simulated community emergency exercise in Espanola.

## HEALTH PROMOTION DIVISION

### 1. Drug Strategy

The September 20, 2017, Community Drug Strategy (CDS) Steering Committee meeting was well attended and members focused on the new 2017/2018 CDS work plan.

A public health nurse was interviewed by the Sudbury Star about the results of an Oracle poll on cannabis use and the new provincial framework to manage federal legalization of cannabis.

### 2. Family Health

An in-class prenatal session was held for 28 expectant moms and their support people. Eight individuals registered for the on-line prenatal class.

A dietitian and public health nurse hosted a workshop for Our Children, Our Future facilitators regarding how to safely prepare infant formula to support their clients who have made the decision to formula feed.

Public health nursing staff attended a Fetal Alcohol Spectrum Disorder (FASD) presentation and discussion by Dr. Stade from the FASD Diagnostic Clinic at St. Michaels Hospital. As stakeholders, staff provided a local perspective on behalf of the SDHU.

Public health nurses attended an in-person planning meeting of the Réseau Régional de Langue Française (RRLF) du Nord committee. This meeting included regional francophone early learning sector stakeholders from the Northeast. The French program, Reaching IN...Reaching OUT (RIRO) was presented and is now included into the new work plan for the committee.

### 3. Healthy Eating

A public health nutritionist supported the development of the Ontario Society of Nutrition Professionals in Public Health's response to the proposed National Food Policy for Canada. A food policy for Canada will set a long-term vision for the health, environmental, social, and economic goals related to food. This policy will address issues across the food system including production, processing, distribution, and consumption of food.

SDHU nutrition staff provided feedback, through online consultations, to inform Health Canada's commitment to 1) restrict marketing of unhealthy food and beverages to children and to 2) revise *Canada's Food Guide*.

### 4. Healthy Weights

The Greater Sudbury Healthy Kids Community Challenge continues to work on Theme #3 interventions that focus on *Choosing to Boost your Veggies and Fruit*. The SDHU had been providing expertise to the working groups and the local advisory panel from its inception in 2016 and will continue until it is completed in September 2018. The SDHU is leading two of



the initiatives in theme #3 which are 1) Bright Bites and 2) food literacy. These two programs are being coordinated by the School Health and Nutrition/Physical Activity Action teams.

## **5. Injury Prevention**

*Road Safety:* In August, staff from the Manitoulin office, along with members of the Manitoulin Injury Prevention Coalition launched an impaired driving social media campaign advertisement with a Call 911 reminder which is part of their Road Safety Challenge. In Northeastern Manitoulin and the Islands (NEMI), there was also a launch of the "Report Impaired Drivers Call 911" e-sign on the NEMI welcome sign.

## **6. Physical Activity**

Although the outdoor temperature exceeded 30 degrees Celsius, many Sudbury residents participated in the first Skate Exchange of the 2017–2018 season at the Sudbury Canoe Club on September 22.

## **7. Prevention of Substance Misuse**

The SDHU was involved in some FROSH week activities at Laurentian University. The week before classes started, a public health nurse presented to more than 50 Resident Advisors on lower risk alcohol consumption and the effects of alcohol misuse. During FROSH week, a public health nurse set up a booth and, with the help of a university student representative, conducted a *Pour Challenge* with students to teach them about Canada's Low Risk Alcohol Drinking Guidelines.

The Alcohol team also presented their work at a team knowledge exchange, teaching co-workers about low risk drinking, how much alcohol is in one drink, and showcasing some of the work that has been done such as the Alcohol Report Card and social media messaging. The presentation also featured a mocktail recipe to promote fun drinks that do not contain alcohol.

## **8. School Health**

In early September, staff from the Espanola office attended the S. Geiger Public School open house in Massey and supported the school community in planning a healthy meal to serve the families of S. Geiger. The open house helped to welcome students from Webbwood Public School who are now attending S. Geiger after the closure of their school in 2017. Staff from the Espanola office will continue to work very closely with the S. Geiger community over the 2017–2018 school year.

A public health nurse from the Sudbury East district office has been working with the principal and social worker from l'École St-Thomas in Warren. There is a plan with school staff to review pathways to resilient school information, build on existing strengths and have evening Triple P sessions for parents.

In September, two staff members from the Manitoulin office facilitated a food literacy session with Grade 1 students at Charles C. McLean Public School with 19 students and one teacher.

Topics included using our five senses to learn about Veggies and Fruit and Paint your Plate, and the school earned a Bright Bite badge.

In September, there was also the promotion of Bright Bites contest by Chapleau staff to three elementary schools: Sacré-Coeur, Chapleau Public and Our Lady of Fatima.

## **9. Tobacco Control**

SDHU staff continued to provide services to the community through the Quit Smoking Clinic and Telephone Information Line, having received 44 calls and 44 visits to the clinic in August. Also, 27 Nicotine Replacement Treatment vouchers were distributed.

On September 21, the Tobacco team presented a display to more than 600 staff members at the Canada Revenue Agency on Comprehensive Tobacco Control, including Cessation support services available in the community.

Policy implementation support of the Smoke-Free Ontario Act for Smoke-Free Hospitals continues with the Kirkwood site of Health Sciences North, in order to prepare for the 2018 legislation.

Finally, a number of tobacco campaigns, in collaboration with provincial partners and the Northeast Tobacco Control Area Network will be disseminated this fall. The campaigns include Make it Memorable, Would U Rather, SDHU Quit Smoking Clinic Services, among others.

## **10. Workplace Health**

Workplace Health staff responded to requests. Information was provided to a school board for implementation of one psychosocial risk factor from within the National Standard for Psychological Health and Safety in the Workplace. Information was also provided to a workplace on alcohol policy development at the workplace.

# **RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (REED) DIVISION**

## **1. Research and Evaluation**

The Manager, Research, Evaluation, and Knowledge Exchange is a collaborator on a team of researchers from Laurentian University that has been awarded the Government of Canada's Social Sciences and Humanities Research Council (SSHRC) Impact Award – Partnership Award. The team of collaborators, under the leadership of Dr. Carol Kauppi, has received \$50,000 to advance knowledge on the topic of hidden homelessness in conjunction with some of the Calls to Action identified in the Truth and Reconciliation Commission of Canada.

The SDHU participates as the Northern Representative on the Association of Ontario Public Health Nursing Leaders (OPHNL). In October, the OPHNL distributed a survey to gain nursing leaders' perspective regarding new nursing graduates' preparation to Public Health Nursing practice and identify options to strengthen PHN readiness to practice.

## **2. Presentations and Publications**

In October, staff in RRED and Environment Health presented at the 2017 *Canadian Institute of Public Health Inspectors (CIPHI) Annual Education Conference*. Staff highlighted the findings of an SDHU-led study which focuses on proposed recommendations for improving housing inspections for vulnerable people.

The Manager, Research, Evaluation, and Knowledge Exchange was recently a co-author on a *Canadian Journal of Public Health* publication, in collaboration with several public health unit and academic partners, on the topic of the development of organizational-level health equity indicators.

In cooperation with partners from the Locally Driven Collaborative Project on public health unit and Local Health Integration Network (LHIN) Collaboration, the Manager of Population Health Assessment and Knowledge Exchange co-authored an article entitled “How Political Science Can Contribute to Public Health: A Response to Gagnon and Colleagues” in the *International Journal of Health Policy and Management*.

## **3. Student Placement Program**

The SDHU participated in the delivery of a workshop designed by Public Health Ontario Student Placement, Education and Preceptorship (SPEP) Network supporting the education of preceptors across the province. In August 2017, the SPEP Network released its Student Placement Tracking Survey Report highlighting student placements across Public Health Agencies in the province for 2016. Compared to those public health agencies in our peer group, the SDHU was a leader in the provision of student placement opportunities, further demonstrating our values as a learning organization.

Respectfully submitted,

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

**Sudbury & District Health Unit**  
**STATEMENT OF REVENUE & EXPENDITURES**  
**For The 8 Periods Ending August 31, 2017**

**Cost Shared Programs**

	<b>Annual Budget</b>	<b>Budget YTD</b>	<b>Current Expenditures YTD</b>	<b>Variance YTD (over)/under</b>	<b>Balance Available</b>
<b>Revenue:</b>					
MOHLTC - General Program	14,687,000	9,791,333	9,791,333	0	4,895,667
MOHLTC - Unorganized Territory	819,400	546,267	546,267	(0)	273,133
MOHLTC - VBD Education & Surveillance	65,000	43,333	43,333	0	21,667
MOHLTC - SDWS	106,000	70,667	70,667	(0)	35,333
Municipal Levies	6,943,298	4,628,860	4,628,860	0	2,314,438
Municipal Levies - Small Drinking Water Syst	47,222	31,481	31,481	0	15,741
Municipal Levies - VBD Education & Surveill	21,646	14,431	14,431	(0)	7,215
Interest Earned	85,000	48,048	48,048	0	36,952
<b>Total Revenues:</b>	<b>\$22,774,566</b>	<b>\$15,174,421</b>	<b>\$15,174,420</b>	<b>\$1</b>	<b>\$7,600,146</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	4,441,111	3,070,230	3,033,091	37,139	1,408,020
Print Shop	152,774	60,769	47,527	13,242	105,247
Espanola	120,973	79,689	77,820	1,869	43,153
Manitoulin	124,624	82,078	76,643	5,435	47,981
Chapleau	99,667	65,403	64,542	861	35,125
Sudbury East	16,486	10,991	11,150	(159)	5,336
Intake	307,739	198,098	194,472	3,626	113,267
Volunteer Services	5,508	1,166	236	930	5,272
<b>Total Corporate Services:</b>	<b>\$5,268,881</b>	<b>\$3,568,423</b>	<b>\$3,505,480</b>	<b>\$62,943</b>	<b>\$1,763,401</b>
<b>Clinical Services:</b>					
General	930,809	592,974	586,478	6,497	344,332
Clinical Services	1,381,333	932,335	934,409	(2,074)	446,924
Branches	245,822	148,986	143,899	5,087	101,924
Family	645,716	423,987	423,626	361	222,090
Risk Reduction	124,408	72,445	59,021	13,424	65,387
Clinical Preventative Services - Outreach	141,610	90,618	86,560	4,058	55,050
Sexual Health	929,123	592,681	580,694	11,986	348,428
Influenza	0	0	451	(451)	(451)
Meningitis	0	0	(331)	331	331
HPV	0	0	(842)	842	842
Dental - Clinic	500,484	314,206	297,497	16,709	202,987
Family - Repro/Child Health	646,798	646,798	647,699	(900)	(900)
Substance Misuse Prevention	80,894	80,894	80,894	0	0
<b>Total Clinical Services:</b>	<b>\$5,626,997</b>	<b>\$3,895,924</b>	<b>\$3,840,054</b>	<b>\$55,870</b>	<b>\$1,786,943</b>
<b>Environmental Health:</b>					
General	807,721	513,542	507,360	6,183	300,361
Enviromental	2,526,308	1,613,048	1,493,205	119,843	1,033,103
Vector Borne Disease (VBD)	86,667	63,865	54,999	8,866	31,667
Small Drinking Water System	174,185	115,083	107,446	7,637	66,738
<b>Total Environmental Health:</b>	<b>\$3,594,881</b>	<b>\$2,305,540</b>	<b>\$2,163,011</b>	<b>\$142,529</b>	<b>\$1,431,870</b>
<b>Health Promotion:</b>					
General	1,169,549	743,165	728,651	14,514	440,899
School	1,355,637	837,943	828,812	9,131	526,824
Healthy Communities & Workplaces	181,274	111,387	107,227	4,160	74,047
Branches - Espanola / Manitoulin	280,717	189,014	184,447	4,567	96,269
Nutrition & Physical Activity	1,156,580	725,921	690,358	35,564	466,222
Branches - Chapleau / Sudbury East	371,021	239,145	230,057	9,088	140,964
Injury Prevention	449,779	284,245	274,239	10,006	175,540
Tobacco By-Law	352,735	222,245	198,145	24,101	154,591
Policy & Planning	529,494	95,406	68,881	26,525	460,613
Substance Misuse Prevention	81,669	15,212	4,084	11,128	77,585
Alcohol Misuse	155,470	106,020	86,179	19,841	69,292
<b>Total Health Promotion:</b>	<b>\$6,083,925</b>	<b>\$3,569,704</b>	<b>\$3,401,080</b>	<b>\$168,625</b>	<b>\$2,682,845</b>
<b>RRED:</b>					
General	1,556,246	953,472	927,489	25,983	628,756
Workplace Capacity Development	27,609	21,652	16,472	5,180	11,137
Health Equity Office	27,586	11,238	11,094	144	16,493
Strategic Engagement	588,441	358,041	352,266	5,774	236,174
<b>Total RRED:</b>	<b>\$2,199,882</b>	<b>\$1,344,402</b>	<b>\$1,307,321</b>	<b>\$37,081</b>	<b>\$892,560</b>
<b>Total Expenditures:</b>	<b>\$22,774,566</b>	<b>\$14,683,993</b>	<b>\$14,216,946</b>	<b>\$467,047</b>	<b>\$8,557,620</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$490,427</b>	<b>\$957,474</b>	<b>\$467,047</b>	

## Sudbury & District Health Unit 2015 - current

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 2017

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
Funding	22,968,659	15,344,813	15,375,545	(30,731)	7,593,114
Other Revenue/Transfers	916,743	634,656	668,029	(33,373)	248,714
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>23,885,402</b>	<b>15,979,469</b>	<b>16,043,573</b>	<b>(64,104)</b>	<b>7,841,828</b>
<b>Expenditures:</b>					
Salaries	15,663,380	10,124,191	9,905,463	218,728	5,757,917
Benefits	4,366,412	2,927,640	2,878,012	49,628	1,488,400
Travel	261,064	145,054	129,754	15,301	131,310
Program Expenses	967,351	510,622	442,173	68,449	525,178
Office Supplies	68,912	40,997	43,682	(2,684)	25,230
Postage & Courier Services	73,374	34,091	36,056	(1,965)	37,318
Photocopy Expenses	33,487	21,229	21,923	(693)	11,564
Telephone Expenses	60,506	40,027	37,031	2,996	23,475
Building Maintenance	497,477	331,986	330,301	1,685	167,176
Utilities	205,097	140,831	138,861	1,970	66,236
Rent	242,657	161,836	162,384	(548)	80,273
Insurance	103,774	92,184	92,376	(192)	11,399
Employee Assistance Program ( EAP)	34,969	23,902	23,902	0	11,067
Memberships	31,666	27,857	27,101	756	4,565
Staff Development	151,655	100,407	90,807	9,600	60,848
Books & Subscriptions	12,465	5,744	2,582	3,162	9,883
Media & Advertising	108,342	38,802	30,293	8,509	78,049
Professional Fees	197,256	96,872	87,996	8,876	109,260
Translation	48,101	29,326	25,751	3,574	22,350
Furniture & Equipment	33,002	16,528	8,220	8,308	24,782
Information Technology	724,455	578,915	571,433	7,482	153,023
<b>Total Expenditures</b>	<b>23,885,402</b>	<b>15,489,042</b>	<b>15,086,099</b>	<b>402,943</b>	<b>8,799,302</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>490,427</b>	<b>957,474</b>	<b>467,047</b>	

**Sudbury & District Health Unit**  
**SUMMARY OF REVENUE & EXPENDITURES**  
For the Period Ended August 31, 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	62,340	165,378	27.4%	Mar 31/18	41.7%
Pre/Postnatal Nurse Practitioner	704	139,000	90,748	48,252	65.3%	Dec 31	66.7%
OTF - Getting Ahead and Circles	706	216,800	33,838	182,962	15.6%	Mar 31/2020	41.7%
CGS - Local Poverty Reduction Evaluation	707	44,897	6,305	38,592	14.0%	Dec 31	66.7%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	14,061	22,639	38.3%	Dec 31	66.7%
SFO - TCAN - Prevention	724	97,200	29,743	67,457	30.6%	Dec 31	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	160,181	125,619	56.0%	Dec 31	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	118,171	141,629	45.5%	Dec 31	66.7%
SFO - Tobacco Control Coordination	730	104,442	68,338	36,104	65.4%	Dec 31	66.7%
SFO - Youth Engagement	732	80,000	49,680	30,320	62.1%	Dec 31	66.7%
Infectious Disease Control	735	479,100	306,248	172,852	63.9%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	23,732	76,268	23.7%	Mar 31/18	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	118,019	62,481	65.4%	Dec 31	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	71,455	85,145	45.6%	Dec 31	66.7%
Beyond BMI - LDCP	747	150,000	85,330	64,670	56.9%	May/16 to May/18	54.2%
Food Safety - Haines Funding	750	36,500	7,590	28,910	20.8%	Dec 31	66.7%
Triple P Co-Ordination	766	34,359	34,356	3	100.0%	Dec 31	66.7%
CGS - Healthy Kids Bright Bites Project	772	23,136	4,410	18,726	19.1%	Dec 31	66.7%
CGS - Food Skills for Kids & Families Project	773	31,755	7,933	23,822	25.0%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	953,566	523,331	64.6%	Dec 31	66.7%
Healthy Smiles Ontario (HSO)	787	502,600	320,187	182,413	63.7%	Dec 31	66.7%
Anonymous Testing	788	59,393	24,807	34,586	41.8%	Mar 31/18	41.7%
PHO/LDCP First Nations Engagement	790	108,713	16,951	91,762	15.6%	May/17 to May/18	16.7%
HQO - Northern Health Equity	791	135,000	126,275	8,725	93.5%	Oct./16 to Oct./17	66.7%
MHPS- Diabetes Prevention Program	792	175,000	33,207	141,793	19.0%	Dec 31	66.7%
<b>Total</b>		<b>5,141,910</b>	<b>2,767,471</b>	<b>2,374,439</b>			

September 14, 2017

The Honourable Yasir Naqvi  
Attorney General of Ontario  
720 Bay Street, 11th Floor  
Toronto, ON M7A 2S9  
[ynaqvi.mpp@liberal.ola.org](mailto:ynaqvi.mpp@liberal.ola.org)

Dear Minister Naqvi:

**Re: Ontario's safe and sensible framework to manage federal legalization of cannabis**

On behalf of our Board of Health, I would like to congratulate the Province of Ontario and the Cannabis Secretariat on releasing their plans for regulating federally legalized cannabis. Consultation was invited by the Province through to July 31<sup>st</sup>, 2017, to which Peterborough Public Health contributed to a submission as part of the Ontario Public Health Unit Collaboration on Cannabis (OPHUC). We are pleased to see that the Province's newly released plan is aligned with various components of this submission such as:

- Establishing a safe and responsible supply chain of cannabis using a government monopoly, where cannabis will not be sold alongside alcohol in Ontario;
- Setting the minimum age of purchase to 19 (suggested as a minimum);
- Prohibiting smoking of cannabis in public places;
- Developing a public information campaign, to complement the federal government's public awareness campaign;
- Developing a comprehensive prevention and harm reduction approach to promote awareness of cannabis-related harms;
- Working with and supporting enforcement partners to keep our roads safe; and
- Working with municipalities to choose most appropriate store locations.

It is our hope that the Province continues to use a public health approach in the legalization of cannabis. While the federal government has responsibility for setting packaging and advertising restrictions, we request that the provincial regulations include the following:

- Adopt plain packaging;
- Prohibit the production and sale of products that are attractive to youth;
- Require that all cannabis products be sold in a child-resistant container and be marked with a universal symbol indicating the container holds cannabis; and
- Avoid all forms of cannabis product promotion, including sponsorship, endorsement, branding and point-of-sale advertising.

We are very encouraged by Ontario's promise that "revenues associated with cannabis legalization will be reinvested to ensure [the Province] meets [their] priorities of protecting young people, focusing on public

health and community safety, promoting prevention and harm reduction and eliminating the illegal market”. We look forward to learning more about the reinvestment strategy and how our public health work may be supported by this.

Our board of health is committed to protecting and promoting the health and well-being of our residents. We look forward to further details in order to support our community in this transition period.

Yours in health,

***Original signed by***

Mayor Mary Smith  
Chair, Board of Health

/ag

cc: Hon. Kathleen Wynne, Premier  
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care  
Local MPPs  
Dr. David Williams, Chief Medical Officer of Health  
Association of Local Public Health Agencies  
Ontario Boards of Health  
Allan Seabrooke, CAO, City of Peterborough  
Gary King, CAO, County of Peterborough



September 26, 2017

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

Dear Minister Hoskins,

**Re: Fluoride Varnish Programs for Children at Risk for Dental Caries**

At its September 21, 2017 meeting, under Correspondence item c), the Middlesex-London Board of Health considered the attached correspondence from the Association of Local Public Health Agencies (alPHA) regarding *alPHA Resolution A17-6, Fluoride Varnish Programs for Children at Risk for Dental Caries* and voted to endorse the following:

- c) Date: 2017 July 21  
Topic: Fluoride Varnish Programs for Children at Risk for Dental Caries  
From: Association of Local Public Health Agencies  
To: The Honourable Eric Hoskins

**Background:**

The Association for Local Public Health Agencies (alPHA) adopted a resolution that called on the Government of Ontario to provide funding through the Healthy Smiles Ontario Program for the implementation of school and community-based fluoride varnish for children at risk of dental caries.

**Recommendation:**

Endorse.

It was moved by Mr. Trevor Hunter seconded by Ms. Maureen Cassidy, *that the Board of Health endorse item c).*

Carried

The Middlesex-London Board of Health calls on the Government of Ontario to consider providing funding through Healthy Smiles Ontario for the implementation of school and community-based fluoride varnish programs for children at risk for dental caries.

Sincerely,



Jesse Helmer, Chair  
Middlesex-London Board of Health

cc: Carmen McGregor, alPHA President  
Linda Stewart, Executive Director, alPHA  
Ontario Boards of Health



## Information Break

September 19, 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.*

### Report of Minister's Expert Panel on Public Health

Stakeholder consultations are underway regarding the Report of the Minister's Expert Panel on Public Health, [\*Public Health within an Integrated Health System\*](#), which makes major recommendations on public health's integration within the provincial health system. Feedback on the report's content is to be emailed to the province by **October 31st**. alPHA has arranged a number of meetings among its various constituent members and the Board of Directors to facilitate an association response to the report. COMOH will meet on September 13 to discuss the report; Board of Health Chairs and Affiliate groups have been asked to submit feedback to their representatives on the alPHA Board; and alPHA's Board will convene at the end of this month to collate and review members' comments. In October alPHA staff will work on drafting a response for submission. In the meantime, staff and members are attending the Ministry information sessions on the report on September 15 and 29. We will keep members updated on developments as they arise.

[Download the Expert Panel report here](#)

[Read alPHA's summary of the Expert Panel's report here](#)

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### Government News: Round Up

[Federal committee releases preliminary national data on opioid-related deaths](#) (Sept. 14)

[Canada invests \\$7.5M into opioids research](#) (Sept. 14)

[PHAC launches Infectious Diseases and Climate Change Fund](#) (Sept. 13)

[Ontario releases cannabis legislation framework](#) (Sept. 8)

[Canada announces \\$274M in funding for law enforcement to support new cannabis legalization](#) (Sept. 8)

[Minister Hoskins' statement on Ontario Opioid Strategy](#) (Sept. 7)

[Ontario invests \\$222M to enhance Ontario's Strategy to Prevent Opioid Addiction and Overdose](#) (Aug. 29)

[Law firm article on recent changes to PHIPA and new regulation coming into force Oct. 1, 2017](#) (Aug. 17)

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### Central West Board of Health Nominations Sought

The alPHA Board of Directors is seeking nominations from the following Central West boards of health to fill a position on the Board and BOH Executive Committee for a 2-year term: *Brant, Haldimand-Norfolk, Halton, Hamilton, Niagara, Waterloo, and Wellington-Dufferin-Guelph*. Interested candidates must submit a completed form, a short biography, and a copy of a motion passed by the sponsoring board of health approving the nomination by **October 27th**.

[Click here for more information, including form](#)

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### alPHA Website Feature: Risk Management Resources

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

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

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### Group Insurance Offer for Members & Health Unit Staff

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

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### Upcoming Events - Mark your calendars!

**November 3, 2017** - Fall alPHA Meeting, DoubleTree by Hilton Downtown Toronto Hotel. Details TBA.

**February 23, 2018** - Winter alPHA Meeting, Novotel Toronto Centre, 45 The Esplanade, Toronto. Details TBA.

**March 21-23, 2018** - The Ontario Public Health Convention (TOPHC) 2018, Beanfield Centre, Toronto.

**June 10, 11 & 12, 2018** - alPHA Annual General Meeting & Conference, Novotel Toronto Centre, 45 The Esplanade, Toronto.

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

alPHa's members are  
the 36 public health  
units in Ontario.

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate**

**Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Society of  
Nutrition Professionals  
in Public Health

October 4, 2017

**Association of Local Public Health Agencies  
Announces New Executive Director**

Dear Colleague:

On behalf of the Board of Directors, I am pleased to announce the appointment of Loretta Ryan as Executive Director of alPHa, effective November 6, 2017. Loretta is joining alPHa after 17 years with the Ontario Professional Planners Institute (OPPI) where her work intersected with local public health during the implementation of the Institute's Strategic Plan that included the Healthy Communities, Sustainable Communities Initiative. Prior to her experience with OPPI, Loretta worked at the Toronto Board of Trade, and the Ministry of Municipal Affairs and Housing.

Loretta is a Registered Professional Planner (RPP) and brings considerable experience in association management, stakeholder engagement, policy development, strategic operations, communications and government and media relations. Loretta holds a Masters of Science in Planning and is a Certified Association Executive with the Canadian Society of Association Executives. She has also achieved the Advanced Communicator Gold Award with Toastmasters International.

As we bid a fond farewell on November 3 to Linda Stewart who is retiring after 13 years with alPHa, I want to welcome Loretta and look forward to traversing the road ahead together.

Yours truly,



Carmen McGregor,  
President

*News Release***Ontario Creating Opioid Emergency Task Force**

October 4, 2017

**Province Taking Further Action in Fight Against Opioid Crisis**

Ontario is establishing an Opioid Emergency Task Force that will include front-line workers and people with lived experience to strengthen the province's coordinated response to the opioid crisis.

The Task Force will ensure those closest to the crisis are providing critical insight about what is happening on the ground, to support the province's coordinated response to the crisis and address new challenges as they emerge.

It will bring together representatives from province-wide system partners working to combat this emergency, including front-line workers in harm reduction, addiction medicine, and community-based mental health and addiction services, among others.

The Task Force will also advise the government on a robust and targeted public education campaign to raise awareness about the risks associated with opioid use and how people can protect themselves and their loved ones against the harms associated with addiction and overdose.

As a first step, Ontario will be providing all public health units in the province with consistent and up-to-date public education materials to support their efforts in local communities to ensure that everyone is receiving the same information regardless of where they live. The province is also working with pharmacists on an insert about the possible health risks of opioids and where patients can access support, which will be provided to patients when they pick up an opioid prescription.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its [Patients First: Action Plan for Health Care](#) and [OHIP+: Children and Youth Pharmacare](#) - protecting health care today and into the future.

**QUICK FACTS**

- Announced in fall 2016, Ontario's [Strategy to Prevent Opioid Addiction and Overdose](#) is ensuring people in pain receive appropriate treatment, increasing access to holistic treatment for those with opioid use disorder, and improving the safety and health of people who use opioids, including access to the life-saving drug naloxone.
- Naloxone kits are distributed for free across Ontario. [Find the location nearest you.](#)
- Over the next three years, Ontario is investing more than \$222 million to combat the opioid crisis in Ontario, including expanding harm reduction services, hiring more front-line staff and improving access to addictions supports across the province.
- The government has also committed to invest \$20 million annually in Ontario's Chronic Pain Network.
- The province's 10-year funding agreement with the federal government will also help to support this plan.

## BACKGROUND INFORMATION

- [Taking Action to Prevent Opioid Addiction and Overdose](#)

## ADDITIONAL RESOURCES

- [Ontario Providing Support to Those Affected by the Opioid Crisis](#)
- [More Front-Line Workers for Every Community in Ontario to Combat Opioid Crisis](#)
- [Where to Get Naloxone Kits and How to Use Them](#)
- [Ontario's Strategy to Prevent Opioid Addiction and Overdose](#)
- [Patients First: Action Plan for Health Care](#)

## QUOTES

"The devastating impact of the opioid crisis has reached every community across the province and our government is committed to using every tool possible to reverse this heartbreaking trend. Through the creation of the Opioid Emergency Task Force, we will ensure that the people directly affected by this devastating public health emergency have a voice and the support they need to live with dignity"

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

"If we are to make an impact and turn the tide of this opioid crisis, we must work together in an inclusive, compassionate and collaborative way. Establishing the Opioid Emergency Task Force will allow for individuals with varied expertise to come together and contribute to the government's response and move the strategy forward in a proactive and responsive way."

— *Dr. David Williams, Chief Medical Officer of Health and Provincial Overdose Coordinator*

## CONTACTS

David Jensen

Communications and Marketing Division-MOHLTC

416-314-6197

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1-866-532-3161

[ontario.ca/health-news](http://ontario.ca/health-news)

Laura Gallant

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Ministry of Health and Long-Term Care

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



**From:** Sims, Kevin (MOHLTC) [<mailto:Kevin.Sims@ontario.ca>] **On Behalf Of** Martino, Roselle (MOHLTC)  
**Sent:** Wednesday, September 27, 2017 4:03 PM  
**To:** Ontario Medical Officers of Health  
**Subject:** Strengthening Quality and Accountability for Patients Act, 2017 Schedule 3, Health Protection and Promotion Act

Dear Colleagues,

I am writing to advise you that today, the government introduced the *Strengthening Quality and Accountability for Patients Bill, 2017 (SQAPA)*. The bill includes amendments to several statutes, including the *Health Protection and Promotion Act (HPPA)*.

The News Release can be found here: <https://news.ontario.ca/mohltc/en/2017/09/ontario-improving-transparency-in-health-care.html>.  
<https://news.ontario.ca/mohltc/fr/2017/09/lontario-ameliore-la-transparence-dans-le-domaine-de-la-sante.html>

The bill will be posted here: [http://www.ontla.on.ca/web/bills/bills\\_current.do?locale=en](http://www.ontla.on.ca/web/bills/bills_current.do?locale=en).

If passed, the specific amendments to the HPPA included in Schedule 3 of the SQAPA bill would:

- Add regulation-making authority to the HPPA to permit the regulation of recreational water facilities, like splash pads and wading pools, and personal service settings, including barber shops and nail salons, to ensure public health programs and services remain current in order to continue protecting the health of Ontarians.
- Broaden the list of immunization agents where reportable events must be reported to the local medical officer of health to include vaccines administered for immunization against any disease specified in this Act or the regulations. Also, allow the addition by regulation of health care professionals to the list of those who must report on adverse events following immunization.
- Permit the Minister to order time-limited reporting, as necessary, by health care providers and health care entities (e.g. health care professionals, laboratories) of emerging diseases (e.g. Zika) that are not reportable to local public health units. The reports would not include personal information or personal health information.
- Modernize and update language in the Health Protection and Promotion Act.

As you know, and have contributed significantly toward over the past several months, we are modernizing the work of public health in Ontario. As we do this, it is important that we ensure the Health Protection and Promotion Act and its Regulations are up to date. To this end, the ministry will be consulting on associated amendments to the regulations under the HPPA. I look forward to providing more information to you on these proposed regulatory changes in the coming weeks.

My sincere thanks to all those who have contributed to public health modernization efforts. The contributions made through these consultations are invaluable and have supported not only the amendments introduced today but all aspects of public health transformation.

Sincerely,

Roselle Martino

Assistant Deputy Minister  
Population and Public Health Division  
Ministry of Health and Long-Term Care

## **Ontario Improving Transparency in Health Care**

*Province to Introduce Legislation to Strengthen Quality and Accountability for Patients*

September 27, 2017 1:30 P.M.

Ontario is enhancing transparency, accountability and quality of care, with new legislation that would ensure that the province's health system continues putting patients and their families first.

Today, Ontario intends to introduce the Strengthening Quality and Accountability for Patients Act, 2017, which would, if passed, introduce important changes to key pieces of legislation to strengthen oversight and safeguard the quality of care in the province.

Key highlights of the bill include:

- Making it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients. Payments would include meals and hospitality, travel associated expenses, and financial grants, and the public would be able to search this information in an online database.
- Strengthening Ontario's quality and safety inspection program for long-term care homes with new enforcement tools, including financial penalties and new provincial offences for non-compliance.
- Enabling paramedics to provide appropriate, safe and effective care for patients who call 911 by transporting them to a non-hospital setting, such as a mental health facility, to better address their needs. This would allow those patients to receive more appropriate care closer to home and in the community, thereby improving ambulance service coverage and helping to address overcrowding in emergency departments.
- Permitting the regulation of recreational water facilities, like splash pads and wading pools, and personal service settings, including barber shops and nail salons, to help ensure Ontario's high public health quality standards are met.
- Requiring operators of community health facilities and medical radiation devices (such as X-ray machines, CT scanners, ultrasound machines and MRIs) to obtain a licence and enhancing the enforcement tools available to inspectors, to improve patient safety.
- Strengthening the oversight of diagnostic medical sonographers (those who use ultrasound) by introducing new legislation that would cover the entirety of the medical radiation and imaging technology profession.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its [Patients First: Action Plan for Health Care](#) and [OHIP+: Children and Youth Pharmacare](#) - protecting health care today and into the future.

## QUOTES

" Our government continues taking action to make the health care system more efficient and more transparent for patients across the province. I am proud to introduce the Strengthening Quality and Accountability for Patients Bill whose proposed changes, if passed, will help Ontario's health care system continue serving all Ontarians today and into the future. "

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

" GSK commends Minister Hoskins on both his commitment to transparency and the consultation he led in the formulation of this important policy. We look forward to reviewing the Legislation following introduction and continuing to work in collaboration with the Ontario government and our health care partners in the policy's implementation. "

- Paul Lirette

President, Canada Pharmaceuticals, GSK

" Family Councils of Ontario (FCO) supports these new enforcement tools and will continue to work with the Ministry of Health and Long-Term Care and other sector partners towards better care and safety for all residents living in long-term care homes. We applaud these improvements to the Long-Term Care Homes Act, as well as the transparency of the inspection process that FCO, families and residents have been working towards. "

- Lorraine Purdon

Executive Director, Family Councils of Ontario

## QUICK FACTS

- Ontario would be the first Canadian province or territory to legislate mandatory disclosure of private sector payments to health professionals.
- Ontario's health care budget will total \$53.8 billion in 2017-18 — a 3.8 per cent increase from the previous year.
- The bill includes 10 pieces of legislation that demonstrate how Ontario is continuing to improve quality and accountability in the health care system.

## LEARN MORE

- [Budget 2017](#)
- [Patients First: Action Plan for Health Care](#)
- [Patients First: Action Plan for Health Care Year Two Results](#)

---

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Ontario only)  
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1-866-532-3161  
**Laura Gallant** Minister's Office  
416-327-4450

## FALL 2017 MEETINGS

**NOVEMBER 3, 2017 | DOUBLETREE BY HILTON HOTEL  
108 CHESTNUT ST., DOWNTOWN TORONTO**



### **BOARDS OF HEALTH SECTION MEETING (full day; times TBA)**

Governing Through Change - A meeting for Ontario board of health members

*Board of health members and senior managers are encouraged to participate in this interactive day that will help prepare public health leaders for known and proposed changes to Ontario's local public health sector. Come and share your views on the accountability framework, Expert Panel on Public Health recommendations and governance considerations in times of transformation.*

**\$295 + HST per person; agenda details to come**



**Click this button to register for the BOH meeting**

### **COMOH SECTION MEETING (full-day; times TBA)**

A meeting for Medical/Associate Medical Officers of Health & PHPMRs

**\$295 + HST per person; agenda details to come**



**Click this button to register for the COMOH meeting**

# Health System Integration

## Intégration du système de santé



After a couple of months away, we are back! We are pleased to share this update on the work supported by the *Patients First Act, 2016*, as we work together toward transforming the health care system. You can count on regular emails like this as your source of ongoing information and updates, which can also be shared with staff members, local and other stakeholders, and colleagues.



### Minister's Patient and Family Advisory Council

As part of the province's commitment to expanding patient engagement under the *Patients First: Action Plan for Health Care*, Ontario has selected Ms. Julie Drury as chair of the [Minister's Patient and Family Advisory Council \(PFAC\)](#). In this new role, Ms. Drury will provide strategic advice on the refinement and implementation of a provincial approach to patient engagement within the ministry and across the province. Ms. Drury's leadership will contribute to ongoing health system transformation by ensuring that the perspectives of patients, families, and caregivers are at the centre of health care policy decision making.

Patient engagement is a key component of building a more patient-centred health care system. The Minister's PFAC will be composed of 15 patients and caregivers, who will share their experience and perspective, and will provide the ministry with valuable insight which it can incorporate into the policy development process. By involving patients in policy development and the design of care delivery, the ministry will do a better job of identifying, implementing and scaling up initiatives that matter to the people the health system serves.

The ministry has consulted with patients, caregivers, and health system thought leaders on ways to improve health system transparency and is committed to providing opportunities for patient and family engagement in addition to the Minister's PFAC. Working with experts, the ministry has also been supporting the LHINs with tools and resources in advancing their patient engagement activities. LHINs are mandated to have patient and family advisory committees in place by October 31st.

Ms. Drury will work with a broad network of patient and family advisors across the province to identify and address issues affecting the experience of patients, families and caregivers. Ms. Drury will work in close collaboration with the LHINs' patient and family advisory committees, as well as with patient advisory bodies at the organizational, local and provincial levels.

Information about Ms. Drury and the PFAC, as well as the ministry's patient engagement efforts, can be found here: [www.Ontario.ca/patientengagement](http://www.Ontario.ca/patientengagement). This webpage also allows individuals to sign up to receive future targeted communications about patient engagement opportunities, thereby creating a large pool of engaged Ontarians, acting as virtual patient advisors.

**"I am excited and humbled to be taking on this leadership role on behalf of patients and families across Ontario"**

Ms. Julie Drury, Chair, Minister's PFAC

**Stay in Touch**

We value your feedback and want to provide you with the information you need. If you have questions or comments or would like to join our email list, please send an email to [patientsfirst@ontario.ca](mailto:patientsfirst@ontario.ca). You can find this update archived [here](#) and some Frequently Asked Questions [here](#).



Ministry Of Health and Long-Term Care | 900 Bay Street, Toronto, M7A1R3 Canada

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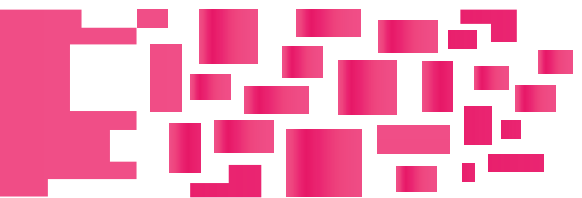
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**APPROVAL OF CONSENT AGENDA**

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

# Strategic Priorities: Narrative Report



Performance  
Monitoring Plan

2013  
2017

October 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.

## Raising Awareness and Inspiring Health Equity Action Through Bridges Out of Poverty Training

Bridges out of Poverty is a training initiative that increases awareness about the causes and realities of poverty and poor health. It also serves to inspire compassion for individuals living in poverty and action to reduce poverty and increase health equity.

In November 2016, two staff members from the Health Unit were trained to become Bridges out of Poverty facilitators. To further support the program in the community, three individuals from the Canadian Mental Health Association, le Centre de Santé Communautaire du Grand Sudbury, and Our Children, Our Future were also trained. Since March 2017, eight workshops have been delivered in our community to 129 individuals from 24 community agencies and the general public. The Sudbury & District Board of Health members also participated in a workshop.

Bridges out of Poverty is one of three linked programs being introduced in our community over the next two years with support from a 2016 Local Poverty Reduction Fund grant focusing on increasing economic security among individuals and families with low income. The grant was awarded to the SDHU in partnership with seven other community partners. Since its inception, the collaboration has grown to 12 partner agencies.

---



### 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

## Strengthening Relationships with Indigenous Communities

Health inequities amongst Indigenous peoples have been well documented. Poorer health status can be attributed to a number of social determinants of health, as well as Indigenous determinants of health related to historical trauma, the legacy of residential schools, jurisdictional issues and systemic discrimination, inadequately funded health services, and other factors.

In recognizing these inequities, the Sudbury and District Board of Health committed to the development of a comprehensive strategy to engage with Indigenous peoples and communities. The aim is to work with Indigenous partners to collaboratively strengthen public health programs and services.

To date, the SDHU has convened an internal Indigenous Engagement Steering Committee, conducted key informant interviews with management, visited First Nations communities, and recruited for an external Indigenous engagement advisory committee to share community perspectives and provide advice on the strategy's development.

From this work, a draft strategy is being developed and will be discussed with the Sudbury & District Board of Health. This exciting work is one avenue for cultivating strengthened relationships with Indigenous partners and communities, and working collaboratively to facilitate improved health for all.

---

### 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 Knowledge to Advance Evidence-informed Public Health Practice

The Sudbury & District Health Unit (SDHU) had an opportunity to share knowledge and expertise with future public health leaders through the delivery of our Public Health Prevention Series (PHPS) and other presentations to Northern Ontario School of Medicine (NOSM) Public Health and Preventive Medicine residents.

The PHPS is a certified Continuing Education and Professional Development series aimed at improving knowledge, application, and integration of evidence-informed public health into primary care practice. Developed in 2014, the PHPS includes interactive, one-hour presentations on topics of public health importance, namely, infant feeding, childhood immunizations, vaccine management, health equity, childhood obesity, and sexually transmitted infections. All eight PHPS presentations were delivered to NOSM residents throughout the 2015–16 and 2016–17 academic years. One additional presentation on health hazards and emergency response was provided in June 2017, where the Health Unit’s Environmental Health Division presented on topics such as the Ontario Heat Warning Information System, housing investigations involving marginalized populations, blue-green algae, air quality, and the Foleyet train investigation.

Many Public Health and Preventive Medicine residents and local clinicians had the opportunity to participate in these educational opportunities, and the Health Unit continues to collaborate with NOSM to support continued professional development for future and current health care practitioners.



### 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

## Putting the Public in Public Health Planning

The Sudbury & District Health Unit started the development of the next Strategic Plan in the fall of 2016. To inform the plan development, feedback was sought from many people including those from 18 municipalities in the SDHU area, Board of Health members, the general public, community partners, and staff. These individuals were engaged in the process in various ways, such as being asked to complete surveys and participate in consultations.

Nearly 300 individuals participated in strategic plan engagement activities. Community partners from a variety of sectors including government agencies, primary care, home and community care, education, police services, social services, not for profit organizations, grassroots community organizations, and Indigenous communities provided feedback.

Both the general public and community partners identified a need for programs and services that promote equitable opportunities for health, including mental health – for example, access to safe housing, primary care, healthy foods, income, education, employment, and social networks – as top priorities for public health. The input from the engagement activities is not only informing the development of the SDHU Strategic Plan, but relevant feedback will also be used to tailor programs and services to reflect community voices and needs.

---

### 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



## Leading the Way to Organizational Excellence

Effective leadership is a fundamental component to the success of any organization. Leaders support and grow staff to help them achieve their professional goals and the goals of the organization. Leadership core competencies define the key behaviours, skills, attitudes, and aptitudes that are integral to effective leadership and result in directing, counselling, supporting, and enabling staff and the organization to achieve excellence at every level, with each individual.

In 2015 the Health Unit's management team embarked on a journey to develop and define leadership core competencies and related behaviours. Through a consultative and interactive process with the management team, five leadership core competency areas emerged as integral to the organization. These include the following: demonstrates leadership accountability; leads through self; leads through others; provides an environment where the organization, teams, and individuals thrive; and fosters innovation.

The leadership core competencies are being integrated into organizational processes such as leadership training and development, role descriptions, and succession planning. The use of the leadership core competencies within the organization will facilitate the development of collective leadership strength and ensure that the SDHU fosters organization-wide excellence in leadership and innovation.

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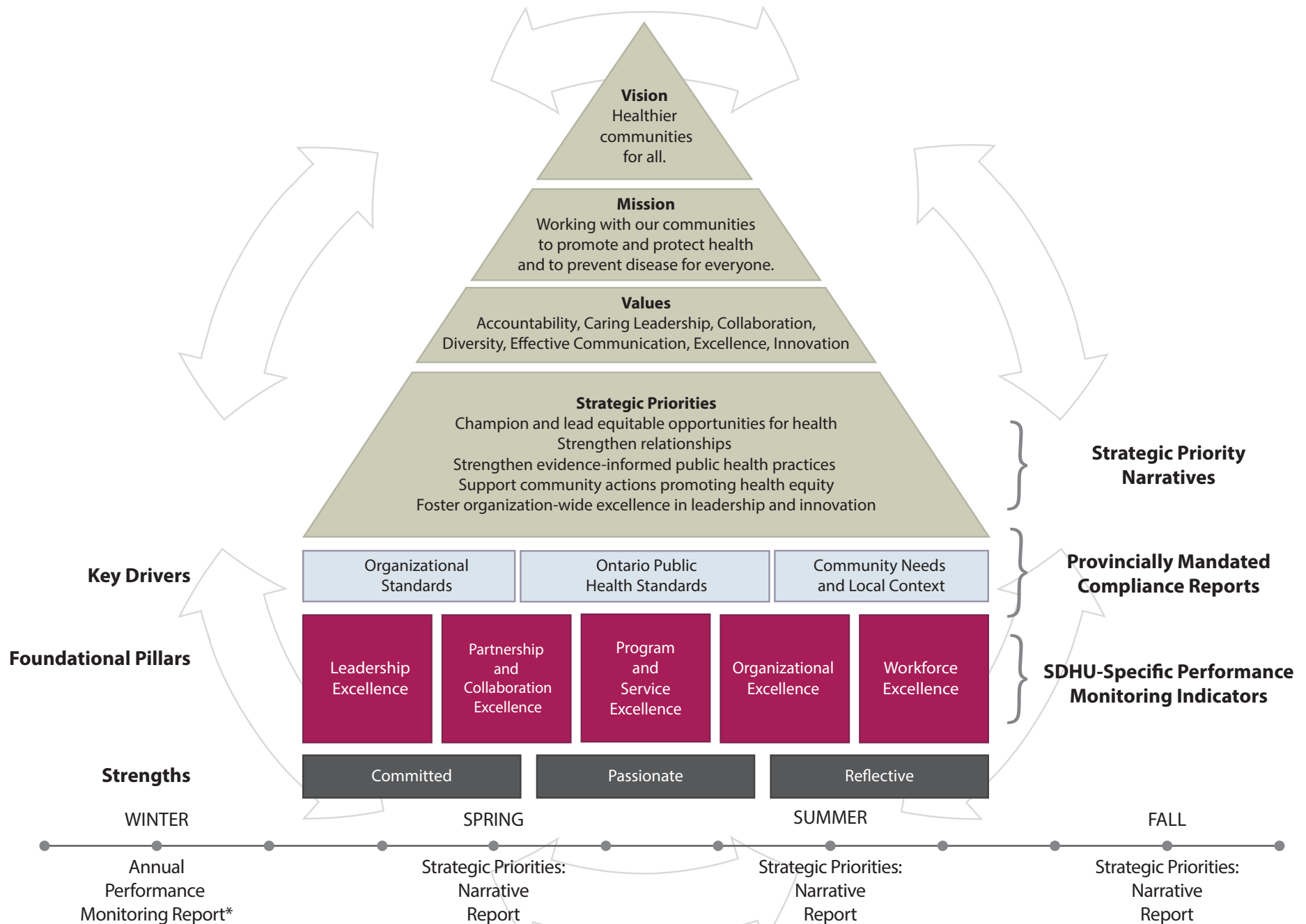


### Strategic Priority: Foster organization-wide excellence in leadership and innovation

- 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

## **BOARD OF HEALTH MEETING**

### **MOTION:**

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

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

**THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the regular Board of Health meeting scheduled for 1:30 p.m. Thursday, January 18, 2018, be moved to 10:00 a.m. on Thursday, January 18, 2018.**



Sudbury & District

## Health Unit

Service de  
santé publique

*Make it a  
Healthy  
Day!*

*Vissez Santé  
dès  
aujourd'hui!*

### Sudbury

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☎ : 705.522.5182

### Rainbow Centre

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

### Chapleau

101 rue Pine Street E  
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Chapleau ON P0M 1K0  
☎ : 705.860.9200  
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### Espanola

800 rue Centre Street  
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Espanola ON P5E 1J3  
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☎ : 705.869.5583

### Île Manitoulin Island

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October 12, 2017

Via email: [PHTransformation@ontario.ca](mailto:PHTransformation@ontario.ca)

Ms. Roselle Martino  
Assistant Deputy Minister  
Population and Public Health Division  
Ministry of Health and Long-Term Care  
10th Floor, 80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Ms Martino:

On behalf of the Sudbury & District Board of Health, I would like to thank you for the opportunity to comment on the Report of the Minister's Expert Panel on Public Health. In its review, the Board considered the analyses of the Association of Local Public Health Agencies (alPHA), dialogue at the Ministry's Expert Panel information sessions and the deliberations of the Association of Municipalities of Ontario (AMO), among other discussions.

We applaud the Minister for his attention to this important sector of the health system in the context of health system transformation, and we recognize the Expert Panel members for their hard work in carrying out the Minister's mandate.

We would like to note that many of the principles and criteria that guided the work of the Expert Panel resonated with us, including in particular, the importance of maintaining a strong independent voice for public health, continuing to build meaningful relationships with municipalities and other community partners, the importance of accountability and transparency, and the need to ensure appropriate and equitable public health capacity across Ontario.

The perspectives of the Sudbury & District Board of Health are informed by our being an autonomous governance body for local public health in northern Ontario. Our region is characterized by its diversity of urban, rural and remote communities, our rich cultures of Indigenous and Francophone heritage and our largely resource-based economies. Board members are passionate about local health. They have in-depth knowledge of our area and members' perspectives guide the work of our health unit, ensuring we are accountable to all our communities and municipalities.

The Sudbury & District Board of Health recognizes the need for strengthening the Ontario public health system and we applaud the recent government initiatives to modernize the Ontario Public Health Standards, strengthen accountability structures and processes, and ensure effective linkages with health system planning through engagement with LHINs. However, we are deeply concerned that the Expert Panel’s proposed changes will severely weaken key pillars of our system, widely recognized as the strongest in the country. These key pillars include our governance, funding and operational connections with local municipalities, our focus on upstream determinants of health versus downstream planning and provision of health care, the combined specialized/administrative leadership of the medical officer of health/CEO and our ability to be nimble and responsive to local needs. Very practically, we are deeply concerned about the magnitude of the change recommended and the significant and long-lasting system disruption, opportunity costs and service gaps that would be expected with implementation.

Following careful consideration and engaged dialogue on the Expert Panel recommendations, the Board generated the following key questions and comments for your consideration:

Questions/Clarification Sought:

1. We are unclear on the rationale or why a change of such magnitude is being proposed especially when we understand that other government initiatives are underway to address equity, accountability and engagement with LHINs (standards modernization, accountability framework, Public Health/LHIN work stream).
2. We are unclear on why the default model is not a single leadership MOH/CEO model as the recommendation is counter to best-practices and creates another layer incurring additional costs.
3. Would the MOH report to the CEO or still report to the board?
4. Why is it assumed that provincial appointees would be more accountable to government?
5. We are mapping to the LHINs (geography and structure) but do we know if the LHIN model is/has been successful in achieving the LHIN goals of improving access to care and patient experience? What evidence supports that this same model will be effective in maintaining a strong and independent public health system before we mirror it?
6. Why is the focus on linkages between public health and the health sector when our most upstream work is done in partnership with other sectors to impact on the determinants of health?
7. What provisions will be made to ensure the local voice at the regional level, such as the establishment of local advisory panels created that can prioritize local/individual needs and requests to then funnel them up to the regional board of health for consideration?

Potential Benefits:

1. The recommended model may allow for the sharing of expertise and therefore improve capacity for certain health units, however, there are other less disruptive changes that could achieve this such as regional hubs of specific expertise.
2. May allow for some explicit skills-based board selection, however, this is currently possible through the provincial appointment process.

Potential Concerns:

1. There is an apparent lack of empirical evidence base upon which the recommendations are founded.
2. We anticipate significant financial costs associated with the recommendations and are very concerned who would pay for this and would want to ensure that no service reductions would result.
3. We anticipate significant service disruption for public health associated with implementing the recommendations.
4. With the dissolution of five boards of health (in the north east) and creation of one regional board of health, we are very concerned about the loss of local voice in governing and directing public health programs and services to understand and meet the needs of our communities.
5. The report’s recommendations seem to create another layer in the system and we have concerns about inefficiencies.
6. There is an apparent contradiction in the direction the Expert Panel recommends public health goes (i.e. regional), while at the same time the LHINs are recognizing the need to be more local (i.e. establishment of sub-LHINs)
7. There is no recognition of unique characteristics of Ontario with respect to north and south – there may be structures and leadership models that would work better in the north and we advocate for more flexibility to address such characteristics.
8. There are so many assumptions we would have to make as there are few details in the report, making it very difficult to comment on many aspects of the report.

Essential Messages for Maintaining an Effective Public Health System:

1. The importance of linkages with local communities for programming, understanding needs and leveraging these partnerships must be recognized.
2. The need to continue to be able to work upstream on the social determinants of health at least must be preserved and should be enhanced.
3. The need for robust local representation on boards of health – planning and control for local flexibility (versus region-based planning) must be recognized.
4. Medical Officer of Health must report to the board and the default should be the combined MOH/CEO role.
5. It must be ensured that our capacity to respond to local public health needs remains at least at the current level.
6. The outcomes must be evaluated if this model if it is implemented.
7. It must be ensured that any associated additional costs with implementation (one time and ongoing) are not taken from current operating budget.
8. Public health needs to remain separate from LHINs to preserve the function and capacity of public health - the proposed model leaves us susceptible to erosion; the current model ensures that LHINs and public health are collaborative partners working to enhance health for all.

In closing, the Board wishes to thank you for the opportunity to comment on the Expert Panel Report. We see the current dialogue as an opportunity to continue to strengthen our public health system. From our local public health perspective in northern Ontario, we reiterate our support for the key pillars of: strong governance and operational connections with local municipalities; focus

on upstream determinants of health versus downstream health care; the combined specialized/administrative leadership of the medical office of health/CEO; and our ability to be nimble and responsive to local needs.

We are committed to creating opportunities for health for all in our communities and to that end, we are also committed to being constructive partners with government to continue to improve our local and provincial public health system. Thank you and we very much look forward to further conversations with you on this important initiative.

Sincerely,

René Lapierre, Chairperson  
Sudbury & District Board of Health

On behalf of Board of Health members:

René Lapierre, Chair, City of Greater Sudbury Appointee  
Jeffery Paul Huska, Vice-Chair, City of Greater Sudbury Appointee  
Maigan Bailey, City of Greater Sudbury Appointee  
Janet Bradley, Lieutenant Governor in Council Appointee  
James Crispo, Lieutenant Governor in Council Appointee  
Robert Kirwan, City of Greater Sudbury Appointee  
Stewart Meikleham, Appointee by the Council of the Town of Espanola, the Municipal Councils of the townships of Baldwin and Sables-Spanish Rivers and the Municipal Council of The Corporation of the Township of Nairn and Hyman  
Paul Vincent Myre, City of Greater Sudbury Appointee  
Ken Noland, Appointed by the Municipal Council of the Town of Gore Bay, the Municipal Councils of The Corporation of the Town of Northeastern Manitoulin and the Islands and The Corporation of the townships of Assiginack, Barrie Island, Billings, Burpee and Mills, Central Manitoulin, Cockburn Island, Gordon and Tehkummah  
Rita Pilon, Municipal Council of the Township of Chapleau Appointee  
Mark Signoretti, City of Greater Sudbury Appointee  
Nicole Sykes, Lieutenant Governor in Council Appointee  
Carolyn Thain, City of Greater Sudbury Appointee

cc: Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Pat Vanini, Executive Director, Association of Municipalities of Ontario  
Alison Stanley, Executive Director, Federation of Northern Ontario Municipalities  
Mayors, Sudbury & District Health Unit Constituent Municipalities  
Ontario Boards of Health

alPHA's members are  
the public health units  
in Ontario.

**alPHA Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Society of  
Nutrition Professionals  
in Public Health

October 12 2017

Hon. Eric Hoskins  
Minister of Health and Long-Term Care  
10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 2C4

Dear Minister Hoskins,

**Re: Council of Ontario Medical Officers of Health (COMOH) Response to the Provincial Consultations on the Report of the Minister's Expert Panel on Public Health (Expert Panel)**

---

On behalf of the medical leadership of Ontario's local public health system, I am pleased to share COMOH's response to the provincial consultations on the Expert Panel Report, which is the product of our careful collective review and extensive discussion of its content and recommendations. We commend you for establishing the Expert Panel and commend the Panel members for their work to achieve their mandate.

As you are aware, COMOH is comprised of medical officers of health and associates in whose hands Ontarians place their trust to protect and promote health every day. This is a responsibility we take seriously and to which we have dedicated our professional lives. It is our privilege, with our respective staffs and boards of health, to lead and work within what is recognized by peers as the best public health system in the country. COMOH's 69 members, over half of whom have a decade of experience or more working in local public health in Ontario, are committed to providing you with our best advice on how to continue to improve Ontario's public health system to meet the health promotion and protection needs of Ontarians now and in the future.

COMOH welcomes the review of the public health system that you have embarked upon and we embrace the vigorous debate and reflection that your Patients First initiatives have stimulated. We have been very supportive and highly engaged in a number of Patients First health transformation-related initiatives to date, including the modernization of the Ontario Public Health Standards, the Public Health/LHIN Work Stream, our ongoing work with LHINs and sub-LHINs, and the Accountability Framework review. These initiatives actually meet much of the mandate of the Expert Panel in that they enhance the public health system's capacity, accountability, quality and transparency, including our capacity to contribute to a transformed health system focussing on patient and population health.

Based on our many years of collective experience, COMOH is of the opinion that implementing the Expert Panel recommendations would result in unprecedented change to Ontario's public health system. It is therefore critical to ensure that disruption of such a scale has a reasonable chance of achieving its aims and is worth the anticipated system disruption and potential unintended adverse consequences. To use a medical analogy, we are not convinced that the Expert Panel focused on the correct diagnosis or that the recommended treatment is better than the disease. There will certainly be significant side effects.

While overall we are supportive of health system transformation that envisions a stronger partnership with public health, we cannot support changes that could negatively impact the ability of the public health system to protect and promote the health of Ontarians. As the Expert Panel recommendations are considered for potential implementation, we believe that the following four principles are essential tenets to help mitigate potential risks to the effectiveness of Ontario's public health system.

**1. Public health governance must remain local, ensuring accountability to municipalities, the province, and the local population as a whole.**

- Health happens locally. A unique feature and key strength of Ontario's public health system is its ties to the municipal sector (e.g. legislation, governance, funding, and infrastructure) where it has longstanding relationships and a direct influence on opportunities for health where people live, work and play. This is an often-cited strength and the envy of local Canadian public health practitioners in other jurisdictions.
- Consideration must be given to the complexity and diversity of Ontario such that governance approaches ensure accountability to both municipal and provincial governments but remain flexible (versus one-size) to adapt to local circumstances and the population as a whole.
- Public health must continue to be aligned with municipal boundaries including regional and those in the upper tier.
- Strong local representation on boards of health must be maintained at the level of the proposed local public health service delivery area versus centralized at the regional level.
- The province should leverage its current provincial appointment powers to ensure identified skill and competency gaps are filled.

**2. Public health functions must be protected within transformed health systems.**

- System transformation that privileges health care sector linkages must not come at the expense of public health action on non-health system levers for health.
- Public health core functions must be protected and enhanced to meet growing needs.
- Most opportunities for health and health equity are not related to a lack of or inequity in access to health care services, but to the impact of inequalities in other sectors such as education, housing, income or occupation; the public health capacity to work with this complex array of factors must be protected and enhanced.

**3. Decisions must be rational and transparent.**

- System reform must be based on a clear articulation of the rationale, careful analysis of the evidence and an assessment of options and their related risks and mitigation strategies.
- There must be transparency and engaged dialogue with stakeholders, including COMOH, about the research and experiential evidence used to inform decision making, and about the critical factors for successful implementation.
- COMOH recognizes that public health system capacity and equity are ongoing challenges and we have supported more precision-oriented reforms that address specific circumstances (e.g. amalgamations of boards as recommended by the Capacity Review Committee, creation of regional hubs of specialised expertise, shared administrative supports, etc.).



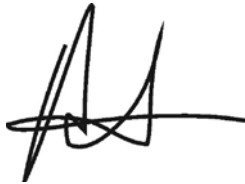
**4. The authority of the medical officer of health position must align with the responsibilities of the position.**

- The best-practice model of single leadership as opposed to joint leadership must be implemented (i.e. combined MOH/CEO), with flexibility for joint leadership only under limited prescribed circumstances, ensuring there is alignment of responsibility with authority and accountability.
- The MOH position must report directly to the board of health and continue to be protected by legislation.

COMOH is committed to contributing to a public health system that meets the health promotion and protection needs of Ontarians now and in the future. We are very supportive of system transformation that enhances our capacity and our linkages with the health system, but this cannot occur at the expense of our ability to meet the public health needs of Ontarians.

We appreciate the opportunity to continue to have input into the thinking that is being done by you and your officials regarding difficult choices for the way forward. We are eager to engage in further discussion on these important points as well as the more detailed feedback on specific sections of the Expert Panel Report that we have assembled in the attached document.

Sincerely,



Dr. Penny Sutcliffe  
Chair, Council of Ontario Medical Officers of Health

**Encl.**

**COPY:** Dr. Bob Bell, Deputy Minister, Health and Long-Term Care  
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Branch  
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care, Policy and Transformation  
Dr. David Williams, Chief Medical Officer of Health  
Dr. Peter Donnelly, President and CEO, Public Health Ontario  
Pat Vanini, Executive Director, AMO  
Ulli S. Watkiss, City Clerk, City of Toronto  
Giuliana Carbone, Deputy City Manager, City of Toronto  
Chairs, Ontario Boards of Health

## **ATTACHMENT to COMOH Expert Panel Response letter October 12, 2017**

### **Council of Ontario Medical Officers of Health (COMOH) Response to the Provincial Consultations on the Report of the Minister's Expert Panel on Public Health (Expert Panel)**

The following comments are aligned with the sections of the Expert Panel Report. They support the following four critical themes for government's consideration:

1. Public health governance must remain local, ensuring community and provincial accountability.
2. Public health functions must not be consumed by transforming health systems.
3. Decisions must be rational and transparent.
4. The authority of the medical officer of health position must align with the responsibilities of the position.

#### **OVERALL:**

We agree that capacity and equity in public health units need to be improved and we are on record in support of system changes to promote these ends. We also agree that public health expertise can and should be leveraged where appropriate to assist in broader health system planning in an integrated health system. As presented however, we have major concerns that an overemphasis on health system integration has led to a recommendation that would amount to a major systemic disruption, without a clear rationale or explanation of how these changes would actually improve public health capacity or support public health in achieving its goal of health promotion and protection for Ontarians.

With the understanding that the Ministry has not made any decisions on implementation, we hope that the following comments and our above four critical messages will be carefully considered. They are presented under headings that mirror the sections of the Expert Panel Report.

#### **I - EXPERT PANEL MANDATE**

The mandate of the Expert Panel was to recommend an optimal structure and governance for public health in Ontario to serve the goals of improved accountability, transparency, quality, capacity and equity within the sector as well as support integration with the broader health system in order to bring the population health perspective to health system planning.

The stated principles guiding the panel's work included:

- ensuring the preservation of the core functions and strong and independent voice of public health;
- the maintenance of relationships with non-health sector partners, and
- the reflection of local needs and priorities in the organization and distribution of public health resources.

COMOH is supportive of the stated principles. However, we would caution that they do not present a clear articulation of the problem that the proposed recommendations are intended to address. We in fact see very little connection between the public health-focused elements of the mandate and stated principles and the report's recommendations.

Public health's closest partnerships that drive the effectiveness of our work are with municipalities, school boards, community service organizations and workplaces and not with LHINs, hospitals, doctors'

offices or clinics. In our view, the recommended changes threaten these relationships and degrade our ability to improve health at the community level with our health protection and promotion approaches.

## **II THE OPPORTUNITY**

Section II of the Expert Panel Report (“The Opportunity”) further reinforces this concern.

While it correctly outlines the divergent approaches of public health and health care (upstream community-wide interventions vs. diagnosis and treatment), it repeats at the outset the notion that their operation as distinct systems is a problem. We have always argued that this distinction is in fact one of the great strengths of the Ontario system. Separate public health capacity and resources are ring-fenced from being co-opted by the demands of the acute care sector. Instead, public health units are able to bring these to bear in protecting, promoting, and optimizing the health of communities, which actually has the indirect effect of reducing demand within the acute care sector by preventing and forestalling illness.

This section goes on to focus almost exclusively on public health’s role in bringing its population health approach into the health care system, suggesting that integration is the only way to achieve this.

The section also states that the strengthened relationship between public health and LHINs will strengthen relationships outside the health system, sharpen the focus on determinants of health and health equity and foster greater recognition of the value of public health without a clear explanation of how it will achieve any of these.

In our view, the description of the opportunity could just as easily be characterized as a threat without a clear enumeration and articulation of the issues that the proposed solution is intended to address, a clear rationale for the proposed solution as the preferred option (and why other options were not presented), and far more detail about how it is expected to strengthen the capacity and partnerships required for public health to carry out its core mandate.

We agree that targeted changes may be required to address long-standing capacity issues within the public health sector. We also agree that the acute care system needs to incorporate population health approaches in planning. Neither of these goals, nor anything in the Expert Panel report, suggest that these would be accomplished by the recommended radical restructuring of the public health sector.

We fear that such a fundamental reorganization will disrupt the public health sector’s ability to do its work during the complex transition and would weaken its effectiveness in the long term.

## **III A STRONG PUBLIC HEALTH SECTOR IN AN INTEGRATED SYSTEM**

The Expert Panel provides a sound outline of the strengths and challenges inherent in the current geographical, demographic and capacity disparities of Ontario’s 36 public health units, and describes desired outcomes and criteria for a new organizational structure for public health that would maintain its strength and independence, increase influence on health system planning, enhance local presence and municipal relationships, achieve critical mass and surge capacity etc. The structure would have fewer health units with a consistent governance model and better connections to the health system.

Overall, we are pleased that public health remains a separate and distinct organizational entity. However, the proposed structure and boundaries appear to be more strongly aimed at aligning PHUs with the LHINs.

## **1. THE OPTIMAL ORGANIZATIONAL STRUCTURE FOR PUBLIC HEALTH**

Our major concern here is the magnitude of the proposed changes to the public health system in the absence of a clear enumeration / definition of the problem(s) it is intended to solve, an analysis of unintended consequences or a detailed presentation of evidence that the presented option is likely to achieve the stated outcomes.

We certainly agree that amalgamating some health units may be the answer to capacity issues in some areas of the province, but even on a small scale, this is an incredibly complex, disruptive and expensive undertaking (considerations include opportunity costs, wage harmonization, collective agreements, allocation of human resources, etc.). The EP proposal is on such a grand scale that the complexity, disruption and expense will be significantly magnified, and this must be carefully measured against the likely benefits, both to PHU-LHIN partnerships and health protection and promotion at the local level. Further, issues of capacity are not the same across the province and implementing the recommended change everywhere would be expected to actually reduce the capacity of some health units.

We also agree that centralization of certain administrative and specialized public health functions at the regional level may also be an answer to capacity issues, but this could be achieved in many alternative fashions. For example, a “regional hub” system could be established without organizational amalgamations or changes to the governance structure. Other solutions include shared service agreements between health units and the maintaining the existing administrative functions that PHUs that are / are part of large municipalities or regional governments already enjoy.

We worry that the proposed structure will in fact result in a weakening of the municipal voice in public health in that there will be far fewer municipal representatives distributed across far fewer boards of health that are expected to be about the same size as they are now. This means that many municipalities (including rural and remote areas) will not have a direct voice at all, funding and governance accountability will be diluted and the foundation of local governance, autonomy and responsiveness upon which public health is built will be weakened.

## **2. OPTIMAL GEOGRAPHIC BOUNDARIES**

The introductory statement for the “optimal geographic boundaries” section says that “Ontario’s existing 36 public health units are organized based mainly on municipal boundaries. The current configuration of health unit areas makes it difficult to operate as a unified system with LHINs and other health system partners following LHIN boundaries”.

This assumes two things:

1. That it is imperative that PHUs and LHINs / health system partners operate as a unified system
2. That effective linkages between PHUs and LHINs are not possible unless PHUs conform with LHIN boundaries.

These two assumptions are not supported by evidence and no explanation is provided as to why these assumptions formed the basis for discussion.

The assumptions also demonstrate a significant inconsistency, in that while the EP reiterates the importance of the PH / municipal relationship, both the new organizational structure and proposed boundaries will almost certainly weaken it in favour of stronger ties with the LHINs. In addition, little is

said about the importance of essential public health relationships with sectors such as education, social services, community groups and other local stakeholders.

It is worth reiterating that LHIN boundaries were based on referral patterns within hospital catchment areas. This basis has no relationship with the structures and functions of public health.

COMOH would prefer to see these assumptions tested. We are aware of many of instances in which PHUs work closely with LHINs on various initiatives and we support the evaluation of these interactions in addition to the implementation of the recommendations from the PH-LHIN Work Stream prior to any decisions about restructuring of public health.

### **3. OPTIMAL LEADERSHIP STRUCTURE**

COMOH has significant concerns about the EP recommendation to separate the MOH from the CEO roles. The Panel recognizes the best practice model of single leadership as opposed to joint leadership, however, recommends a separation. Our main concern is that the MOH position must have both the responsibility and the authority to carry out the role. There may be circumstances (that should be defined) wherein the board may require a separation in roles and this flexibility should be accommodated where circumstances require it. The MOH must also report directly to the board of health and continue to be protected by legislation.

Without more details about what is being proposed here and why, we cannot support this model nor can we accept a categorical prohibition of the combination of the two roles. It is not at all unreasonable to foresee that this will result in the marginalization of the MOH at the regional level, an even greater marginalization of the MOH at the local level, and an erosion of their authority to carry out their duties.

We see this part of the Expert Panel's proposal as among the most problematic and contradictory and we do not believe that it meets its own criteria (best practices in leadership structures, reinforce and capitalize on strong public health and clinical skills, capture the roles and functions of current leaders, operate efficiently and effectively).

Finally, we see very little to distinguish the proposed "Local Public Health Service Delivery Areas" and our existing public health units. One could see the proposed Regional Public Health Entities as an additional layer of bureaucracy whose authority, planning functions, analysis, decision-making and authority will be removed from the local context and whose higher-level strategic engagement functions (LHINs, Health System, Government etc.) will dilute their effectiveness in meeting population health needs of the local communities that public health must serve.

### **4. OPTIMAL APPROACH TO GOVERNANCE**

COMOH understands and accepts that improvements to the governance structures of public health should be one of the key outcomes of a renewed public health system. We agree with the Expert Panel's assessment of the ongoing challenges faced by local boards (recruitment, continuity, competencies, sole focus on population health improvements, etc.).

The composition of boards of health and the qualifications of their members is something in which we have taken significant interest and we support measures that would ensure boards with stronger governance, autonomy and an exclusive focus on public health.

Our parent organization, the Association of Local Public Health Agencies, will be providing additional comments on best governance practices and the composition and qualifications of boards of health, but we would reiterate that we see potential problems with such a drastic reduction in the number of boards of health as touched upon in the “Optimal Organizational Structure for Public Health” section above (reduction of municipal interest and political clout, decreased community engagement, dilution of ability to affect health outcomes at the local level, undermining of productive relationships with municipal leaders etc.). Further it is understood that where there are specific governance issues, the current Ministerial authority under the HPPA provide the mechanisms to address these.

We are also very concerned about the suggestion that the key positions on the proposed regional boards (Chair, Vice-Chair, Chairs of Finance & Audit Committees) should be limited to Provincial OIC appointments to ensure accountability to the provincial government. Not only does this have the potential to further marginalize the local governance voice, but we also worry about the implications of adding this explicit accountability requirement to the board’s intended autonomy.

### **CONCLUSION:**

The Expert Panel report concludes with a section entitled “Implementation Considerations”. This was not within the scope of the Panel’s recommendations, but in recognizing the magnitude of change inherent in its proposal, it quite rightly saw fit to enumerate the legislative, capacity and resource, and change management considerations.

We would argue that a full analysis of these considerations, along with those that we have outlined above, will be a prerequisite to any decision to implement the Expert Panel’s recommendations, in whole or in part.

In closing, we would note that we have been assured on many occasions that no decisions have been made. As we understand this to be the case, we request that government engage in a full, frank and productive dialogue with the medical leadership of Ontario’s public health system as the next steps are contemplated. We are committed to providing our best advice to continue to improve the system

October 12, 2017

## **AMO Opposes Proposed Changes to Public Health System**

The government is considering far reaching changes to the public health system based on recommendations made by the Expert Panel on Public Health in their report – [Public Health within an Integrated Health System](#), which was released on July 20, 2017.

After careful consideration by AMO's Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and [urges](#) the government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. Further information on AMO's analysis position is found in the attached [briefing note](#).

AMO is encouraging municipal leaders and councils to review the report and voice their opposition to Minister Dr. Eric Hoskins, Minister of Health and Long-Term Care, and local MPP's.

**AMO Contact:** Monika Turner, Director of Policy, [mturner@amo.on.ca](mailto:mturner@amo.on.ca), (416) 971-9856 ext. 318.

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Sent via e-mail: [Eric.Hoskins@Ontario.ca](mailto:Eric.Hoskins@Ontario.ca)

October 12, 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:

After careful consideration by our Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges you and the provincial government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. There was no clear demonstration of any benefits of such a change in the public health system.

Our many concerns on the Expert Panel recommendations include:

- Public health will lose its local and community focus. It is currently integrated within its communities with multiple local linkages with both public and private bodies and organizations.
- A large number of the current public health units are fully integrated within a municipal system that enables coordinated planning, policy and program work with and between municipal services such as land use planning, transit, parks, housing and social services. The health unit staff are also municipal employees.
- For the autonomous public health units, there are also strong and vibrant local linkages with their municipal governments and services that would be severed or at least damaged by moving to a regional public health structure.
- The proposed governance model will reduce the local leadership voice in decision-making.
- Ensuring critical mass for emergencies does not need to be addressed only structurally.
- Serving the populations in rural and northern Ontario is already challenging. Experience has shown that making an entity regional does not generally help such situations.
- Amalgamations are not for the faint of heart and they do not generally produce the expected outcomes or efficiencies.



Municipal governments are your funding partners in public health – not merely stakeholders. In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs. To act upon the Expert Panel's recommendations, would create significant fiscal churn and likely municipal reduction in our cost-sharing world.

Given the grave concerns of what would be lost by implementation of these recommendations without any evidence of benefit lead us to our decision not to support them. The significant municipal interest and stake in this matter cannot be understated. We are asking for your commitment not to adopt all or any of these recommendations.

We would appreciate an opportunity to discuss this with you soon.

Sincerely,



Lynn Dollin  
AMO President

cc: The Honourable Kathleen Wynne, Premier  
The Honourable Bill Mauro, Minister of Municipal Affairs  
Dr. Robert Bell, Deputy Minister, Health and Long-Term Care  
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care  
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care

**To:** AMO Membership  
**Date:** October 12, 2017  
**Subject:** AMO's Response to the Expert Panel on Public Health

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**ISSUE:** AMO does not support the recommendations of the Expert Panel on Public Health as outlined in the report, Public Health within an Integrated Health System, released on July 20, 2017. In the AMO President's correspondence, AMO demands that the government not change the public health system as recommended. The President's letter dated October 12, 2017 is included in this note in Appendix A.

## **SUMMARY OF AMO'S RESPONSE:**

AMO does not support the recommendations of the Expert Panel on Public Health. We urge the Minister of Health and Long-Term Care and the provincial government not to adopt the recommendations given there is no clear evidence to justify such changes to the public health system. Integrating public health within the health care system would completely change and dilute over time the mandate of the local public health system.

## **ANALYSIS:**

If the Expert Panel recommendations are implemented it will completely change the public health system and place it within the health care system. Neither the Expert Panel nor the Ministry have provided analysis on the implications of integrating from either a patient, program/service, or cost benefit analysis perspective. There is no solid empirical foundation provided to support the proposed change.

Many within the municipal sector are very opposed to integration of public health within the broader health care system for many reasons:

- Public Health will lose its local focus – even if there are local public health service delivery areas.
- The Public Health Units in Regional and Single-Tier municipal governments are fully integrated into the municipal system – regarding governance, as employees and linked to other parts of municipal services (i.e. planning, transit, housing, social services).
- There is a risk that integration will dilute the Public Health mandate and shift away from local population-based services toward clinical services to support the primary care system given those under resourced needs.

Creating coverage in larger geographic areas may help create critical mass, however, integration will be challenging in northern, rural and remote areas given smaller, spread out populations.

The recommendations concerning governance will weaken the local elected official voice by seeking to increase community members (LHINs, school boards) appointed to Boards of Health. The local elected official voice is important to reflect overall community need. The new model will only serve

to dilute municipal government involvement in Public Health. Being an elected official is a core competency. Elected officials bring a lens of value for money and the needs of the broader community.

It is suggested that the further that Public Health gets from the municipal core, the more the Province should be responsible for funding. Municipal governments may be less inclined to top up funding or contribute other in-kind municipal resources especially in the case of single-tier and regional governments where full integration of Public Health into the municipal system is the case. It may also be challenging to maintain close connections between local councils and Boards the larger and more regional they become. Municipal governments should have a strong role. It cannot be assumed that this will continue in a new model. This is a significant risk.

AMO's Health Task Force and the AMO Board carefully considered the matter of the Expert Panel's recommendations. AMO is opposed to the new proposed model for the reasons listed above. It is simply not clear that the benefits are worth the significant proposed disruption to the system. As well, it is also not clear the exact problem that the government is trying to address and, more broadly, what is the vision for the health care system. Until this is known and agreed to, as funding partners, it is challenging to respond to the need for change in Public Health.

In making its decision, the Board was guided by the following principles:

1. **Preserve the mandate of Public Health** – To make sure Public Health and its staff is not overwhelmed by the needs of health care services. Maintaining the distinctive role of Public Health to provide preventative and population-based health services that meet local needs, as a complimentary and equal partner to primary care's provision of clinical treatment services.
2. **Maintain the full range of current functions of Public Health** – To fulfill the mandate and desired public health outcomes ranging from disease prevention and health promotion to research and knowledge transfer. These are essential components to a well-functioning public health system.
3. **Enhance the capacity of Public Health** – To achieve better prevention and population health outcomes for local communities.
4. **Increase access to high quality health care informed by population health planning** – To guide primary care delivery that meets local needs.
5. **Achieve equity in health outcomes** – To benefit all individuals and regions of the Province in an equitable manner.
6. **Maintain local flexibility** – To ensure a One Size Doesn't Fit All model of standardization acknowledges the diversity of Ontario including areas of the Province (north-south, east-west, and rural-urban), and the diverse health need in different regions.
7. **Good public and fiscal policy** – To ensure change is driven by a clear public policy purpose and backed by evidence that any new arrangements will better suit that purpose. Change must be cost neutral for municipal governments.

8. **Facilitate greater partnerships and collaboration** – To maintain and strengthen linkages with the broader health care system but also with municipal and community services.
9. **Achieve good governance relationships** – To ensure that proper oversight models are in place that are appropriate for a public health organization, and for services, which are municipally funded.
10. **Support funding relationships** – To promote long-term sustainability with adequate resourcing and an appropriate direct relationship between Public Health and the Ministry of Health and Long-Term Care, rather than a new funding and oversight relationship with Local Health Integration Networks (LHINs).
11. **Accountable** – To establish clear accountability to both the public at the local level and to the Province.
12. **Transparent** – To build public confidence that models and structures achieve good outcomes at a reasonable cost.

## BACKGROUND:

### Public Health

Public health services, including both disease prevention and health promotion, are an essential part of Ontario's health services continuum. Municipal governments play a major role, often as the employer, and have significant responsibilities in delivering public health services. Ontarians are served by 36 local boards of health that are responsible for populations within their geographic borders. Most boards are autonomous entities while some have the local municipal council serving as the board of health. Among other requirements mandated by the Province, local boards of health are responsible for implementing the provincially mandated 2008 Ontario Public Health Standards.

Currently, public health services are cost shared as a 75% provincial and 25% municipal responsibility. In 1998, under the *Services Improvement Act*, municipalities became responsible for 100% funding of all public health units and services. This was quickly amended in 1999, when the 50/50 cost sharing arrangement between the municipal and the provincial governments was reintroduced. It stayed at this level throughout the 2000 Walkerton tragedy and the 2003 SARS outbreak.

In 2004, the provincial government launched Operational Health Protection to address long-standing public health system capacity issues that included phased-in increases to the provincial share of public health funding to 75% by 2007. Under the *Health Protection and Promotion Act*, 1990, the Province may provide grants to municipalities to assist with public health costs whereas municipal governments are legislatively responsible for public health funding. In 2006, the Capacity Review Committee's (CRC) report was released. CRC's recommendations on changes to governance and amalgamations of specific health units were not implemented by the Province.

In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs/Ontario Public Health Standards (source: 2015 FIR of conditional grants). So, municipal governments are paying above the required cost sharing amounts.

## Expert Panel on Public Health

To review and envision a new role for Public Health with the context of the *Patients First Act* and the revised standards, the government convened an Expert Advisory Panel. Gary McNamara, Mayor of Tecumseh, was appointed to the panel by the Minister, as an individual, not as a municipal representative selected by AMO.

The work of the Expert Panel is important, as it has come up with [recommendations](#) to the government intended to redefine the role of Public Health for years to come. The Minister gave the panel a mandate to look at how public health could operate within an integrated health system. The panel tabled the report to the Minister in June 2017.

The key recommendation proposes an end state for Public Health within an Integrated Health System that would have Ontario establish 14 regional public health entities—that are consistent with the LHIN boundaries.

Other Expert Panel Report recommendations include:

### Proposed Leadership Structure consisting of:

- Regional public health entity with a CEO that reports to the Board and a Regional Medical Officer of Health (MOH) who reports to the Board on matters of public health and safety.
- Under each regional entity would be a Local Public Health Service Delivery Area with a Local Medical Officer of Health (reporting to the Regional MOH), local public health programs and services.

### Proposed Board of Health Governance would be freestanding autonomous boards:

- Appointees would be municipal members (with formula defined by regulation), provincial appointees, citizen members (municipal appointees), and other representatives (e.g. education, LHIN, social sector, etc.).
- varied member numbers of 12 – 15
- diversity and inclusion – board should reflect the communities they serve
- qualifications – skills-based and experience
- Board to have the right mix of skills, competencies, and diverse populations.
- “Municipalities should also be encouraged to appoint a mix of elected officials and members of the community to ensure diversity and continuity and to reduce challenges elected officials may experience balancing their municipal responsibilities with their responsibilities for public health.”

The Expert Panel was not asked to make specific recommendations on implementation; however, they did identify elements that should be considered in developing an implementation plan. These elements include:

### Legislation

Funding – It was noted that “as part of implementation planning the Ministry will need to revisit funding constructs in order to implement the recommendations”.

Transition Planning/Change Management – with wording that says:

- “The transition from the current 36 local boards of health to a smaller number of regional boards of health will have particular implications for municipalities and municipal members. It is important that the new board structure recognizes and protects municipal interests, while recognizing the potential for competition for municipal seats.”
- “To ensure greater consistency across the province, it may be helpful to work with the Association of Municipalities of Ontario to develop the criteria for municipal representation on the new regional boards.”
- Effective linkages with LHINs and the Health System.

## Appendix A



## Office of the President

Sent via e-mail: [Eric.Hoskins@Ontario.ca](mailto:Eric.Hoskins@Ontario.ca)

October 12, 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:

After careful consideration by our Board of Directors and our Health Task Force, AMO does not support the recommendations of the Expert Panel on Public Health and urges you and the provincial government not to adopt them.

If the Expert Panel recommendations are implemented, it will completely change and dilute over time the mandate of the local public health system by integrating it with the health care system. There was no analysis provided by either the Expert Panel or the Ministry on the implications of this proposed integration from either a patient, program/service, or cost benefit analysis perspective. There was no clear demonstration of any benefits of such a change in the public health system.

Our many concerns on the Expert Panel recommendations include:

- Public health will lose its local and community focus. It is currently integrated within its communities with multiple local linkages with both public and private bodies and organizations.
- A large number of the current public health units are fully integrated within a municipal system that enables coordinated planning, policy and program work with and between municipal services such as land use planning, transit, parks, housing and social services. The health unit staff are also municipal employees.
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Municipal governments are your funding partners in public health – not merely stakeholders. In 2015, the last year data is available, municipal governments funded 38%, on average, of the public health costs for mandatory programs. To act upon the Expert Panel's recommendations, would create significant fiscal churn and likely municipal reduction in our cost-sharing world.

Given the grave concerns of what would be lost by implementation of these recommendations without any evidence of benefit lead us to our decision not to support them. The significant municipal interest and stake in this matter cannot be understated. We are asking for your commitment not to adopt all or any of these recommendations.

We would appreciate an opportunity to discuss this with you soon.

Sincerely,

A handwritten signature in cursive script, appearing to read 'L. Dollin'.

Lynn Dollin  
AMO President

cc: The Honourable Kathleen Wynne, Premier  
The Honourable Bill Mauro, Minister of Municipal Affairs  
Dr. Robert Bell, Deputy Minister, Health and Long-Term Care  
Sharon Lee Smith, Associate Deputy Minister, Health and Long-Term Care  
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care



## Health Bulletins

 E-MAIL  PRINT

### Executive Steering Committee Advises on Reducing Smoking Rates

#### Province Releases Smoke-Free Ontario Modernization Report

October 10, 2017

Ontario is releasing [Smoke-Free Ontario Modernization: Report of the Executive Steering Committee](#), which includes advice and recommendations to reduce smoking rates across the province.

The province's Smoke-Free Ontario Strategy, which aims to achieve the lowest smoking rates in Canada, has greatly reduced tobacco use and lowered health risks to non-smokers in Ontario over the past 11 years. As a result of concerted efforts, the province has decreased the smoking rate from 20.9 per cent in 2005 to 17.4 per cent in 2014.

The report, provided by the Executive Steering Committee for the Modernization of Smoke-Free Ontario, offers advice on how the province can continue to tackle smoking rates in Ontario. Dr. Eric Hoskins, Minister of Health and Long-Term Care, has commended the committee for its report and recommendations, which will help inform the development of an updated Smoke-Free Ontario Strategy.

The province is reviewing the recommendations and will continue to work with key experts and advisors to determine the most appropriate action.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its [Patients First: Action Plan for Health Care](#) and [OHIP+: Children and Youth Pharmacare](#) - protecting health care today and into the future.

"Our government is committed to supporting people in quitting smoking and addressing the changing landscape of emerging smoking products and substances. I would like to thank the Executive Steering Committee for their tireless work and for their important report. We will be closely considering the Committee's recommendations as we work together towards strengthening existing legislation and policies, to ensure that the right tools are in place to protect the health of people across the province."

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

"I am pleased that we have been able to provide the minister with this integrated, systematic series of evidence-based recommendations to appropriately address this major, enduring public health issue. We look forward to working with him to secure their implementation."

**– Dr. Andrew Pipe, Co-Chair, Executive Steering Committee and Division Head of Prevention and Rehabilitation at University of Ottawa Heart Institute**

## QUICK FACTS

- In 2017, the Ministry of Health and Long-Term Care established the Smoke-Free Ontario Executive Steering Committee (ESC) with key health and tobacco experts to inform the development of the updated Smoke-Free Ontario Strategy. The ESC submitted its report to the Minister of Health and Long-Term Care in August 2017.
- The ESC was co-chaired by Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, and Dr. Andrew Pipe, Division Head of Prevention and Rehabilitation, University of Ottawa Heart Institute. ESC Membership included representatives from various health organizations across the province.

## LEARN MORE

- [Smoke-Free Ontario Modernization: Report of the Executive Steering Committee](#)
- [Patients First: Action Plan for Health Care](#)

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### For More Information

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# SMOKE-FREE ONTARIO MODERNIZATION

Report of the Executive Steering Committee

Final

8/23/2017



## TABLE OF CONTENTS

Preface .....	3
Call to Action.....	4
The Case for a Comprehensive Smoke-Free Ontario Strategy .....	6
The Health Impact of Smoking Tobacco .....	6
Tobacco by the Numbers in Ontario .....	7
Looking Back and Looking Forward .....	8
The Challenge: Can We End the Tobacco Epidemic in 20 Years? .....	11
Are the Endgame Targets Within Reach?.....	12
A Prescription for Bold Action .....	15
The Framework.....	16
Vision.....	16
Goals .....	16
Targets .....	16
Principles Guiding Our Work .....	18
Strategic Directions .....	19
I. Challenge and contain the tobacco industry.....	19
II. Motivate and support many more Ontarians who smoke to quit and stay quit. ....	19
III. Keep more Ontarians from starting to smoke.....	19
IV. Expand policies that prevent exposure to secondhand smoke and harmful aerosol from vaped products.....	19
V. Create a strong enabling system to execute the strategy. ....	19
Priority Actions: The First Five Years .....	20
I. Challenge and contain the tobacco industry.....	20
II. Motivate and support more Ontarians who smoke to quit and stay quit.....	21
III. Keep more Ontarians from starting to smoke .....	21
IV. Expand policies that prevent exposure to all secondhand smoke and harmful aerosol from vaped products .....	22
V. Create a strong enabling system to execute the strategy .....	22
Proposed 10-Year Smoke-Free Ontario Strategy .....	23

1. Challenge and Contain the Industry.....	23
1.1 Use tax and other pricing policies to increase the cost of tobacco products .....	24
1.2 Reduce the availability of tobacco in retail settings .....	28
1.3 Reduce the supply of tobacco products in Ontario .....	30
1.4 Make industry practices more transparent.....	31
1.5 Regulate new inhaled substances and delivery devices .....	34
1.6 Eliminate all tobacco production in Ontario .....	35
2. Motivate and Support More Ontarians to Quit and Stay Quit .....	36
2.1 Create environments that encourage and support quitting .....	36
2.2 Implement a visible network of high quality, person-centred cessation services .....	37
2.3 Ensure equity and improve the patient experience .....	41
3. Keep More Ontarians from Starting to Smoke .....	45
3.1 Implement comprehensive policies and programs to keep youth and young adults from starting to smoke .....	46
3.2 Reduce youth and young adult social exposure to tobacco use.....	47
4. Expand Policies that Prevent Exposure to Secondhand Smoke and Harmful Aerosol From Vaped Products .....	49
4.1 Continue to reduce exposure to secondhand smoke at home .....	50
4.2 Establish more smoke-free spaces.....	51
5. Create a Strong Enabling System to Execute the Strategy .....	53
5.1 Engage the Public.....	53
5.2 Ensure the best evidence is used to guide the strategy .....	55
5.3 Build capacity to implement the strategy .....	56
5.4 Ensure strong leadership, coordination and accountability .....	57
5.5 Work with Indigenous partners to develop strategies specific to First Nations, Métis and Inuit communities building on existing approaches.....	58
A Few Last Words .....	59
Appendix A - Executive Steering Committee Member .....	60

## PREFACE

In the spring of 2017, the Minister of Health and Long-Term Care (Minister) established the Executive Steering Committee (ESC) for the Modernization of Smoke-Free Ontario: a group of leaders and experts in tobacco and other harmful inhaled substances and products (see Appendix A).

The ESC's mandate was to:

- make recommendations that are: grounded in evidence and best practices, culturally appropriate, responsive to priority issues, and aligned with the government's strategic vision and priorities;
- provide advice on bold and innovative approaches;
- identify levers across all sectors that can have a fundamental impact on tobacco and other harmful inhaled substances and products; and
- submit a final report that will be used to consult with partners and stakeholders and form the basis for a new Smoke-Free Ontario strategy.

The ESC respectfully acknowledges the important role of the traditional and ceremonial use of tobacco in Indigenous communities. None of the ESC's recommendations are intended to apply to or inhibit the traditional or ceremonial use of tobacco by Indigenous people.

At the same time that the Minister established the ESC, he recognized the need for a separate collaboration with First Nations and Indigenous communities and organizations. Indigenous communities are considering how to further address the harmful impact of commercial tobacco use on their health from a health promotion perspective and will provide leadership in continuing to identify their own health priorities and strategies.

This is the final report of the ESC.



The ESC gratefully acknowledges the work of the Smoke-Free Ontario Scientific Advisory Committee. Its recent exhaustive assessment of the evidence on effective, innovative and promising interventions, including advice on which could be adapted for use in Ontario, informed the ESC's recommendations. The ESC also acknowledges the work of the Ontario Tobacco Research Unit in developing the modeled forecasts and fact checking this report.

## CALL TO ACTION

Over the past 20 years, Ontario has cut smoking rates by almost a third, drastically reducing the number of youth and young adults who smoke, and creating a wide range of smoke-free spaces that protect people from secondhand smoke.

Yet smoking is still the single greatest cause of avoidable disease and premature death in the province. Smoking currently kills about 13,000 Ontarians each year. They die of cardiovascular diseases, cancers and respiratory diseases caused by smoking.

The Smoke-Free Ontario Scientific Advisory Committee estimates that tobacco costs the province \$7.5 billion in direct health (\$2.2 billion) and other indirect costs, such as lost income and productivity (\$5.3 billion).<sup>1</sup> New research from the Institute of Clinical Evaluative Sciences (ICES) shows that the health care impact alone may be much more than previously estimated: up to \$3.65 billion each year or 41% of health care costs incurred by unhealthy behaviours in Ontario.<sup>2</sup> The total price tag of tobacco use is even higher because we have not yet calculated the environmental costs of toxic litter and smoke.

However, no financial figure can capture the true burden on the people of Ontario: too many of whom struggle with an addiction to nicotine. Tragically, too many of our family members, friends, colleagues and neighbours become patients and die unnecessarily and prematurely because of smoking.

It has taken far too long to stop a problem that we know how to solve. It is time to end the tobacco epidemic here and in other parts of the world – now.

As a recognized national and international leader in tobacco control, Ontario is ideally positioned to execute a bold, comprehensive 10-year strategy that will put the tobacco endgame goal – <5% smoking prevalence by 2035 – within our grasp. All the elements are in place:

- a public that is highly supportive of a tobacco endgame strategy;
- willing federal and municipal partners;
- strong evidence regarding effective prevention, protection and cessation strategies and interventions;
- highly committed non-governmental partner organizations;

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<sup>1</sup> Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario.

<sup>2</sup> Manuel DG, Perez R, Bennett C, Laporte A, Wilton AS, Gandhi S, Yates EA, Henry DA. A \$4.9 Billion Decrease in Health Care Expenditure: The Ten-Year Impact of Changing Smoking, Alcohol, Diet and Physical Activity on Health Care Use in Ontario (2016). Toronto, ON: Institute for Clinical Evaluative Sciences.

- an opportunity to expand the solid foundation of effective hospital and community-based tobacco cessation programs – many developed in Ontario;
- a committed public health system, with a strong base of comprehensive tobacco control programs;
- highly skilled health care providers; and
- support from other ministries.

To reach our targets – which include motivating and supporting more than 80,000 Ontarians who smoke to quit each year – Ontario must dramatically intensify its efforts and focus its approach.

The province must directly confront the tobacco industry, which continues to sell a lethal product that kills when used exactly as intended and exploits people's health and the public purse to optimize shareholder returns.

It must significantly increase its investment to motivate the two million Ontarians who use tobacco to quit and support them with compassionate, evidence-based cessation services to help them stay quit.

It must continue to aggressively pursue its highly effective efforts to keep young people from starting to use tobacco and to protect non-smokers from secondhand smoke.

To be executed effectively, the strategy must have the right mix of resources, system enablers and commitment – including evidence, surveillance information, monitoring and evaluation, skills and competencies, an engaged public, and strong leadership and coordination. Those involved in implementing the strategy must be held accountable for investing public resources where they will have the greatest impact, reporting publicly on its progress and meeting clearly defined targets.

Ontario is closer to ending the tobacco epidemic now than it has ever been. The task is urgent and it will not be easy. It may be complicated by emerging technologies, such as e-cigarettes and heat-not-burn tobacco, and the growing use of other harmful inhaled products, such as shisha and cannabis. It will be impeded by a tobacco industry that has consistently demonstrated a profound, self-serving disinterest in its customers' health and a calculating, sophisticated determination to resist any regulation. It may also face obstacles from the gaming, entertainment, advertising, investment and hospitality industries which are unmindful of the destructive consequences of nicotine addiction.

But it can be done. Ontario has an opportunity to leave an incredible legacy for the next generation: a healthier, more productive population with enhanced quality of life, reduced health care costs and a much less toxic environment. With bold committed leadership from government, Ontario can be one of the first jurisdictions in the world to reach the tobacco endgame goals.



Currently, Ontario is investing up to \$60 million a year in Smoke-Free Ontario initiatives. The proposed strategy will require more – and a significant portion of those costs should be borne by the tobacco industry, which continues to profit from marketing products that are the single greatest threat to health.



## TOBACCO ENDGAME

### MOTION:

WHEREAS tobacco is the leading cause of preventable death and illness in Ontario and the prevalence of tobacco use is greater in the Sudbury & District Health Unit area than for the province as a whole (24% versus 17%); and

WHEREAS the federal government's consultation paper [Seizing the Opportunity: The Future of Tobacco Control in Canada](#) proposed a number of endgame strategies; and

WHEREAS there is growing support in Canada and globally for a tobacco endgame, with the adoption of endgame targets in Ireland, Scotland, Finland, and New Zealand; and

WHEREAS the Ministry of Health and Long-Term Care released the recommendations of the Executive Steering Committee (ESC), [Smoke-Free Ontario Modernization: Report of the Executive Steering Committee, on October 10, 2017, which includes](#) advice and recommendations to reduce smoking rates across the province; and

WHEREAS the Sudbury & District Board of Health has a longstanding history of proactive and effective action to prevent tobacco use and promote tobacco use cessation (e.g. resolutions #03-17, #21-16, #55-15, #62-14, #57-14, #23-14, #32-05, #44-04, #25-03, #93A-98);

THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health congratulate the provincial government on establishing the ESC to advise on the modernization of the Smoke-Free Ontario Strategy; and

FURTHER that the Board strongly urge the Ministry to commit to a long-term strategy with broad and bold actions that are informed by the Smoke Free Ontario Modernization Report.

**ADDENDUM**

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

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

**ADJOURNMENT**

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